

Somatic Experience Treatment Techniques for Trauma Symptoms: A Qualitative Case Study

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Department of Community Care and Counseling, Liberty University

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### **Abstract**

The purpose of this qualitative case study is to provide insight into somatic Experience techniques used while treating clients who suffer from trauma symptoms. Somatic therapeutic techniques improve trauma victims' negative body and mind symptoms. The use of somatic theory to treat psychological and physical trauma is a relatively new concept within the field of clinical mental health counseling. Somatic therapies are a body-oriented approach that releases restricted trauma emotions by addressing the response communication that continually runs between the mind and the body. For example, bodily therapists use mind-body techniques to release the suppressed tension that negatively influences an individual's emotional and physical wellbeing. These techniques are possibly, historically, more commonly used by bodily therapists such as yoga instructors, whereas the use of somatic techniques among clinical mental health counselors, who integrate bodily therapies, seems to be a newer phenomenon. Although there is limited research regarding the effectiveness of somatic treatments, existing research demonstrates positive outcomes. This qualitative case study is to understand the central phenomenon of somatic experience techniques for clients who suffer from trauma symptoms.

*Keywords:* Somatic Theory, Body-Oriented, Trauma-Informed, Eye Movement Desensitization and Reprocessing (EMDR), Brainspotting, Meditation, Yoga

### **Dedication**

I would like to dedicate this dissertation to my father who is always my biggest supporter, my son Brady, and my daughter Emilia. My accomplishments are driven by my love for you. May you always follow your dreams.

### **Acknowledgments**

I would like to acknowledge Dr. Warden my committee chair and Dr. Kellen my committee member. Their joint support throughout this project was crucial for its completion. Thank you for all your guidance it was greatly appreciated.

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**List of Abbreviations**

Somatic Experience (SE)

American Psychological Association (APA)

Eye Movement Desensitization and Reprocessing (EMDR)

Posttraumatic Stress Disorder (PTSD)

Purpose, Authority, Relevance, Currency, Accuracy (PARCA)

Symptom Assessment-45 (SA-45)

Checklist-Military (PCL-M)

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

Observed and Experimental Integration (OEI)

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Cognitive-Behavioral Therapy (CBT)

Sensation, Image, Behavior, Affect, and Meaning (SIBAM)

Randomized Controlled Trials (RCT)

Substance Abuse and Mental Health Services Administration's (SAMHSA)

## **Chapter One: Introduction**

### **Overview**

This study investigates somatic therapy techniques utilized when treating individuals who suffer from trauma symptoms. The understanding of trauma and its effects continues to advance as studies emerge. A greater understanding of trauma symptoms allows mental health professionals to plan and implement treatments that focus on holistic relief for both emotional and physical pain. Research supports the idea that these two areas of functioning emotional and physical are intricately connected. This current research study provides insight into how somatic therapy supports the mind-body connection of trauma and provides mental health professionals with bodily treatment options (i.e., somatic experience techniques) they can implement when helping their clients heal trauma-related, emotional and physical symptoms. This study identifies the strengths, gaps, and limitations of Somatic Experience (SE) techniques as a method of healing trauma symptoms.

Before exploring somatic experiences, it is important to first generally explore the more general practice of somatic therapy, also known as SE therapy, which can be highly beneficial when working to heal trauma symptoms. SE techniques combine traditional psychotherapy with physical therapies like yoga and meditation. Somatic treatments stimulate the body and mind to work together. Mind-body exercises can help with both emotional and physical discomfort. Restoring the mind-body relationship encourages healing and decreases trauma symptoms. According to Hamel (2021), addressing one's mental and physical health simultaneously can result in a quicker alleviation of troubling symptoms, which is the core of somatic therapy.

The foundation of somatic therapy is healing the physical body's negative symptoms of stress and tension. Traumatic experiences influence an individual's neurological system to

become disorganized, making it difficult to heal from the experience. “Somatic modalities offer interventions to manage intense effect, offer corrective experience and build a coherent self-narrative” (Reuille-Dupont, 2021). Furthermore, SE techniques aim to raise awareness of the inner physiological sensations that transmit trauma information. Neurofeedback and mindfulness are some of the SE techniques used to accomplish these treatment goals. These and other SE techniques ultimately work to create a mind-body balance that may relieve or improve some physical features, such as facial emotions, posture, muscular pain, or an individual’s specific body language, which then can allow a person or client to communicate prior trauma feelings preserved in their body (Van Der Kolk, 2016).

Somatic Experience (Levine, 2010), a body-focused therapy, enhances physical awareness to the psychotherapy process as an alternative to traditional trauma treatments. Body-oriented treatments are intended to increase an individual’s awareness of their internal physical feelings. Rather than focusing on their traumatic event, the individual’s concentration is directed toward their body movements and related inner sensations.

Tuning into the inner sensations that accompany the body’s natural rhythm of pendulation between contraction and expansion helps to create the conditions for finding stability and calm within the autonomic nervous system, while also exploring distress in a gradual way that is not overwhelming. (Shilson, 2019, p. 41)

Treatment outcomes are subjective and dependent upon an individual client’s experiencing of and response to the treatment. Despite the skill of the clinician or the efficacy of the treatment, the client becoming tolerant of or nonresponsive to treatment techniques is always a possibility. Treating PTSD, for example, can be complicated, post-traumatic stress symptoms are caused by an insufficient defense response to a stressful situation (Levine, 2010). There is the

possibility that an individual will gradually become more tolerant of bodily sensations that contribute to trauma-related activation. Recognized PTSD treatments, such as Cognitive Behavioral Therapy (CBT), may entail a lengthy and comprehensive replay of the traumatic event before reaching recovery. Somatic experience, however, is not designed to take an extended period of time to feel relief from trauma symptoms. However, some therapeutic sessions using SE require the client to be able to recollect painful events that cause them to experience high arousal levels. The mental health professional should provide the individual with needed safety skills to assist with the increased discomfort. The client then is equipped to utilize skills pertaining to how to monitor and reduce arousal early on in the therapy. The client uses body awareness and self-regulation tactics by participating in arousal-controlling activities like pleasure sensations and happy recollections. As normal functioning is restored, emotional and physical pain and symptoms of posttraumatic arousal may be reduced (Levine, 2010; Payne, et al., 2015). The individual's arousal levels shift from dysfunctional levels to functional arousal levels as the normal function is restored through the treatment process.

The success of SE therapies with PTSD and other psychological disorders and clinical issues is credited to a "bottom-up" developmental framework. "Clinical experts and researchers in neurobiology have written about the bottom-up development of critical areas and functions of the brain" (Shilson, 2019, p. 21). The bottom-up approach focuses on the body and mind connection pairing brain function with physical body symptoms. Somatic experience treatment is an approach that addresses concerning symptoms from the ground up and is quickly becoming a new method of treatment for PTSD (see case reports: a case of "Nancy," Levine, 2008; case of "Simon," Payne et al., 2015). More typically, mental health treatment options are implemented as a top-down approach by improving cognitive skills first. The physical consequences of a

traumatic episode, rather than the ideas or feelings of the individual who experiences the episode, are the focus of SE. The foundation of treatment is largely based on the concept of resilience as a comprehensive psychobiological support. According to Friedman (2015) negative psychological and physical symptoms can be a result of a traumatic experience. Individuals who have experienced a traumatic event may get stuck in a loop of fear of encountering triggers that will release intense emotional responses. There are cases of stressful situations where an individual's psychological and physiological defenses are not fully triggered or prompted to engage (e.g., protracted freeze instead of fight or flight) (Levine, 1997). The traumatic event triggers every individual differently; some may be left with serious mental concerns and others, none at all. Individuals who experienced a traumatic event and are diagnosed with PTSD are likely to have continuously increased stress responses.

Somatic experience is based on the principle that an individual's trauma occurrences get trapped inside the individual's body and utilizing SE treatment methods the traumatic stress will be released from the body (Payne et al., 2015). Psychological problems such as panic disorder, depression, and chronic pain may relate to the dysregulation of the neurological system that happens following a traumatic experience (Carney et al., 2005). These scenarios need an emphasis on the bottom-up technique, which focuses on boosting clients' capacity to self-regulate, lower stress, and alleviate symptoms. "Somatic Experience differs from cognitive therapies in that its major interventional strategy involves bottom-up processing by directing the client's attention to internal sensations, both visceral (interoception) and musculo-skeletal (proprioception and kinesthesia), rather than primarily cognitive or emotional experiences" (Payne et al., 2015, p. 1). Somatic experience treatment techniques are implemented when



treating trauma, anxiety, PTSD, grief, and chronic pain from the bottom-up. Bottom-up processing is the fundamental mode of operation when treating an individual's symptoms.

Somatic approaches can be contributed to Feldenkrais method, which is “a somatic, or body-oriented, intervention designed to help people reconnect with their bodies and learn ways to move with greater efficiency” (International Feldenkrais Federation, 2010, p.1). The client's attention is drawn to both visceral and musculoskeletal vibrations in the body (proprioception and kinesthesia). This is a significant difference from CBT, which focuses on trauma's psychological and emotional impacts. Somatic experience differs in that it involves a gradual process of accepting and enjoying one's own internal bodily feelings and emotions while also drawing on external resources such as identifying body parts and recalling good memories. The goal is to minimize the arousal caused by past trauma episodes. “The increased interoceptive and proprioceptive awareness leads to a ‘discharge process’ after which the trauma-related activation is resolved” (Payne et al., 2015, p. 3). Exposure-based treatment seeks to reduce the client's stress reaction by revisiting the traumatic incident. Somatic experience counseling technique employs a stringent and direct approach to avoid repeating negative trauma occurrences or creating new negative trauma occurrences. Traumatic memory is addressed gradually and indirectly during treatment. Creating new paradoxical interoceptive sensations can help to alleviate physically oppressive and powerless feelings (Payne et al., 2015). Individuals who have used this “renegotiating” strategy (Levine, 1997) have a more thorough and flexible response to the problem.

As in SE, treatments involving the physical self are also common elements of other therapies (e.g., Eye Movement Desensitization and Reprocessing (EMDR), brainspotting, yoga, meditation). The restoration of the body-mind connection is one of the primary goals of body-

centered treatment. A SE is a body-centered approach to trauma because it focuses on an individual's bodily feelings or thoughts about the experience. Trauma survivors can re-establish their body's natural rhythms and release stored physical energy by engaging in somatic techniques. Similarly, EMDR assists clients with revisiting their traumatic event and reducing trauma symptoms. "EMDR therapy focuses directly on the memory and is intended to change the way that the memory is stored in the brain, thus reducing and eliminating the problematic symptoms" (APA, 2017, p. 1). In one method of EMDR, a mental health professional requests the client to move their gaze from left to right to recall painful memories. Previously suppressed trauma memories are addressed in this way, with the therapist guiding and supporting throughout the therapy process.

Another method used to treat trauma symptoms is brainspotting, which has demonstrated successful outcomes for trauma survivors (Gallegos et al., 2017). "Brainspotting is a focused treatment method that works by identifying, processing and releasing core neurophysiological sources of emotional/body pain, trauma, dissociation and a variety of other challenging symptoms" (Hildebrand et al., 2017, p. 4). Mental health professionals assist individuals with identifying the source of their distress by using brainspotting. During treatment, the mental health professional prompts the slow movements of the client's eyes to locate the client's brain (a position that activates traumatic emotion). Mental health professionals use the limbic system of the brain to treat physical symptoms of trauma.

Somatic experience, EMDR, and brainspotting require that mental health professionals receive specialized training before implementing these in clinical settings. Other bodily therapies take a similar bottom-up approach to body-mind healing but do not require clinical training. Yoga and meditation are two popular holistic treatments for the body-mind connection that do

not necessarily require clinical training by the therapists. According to Gallegos et al. (2017) the use of alternative therapies such as yoga or meditation can improve healing from traumatic diseases. The techniques of yoga and meditation help to relax muscles by establishing a connection between the body and the mind. Understanding how nerve sensors influence brain and muscle activity can aid in mood and anxiety control in clients. Different sections of the brain control physical sensations and muscles. Clients are taught by mental health professionals to relax their bodies and minds through somatic practices. Once clients have mastered the necessary procedures, they will be able to identify a reaction in their body and engage in relaxation techniques for relief.

