



Pat Ogden, Ph.D., Founder/Director
 Sensorimotor Psychotherapy Institute™
 Bonnie Goldstein PhD
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**Discovering Who You Are Through
 Sensorimotor Psychotherapy,
 Creativity, Movement and Play**

Bonnie Goldstein Ph.D
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 San Diego, March 2018

Sensorimotor Psychotherapy® Institute
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Sensorimotor Psychotherapy® Institute 2014

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Sensorimotor Psychotherapy

“The nonverbal language of the body (gesture, posture, prosody, facial expressions, eye gaze, and movement as well as arousal) reflects and sustains implicit processes reflected and is 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

Sensorimotor Psychotherapy® Institute 2012

**Child & Adolescent Treatment through
 Sensorimotor Psychotherapy**

While telling ‘the story’ provides crucial information about past and current life experience, group therapy offers opportunities to address the here-and-now experience of interactions and relationships, as they unfold, in the dynamic forum of group psychotherapy. In-the-moment trauma- and attachment-related reactions, thoughts, images, body sensations and movements that emerge spontaneously in group therapy and become the focal points of exploration and change.

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**Addressing implicit processing:
 Shift Attention from the Story/Narrative**

Kurtz 1990; Ogden et al 2006, 2015

- Become more interested in the organization of experience—the procedural tendencies--than the story; avoid habits of ordinary conversation
- Collaboratively observe, name and teach clients to be mindful of procedural tendencies in the present-moment: patterns and habits of, movement, five-sense perception, emotions, thoughts, and sensation

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Difference between body awareness and processing

Awareness of the body: What do you notice? What sensations do you experience? Does your body feel tense? Relaxed? Where do you feel that in your body?"

Sensorimotor Processing: How the client implicitly makes meaning, processes information, and executes action. Look at the procedural tendencies, affect regulation, sensory processing and how to change these levels of information processing.

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Sensorimotor Psychotherapy aims to:

- *Facilitate closer observation of other's bodily expressions of their experiences
- *Address the meta level of communication (rather than content)
- *Create new experiences rather than only "talk about."
- *Enable each member to learn new ways to self-regulate (enable greater self-regulation, especially when triggered).

Sensorimotor Psychotherapy® Institute 2012

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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“Physical actions are creating the context for mental actions; bottom-up processes are affecting upper level processes.”Damasio, 1999

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Introduction Why Sensorimotor?

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Why Sensorimotor Psychotherapy

1. SP Interventions establishing new capacity for effective actions are designed with components that model, teach, and practice, collaboratively fostering integration and generalization.
2. SP works with the trauma in the body evidenced in somatic symptoms, arousal patterns, abrupt state changes, relational patterns, avoidance.

Sensorimotor Psychotherapy® Institute
2012



Why Sensorimotor Psychotherapy (2)

3. Able to titrate interventions with emphasis on maintaining playful states and social engagement to address automatic avoidance and hypervigilance associated with treatment post trauma.
4. Trauma processing techniques utilize multiple, non-verbal methods of communicating and processing trauma.

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2012

Why Sensorimotor Psychotherapy (3)

5. SP Method developed specifically to address disrupted information processing at sensory, motor, procedural, emotional and cognitive levels, addressing core areas of functioning compromised by early exposure to trauma.
6. SP Approach goes beyond addressing symptoms of bodily dysregulation through teaching basic body awareness by expanding tolerance for bodily sensations, sensory experiences, and affects through carefully co-created experiences.

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Why Sensorimotor Psychotherapy (4)

7. SP Provides experiential education in somatic resources for increased self and co-regulation for group members—and leaders, followed up by repetitive and varied opportunities of practice.
8. SP Techniques are designed to access and interrupt procedural tendencies, habits and chronic orientation of group members

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Why Sensorimotor Psychotherapy (5)

- Provides an authentic in-the-moment opportunity to form, foster, and sustain relationships, consider new viewpoints, and explore verbal and nonverbal communication
- Rather than “talking about” it, the significance of the somatic narrative is prized.

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The brain develops in response to

“the unique demands of a given environment to express from its broad genetic potential those characteristics that best fit the child’s world; different genes can be expressed, and different neural networks can be organize... to best fit that family, culture, and environment” (Perry 2009, p. 245).

Sensorimotor Psychotherapy offers opportunities for experiences—through the lens of interpersonal neurobiology, our brain adapts to our environment and become increasingly efficient within that particular context.

