Regulation, Resources and Resilience:
A Sensorimotor Psychotherapy Approach for the Treatment of Chronic Trauma in Children, Adolescents and Families
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What is Resilience?

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

...a teenager’s definition

Resilience is Fostered by:
• Understanding trauma & attachment failures and their effects
• Connections with others
• Resources: Tools for regulation and integration

Sensorimotor Psychotherapy

The body (especially habitual gestures, postures, prosody, facial expressions, eye contact, etc) influences the ability to regulate and behavior.

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

Objectives

• Discuss how somatic intervention can promote resilience in child/adolescent treatment
• Describe somatic resources for treating hyperarousal and aggression hypoarousal or passivity responses
• Describe somatic interventions with parents and children to promote positive interaction between them

Sensorimotor Psychotherapy

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Psychoeducation: 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 in press

Psychoed: (adolescents and parents)
- Ask if client wants psychoed
- Point out that client is in charge of body interventions
- Identify client’s goals
- Ask if client has concerns
- Try to connect the somatic work with client’s goals
- Point out the function of the actions
- Clarify the sensory precursor to the symptom (if possible)
- Propose a possible alternative
- If possible, illustrate with a sensory experience

Ogden in press

Somatic Resources

Ogden et al 2006

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

Somatic resources influence psychological health and regulatory capacity.

Trauma can Overpower our Resources

Ogden 2002

Restoration of Balance Between Resources and Traumatic Reactions

Ogden 2002
From Conversation to Movement: Develop a Somatic Resource
Listen to history and presenting problem and discover how it's held in the body.
Ask if there was a time when the difficulty was not present.
Encourage body awareness related to content, and
connect body with content.
Note the emergence of healthy part of self which elucidates the negative core belief.
Ogden 2014

From Conversation to Movement: Develop a Somatic Resource 2
Say the positive belief with the body.
Embody the positive belief through walking, and clarify the physical changes.
Contrast new posture with old: go back to the negative cognition and sense the physical changes.
Homework: Practice the new posture that supports the positive cognition.
Ogden 2014

Integrating Body, Mind, Emotions & Brain
Sensorimotor Psychotherapy with Children & Adolescents:
• Cognitive Processing
The Thinking Brain: Conceptual information processing, reasoning, logic, meaning-making and decision making.
• Emotional Processing
The Feeling Brain: Articulation and expression of feeling and affect; adds motivational coloring to sensorimotor and cognitive processing.
• Sensorimotor Processing
The Doing Brain: Processing of the body; sensory and physiological sequences, fixed action patterns, defensive responses, and motor actions.

The Window of Tolerance*
Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2011

The attachment system organizes proximity-seeking behaviors to secure the nearness of attachment figures.
Crying
Facial Expression
Vocalizations
Reaching
Proximity-seeking actions are modified according to the response of attachment figures.
Ogden 2011

Traumatised children can be easily dysregulated by relational dynamics and experience the sequential or simultaneous stimulation of defensive and proximity-seeking impulses toward their caregivers.
Ogden 2014
**Family Work**

Multiple Windows of Tolerance

Interpersonal neurobiology helps us understand how via attachment relationships we regulate and dysregulate each other’s ANS with facial gestures, actions, expressions and vocal communication.

A. Westcott, 2014

**Limitation of Talk Therapy in Child Treatment**

- Child cannot hold multiple working models in mind (Lyons- Ruth et al., 2006)
- Black and white thinking:
  - Shame and fear,
  - In trauma, memories are often dissociated
- Language centers of the brain are not developed  
  Ogden 2014

**Strategies with Child and Parent**

- Act out boundary violations and teach mom and kid physical boundaries
- Reverse roles (mother intrudes on boy’s boundaries)
- Positive reinforcement
- Ask mom and boy to describe how to set boundaries
-Describe when the action is effective, what has shifted and also describe the old behavior
- Repeat & practice boundary exercises in different contexts
- Ask child to teach others what he is learning in his therapy with mom, and describe why it is important

**Why Sensorimotor Psychotherapy for Traumatized Children and Adolescents**

1. SP Interventions establish new capacity for effective actions, designed with components that model, teach, and practice with the child and caregiver to better assure integration and generalization.

2. SP works with the trauma in the body evidenced in somatic symptoms, dysregulated arousal, abrupt state changes, low tolerance for relational stress, avoidance.

**Why Sensorimotor Psychotherapy Techniques for Traumatized Children and Adolescents 2**

3. SP approach titrates interventions to the integrative capacity of the client and family, with emphasis on maintaining playful states and social engagement in order to address avoidance and hypervigilance.