The techniques of yoga and meditation increase relaxing muscles by establishing a connection between the body and the mind. Understanding how nerve sensors influence brain and muscle activity can aid in mood and anxiety control in patients. “Mood and anxiety disorders are characterized by a variety of neuroendocrine, neurotransmitter, and neuroanatomical disruptions” (Martin, et al., 2009, p. 1). Different sections of the brain control physical sensations and muscles. The disruption of communication between the mind and the body results in the subconscious taking over and constricts nerve receptors. Clients are taught by mental health professionals to relax their bodies and minds through somatic practices. Once clients have mastered the necessary procedures, they will be able to identify a reaction in their body and engage in relaxation techniques for relief. Relaxation tools are a useful intervention that a client can use when reducing negative emotions (Kim & Kim, 2018). During SE sessions, physical awareness and practice are used to teach clients how to properly implement the method. The client is taught to take the time to reflect on the event, the feelings, and previous experience

connections to those feelings, to increase relief and reconnection of the body and mind.

Transformations occur after the client learns how to broaden awareness of conscious capacities.

Mental health professionals who practice somatic therapies with their clients employ various meditation techniques to examine sensations, thoughts, and feelings in a nonjudgmental manner.

Mental health professionals encourage clients to focus their attention on the here-and-now by encouraging curiosity, openness, and tolerance. As the client becomes comfortable with somatic techniques and the therapy process, they and the clinician can co-create therapeutic conditions in which the mental health professional can concentrate on the client's bodily reactions rather than the client's troubling thoughts and feelings (Gallegos et al., 2017). Discussing what is causing the client's physical stress often is much easier once the client has established a trusting relationship with the mental health professional. During SE sessions, physical awareness and practice are used to teach clients how to properly implement the method. The client is taught to take the time to reflect on the event, the feelings, and previous experience connections to those feelings, to increase relief and reconnection of the body and mind. "Effective emotion regulation involves the ability to accurately detect and evaluate cues related to physiological reactions to stressful events, accompanied by appropriate regulation strategies that temper and influence the emotional response" (Price & Hooven, 2018, p. 1). Transformation occurs after the client learns how to broaden awareness of conscious capacities.

To conclude, the importance of SE and research on somatic therapies demonstrates the therapeutic value of SE and other somatic approaches with clients who seek relief from trauma symptoms. Somatic therapy provides insight that allows individuals to become more aware of their physical self and the connection to negative symptoms. Following SE treatment, clients may feel more in control of their bodies, less agitated, and better able to assess and respond to

mental and physical challenges. Although the literature shows support for SE therapy, additional research is needed and may help provide insight into how mental health professionals and other bodily therapists use SE and other somatic approaches to assist clients with recovery for trauma, and various manifestations like anxiety and depression.

### **Background**

Somatic experience is based on decades of case study and empirical data that demonstrate positive therapeutic outcomes when integrating the mind-body connection into mental health and bodily therapies (Kuhfuß et al., 2021). Somatic experience's academic goal is to minimize the physical symptoms and sensations induced by traumatic reactivation in the body (Hamel, 2021). Peter Levine is the founder of SE and a primary theorist of Somatic Theory (Payne et al., 2015); his study of somatic therapies with the treatment of PTSD helped to advance somatic therapy as efficacious with the treatment of trauma (Payne et al., 2015). PTSD symptoms are considered an indication of stress activation and a lack of protection against traumatic stress. Bodily experiences, in many cases, assist individuals in becoming more aware of their sensations and triggers following a traumatic situation.

In the 1970s, Levine developed a paradigm called SIBAM, which split experience into five channels: sensation, image, behavior, affect, and meaning (or cognition). SIBAM is commonly related to both a dissociation paradigm and an experience. Also in the 1970s, Lazarus developed the Multimodal Therapy paradigm, which divides experience into four distinct categories: behavior, affect, sensation, and cognition. (Lazarus, 2002). Lazarus' model is comparable to Levine's SIBAM model. Somatic experience incorporates the tracking of felt sense and is a method that reprograms the body's primitive survival instincts, permitting the client to feel a greater sense of connection, safety, and ease within the client's body. Gendlin's

focus technique has heavily influenced Levine's SE approach. Gendlin and colleagues establish that clients who were linking with and speaking from their bodily-felt experience demonstrated greater progress in therapy, despite orientation of the therapist or style of therapy. (Gendlin, 1984). After more than four decades, Levine and Lazarus have continued to advance SE and train therapists in this approach.

Somatic experience and other advancements in the understanding and treatment of trauma have helped mental health professionals be more responsive to the realities of trauma. Trauma survivors face a broad spectrum of severe mental and physical symptoms that impact their daily living. Diagnosis and symptoms an individual may experience include anxiety, grief, adjustment issues, and PTSD as a result of a traumatic event. Anxiety is a common factor across all of these diagnoses. Anxiety is defined as a general sense of unease or apprehension (Goldsmith et al., 2012). Physical symptoms can be and are not limited to heart rate increases and startle reactions, and insomnia. Anxiety symptoms also can include depression, sorrow, and hopelessness (Kuhfuß et al., 2021). Ultimately, the possibility exists that once an individual is overwhelmed by negative symptoms, their sense of self may become disengaged. They may become dissociated due to the constant overwhelming feelings following a trauma or living through a complex trauma. The individual often suffers from both negative mental and physical symptoms because of their traumatic experience.

Trauma has many angles and is experienced differently by each individual. Trauma may be a personal experience, secondhand experience, or generational. An example of firsthand trauma exposure is an individual being psychologically abused by their spouse. An example of secondhand trauma exposure would be the victim disclosing to their best friend the domestic violence they are suffering from and then their best friend becoming deathly afraid of the spouse

or of their own spouse. Lastly, in an example of generational trauma exposure, children who witnessed domestic violence may then become the abuser or victim in their adult relationships; their children may even continue the cycle of witnessing domestic violence and possibly perpetuating violence in their future relationships. Rakoff and colleagues identified high rates of psychiatric distress among the children of Holocaust survivors, making this an example of generational trauma (Braga et al., 2012). Children and grandchildren of Holocaust survivors may develop clinical anxiety, depression, and post-traumatic stress disorder due to long-term stress generated as a result of their family member's trauma. A study published in the *Canadian Journal of Psychiatry* (1988) discovered that the number of mental health referrals for grandchildren of Holocaust survivors was more than 300 percent greater than non-Holocaust survivors. Trauma can impact individuals whether the impact is firsthand, secondhand, or generational. Treatment for each trauma exposure is tailored to the individual who is suffering the negative symptoms.

### **Situation to Self**

As a Licensed Professional Counselor, the author finds herself researching for methods to expand her knowledge of the healing process. The healing process is complex, and the depth of pain is never fully understood. The opportunity to improve another's mental wellbeing depends on my understanding of methods available for healing and understanding the depth of mental and physical pain. As a mental health professional, the author works with individuals who have experienced both a traumatic event and have lived with complex trauma. The majority of clients with whom the author works with suffer from PTSD, anxiety, and depression symptoms. The author coordinates care with roughly 50 percent of her clients' prescribers regarding the client's medication management. The significance of coordinating care with a client's prescriber provides a great deal of insight into the approaches clients are using to heal or methods they seek

to feel relief from their negative symptoms. The author's passion is working with trauma victims. The work is hard, but the rewards are great. The best method of treatment is one that treats the whole client.

The mental health system continues to be flooded and overwhelmed by the increasing number of individuals who are looking to improve their mental stability. Traumatic experiences have become a common occurrence for individuals navigating through their lifetime. A general population survey conducted throughout 24 countries indicated more than 70 percent of respondents experienced a traumatic event, and 30.5 percent of the 70 percent experienced multiple trauma situation of four or more events. (Benjet, et al., 2016 p. 329). Traditional therapeutic options for healing an individual's mental state have been long-researched and some proven effective when treating trauma victims. There is a significant need for a more thorough and comprehensive investigation for healing approaches available that address the whole person, which means treating both their mental and physical health. Somatic therapy treats the mind and the body by reconnecting what was damaged during trauma.

### **Problem Statement**

Traumatic situations are personal experiences that overwhelm the mind and body by altering an individual's interpretation of situations following the traumatic event. A traumatic experience can permanently alter one's perception of self and of their relationships with others. Mindwise Innovations is an evidence-based mental health and substance use service for organizations, schools, and mental health professionals. According to Mindwise Innovations (2022), about 70 percent of adults in the United States have experienced a traumatic event at least once in their life. There is a great need for mental health professionals to understand trauma



and evidence-based methods of treatment. This study investigates somatic therapy techniques utilized when treating individuals who suffer from trauma symptoms.

Today's mental health professionals are constantly developing new techniques to increase the likeliness of healthy healing and overcome difficulties an individual is living with. The ACA Code of Ethics (2014) outlines the healing professionals' ethical obligation to protect the clients. The ACA code of ethics C.2. Professional Competence discusses the helping professionals' level of competence needed to properly help with the healing of clients.

C.2.a. Boundaries of Competence Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population (ACA, 2014).

Understanding common signs of trauma is critical in assisting those who have been directly or indirectly affected by trauma. Untreated trauma symptoms can lead to chronic pain, depression, substance abuse, and sleep issues, increasing an individual's ability to maintain daily living tasks like work and personal relationships (Center for Substance Abuse Treatment, 2014). Somatic theory is a relatively new method for treating those troubled by trauma symptoms. This research investigates trauma symptoms, and the impact somatic techniques can have on an individual's physical and mental health.

According to recent comparative efficacy research, randomized controlled trials (RCTs) for the treatment of PTSD are becoming more common (O'Neil et al., 2020). RCTs are

commonly used to examine the efficacy of new drugs before they are provided to patients. Non-pharmacological treatment methods for PTSD include CBT and exposure therapy. Trauma survivors are offered innovative perspectives on the trauma experienced and improvements regarding coping strategies. A mix of cognitive-behavioral and exposure-based therapies can effectively decrease symptoms relating to exposure of a traumatic event. Somatic experiences techniques can be implemented with CBT and exposure therapy styles. SE is based on psychological resilience and reconnection of the mind and body. Pairing somatic techniques with other therapist methods can promote healing of the mind and body.

In PTSD patients, there is long-term somatic and emotional dysregulation of the nervous system and continuously high-stress reactivity, since individuals cannot complete the initial psychological and physiological protective response to a stressful incident (Van der Kolk, 2000). That is, at the time of their trauma, they could not fully process the trauma psychologically and physically, leaving them in an unresolved state of trauma. Post-traumatic stress disorder symptoms are central to the SE search for effective therapies. As a result, the primary goal of SE is to regulate the body's stress reaction to stressful experiences. Somatic therapy engages an individual's body throughout treatment by reactivating critical brain system processes. Grounding, boundary development, self-regulation, movement and process, sequencing, and titration are all emphasized in somatic therapies. These fundamental notions interact with the neurological system via essential physiological pathways.

Trauma situations tend to impact most of the world in some capacity, and a majority of those treated are not treated holistically but, instead, often only psychologically. Because unresolved trauma memories, energy, and sensations can remain stored in the body long after the trauma, for optimal, sustainable outcomes, it seems imperative that trauma survivors be treated

with somatic therapies that can address and heal not only their minds but also their bodies. The existing problem is that the whole person is impacted negatively following a trauma or complex trauma, but mental health professionals often fail to treat the whole person.

This study investigates mind-body treatment options for the whole person, rather than just the mind. The study investigates a bottom-up approach when addressing mind-body disruption with individuals who struggle with trauma symptoms. Somatic treatment techniques address both body and mind recovery from trauma symptoms. Somatic experience techniques can be a valuable method of treatment for individuals who suffer from negative trauma symptoms.

