

## Somatic Skills Training in the Treatment of Trauma

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Welcome

- Somatic approaches help trauma survivors reconnect with safety
- Body-based regulation supports emotional healing
- Focus: practical skills clinicians can apply immediately

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## Learning Objectives

- Identify brain regions involved in somatic regulation
- Explain mirror neurons in therapeutic connection
- Describe categories of somatic techniques
- Practice body awareness and regulation skills
- Identify sensorimotor methods for therapeutic attunement

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## Agenda

- **Strengthening the Therapeutic Alliance**
- **Restoring Connection with the Body**
- **Regulating the Stress Response**
- **Practical Somatic Techniques**

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## What Does Somatic Mean?

- Somatic refers to the body and bodily experience
- Focuses on sensations, posture, movement, and physiology
- Helps clients notice internal signals
- Integrates mind, brain, and body in healing

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## Why Somatic Work Matters in Trauma

- Trauma impacts both brain and body
- Physiological responses can persist after danger has passed
- Somatic work supports nervous system regulation

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## Brain-Body Connection

- Trauma activates survival systems
- Body sensations signal safety or threat
- Somatic awareness restores regulation

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## Key Brain Regions

- Amygdala – threat detection
- Insula – body awareness
- Prefrontal cortex – reflection and regulation

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## Understanding the Amygdala

- Detects danger
- Triggers fight, flight, or freeze
- Somatic strategies help calm threat activation

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## The Role of the Insula

- Processes internal body awareness
- Connects sensation to emotion
- Supports emotional regulation

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## Mirror Neurons

- Support empathy and connection
- Clients respond to therapist body language
- Attuned therapists promote nervous system safety

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## Therapeutic Attunement

- Tone of voice
- Facial expression
- Body posture
- Presence and pacing

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## Strengthening Alliance

- Safety and trust are essential
- Connection reduces defensive responses
- Co-regulation builds resilience

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## Somatic Safety Techniques

- Mirroring posture
- Co-regulated breathing
- Coordinated movement
- Predictable pacing

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## Restoring Body Connection

- Trauma can disconnect people from their bodies
- Gradual reconnection supports healing
- Awareness improves regulation

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## Categories of Somatic Techniques

- Body awareness
- Grounding strategies
- Sensorimotor movement techniques

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## Body Awareness

- Body scanning
- Tracking tension
- Observing sensation changes

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Grounding Strategies

- Orienting to environment
- Feet on the floor
- Using sensory anchors

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## Interoception

- Tracking breath
- Noticing heart rate
- Recognizing internal shifts

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## Stress Response Regulation

- Trauma activates survival systems
- Somatic skills help restore balance

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A red graphic consisting of a horizontal bar at the top and a larger rectangular box below it with a small downward-pointing triangle at the bottom center. The text "Vagus Nerve" is centered in white within the larger box.

## Vagus Nerve

- Supports parasympathetic calming
- Breath influences vagal tone
- Posture and movement affect regulation

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## Posture and Positioning

- Open posture signals safety
- Grounding increases stability
- Movement releases tension

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## Quick Regulation Tools

- Slow breathing
- Feet pressing into floor
- Orienting visually
- Gentle self-touch

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## Sensorimotor Attunement

- Tracking micro-movements
- Synchronized breathing
- Guided movement exploration

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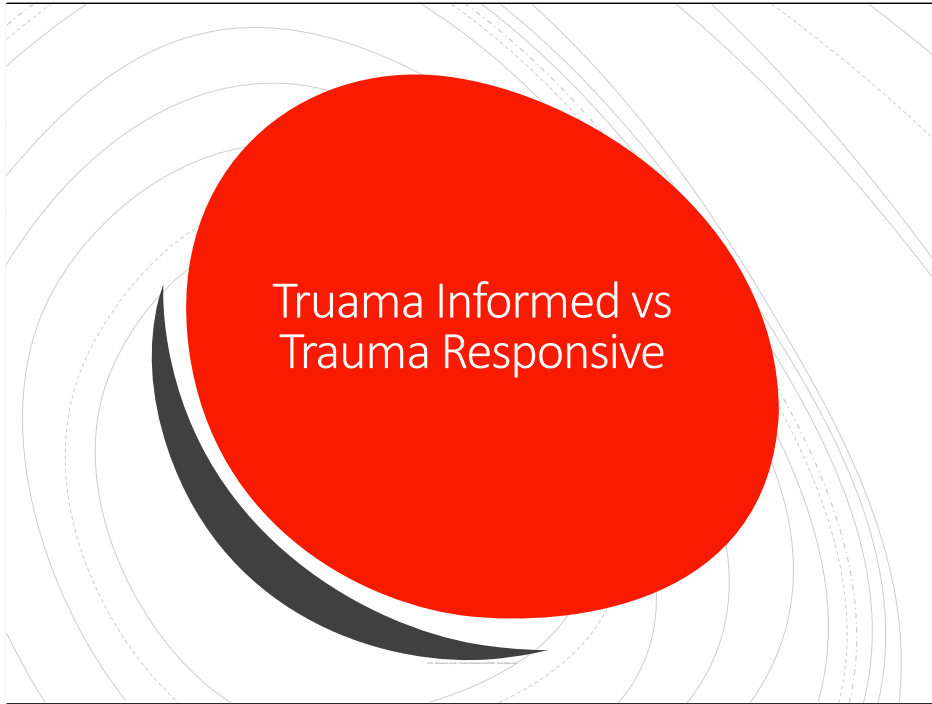


The graphic features a red speech bubble shape on the left containing the title. To its right is a bulleted list of three points. The background has faint, curved lines in the corners. A copyright notice is at the bottom right of the graphic area.

## ACTION Somatic Regulation Model

- Framework from Trauma Treatment in ACTION
- Links awareness with therapeutic action
- Supports structured trauma treatment

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BACKGROUND

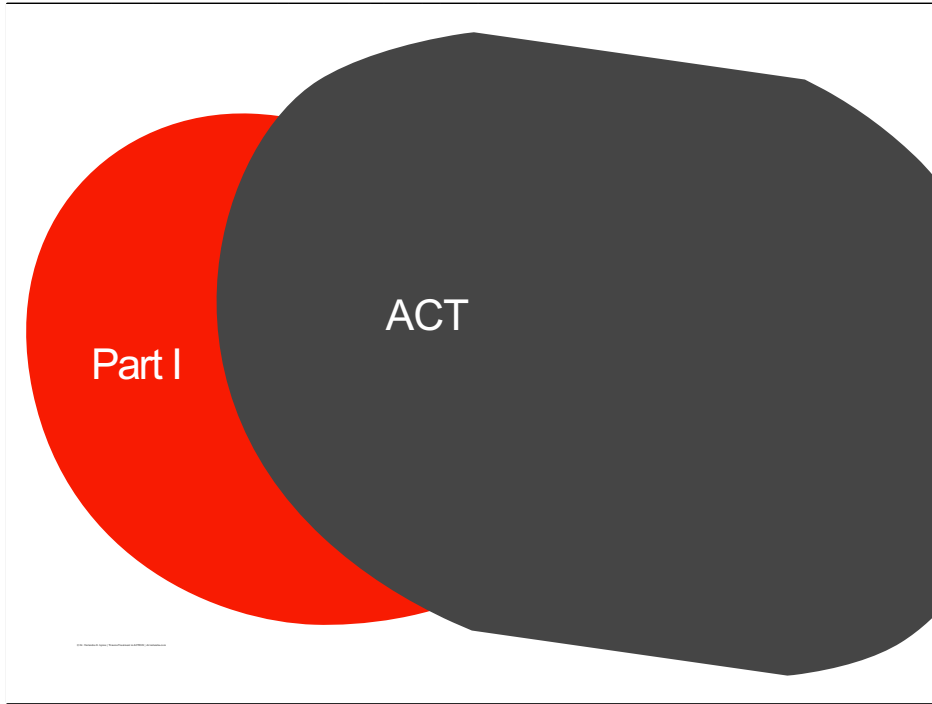
- Personal importance of this work....

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- Acknowledge and be Aware of trauma
- Create growth from trauma
- Teach neuroeducation and steps toward growth
- Intergenerational factors
- Organizations and systems re-traumatization
- Now is the time to take ACTION to create growth from trauma



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A: Acknowledge  
▼ and be Aware of  
Trauma

# History and Diagnosis of “Trauma”

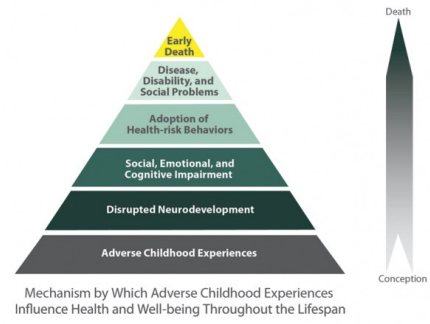
**Adverse Childhood  
Experiences (ACEs) Study**  
1995 and 1997

Retrieved 12/3/2020 from: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

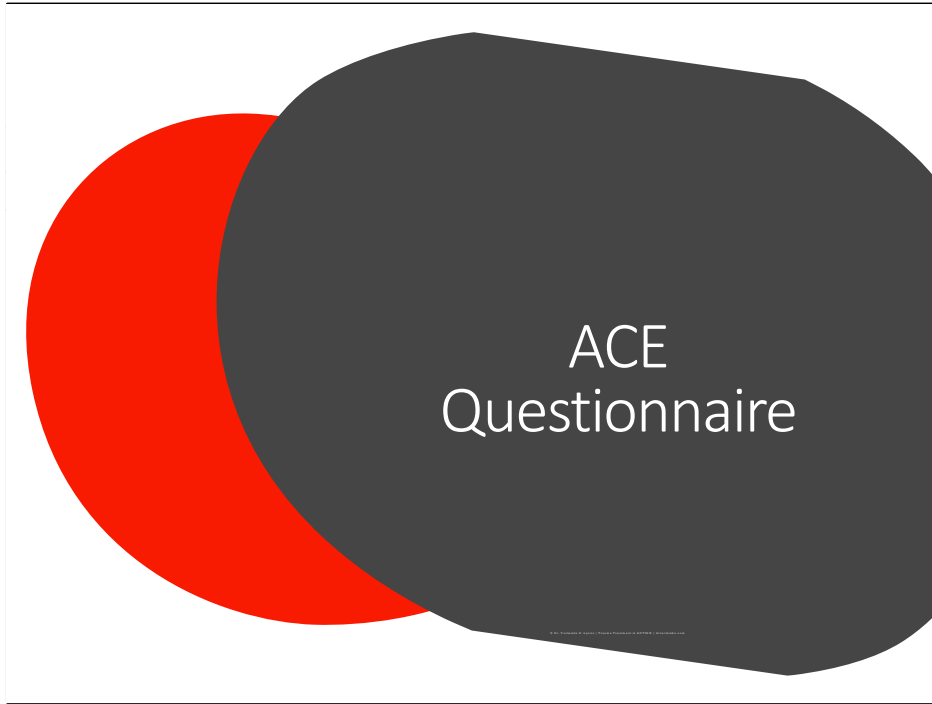
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# PTSD and SDOH

