**Using Psychodrama to Aid Sensory Integration in the Treatment of Early Childhood Trauma**

*Lead & Corresponding Author:*

*Colleen Baratka, MA, TEP*

*Looking Glass Counseling & CATHARSIS Drama Therapy Consultants, Bryn Mawr , Pa.*

*Co-Author:*

*Nicole Martin, MSS, MLSP, LCSW*

*Spilove Psychotherapy Services, Bryn Mawr, Pa.*

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Abstract

This paper is written to share our knowledge and experience about the importance of sensory grounding as a first response treatment tool for psychological trauma at all levels of individual and group therapy and in all settings. This article arose as we were planning a group presentation to our peers at the Delaware Valley Psychodrama Collective. In a search for a bibliography to share, we could find only one clinical paper that specifically discussed grounding techniques for psychological trauma by Janina Fisher for the 1999 Boston Conference Lecture Series; a similar trauma protocol to Fisher's was written in 2005 by Colleen Baratka for the Renfrew Center Philadelphia, but was not published. In this paper, we discuss sensory grounding as being antecedent to other clinical methods. The authors explore empirical research supporting sensory integration and support how psychodrama aids in sensory-based grounding for traumatized clients. Case examples show how psychodrama can assist clients with childhood trauma to gain ego strength by integrating the safety created by sensory objects and transitioning that into a mindful and resourced consciousness.

*Keywords: psychodrama, trauma, PTSD, attachment, sensory integration*

***Introduction***

Warner, Koomar, Lary, & Cook (2013) recognized the importance of grounding and the ability to be present within therapy contexts for individuals who have experienced trauma to make progress in treatment. Exposure to trauma can impact a person's ability to engage in cognitively based treatments and functional interpersonal relationships in group settings (Warner et al., 2013). This article focuses on three aspects of group work for clients with a history of trauma; the importance of integrating sensory-based interventions for clients with trauma history, how to use sensory-integration to assist clients neuropsychologically in group settings, and how psychodrama connects with sensory-integration and grounding in group settings based in attachment theory for neuropsychological integration.

Our case examples show how psychodrama can assist clients who have experienced early childhood trauma to gain ego strength by integrating the safety created by sensory objects and transitioning that into a mindful and resourced consciousness. From this mindful state, clients can consciously utilize adaptive coping tools while processing trauma and moving forward in recovery. Working with clients in a group setting also includes working with their psychobiology. A client's capacity to engage in group settings requires the ability to regulate internal experience, external experience, and incorporates a host of neurological networks that navigate the intrapersonal and the interpersonal in group therapy settings.

***Why is Sensory Integration Important?***

Hofer (2006) recognized the importance of understanding the intrapsychic experience of attachment within a context of cellular and molecular brain functioning. Prenatal and neonatal attachment experience is solely sensory-based; moving through developmental attachments maintains a base framework of sensory input that later enables people to engage in complex interactions that include mirroring, attunement, reciprocity, and self-regulation (Hofer, 2006). All of which can be neuropsychologically compromised if someone has experienced trauma (Aupperle, Melrose, Stein, & Paulus, 2012).

The primacy of sensory feedback exists at every developmental stage. During infancy and early childhood, children naturally sensory-seek based on their body's signals, much of this natural sensory-seeking in order to ground and calm is lost when a person experiences trauma and is unaware or unable to regulate their bodies. The impact of trauma on a person's relationship with their body leads to difficulties in being able to recognize physiological responses (i.e., hunger, toileting) as well as sensory body needs (i.e., pressure, rocking, how to tolerate sensory input or engage in sensory seeking adaptively.) Impairments within one's body due to traumatic exposure correlates with hyperactivity in the limbic system related to trauma triggers (Aupperle et al., 2012). This impairment we often see as resistance to participation in group or follow through on the therapeutic process; when it is simply sensory overload.

Offering a simple object, such as a stress ball or Silly Putty, gives clients tactile relief so they can stay present. Clients with extreme trauma cannot be expected to simply “be” in a group. Most psychodramatists, due to our underlying foundation of spontaneity and creativity, are open to allowing any unexpected tool or movement into the group room, gently working with the somatic impairment as it presents itself. Adding sensory objects to this process is invaluable.

