

Exploring the Window of Tolerance through Sandtray Play Therapy


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Before We Start

A pause to recognize – the material we are going to discuss can be triggering and upsetting to some. We want to take a moment to allow for some grounding and validate any and all feelings that may come up for you and your colleagues.








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Learning Objectives

1. Demonstrate an understanding of the history, theory, and rationale of play therapy.
2. Demonstrate an understanding of the history, theory, philosophical basis of & rationale for sandtray therapy
3. Demonstrate an understanding of trauma, how it plays a role in the etiology in childhood dysregulation, and the importance of neurobiology in creating a felt sense of safety.
4. Demonstrate an understanding of the Window of Tolerance and how to incorporate sandtray based activities to expand the Window of Tolerance of clients in the playroom.
5. Practice creating Window of Tolerance

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Agenda

-  Neuroscience and Trauma
-  Play Therapy
-  Sand Tray
-  Link them together
-  Create

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Adverse Childhood Experiences (ACEs)

In late 1990's through 2000's research demonstrated the **very significant** impact of **Adverse Childhood Experiences** on long-term mental and physical health.

For more info: search CDC ACES

ACEs are common: Roughly "61% of adults surveyed reported at least one type of ACE before 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs."

"Women and several racial/ethnic minority groups are at greater risk of experiencing four or more types of ACEs."

Source: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

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Adverse Childhood Experiences Include:

- Physical Abuse / Neglect
- Emotional Abuse / Neglect
- Sexual Abuse
- Household member addicted to drugs and/or alcohol
- Household member who suffered from mental health issues
- Household member who was/is incarcerated
- Loss of a parent or sibling due to death, divorce, or abandonment
- Witnessing violence
- Bullying

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Impact of Childhood Trauma

- Brain Development:**
 - Smaller Brain Size
 - Less efficient processing
 - Impaired stress response
 - Changes in gene expression
- Cognition:**
 - Impaired readiness to learn
 - Difficulty problem-solving
 - Language Delays
 - Problems with concentration
 - Poor academic Achievement
- Physical health:**
 - Sleep disorders
 - Eating disorders
 - Poor immune system functioning
 - Cardiovascular disease
 - Shorter life span
- Emotions:**
 - Difficulty controlling emotions
 - Trouble recognizing emotions
 - Limited coping skills
 - Increased sensitivity to stress
 - Shame and guilt
 - Excessive worry, hopelessness
 - Feelings of helplessness/lack of self-efficacy
- Relationships:**
 - Attachment problems/disorders
 - Poor understanding of social interactions
 - Difficulty forming relationships with peers
 - Problems in romantic relationships
 - Intergenerational cycles of abuse and neglect
- Mental health:**
 - Depression
 - Anxiety
 - Negative self-image/low self-esteem
 - Posttraumatic Stress Disorder (PTSD)
 - Suicidality/Self Harming Behavior
- Behavior:**
 - Poor self-regulation
 - Social withdrawal
 - Aggression
 - Poor impulse Control
 - Risk-Taking/Illegal activity
 - Sexually acting out (all ages)
 - Adolescent pregnancy
 - Drug and alcohol misuse

Source: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

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Do we just give up on children who have experienced trauma? Are negative health affects their destiny?

- The negative health effects of ACEs can be tempered when people have a strong support system and the skills to successfully cope with life's challenges.
- Therapies that connect the body and mind such as expressive therapies are highly successful.

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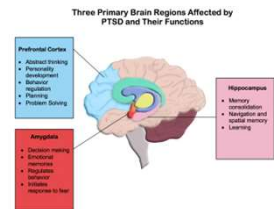
Trauma

- "Any experience of fear/and or pain the doesn't have the support it needs to be digested and integrated into the flow of our developing brains." Bonnie Badenoch (2017)
- According to this definition trauma has less to do with the nature of the event and more to do with the neural encoding process. (Rita Grayson 2022)
- The key to an experience encoding as trauma has more to do with our sense of who is with us before, during, and after the event then the nature of the event itself. Bonnie Badenoch (2018)
- Humans are exquisitely designed to seek out and maintain connection with other humans. (Porges 2015)