Retrieved 12/3/2020 from:  
<https://www.cdc.gov/violenceprevention/acestudy/about.html>







# ACE Questionnaire

**While you were growing up, during your first 18 years of life:**

Did you live with anyone who was depressed, suicidal, ill, or disabled?  
\_\_\_\_ Yes \_\_\_\_ No

Did you live with anyone who was a problem drinker or alcoholic?  
\_\_\_\_ Yes \_\_\_\_ No

Did you live with anyone who used illegal street drugs or who abused prescription medications?  
\_\_\_\_ Yes \_\_\_\_ No

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?  
\_\_\_\_ Yes \_\_\_\_ No

Were your parents separated or divorced?  
\_\_\_\_ Yes \_\_\_\_ No

Did your parents or other adults in your home often or very often skip, hit, kick, punch or beat each other up?  
\_\_\_\_ Yes \_\_\_\_ No

Did a parent or other adult in your home often or very often yell at you, beat you, or put you down?  
(Do not include spanking.)  
\_\_\_\_ Yes \_\_\_\_ No

Did a parent or adult in your home often or very often scold or punish you, beat you, or put you down?  
\_\_\_\_ Yes \_\_\_\_ No

Did an adult or person at least five years older than you ever touch you sexually?  
\_\_\_\_ Yes \_\_\_\_ No

Did an adult or person at least five years older than you ever try to make you touch their body sexually?  
\_\_\_\_ Yes \_\_\_\_ No

Did an adult or person at least five years older than you ever force you to have sex?  
\_\_\_\_ Yes \_\_\_\_ No

Now add up your "yes" answers. This is your ACE score.



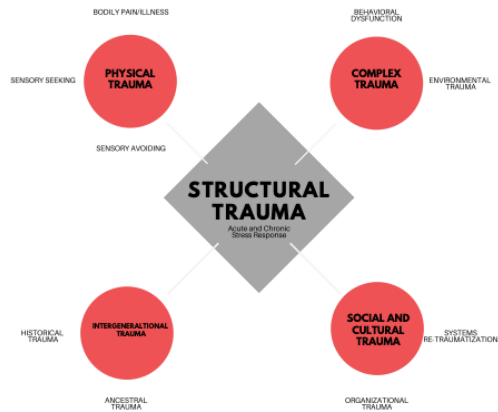
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**ACTION-  
FROM-  
TRAUMA  
APPROACH  
THE FIVE  
DIMENSIONS  
OF TRAUMA  
MODEL**

The condition of trauma is dynamic. An individual, population, or community can be exposed to various forms of trauma. Ultimately, the exposure and experience impacts neurological functioning. Hence, this model proposes that structural trauma (i.e., changes on the neurological level) occurs as a result of the other forms of trauma.

The more exposure to the various forms of trauma, the severity of structural trauma increases.

Each form of trauma has secondary conditions as revealed in the model. Acknowledgment of the complexity provides a platform for addressing the needs of the individual, population, or community.



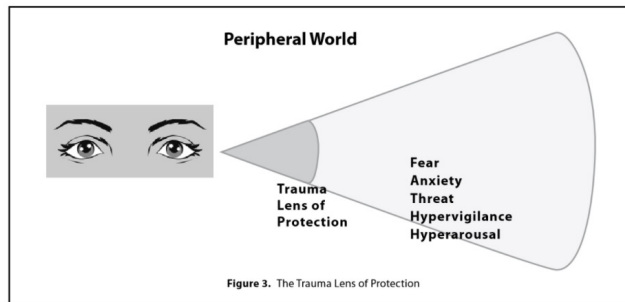


Figure 3. The Trauma Lens of Protection

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PROVIDER WORKSHEET  
**ACTION ACUTE STRESS SCREENING TOOL**

Check all that apply to your client/caregiver following your session. Analyze your results to consider next steps based on clinical reasoning and tools within this workbook.

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**PARTICIPATION**

THE CLIENT/CAREGIVER \_\_\_\_\_

- HAD DIFFICULTY RECALLING FROM MEMORY OR ANSWERING QUESTIONS
- APPEARED DETACHED/WITHDRAWN
- PRESENTED AS IRRITABLE OR HYPERVIGILANT

**COMMUNICATION**

THE CLIENT/CAREGIVER \_\_\_\_\_

- REPORTED INCREASED PAIN/DISCOMFORT
- SHARED RECENT STRESSORS OR TRAUMATIC EVENT
- REPORTED DISTURBANCES IN SELF-CARE SUCH AS SLEEP OR DIET

**NONVERBALS**

THE CLIENT/CAREGIVER \_\_\_\_\_

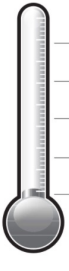
- STARTLED EASILY OR APPEARED UNCOMFORTABLE
- PRESENTED WITH REPETITIVE MOVEMENTS (E.G., TWITCHING, ROCKING, OR EXCESSIVE EYE BLINKING)
- PRESENTED WITH SENSORY SENSITIVITY OR SENSORY-SEEKING BEHAVIORS

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PROVIDER HANDOUT  
**ACTION ACUTE STRESS SCREENING  
 TOOL ANALYSIS**

Practitioners can use the following scoring guidelines to interpret a client's scores on the ACTION Acute Stress Screening Tool. Based on your interpretation, consider the next steps to take as provided within each zone.



**Critical:** Suspected presentation of PTSD and/or harmful or dangerous behavior.  
 Next Steps: Consider seeking immediate medical assistance if the client is a risk to themselves or others. Document results and make the necessary referrals to specialists, and/or contact a mental health hotline to assist you in determining the next steps in the absence of imminent danger.

**Severe:** Presents with six or more of the screening tool characteristics.  
 Next Steps: Document results and consider necessary referrals to specialists. If appropriate, incorporate treatment goals related to stress reduction and interventions to reduce symptoms. Consider your "readiness" to provide trauma care based on your scope of practice and training.

**Moderate:** Presents with three or more of the screening tool characteristics.  
 Next Steps: Document results and consider necessary referrals to specialists. Consider adding treatment goals related to stress reduction and interventions to reduce symptoms. Consider your "readiness" to provide trauma care based on your scope of practice and training.

**Mild:** Presents with one or more of the screening tool characteristics.  
 Next Steps: Document results and consider incorporating stress-reducing activities at the start of sessions and as part of a home therapy program.

**Not present during assessment:** Does not present with any of the characteristics from the screening tool.  
 Next Steps: Document results and recess when necessary for service continuation.

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## SAMPLE ANALYSIS OF RESPONSES

<b>I. Reciprocal Mindfulness:</b>
<input checked="" type="checkbox"/> I have great relationships with others and get along with most people. <input type="checkbox"/> I often help others in need and give them my advice. <input type="checkbox"/> I recognize what people think of my behavior by reading their body language. I try to better understand their feelings by asking questions.
<b>II. Self-Actualized Mindfulness:</b>
<input checked="" type="checkbox"/> I know when I am anxious or feeling out of control (e.g., racing heart rate, sweaty palms, tight muscles) and have the ability to calm my body (e.g., slowing down my breathing). <input checked="" type="checkbox"/> I often share my feelings and seek out the feelings of others to improve my behavior. <input type="checkbox"/> I enjoy connecting with new people and can change my actions to better engage with them.
<b>III. Authentic Mindfulness:</b>
<input checked="" type="checkbox"/> Although I sometimes feel out of control, I am aware of my actions and my effect on others. <input checked="" type="checkbox"/> I am aware of my emotions and challenges and try to make improvements. <input checked="" type="checkbox"/> Even when upset, I am able to respect others in my surroundings and their property.
<b>IV. Cognitive Mindfulness:</b>
<input type="checkbox"/> I am easily upset by others and try my best to keep my emotions in control. <input type="checkbox"/> I often feel anxious and/or out of control (e.g., racing heart rate, sweaty palms, tight muscles), and it takes a long time to calm my body. <input checked="" type="checkbox"/> I often attempt to engage with others. However, I have difficulty making friends and being in long-term relationships.
<b>V. Self-Esteem:</b>
<input type="checkbox"/> I try my best and want to engage with others, but I frequently upset them, and my emotions are often out of control. <input type="checkbox"/> Even though I try, I am unable to calm myself after becoming upset. <input checked="" type="checkbox"/> I have difficulty finishing what I start, keeping a job, and getting along with others.
<b>VI. Belonging and Social Acceptance:</b>
<input type="checkbox"/> I occasionally try new things, but it usually does not go well. <input type="checkbox"/> I am often anxious, fearful, worried, and/or out of control around others.
<b>VII. Safety and Self-Preservation:</b>
<input checked="" type="checkbox"/> I do not try new things (e.g., food, change in routine, meeting new people) and am fearful of the unknown. <input type="checkbox"/> I am aggressive at times and/or run away from things I do not like. <input type="checkbox"/> I am often sick and/or tired.