One client, now a respected trauma therapist, could not remain present in group until offered an ice pack. Later, she exchanged it for a frozen orange because it held the cold longer and it served the olfactory benefit with it’s citrus scent, a scent she could always follow out of scenes, as smell is the quickest way in or out of flashback. Sensory-based tools supported with psychodrama offer tremendous healing by enabling clients to experience somatic regulation while simultaneously developing an adaptive internal attachment.

Aupperle et al. (2012) recognized limbic system hyperactivity often results in response inhibiting through avoidance of stimuli; recurring impairments in inhibitory responses within our nervous system and neural networks result in PTSD symptomology and traumatic reactivity. For example, Aupperle et al. (2012) suggested the emotional numbness and depressive symptomatology present in post-traumatic stress relates to dorsal prefrontal network dysfunction, which presents as executive functioning impairment. Difficulties in response inhibition lead to dissociation, hypoarousal, hyperarousal, hypervigilance, irritability, and severe avoidance if unable to disengage from attention to trauma-stimuli; this also appears as difficulty concentrating, numbness, and diminished interest in activities. Meaning, one may experience significant difficulties while participating in a group setting while experiencing neuropsychological trauma responses.

Creating an environment in which a client can participate in group settings while decreasing neuropsychological responses include sensory input as sensory input serves the purposes of calming the limbic system and also assisting a client in neuropsychological development of prefrontal cortex by learning how to redirect attention and have full autonomy in creating an adaptive inhibitory response to aversive stimuli (i.e., participating in group setting). Group settings require significant tolerance and the ability to navigate sensory experience. Interpersonal interaction is a sensory experience; thus, clients in group settings are expected to navigate the sensory experience of group settings and be cognitively present to engage in, typically, cognitively-based interventions. If a client in a group setting is being asked or expected to participate in cognitively focused interventions, dysfunction in a client's prefrontal cortex, executive functioning, or hypoarousal/hyperarousal may impair a client's ability to fully reap the benefits of engaging in such interventions. For example, a client who experienced significant hypoarousal in a mixed gender group utilized sensory-based tactile objects in order to increase her ability to feel present in group, thus enabling her to participate more adaptively; without which she would experience significant dissociation and lapses in memory during group time. Utilizing neurosensory input is a methodology to assist clients in grounding and preparing for participation in group interventions. The process of utilizing neurosensory input is foundational within psychodrama, given the experiential nature of the interventions.

The first stage of a psychodrama group is the warm-up. The group leader or director can pay extra attention to calming the hypo/hyperarousal of group members. Giving everyone the opportunity to choose a prop, like the client mentioned above, allows participants to calm their nervous systems in their personal warm-ups, without anyone feeling singled out or isolated, therefore increasing sociometry.

Thus, psychodrama contains within its framework a direct impact on neuropsychological regulation. Warner et al. (2013) researched the impact of utilizing sensory integration in adolescent residential settings and found that utilizing occupational therapy-based sensory integration increased tolerance of trauma processing, increased management of hypoarousal and hyperarousal states, assisted in clients' abilities to tolerate group settings, and aided client outcomes post-treatment. Psychodramatic interventions co-create therapeutic spaces in which clients with trauma can experience the corresponding goals of therapy, psychodrama, and sensory-integration: affect regulation, abreaction, catharsis of integration, adaptive behavioral and cognitive responses, adaptive attachment, and insight.

***How to Utilize Sensory Integration***

Sensory integration incorporates visual, olfactory, auditory, gustatory, tactile, vestibular, proprioceptive, and interoceptive sensory systems at varying degrees. Sensory integration therapy explores an individual's preferences and thresholds for the aforementioned sensory systems in order to assess sensory experiences that trigger the parasympathetic or sympathetic nervous system for individuals. Sensorimotor psychotherapy incorporates the exploration of 'felt sense' in order for clients to gain greater awareness, participate in dual attention practices, and increase understanding of their own physiological and psychological responses within trauma treatment in order to regulate themselves and move through recalling trauma narratives (Fisher, 2019).

The Containing and Body Doubles of the Trauma Survivors’ Intrapsychic Roles Atom of the Therapeutic Spiral Model of psychodrama are grounding roles used to anchor group members into their bodies and psychological responses (Giacomucci, 2019; Hudgins & Toscani, 2013) . These are especially significant for increasing the trauma survivors “felt sense”, which is inherent within psychodrama as it connects internal, spiritual, and physical consciousness and unconsciousness, and is present every time there is a sociometric exercise or an enactment. The ability to utilize 'felt sense' psychodramatically rests within the continuing warm-up of the protagonist, the director, and the group; through the warm-up process, we are staying with our spontaneous 'felt sense.'

