



Sensorimotor Psychotherapy Institute

...because words are not enough

**Using Mindfulness to Engage the Body:**

How to disrupt entrenched patterns, change meaning making, foster self-empowerment and improve relationships through Sensorimotor Psychotherapy.

Australian Childhood Foundation Conference

Melbourne, Australia

July, 2018

Pat Ogden & Bonnie Goldstein

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*I love to discover  
potential in people  
who aren't thought  
to have any.*

Oliver Sacks

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How working w/ the body can be useful

- Posture affects confidence, mood, how we think and more
- The way we move and walk influences orienting, social engagement, etc.
- Clients lose hope in the efficacy of certain actions, and thus stop using them
- Setting boundaries and defending oneself requires action
- Connecting with others requires proximity seeking actions
- Bottom up resources directly affect the nervous system and support regulation

Ogden in press

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Yet, Therapists often report:

- My client is not "ready" to work with the body
- My client isn't interested in somatic work
- My client can't benefit from Sensorimotor Psychotherapy because he or she is too:

|                      |                            |                |
|----------------------|----------------------------|----------------|
| <i>destabilized</i>  | <i>low functioning</i>     |                |
| <i>triggered</i>     | <i>anxious</i>             |                |
| <i>dissociative</i>  | <i>depressed</i>           |                |
| <i>unaware</i>       | <i>body phobic</i>         |                |
| <i>"in his head"</i> | <i>[fill in the blank]</i> | Ogden in press |

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**Win Clients' Confidence in the Body as a Viable Target of Intervention**

- Notice how the body participates in the presenting problem
- Find out goals—what the client wants to accomplish or change
- Instill hope that Sensorimotor Psychotherapy interventions might help accomplish client goals
- Consider specific physical changes that might support client's goals and overall wellbeing
- Psychoeducation, appreciation and positive reinforcement

Ogden in press  
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**Psycho-education:  
Introduce Sensorimotor Psychotherapy**

Gear psycho-ed to the how working with the body might increase the possibility of meeting client goals. This instills hope and a positive attitude.

Psycho-ed often starts at the beginning of therapy, but continues throughout.

Psycho-ed should be brief, and given as needed to help the client be able to utilize Sensorimotor Psychotherapy.

**Use your own body (rather than only talking) to illustrate and demonstrate the psycho-ed points you want to make.** Ogden & Fisher 2015

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### Some Psychoeducation Options

- Ask if clients want psychoed
- Reassure clients that they are in charge of body interventions
- Identify client's goals
- Elicit clients' questions or concerns
- Normalize their physical pattern
- Use your own body to illustrate potential value of somatic interventions
- Positive reinforcement

Ogden in press

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### From Conversation to Embodying a New Way of "Living" in the Body: The Organization of Experience

- Note the emergence of healthy thoughts
- "Say" the positive thought with the body
- Embody this thought through walking; clarify the physical changes
- Contrast new posture with old: go back to the negative cognition to sense the physical changes
- Homework: Practice the new posture that supports a positive cognition

Ogden et al 2006, 2010, 2013, 2014  
Ogden & Goldstein 2012

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Often described as "intractable," "resistant," "hard-to-treat," "stuck," and even "impossible," these survivors may feel powerless, often become victims again and again, tend to blame themselves or what happened to them for their misery, and sink further into hopeless despair when therapy fails to help.

Ogden in press

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Physical actions are creating the  
context for mental actions.

Damasio, 1999

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“Language is the most deceptive form  
of communication” Tronick

As patients become aware of & play with  
shifting their posture & the way they  
execute actions, new ways of processing  
information & new meanings and  
communications are supported.

Ogden 2013

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### Translating the Language of the Body

“Some meanings are known and symbolizable,  
some are unknown, implicit but with “work”  
can become known, and some may be  
unknowable.”

Tronick 2008

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“We don’t see things as they are, we see things as we are” Anais Nin

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The Context:

A Philosophical/Spiritual “Container”

- Refers to the overall orientation of the therapist.
- Shapes the climate or atmosphere we create in a session.
- Includes assumptions made that we take to be true but cannot necessarily prove.
- Forms the foundation for a way of being with the client.
- Can increase (or decrease) trust, empowerment, optimism and hope for change.

Ogden 1990; 1995; in press

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Often established early on, patterns of thinking, feeling, and acting designed to navigate an unsafe, threatening world are solidified with repetitive use, and become harder and harder to modify as time goes on.