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**Practitioner Readiness for Trauma Care Checklist**

As a provider, I am able to:

- Tailor trauma assessments and interventions in a way that considers diversity in socioeconomic, organizational, community, population, and intersecting cultural identities
- Employ a biopsychosocial approach to care that considers the complex interactions of cognitive, biological, psychological, and social factors
- Understand the impact of traumatic experiences across the lifespan and between family members (e.g., pediatric providers have knowledge of the impact of trauma on the adult caregiver)
- Acknowledge short-term and long-term effects of trauma (e.g., comorbidities, housing-related issues) and person-environment interactions related to trauma (e.g., running away from home and being assaulted)
- Perform shared decision making with clients and focus on strength, resilience, and areas for growth
- Provide a sense of autonomy, safety, and security with an awareness of how trauma impacts an individual's and organization's sense of trust
- Understand trauma reactions and their implications for assessment and treatment (e.g., able to alter plans in the presence of avoidance behaviors or triggers)
- Acknowledge how society, organizations, and systems can result in the possibility of re-traumatization

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PROVIDER WORKSHEET

**SEVEN-LEVEL SELF-REGULATION  
AND MINDFULNESS HIERARCHY  
TREATMENT PLAN**

**Client's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Re-assessment Date:** \_\_\_\_\_

I. Clinical history and background information:

\_\_\_\_\_

\_\_\_\_\_

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Respect and Empathy Language	Gratitude and Growth Statements
<b>Children</b>	
<ul style="list-style-type: none"> <li>◦ "What do you need?"</li> <li>◦ "Do you need a break?"</li> <li>◦ "How can I help?"</li> <li>◦ "All done? Or do you need more?"</li> <li>◦ "I want to help you."</li> <li>◦ "What you experienced is not okay. What support do you need?"</li> </ul>	<ul style="list-style-type: none"> <li>◦ "Thank you!"</li> <li>◦ "I like your hard work!"</li> <li>◦ "Wow! Look at how you grew today by finishing your work!"</li> <li>◦ "You have grown so much!"</li> </ul>
<b>Adolescents, Adults, and Older Adults</b>	
<ul style="list-style-type: none"> <li>◦ "That is really challenging, and I see you are upset. Can I suggest some strategies to assist with your anxiety?"</li> <li>◦ "Would it be okay for us to discuss how that made you feel?"</li> <li>◦ "While it may not have been the best choice, your response matches how you felt."</li> <li>◦ "How can I help you grow from here?"</li> <li>◦ "Did that make you feel uncomfortable? That was not my intent."</li> <li>◦ "I see that may not have been the best way to phrase that. What I meant was..."</li> </ul>	<ul style="list-style-type: none"> <li>◦ "That was brave of you."</li> <li>◦ "Your sharing shows your strength."</li> <li>◦ "Look at all you have done since and despite of..."</li> <li>◦ "That is tough to talk about. I appreciate your openness and trust."</li> </ul>

Table 4. ACTION Language

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## Standardized Assessments

- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
- PTSD Symptom Scale Interview for DSM-5 (PSS-I-5)
- Structured Clinical Interview for DSM-5 (SCID-5)
- Strengths and Difficulties Questionnaire (SDQ)
- VIA Character Strengths Survey
- Mini-Mental State Examination (MMSE) or Folstein test
- Child and Adolescent Needs and Strengths (CANS)
- Family Needs & Strengths (FANS) Assessment
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)



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## Durand

9 years old; Black Male

Premature Birth  
Secondary to  
Mother's  
Substance Abuse

Put into various  
foster care  
homes

Adopted by a  
family member

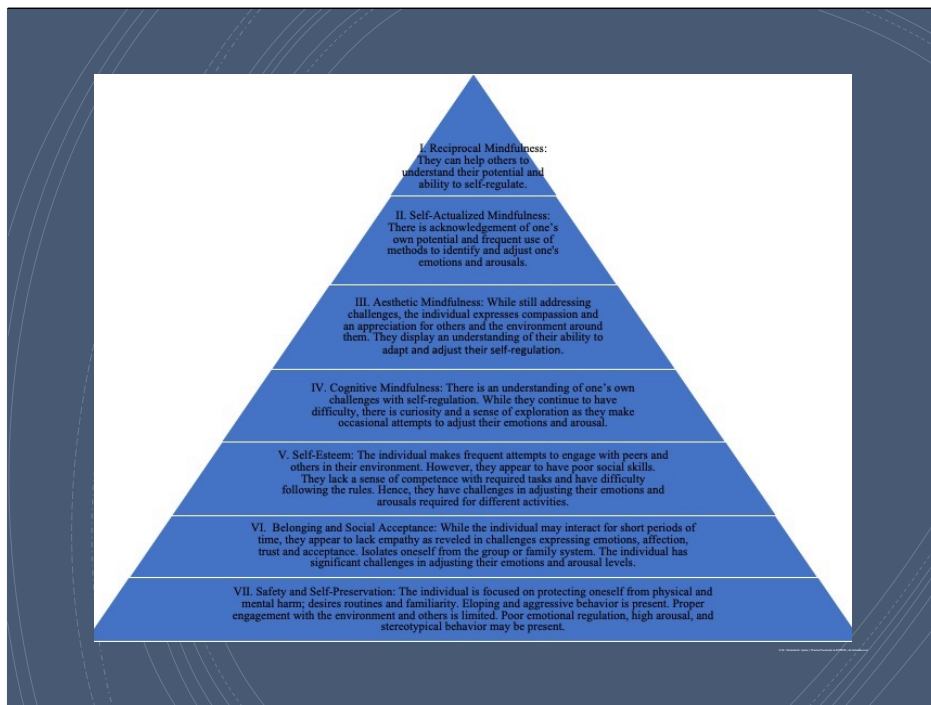
Physical  
altercations with  
peers

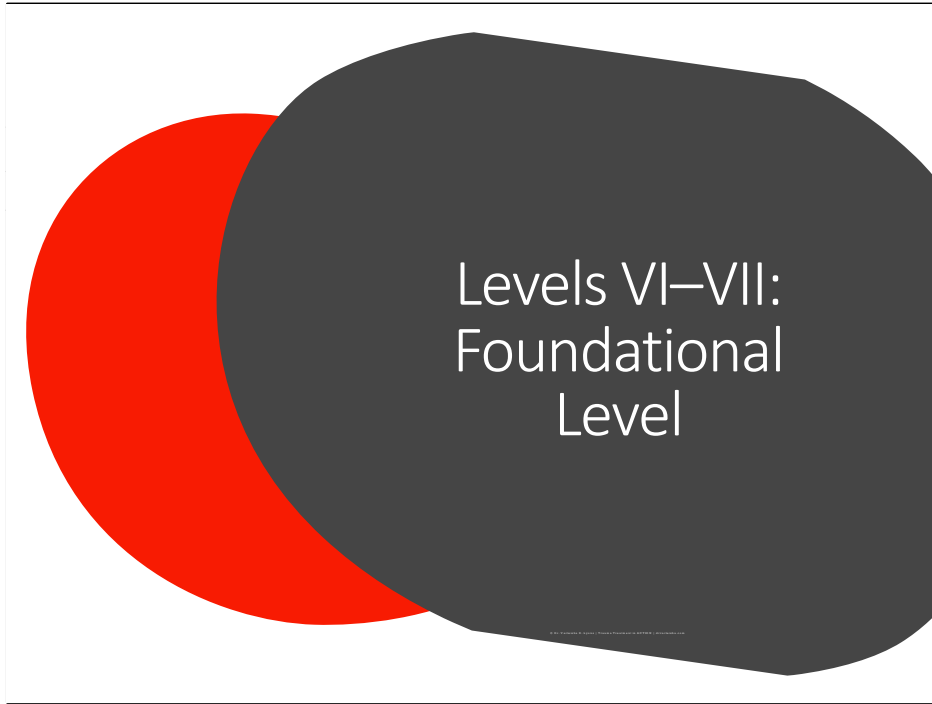
Eloping from the  
classroom

Verbal outbursts

Identified as  
Oppositional  
Defiant

Removed from  
his elementary  
school three  
times







## Categories of Trauma

Expected

Unexpected

Isolated

Pervasive

Intentional

Unintentional

Direct

Indirect

Categorization of Traumatic Experiences	Examples of Impact		
	Early Childhood and School Age	Adolescence	Adulthood and Older Adulthood
<b>Expected</b> (e.g., passing of a loved one who was ill)	An expected trauma may lead to significant <b>complex trauma</b> . For example, a child who is living in foster care and who is returned to their biological family as planned may respond with maladaptive behaviors, such as challenges with learning, sleeping, toileting, and engaging with others.	In adolescence, the passing of a loved one who was ill may lead to changes in personality, challenges at school, and difficulty engaging or socializing with others.	Expected trauma may greatly impact anyone regardless of their age. For example, a person with Type I Diabetes Mellitus may be aware of a prognosis requiring a lower limb amputation. Such an event can change how they socialize, challenge their ability to work, and impact their roles such as caring for others.
<b>Unexpected</b> (e.g., sudden departure of a family member)	The unexpected passing or departure of a loved one due to incarceration can lead to maladaptive behaviors, such as detachment, aggression, and challenges in academics.	The unexpected move from their childhood community secondary to parental divorce can lead to maladaptive behaviors, such as detachment, leaving home, aggression, and challenges in academics.	Unexpected traumatic events may greatly affect well-being. For example, the sudden loss of employment can lead to anxiety, depression, substance use, aggression, and a poor outlook on life.

## Categories of Trauma and Their Impact

<p><b>Isolated</b> (e.g., single incident, such as a sexual assault)</p>	<p>Depending on developmental stage, an isolated traumatic event, such as a car accident, could lead to changes in personality or behavior requiring intervention. <b>Physical trauma</b> may result, such as hypersensitivity, even if the effects are temporary.</p>	<p>An isolated traumatic event, such as a sexual assault could lead to changes in personality or behavior requiring intervention. <b>Physical trauma</b> may result, such as hypersensitivity, even if temporary.</p>	<p>An isolated traumatic event, such as a home invasion for an older adult living alone, could lead to changes in personality or behavior requiring intervention. <b>Physical trauma</b> may result, such as hypersensitivity, even if temporary.</p>
<p><b>Pervasive</b> (e.g., ongoing, such as repeated physical abuse or homelessness)</p>	<p>Pervasive trauma can have significant implications on development. For example, a child living in poverty or experiencing ongoing abuse may have <b>structural trauma</b> as a result, leading to <b>complex trauma</b>.</p>	<p>This may be a form of <b>complex trauma</b> that has significant implications on an adolescent's outlook on life. For example, ongoing abuse or sex trafficking may result in <b>structural trauma</b> and lead to challenges with establishing future goals.</p>	<p>Adults may experience <b>complex trauma</b> in the form of ongoing domestic violence, which can have cause <b>structural trauma</b> and interfere with their ability to establish future goals.</p>

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<p><b>Intentional</b> (e.g., neglect from a parent, physical or sexual assault)</p>	<p>Intentional trauma, such as the neglect from a parent, may lead to social-emotional issues, such as lack of trust in others, and detachment from others. <b>Structural trauma</b> may lead to <b>physical and complex trauma</b>.</p>	<p>Adolescents who experience bullying by their peers may exhibit social emotional issues, such as lack of trust, and risk-taking behaviors. <b>Structural trauma</b> may lead to <b>physical and complex trauma</b>.</p>	<p>Spousal abuse or caregiver abuse of an older adult may lead to social-emotional issues that manifest as acute anxiety, distorted expectations, and detachment from others. <b>Structural trauma</b> may lead to <b>physical and complex trauma</b>.</p>
<p><b>Unintentional</b> (e.g., natural disaster or pandemic)</p>	<p>Certain unintentional traumatic events represent a form of <b>social or cultural trauma</b>, such as pandemics or natural disasters, which can be very frightening to children due to a sense of loss of security. Feelings of helplessness and uncertainty becomes anxiety and stress. Acute stress can lead to PTSD if unaddressed. Children may display aggression, have problems sleeping, and difficulty concentrating.</p>	<p>Adolescents who experience unintentional forms of traumatic events, such as pandemics or natural disasters, can experience acute stress in response to the event. The effects of this type of <b>social or cultural trauma</b> may be revealed in changes in personality and behaviors such as detachment, avoidance, and aggression.</p>	<p>Systematic and organizational culture and policies can result in re-traumatization. This may be revealed in changes in personality and behaviors. Adults may also experience feelings of insecurity, guilt, and shame in response to this <b>social or cultural trauma</b>.</p>