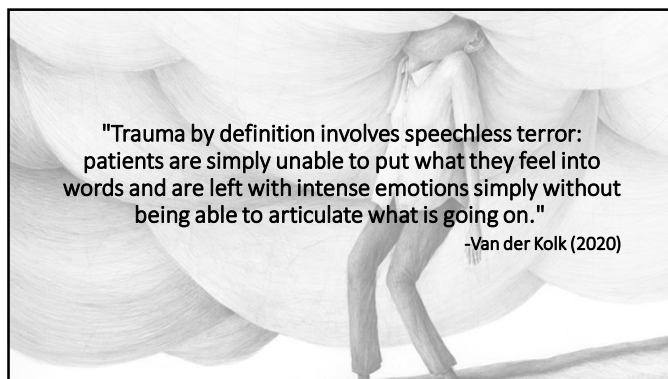
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How Childhood Trauma Affects the Brain

- Prefrontal Cortex (PFC): Responsible for rational thinking, executive functioning, higher level thinking, and reasoning. Trauma can decrease the size of the PFC
- Amygdala: Emotional response center, helps perceive and control emotions, part of your brain that reacts during crisis, survival instinct, trauma increases the amygdala activation causing greater fear response
- Hippocampus: associated primarily with memory and learning. Helps differentiate between the past and the present. Trauma causes a decrease in the function.



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Memory

Explicit Memory

- Knows it happened some time ago
- Recalls general facts such as multiplication
- Needs conscious awareness
- brain structures that perform these tasks are not developed at birth
- We form bits of this memory around 12-18 months.

Implicit Memory

- Due to lack of time stamp, when awakened they feel as though they are happening right now
 - Can be encoded before birth
 - No conscious awareness needed
 - More implicit memories than explicit memories
 - Can include emotional reactions, bodily sensations, behavioral urges
- We have a vast sea of implicit memories that can be touched and awakened without the accompaniment of an associated explicit memory. When this happens, sensations arise in our bodies without the understanding we are responding to something from the past. (Grayson 2022)

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Left Hemisphere

- Words/Language
- Doing
- Comprehension
- Sequential

Right Hemisphere

- Emotional brain
- Images
- Being
- Imagination

• In order to "have a coherent story, the left to tell a logical story, must draw on the information from the right. If there is a blockage, as occurs in PTSD, then the narrative may be incoherent..."

• When one achieves neural integration across the hemispheres, one achieves coherent narratives

Source: Tammi's Sandtray & Play Therapy Teachable School. <https://tammi-s-sandtray-play-therapy.teachable.com/join/integrating-sandtray-therapy>

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Polyvagal Theory according to Stephen Porges 2004

- Neuroception: neural circuits distinguish whether conditions are safe, dangerous, or life-threatening.
 - Done in the primitive parts of the brain and therefore unconscious to our awareness.
 - Badenoch (2018) describes this as the Guardian of Safety as it is constantly scanning the surroundings for threats to safety.
- Hierarchy of the of the Autonomic Nervous System
 - 3 Distinct states of the ANS: Dorsal Vagal, Ventral Vagal, and Sympathetic
 - Sympathetic-governs flight or flight response
 - Parasympathetic-rest and digest system-down regulating
 - Main component is the vagus nerve that wanders from head to abdomen

Source: Grayson, R. & Frank, T. (2022). The Embodied Brain and Sandtray Therapy: Stories of Healing and Transformation. Routledge Publishers.

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Three States of the Autonomic Nervous System

Ventral Vagal	Sympathetic	Dorsal
<ul style="list-style-type: none"> • Regulation • Engaged • Relaxed • Flexible • Alert • Aware • Coherent 	<p>Fight or Flight Response</p> <ul style="list-style-type: none"> • Nervous • Anxious • Irritable • Placating • Aggressive • Clinging • Fleeing 	<ul style="list-style-type: none"> • Freeze Response • Numb • Shame • Shutdown • Depressed • Disconnected • Dissociated

Source: Dana, 2018; Huttunen & Mednick, 2018; Melancon, 2021; Placid, 2020; Porges, 2004, 2009, 2011, 2021; Schroeter, 2016

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Impala

<https://www.youtube.com/watch?v=JqGjX1MTVg>

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Using the 3 States of ANS with Kids in Playful Ways

- Jackie Flynn created playful ways to help children understand the Autonomic Nervous System and a Polyvagal Body Scan
- Using Serenity, Bolt, and Shadow and tying to body sensations helps kids identify how they are feeling