### **Purpose Statement**

The purpose of this case study is to understand and describe mind-body treatment options available for trauma symptoms. The central phenomenon of the present study is the use of SE techniques by licensed mental health professionals within the Phoenix, Arizona metropolitan area. The researcher aims to identify techniques these professionals use to improve the body and mind connection. At this stage in the research, SE will be generally defined as a body-oriented approach that works to heal trauma and stress symptoms (Levine, 2015), as it demonstrates the relationship between the physical and mental self. Rebuilding a healthy relationship between the body and mind is important when treating individuals who have suffered negative symptoms from trauma exposure.

### **Significance of the Study**

The mental health field's need for increased knowledge and the ability to effectively assist individual's with treating their mental health instabilities is dependent on understanding

the cause and effects of treatment options. Knowledge of somatic experience techniques can aid mental health professionals in better assisting clients who have experienced trauma. The healing process varies widely among people, and thus, mental health professionals are helped to not only be skilled in traditional therapies such as CBT and exposure therapies but also in emerging therapies such as somatic therapies. CBT demonstrates efficacious with trauma survivors (Hofmann, et al., 2012). The prevalence of trauma among the community should prompt mental health professionals to consider the possible benefits of utilizing multiple methods of trauma treatment.

In addition to furthering knowledge about somatic techniques used to heal trauma symptoms, this study aims to explore, and thus equip mental health professionals, in how somatic therapies are implemented in trauma survivors' treatment. Somatic experience techniques focus on the individual's body sensations rather than emotional and cognitive experiences relating to trauma. Because somatic therapy uses a combination of interoceptive and kinesthetic imagery focusing on the client's inner attention, it aids in treating negative symptoms (Payne et al., 2015). Somatic experiences techniques may be used to regulate an individual's defenses and self-protection, demonstrating the benefits of these techniques.

Another benefit of somatic approaches according to Payne et al., (2015) is that they do not involve exposure techniques, which potentially re-expose trauma survivors to memories of their trauma experiences in ways that may be more hurtful than helpful to their healing process. Somatic techniques purposefully avoid severe and direct traumatic memory remembering. Treatment will eventually access memories that have been stimulated in the past due to the treatment's indirect approach. As a result, the somatic system encourages new experiences replacing negativity and overwhelming emotions. Somatic therapy is increasingly being

employed in therapeutic settings, suggesting that it may be a reliable treatment for traumatic symptoms. (Kuhfuß, et al., 2021). Somatic therapy has yet to be tested in RCT (Brom et al., 2017).

### **Research Questions**

The proposed research questions for this study are:

*What somatic therapy techniques are used to treat and reduce trauma symptoms?*

*How are somatic therapies implemented to relieve trauma symptoms?*

### **Definitions**

**Affect:** Affect is defined as word choice, tone, and pace all impact a person's capacity to communicate their emotions to others, such as your body language or posture (Thomas, 2018).

**Behavior:** Levine's Somatic Experiencing model defines behavior as, the therapist observing a client's behavioral response to in-session treatment techniques (Roenneberg, et al., 2019).

**Breathwork:** Breathing exercises can aid stress tolerance, relaxation, centering, and centering (Henningsen, 2018).

**Containment:** It is the ability to remain calm in the face of bad sentiments, energy levels, and emotions without expressing any apparent evidence of discomfort or resorting to self-medication. Furthermore, there is a sense of being constrained to one's bodily form (Minnen, 2019).

**Defensive Responses:** During the defensive reaction phase, physical defenses and reflexes that have been compromised as a result of developmental or shock damage are rebuilt (Levine, 1997).

Integration: The process of dispersing new skills achieved from successful pendulation is known as integration (Haagen, Smid Knipscheer, & Kleber, 2015).

Mindfulness: Instead of lingering on bad memories and speculating about what could happen next, mindfulness is an inquisitive, nonjudgmental awareness of the here and now, aided by sensory stimulation (Haagen, Smid, Knipscheer, & Kleber, 2015).

Orientation: The awareness of oneself in place; a primary defensive response to a threat (Haagen, Smid, Knipscheer, & Kleber, 2015).

Pendulation: Refers to a change in one's bodily feelings or emotions from one condition (Expand) to another (Levine, 1997).

Resonance: The ability to sense the physical energy and sensations of another person's body in one's own body is enabled through resonance. This unconscious technique, or capacity, can substantially impact close relationships (Minnen, 2019).

Resourcing: Self-control can be taught and practiced through a technique known as resourcing. When confronted with a challenging scenario, it is critical to have a wide range of resources at one's disposal. This comprises a sense of steadiness and focus (Levine, 1997).

Self-Regulation: The ability to deal with unpleasant or undesirable circumstances by employing the body's inherent systems to achieve self-regulation, such as pendulation and release (Haagen Smid, Knipscheer, & Kleber, 2015).

Somatic Experiencing: A body-centered therapy for PTSD that considers both typical physiological (somatic) reaction patterns in the body and the related thoughts and feelings of the traumatic event (cognitions) as suggested by Waller (2009).

Stress Response: When a perceived threat is detected, the “fight or flight” reaction, also known as the “stress response,” is activated. While the human body is extraordinarily flexible in physical danger, it is less so when faced with psychological or imagined threats (Henningsen, 2018).

Somatic Shaking: The client is guided by their therapist for stress-relieving and nervous-system-stabilizing treatment using specific movements to relieve tension and trauma in the body (Guthrie, 2011).

Titration: Organizing the activation so that a client can manage enormous volumes of content without becoming overloaded. Arousal is reduced by waiting for the nervous system to calm down before going to the next disruption (Henningsen, 2018).

Tracking: Recognizing and reporting changes in body sensations, as well as the ability to associate these changes with thoughts, emotions, and the release of trauma-related responses (Minnen, 2019).

Trauma: APA (2021) defines trauma as an emotional reaction to a horrifying event such as an accident, sexual assault, or natural disaster.

### **Summary**

Somatic experience is a valuable treatment option for mental health professionals when treating clients who struggle with negative symptoms as a result of trauma exposure. The focus

of somatic therapy techniques is to re-align the body and mind by using what is known as the bottom-up approach. Pain in the musculoskeletal system and visceral organs are treated through bottom-up processing (Payne et al., 2015). Mental health professionals, and thus their clients, may benefit from learning more about somatic therapies, particularly somatic experiencing techniques as indicated within Levine's (2010) somatic theory. Somatic therapy can be applied as a stand-alone practice or in conjunction with other mental health treatment methods.



## **Chapter Two: Literature Review**

### **Overview**

The following literature review defines somatic theory and explores the effectiveness of somatic therapies, also referred to as bodily therapies, in improving trauma symptoms of mental health counseling clients. The terms somatic therapy or bodily therapy are at times used in place of the plural therapies, to refer more generally to the practice of somatic or bodily therapies.

First, it is important to define trauma. Although the definition of trauma varies widely based on each individual's unique traumatic experience, this present study is based on the American Psychological Association's (APA) definition of trauma. APA (2021) defines trauma as an emotional reaction to a horrifying event such as an accident, sexual assault, or natural disaster. Further, a traumatic event is one that causes mental and physical pain. Mental health professionals and researchers continue to investigate and understand the complexities of trauma as well as develop methods to assist individuals with healing and overcoming the effects of trauma in their lives. This current literature review includes trauma concepts and symptoms that are treatable using SE techniques. The role of somatic, or bodily therapy also is explored in this literature review. Finally, strengths, gaps, and limitations in the literature, related to the use of SE techniques in trauma treatment, are identified and discussed.

Somatic experience tools, which is also known as somatic experiencing therapy, is a form of therapy used to treat Posttraumatic Stress Disorder (PTSD) and other mental health conditions. Among the many counseling approaches used by mental health professionals, somatic therapy is extraordinary in the sense that it connects an individual's body and mind in the application of psychotherapy and physical therapies during treatment (Kuhfuß et al., 2021). Somatic therapists believe that individuals' inner feelings and thoughts impact their physical

form (Payne et al., 2015). Therefore, mind-body exercises release pent-up stress, energy, and tensions from both the mind and body. These exercises allow the body-mind connection to be mended so that trauma can be more fully processed and healed than if counseling clients were only participating in more traditional forms of therapy. Somatic therapy is founded on finding relief quicker by addressing mental and physical health simultaneously (Hamel, 2021).

Additionally, the somatic therapy approach is guided by the idea that traumatic experience causes dysfunction in a person's nervous system and prevents them from processing the experience (Payne et al., 2015). According to Brom et al. (2017), bodily therapy is focused on the body in treating individuals with posttraumatic stress symptoms and includes body awareness as a tool to the psychotherapeutic process. Mind and body techniques are unique tools that can be implemented paralleled with other PTSD methods of treatment. The strategy focuses on creating awareness of inner physical sensations perceived as carriers of traumatic memory. Mind and body techniques are safe and frequently taught or instructed by a professional. Examples of mind and body practices include, but are not limited to, acupuncture, meditation, and yoga. Mindfulness practices and neurofeedback are other therapeutic techniques that engage and calm the nervous system (Van der Kolk, 2016). Leading somatic theorist, Peter Levine, is credited as the founder of SE (2010), a model of somatic therapy (Payne et al., 2015). It is upon Levine's SE work that this present study is based. According to somatic theory, past trauma sensations are thought to be trapped within the body and revealed through different parts of the body like facial expressions, posture, muscular pain, and individual-specific body language. This body-oriented therapy model can improve mental health disturbances by healing through mind and body regulation.

### **Research Questions**

*What somatic therapy techniques are used to treat and reduce trauma symptoms?*

*How are somatic therapies implemented to relieve trauma symptoms?*

### **Somatic Experience and Trauma Symptoms**

Somatic experience utilizes a holistic approach to healing. Rebuilding the body and mind connection is a primary goal of somatic theory. This holistic approach recognizes that sensations associated with past trauma may become trapped within the body and reflected in facial expressions, muscular pain, posture, and other forms of body language (Luyten et al., 2019). The view of mind and body as one entity is crucial to the therapeutic process. The treatment ties together the mind and body to heal negative symptoms left behind from traumatic experiences endured by an individual. The mind and body connection is a communication center that constantly circulates emotions, thoughts, and feelings. Therapists establish safe and respectful interpersonal relationships with their clients, and then within that optimal restorative environment, they work with their clients to establish mind-body connection and move toward healing and growth.

### **Somatic Experience Overview**

Somatic experience is a model of human social behavior, based loosely on the somatic marker hypothesis of Antonio Damasio, that proposes a mechanism by which emotional processes can guide behavior, mainly in decision-making (Dunn et al., 2006). Every individual is wired with a central biology of basic emotions. The basic emotions are anger, fear, happiness, surprise, sadness, and disgust. “A key component of this homeostatic balance is the central control of the adrenal medulla and the sympathetic nerves and the secretion of epinephrine” (Fink, 2016, p. 34). The limbic system has been linked with emotional experiences arising from

integrating sensations from the external world with information from the body. Emotional experiences arise from feedback from the body in tandem with a higher level of interpretation. When the feedback loop is damaged, the body can get stuck in survival mode making the body over or underreact to situations that are not necessarily threatening.

According to Damasio's somatic marker hypothesis, biasing signals from the human body are regulated and represented in the brain's emotion circuitry (Fuller, 2011). "Cognition can influence emotion by biasing neural activity in the first cortical region in which the reward value and subjective pleasantness of stimuli is made explicit in the representation, the orbitofrontal cortex" (Rolls, 2013, p. 326). A central tenet of Damasio's hypothesis is that the brain's prefrontal cortex is where emotional regulation occurs during decision-making in uncertain and complex situations (Payne et al., 2015). Notably, the somatic marker hypothesis, which is linked to somatic theory, suggests that the proposed neural circuitry incorporates a variety of brain sections outside the classic limbic system structures (Dunn et al., 2006). In short, people's reactions to stimuli, including traumatic stimuli, are processed and stored in multiple parts of the brain and not only simply in the prefrontal cortex, as more traditionally held. The American Psychological Association agrees that multiple parts of the brain are involved in psychological impairment. In keeping with the somatic hypothesis marker and somatic theory, the APA (2018) noted that impaired communication between the immune system and hypothalamic pituitary adrenal axis has been linked to the future development of numerous physical and mental health conditions, including chronic fatigue, metabolic disorders (e.g., diabetes, obesity), depression, and immune disorders.