If, however, a client experiences significant dysregulation and struggles to engage in observation, including naming internal experiences or trauma experiences, therapists can create a framework to build within, starting with sensory systems. Engaging clients' abilities to name their internal experiences towards things like various smells, tastes, or touch sensations enables clients to start building an internal database of preferences and observed responses to external stimuli utilizing their inherent 'felt sense.' Co-creating scaffolding with clients to develop these skills leads to stabilization and constructs space for clients' ability to participate in psychoeducation on their 'felt sense.' Fisher (1999) acknowledged the fundamental nature of teaching clients how to engage in stabilization techniques that calls on clients' brain functioning to assist in regulating throughout trauma treatment to decrease the attachment to maladaptive coping skills that clients so frequently turn to in order to inhibit dysregulation. Before the naming of the internal perceptions, however, is the sensory experience.

To illustrate these phenomena in clinical settings, the subject of this case has been treated psychodramatically within various treatment settings and stages in her recovery. Violet began her treatment within an Eating Disorder unit at the Belmont Center in Philadelphia, Pa., during adolescence. She attended every group and barely spoke; she was quiet and watched everything, like a scared animal, never missing a movement.

In one group, a “koosh” ball (rubber stringy ball) was brought to the group to play a psychodramatic warm-up game; Violet noticed that she liked the tactile feel (a connection to internal 'felt sense'). The ball remained available all groups for her to hold, and we observed an increase in her participation. The tactile strings eased her anxiety, which enabled her to use her voice more, a childish voice, but still a voice. Violet continued to display fear and she navigated her fears simply by having a sensory tool of grounding and distraction.

Violet's sharing in group was symptom-based: fear of weight gain, using laxatives and constipation without them, but she was talking. The safety object (the tactile sensory ball) allowed her to discuss the coping skills that kept her safe from the reality of her trauma. The emptier she could be with her symptoms, the less she had to feel. In treatment, we were 'filling her back up,' and that was terrifying. This is where sensory objects are necessary: the safety skills we want to teach someone with minimal ego and extensive trauma come very slowly. Using something sensory is primal and First Universe, as Dr. J.L Moreno, founder of psychodrama, called this all-inclusive period in a child's development where everything is a part of their reality, where they have not yet fully separated out reality and fantasy, self and others (Moreno, 1946). Though technically out of the First Universe; surplus reality, a concept in which we have the space to play out and live in different realities, is now endowed upon a transitional sensory object and that can pull the client quickly back into that infantile safe feelings we hope to recreate and then integrate into the psyche for trauma healing.

Clients utilizing maladaptive behaviors like addictions, eating disorders, self-harm, etc. have created their own manipulation of senses and inhibitory responses in the behaviors that keep them temporarily feeling safe from feeling trauma. However, these eventually produce more traumas and create an ugly cycle where there is no sense of safety and clients become resistant to intervention because safer adaptive skills take too long to make them feel better.

The benefit of sensory grounding is that it can be integrated faster than the cognitive or practiced skills, which we want clients to learn. This is why we are naming them First-Stage Skills and proposing that sensory grounding facilitates effective transition to other modalities.

A client recently struggled with creating a Container for her trauma and intense emotions. There was 'resistance' to building it concretely or to visualize it. These are tools we consider basic and simple in our trauma practices, yet they are not always easy to start developing.

In session, the client used a stress ball to ground. One day she showed me that it was a Pokeball. We then not only created a container utilizing her stress-Pokeball, but also a psychodramatic rescue story that empowered her with great meditative control over flashbacks and overwhelming feelings. Her sensory connection to the stress ball keeps her safe. When she feels under attack, she utilizes her now internalized rescue story and throws her Pokeball, and a trauma-eating Pokemon emerges, and eats her trauma; enabling her to feel protected and safe.

Trauma is encoded in a sensorial framework, meaning the parts of the brain that are hyperactive decrease a person's ability to access prefrontal dorsal connections and executive functioning linguistic abilities (Fisher, 1999; Aupperle et al., 2012); creating sensory-based PTSD safety kits offers clients tools to engage different parts of their brain to assist in re-regulating neural networks and engaging their nervous system to calm hyperarousal or disengage hypoarousal.