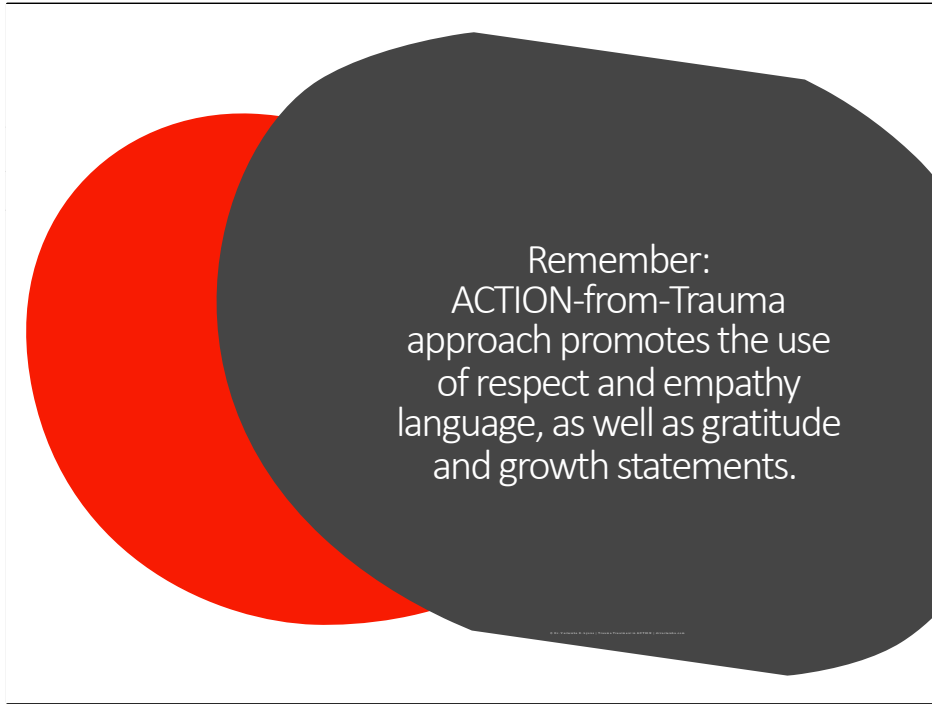
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<b>Directly experienced</b> (e.g., poverty due to loss of employment)	Directly experiencing abuse, neglect, or exposure to a traumatic event has very strong implications of impacting development. It can impact typical brain development, affect emotional regulation, and lead to dysfunction in sensory processing.	In adolescence, the direct experience of trauma such as living in unsafe environments, experiencing abuse and neglect, or exposure to a traumatic event can negatively impact development and the establishment of future goals. The adolescent may isolate themselves, be aggressive, and have difficulty with academics.	There are several implications of directly experiencing trauma, such as abuse, loss, illness, isolated events, and poverty. Adults may have challenges with their activities of daily living, self-care, properly caring for others, and social interaction.
<b>Indirectly experienced</b> (e.g., shared experienced of a parent or observing the impact of injustices, such as unjustified killings)	Vicarious trauma can be a form of <b>intergenerational trauma</b> , such as living with a parent who experienced sexual abuse by a family member. For example, the parent may reveal aggressive and overprotective behaviors as a result of fear their child would experience the same abuse. These behaviors are based on the caregiver's personal experiences and views.	<b>Intergenerational, trauma</b> can impact an adolescent based on how their caregiver interacts with them. For example, a parent may reveal strict and aggressive behaviors towards the child secondary to their personal struggles with systemic racism and a history of violent attacks on family members. These behaviors are based on the caregiver's personal experiences and views.	<b>Intergenerational, or vicarious trauma</b> , can impact one's experiences and interactions with the world. For example, adults may reveal certain fears grounded in stories or norms set by their family, which are based on historical events. Family members can pass on a lack of trust, shame, and anxiety to their offspring.

\*There is the possibility of structural or physical trauma in all categories.



C: Create Growth



- 
- Creating a Growth Contract and Needs Plan
  - Grounding Activities and Practitioner Check-Ins
  - The Sensory Connection
  - Contextual Sensory Investigation
  - ACTION Creating Growth Tools
  - Case Scenario

## Setting the Stage





IN-SESSION ACTIVITY

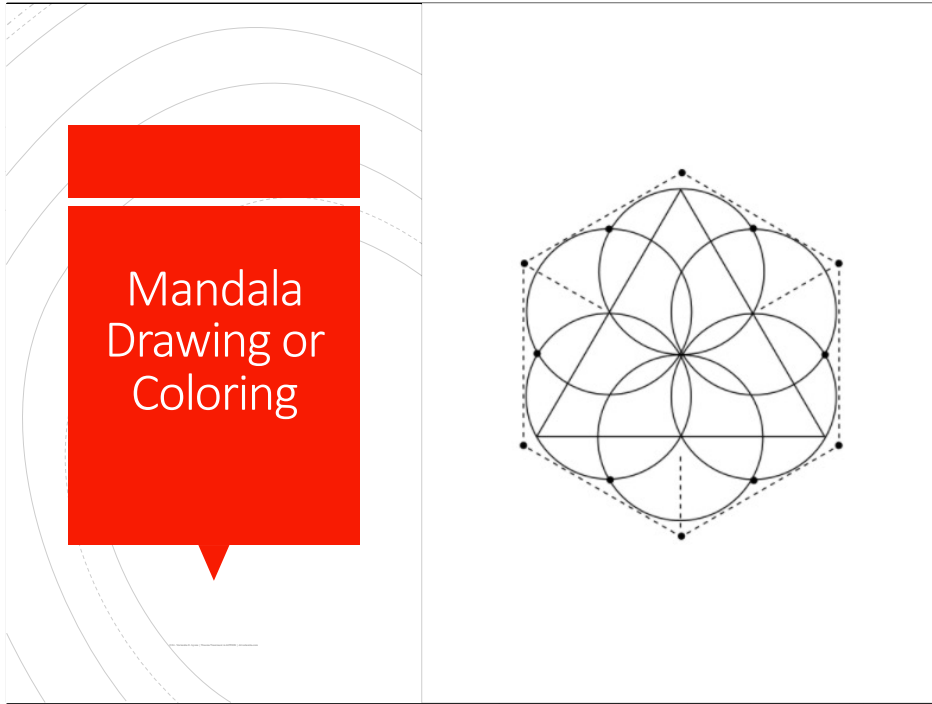
## MINDFUL FINGER COUNTDOWN

**Age Range:** Children

**Objective:** To reorient to the present moment with touch and mindful counting

**Directions:** Have the child hold up their hand with their fingers separated. As you demonstrate the movements, ask them to imitate you. Take your thumb and second finger, and touch the pads together. With each breath, you will have the child touch the pads of the remaining fingers as described in the script below.

**Provider Script:** State out loud "four." Take a deep, purposeful breath and have the child do the same. Move to your next finger, touching the pads of your thumb and third finger. State out loud "three." Again, take a deep, purposeful breath and have the child do the same. Continue with the remaining fingers, breathing in between and having the child imitate. Count down to one, repeating the process if needed.



# ACTION Need Assessment Worksheet

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<b>Acknowledgment of strength, resilience, support, and available resources</b>	<b>Acknowledgment of the trauma</b> List all types and categories of trauma, as well as what support is needed	<b>Interdisciplinary Team</b> Who is needed to move toward balance?

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PROVIDER WORKSHEET  
**ACTION CREATING GROWTH:  
 WHAT I NEED PLAN**

**Age Range:** Children

**Objective:** To develop a method to communicate needs that supports the client's progress toward growth.

**Directions:** Following a screening or assessment, it is crucial to have a plan to provide safety, set boundaries, and develop autonomy. Use this checklist to identify sensorimotor activities, mindfulness practices, or other methods that best support the child's arousal and that facilitate their participation in required tasks, treatment sessions, and engagement with others. Work with caregivers, and the child as appropriate, to develop these activities. Highlight a way to communicate needs through specified statements or nonverbal options. (Gestures are especially useful for young children.) This should be a starting point for continued strategizing to expand methods of communication.

Desired Action	Key Words, Phrases, or Strategies
End a task	<input type="checkbox"/> Say "stop please" <input type="checkbox"/> Use pictures with a stop sign <input type="checkbox"/> Signal with gestures
Share needs	<input type="checkbox"/> Say "I need..." or "I want..." <input type="checkbox"/> Say "Give me" <input type="checkbox"/> Use pictures of desired items to select <input type="checkbox"/> Signal with gestures
Express feelings	<input type="checkbox"/> Use "I feel" statements <input type="checkbox"/> Use pictures of emotions <input type="checkbox"/> Signal with gestures

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## Breathwork

- Disclaimer
- Connection to the nervous system
- Diaphragmatic Breathing
- Rhythmic Breathing and the Insula Cortex

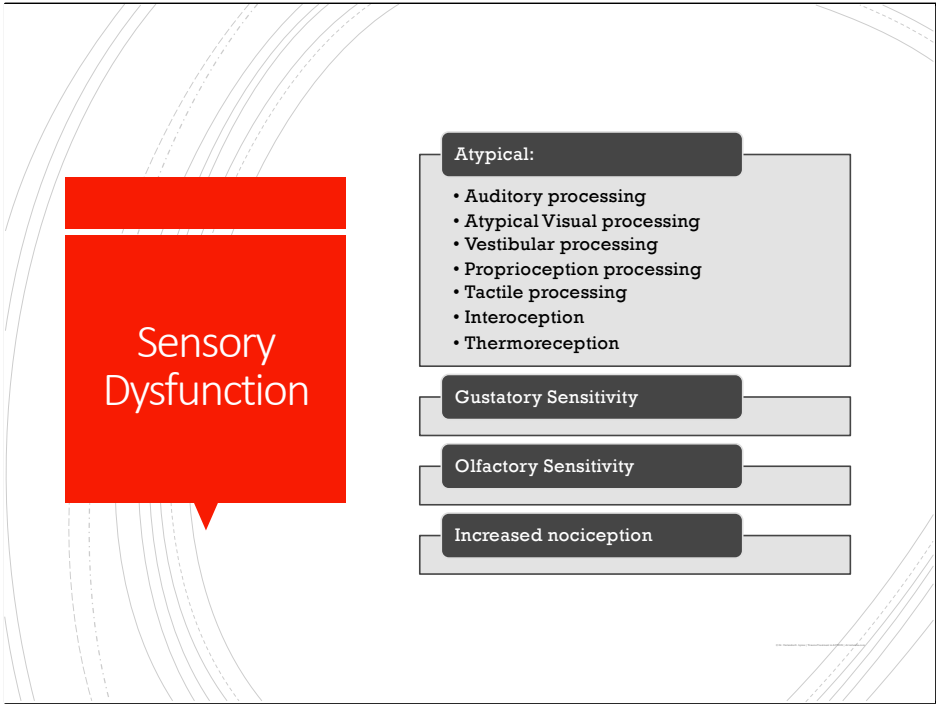
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Sensory Processing Disorder

- Trauma Connection
- Lives in the Body
- To be continued with Teaching Neuroeducation...


