Brain to Brain, Body to Body:

Teaching Embedded Relational Mindfulness in Youth, Individual and Group Psychotherapy--A Sensorimotor Psychotherapy Approach

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Bonnie Goldstein Ph.D

drbonniegoldstein@gmail.com

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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

Introduction

Why Sensorimotor?

The brain as an "anticipation machine" (Siegel)

Collapse

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 2015

Sensorimotor Processing

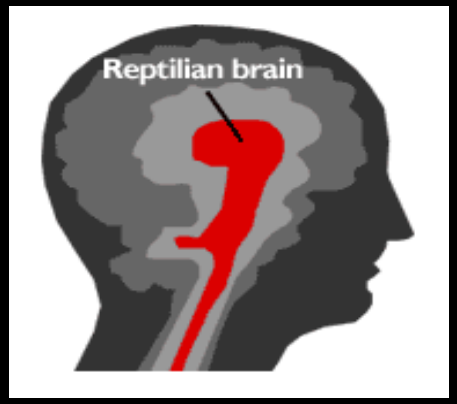
[The way in which we]…**organize sensation** from one's own body … that makes it possible to use the body effectively **[initiate, implement, and complete adaptive action]** within the environment…..

Ayres, 1989, p. 11

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
- Ogden 2011

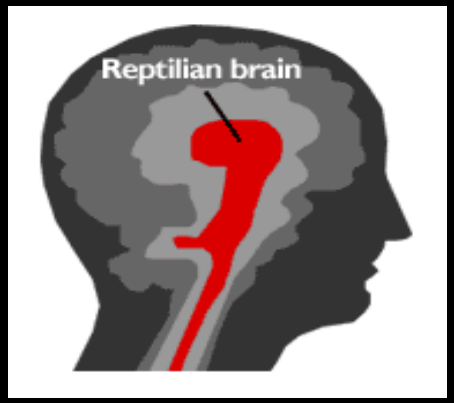


Difficulties:

Sensorimotor Processing

- 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



Basic Sensorimotor Psychotherapy Skills:

Track present experience: client'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

Psychoeducation Points

Ogden 2005

- The role of the body in trauma, trauma treatment and dissociation
- The role of trauma in behavior problems
- Animal defenses
- The effects of trauma on cognition and emotion
- Potential benefits of working with the body
- The importance of mindfulness
- The use of movement/completing actions
- Clarify somatic resources
- The window of tolerance: optimal vs.dysregulated arousal
- The client's control and collaboration re: body interventions

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.

Integrating Body, Mind, Emotions & Brain

• Cognitive Processing

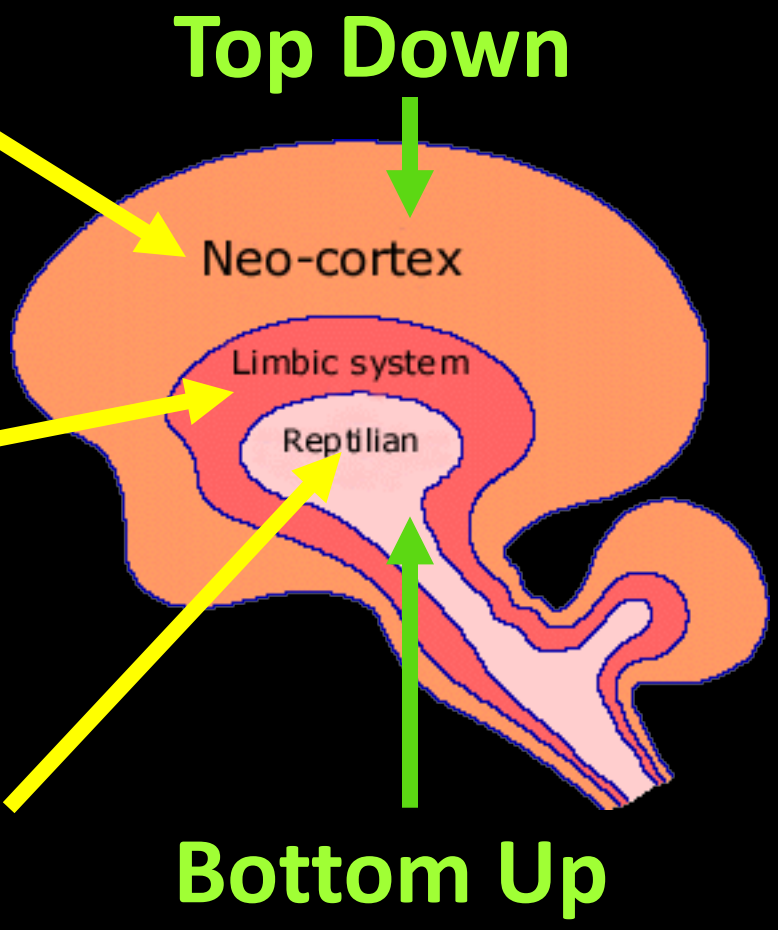
The Thinking Brain: Conceptual information processing, reasoning, logic, meaning-making and decision making.