These patterns were shaped in a particular context. Embodying a context in alignment with SP’s philosophy makes changing these patterns easier. Ogden in press

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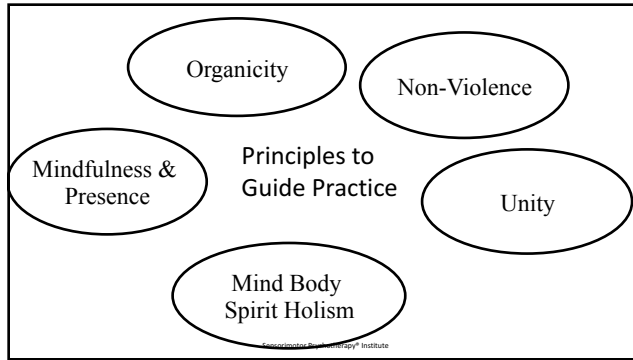
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### Unity in Practice

- Win the client's confidence in working together
- Collaborate whenever possible to encourage choice
- Use "we" and "us" instead of "I" and "you" when possible
- Let yourself be appropriately affected by the client, and share this judiciously
- "Give and take" in your attitude and action
- "Frame" by suggesting what you might focus on to assess client's interest, promote collaboration and participation
- Think out loud (*I wonder if...*)
- Use psycho education so that you & your client are on the same page & win a willingness to explore the body

Ogden 1990; in press

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### Mindfulness in Practice: The Organization of Experience

- Cultivate curiosity in the present moment organization of experience rather than only content (*Can you sense that right now...*)
- Conduct experiments (*What happens when...*) to discover the organization of experience
- Use comparisons: What happens in each posture
- Try to understand (*I want to make sure I get it...*)
- Track & name how the client's organization of experience changes as a result of particular stimuli (*Just notice what happens inside..*)
- Take time to become mindful (*Stay with it....*)

Sensorimotor Psychotherapy® Institute      Ogden et al 2006; Ogden & Galkstein in press

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| <p><b>“Self - Engagement”</b></p> <p>Mindfulness is “a way to alter our relationship with the self, with our own mind, so that we can create new states of information flow in the course of daily life.”</p> <p>Siegel 2009</p> | + | <p><b>“Engagement with Another”</b></p> <p>“ Mindfulness is not practiced in solitude, but is integrated with &amp; embedded within what transpires moment-to-moment between therapist and patient”</p> <p>Ogden 2014</p> |
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**Embedded Relational Mindfulness**

Mindfulness is not taught through structured exercises or practices, but is **integrated with and embedded within what transpires moment-to-moment between therapist and patient** in an attachment-focused therapy.

Privileges **mindful awareness of present moment experience over talking about**, conversation, interpretation, and problem-solving.

Ogden 2014

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**Mindfulness in Practice:  
The Organization of Experience**

|   |                       |                 |
|---|-----------------------|-----------------|
| <b>5-Sense Perception</b><br><small>(sound, smell, taste, image...)</small> | <b>Body Sensation</b> |                 |
| <b>Words, Thoughts, Beliefs</b>   | <b>Emotion</b>        | <b>Movement</b> |

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**Body/Mind/Spirit Holism in Practice:**

- Track non-verbal expressions and understand their connection to emotions, thoughts and so forth
- Link thoughts and emotions with a particular movement/gesture/sensation and vice versa
- Embody a belief or emotion in posture & through movement
- Use experiments (“what happens when...” that reveal different elements of experience
- Stitch together or unstitch elements (body, mind, emotion, etc) as appropriate for the integrative capacity & goals of the client
- Help clients draw upon ways of physically organizing experience to increase presence and quality of life

Ogden 1990; in press

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**Embodying a New Way of “Living” in the Body Changes the Organization of Experience**

- Note the emergence of healthy thoughts
- “Say” the positive thought physically &/or find words for new posture
- Embody the thought in walking
- Contrast new posture with old
- Homework: Practice the new posture; integrate with other parts

Ogden et al 2006, 2010,2013,2014  
Ogden & Goldstein 2014 Sensorimotor Psychotherapy® Institute

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**Risk of new actions**

Each part of the self has its own beliefs, triggers, expectations, procedural tendencies, comfortable actions, and so forth. New actions, like new words, can be acceptable to certain parts of the self, but can be experienced as threatening or adversarial to other parts of the self.