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**Check all that apply as reported or observed.**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical auditory Processing</li> <li><input type="checkbox"/> Auditory distortions</li> <li><input type="checkbox"/> Sensitivity to sound</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical vestibular processing</li> <li><input type="checkbox"/> Sensitivity to movement</li> <li><input type="checkbox"/> Seeking of gross motor activity</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical visual processing</li> <li><input type="checkbox"/> Dry Eye Syndrome</li> <li><input type="checkbox"/> Sensitivity to Light</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gustatory sensitivity to certain food textures</li> <li><input type="checkbox"/> Dry Mouth</li> <li><input type="checkbox"/> Olfactory sensitivity to unpleasant odors</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased nociception (pain) /Pruritus (itch) sensitivity</li> <li><input type="checkbox"/> Hypersensitivity to pain</li> <li><input type="checkbox"/> Nociceptive reflexes (eye blink, flexion, flexor withdraw)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical thermoreception</li> <li><input type="checkbox"/> Seeking of cold temperatures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical tactile processing</li> <li><input type="checkbox"/> Tactile sensitivity</li> <li><input type="checkbox"/> Seeking of tactile input</li> <li><input type="checkbox"/> Frequent perspiration</li> <li><input type="checkbox"/> Skin picking disorders</li> </ul>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical proprioceptive processing</li> <li><input type="checkbox"/> Seeking of proprioceptive input</li> <li><input type="checkbox"/> Clumsiness</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical interoception processing</li> <li><input type="checkbox"/> Seeking or Avoiding (urination, bowel movements, gross motor movement, eating, drinking)</li> <li><input type="checkbox"/> Frequent yawning</li> <li><input type="checkbox"/> Poor discrimination between bodily functions (i.e. Late detection of the need to go use the bathroom)</li> </ul>		



**ACTION©**  
Creating Growth Plan

 **Objective:** Develop an ACTION plan towards creating growth.

 **Directions:** Work with the client/caregiver to highlight areas of strengths, supports, opportunities, and needs. Include action goals for implementation on the Creating Growth Chart.

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ADMINISTRATION INSTRUCTIONS  
**ACTION SELF-REGULATION  
SELF-ASSESSMENT**

**Age Range:** Adolescents and adults

**Objective:** To help identify the client's typical threshold tolerance and arousal levels, as well as stimuli supporting or impeding their function

**Items Needed:**

- A pencil and paper (optional)
- List of provided questions

**Directions:** Ask the client to fill out the Self-Regulation Self-Assessment, and use their answers to select appropriate target activities. Follow up with the client by discussing how certain environments and sensory stimuli can help us get through our day or make it challenging. Explore how the client can use that knowledge. Lastly, use the information to select daily activities to support their preferences.

**Scoring:** Only questions 1 through 3 receive a score. Give 5 points for each item the client endorses, with the exception of the last item ("None of the above apply"), which receives a score of 1. Please note that this is not a standardized tool. It is intended to provide you with some insight into the client's ability to self-regulate. It will also assist in how you interact with them and set goals. Use the following guidelines to interpret your client's scores:

- **16-85 (High):** The client may have significant challenges with self-regulation. Review the remaining questions to gain better insight and discuss with the client. Goals should emphasize areas of concern as defined by the client, as well as areas related to sensory processing and emotion regulation.
- **4-15 (Moderate):** The client may have moderate areas to address regarding self-regulation. Review the remaining questions to gain better insight and discuss with

PROVIDER WORKSHEET  
**ACTION SENSORY-SEEKING OR  
 SENSORY-AVOIDING SCREENING**

**Age Range:** All

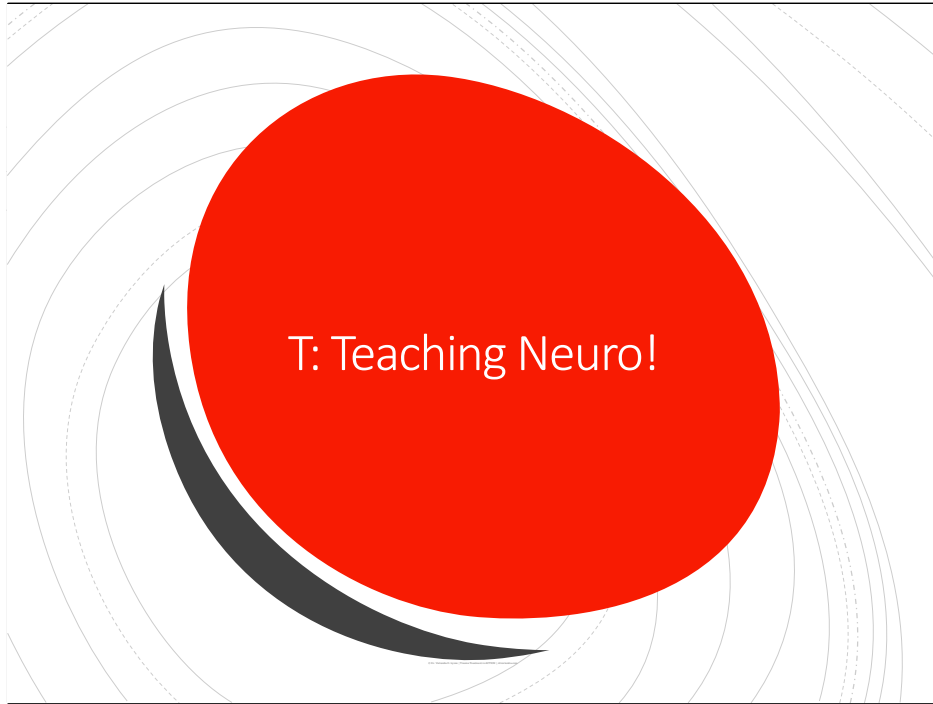
**Objective:** To help identify the client's typical sensory preferences of seeking or avoiding behaviors to identify activities to support their needs

**Directions:** Use the checklist below to identify sensory preferences in the areas of vestibular, proprioception, tactile, gustatory, auditory, visual, olfactory, and thermoreception. You can interview the client or caregiver, or complete the checklist based off of observation across sessions.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

	Notes (e.g., no specific preference)	Sensory-Seeking Preferences	Sensory-Avoiding Preferences
Movement, Touch, and Pressure		Intense physical activity, climbing, rough activities, deep pressure, various textures	Slow, calm, or predictable movements; grounded activities; gentle pressure; specific textures
Food		Intense, spicy, or sour flavors; crunchy textures	Mild or bland flavors, soft textures
Music		Intense, upbeat, or unpredictable sounds	Predictable, calm, or soothing sounds
Sight		Visual stimulation,	Dim light and calming

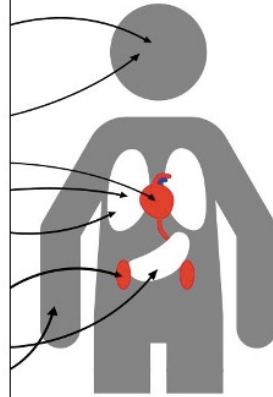




## "FIGHT OR FLIGHT"

### ACUTE STRESS RESPONSE

- Increased blood pressure
- Increased blood flow to brain
- Dilation of pupils
- Bronchial dilation
- Increased blood flow to extremities
- Slowing of digestion
- Increased production of neurotransmitters, stress hormones, and catecholamines



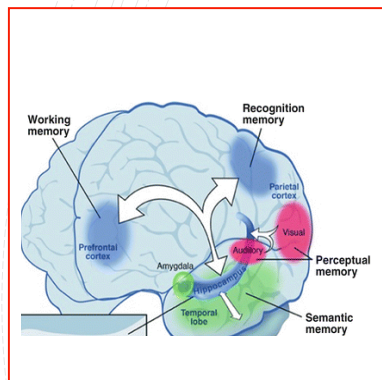
- Increased breathing
- Increased heart rate
- Heightened senses
- Hypervigilance
- Increased perspiration
- Decreased production of saliva
- Increased blood flow to skin
- Changes in body temperature
- Improved short-term memory
- Increased alertness



- ❑ **Catecholamines (epinephrine, norepinephrine):** Released by the adrenal glands, triggering the fight-or-flight reaction
- ❑ **Corticosteroids (glucocorticoids, cortisol):** Involved in the stress response and are also involved in controlling our energy, metabolism, inflammation, and immunity responses
- ❑ **Oxytocin:** Assists in a return to baseline by reducing cortisol levels and blood pressure (enhancing feelings of pleasure), which promotes the healing and recovery process but can inhibit the consolidation of memories
- ❑ **Opioids:** Dampen the effects of stressful or traumatic events by decreasing the pain response but can also compromise the consolidation of memories

## Neurochemistry

## Trauma and Memory



- The Sensory Aspects of the Brain Are Involved in the Storage of Perceptual and Recognition Memories

The parietal lobe, occipital, temporal, and insular lobes allow the processing of sensations and present a connection to our body schema. These structures communicate with the unconscious brain to try to make sense of the incoming information. Fear conditioning has a strong connection with these cortical areas, which results in recognition memories and perceptual memories. *Recognition memory* is a form of declarative memory that involves the ability to match stored memories with similarities in experiences so we can recognize people, objects, and events as familiar. Recognition memory differs from recall in that it lacks the detailed information of recall memory, and it may not require hippocampal involvement (Bowles et al., 2010). *Perceptual memory* also lacks the detail of recall and semantic memory, and it involves long-term memory of visual and auditory information, such as memory of particular voices and facial features.

## Trauma and Memory Cont'd

Given that trauma can also result in hyperactivity in the lateral and posterior parts of the brain, **trauma can impact working memory** as well, which is required for day-to-day tasks.

With decreased activation of the anterior portions of the brain, individuals with a **trauma history can be easily triggered by sensory stimuli and contextual factors**—all the while lacking explicit details of traumatic events.



## Stress and the Brain

- As the body is exposed to prolonged levels of stress hormones, the hippocampus decreases in volume, and the amygdala increases in size.
- The brain, body, and sensory systems become overwhelmed in the presence of prolonged stress.