Somatic experience builds upon modern understanding of the brain and asserts that emotion is a representation and regulation of the complex array of the homeostatic changes in

different levels of brain and body for particular environments. The brain can reflect the body's actions. It can construct a forward model of changes it expects in the body, consequently making the associated organism respond more rapidly to the external stimuli without waiting for the activity to happen in the periphery (Luyten et al., 2019). Constant stress will change the body's reaction, and physical symptoms will surface. Traumatic experiences such as sexual assault, military trauma, and complex trauma are different and have unique features in terms of hyperarousal and preponderance (Payne et al., 2015). In summary, trauma changes the brain and body chemistry.

The theory behind somatic therapy specifically considers the brain's response to posttraumatic stress. Posttraumatic stress symptoms are treated as the expression of stress activation and an incomplete defensive reaction to traumatic stress. The theoretical perspective is that somatic therapy aims to release the traumatic activation, which triggers a rise in body sensations and linked emotions (Hamel, 2021). A discharge process initiates an activation discharge when this happens. Levine recognized that trauma gets trapped in the body, leading to some of the signs people with PTSD show (Payne et al., 2015). Somatic theory, however, also recognizes that most people have experienced trauma and can benefit from somatic experiencing, which assists them to have an increased sense of awareness of their internal experience.

### **Key Somatic Therapy Concepts**

Somatic therapy engages an individual's body by engaging essential functions of the nervous system during treatment. SE methodology encourages the realization of self-protective responses, and the release of discontented survival energy confined in an individual's body, which allows negative trauma symptoms to be addressed. A mental health professional teaches clients tools to develop an increasing tolerance for difficult bodily sensations and suppressed emotions.

The basic concepts of somatic therapies are grounding, boundary development, self-regulation, movement and process, sequencing, and titration. These key concepts engage the nervous system through basic body function techniques (Payne et al., 2015). Somatic experience, which is the source of somatic therapy, comprises several concepts pertaining to healing from a bottom-up approach (Van der Kolk et al., 2016). The key concepts of somatic theory guide trauma treatment to assist individuals with improving their mental and physical health.

Grounding is the ability of an individual to experience themselves as the embodiment of the moment. In somatic therapy, grounding includes an individual sensing the physical form, engaging their senses, and calming down their nervous system. Grounding is often used to target anxiety symptoms and promote an individual's self-awareness. Self-regulation relates to an individual having the ability to effectively manage their emotions and adapting their behaviors in a healthy manner when confronted with certain arousal situations. (Eisenberg et al., 2010). The boundary development concept is based on the individual's focus on the present moment, empowering them to stay responsive to the ever-changing needs and develop clear boundaries (Monfils & Holmes, 2018). Each of these three concepts aim at helping individuals respond in a way that has a feeling of strength and protection.

The underlying principle of somatic therapy is based on the body. The concept of movement and process entails the idea that it taps into a person's capacity to heal by listening to their body (Monfils & Holmes, 2018). The body will begin to experience negative physical symptoms like stroke or heart attack if the body is under constant stress without relief, making the healing process very important (APA, 2018). Somatic therapy modalities include observation of postures, gestures, and use of space in providing insight into the individual's experience. The belief is that the client receiving somatic therapy needs to be encouraged to engage with their

impulses to drive a resolution mindfully. The sequencing concept is founded on tension. When tension builds in an individual, the movement of the emotion takes place in the whole body. Tension is known to build up in the belly, then to the chest, and at last settling into the tightness of the throat (Tarshis & Baird, 2019). For example, a strong emotional reaction of tears or screaming may allow the body to push out the tension held in the shoulders or back. Tension is released through tears and, as a result, an individual can breathe in a more unrestricted manner.

The idea of titration implies that the process of somatic therapy includes gradual experiencing small amounts of distress to relieve pain originating from previous traumatic experiences (Luyten et al., 2019). The mental health professional provides a safe environment in which the client can slowly face the traumatic event that triggers their negative symptoms of distress. As the client processes their trauma, the therapist monitors the client's body's response and the sensations that arise. Specifically, somatic therapists note clients' feelings while watching their physical responses such as clenched hands, changes in breathing, or shifts in the tone of voice (Tarshis & Baird, 2019).

Common forms of somatic therapy include Eye Movement Desensitization and Reprocessing (EMDR) and Hakomi. EMDR is a type of somatic therapy wherein the client remembers traumatic experiences in short, tolerable guided recollections while at the same time being instructed by the therapist to keep focused on an external stimulus (Schwartz & Maiburger, 2018). The standard method through which EMDR is implemented is by sideways eye movements. Listening to a specific sound or using hand tapping are two other focal points for the therapy. EMDR somatic therapy is different from other therapies because it focuses on memory and does not directly alter emotions, responses, and thoughts. EMDR intends to change the way the memory is stored in the brain, and as a result, it reduces and eliminates problematic

symptoms (Phillips, 2017). During sessions of EMDR, therapists ask clients to move their eyes and engage in other forms of rhythmic left-right stimulations. The reduction of negative memories occurs when clients successfully focus on trauma memory and, at the same time, experience bilateral stimulation. In treating PTSD, EMDR therapists use a structure comprised of 8 phases, with one to three sessions focused on processing a particular memory (Phillips, 2017). Notably, EMDR does not engage clients in extended exposure to their distressing memory. EMDR has proven efficacious in several random controlled trials (RCT) in the treatment of PTSD (Valiente-Gómez et. al., 2017), but despite its efficacy, EMDR treatment is conditionally recommended for PTSD.

Hakomi is centered on mindfulness, which is the ability to notice the present moment without judging. “The Hakomi method’s version of unconditional positive regard is called loving presence” (Bageant, 2012, p. 181). While applying the Hakomi somatic therapy, the therapist establishes an atmosphere of gentle acceptance and assists the person with trauma symptoms to pinpoint the body indicators of the unconscious beliefs. Hakomi therapy can be combined with many other therapeutic approaches (Phillips, 2017). Hakomi shows great promise as an effective treatment for short- and long-term therapy and is applicable in many situations. It can be applied with individuals, organizations, couples, or groups.

The body and mind connection can impact individual’s physical and mental wellbeing significantly. When the body and mind are in a constant state of over- or underreaction, physical concerns begin to arise like hypertension, heart attack, and stroke (APA, 2018). With the incorporation of somatic therapies, the body can release trauma tension held and trapped in the body.



### **Trauma Symptom Overview**

Trauma is a situation that leaves an individual with an array of emotional and physical symptoms that are troublesome. “Trauma is an emotional response to a terrible event like an accident, rape or natural disaster” (APA, 2022). Common diagnoses associated with traumatic events are PTSD, Anxiety, Body Dysphoric, Depression, Acute Stress Disorder, and adjustment disorder. When individuals experience trauma, they show responses categorized into multiple symptom clusters. Experience of anxiety symptoms is among the possible reactions which manifest; this is a general sense of apprehension or unease (Goldsmith et al., 2012). Anxiety manifests in the form of various physical symptoms, such as racing heart, stomach problems, and “startle” responses. Another anxiety symptom is sleep disturbance, which is highly linked with trauma and can manifest in the form of nightmares or insomnia, wherein individuals may re-experience their traumatic event (Friedman, 2015). Anxiety symptoms can also contribute to feelings of sadness, hopelessness, and depression (Kuhfuß et al., 2021). Finally, anxiety may trigger an individual to dissociate, or feel disconnected from self, others, and events. For women, sexual trauma disproportionately affects them as it is linked with severe health concerns (Stockman et al., 2015).

Body Dysphoria for individuals can change as a response to trauma. Such physical changes include obesity and emerging cardiovascular diseases, mainly due to stress-related increased allostatic load. Individuals respond to trauma differently and show differences in symptoms (Goldsmith et al., 2012). Physical signs of trauma include fatigue, agitation, aches, and pains.

Traumatic stress symptoms such as depression, anxiety, and dissociation influence health problems in individuals (Goldsmith et al., 2012). Other emotional symptoms of trauma include

cognitive barriers like difficulty concentrating, anger, guilt, and sadness. Trauma symptoms interfere with perceiving risk for violence accurately and adaptive response. Indicating a higher risk of suffering between males and females due to trauma symptoms. Individuals who experienced a traumatic event have a greater risk for heightened fear, threat, and helplessness due to traumatic events (Jouriles et al., 2019).

Additionally, trauma symptoms are associated with childhood mistreatment and victimization of females (Springer et al., 2003). In females, the mental health consequences of experiences of traumatic events are a contributing factor to revictimization over time. The physical symptoms that an individual may experience after a traumatic event/s are insomnia, nightmares, fatigue, easily startled, difficulty concentrating, increased heart rate, on edge, agitation, body aches and pains, and muscle tensions (Friedman, 2015).

According to Kamitsi et al. (2021), evidence shows that more than one-third of individuals who have experienced psychosis report childhood trauma history related to sexual, physical, or emotional abuse. Kamitsi et al., (2013) reported that individuals with childhood trauma and psychosis are likely to experience posttraumatic stress or trauma-related symptoms, for example, trauma sensory intrusions that have the temporal effect of causing delusions and hallucinations. Traumatic events change the way individuals process and view future situations. (Goldsmith et al., 2012).

Following a traumatic event, an individual's mental stability can be assessed using clinical assessments. Assessments utilized can provide insight into the severity level of the traumatic events impact on the individual. Symptom Assessment-45 (SA-45) is among the assessment tools utilized for the assessment of trauma symptoms. One of its two scales (Symptom Assessment-15) is used to assess symptom severity and symptom breadth and

includes nine subscales: phobic anxiety, paranoia, anxiety, hostility, interpersonal sensitivity, obsessive-compulsive behavior, psychoticism, and somatization.

PTSD Checklist-Military (PCL-M) is another trauma symptoms checklist that can be used to assess trauma symptoms. PCL-M is different from SA-45 as the military uses it as a PTSD assessment tool. It comprises 17 items corresponding to PTSD diagnostic criteria presented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Church et al., 2013).

### **Key Trauma Therapy Concepts Trauma-informed Care**

The trauma healing process is different for each victim of trauma, and related, healing time varies widely. The therapeutic process for healing is dependent on each individual's need to feel better, increase mental stability, and desire to improve their quality of living. Trauma-informed care is the idea that mental health professionals are prepared for the possibility of an individual's symptoms being connected to a traumatic event. The Substance Abuse and Mental Health Services Administration's (SAMHSA) defines trauma-informed care as "realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma among clients and staff, responding by integrating knowledge about trauma into practice and policy, and proactively resisting re-traumatization" (Bendall et al., 2021). Key concepts used by the mental health professional to treat trauma symptoms are safety, choice, collaboration, trustworthiness, and empowerment. Trauma symptom contributing factors also include development environment, gender, medications, and socioeconomic ads make trauma different to individuals (Kamitsi et al., 2013).

Being trauma-informed also requires that mental health professionals understand different types of trauma and factors that contribute to trauma symptoms. Acute, chronic, and

complex trauma are the three major categories of trauma individuals experience. Acute trauma is associated with a single traumatic event, while chronic trauma manifests when the individual encounters numerous traumatic events (Bradshaw et al., 2011). For complex trauma, the individual has encountered multiple different traumatic experiences. Mental health professionals intervene in specialized, trauma-focused ways depending on which type of trauma a client has experienced.

The helping profession continues to experience the challenges of increased numbers of individuals who have been a victim of a traumatic event. The need for more helping professionals as well as therapeutic interventions continues to increase as the number of individuals who have suffered from trauma or complex trauma grows. Efforts have been made to establish evidence-based trauma treatments as a response, even though it presents a more significant challenge to the practitioners (Strand et al., 2013). The preceding decades have generated more empirically supported and evidence-based treatment interventions, but there are challenges in the identified approaches. In addition, disagreements have arisen from differing opinions on whether the treatments tested in the laboratory setting can be replicated in the field (Strand et al., 2013). The mental health professional community continues to research methods that can effectively assist individuals who struggle with negative symptoms relating to trauma.