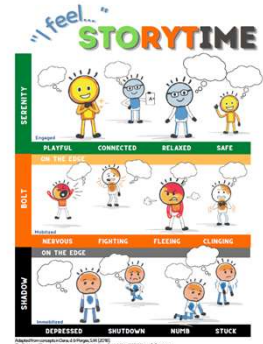


*Jackie Flynn Polyvagal Body Scan used with permission

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Jackie Flynn's 3 States

- Ventral Vagal = Serenity
 - To regulate I can toss a balloon, blow a pinwheel, create a world in the sand.
- Sympathetic = Bolt
 - To regulate I can play with toys, play a musical instrument, punch a bop bag, spend time with friends.
- Dorsal Vagal = Shadow
 - To regulate I can play with toys, play a musical instrument, punch a bop bag, spend time with friends.



*Jackie Flynn 'I Feel' Storytime used with permission

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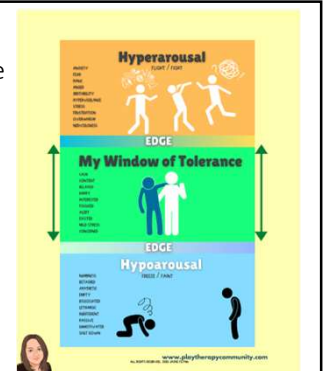
Moment by Moment the state of our ANS influences whether we move to connect to others or to protect ourselves (Dana 2018).



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Help a CLIENT understand Their Window of Tolerance

- Window of tolerance describes the best state of 'arousal' or stimulation in which we can function and thrive in everyday life.
- Typically, greater the trauma = smaller Window of Tolerance
- "When we exist within this window, we are able to learn effectively, play, and relate well to ourselves and others." - Dr. Dan Siegel



*Jackie Flynn Window of Tolerance used with permission

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Trauma Symptoms/Adaptions:

The nervous system's best attempt for survival

- Reduced attention span
- Personality changes
- Increased separation anxiety
- Aggression towards peers
- Intense and ongoing emotional upset
- Depressive symptoms or anxiety
- Behavioral changes
- Difficulties with self-regulation
- Problems relating to others or forming attachments
- Loss of previously acquired skills
- Academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Fear
- Worry
- Sadness
- Anger
- Low self-worth
- Unable to trust others
- Self-harm
- Substance abuse
- Dropping out of school
- Suicide Ideation/Attempt/Completion
- Disruptive behavior
- Sexually Acting Out
- Physical symptoms – stomach aches, headaches, etc.

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Meet Andrew



<https://www.youtube.com/watch?v=rejpo-GaopM&t=3s>

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Play Therapy

• APT defines Play Therapy as “the systemic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”



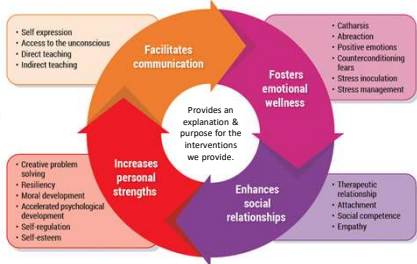
Association for Play Therapy <https://www.a4pt.org/page/aboutapt>

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Therapeutic Powers of Play

The Heart and Soul of Play Therapy – Schaefer & Drewes

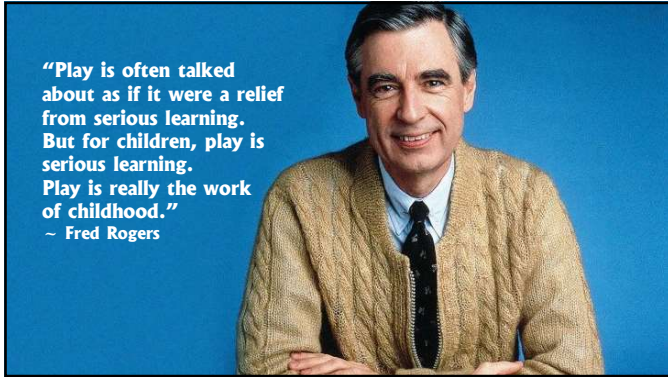
• Each of the four categories of therapeutic powers of play have underlying core agents of change.



