Sensory Soothing by Preference - Session activity

Facilitate a structured practice of sensory soothing by preference with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Taylor finds scented products unpleasant but likes a familiar sound.

0-5 min | Agree on purpose and fit

Explain the educational scope. Ask what would be useful, check readiness and access needs, and establish choices to observe, adapt, or pass. Use an ordinary example; do not solicit trauma narratives.

5-10 min | Orient with an example

Sensory strategies are personal and may not be accessible or soothing for everyone. Fictional example: Taylor finds scented products unpleasant but likes a familiar sound. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Compare optional sights, sounds, textures, scents, or non-sensory alternatives; exclude any unwanted option. Offer quiet individual work, a supported conversation, or an observing role. Compare two possible responses without evaluating people as right or wrong.

20-25 min | Reflect on meaning

What preference should the plan respect? Ask what fit, what did not fit, and how culture, power, disability access, or external conditions affect the options.

25-30 min | Integrate and close

Invite one optional next step or support request. Orient to the current setting, allow an unfinished question to remain unfinished, and agree how to revisit it. End early or adapt if activation increases.

Adaptations

For a group, use fiction and no compulsory round-robin disclosure. For remote use, allow off-camera reflection and private notes. For brief use, keep one example and one question while retaining opening and closing choices.

Reflection

What adaptation or follow-up is needed?

Scope and adaptation

These are selected DBT-informed educational exercises, not comprehensive DBT, phone coaching, or crisis care. Use individualized clinical assessment and existing care plans. No cold-water immersion, breath holding, intense exercise prescriptions, exposure assignments, or risk scoring are included. Behavior chains and opposite-action decisions need clinician guidance when risk or complexity is present.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Dialectical Behavior Therapy Skills Training: Fundamentals. Full source links and scope: library.morethantherapy.org/approaches/resources/DBT-A08-4