Ogden 2014

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**Every symptom has a purpose**

**Every part has a function**

- Maintain curiosity about the purpose rather than get caught up in crisis, despair, hopelessness, etc.
- Ask (yourself and client) what each part/symptom accomplishes
- Discover and acknowledge the function of a part/symptom
- Discover what part the symptom is connected to
- Express appreciation of the parts/symptom, and have other parts of client do the same

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Ogden 2017

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**Every symptom has a purpose**

**Every part has a function, cont.**

- Find out if/how parts can help one another
- Experiment with reassuring a part that you are not trying to get rid of it
- Experiment with asking the part if it would be willing to “step aside” or “dial down”
- Explore actions than integrate two or more parts`

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Ogden 2017

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**Organicity in Practice**

“The best leader follows.” Lau Tzu

- Find what the client wants to accomplish or change
- Validate the wisdom of the client’s organization of experience
- Track, name & capitalize on somatic intelligence
- Ask mindfulness questions (the answer is within)
- Embody the experimental Attitude (interested in whatever emerges)
- Put client in charge of body awareness and action
- Change your intent & interventions according to what emerges from the client

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Ogden 1990; in press

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We are always practicing something:  
actions, thoughts, emotions, or ways of being.  
Actions that we repeatedly do (or don't do) affect  
our well being

- Practicing new actions re-shape the the  
body, thoughts and emotions
- Through practice clients can develop  
new capacities for resilience, relatedness  
and action aligned with what current  
reality

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**Diagnosis for Children with Complex  
Traumatic Stress**

- American Academy of Child and Adolescent Psychiatry  
established practice guidelines for treatment of PTSD in children  
in 1998. (AACAP; 1998).
- Significant research has validated several evidence based  
treatment models based on those guidelines and diagnosis.
- However, research indicates PTSD as a diagnosis no longer  
captures the complex presentation of symptoms including  
dissociation, emotion dysregulation, somatization, relational  
dysregulation and toxic self representation seen in children with  
complex trauma.

[http://www.nctsn.org/resources/topics/treatments-that-work/promising-practiceshttp://www.traumacenter.org/announcements\(DTD\\_papers\\_Oct\\_09.pdf](http://www.nctsn.org/resources/topics/treatments-that-work/promising-practiceshttp://www.traumacenter.org/announcements(DTD_papers_Oct_09.pdf)

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**Developmental Trauma Disorder 1**

**A.Exposure**

1. Multiple or chronic exposure to one or more  
forms of developmentally adverse interpersonal  
trauma (abandonment, betrayal, physical assaults,  
sexual assaults, threats to bodily integrity,  
coercive practices, emotional abuse, witnessing  
violence and death).
2. Subjective Experience (rage, betrayal, fear,  
resignation, defeat, shame).

(Van der Kolk, 2013, web citations:  
[http://www.traumacenter.org/research/AIOP\\_why\\_we\\_need\\_a\\_complex\\_trauma\\_ds.pdf](http://www.traumacenter.org/research/AIOP_why_we_need_a_complex_trauma_ds.pdf))

(Ford p. 24, 2011; Van der Kolk, 2009, 2014; D'Andrea et al, 2012; Teague 2013, NCTSN 2014)

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### Developmental Trauma Disorder 2

**B. Triggered pattern of repeated dysregulation in response to trauma cues** Dysregulation (high or low) in presence of cues. Changes persist and do not return to baseline; not reduced in intensity by conscious awareness.

Affective; Somatic (physiological, motoric, medical); Behavioral (e.g. re-enactment, cutting); Cognitive (thinking that it is happening again, confusion, dissociation, depersonalization); Relational (clinging, oppositional, distrustful, compliant); Self-attribution (self-hate and blame)

(Van der Kolk, 2013, web citations: [http://www.traumacenter.org/research/AJOP\\_why\\_we\\_need\\_a\\_complex\\_trauma\\_dx.pdf](http://www.traumacenter.org/research/AJOP_why_we_need_a_complex_trauma_dx.pdf))

(Ford p. 24, 2011; Van der Kolk, 2009, 2014; D'Andrea et al, 2012; Teague 2013, NCTSN 2014)

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### Developmental Trauma Disorder 3

#### C. Persistently Altered Attributions and Expectancies

Negative self-attribution; Distrust protective caretaker; Loss of expectancy of protection by others; Loss of trust in social agencies to protect; Lack of recourse to social justice/retribution; Inevitability of future victimization

(Van der Kolk, 2013, web citations: [http://www.traumacenter.org/research/AJOP\\_why\\_we\\_need\\_a\\_complex\\_trauma\\_dx.pdf](http://www.traumacenter.org/research/AJOP_why_we_need_a_complex_trauma_dx.pdf))

(Ford p. 24, 2011; Van der Kolk, 2009, 2014; D'Andrea et al, 2012; Teague 2013, NCTSN 2014)