Safety kits are customized for each client based on sensory preferences, threshold tolerances, and what resonates most within their bodies and psyches. Warner et al. (2013) assessed the impact of sensory integration by providing clients in a residential setting with access to sensory rooms and varied sensory feedback opportunities based on client preferences. A client's ability to engage in sensory feedback integration based on personal preferences enables an experience for autonomy and agency over their internal experience as they relate and rebuild a new relationship with their bodies.

Utilizing psychodrama as a backdrop for sensory integration may be a methodology that can assist movement towards addressing multiple components of intrapsychic experience for clients with a trauma history. Trauma's impact on intrapersonal and interpersonal experiences affects clients' abilities to engage in attachment to others both in individual therapy and group therapy settings. Through action sociometry exercises, the psychodramatist can co-create group connections safely, while weaving in an attachment experience to help the group function in a healthy manner.

A study that observed possible correlations between attachment and sensory behavior in individuals with anxiety behavior explored how sensory responsiveness concerns contribute to attachment difficulties (Levit-Binnun, Szepsenwol, Stern-Ellran, & Engel-Yeger, 2014). Exploring possible sensory behavior within the framework of psychodrama can also serve to assist clients in exploring sensory experiences with which they can encounter secure attachment.

 Those who experience high levels of sensory avoidance, for example, will find it incredibly difficult to engage in group therapy. The continuum of high and low sensory thresholds suggests that individuals who are sensory-seeking (high threshold) may display behaviors that appear hyperactive or emotionally reactive, whereas individuals who are sensory-avoiding (low threshold) may display hypoactivity, engage in self-directed avoidant behaviors, and flat/unresponsive affect; individuals with sensory sensitivity experience a low threshold but engage in a passive response to sensory-stimulus wherein they continue to experience intolerance for sensory experiences and display significant reactivity (Dunn, 2007). Observations conducted recognize strong correlations between sensory avoidance and high anxiety levels, providing a context for individuals who struggle with emotional-regulation or who have exaggerated defenses when encountering a stimulus (Engel-Yeger & Dunn, 2011).

 Creating sensory-based safety kits for clients to utilize within group settings to assist with regulation, grounding, and stabilization also provides a framework in which to utilize psychoeducation interventions to teach clients about emotional reactions and trauma symptomatology (Fisher, 2019). Utilizing sensory integration psychodramatically to assist clients with exploring sensory preferences may also encourage adaptive sensory seeking behavior. Psychodrama, being a method that embodies all of the senses through enactment in the here and now, can create a safe space for attachment to sensory experiences and internalizing that attachments through role-reversals and engaging in early childhood aspects of how attachment is formed (i.e., attunement, mirroring, imitation).

 J.L. Moreno says a good psychodrama should mirror his stages of child development and include mirroring, doubling, and role reversal. All of these used to help the protagonist connect with themselves. Mirroring in the ‘Spontaneity Theory of Child Development ‘(Moreno, 1946) is a two-way process where a caregiver mirrors back to a child, a child can see themselves, and a child learns to mirror another. When there is trauma and a child is mis-mirrored, they see themselves as 'what is coming at them.`` Through psychodrama, proper mirroring helps a client to see themselves again. Doubling in child development is when the caregiver can assess a child's feelings and needs that are unspoken. Mis-doubling, for any reason, creates a person who doubts their worth and needs, and when there is trauma there are deeper internalizations related to worthiness.

In the following drama, we have added not only a classic double, but also Containing Double, (Giacomucci, 2019; Hudgins & Toscani 2013) which has additional power to give safety and containment to overall feelings. The final stage in ‘The Spontaneity Theory of Child Development’ is Role Reversal. This is when a child reverses roles with others and will, for example, feed mommy her food, hoping to be fed in return. In the drama, role reversal allows the client to experience other roles to increase understanding and, for our purposes, integrate.

***Case Example of Transitional Object Psychodrama: Integration of Safety Sensory Object***

**Warm-up**: All of the members of this psychodrama group on the inpatient Eating Disorder unit held their choice of stuffed animals. The animals varied from years of collecting for solely the therapeutic purpose of creating a sensory reaction that unconsciously reminded the clients of initial transitional objects from their infancy to aid in distress tolerance. Clients engaged in a short conversation with the toy about themselves, and then they introduced their toy and had the toy introduce them to the group. The projection was amazing.