2012

The **brain as an “anticipation machine”** (Siegel)
The well-traveled neural networks enable the brain to predict the future and anticipate experience.

Physical structure and posture also predict the future and turn the future into a story that reflects the past.

Ogden 2017
1976

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The Implicit Self is Reflected and Sustained by Physical Patterns

- If **no one is there to reach back**, we stop reaching out (proximity seeking in group)
- If our attachment figures **ridiculed us when we were vulnerable** we stop seeking proximity when we feel needy.
- If **standing upright with our heads held high brought criticism, unwanted attention, or more abuse, or was not welcomed or desired** by our attachment figures, we will slump and keep our heads down, offering opportunities for posture exercises in group.

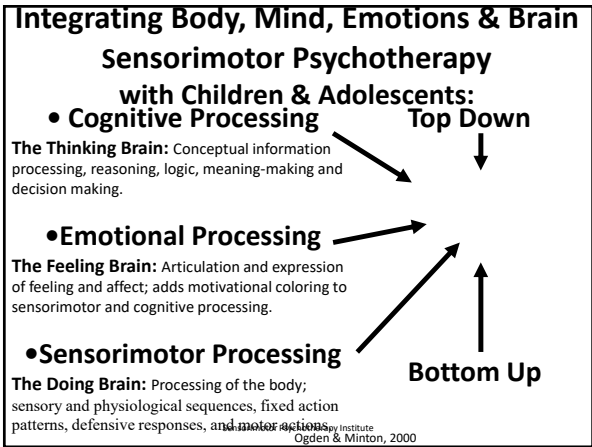
Sensorimotor Psychotherapy Institute Ogden in press

Right Brain to Right Brain Implicit Communication (Posture)

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 '09.

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

Ogden 2012



Developing Somatic Resources

Bottom-up” abilities that emerge from physical experience:

- ♦ Grounding
- ♦ Breath
- ♦ Movements, like pushing
- ♦ Alignment
- ♦ Reaching out for connection with others
- ♦ Self touch

Ogden, Minton & Pain 2006

Sensorimotor Psychotherapy® Institute

Proximity-Seeking Exercises

*Through the lens of Sensorimotor Psychotherapy, we co-create an experiment exploring proximity seeking exercises, such as practicing reaching out

* Exploring the edge of moments that arise, where this happens in relationship, we look at what happens within, elucidating the organization of experience

Sensorimotor Psychotherapy® Institute 2012

Therapist is an “Interactive Psychobiological Regulator” Schore 1994

Attitude: curious, experimental, engaging, playful and fun

Tracking: Track for accurate perceptions, signs of overload, need for movement, distraction, and integration

Developmentally appropriate prosody, language, activities, engagement

Contact: strengths and what might be regulating

Mindfulness: Collaboratively draw awareness towards internal experience

Experiments: “What happens when...?”

Mirroring Group member’s--movement and action

Model engagement in activities appropriate for group members

Sensorimotor Psychotherapy® Institute 2012



Body Awareness vs Body Processing

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

Ogden 2009 Sensorimotor Psychotherapy® Institute 2012

Difficulties: Sensorimotor Processing

- 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

Ogden 2011 Sensorimotor Psychotherapy Institute

Basic Sensorimotor Psychotherapy Skills:

Track present experience: group member's body, movement, breath, posture, & affect

Contact: present experience, especially bodily experience.

Body: "Wow, you can really push!"
 "You 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 Sensorimotor Psychotherapy® Institute 2012

SP Basics: Therapy is Relational & Experiential

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

Work Bottom-Up: "Physicalize:" find a way to address 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, collaborative

Challenge expand window of tolerance appropriate for his/her/their developmental stage

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

Ogden et al 2006/2009/in press Sensorimotor Psychotherapy® Institute 2012

Sensorimotor Psychotherapy's Bottom Up Targets

Relationships/Attachment				
Emotion Regulation		Personality Formation		
Core Physiological Dysregulation	Attention & Learning	Memory		
		Working	Declarative Verbal	Narrative Auto-biographical

Dysregulated Arousal: a compromised nervous system that cannot effectively modulate emotional and physiological arousal

Procedural Learning: posture, gestures, and movements that are maladaptive

Sensory Processing Problems: hyper- or hypo- sensitivity to tactile, auditory, olfactory, gustatory, and visual stimulation (Ogden et al in press)