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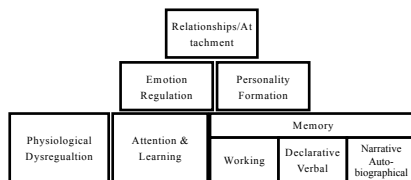
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### Domains of Development in Children Impacted by Complex Trauma Exposure



(Cook et al., 2005; Spinazzola, Blaustein & Kinneburgh, 2010, 20, van der Kolk, 2005; Saxe, 2007; Ford & Cloitre, 2009; Silberg, 2013; Perry 2009)

The Neurosequential Model (Perry, 1999), Sensory Integration (Ayres, 1989) and Sensorimotor Psychotherapy all work with autonomic dysregulation by addressing the functioning of the lower levels of the brain through body-oriented interventions.

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### Trauma-Informed Treatment

#### Principles

1. Identify and address threats to child and family safety
2. Build relational bridges with child and caregiver(s).  
Treatment is viewed as Triadic (including father, mother, and child or other family members) vs Dyadic.
3. Attends to co-regulation between both child and caregiver(s) [as well as auto regulation].
4. Treatment planning and outcome monitoring strives to make sense to both the child and caregiver(s) to reduce symptoms which impede collaborative goals.

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>  
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### Sensorimotor Psychotherapy for Complex Trauma

“The nonverbal language of the body (gesture, posture, prosody, facial expressions, eye gaze, and movement as well as arousal) reflects and sustains implicit processes. These physical elements are arguably more significant than the story told by the words.

Thus, in Sensorimotor Psychotherapy, a somatic approach is essential to effect therapeutic change across all diagnoses and with all ages, not only as a stepping stone to cognitive and emotional methods.”  
Ogden 2014

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### US NCTSN Core Components 1

- Parenting skills and behavior management
- Promoting adaptive developmental progression
- Addressing grief and loss
- Promoting safety skills
- Relapse prevention
- Evaluation of treatment response and effectiveness
- Engagement/addressing barriers to service-seeking
- Screening and triage

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>  
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US NCTSN Core Components 2

- Systematic assessment, case conceptualization, and treatment planning
- Psycho-education
- Addressing children and families' traumatic stress reactions and experiences
- Trauma narration and organization
- Enhancing emotional regulation and anxiety management skills
- Facilitating adaptive coping and maintaining adaptive routines

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>  
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NCTSN encourages all providers to consider the following when evaluating new treatments:

1. Whether the interventions suggested in the new treatment include interventions addressing desired Core Components recommended
2. How these components are carried out (e.g., specific skills-acquisition activities, homework, role-play, games)
3. How well these components "fit" with the specific needs and preferences of the population served

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>  
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NCTSN encourages all providers to consider the following when evaluating new treatments:

4. Do the intervention emphasizes acquiring the appropriate coping skills [for all parties]
  
5. Are the activities in which skills are acquired appropriate for the developmental level, cultural background, and geography of the clients

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>  
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Phase-Oriented Treatment Approach  
based on Pierre Janet (1898)

- **PHASE 1:** SYMPTOM REDUCTION AND STABILIZATION
- **PHASE 2:** TREATMENT OF TRAUMATIC MEMORY
- **PHASE 3:** PERSONALITY INTEGRATION (limiting belief systems and meaning, social (re)connection, relationship and intimacy, life issues, risk-taking, change)

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Subsymbolic Processes

Subsymbolic processes operate in sensory, motoric and somatic systems, as sounds, smells, feelings of many different sorts. They contribute to verbal processing as well, in forms such as prosody, speech rhythm patterns and modulation of intensity and pitch.

Bucci 2011

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Sensorimotor Processing

[The way in which we]...organize sensation from one's own body ... that makes it possible to use the body effectively [initiate, implement, and complete adaptive action] within the environment.....

Ayres, 1989, p. 11

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### Difficulties: Sensorimotor Processing

- Behavior problems
- Poor affect regulation; dysregulated arousal
- Procedural learning: habits of posture, movement, gestures
- Conflicted movement patterns (approach/avoidance, etc)
- Poor motor control / balance/ planning
- Inadequate somatic resources (breathing, grounding, alignment, economical and purposeful movement, etc)
- Disruption of survival related functions: breathing, digestion, temperature, circulation
- Sensory Processing difficulties
- Overactive animal defenses of fight, flight, freeze, and feigned death

Sensorimotor Psychotherapy® Institute Ogden et al 2011

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### Sources of Childhood Trauma

- Abandonment, neglect, separation, loss, unresponsive attachment figures
- Physical and sexual abuse
- Frightened attachment figures
- Frightening attachment figures (yelling, aggressive behavior, rough treatment)
- Bullying, exclusion
- Death or illness of attachment figure
- Vicarious trauma: witnessing accidents, domestic violence, bullying, killings
- Medical trauma: surgery
- Accidents, falls, injury, medical trauma
- Uprooted from home and familiar surroundings, adoption

Sensorimotor Psychotherapy® Institute Ogden & Collett 2008

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### Directed Mindfulness Sensorimotor Psychotherapy

We ... help the brain to retain the new learning by heightening mindful awareness of and sustaining attention to the new stimulus.