(Krugers et al., 2010)


Chronic Exposure to Cortisol

Increased Amygdala Volume

Decreased Hippocampal Volume



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IN-SESSION WORKSHEET  
**ACTIVITIES OF DAILY LIVING:  
MEMORY ACTIVITIES**

**Age Range:** All

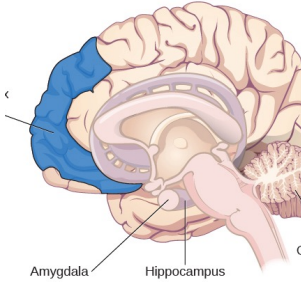
**Objective:** To improve working memory, assist in planning to prepare for necessary tasks, and decrease daily stress

**Directions:** Identify an activity of importance that may be causing the client challenges. For example, perhaps they are struggling to arrive to work on time or to maintain appointments, which is leading to additional dysfunction and stress. Discuss the needed steps to complete that particular activity, and write down each step in sequential order. As a follow-up activity, write the steps out of order and have your client place them in the correct sequence. Here is a sample memory activity for getting to their therapy appointments on time, followed by blank spaces for you to use with your client.

Intelligence

Front Part of the Brain  
versus Reptilian brain

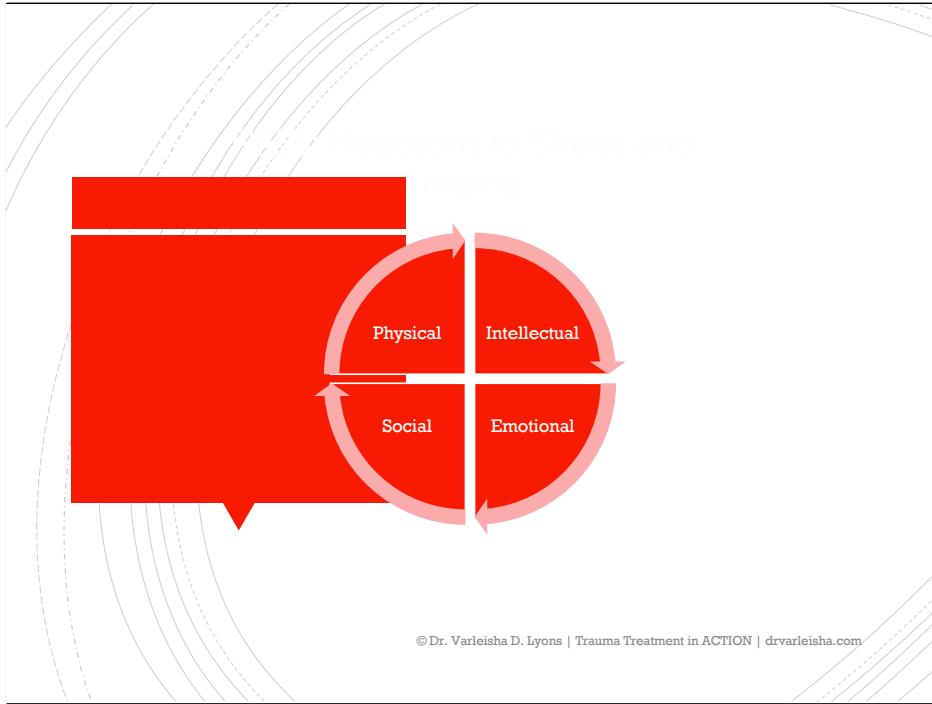
Challenges with:  
Concentration  
Problem Solving  
▪ Remembering



Amygdala  
Hippocampus

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The image is a slide from a presentation. It features a red rectangular box on the left side containing text. The text is centered and reads: 'Front Part of the Brain versus Reptilian brain', 'Challenges with:', 'Concentration', 'Problem Solving', and 'Remembering' (with a small red square bullet point). To the right of the red box is an anatomical illustration of the human brain, viewed from a slightly elevated, posterior-lateral perspective. The brain is colored in shades of tan and brown. Two specific regions are highlighted with a blue color: the amygdala and the hippocampus. Lines with labels point to these regions. The amygdala is labeled 'Amygdala' and the hippocampus is labeled 'Hippocampus'. The background of the slide has faint, curved, light-colored lines. At the bottom right of the slide, there is a copyright notice: '© Dr. Varleisha D. Lyons | Trauma Treatment in ACTION | drvarleisha.com'. The word 'Intelligence' is partially visible at the top left of the slide.



PROVIDER WORKSHEET  
**ACTION BIO SIGNS CHART**

Client Name: \_\_\_\_\_

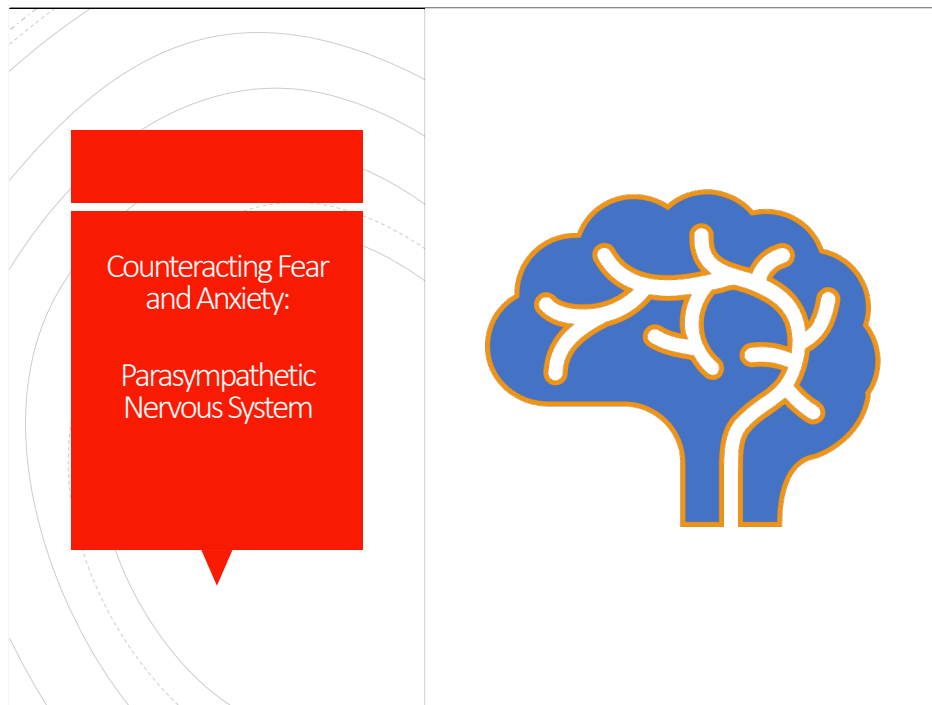
Date of Birth: \_\_\_\_\_

**Directions:** Use this chart to detect physiological responses to stimulation to the body. Monitor pre- and post-differences in the client's heart rate, respiration, and skin temperature following an activity or sensory stimulation.

Date	Pre-Breathing Rate (per 60 seconds)	Post-Breathing Rate (per 60 seconds)	Pre-Heart Rate (per 60 seconds)	Post-Heart Rate (per 60 seconds)	Pre-Skin Appearance and Feel	Post-Skin Appearance and Feel

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FIRST:

WHY IS THE VAGUS NERVE IMPORTANT? Strongest of PNS; Wandering nerve  
Vagus Nerve critical component of PNS.

Vagus nerve innervates the larynx, diaphragm, tongue, area of the back of your neck,

## Connection of the ANS

- Vagus, Vagus, Vagus!
- Longest CN in the Body
- Sensory and Motor
- Vagovagal reflex
- Has both Parasympathetic and Sympathetic divisions

Vagovagal reflex refers to gastrointestinal tract reflex circuits where afferent and efferent fibers of the vagus nerve[1] coordinate responses to gut stimuli via the dorsal vagal complex in the brain. The vagovagal reflex controls contraction of the gastrointestinal muscle layers in response to distension of the tract by food. This reflex also allows for the accommodation of large amounts of food in the gastrointestinal tracts.

The parasympathetic vagus nerve composed of both afferents and efferents carries signals from stretch receptors, osmoreceptors, and chemoreceptors to dorsal vagal complex where the signal may be further transmitted to autonomic centers in the medulla. Efferent fibers of the vagus then carry signals to the gastrointestinal tract up to 2/3 of the Transverse Colon (coinciding with the second GI Watershed Point).





### **Shiatsu Self-Massage**

While sitting down, instruct the client to use their thumbs to provide pressure to the soles of the feet, moving in a circular manner. Then have them use their thumbs to provide a pressure massage to each toe on their feet. Instruct them to apply pressure and to massage the webbed spaces of their hands. Next, have them apply pressure to their palms, using their thumb and working down to the wrist area, continuing with gentle pressure. Then have them use their opposite hand to pull the other hand backward to stretch the wrist area. Lastly, invite them to massage their scalp using their fingertips. (Note to provider: If performing self-massage on the feet, ensure the client is comfortable with removing their shoes.)



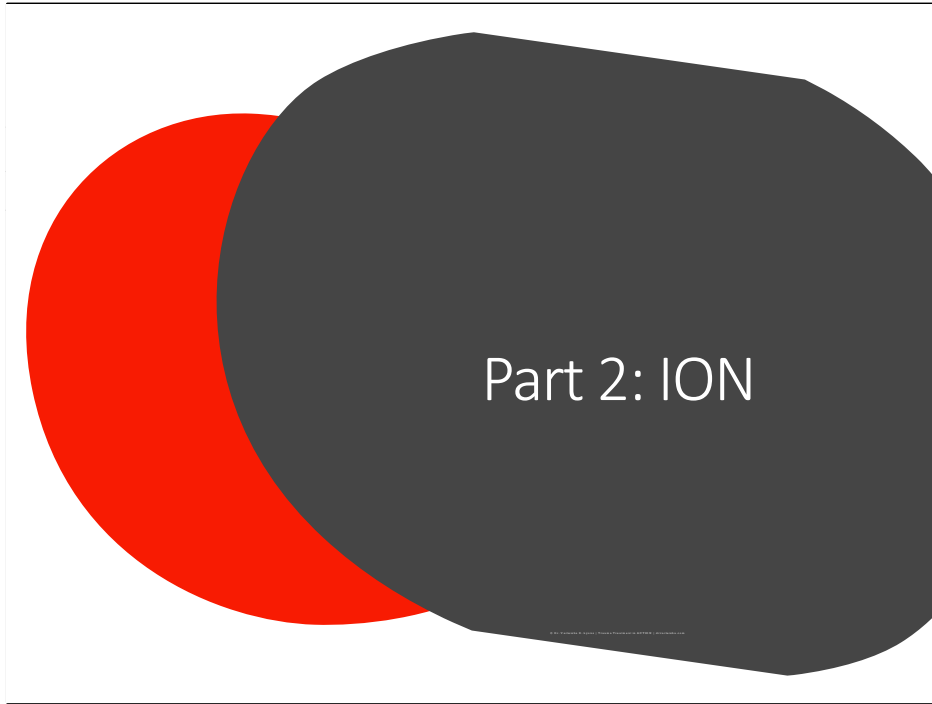
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## Aromatherapy

Essential Oil	Potential Uses
Sweet orange	Improves mood, increases alertness, and assists with digestion
Lemon	Improves mood and digestive issues
Sandalwood	Has a calming effect and increases focus
Bergamot	Reduces stress and improves dermatological conditions
Rose	Decreases anxiety and enhances mood
Lavender	Decreases stress and has a calming effect
Chamomile	Improves mood and enhances positive emotions
Peppermint	Increases energy levels and improves nausea
Ginger root	Improves appetite and boosts immunity
Mandarin	Decreases anxiety and improves dermatological conditions
Ylang-ylang	Decreases nausea and improves dermatological conditions
Tea tree	Boosts immunity and improves dermatological conditions
Jasmine	Improves mood



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## INTEGENERATIONAL FACTORS

Intergenerational trauma, this type of trauma affects generations of a specific group of people and does not require directly experiencing a traumatic event. The hearing of stories, learned behaviors, and subsequent rules that emerge all feed into the well-being of generations that follow. Indeed, there are stories within our history riddled with trauma. Survivors carry that trauma not only in their minds but in their bodies. The cells in their body hold onto the trauma and serve as a history book to be shared with offspring.