Ogden et al in press Sensorimotor Psychotherapy® Institute 2012

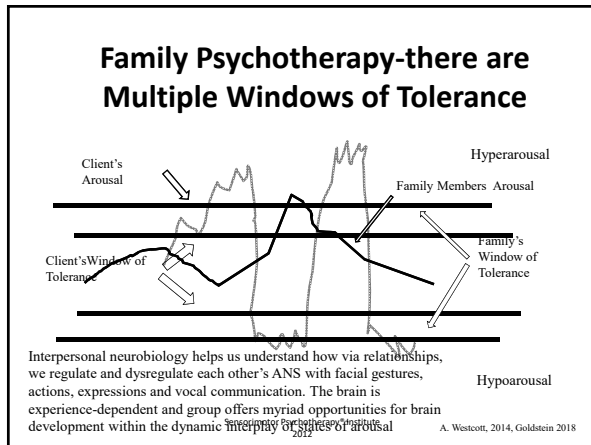
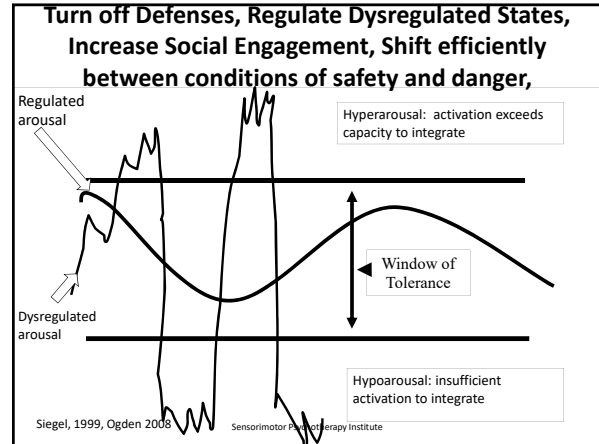
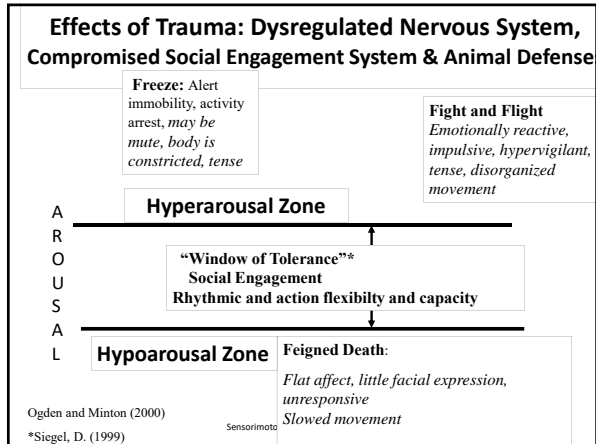
Neuroception: How We Differentiate Safety, Danger and Life Threat

Porges, 2004

Autonomic Nervous System
 Using "neuroception" (via neural circuits that sense or detect safety, danger and life threat), we instinctively evaluate and employ the most adaptive responses

<p>Safety: Ventral vagal system facilitates eye contact, vocalization, facial expression, vocalization to engage others</p> <p>Social engagement system</p>	<p>Danger: Sympathetic arousal initiates active defenses of fight, flight, or other self-protective action</p> <p>Mobilizing defenses</p>	<p>Life Threat: Dorsal vagal system facilitates defensive strategy of feigned death</p> <p>Immobilizing defenses</p>
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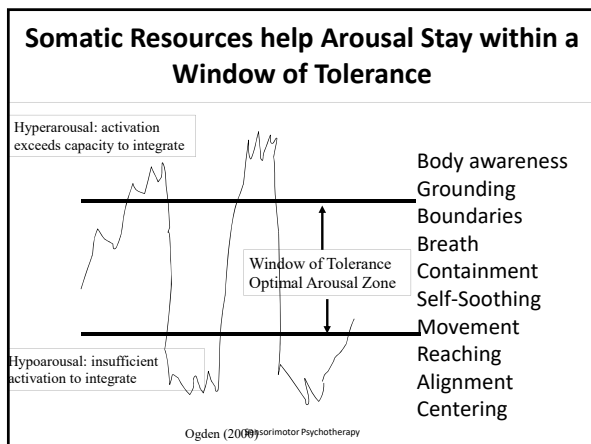
Ogden et al in press Sensorimotor Psychotherapy® Institute 2012