4. SP processing techniques utilize multiple non-verbal methods of communicating and processing trauma.

**Why Sensorimotor Psychotherapy Techniques for Traumatized Children and Adolescents 3**

5. SP Techniques are designed to access and interrupt maladaptive procedural tendencies and chronic orientation of the child towards survival and threat.

6. SP Provides experiential education in somatic resources for increased self and co-regulation to child and caregiver(s) followed up by repetitive and varied practice opportunities, including homework.
**Benefits of Group Psychotherapy**

- Instillation of hope
- Universality
- Imparting information
- Altruism
- The corrective recapitulation of the primary family group

- Development of socializing techniques
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors

(Yalom, I. D., & Leszcz, M., 2005)

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**Adaptive Behavior involves Smooth Transitions between Events & Emotional States**

- Outdoor play
- Challenging activities
- Novelty and new situations
- Peer interactions

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**Interventions include:**

- Use of small ball to regulate
- Experiments with pushing
- Use of breath as somatic resource
- Child teaching the resource to dad

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**Paradigm Shift:**

From conversation to mindful study of the “implicit self:” how experience is organized

A therapist’s exclusive reliance on the “talking cure” to resolve trauma and attachment failures can limit clinical efficacy. Forming a coherent verbal narrative representing the implicit self is problematic.

Ogden 2014; Ogden & Goldstein, 2017

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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 et al 2013

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**5 Building Blocks of Present Experience**

- **Cognition:** Thoughts interpretations of stimuli, meanings, beliefs about ourselves, others, the world
- **Emotion:** The emotions and more subtle nuances of feeling tones, mood, “positive” and “negative”
- **Five-sense perception:** Inner and outer sensory functions: smell, taste, sight, touch, and hearing
- **Movement:** Including micromovements and gross motor movement, voluntary and involuntary movement
- **Inner body sensation:** The physical feeling which is created as the various systems of the body monitor and give feedback about inner states

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Embedded Relational Mindfulness

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

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.

Ogden 2013

Embedded Relational Mindfulness™

Therapist & client together mindfully study the elements of the client’s present experience that emerge spontaneously in response to a selected stimulus. Ogden & Minton 2012

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. Ogden in press

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

Mindfulness in Practice:
The Organization of Experience

• Cultivate curiosity in the present moment organization of experience rather than only content
• Help clients become mindful of the 5 building blocks (sensation, movement, 5-sense perception, emotion, and cognition) as experienced in the present moment
• Conduct experiments (“what happens when...”) to discover the organization of experience
• Track & name how the organization of experience changes as a result of particular stimuli
• Clarify how different parts organize experience (through the 5 building blocks) differently

Ogden et al 2013; Ogden & Fisher 2015

Basic Sensorimotor Psychotherapy Skills:

Track present experience: child’s body, movement, breath, posture, & affect

Contact: present experience, especially bodily experience.

Body: “Wow, you can really push!”
“Your just sat up so tall!”
“Your breathing just stopped for a second”
Emotion: “You look so sad when you talk about this.”
Thoughts: “You think you can’t say no.”

Mindfulness of present experience: What do you notice when you push?
Experiments: “Let’s find out what happens when.....”

Ogden et al 2006/2009/in press

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.

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Addressing Limiting Physical 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

Addressing Limiting Physical Habits 2

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

Implicit and Explicit Communication

The caregiver (and therapist) must be able to implicitly comprehend the child’s or patient’s internal state and communicate it non verbally in such a way that the child or patient feels understood.

However, explicit (verbal) communication may contradict implicit (non-verbal) communication.

SP Basics: therapy is relational & experiential

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

Change how experience is organized: The focus changes from conversation, to new postures, actions, and ways of being

Develop Resources: Use movement, rhythm, activities, postures & gestures to develop new competencies

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

Emphasize strengths: Positive reinforcement, acknowledge

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

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

The More Resources, the More Resiliency

Resources

Traumatic Reactions

Resiliency in the Face of (future) Stress & Trauma

Increased Self - Regulation = Wider Window of Tolerance (for child & caregivers)

• Understanding (for caregivers & child)
• Resources
• Increased connection

Integration of Trauma (cognitive, emotion, sensorimotor levels & for child, family, community)
Expand 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 caregivers can tolerate and integrate more stimuli, even disturbing stimuli.

Original Window of Tolerance

Expanded Window of Tolerance