According to Richard Davidson, "In some ways, attentional training can be thought of as the gateway to neuroplasticity."

We can teach our clients how to selectively attend to stimuli, like posture and movement, that they normally might not pay any attention to in order to take advantage of attention's role in neuroplasticity. Fisher & Ogden 2011

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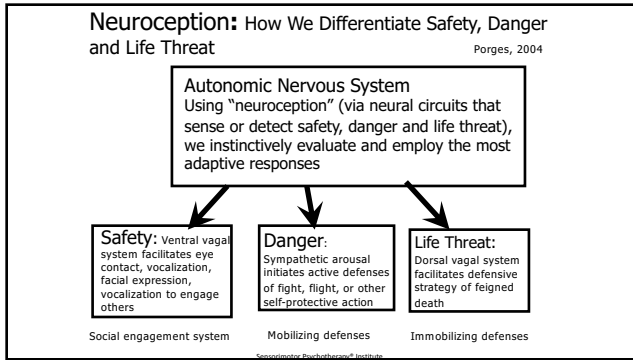
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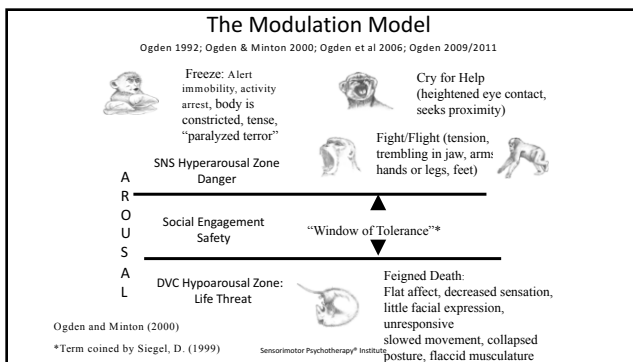
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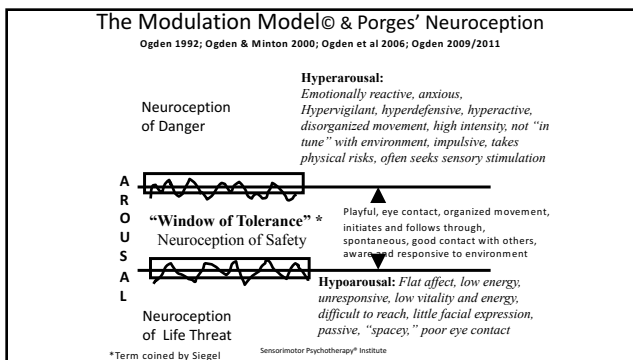
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### Habitual Mobilizing Defenses

Bouts of panic, fear, or rage, tendency to leave, defensiveness, aggression against self or others, hyper-alertness, hyper-vigilance, rigid boundaries, clinginess, desire to be “rescued.”

Ogden, 2002

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### Habitual Immobilizing Defenses

Chronic patterns of submission, helplessness, inability to set boundaries, feelings of inadequacy, automatic obedience, and repetition of the victim role; may appear lifeless and non-expressive, and may fail to defend against or orient toward danger, or attempt to get help

Ogden, 2002

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### Truncated Defensive Responses

Mobilizing Defenses (Cry for help, Fight, Flight) give way to immobilizing defenses because:

- They were ineffective (no one there to help) or overpowered (perpetrator was stronger or faster)
- They would have made the trauma worse (e.g., angered the perpetrator)
- They were not available, as is true for infants, the elderly, or those with disability
- Victims were threatened with retaliation if they resisted

Ogden et al 2006

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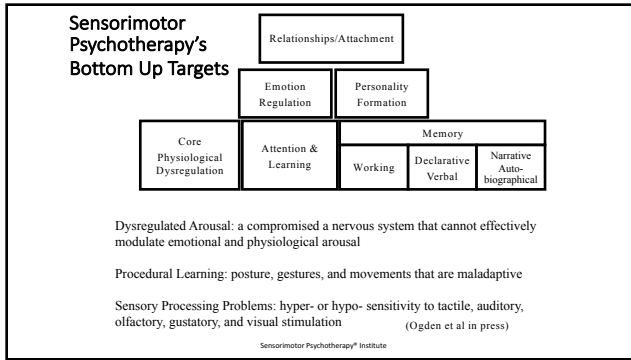
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The post-trauma responses of school-age children include a wide range of intrusive images and thoughts.