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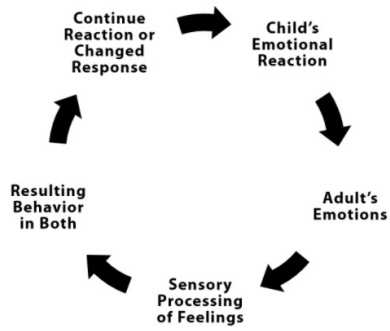


Figure 13. Reciprocal Regulation (Gibbs, 2017b)

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- Provide skin-to-skin contact during the first days and months of life.
- Perform a caregiver-provided massage, which has been shown to not only calm the infant but to decrease parental stress and anxiety. Addressing reciprocal regulation prior to such techniques is vital.
- Participate in shared experiences, such as reading to the child.
- Ensure consistent play with the child at least once daily.
- Feed the child based on their needs rather than doing so at scheduled mealtimes.

## Early Intervention

Recognize Risk factors!

Assess for  
Red Flags!

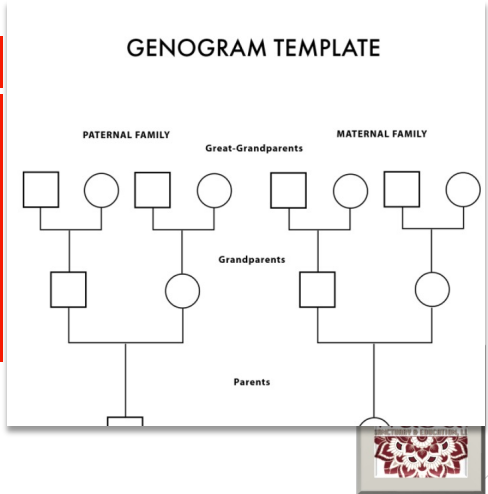
Primitive Reflex	Exercise
ATNR	<ul style="list-style-type: none"> <li>Place the child in supine on their back. Bring an object (e.g., toy) in their line of sight, placing it to their side once getting their attention.</li> <li>Encourage them to reach for the object, observing for the presence of ATNR.</li> <li>Alternative option (if age appropriate): Place the child on all fours in a quadruped position using a bolster if needed.</li> <li>Gently turn their head to the side and hold for five seconds.</li> <li>Look to see if they can maintain the position or if they fall to the side opposite of the head being turned, indicating the presence of ATNR.</li> </ul>
STNR	<ul style="list-style-type: none"> <li>Place the child on all fours in a quadruped position.</li> <li>Gently move or have the child move their head up and down and hold for five seconds in each position.</li> <li>Look to see if they sit back on their legs, suggesting the presence of STNR.</li> </ul>
Moro	<ul style="list-style-type: none"> <li>Safely move the infant by tilting them backward, allowing the head to move posteriorly.</li> <li>Look for extension of the body and extremities followed by flexion toward midline.</li> </ul>
Spinal Galant	<ul style="list-style-type: none"> <li>Position the infant on their belly in a prone position.</li> <li>Gently stroke the left and right sides of their spine.</li> <li>Look to see if they move their body toward the stroke.</li> </ul>
Palmar	<ul style="list-style-type: none"> <li>Apply gentle pressure to the infant's palms by placing your fingers into their hand.</li> <li>Look for them to flex their fingers and squeeze your finger. Also detect movement in their mouth and/or tongue, and attempt to pull your finger toward their mouth.</li> </ul>
Rooting	<ul style="list-style-type: none"> <li>Gently stroke the cheeks and above the upper lip of the child approximately three to five times.</li> <li>Look for head movement toward the direction of the stroke and mouth opening and movement.</li> </ul>
Tonic Labyrinthine	<ul style="list-style-type: none"> <li>Safely hold the infant suspended in a horizontal position in prone.</li> <li>Gently tilt their head forward.</li> <li>Look for flexion of their trunk and extremities.</li> </ul>
Landau	<ul style="list-style-type: none"> <li>Safely hold the infant in a suspended horizontal prone position.</li> <li>Gently tilt their upper body toward the floor.</li> <li>Look for extension of the body.</li> </ul>

Table 8. Exercises to Activate the Primitive Reflexes\*

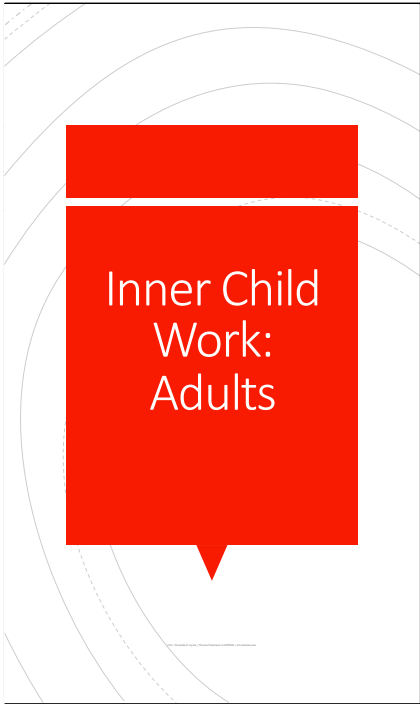


## Case Analysis

Review Family History: Genogram



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Inner Child  
Work:  
Adults

CLIENT WORKSHEET  
**BALANCING THE ADULT AND  
INNER CHILD**

**Age Range:** Adults

**Objective:** To connect with underlying innate physiological and emotional needs to create balance and healing from trauma

**Directions:** In part 1 of this worksheet, answer the questions listed to revisit to your childhood. After you have done so, use the chart in part 2 to indicate whether or not you believe your needs are currently being met by placing an X in the "yes" or "no" column. You may also place N/A in both columns if the question does not apply to you. When you are done, total up both columns to identify areas of strength and areas where you have an opportunity to address the needs in your life. Then use the last column to write a statement about a possible connection between your current state and your inner child. Lastly, in part 3, answer the synthesis questions. Follow with a grounding activity, such as any of the activities identified in chapter 2.

**Part 1:**

1. What activities did you love as a child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How did you react if you were unable to do those activities?



<b>Emotional Reactions</b>	Temporary feelings of shock, fear, grief, anger, resentment, guilt, shame, helplessness, hopelessness, emotional numbness
<b>Cognitive Reactions</b>	Confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
<b>Physical Reactions</b>	Tension, fatigue, edginess, difficulty sleeping, bodily aches or pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
<b>Interpersonal Reactions</b>	Feelings of distrust or irritability toward others; conflict, withdrawal, or isolation; feeling rejected or abandoned; being distant, judgmental, or overcontrolling of others

**Table 9.** Symptoms of Organizational Trauma During a Crisis (Young, Ford, Ruzek, Friedman, & Gusman, 1998)

## Collective Trauma



PROVIDER WORKSHEET  
**BURNOUT SUSCEPTIBILITY ASSESSMENT**

**Age Range:** Adult

**Objective:** To determine susceptibility to burnout

**Directions:** For each statement listed here, put a check mark in the appropriate column to indicate whether you agree or disagree with each statement. Then tally the check marks for each column to determine your relative risk for and susceptibility to burnout. The column with highest number of check marks indicates your relative burnout susceptibility.

	Agree (low risk)	Disagree (high risk)
I am motivated and productive at work.		
I have feelings of hope and helpfulness about my position.		
I enjoy going to work.		
I contribute to my workplace and am fulfilled by my work.		
I am patient and engaged with my clients and coworkers.		
I am engaged and alert at work.		
I am currently supported in my role.		
...		

Methods to  
Assess:  
Practitioner  
Well Being



## Creating Safe Spaces

1. Routinely screen for trauma exposure and related symptoms
2. Use culturally appropriate evidence-based assessment and treatment
3. Make resources available to children, families, and providers on trauma exposure, impact, and treatment
4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
5. Address parent and caregiver trauma and its impacts on the family system
6. Emphasize continuity of care and collaboration across systems
7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and that increases staff resilience (National Child Traumatic Stress Network, 2016)

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## Cultural Trauma and Safety

1. How do we create and sustain safe spaces (for both our staff and clients)?
2. What is cultural competency and its connection to trauma dynamics?
3. How do diversity and cultural inclusivity influence trauma dynamics?
4. How do our implicit biases affect our delivery of care and intervention?
5. How does our organization handle conflict when it arises?
6. How do we as practitioners show up in spaces?

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Individual	Organizational
Be aware of cultural differences	Embrace diversity and inclusion
Understand your culture	Conduct a culture and climate organizational assessment
Conduct a personal self-assessment	Manage the organizational dynamics of differences
Acquire cultural competency knowledge and skills	Embed cultural knowledge within the organization
View interactions within a cultural context	Adapt to diversity
Continuous process assessment, feedback, and improvement	



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Organizational Culture and Climate Assessment	Implicit Bias Assessment
Organizational Culture Assessment Instrument (OCAI)	Implicit Association Test (IAT)
Denison Organizational Culture Survey	Affect Misattribution Procedure (AMP)
Gallup Q12 Employee Engagement Survey	Implicit Relational Assessment Procedure (IRAP)
	Relational Responding Task (RRT)
Trauma-Informed Organizational Assessment	
Trauma-Informed Care Top Ten: A Checklist for Behavioral Health Organizations*	

**Table 11.** Tools to Assess Organizational Culture, Climate, and Implicit Biases

## Assessment Tools

# Screening Tool

PROVIDER ACTIVITY  
**WELL-BEING ASSESSMENT\***

**Age Range:** Adults  
**Objective:** To assess well-being across these eight domains: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual  
**Directions:** Rate the extent to which you agree with each of the following statements by placing an X in the corresponding column. For any statements that you somewhat agree with or disagree with, describe three practical action steps you will take to move this domain into full agreement. Make certain that each action step is SMART: specific, measurable, achievable, relevant, and time-bound. For any statements that you agree with, define three action steps you will take to ensure this domain remains in agreement.