Somatic Resources

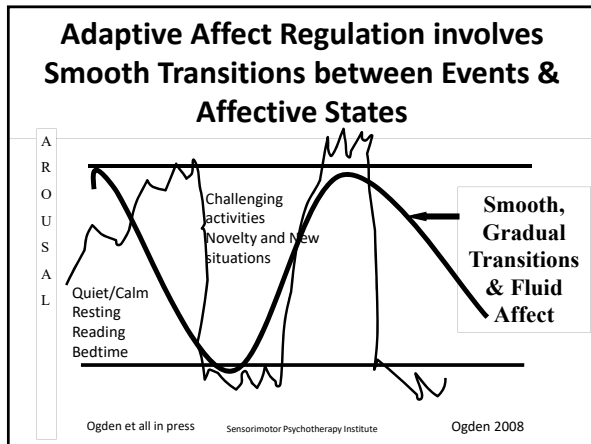
Somatic resources comprise the category of abilities that emerge from physical experience yet influence psychological health. They include the physical functions and capacities that support self-regulation and provide a sense of somatic and psychological well-being and competency.

Ogden, 2002



Children and adolescents 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 and Goldstein 2017



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

Gateways to Social Engagement

- Bottom-up somatic resources
- Physical Postures
- Actions

Can provide neural regulation in support of calming defensive responses, developing and practicing self-regulation, and increasing social engagement

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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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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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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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Change habits to capitalize on neuroplasticity

Telling story after story about problems or repeating actions adaptive in the past are understandable but 'old' responses that do not offer her any new options.

This can be evidence of the brain's neuroplasticity from the past, but they failed to capitalize on her brain's capacity for neuroplasticity in the present

Fisher & Ogden 2011
Sensorimotor Psychotherapy Institute

"Neuroplastic change requires the conscious inhibition of old responses coupled with intentional repetition of new, more adaptive responses." Fisher & Ogden 2011

"Neurons fire whenever we have an experience. With neural firing, **the potential is created to alter synapses by growing new ones, strengthening existing ones, or even stimulating the growth of new neurons that create new synaptic linkages.**" (Siegel, 2007, p. 30)

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New Patterns & Neuralplasticity

•"Neuralplasticity refers to the **ability of neurons to forge new connections**, to blaze new paths through the cortex, even to assume new roles. In shorthand, **neuralplasticity means rewiring of the brain.**" (Schwartz & Begley, 2002, p. 15)

•"**Plasticity is induced by changes in the amount [and kind] of sensory stimulation reaching the brain.**" (p. 16)

•In Sensorimotor Psychotherapy, mindfulness awareness of present moment and the practice of new physical actions bring new kinds and amounts of sensory stimulation to the brain.

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Developing Mindfulness

"Directing mindful attention to particular elements of experience that emerge in the group therapy milieu, both verbally and non-verbally, lays the foundation for individual and group experiential learning. Clients are invited to be curious about focusing their attention, and through directed mindfulness, the Sensorimotor Psychotherapist helps expand the client's awareness and nonjudgmental acceptance of whatever might arise. Goldstein & Ogden 2013, Ogden and Goldstein 2017

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Mindfulness

...purposely paying attention to the present moment actually stimulate the brain to become active in specific ways that then promote growth in those regions. ...the mind is using the brain to create itself. It is this growth, these neuroplastic changes created by the focus of our own minds, that help us see the link between the practice of mindful awareness and the creation of well-being Siegel 2007 p. 32.

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Mindful self-reflection: Cultivate awareness of our own, body, posture, stance

Collaboratively explore how the body shifts (ex. progressively leans forward or back)

*Mindfulness helps us become aware of our countertransference, urges, impulses

*Noting this, the therapist can then choose to adjust their own body (ex. lean back or forth), a new movement supporting insight and self awareness

Sensorimotor Psychotherapy Institute 2012



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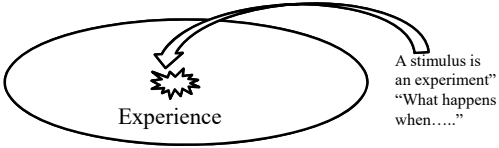
Directed Mindfulness Sensorimotor Psychotherapy
 We ... help the brain to retain the new learning by **heightening mindful awareness of and sustaining attention** to the new stimulus.

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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2012

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



A stimulus is an experiment”
 “What happens when.....”

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 2015

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