Each group member was extraordinarily forthcoming and shared more than in previous groups. Violet started to open up about how scared she was to be in the hospital but even more scared to go home because here she was safe, and she has never felt safe before. She chose a bear in a fancy Irish dress because the bear looked like she had never been hurt or touched. She and others were projecting qualities and making quick connections to their animals. I conducted a few short psychodramatic vignettes. This is Violet’s drama .

*Violet’s Drama*

**Director**: Pick someone to hold your Bear in that chair. (*Violet picks Kelly*)

**Violet**: I really love your dress you look so clean and pure.

**Director**: Reverse Roles. This means you will switch places and now speak as each other.

**Bear as Violet**: I really love your dress you look so clean and pure.

**Violet As Bear:** I don’t feel clean.

**Director**: I want you to pick someone to be your containing double to help you be grounded with your feelings, ok? The Containing Double (CD) is going to help you by being a positive inner voice that is always with you, they will speak in the first person and they will be with you whatever role you are playing. Their only job is to help you stay contained. Containment is making you safe to have all your feelings and you are safe here. Who can do that for you?

**Violet as Bear**: Jen

**Director to Jen & Violet**: Ok Jen. This Role does not get a role reversal. Jen I want you to be the calm voice inside. I like to call it the internal cheerleader. But the Cheers are for safety and grounding and everything is said in first person. “I am safe”, “I can hear what is being said,'' “I can feel my feelings”, and “I can breathe”. Anything you think you would need to hear to be able to absorb what is happening. And I am here to coach you and help everyone. You got this?

**Jen as CD**: I think so.

**Director:** What I know about people with Eating Disorders (ED) is you are great empaths and at helping each other. Here’s your chance to put those skills to work. (*Jen smiles*) So Let’s practice.

**Director to Violet:** Violet, (*the role*) can you repeat to Bear.

**Bear as Violet**: I really love your dress you look so clean and pure.

**CD**: I can accept this.

**Director to CD**: Good Jen

**Violet as Bear:** That’s really hard for me to hear.

**CD:** I can try to believe it because Violet doesn’t lie.

**Director:** Containing Double, that’s a good statement. Not quite one a Containing Double would make. However, I can use it, so thanks. Bear, is it true that Violet doesn’t lie? I can’t ask Violet because I don’t know if she lies and if she does she could lie to me. You can tell me because I agree with the statement that you look clean. And I know I don’t lie. So, does Violet lie?

**Violet as Bear:** Only when she is told to lie.

**Director**: Ok Bear, well I’m not going to ask her to lie today and someday I will ask her about that, but not today. So, I need to ask you. Is there anyone asking Violet to lie right now.

**Violet as Bear:** No

**Director:** So everything Violet says today will be the truth?

**Violet as Bear**: As long as you don’t ask her question she’s not allowed to answer.

**Director:** I can promise, I will not ask her any questions she is not allowed to answer. Bear, you can look into my eyes for safety and truth, I promise I will not ask Violet any questions she is not allowed to answer, ok?

**Violet as Bear:** Ok.

**Director:** Role Reverse back. (*Violet and Bear role reverse back. Now that the child role personified in Bear knows it is safe from unsafe trauma questions, I want to solidify that contract with the protagonist, who is Violet. Never continue with a contract unless the protagonist is on board. Trauma survivors have been tricked too often and we don’t want to trick them again.*)

**Director:** Violet. Bear just told me that you only lie when you are told is that true?

**Violet:** yes

**Director:** I’m not going to explore that more here. I am going to tell you that I’m not going to ask you any questions that you can’t answer, because then you will have to lie and I assume all responsibility if you do lie. Like I know if I ask you details about ED symptoms you might lie because ED tells you to. That's something obviously everyone here can admit to. It won’t help you get better while you’re here, but everyone relates. (*I set this seed so there is a sociometric connection with the group about truth telling so she can begin to open up about safer things like the ED and start to destigmatize.)* Do you agree to continue knowing these terms?

**Violet**: Yes

**Director:** Okay, what did you want to say to the Bear?

**Violet:** You look clean and pure. You are very pretty and I chose you second. At first I thought I only deserved the dirty bear but you looked special and I wanted to love you.