- Facilitates communication**
 - Self expression
 - Access to the unconscious
 - Direct teaching
 - Indirect teaching
- Enhances social relationships**
 - Therapeutic relationship
 - Attachment
 - Social competence
 - Empathy
- Increases personal strengths**
 - Creative problem solving
 - Facility
 - Moral development
 - Accelerated psychological development
 - Self-regulation
 - Self-esteem
- Fosters emotional wellness**
 - Catharsis
 - Abreaction
 - Positive emotions
 - Counterconditioning fears
 - Stress inoculation
 - Stress management

Source: Dr. Judith Pearson, Deakin University, Melbourne, Australia


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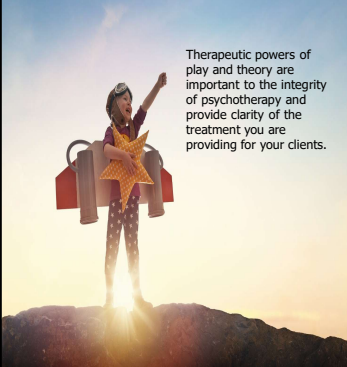
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Importance of Clinical Theory

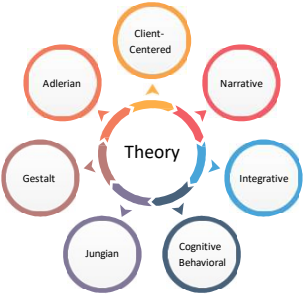
- Informs:
 - How people develop in healthy ways
 - What happens to interrupt development (dysfunction)
 - How does the person return to healthy development (functional)
 - What happens in the therapeutic process
 - Role of the therapist



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Therapeutic powers of play and theory are important to the integrity of psychotherapy and provide clarity of the treatment you are providing for your clients.



Source: Tammi's Sandtray & Play Therapy Teachable School. <https://tammi-sandtray-play-therapy.teachable.com/p/integrating-sandtray-therapy>

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Why Play Therapy

- Play is Universal
- Play is not purpose driven, has no contingencies, or productivity expectations
- Play is inherently attractive
- Play is in the present, not the past or future
- Play is not just for children

“You can discover more about a person in an hour of play, than a year of conversation.” – Plato

“Toys are the children's words and play is their language.” – Dr. Gary Landreth

Source: Tammi's Sandtray & Play Therapy Teachable School. <https://tammi-sandtray-play-therapy.teachable.com/p/integrating-sandtray-therapy>

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Play Involves

- Anticipation
- Surprise
- Pleasure
- Understanding
- Strength and Mastery
- Poise

"We are never more fully alive, more completely ourselves, or more deeply engrossed in anything, than when we are at play." Charles Schaefer



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"Toys should be selected not collected."

- Dr. Gary Landreth




- Doll House with furniture
- Doll House People
- Baby Dolls / Baby items
- Kitchen / Dishes / Plastic Food
- Puppets & Puppet Theater
- Chalkboard
- Art Supplies
- Play-Doh
- Rope
- Telephones
- Handcuffs
- Guns
- Rubber Knife
- Medical Kit
- Cash Register w/Money
- Tools
- Cars
- Rescue Vehicles
- School Bus
- Dress Up / Hats / Masks
- Purse / Jewelry
- Musical Instruments
- Superheroes / Soldiers
- Bop Bag
- Balls
- Animals
- Sandtray
- Miniatures

Source: G.L. Landreth (2023). Play therapy: The art of relationship 4th edn. Routledge.

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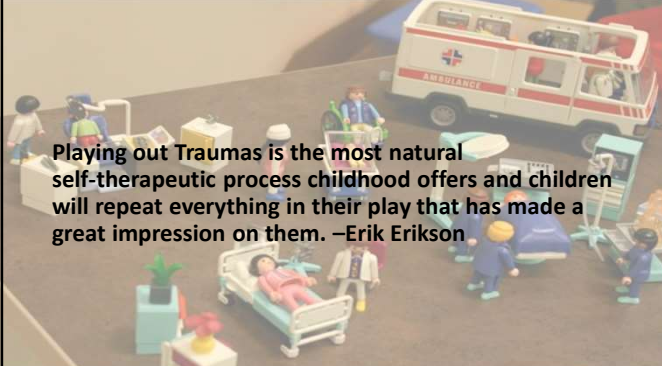
Tips for Play Therapy