### **Emotional Processing and Regulation**

Effective psychotherapy includes the use of emotion and connection with emotion. Clients should be engaged in emotional processing, which takes place in five suggested principles of change in the affective domain. The principles include facilitating emotional expression, increasing emotional awareness, improving emotional regulation, promoting greater reflection on emotion, and the act of transforming emotion with the activation (Bradshaw et al.,

2011). On the principle of emotional expression, when the client has an experience of overwhelming emotions, they are often dissociated in one form or another and barred from expression. Switching is one method used by some mental health professionals to help clients connect with and release emotion. The switching of covering and opening the other eye integrates the emotional experiences, creating a situation where emotions and expressions are released. It may happen that the client will pour tears with the uncovered, but the covered there are no tears (Bradshaw et al., 2011). It is uncommon for individuals to feel connected to an event with one eye covered but feel disconnected when the other eye is covered (Strand et al., 2013). A repetition of switching will produce the client pouring from both eyes, expressing deep sadness or fear that was previously blocked.

Trauma therapy uses deep emotions, supported by the theory that memories and their linked negative cognitions are stored in neurological networks. Trauma goes beyond physical injury, but it is primarily on negative experiences affecting individuals as a whole person, mind, and body. Therefore, trauma is perceived as psychological/emotional damage (Strand et al., 2013). Trauma can be termed as the client undergoing a single occurrence or complex when the number of circumstances is more than one, and in each, a varying number of therapy sessions are needed. Based on somatic theory emotions are “stuck” in the muscles and fascia of the body, they can be activated using myofascial release then followed by Observed and Experimental Integration (OEI) (Bradshaw et al., 2011). Additionally, the client’s eyes can be guided through visual fields until a spot is located and is highest linked with the negative introject. This is followed by directing the eyes away from that spot to diminish the intrusion.

Trauma therapists engage the client by moving their limbs and head through various motion sequences or positioning them in particular configurations that activate emotions. In

addition, it has been argued that it is possible to bring posttraumatic emotional states to the surface using neurotherapy (Strand, Hansen, & Courtney, 2013). Although emotional expression is central during trauma therapy, it is affected by cross-cultural factors. For instance, it might be prohibited for males to express vulnerable emotions such as fear and sadness.

Regarding the concept of emotion regulation, it has been established that PTSD causes dysregulation (Weiss et al., 2019). The more the client is exposed to therapy strategies, the more it is believed that they can manage, resolve and regulate dysregulation, leading to a quicker period of recovery (Kamitsi et al., 2013). Individuals with trauma are taught to use switching to titrate intensity at home between sessions, which enables them to practice these skills outside of session and experience relief when needed. In such an approach, the client is encouraged to engage in active self-healing.

The principle of reflection on emotion has been identified that the most significant challenge is that survivors of trauma cannot reflect on emotions (Kamitsi et al., 2013; Bradshaw et al., 2011). In that case, such individuals find it difficult to stand back from their emotional states and reflect on them, but they impulsively act out. Therapists can detect evident perceptual distortions by observing physical characteristics.

### **Styles of Trauma Therapy**

Numerous styles of research-based trauma therapies exist to support trauma survivors in their unique processing of and healing from trauma. Psychotherapy, or “talk therapy,” is the most commonly used style of therapy. Mental health professionals guide clients by talking through their struggles and assisting them through a wide range of emotional difficulties and mental illnesses (Scheeringa et al., 2011). A practical application of psychotherapy has the effect of helping clients in eliminating the associated symptoms and improving their healing and

emotional wellbeing. A trauma-focused, sensitive approach is applied to enhance comfortable communication between the client and the clinician. Because clients may be understandably mistrusting, it is imperative that the clinician work to establish their trustworthiness at the start of treatment (Goold, 2002). Helping professionals can build trust by being consistent, setting healthy boundaries, and being transparent when speaking. The helping professional strengthening rapport will assist with eliminating the individual's confusion and help build a trust bond.

A second type of therapy commonly used with trauma survivors is trauma-focused cognitive-behavioral therapy (TF-CBT), which research indicates as efficacious with adults and youth with PTSD (Jensen et al., 2014). TF-CBT has the most significant controlled evidence base and has been proven effective (Jensen et al., 2014). "TF-CBT is a short-term, component-based intervention consisting of 12 to 15 sessions" (Jensen et al., 2014). Most often TF-CBT consists of 12 individual sessions or nondirective supportive therapy. Although TF-CBT may be effective with other clinical issues, it is widely identified as being effective with improvement of PTSD symptoms (Cohen et al., 2012). TF-CBT is suitable for families, adolescents, children, and adult trauma survivors; however, it is commonly used with the youth population. TF-CBT is applied to assist the clients in addressing their emotional and mental health needs. It is also valid in therapies where the client desires to improve their unhealthy behavior patterns. Since it is centered on trauma, TF-CBT therapy is practiced with a higher sensitivity to PTSD and mood disorders due to grief or abuse. TF-CBT is a type of therapy in which individuals who need to improve their symptoms undergo at least eight and at most 25 sessions (Scheeringa et al., 2011).

A third therapy method used with trauma survivors is Jungian therapy, which is also known as Jungian analysis or analytical psychology. This is a form of psychodynamic

psychotherapy that approaches human development and traumatic memory through psycho-spirituality (De Bont et al., 2019; Scheeringa et al., 2011). Through Jungian therapy, clinicians explore clients' conscious and unconscious experiences of the world to bring about psychological healing (Khodarahimi, 2009). In addition, Jungian therapy is founded on individualization, which aims to recognize one's uniqueness and desire to live authentically and in cooperation with other individuals.

### **Benefits and Risks of Trauma Therapy**

Trauma is painful and alters one's self-understanding and how one interacts with others. Through trauma-focused treatment, individuals are helped to understand themselves and address their symptoms and problems in healthier ways (De Bont et al., 2019). Other benefits of trauma therapies include overcoming addictions, recognizing hereditary trauma, improving self-worth, and empowering personal growth. Furthermore, Brand et al. (2017) reported that CBT is linked with favorable economic evaluations for anxiety disorders and PTSD. In connection, prolonged exposure has been recommended as the preferable approach in such a scenario but has not produced a cost-effectiveness study in any patient group.

Currently, limited research has successfully demonstrated the cost-effectiveness of trauma-focused in individuals diagnosed with psychotic disorders (Scheeringa et al., 2011). There are existing controversies about whether or not to offer trauma-focused treatment to a group of people with PTSD. Exclusion has been an application in place of providing trauma-focused treatment (De Bont et al., 2019). Although this is the case, limited evidence has been brought forward indicating that trauma-focused treatment approaches would be unsafe and detrimental for individuals with comorbid problems such as psychosis. It has been argued that



prolonged exposure and EMDR might be effective in individuals with psychotic disorders (Brand et al., 2017).

### **Trauma Treatment Modalities Paired with Somatic Experience**

Pairing somatic theory with trauma treatment modalities creates an opportunity for healing for individuals who have experienced traumatic events. “Common complaints of traumatized individuals include not feeling safe in their bodies or even lacking the felt sense of being in a body” (Classen et al., 2021, p. 56). As reported by Kuhfuß et al. (2021), the various modalities employed by somatic therapists contribute to individuals’ healing at the cellular level. Various somatic therapy techniques help individuals release negative or trauma emotions from their bodies. Such practices include sequencing. In this strategy, the tension in an individual’s body begins to be released due to a sensation that moves within a part of the body, either downwards or upwards (Kuhfuß et al., 2021). The same process can happen if an emotion increases and then starts to slow down as it lessens. In that case, there are domino effects. When the sequencing process begins, it continues to the rest of the body whereby the tension that had built in the belly starts to move to the upper part of the body like in the arms where they feel heavy or in the chest where tightness is experienced (Neal, 2021; Kuhfuß et al., 2021). With time, the legs or hands begin to tremble, and tightness within the forehead is experienced as the built tension leaves the body. There are many ways the body can adjust tension and promote leaving the body either through the arms or fingertips, the top part of the head, or the bottom of the feet. The process takes a few minutes, although it can also last for seconds. In some situations, the held sadness and emotions can be released through crying. The release is noticed when an individual senses emotional relief in their body, which may include an increased

physical sense of being able to breathe more easily (Kuhfuß et al., 2021). Client's report feeling their body as lighter following a successful sequencing through a traumatic emotion or event.

Self-regulation and co-regulation are other methods for trauma treatment associated with bodily therapy. Self-regulation is commonly developed during childhood and is the ability for an individual to manage thoughts, attention, emotional responses, and actions (Kim & Hertel, 2019). According to Neal (2021), in co-regulation, the client has a chance of calming as they try to connect with someone else. The therapist becomes a calming tool using themselves as the mirror neuron that supports calming down the client. Activities like mindfulness, deep breathing, and yoga can help the nervous system restore its balance (Neal, 2021). Participating in these activities and being supported by the interpersonal warmth and care shown by their therapist can help clients to experience emotional connection and emotion regulation. Furthermore, through self-regulation, clients can learn to calm themselves down (Neal, 2021). Positive neural pathways are created, and they help restore the connection of the body and mind, which supports self-regulation.

The "act of triumph" is a third common modality in which somatic and trauma therapies are effectively merged. As demonstrated by Hulgaard et al. (2019), this approach entails a SE following a case where the body could not protect or defend itself simply because it was not in a position to do so. Therefore, the somatic therapist focuses on helping the body do what it previously could not carry out. Therapists might, for example, give an individual the opportunity to run out or push against a wall. By doing whatever one failed to do during the period of trauma, an individual body cell is disconnected from the event (Center for Substance Abuse Treatment, 2014). The body, therefore, experiences a form of relief and a deep sense of calmness at its cellular level.

The somatic approach movement can be used as a form of trauma treatment. Neal (2021) demonstrated that, through encouraging movement, a somatic therapist helps a person gain strength and rebuild confidence to connect with others. Through moving and connecting with others, a person gets a chance to use their postures and gestures to communicate, thus giving one a chance to believe in themselves (Neal, 2021). During therapeutic sessions, movement allows people to move through an issue. By moving, individuals can move from a situation where they may not feel comfortable, thereby exercising personal choice and power to do what makes them comfortable like simple stretches and dance movements.

Resourcing is another effective modality that is paired with bodily therapy. Before a therapist begins the more in-depth healing process, they have to determine the client's resources because it gives safety and stability. Neal (2021) indicated that the resources identified include healthy relationships, experiences, places, and times that strengthen a sense of choice and safety. As the bodily therapist tries to help the client identify their resources, the aim is to secure a safe space for the client, which allows them to feel calm, at ease, and at peace. At times, the therapist will support resource identification by helping the client recall individuals with whom they feel trusted, empowered, and strong (Neal, 2021). Next, the therapist inquires about how the individual's body feels when the individual recalls specific people who have or have had an impact in their lives. The feeling, sensation, and thoughts linked with the positive experience or resourcing help train the body and the mind to recall resources when they are overwhelmed with anxiety and trauma memories.

Finally, pendulation and titration is the other technique utilized by the somatic therapist to treat trauma. In this modality, a therapist approaches healing through a body-centered approach. This is done through appropriate tracking and pacing that allows the body to release

held emotions and tolerate emotional discomfort. Pendulation and titration refer to tracking and pacing (Popowitz, 2014). During pendulation, the focus is directed between non-stressful content and stress. Pendulation leads to titration where an individual experiences low levels of distress every time the fluctuating of body sensations or emotions between the expansion and the contraction. Attention is given to how the body can fully relieve the tension. The therapist, therefore, pays focus to the sensation of stress that emerges when a client is processing something essential (Popowitz, 2014). The client then slowly oscillates to a resource like empowerment that reassures that the body will release stress and overcome the discomfort of the stress.

The somatic therapy techniques discussed above (i.e., sequencing, regulation, “act of triumph,” movement, resourcing, and pendulation and titration) are focused on body stimulation, which enhances an individual’s ability to feel relief from stress that is trapped in their body and causing mental distress. The following approaches are body-centered therapies that assist clients with addressing trauma exposure that is causing them anguish and discomfort with both their physical and mental states.