**Director:** Role Reverse (*they Role Reverse*)

**Bear as Violet:** You look clean and pure. You are very pretty and I chose you second. At first I thought I only deserved the dirty bear but you looked special and I wanted to love you

**CD:** I can breathe. I am safe.

**Violet as Bear:** I want to believe that.

**CD:** I can believe that. I am allowed to believe that.

**Violet as Bear:** It’s really hard.

**Director:** Reverse Roles ...Bear, can you repeat to Violet your struggles to believe her?

**Bear:** I really want to believe you. It’s just really heard.

**Director:** Violet, Can you remind her of our contract?

**Violet**: I told you I don't lie. So if I say you are clean and pure, then you are clean and pure.

**Director:** Reverse roles.

**Bear as Violet:** I told you I don't lie. If I say you are clean and pure, then you are clean and pure.

**Violet as Bear**: Ugh. It is so easy when I look at her to say it but not to hear it.

**Director:** Remember you ARE the bear. In this moment. YOU are the bear, AND you need to hear this. Close your eyes if you can and I’m going to have Violet describe exactly what she sees.

**Bear as Violet:** I see a beautiful face with a big smile, a pretty green dress. I see a tag, oh my, you still have a tag; you are new. (*with that Violet breaks into tears*)

**CD:** I can breathe. It is safe to have my tears. This is a safe place. I can keep breathing.

**Violet as Bear:** I’m clean and pure because I’m new. She didn’t lie. I’m New... clean and pure.

**Director:** Just sit with that feeling for a few minutes. Breathe it in. Everyone breathe in the feeling of new, of feeling clean and pure. (*after a minute or two passes*) Now reverse roles. Bear can you repeat that to Violet.

**Bear:** I am clean and pure because I am new. She didn’t lie. I am New and I am clean and pure.

**Violet**: Can I hug her?

**Director:** Of course, if she is okay with it. Bear, do you want a hug?

**Bear:** Yes! (Violet and Bear Hug)

**Director:** Violet, is there anything else you want to say to bear?

**Violet:** (*shakes her head no*)

We close the scene, de-role the auxiliaries and give her the bear to hold and keep. Then share.

As you can see, the Bear in this situation was a projection for the untouched, innocent part of her childhood. In trauma psychology, there are many names for this part of the self. The Therapeutic Spiral Model of psychodrama calls this the Sleeping Awakening Child. It is a role of transformation . (Hudgins, 2002;Hudgins & Toscani 2013; Giacomucci 2019). It is the part of the self that hides away when trauma begins so that it is untouched and can come into the light once it knows it is safe. I always picture them like Thumbelina, asleep in a flower that opens in a bloom of safe light. As Violet began to find safety while being in the hospital, among her peers and the staff, away from whomever was telling her to lie and the pressure of her Eating Disorder, she was able to find this Sleeping Awakening Child in the transitional object of the Pure, Clean, New Bear. She integrated the feeling of clean through the projection and transitional properties of the object, which she now keeps with her, via a psychodrama. Violet first started using the koosh ball in her groups, which gave her sensory grounding in group to help her speak and find voice. Her treatment then moved forward to integrating the safety of a transitional object, which gives her the pure inner child to protect while simultaneously giving her feelings of being untouched.

 The rest of the group also had significant moments of healing. The member playing the Bear, also a survivor, was able to experience the feeling of clean as an auxiliary. Her exuberance to receive the hug and her tears are a testament to that. The containing double also reported that having to keep Violet grounded and present it helped her also remain present and grounded. The last stage of psychodrama is sharing. Group members related to and expressed feelings of undeserving and not feeling good enough. We followed this drama with three more vignettes and similar experiences. Members could choose whether they wanted to keep their animals. Many did, while others, of course, restricted or purged the experience. Those who kept their object, like Violet, have the sensory benefit of the adaptive transitional piece and it’s magic.