- Attunement: Match the Client's Intensity
- Stay in Pretend
- Follow the Child's Lead
- Stay Engaged
- Tracking: Reflect what the child is saying and what you are noticing
- Respect the child's need for silence
- Stick with the play theme and join the child's story
- Trust the Process



Source: Tammie's Sandtray & Play Therapy Teachable School. <http://tammie-s-sandtray-play-therapy.teachable.com/course/integrating-sandtray-therapy>

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Playing out Traumas is the most natural self-therapeutic process childhood offers and children will repeat everything in their play that has made a great impression on them. –Erik Erikson

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Sandtray

- “Sandtray therapy is an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter- personal issues through the use of specific sandtray materials as a nonverbal means of communication, led by client or therapist and facilitated by a trained therapist.”

Source: Himmelfarb, J. & Swainson, D. (2017). Sandtray therapy: A practical manual (3rd ed.). Routledge.

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“Children think with their hands”
-Margaret Lowenfeld

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Historical Timeline

- 1911** **H.G. WELLS**
1911 author H.G. Wells wrote Floor Games in which he described observing his sons playing with miniatures on the floor. Wells realized that his sons were working out their problems in the play
- 1927** **ANNA FREUD**
She believed that children could not verbalize their conflicts, but could communicate them through play
- 1929** **MARGARET LOWENFELD**
She was looking for a more profound method to help children express themselves. After recalling Wells' book, Lowenfeld added miniatures to the shelves of her office. She initially used sand, water, and trays with displaced children in the Russo- Polish War in Eastern Europe. Lowenfeld would ask a child to create a world picture in the sand with the miniatures. This became known as the "Lowenfeld World Technique" (1979).
- 1959** **DORA KALFF**
She saw the child's sand work as a process and developed sandplay therapy using C. G. Jung's theoretical work and the sand tray World Technique developed by Margaret Lowenfeld

Source: Tammi's Sandtray & Play Therapy Teachable School. <https://tammi-sandtray-play-therapy.teachable.com/p/integrating-sandtray-therapy>

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Historical Timeline (Continued)

- 1980s **GISELA DE DOMINICO**
Developed Sandtray-Worldplay Therapy
- 1998 **LINDA HOMMEYER AND DANIEL SWEENEY**
Cross Theoretical: Wrote *Sandtray Therapy: A Practical Manual* known as one of the most used training guides in the sandtray world.
- 1999 **DOTTIE HIGGINS KLIEN 1999**
Mindfulness-Based Sandtray Therapy
- 2015 **RITA GRAYSON**
The Body-Brain Approach of Sandtray Play Therapy
CHRISTOPHER EWING and JESSICA STONE
Developed a Virtual Sandtray App
- 2020 **WORLD ASSOCIATION FOR SAND THERAPY PROFESSIONALS (WASTP)**
www.worldsandtherapy.org

Source: Tammi's Sandtray & Play Therapy Teachable School: <https://tammi-sandtray-play-therapy.teachable.com/p/integrating-sandtray-therapy>

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Sandtray Definitions

- Sand Therapy: An umbrella term encompassing therapeutic interventions including tray, sand, and miniatures.
- Sandtray Therapy: A generic term inclusive of all non-Kalffian approaches to sand therapy, initially developed by Margaret Lowenfeld.
- Sandplay Therapy: refers to Dora Kalf's Jungian approach
- Sandtray Play Therapy: refers to the use of sandtray therapy within the play therapy process.
- Sand tray: using 2 words refers to the tray only, comes in various sizes
- Miniatures/figures/toys/symbols: small items used to create a scene in the sand.

Source: Homeyer, L. E., and Lyle, M. N., (2022). Advanced sandtray therapy: Digging Deeper into the clinical practice. (Booklet)

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



Sandtray vs. Sandplay

- Although the terms are often used simultaneously, they are 2 different therapeutic modalities.

Sandplay	Sandtray
Jungian in Nature	Is open for more theoretical approaches
Exact Size for tray	Sandtrays vary in size
No directives in the tray	May or may not have directives
Limited to no interpretations	Allows for more direct processing of tray
ISST requires extensive training	Adequately trained therapists can practice

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Why Sandtray?