### **Body-Centered Approach – Brain Stimulation Trauma Impact on the Body**

Body-centered approaches in therapy bring the individual’s physical self into the healing process. Body-centered therapy works to heal the relationship between body and mind. Somatic Experience is considered a body-centered approach because it focuses on an individual’s emotions or thoughts linked with response to traumatic events. Through somatic experiences, repair is made to the natural cycles within the body and release of the bodily energies created by trauma. A more incremental strategy is used to revisit the trauma and give individuals relief from trauma symptoms.

When traumatic stress occurs, areas of the brain experience lasting changes. Affected areas of the brain are the prefrontal cortex, amygdala, and hippocampus (McLean, 2016). In an attempt to overcome the stressor, norepinephrine and cortisol hormones are increased in the brain. In addition, an individual may be prescribed antidepressants, which also affect the hippocampus and act to resolve the stressor's impact. As reported by McLean (2016), experiences of trauma affect an individual's memory. Adults exposed to abuse are reported to have a hippocampal volume that is too small, although that is the area within the brain that is linked with memory. Additionally, children exposed to trauma show that their memory is affected and have memory difficulties.

### **Mind Somatic Intervention with EMDR and Brain Spotting**

Eye Movement Desensitization and Reprocessing and brainspotting are both sensorimotor treatment approaches that work as a bottom-up approach. In EMDR, the client recalls traumatic experiences while moving their eyes from left to right. This therapy can help a client rapidly process previously unprocessed trauma memories and relieve physical complaints. Brain spotting is a technique used to help individuals overcome trauma (Gallegos et al., 2017). By using brain spotting, a therapist can help clients focus their eyes to allow them to target where negative emotions could be originating. During therapy, a therapist slowly guides a client's eye to determine the brain spot (a position that activates traumatic emotion). A therapist can target a physical trauma effect through brain spots by accessing the innermost level of emotions.

Maiberger & Schwartz (2013) reported that EMDR is the principal trauma treatment for incorporating somatic interventions. "EMDR is a psychotherapeutic approach that has demonstrated efficacy in the treatment of PTSD through several randomized controlled trials" (Valiente-Gomez et al., 2017, p. 1668). Various therapeutic elements are integrated into EMDR

therapy, including body-centered therapies, psychodynamics, experiential therapies, and CBT. These elements help maximize the effects of treatment when integrated with somatic interventions like increasing awareness, complement of self-regulation, tracking sensation, and boundary awareness. Furthermore, according to Lohrasbe (2019), a combination of somatic psychology and EMDR therapy effectively treats trauma because it addresses dissociative symptoms and dysregulated emotions. The application of these interventions helps clients feel and sense their body, understand relaxation skills, and work out their trauma memories in a controlled and safe manner.

According to Langford (n. d), brain spotting helps to engage the body and identify visual fields and sensory systems. Through this process, the body is able to release trauma, injuries, issues charged by emotion, and symptoms related to stress. In addition, brain spotting has been recognized as an efficacious tool for helping to connect somatic symptoms with psychological issues (Langford, n. d). Thus, it gives a chance for the symptoms within the unconscious part of the brain to be identified, which contributes to mind-body connection and healing.

### **Somatic Therapy Integration with Meditation and Yoga**

Somatic experience participates in the bottom-up approach. It treats the body and reconnects the mind. Meditation and yoga are viewed as the top holistic approaches to healing the body and mind connection (Woodyard, 2011). Gallegos et al. (2017) reported that yoga and meditation are among the complementary therapy approaches utilized to treat traumatic disorders. “Mindfulness-based interventions, adjunctive to treatment-as-usual of medication and/or psychotherapy, are effective in reducing trauma-related symptoms. Yoga and mindfulness have comparable effectiveness” (Taylor et. al., 2020). Somatic therapists use different forms of meditation and observe their clients’ sensations, thoughts, and feelings in a non-judgmental

manner. For instance, mindfulness meditation helps clients focus their attention on the present with acceptance, curiosity, and openness. As a client is able to experience the present moment openly and in a manner that is not judgmental, they can better engage with their therapist instead of being overwhelmed with their distressing feelings and thoughts (Gallegos et al., 2017).

Similarly, mantra-based meditation seeks to focus attention through repeating or thinking a phrase or word. In this case, attentional control improves intrusive memories control, enabling clients to shift attention to solving a problem and developing coping strategies. In general, meditation practices have been marked to have a cognitive change, relaxation, attention control, acceptance, and cognitive change, all described as symptoms of trauma disorders (Boyd et al., 2018).

Yoga combines relaxation, breathing techniques, physical postures, and meditation activities. In clients with traumatic disorders, yoga has been shown to lower physiological arousal and relieve trauma impact through improving body awareness and somatic regulation, which are determinants in controlling emotions (Gallegos et al., 2017). In a study by Price et al. (2017), it was found that after clients were exposed to a sensitive yoga program for only 20 weeks, their dissociation symptoms decreased. Most of the participants who reported the change had been subjected to other non-somatic therapies but had never had such a positive outcome. After analyzing the claim, it was noted that there was a probability that the body had not been engaged in reliving traumatic events since the intervention employed mainly involved talk therapies (Price et al., 2017). Therefore, restoring body and mind connection was regarded as essential for effective relief from trauma.

Yoga has been identified as an approach that is readily available to help deal with mental issues (Woodyard, 2011). The effectiveness of yoga has been observed in cases where there is

unmanaged stress (Woodyard, 2011). By carrying out trauma-sensitive yoga, an individual can learn more about body safety. They know that trauma tunes their sensations and makes them feel unsafe. By engaging in yoga, an individual can re-acquaint themselves with the body sensation that was damaged by trauma (Price et al., 2017). Yoga promotes relaxation when the nervous system is overwhelmed. Yoga will provide the client with the chance to connect with the present. This process helps to process the client's sensations that cause uncomfortable feelings. Generally, these body and mind practices provide individuals with treatment options that relieve multiple aspects of trauma's impact in their mind and body.

### **Strengths, Gaps, and Limitations of Somatic Theory**

The use of SE in trauma therapy directs individuals' attention to proprioceptive, kinesthetic, and interoceptive (visceral) experiences instead of just emotional and cognitive experiences. Thus, SE helps resolve traumatic stress symptoms due to how it utilizes interoceptive and kinesthetic imagery and, at the same time, focuses on the client's inner attention (Payne et al., 2015). Using somatic experiences techniques has been noted regarding how it enables an individual to have defensive and self-protective responses while being able to control autonomic arousal that may be excess. As demonstrated by Payne et al. (2015), somatic theory avoids specific types of exposure therapy. Its working mode avoids profound and direct evocation of memory that caused trauma, but it gradually approaches memories that are charged indirectly. As a result, rather than potentially adding to traumatization, the somatic approach supports the creation of new experiences that are different from those of helplessness and feeling overwhelmed.

Historically in the mental health field, somatic therapies were not widely included in the scholarly literature although there was evidence that they resulted in positive outcomes (Kuhfuß



et al., 2021). Currently, there still remains a gap within the literature concerning mental health professionals' use of somatic experiences for clinical purposes, which may hamper therapists in their ability to effectively treat trauma survivors. Existing studies are limited in sample size, use of control groups, and generalizability across settings, leaving much need for additional qualitative study that may eventually lead to empirically based study to more fully determine the efficacy of somatic therapies. Additionally, the academic coverage of how somatic theory has been effectively used in providing therapy is minimal. This reality also potentially contributes to mental health professionals' lack of knowledge and skill in regard to the efficacy and use of somatic therapies, specifically for trauma treatment. Mental health professionals and their clients will be helped by additional scientific study of the efficacy of somatic therapies with trauma survivors.

Although SE may demonstrate that trauma symptoms can be managed, some concerns have been discussed regarding somatic interventions' limitations. For example, somatic techniques may involve physical touch between the clinician and client. Therapeutic touch, however, is generally an ethical concern (ACA, 2014). Of specific concern are clients who have experienced sexual abuse. These and other clients may disapprove of physical touch. Furthermore, although there may be some therapeutic gain by of somatic techniques (e.g., release of tension, pain reduction), there is a high probability of the touch triggering sexual arousal or, in some cases, causing frightening emotions to arise (Center for Substance Abuse Treatment, 2014).

Another limitation of somatic theory and somatic therapies is that most somatic therapy modalities have not been validated scientifically, especially by institutions that do accreditations. Hence, such body-centered approaches may not be accepted or recognized universally as

efficacious. Brom et al., (2017) presented an SE controlled study with results demonstrating positive outcomes for individuals who struggle with symptoms of PTSD. Despite these criticisms and limitations, SE may be a valuable approach with treating symptoms of PTSD.

### **Conclusion**

In summary, somatic therapy has been in use over the past 45 years. This therapy focuses on bottom-up processing, wherein the client's attention to internal sensation is used for both musculoskeletal and visceral relief and healing (Payne et al., 2015). The notable difference between somatic therapy and traditional talk therapy is that it can treat PTSD without extensive or comprehensive recollection of traumatic events. Traditional psychotherapy is often contradictory to individuals with trauma symptoms (Henningsen, 2018). The mental health professional may begin treating part of the client's symptoms and categorizing negative body symptoms as a medical concern rather than connecting it to a mental health concern. The uniqueness of somatic therapy is also seen in the fact that it does not require the client to involve traumatic memories linked with high arousal. In addition, the individual with traumatic symptoms learns how to monitor the arousal and downregulate it in an early phase by utilizing body awareness as well as through the application of self-regulatory mechanisms such as positive memories, involvement in pleasant sensations, or even making use of other arousals which would result in emotional regulation (Hamel, 2021). The primary purpose of somatic therapy is to bring down the level of distress and symptoms resulting from posttraumatic arousal and restore healthy functioning of the body and mind of the affected individual.

To conclude, existing scholarly and professional literature indicates somatic theory to be an effective treatment method for trauma symptoms. Repairing the body and mind connection provides whole-person healing. Upon review of research studies based on the effectiveness of

somatic therapies in managing trauma symptoms, there are promising findings that indicate that the approach can be an essential strategy for regulating traumatic stress. Somatic therapy can also be combined with other techniques although the suitability of its being used alone has been supported by the various modalities it uses. Currently, the application of somatic therapy in the helping clinical settings has grown. Drawing attention to encourage empirical research regarding effectiveness promoting somatic experiences as a reliable source of healing trauma symptoms. Other therapy methods are standard in clinical trials, and their effectiveness has been proven, but somatic therapy is yet to happen in a randomized controlled setting (Brom et al., 2017). Before such advanced research can be conducted, additional qualitative study is needed to understand how mental health professionals are currently incorporating somatic approaches in their work with trauma survivors.

## **Chapter Three: Methods**

### **Overview**

Somatic interventions can have a significant impact on the practice of psychotherapy. This qualitative study aims to better understand SE and how trauma symptoms impact the body and mind connection. This study will further explore traumatic experiences, common diagnosis and somatic treatments that decrease troublesome symptoms due to traumatic experiences. Therefore, somatic interventions are needed to reconnect the disconnection between body and mind. Individuals who endured a traumatic event and do not seek help can struggle with their mental and physical health. This research study will show the positive techniques of SE for troublesome symptoms left behind from traumatic events and how vital body and mind interventions are for improved recovery.

The study will investigate the extent to which licensed mental health professionals apply specific somatic interventions when engaging in the healing process with clients. Further, the study will seek to understand clinicians' perceptions of clients' responses to SE intervention. The research goal is to gather sufficient information to inform the research questions, enable the development of recommendations for future studies and provide an opportunity for licensed clinicians, through a written survey and a subsequent individual interview, to discuss their application of somatic interventions with their clients.