- They might have flashbacks or ruminate about the frightening moments that occurred during their traumatic experiences.
- They often go over what they could have done to stop it from happening and what could have made it turn out differently.
- They may respond adversely to reminders of the trauma (someone with the same hairstyle as the abuser, etc).

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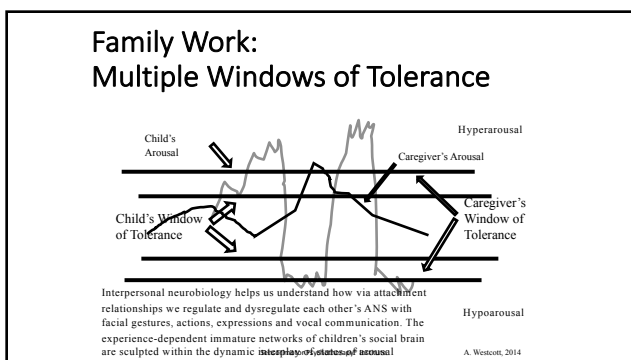
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### Affect Regulation

“the regulation of *conscious and unconscious feelings*” (Schore 1994)

- Ability to achieve, sustain and change your state to match the current situation, task, relationship, and interaction
- Modulate dysregulated arousal (hypo & hyper-arousal)
- Integrate dissociated or aversive affects
- Enhance the range of affect intensity as appropriate
- Increase positive affect
- Increase ability to tolerate blends and blends of emotion
- Promote flexibility in transitioning among affective states

Sensorimotor Psychotherapy® Institute Ogden 2008, 2009

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### Therapist as Interactive Psychobiological Regulator

Schore 1994

Attitude: curious, experimental, engaging, playful and fun  
 Tracking: Track for accurate and faulty neuroception and for signs of overload, need for movement, distraction, and integration  
 Developmentally appropriate prosody, language, activities, engagement  
 Contact: With strengths and what might be regulating  
 Mindfulness: Help child be aware of internal experience  
 Experiments: “What happens when...?”  
 Mirroring the child’s movement and action  
 Model engagement in activities appropriate for child’s next steps  
 Ogden & Goldstein in press

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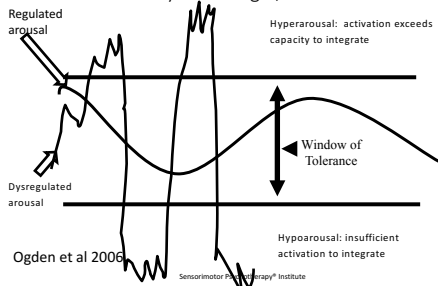
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Turn off Defenses, Regulate Dysregulated States, Increase Social Engagement, Shift efficiently between conditions of safety and danger,




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**Trauma and Attachment History  
Reflected in Physical Patterns**

- If our attachment figures ridiculed us when we were vulnerable we stop seeking proximity when we feel needy
- If no one was there to reach back, we stop reaching out
  - If standing upright with our heads held high brought criticism, unwanted attention, or more abuse by our attachment figures, we will slump and keep our heads down
- If we had to be still, “invisible” or immobilized to stay safe, we might not breathe deeply

Ogden 2014

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**Procedural Learning:  
Expectations of the Future**

- Most behavior is driven by procedural memory—memory for process and function—and is reflected in habitual, automatic responses and well-learned action patterns and sequences: movements, postures, gestures, expressions, etc. Ogden et al 2006

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**Procedural Learning: Early  
Experiences Affect the Body**

- Early interaction patterns are represented pre-symbolically, through the procedural organization of action sequences...
- Infants form expectancies of how these interactions go, whether they are positive or negative, and these experiences are a trajectory for development (which can nevertheless transform). B. Beebe 2005

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**Addressing Limiting  
Procedural Habits**

- Learn and practice new actions: Somatic resources of alignment, grounding, breath and so forth
- Identify limiting procedural habit as a “survival resource” that help us survive and cope, used to endure and get through trauma & stress

Ogden 2016

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**Addressing Limiting  
Procedural Habits 2**

- Acknowledge the adaptive function of the limiting procedural habit (e.g., Celia: “no wonder you want to keep your head to the side. You get anxious when it’s upright”
- Empower the child to teach their survival resource

Ogden 2016

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**Somatic Resources**

Somatic resources comprise the category of abilities that emerge from physical experience yet influence psychological health. They include the physical functions and capacities that support self-regulation and provide a sense of somatic and psychological well-being and competency.