-  Most people do not access their creative right brain
-  Children and Adults often communicate at an unconscious level
-  Builds Bridge from Right Brain to Left Brain
-  Offers a safe psychological distance from problems
-  Gives words where words cannot be found
-  Quiets mind and body
-  is fun and enjoyable
-  Full sensory experience

Source: Tammi's Sandtray & Play Therapy Teachable School: <https://tammi-sandtray-play-therapy.teachable.com/p/integrating-sandtray-therapy>

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Metaphor



- Uses symbolism to express two things that are not alike yet still have something in common
- Create safety through externalizing distance
- A tool that allow to process experiences through symbolic representations
- Promote curiosity without judgment
- Metaphors are developed in the right hemisphere, the emotional hemisphere that holds our implicit memories, and abstract concepts rooted in the body (Haen 2020)
- The bridge to the verbal, rational, logical, linguistic, left hemisphere (Dunn-Fierstein 2013)
- Stay in between logic and emotion through the use of imagination

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Sandtray Basics

- Approximately 300 Miniatures
- Open Shelf Arrangement is best, located the same place every week
- Include: People, animals, vegetation, buildings, fences, traps, signs, nature, fantasy, spiritual/mystical, landscape, household
- Tray height should be no higher than client's waist and have room to walk all the way around
- Sand should be white or natural, although any color can be used
- Having 1 wet and 1 dry tray is best



Source: Horney, J. & Swenberg, D. (2017). Sandtray Therapy: A practical manual (3rd ed.). Routledge.

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Tray Recommendations

- Standard Tray 25.8" X 19.5" X 3"
- Painted blue on the inside to simulate water and sky
- All shapes can be used for trays
- Significantly larger trays can be used for groups and families, smaller trays for school settings
- Clients working through trauma may need larger sand trays due to trays becoming "overly charged."
-De Domencio



Marshall Lyles Workshop
Multiple options of Trays



Source: Horney, J. E., and Lyles, M. N. (2022). Advanced sandtray therapy: Digging deeper into the clinical practice. (Routledge).

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Sand, Sensory, and the Neurodiverse Population

- The simple touch of the sand can activate the nervous system for some causing great benefits.
- Some neurodiverse clients, as well as clients with sensory struggles may not like the feeling of sand.
- Alternate materials such as jasmine rice, crushed corn kernels, lentils, pasta, grass seed, confetti/beads, glass beads/pebbles, straw, shredded paper, oatmeal etc can be used. (Robert Jason Grant 2021)
- Sand trays can also be done with no sand medium and only miniatures.



Confetti Beads
Glass Beads

Images from Audrey Terney - Sand Alternatives for Sensory Therapy Work
<https://www.youtube.com/watch?v=25G235v4880>



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Cultural Considerations

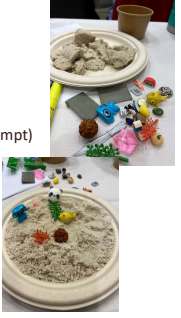
- Be aware with using food products with food scarce cultures
- Make sure to have miniatures to represent:
 - Cultures
 - Race/Ethnicity
 - Sexes
 - LGBTQ++ Population
 - Ability levels
 - Body Sizes
 - Geographical locations
 - Spirituality/Religious



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The Sandtray Process

1. Preparation of the sandtray setting
 - Prepare yourself as you prepare your room
 - Connect to your materials
2. Introduction of the process to the client (Meditation and prompt)
3. Creation of the sandtray (attunement)
4. Postcreation phase (process the completed world)
5. Sandtray cleanup
6. Documentation of the session



Source: Himmelman, L. & Soenen, D. (2017). Sandtray therapy: A practical manual (3rd ed.). Routledge

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Six Steps to Conducting a Sandtray

- Step 1** **INTRODUCE THE SANDTRAY:** "Here is a room of different miniatures and a SANDTRAY. By selecting different MINIATURES and placing them in the sand, it helps to resolve things that are challenging.
- Step 2** **TAKE A BASKET OR BUCKET** and place whatever miniatures you want in the basket. Don't think too much about it. "Let the miniatures pick you."
- Step 3** **COME SIT BY THE SANDTRAY.** This will be the background of your story. Take a moment and feel the sand, feel free to use your hands, a rake, a funnel, whatever you need.
- Step 4** **PLACE THE MINIATURES IN THE SAND** anywhere you choose, when you are ready.
- Step 5** **GENTLY ASK:** "Before we begin, is there something you would like to add or remove?"
- Step 6** **INVITE THE CLIENT TO TELL A PRETEND STORY** with a beginning, middle, and end.