### **Design**

The research study conducted will be a qualitative case study. "Qualitative case study is a research methodology that helps in the exploration of a phenomenon within some particular context through various data sources, and it undertakes the exploration through a variety of lenses to reveal multiple facets of the phenomenon" (Rashid et al., 2019, p. 2). The author will

research multiple pieces of literature and conclude with evidence-based findings. First, gathering the information for the literature review, a method of using academic, scholarly, peer-reviewed such as scholarly and peer-reviewed journals articles on somatic theory were selected. The selection criteria included using articles not more than fifteen years old. Next, the sources were evaluated using the RADAR Test. The test is helpful in critically evaluating the sources and determining whether they were valid or not. By using the test, the purpose of the information of the sources, authority, relevance, date, and reason for writing was evaluated. RADAR reviews literature for relevance, authority, date, appearance, and reason for writing. What is the reason for the information provided? Who is the source and are they qualified to provide insight into the information being provided? Does the information being read pertain to the topic researched? When was the information published and is it the most updated version? Lastly, is the information supported by evidence? These questions are important when deciding if literature is credible. The RADAR test keeps the literature organized and credible (Mandalios, 2013).

The literature reviewed will pertain to trauma symptoms individual experiences following a traumatic event. Other literature reviewed will be regarding SE and somatic techniques for trauma treatment. This research is essential because somatic therapy can be another method to decrease distress and treat the whole person.

The study will utilize a research design that will reflect the availability of research on various research interventions and the minimal research conducted on licensed clinicians' experiences using somatic interventions in their practice. Based on the information, the research will utilize qualitative survey and interview that will permit an exploratory approach, informing the researchers on the clinicians' decision-making around somatic interventions. The study will also utilize the non-probability snowball sampling method to recruit participants among their

acquaintances. The snowball sampling method helps researchers locate rare traits among particular participants (Etikan & Bala, 2017). The study will require human subjects' approval from the review boards at Liberty University and consent forms signed by the participants.

### **Research Questions**

*What somatic therapy techniques are used to treat and reduce trauma symptoms?*

*How are somatic therapies implemented to relieve trauma symptoms?*

### **Setting**

This research will utilize secondary literature sources. The research will provide insights into the somatic treatment intervention techniques for treating trauma symptoms. The case study will investigate the techniques implemented, the benefits, and complications of somatic treatment techniques for individuals who suffer from trauma symptoms. The secondary review will indicate the research gaps and what is lacking from somatic theory. The secondary investigation looks to understand the techniques of somatic therapy treatments. The secondary investigation will include a survey of eight questions from 20 licensed professionals in the Phoenix metropolitan area. The survey will seek to demonstrate the somatic techniques used in a therapeutic setting. The first portion of the study will include a survey completed by 20 licensed mental health professionals in an outpatient clinic or private practice serving general mental health clients. In the second portion of the study, the researcher will do follow-up interviews asking nine questions in person or via virtual conferencing with the same 20 licensed mental health professionals surveyed in the first portion of the study. The questions are primarily the same, with the expectation being that the interviews will elicit deeper reflection by the participants and result in greater understanding for the researcher than the questionnaire alone. Surveys and interviews are important methods of qualitative research. Surveys are cost and time efficient and interviews allow the researcher to dive deeper into key elements of the research

conducted (Yin, 2018). The purpose of each portion in this study is to explore if and how mental health professionals use somatic experience to treat their clients' trauma.

### **Participants**

The participants will be recruited using specific eligibility requirements. The study will include 20 licensed mental health professionals. 15 licensed mental health professionals will be reviewed with 5 as remainders to enforce the documentation gathered. The participants must be a mental health clinician with at least a master's degree and hold a professional license at an associate or independent level. However, there will be no restrictions on the mental health disciplines, as the study seeks to broaden the sample to be used. As a result, the study may feature participants from a broad range of settings, including clinical psychology, art therapy, social work, counseling psychology, and several others. Secondly, the participants will be required to have used at least three somatic interventions with clients weekly within the past 30 days. The helping professional utilizing somatic intervention multiple times throughout a 30-day time period will demonstrate their level of understanding of the mechanics of somatic techniques and which selected somatic techniques are preferred when working to reduce trauma symptoms. Finally, participants will identify as English-speakers and be willing to participate in a survey and interview of approximately 10 questions conducted in English.

### **Procedures**

The researcher will discuss the needed steps for the survey and interview questions with her dissertation committee to gain approval for advancement of the instruments implemented and proceeding with this qualitative case study. The researcher will develop and defend chapters one through three and incorporate additional research that provides insight into the instrument of case studies, survey, and interview elements. After successfully defending the proposal, the researcher

will submit and secure Institutional Review Board (IRB) approval (See Appendix A and B) and obtain participants for the study through the central case subject (See Appendix C and D).

Following IRB approval, the survey and interview questions (See Appendix E and F) the participants will be contacted requesting their participation in the survey and interview that meets the criteria for their professional level working with clients. Once participants have been selected and consent granted, the researcher will begin collecting data via survey and interview.

The researcher will identify secondary sources with relevant information regarding somatic interventions from academic sources such as books and journals as part of the literature analysis process. The researcher will use databases and search engines such as google scholar and the keyword SE to identify relevant sources.

The researcher will develop a contact list of approximately 20 professional contacts in the mental health field as part of participant recruitment within the community. After obtaining permission, the researcher will send the email to potentially eligible participants (based on the inclusion criteria) and request their participation in the interview. Email letters and or phone contact will inform the potential participants of the study's purpose and methodology to be applied. The interested candidates will be asked to contact the researcher via email or phone for screening. Further, the interested candidates will also be asked to refer other clinicians who use somatic interventions. Data will be collected through the use of a questionnaire and interview regarding somatic techniques applied with clients.

### **The Researcher's Role**

The researcher's role and connection to the study is to provide a better understanding of somatic techniques used in therapeutic settings. The researcher is credentialed with two master's degrees one in Science of Psychology and the second in Art of Professional Counseling. The



researcher is a Licensed Professional Counselor that works daily with both youth and adults that struggle with general mental illness. The researcher often uses somatic techniques in the therapeutic setting when guiding the client through coping with stress, anxiety, and depression symptoms.

Throughout this study, the researcher serves as a human instrument in developing an in-depth understanding of the mental health field in which she provides treatment for trauma. The bias that the researcher may hold is regarding the benefits of implementing somatic therapy techniques due to personal experience with clients during therapeutic sessions. The researcher intends to request participation from colleagues within the same profession and from other mental health professionals who may initially be unknown to the researcher. The researcher intends to implement the safeguard of not discussing her stance or opinion on somatic therapeutic techniques with any of the selected participants. The researcher intends to distribute and collect participants' privately completed questionnaires and then follow-up with participants for a live interview either in person or virtually. Following the completion of data collection, the researcher will then organize, analyze, and report findings.

### **Data Collection**

A critical aspect of qualitative inquiry is rigorous and varied data collection techniques. According to Creswell & Poth (2018) there are four sources of data that can be used in case studies: documentation, interviews, direct observations and or participant- observation, and audiovisual materials. In this instrumental case study, the researcher will use documentation and interviews. The only observation that could have been applied is the direct observation of the professional guiding a client through the use of somatic techniques. However, it was believed that there may be a potential risk of damaging the rapport between the professional and client.

After gaining IRB approval, data collection began in the fall of 2022. To maximize data collection, three principals were used:

- Multiple evidence-based research sources
- Survey questionnaire
- Interview

The current study seeks to more explicitly explore the use of somatic techniques by mental health professionals through multiple sources of data to ensure accuracy in the outcomes. In addition, informed consent will be obtained from each participant prior to their participation in the study (See Appendix C and D).

### **Survey/Questionnaire**

The instrumentation will include an eight-item survey. In addition, the study will feature open-ended interview questions that center on literature and on the clinicians' knowledge of somatic interventions and their impact on mental health clients. The participants will be asked to describe their experiences and discuss their training and details of somatic techniques used.

Please introduce yourself to me, as if we just met one another.

### **Clinician Questionnaire**

1. What is your educational background and experience within mental health treatment?
2. How often have you used SE techniques when treating a client's trauma symptoms in the last 30-days?
3. What SE techniques are used when treating trauma symptoms?
4. How often do you use SE techniques when treating clients?
5. Which trauma symptoms are targeted when using SE techniques?

6. Do you prefer SE techniques over other therapeutic techniques when treating clients?  
Why or why not?
7. How can your client utilize Somatic Experiences techniques outside of your treatment sessions? What SE techniques can your client utilize outside of your treatment sessions?
8. What if any...Do you provide SE technique homework for your clients in between sessions? What feedback do you receive from your clients about any SE homework they complete between sessions?

### **Interview Questions**

1. What is your educational background and experience within mental health treatment?
2. What SE techniques can be used when treating trauma symptoms?
3. Which trauma symptoms are targeted when using SE techniques?
4. Have you used SE techniques to target trauma symptoms? If so, what trauma symptoms have you noticed a decrease in following SE techniques used? If not, what prompted you to utilize another method?
5. Do you believe that meditation has emotional and physical benefits? If yes, why and what benefits? If not, what brings you to that conclusion?
6. Is there a required skill level clients need to begin practicing somatic techniques?
7. How often do you recommend that clients practice SE techniques in between therapeutic sessions?
8. What is the most common feedback you hear from clients after implementing somatic techniques during a session?

9. When and where should somatic techniques be practiced for the most optimal benefits?

### **Document Analysis**

A qualitative approach was followed to answer the research questions. First, gathering the information for the literature review, a method of using academic, scholarly, peer-reviewed such as scholarly and peer-reviewed journals articles on somatic theory were selected. The selection criteria included using articles not more than 15 years old. Next, the sources were evaluated using the RADAR Test. The test is helpful in critically evaluating the sources and determining whether they were valid or not. By using the test, the purpose of the information of the sources, authority, relevance, currency, and accuracy was evaluated.

The secondary source utilization is dependent on the knowledge and implementation of somatic techniques used by 20 licensed mental health professionals. The secondary source will be responsible for providing insight into the use of somatic techniques with their clients. The secondary source will complete a survey and interview according to their profession regarding somatic techniques.

### **Data Analysis**

After the sources have been identified, information from the sources will be analyzed. The data acquired will center on the somatic theory, somatic experience, individual diagnosis connected to trauma experiences symptoms, somatic trauma interventions, trauma interventions that improve troublesome trauma symptoms, and the impact of the disruption between the body and mind connection. The results will highlight the techniques used throughout interventions in the therapeutic settings. Throughout the entire study, data analysis occurred by examining previous evidence-based documentation surveys, and interviews from professionals who employ somatic techniques when assisting clients with healing. Strong knowledge of the analysis process

ensured the researcher continues through the data analysis with practical measures and is capable of navigating the case study database.

The RADAR Test is helpful in critically evaluating the sources and determining whether they were valid or not. By using the test, the purpose of the information of the sources, authority, relevance, currency, and accuracy was evaluated. According to Yin (2009), the researcher should practice the following four steps to evaluate the value of data analysis.

- primary
- attend to evidence
- subsequently
- address rival interpretations

Additionally, address the most significant aspect of the case, and finally, use prior, expert knowledge in the analysis when assessing literature's validity. Following the researcher investigation of the outcomes, conclusions will divulge a deeper understanding of the somatic techniques used during the healing process for an individual's trauma symptoms.

### **Trustworthiness**

To ensure credibility of the current research study, the researcher managed appropriate trustworthiness during every phase of this study by understanding the researcher's biases, peer reviewing, and utilizing several methods of data review. Furthermore, individual interviews following individual private surveys with selected helping professionals will allow the researcher to cross-check and ensure consistency between the two data sources.

The researcher addressed bias possibilities by not disclosing the researcher's personal opinions and thoughts about somatic therapy techniques to the participants. The researcher confirmed that all participants were either licensed at an associate or independent level by requesting a copy of their Arizona state behavioral health license.

To ensure information was honest and interpreted appropriately, the researcher participated in peer reviews and debriefings with the dissertation committee. Peer reviews provided external checks of the study to increase reliability.