***Sensory PTSD Survival Kit & Drama***

“The body remembers what the mind forgets” is a phrase trauma therapists are taught early in our education. This being true, sensory objects wormhole clients more directly to where they need to be. A counter argument often heard is that external objects are a crutch. Clients should learn to lean into their feelings. Theoretically, yes and sometimes crutches are needed to protect fragile body parts and sensory tools are needed to protect fragile egos. When clients create a Sensory PTSD Survival Kit, they can carry it a long as they want or need . Just as most people will outgrow their need for crutches , most will outgrow their need for sensory tools. A Sensory PTSD Kit is a small kit of sensory objects that clients can carry around with them to help ground them quickly. A pouch with aromatherapy, Silly Putty, Altoids, and hand sanitizer is much safer than a razor blade for cutting or a drug kit for shooting up, which takes about the same space to carry. Adaptive vs Maladaptive skills have a lot of arguments from our clients. What is most important for clinicians to remember is to practice and integrate the experience of the object through psychodrama in the therapy session or group . The concept of concretization and personifying the objects is very important through the role reversal. In giving the object life, the clients can experience it and integrate the human safety qualities projected upon them, This was seen in the drama with the bear. The purpose is to aid the speed at which the sensory grounding eases the limbic stimuli. Clients without this integration process may still find some relief with sensory objects but do not find the integrated safety transition similar to magical thinking used by infants to calm distress in infants described by Winicott (1971).

Clients attending a trauma retreat were informed that they would be making Sensory PTSD Survival Kits and should bring small sensory items and that some would be provided. It is important in workshops where you are making ‘transitional’ projects that you hope clients will use in their therapies, you offer them to bring items so they feel connected to the process and not awkwardly choose from a pile of randomness. Objects placed out for the clients to choose from varied and were meant to for work for at least one sense, though some crosses sensory boundaries. Items included: Scented Putty, river stones, acorns, scented Chapstick, pom poms, Altoids, Life Savers, chewing gum, small bottles of bubbles, whistles, small notebooks and pens that click, and various odds and ends. Since many of these women had been in the retreat before they brought objects to share. One woman brought sand from the beach. Another brought a large tree branch. Violet is at this retreat. She is now 22 , married and has a baby, She has not used symptoms since was 19y/o.

 Retreats, being three days, follow a specific safety structure. The first day focuses only on building safety. All dramas use the Kits as their cornerstone to integrate safety, resource the clients, and to assess their ego for exploring trauma at deeper levels. The first safety building drama integrates the tree branch. The sensory object, the branch, was taken while the protagonist (P) was hiking with her best friend. The tree was given a voice . (P) watched moments from the mirror position to take it in like a home movie and then was able to go in and integrate the experience into her body again. It was a lovely drama . She then shared her leaves of joy and love for everyone's Sensory Kits.

 Second-day dramas explore trauma more deeply and leave clients a bit more open, while our closing day is left for dramas of transformations. Violet’s drama was our third drama ending day two. It was highly emotional. Having had her baby, she finally felt ready to face her perpetrators. She had placed in her sensory kit one of her baby’s pacifiers. She role reversed with the pacifier and shared that this reminded her that babies are meant to be loved and nurtured and that no baby should ever be hurt in any circumstances. After fully integrating this sensory image, and then completing the prescriptive steps set precedent by the Therapeutic Spiral Model (Hudgins, 2002). Violet first did a drama where she confronted her mother for not keeping her safe (abandoning authority); eventually pushed her out of the way and confronted her father in jail (perpetrator) , then covered both of them with a blanket and went behind a chair and rescued her victim self , gave her the pacifier and told her she would never be hurt again not by herself or anyone. Seven years after an almost non verbal little girl was handed a sensory koosh ball in a corner to come out, she cycled back and found her and brought her out with the sensory pacifier.

**Conclusion**

No one can dispute the rate of diminished distress tolerance brought about through sensory input. Using psychodrama to integrate and internalize this input due to the multisensory and abreactive nature of the modality simply makes sense. Using Sensory Objects as a first response tool is necessary due to hyperarousal states of many patients. Psychodrama can help integrate these tools so they become transitional objects and then clients can use them for resourcing. Violet began using sensory tools in her most traumatized withdrawn self, through years of individual and group psychodrama; working with all of her senses to ground and heal trauma that interfered with her ability to eat and self-regulate. Because she spent most of her childhood with her eyes closed with fear, all senses needed reintegration. Using containing double, body double, and role reversal she integrated the sensory objects and transitioned the safety. Violet later moved into a DBT group and other therapies to learn more safety skills to use along with her ‘felt sense’ of safety. Clients integrate the safety of the sensory objects through psychodrama. This allows the therapist to offer other clinical modalities and supplement the therapeutic process in whatever means necessary for fullest recovery. Sensory grounding is first stage trauma healing; everything else follows.

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