Domains	Personal Plan of Action		
	Agree	Somewhat Agree	Disagree
<b>Emotional</b> I am coping effectively with life and creating satisfying relationships.			If you have rated this domain as somewhat agree or disagree, what are three actions you can take to move this domain into agreement?  If you have rated this domain as agree, what three actions can you take to ensure this domain remains in agreement?
<b>Environmental</b> I occupy pleasant, stimulating environments (at work and at home) that support my			1. 2. 3.

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**Sanctuary Space**

<b>Breathwork</b>	Breathwork is a general term used to describe any type of therapy that utilizes breathing exercises to improve mental, physical, and spiritual health.
<b>Yoga or mindful movement</b>	The gentle movement associated with yoga helps develop body awareness and reduces over-reactivity to internal sensations. These practices recalibrate the threat detection system from the top down and bottom up, giving individuals with trauma control of their healing.
<b>Mindfulness</b>	Mindfulness activities can mitigate symptoms of PTSD by increasing activity in the prefrontal cortex and hippocampus and toning the amygdala. At its core, mindfulness is simply the basic human ability to be present. A simple mindfulness exercise involves the use of a stethoscope to center on the beauty of our heartbeat. For those who struggle with formal meditation or mindfulness practices, you can simply incorporate mindful awareness into your daily routines.
<b>Gentle music</b>	While music cannot cure PTSD, it has demonstrated positive results in helping to alleviate secondary symptoms of trauma, such as depression and insomnia (Bilancu et al., 2012).
<b>Diet and exercise</b>	Good nutrition and physical activity are important parts of leading a healthy and balanced lifestyle, which can dramatically assist in maintaining overall health and well-being.
<b>Regular sleep</b>	Lack of sleep can lead to insulin resistance, cardiovascular disease, mood swings, poor immune function, hormonal imbalances, and lowered life expectancy. Therefore, get on a regular sleep-wake schedule, and keep a journal by your bedside to capture any last-minute thoughts for the day. You can also perform light stretching or yoga before bed to prepare the body for sleep.

Table 13. Practical Ways for Practitioners to Be Centered



NOW is the  
time to take  
ACTION

- **Communication:** We must change our language and personal biases. Instead of neglecting our previous training, we must expand our view. Statements such as “He should be able to...” or “She just does not want to listen and chooses not to” must exit our vocabulary. Replace that language with statements of empathy, respect, gratitude, and growth.
- **Person first:** We must focus on the person first—not the trauma that happened to them. Individuals are resilient and have strengths that supersede trauma. Therefore, include strengths-based and evidence-based strategies in your work. While we have presented a multitude of activities in this book, make sure that your treatment plans are person- and family-centered as well.
- **Advocacy:** Attending expensive workshops and trainings is a beginning, not an ending. Reading this book is a start. The real work is in advocacy at every level. Advocate for your clients by acknowledging their unique needs and by aligning resources that fit those needs. Educate those who work with individuals with trauma. Advocate for resources to decrease the financial and social impacts of trauma. Establish mentorship programs and training for primary care, childcare, and eldercare providers.
- **Avoid re-traumatization:** Employ the use of de-escalation techniques versus the use of physical restraints. Many of the challenges individuals present with occur when they do not feel validated. Start by acknowledging their perspective and by recognizing the trauma lens of protection through which they view the world. Listen to what they have to say! Avoid making assumptions and judgments. Ask for and provide clarification by repeating and rephrasing statements. Apologize for any misunderstandings or misinterpretations. Provide choices rather than dictating rules.
- **Assess your knowledge of trauma:** Be aware of your personal experiences. As you work with clients, check in to see your level of acute stress. Utilize some of the techniques provided here to keep your mind-body connection healthy.
- **Establish a team:** Develop trauma stewardship, and establish a team of champions under a unified vision. Identify key individuals to be advocates for the family or client. Seek



buy-in, and provide mentorship for team members (Fette, Lambdin-Pattavina, & Weaver, 2019).

- ❑ **Promote physical activity:** Performing gross motor activities, such as sports, can improve positive outcomes and behaviors. Support the development of structured activities and access to such programs (Cahill, Egan, & Seber, 2020).
- ❑ **Address organizational trauma:** Complete organizational assessments for trauma-informed care. Develop a mission statement that includes inclusivity; cultural sensitivity and values around safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.
- ❑ **Incorporate a reflective practice:** With any clinical practice, it is necessary to incorporate a reflective practice on the services you provide. Be sure to revisit the events of therapy sessions by maintaining proper notes. Revisit your own thoughts and feelings during the session. Analyze what seemed to work and what did not. Consider other activities and approaches you could have taken to assist in revising treatment plans. In addition, revisit the Practitioner Readiness for Trauma Care Checklist from chapter 1 to make sure you are best supporting your clients' needs.

**Now is the time for you to call others to ACTION!**



# Self-Regulation and Mindfulness





## Key Takeaways

- Somatic awareness supports trauma recovery
- Therapeutic attunement regulates the nervous system
- Body-based tools enhance therapy

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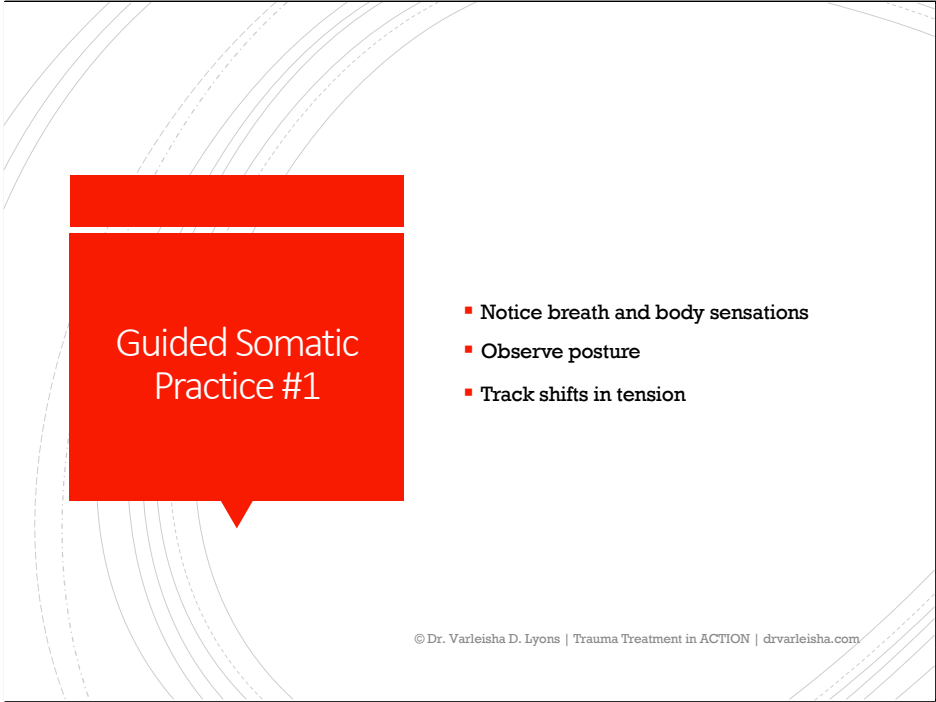




## Brain Visualization

- Use diagrams of amygdala, insula, vagus nerve
- Supports psychoeducation
- Enhances clinician understanding

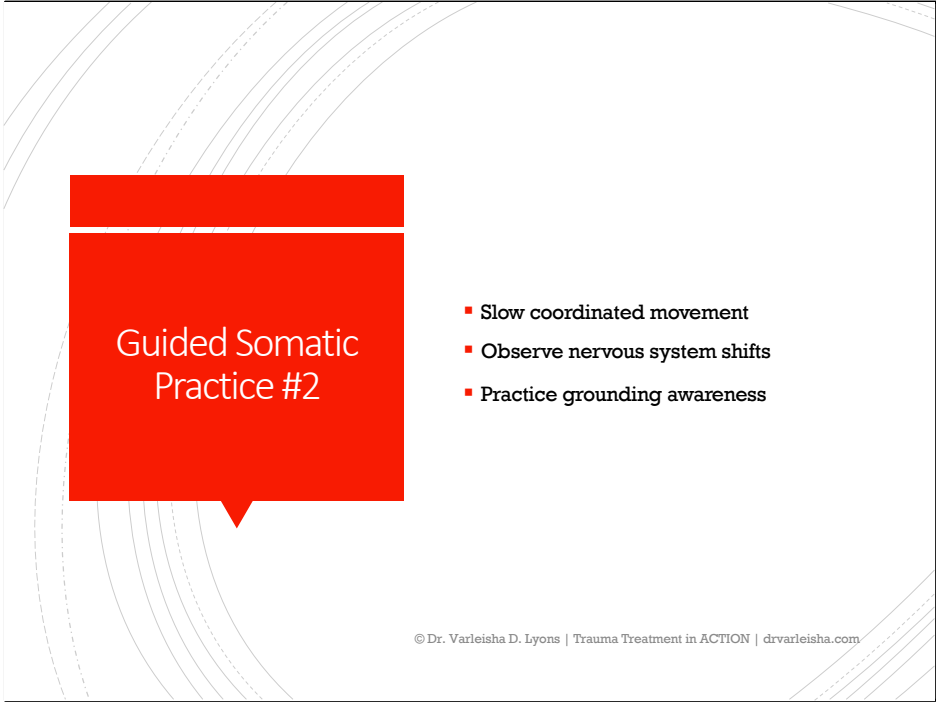
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## Guided Somatic Practice #1

- Notice breath and body sensations
- Observe posture
- Track shifts in tension

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Guided Somatic  
Practice #2

- Slow coordinated movement
- Observe nervous system shifts
- Practice grounding awareness

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## Clinician Somatic Toolkit

- Body awareness techniques
- Grounding methods
- Reciprocal-regulation skills
- Sensorimotor interventions

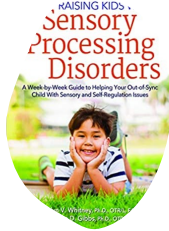
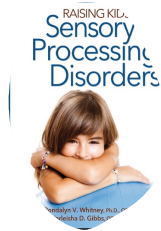
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## Questions

- **Somatic Skills Training in the Treatment of Trauma**
- **Varleisha D. Lyons, PhD, OTD, OTR/L**

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Thank You!

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