Ogden, 2002

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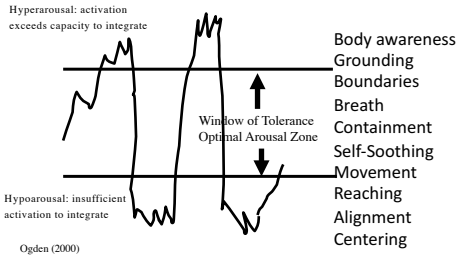
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### Somatic Resources help Arousal Stay within a Window of Tolerance




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### Body Awareness vs Body Processing

| Awareness of the body  | Sensorimotor Processing  |
|--|--|
| <ul style="list-style-type: none"> <li>• What do you notice?</li> <li>• What sensations do you experience?</li> <li>• Does your body feel tense?</li> <li>• Relaxed?</li> <li>• Where do you feel that in your body?"</li> </ul> | <p>How the client implicitly makes meaning, processes information, and executes action.</p> <ul style="list-style-type: none"> <li>• procedural tendencies,</li> <li>• affect regulation,</li> <li>• sensory processing</li> </ul> <p>Changing these levels of information processing.</p> |

Ogden 2009  
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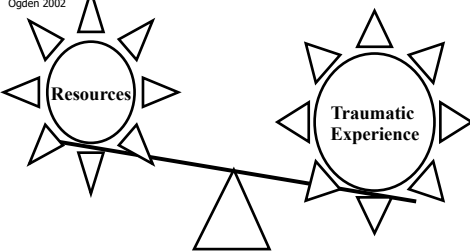
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### Trauma can Overpower our Resources




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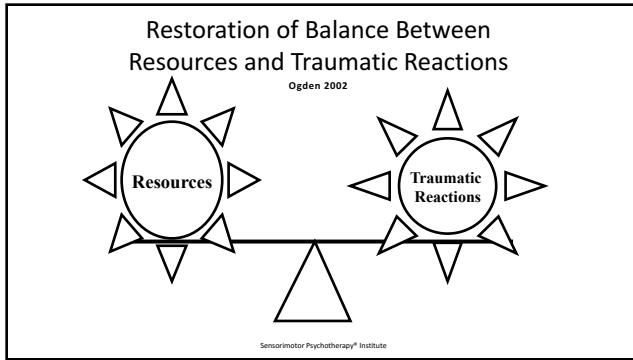
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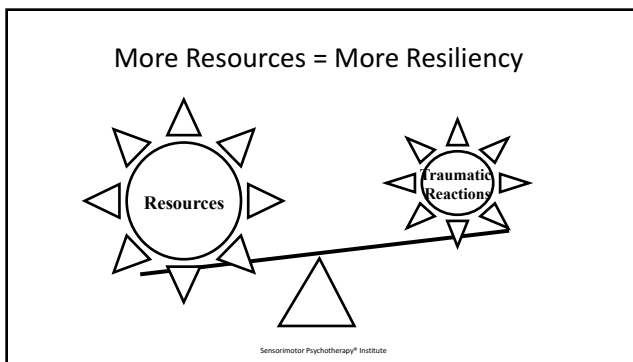
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Children who are dissociative and/or who have trouble shifting states to accommodate the shifting environment, task, or relational context may have a compromised social engagement system, and stay “stuck” in particular states: aggression, isolation, hyper- or hypo arousal, fear, shyness, defense, worry, withdrawal, immobility, etc.

Ogden & Goldstein in press

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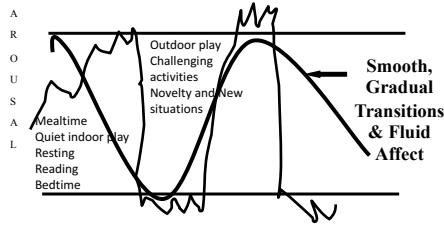
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**Adaptive Affect Regulation involves Smooth Transitions between Events & Affective States**



Sensorimotor Psychotherapy® Institute Ogden 2008

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**Self-Regulation:**

Two Kinds (from Allan Schore)

Auto regulation is the ability to self regulate alone without other people. It is the ability to calm oneself down when arousal rises to the upper limits of the window of tolerance and also to stimulate oneself when arousal drops to the lower limits.