Source: Tamm's Sandtray & Play Therapy Teachable School. <https://tamms-sandtray-play-therapy.teachable.com/courses/integrating-sandtray-therapy>

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Suggested Processing Questions

- These are just ideas to deepen the process. Remember, less is more, and follow your client's lead on what they feel comfortable sharing.

Would you like to share?	What are the obstacles?
What's happening?	What are some feelings that are represented in the tray?
What miniature is your favorite?	Are you represented in the tray?
What miniature has the most energy?	What would you call this tray? Is there a title?
What are the resources?	Does the tray feel complete or is it a "to be continued...?"
Who are the helpers?	If the miniatures could talk, what would they say to the other miniatures?
	Do any of the miniatures have a message for you?

Source: Tamm's Sandtray & Play Therapy Teachable School. <https://tamms-sandtray-play-therapy.teachable.com/courses/integrating-sandtray-therapy>

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Role of the Therapist

- Create a safe space
- Regulate and ground client
- Witness client's world and attune with mind and body
- The sandtray is their container and we can be their guide.



Source: Terrell's Sandtray & Play Therapy Treatable School. <https://terrells-sandtray-play-therapy.teachable.com/courses/sandtray-therapy>

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Disconfirming Experiences

- "When the client recalls painful experiences and is met with empathy and kindness, new synapses carry that information throughout the brain, and blood flow changes course to more soothing paths" (p.12)



Source: Badenoch, B. (2008). *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology*. Norton Series on Interpersonal Neurobiology. WW Norton & Company.

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Sandtray Prompts

- Create your world
- Create a Story
- Pick 15 miniatures and let your fingers do the walking
- Create Your peaceful place
- Create your family
- Create your world before the abuse/after
- Create your day
- Make a Timeline of your life
- Create a Memory (good or bad)



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A Powerful Process

- When we approach sand and miniatures, these right-hemisphere-based feelings translate fluidly into images and particularly into relationships that spontaneously emerge. The more we let go and respond to both the sand and beings on the shelves as though our body itself is doing the choosing, the more these early experiences appear, to be held and warmed and cared for by the sand tray person and his/her attentive witness. Our inner world begins to shift in the light of this beholding. It is a powerful process that one might imagine could be disruptive. Instead, the tray itself becomes a bounded sanctuary for what is being allowed into the light while the human witness also provides the safety of presence.



Image used with permission from Tammy Van Hollander

- Bonnie Badenoch (2020)

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Oaklander Model

- "I am _____"
- What's it like to be you
- What are you good at?
- What is hard for you?
- What do you need?
- Where are you?
- What are you doing?

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Linking This All Together

- Traumatized kids are in survival mode, scanning for cues of danger and cues of safety, their amygdala is hyper aroused.
- We may see "behaviors" such as aggression, anger, impulsivity, worry, self-harm, insomnia, night-mares, reduced attention span, increased separation anxiety, etc. and may not know why.
- Creative art activities can offer hope in a nonthreatening avenue for the discovery and processing of an embedded traumatic memory. - Perryman, 2019
- Sandtray can give voice to events that cannot be put into words

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Bottom-Up Approach

Cortical: Abstract thought, concrete thought, Learning, Awareness
Reason

Limbic: Attachment / Emotions and Behaviors
Relate: attachment, emotional reactivity

Brainstem: Motor / Sensory input
Regulate: body temp, heart rate

Start at the Brainstem

Source: Beason-Held, The Repair of Developmental Trauma, Dr. Bruce Perry, Bruce Perry, Neurosequential Model

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"Sandtray therapy offers a particularly powerful way to provide essential therapy components. First, engaging with the sandtray orients our clients away from left hemisphere narratives and towards the wisdom of the body by engaging the senses....As they relax into the work, their implicit world speaks through the images gathering in the tray. All of this takes place within the safe boundaries of the physical space as it is held by our ventral-presence. This creates a depth of safety that is less available when clients verbally relate their personal narrative. In essence, using sandtray invites the left hemisphere to hand its narrative over to the right hemisphere, where it becomes more fluid and resides in a more open plane of possibilities." —Rita Grayson (pg 40)

Source: Grayson, R., & Fraser, T. (2022). The embodied brain and sandtray therapy: Stories of healing and transformation. (Routledge).