•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



Ogden & Minton, 2000

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**

Ogden 2008, 2009

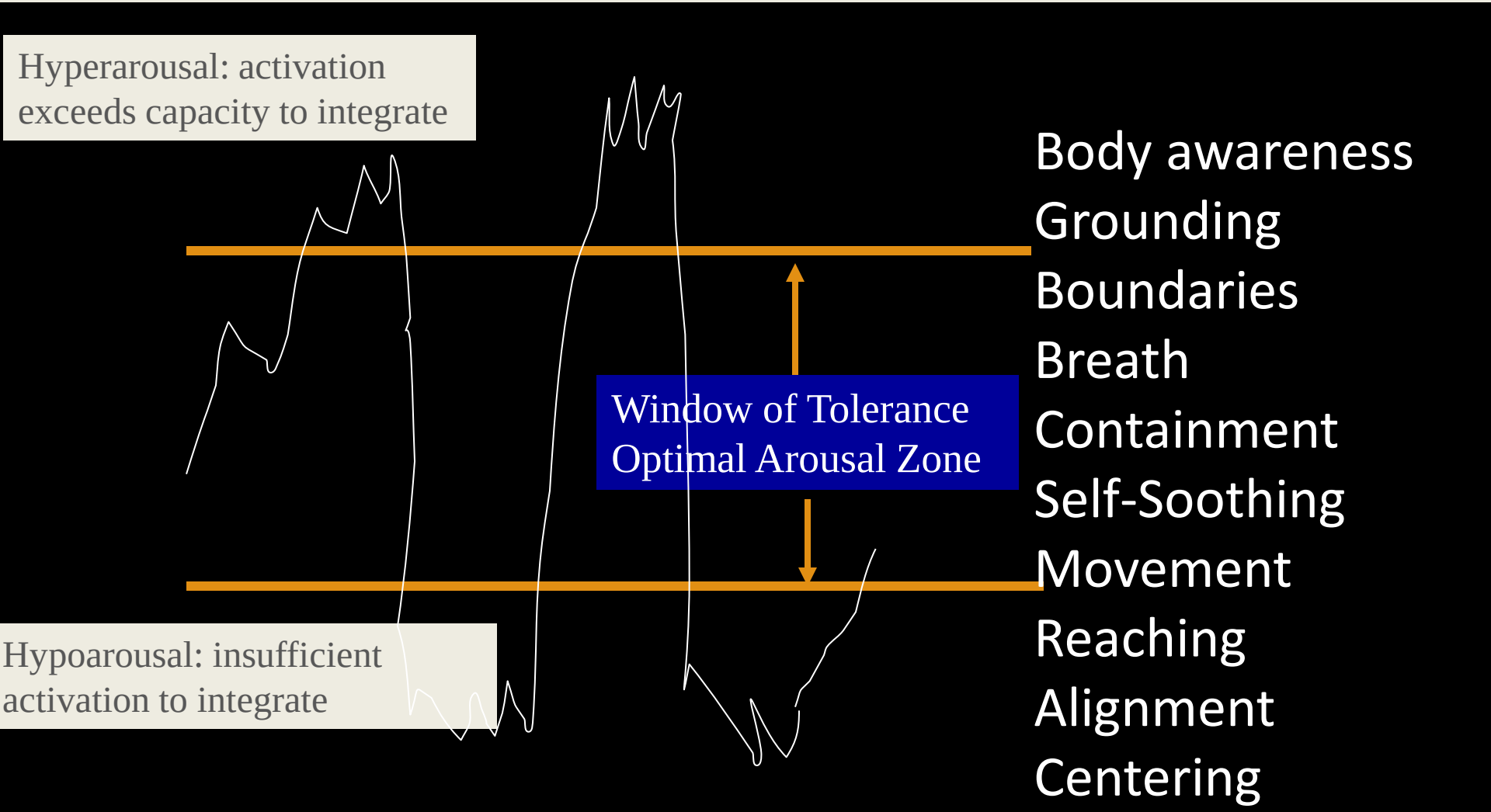
Therapist as Interactive "Psychobiological Regulator" Schore 1994

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: strengths and what might be regulating
Mindfulness: Help client be aware of internal experience
Experiments: "What happens when…?"
Mirroring the client's movement and action
Model engagement appropriate for client's next steps

Somatic Resources

- The category of abilities that emerge from physical experience yet influence psychological health
- The physical functions and capacities that support self-regulation
- The physical functions that provide a sense of somatic and psychological well-being and competency

Somatic Resources help Arousal Stay within a Window of Tolerance



Body awareness
Grounding
Boundaries
Breath
Containment
Self-Soothing
Movement
Reaching
Alignment
Centering

Ogden (2000)

Self-Regulation:

Two Kinds (from Allan Schore Ph. D.)

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. Ogden 2002

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

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.

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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New Patterns & Neuroplasticity

- "Neuroplasticity refers to the **ability of neurons to forge new connections**, to blaze new paths through the cortex, even to assume new roles. In shorthand, **neuroplasticity 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, mindful awareness of present moment and the practice of new physical actions bring new kinds and amounts of sensory stimulation to the brain.

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

"Neuroplastic change 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)

Fisher & Ogden 2011

Mindfulness

…**purposely paying attention to the present moment actually stimulates 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 helps us see the link between the practice of mindful awareness and the creation of well-being Siegel 2007 p. 32.

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 though 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

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

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….*)

Mindfulness: “Self-Engagement”

“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. Discerning different components of the mind, and developing the capacity to **actively engage some activities and disengage others**, is an essential aspect of mindfulness…” Siegel 2009

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.
  Ogden 2013
- Privileges **mindful awareness of present moment experience over talking about**, conversation, interpretation, and problem-solving.

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

From Conversation to Embodying a New Way of "Living" in the Body

Note the emergence of healthy thoughts that are compassionate, empowering, and relational

- "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

"Embodied Mentalizing"

The therapist must be able to **implicitly comprehend** the patient's internal state and **communicate it non verbally in such a way that the patient feels understood**.

"…there seems little reason to presume that verbal and nonverbal mentalizing are perfectly correlated with each other." Shai & Belsky, 2011, p.3

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.

“The best leader follows”

Lau Tzu

Thank you

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Sensorimotorpsychotherapy.org

office@sensorimotor.org 303 447-3290

drbonniegoldstein@gmail.com