Interactive (psychobiological) regulation involves the ability to utilize relationships to mitigate breaches in the window of tolerance, and to stimulate or calm oneself.

Sensorimotor Psychotherapy® Institute Ogden 2002

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**Proprioceptive Difficulties**

- manifest in extremes of aggression, constantly roughhousing, crashing, and hugging too tightly, or, by contrast, bumping into things, in movements that are clumsy, uncoordinated, awkward, and stiff.
- Strong movement provides organizing proprioceptive input
- Deep pressure can be calming and organizing

Ogden et al 2011

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### A Regulation Theory of Therapy

“...is rooted in an awareness of the centrality of early dyadic regulation,

a thorough knowledge of right hemispheric emotional development,

and a deep understanding of the dynamics of implicit procedural memory,

An understanding of the right brain mechanisms that underlie bodily-based non-verbal communication is essential in this approach

A keen apperception of one’s own somatic countertransference ...”

Schore, J. & Schore A. 2007

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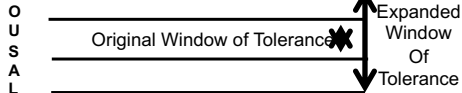
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### Expanding the Window of Tolerance

Through understanding of trauma and its effects, regulating through developing resources, integrating trauma reactions, and increasing connection, the window of tolerance expands. Children, adolescents and their

**A** caregivers can tolerate and integrate more stimuli, even **R** disturbing stimuli.



Ogden & Goldstein in press

Sensorimotor Psychotherapy® Institute

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### Falling Exercise

The “Falling Exercise” teaches children that they can depend on others. It fosters interactive regulation, helping to develop trust, interdependency and safety. This exercise is often explored with families as well as groups

Ogden & Goldstein in press

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### What is “Resiliency?”

"Bouncing back from problems and stuff with more power and more smarts."

...a teenager's definition

#### **Resiliency is Fostered by:**

- Understanding trauma and its effects
- Resources: Tools for regulation and integration
- Connections with others

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### The child's attachment system adjusts to the behavior of attachment figures

"If the attachment figure is unreliable, the proximity-seeking behaviors may become hyperactive. If the attachment figure is neglectful or unavailable, or punishing in the face of need or vulnerability, the proximity-seeking behaviors may become hypoactive." Ogden 2014

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"Integrated actions are abandoned or distorted when they are persistently ineffective in producing the desired outcome."

Ogden 2013

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**Right Brain to Right Brain**

**Implicit Communication**

The “dialogue of ultrarapid bodily based affective communications in patient–therapist (and infant–mother) attachment transactions occurs beneath levels of conscious awareness in both members of the dyad”

Schore 2009.

**The somatic narrative & movement vocabulary develops in an interactive context & shapes the brain & body over time.**

Ogden 2012

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“Meanings are both self-organized, regulated internally and private, and they are dyadically organized, regulated with others and shared.....” Tronick 2006

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**SP Basics: therapy is relational & experiential**

**Interactively regulate child:** down regulate and up regulate to maintain attention and alertness for learning

**Work Bottom-Up:** “Physicalize:” find a way to address child’s issues through movement, rhythm, activities and gestures that integrate emotions and cognitions/beliefs

**Use props:** pillows, therapy balls, body sox, fidget toys, throwing balls, rope, blankets, etc.

**Emphasize strengths:** Positive reinforcement, acknowledge

**Atmosphere** of play, fun, non-coercive, child in charge

**Challenge** child’s window of tolerance appropriate for his/her developmental stage

**Do your best to assure success:** provide appropriate challenges at which the child can succeed rather than fail.

Ogden, Goldstein & Fisher, 2011

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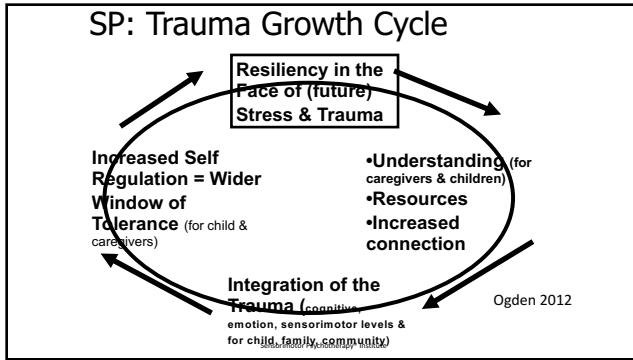
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