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Expanding and Contracting Window of Tolerance

- Because the neural net holding the embodied part of the trauma must awake for it to receive a disconfirming experience, our clients are moving away from safety (Badenoch, 2018).

Window of Tolerance from The Heart of Trauma: Healing the Embodied Brain in the Context of Relationships by Bessel van der Kolk. Source: Grayson, R., & Meyer, T. (2022). The embodied brain and somatic therapy: Science of healing and transformation. (BookBaby).

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Expanding and Contracting Joined Windows of Tolerance

- If our clients move fully outside their window of tolerance, the connection between us will be disrupted. When a therapist is able to provide an ample ventral state, it can hold both within a joined window of tolerance (Grayson 2022).

Joined windows of tolerance from The Heart of Trauma: Healing the Embodied Brain in the Context of Relationships by Bessel van der Kolk. Source: Grayson, R., & Meyer, T. (2022). The embodied brain and somatic therapy: Science of healing and transformation. (BookBaby).

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Co-regulation

- We are constantly influencing the state of each others' nervous system (Dana, 2018).
- When our ANS neuroceives safety, we are in our ventral state and inside our window of tolerance (Rita Grayson 2022).

Games of Reciprocity in the Sand for co-regulation

- Hide and Seek-
 - "The only game where children are excited to lose." - Marshall Lyles
 - You place a miniature, I place a miniature
 - You tell a sentence in the story, I say the next sentence

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Regulation Ideas in the Sand

- Rainbow:
 - Name a miniature that is Red, Orange, Yellow, Green, Blue, Indigo, Violet
- "Sand" hands, funnel, rake, sifter, brushes, burying hands and feet
- "Playing" with the miniatures in the sand

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Befriending Adaptive Responses to Trauma

- Dana (2018) says it is the therapist's sacred role to support clients to befriend their adaptive responses to trauma and recommends remembering the four R's:
 - Recognize the autonomic state.
 - Respect the adaptive survival response.
 - Regulate or co-regulate into a ventral vagal state.
 - "Re-story"



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Time to Create Your Own Sandtray

- Window of Tolerance Informs how much contact with stress our minds can handle before implementing neurobiological safety (Siegel, 2017)

Hyperarousal:

- Fight or Flight
- Vigilant / Reactive
- Anxious, Out of Control
- Angry
- Big Emotions

Hypoarousal:

- Shutdown
- Disconnected
- Numb
- Frozen



Window of Tolerance:

- Emotionally regulated
- Ability to self-soothe
- Although you may feel stress, you can move through it and handle hard things
- This is where you want to be

- We see so many clients who immediately go into hyperarousal and hypoarousal because the stress is too much to tolerate. Their windows are locked and through relationship and repair, we can help open the window. Even if the window is open a crack, it is movement as we try to expand their window of tolerance.

Source: Tammi's Sandtray & Play Therapy Teachable School. <https://tammi-s-sandtray-play-therapy-teachable.com/p/integrating-sandtray-therapy>

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Importance of Nonverbal

- If Trauma is Non-verbal it needs to come out non-verbally
- "Only after processing the trauma using nonverbal therapy can the fragmented memory be transformed into verbal narrative. Then and only then can the person tell the story of what happened." - Van der Kolk



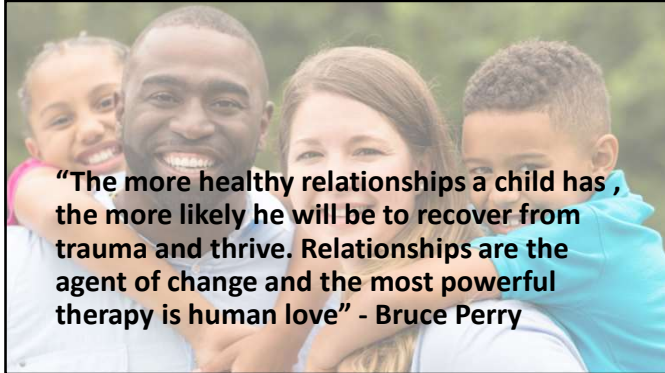
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"Safety IS the Treatment"
- Stephen Porges



Image used with permission from Tammy Van Helder

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