### **Ethical Considerations**

Various ethical considerations were sustained to guarantee an applicable case study was conducted. The Institutional Review Board (IRB) approval process was completed prior to contact with participants to confirm there were no harmful effects for the participants. Before contributing to the study's survey and interview request, each participant completed a consent form that identified the purpose of the study as well as their voluntary participation throughout the survey and interview process. The consent form indicated that only pseudonyms would be used at all times, involving any written documents to safeguard the identities of each participant. The researcher was not and did not force or demand that the participants take part in the somatic techniques survey or interview.

Although not encouraged, all participants were allowed to share information not requested through the surveys or interview questionnaires. The added perspective from the participants provided extra insight into the somatic techniques used in the treatment of trauma. The research data collected was located in a password-protected folder throughout the study and will remain for five years following the dissertation approval when all related files will be

destroyed. The researcher was the only one with the password. Records of this study will remain private and will never be made public.

### **Summary**

This chapter focused on the methods taken by the researcher in her study of SE techniques for trauma symptoms. Further, this chapter provided an overview of the design used for the instrumental case study. Included in the methodology were the research questions, setting, and participants of the study and specifics of the procedures followed in completing this qualitative case study. Additionally, important components of this chapter were the examination of the data collection and analysis, which contained: examination of previous evidence-based literature; surveys of and interviews with licensed mental health professionals who employ somatic techniques when treating clients for trauma; and peer reviews by the dissertation committee. In closing, this chapter concentrated on trustworthiness and ethical considerations for the researcher's instrumental case study. The study's trustworthiness and ethical considerations provided insight regarding the techniques implemented inside of the therapeutic setting when addressing trauma symptoms.

## **Chapter Four: Findings**

This chapter presents the findings of the qualitative data analysis that the researcher carried out regarding SE techniques. This chapter will answer the research questions by presenting the data in the form of themes and tables.

### **Purpose statement**

This case study aims to understand and describe mind-body treatment options available for trauma symptoms. The central phenomenon of the present study is the use of SE techniques by licensed mental health professionals within the Phoenix, Arizona, metropolitan area. The researcher aims to identify SE techniques commonly used by mental health professionals to improve trauma symptoms. At this stage in the research, SE will be generally defined as a body-oriented approach that works to heal trauma and stress symptoms (Levine, 2015), as it demonstrates the relationship between the physical and mental self. Rebuilding a healthy relationship between the body and mind is essential when treating individuals who have suffered negative symptoms from trauma exposure.

### **Research Questions**

*What somatic therapy techniques are used to treat and reduce trauma symptoms?*

*How are somatic therapies implemented to relieve trauma symptoms?*

### **Participants**

In this SE study, the researcher employed a rigorous recruitment process to gather a cohort of 20 participants, each of whom was provided with comprehensive informed consent. Upon obtaining participants' informed consent through their signature on the consent form, the researcher administered an anonymous survey using the Survey Monkey platform, thus ensuring the credibility of the responses. Participants were instructed to communicate via email after



survey completion to arrange an interview, which constituted the second phase of the research. Ultimately, the researcher meticulously reviewed and validated 20 surveys and conducted 18 in-depth interviews with participants. The study encountered attrition, with two participants dropping out following survey completion. The final analysis focused on the 18 participants who completed both the survey and interview, thereby forming the basis for the subsequent findings and conclusions.

### **Participant 1**

The interview conducted by the researcher revealed that Kiera, the participant, possesses a Master's degree in counseling and boasts approximately 12 to 13 years of experience working in the mental health field. Kiera primarily specializes in assisting individuals who have undergone trauma. She holds a LAC (Licensed Associate Counselor) license granted by the Arizona State Board of Behavioral Health. When asked about somatic techniques for treating trauma symptoms, Kiera mentioned utilizing various methods, such as butterfly taps and Eye Movement Desensitization and Reprocessing (EMDR). She firmly believes that somatic techniques can effectively address a wide range of trauma symptoms, including depression, anxiety, and panic attacks. Kiera underscores the significance of integrating both somatic and cognitive-based skills in therapeutic approaches. She recognizes meditation's emotional and physical advantages, particularly when combined with yoga or guided meditation. Kiera recommends incorporating somatic techniques as necessary and encourages clients to employ them frequently to familiarize themselves with the techniques. Client feedback after implementing somatic techniques during sessions has been overwhelmingly positive, with clients expressing gratitude for the inclusion of these techniques. Lastly, Kiera notes that somatic

techniques can be discreetly practiced, thereby allowing individuals to derive benefits without attracting attention from others.

### **Participant 2**

Based on the participants' responses, Veronica possesses a Bachelor of Arts degree in Psychology with a minor in Human Services from the University of Arizona and a Master's degree in Addiction Counseling from Grand Canyon University. She is licensed as a substance abuse specialist in Arizona and has been actively engaged in mental health since 2009, obtaining professional licensure in 2018. Veronica's area of expertise primarily centers around utilizing Eye Movement Desensitization and Reprocessing (EMDR) in therapeutic interventions, wherein she incorporates somatic experience techniques as an integral part of this treatment modality. Among the specific techniques employed by Veronica are tapping and buzzing, which are utilized to address symptoms related to trauma, with a particular focus on individuals diagnosed with Post-Traumatic Stress Disorder (PTSD). Through her work, Veronica has observed a notable reduction in symptoms triggered by traumatic experiences and environmental stimuli in her clients. She posits that practicing meditation and other calming techniques confers emotional and physical benefits, aiding individuals in processing environmental stressors more effectively and attaining a state of centeredness.

Consequently, Veronica recommends that clients incorporate regular somatic technique exercises into their daily routine, particularly during moments of distress or following therapy sessions. Remarkably, clients have reported feelings of surprise and rapid stress alleviation upon integrating somatic techniques into their therapeutic sessions. To maximize the advantages derived from such practices, Veronica underscores the importance of consistent and frequent

engagement in somatic techniques and identifying a suitable environment conducive to their practice.

### **Participant 3**

The interview conducted by the researcher revealed that Mike, whose professional background entails a comprehensive understanding of educational counseling and guidance counseling. Mike's profound involvement within the mental health sphere spans a decade, focusing primarily on behavior management and rendering support in classroom dynamics. A noteworthy achievement in Mike's professional trajectory is his possession of a LAC conferred by the Arizona State Board, indicating a specialization in guidance counseling or behavioral health counseling pertinent to educational institutions. Pertinently, Mike effectively employs somatic techniques as an integral component of his therapeutic interventions, with particular emphasis on breathing exercises and grounding practices to aid in managing anxiety symptoms among young individuals. Mike firmly contends that anxiety, often linked to stressors associated with social media, is a commonly observed manifestation of trauma the youths encounter under his purview. Notably, Mike places considerable emphasis on the significance of cultivating the presence of the mind and actively challenging negative cognitions and affective states.

Furthermore, Mike acknowledges the manifold emotional and physical benefits derived from mindfulness meditation, advocating for the consistent and disciplined practice of somatic techniques outside the confines of therapeutic sessions. Encouragingly, client feedback attests to the efficacy of somatic approaches, thereby reinforcing Mike's resolute encouragement for clients to persist in their personal journeys toward optimal mental well-being. Notably, Mike underscores the necessity of comprehending and adapting the employed tools in accordance with individual strengths and preferences. Additionally, he highlights the criticality of leading by

example and embarking on a personal transformative journey before assuming the responsibility of guiding others. Mike's overall disposition reflects a commendable depth of knowledge and an unwavering commitment to leveraging somatic techniques in the facilitation of his clients' mental wellness.

#### **Participant 4**

The interview conducted by the researcher revealed that Lilia possesses a Master's degree in community counseling and has amassed a commendable 17 years of experience within the mental health domain. Throughout her professional journey, Lilia has predominantly served nonprofit organizations, although she has recently established her private practice. Importantly, Lilia holds a coveted Licensed Professional Counselor (LPC) credential granted by the Arizona State Board of Behavioral Health, indicative of her proficiency and adherence to the highest standards in the field. Notably, when probed about utilizing somatic experience techniques in treating trauma symptoms, Lilia exhibited comprehensive knowledge and proficiency in various modalities, including meditation, breathing exercises, grounding visualization, and body scans. Her unwavering belief in the multifaceted efficacy of somatic techniques in addressing diverse trauma symptoms is supported by empirical observations of tangible improvements, notably encompassing a reduction in manifestations such as anxiety, panic attacks, and war trauma among her clientele. Lilia also underscores the incorporation of meditation practices in her therapeutic framework, attesting to its myriad emotional and physical benefits, such as heightened focus, enhanced clarity, and a refined mind-body interconnection. Importantly, Lilia challenges the notion of a prerequisite skill level for clients to initiate the practice of somatic techniques, instead emphasizing the accessibility and universality of their adoption. To optimize the benefits of these techniques, Lilia recommends consistent integration into daily routines,

even beyond the confines of therapeutic sessions. Client feedback after implementing somatic practices during sessions is overwhelmingly positive, with clients consistently expressing enhanced well-being and affirming the utility of the techniques. In light of her expertise, Lilia proposes an initial focus on solitary practice, allowing individuals to cultivate a heightened sense of bodily attunement and concentration, eventually facilitating the seamless integration of somatic techniques into various settings and contexts for optimal outcomes.

### **Participant 5**

The interview conducted by the researcher revealed that Samantha's responses to the interview questions indicate a rich educational background and extensive experience within the mental health field. Samantha possesses dual Master's degrees in social work and business, exemplifying her diverse academic pursuits. Throughout her professional journey, she has assumed various roles, including that of a caseworker in an inpatient outpatient facility and a manager of a transitional group home, where her specialization lies in co-occurring disorders. Samantha's scope of expertise also extends to dual diagnosis and encompasses comprehensive care encompassing both clinical and operational facets. Notably, Samantha holds an esteemed LMSW license granted by the Arizona State Board of Behavioral Health, underscoring her commitment to the highest standards in the field. However, when questioned about somatic techniques for treating trauma symptoms, Samantha's response appears somewhat ambiguous, indicating a lack of specific symptom targeting and instead emphasizing the importance of addressing the root cause of trauma.

Furthermore, she discloses her reliance on cognitive-behavioral therapy to address childhood trauma and anxiety, presenting a potentially limited perspective on the potential benefits of somatic techniques. Samantha expresses mixed views on meditation's advantages,

acknowledging its clinically proven benefits and the potential triggering effects it may exert on anxiety. She introduces the notion of skill level as a prerequisite for clients to engage in somatic techniques and advocates for daily, multi-session practice. It is worth noting that Samantha acknowledges the possibility of initial frustration when implementing somatic techniques but underscores the efficacy that can be achieved through persistence and dedication. Overall, Samantha's background in mental health is commendable, particularly concerning her expertise in co-occurring disorders. However, her perspective on somatic techniques and meditation within therapeutic practice appears nuanced and could benefit from further exploration.

### **Participant 6**

The interview conducted by the researcher revealed that Elizabeth possesses an impressive educational background and substantial experience within the mental health field. Elizabeth holds a bachelor's degree in psychology and a Master's degree in counseling, which serve as solid foundations for her professional pursuits. Since 2013, she has been actively engaged in the field, commencing her career as a case manager before progressing to the roles of therapist and supervisor. Additionally, Elizabeth has obtained licensure as a professional counselor from the esteemed Arizona State Board of Behavioral Health, thus attesting to her competence and adherence to the highest professional standards. Concerning somatic techniques for treating trauma symptoms, Elizabeth exhibits a comprehensive understanding and familiarity with a diverse range of approaches. She elucidates mindfulness, meditation, grounding techniques, trauma-releasing exercises (TRE), yoga, breathing techniques, and imaginal practices as exemplars within this domain. Elizabeth staunchly believes these techniques can potentially ameliorate trauma-related symptoms such as bodily anxiety, autonomic hyperactivity, dissociation, and negative self-perceptions. Crucially, she underscores the inherent mind-body

connection and emphasizes the capacity of somatic techniques to address trauma's physical and emotional dimensions. Elizabeth substantiates her expertise by recounting personal experiences of employing somatic techniques within therapy and the observed positive impact on clients. Although immediate results may not be uniformly experienced, Elizabeth maintains that continued practice and familiarity can engender a discernible reduction in trauma symptoms. She duly recognizes meditation's emotional and physical benefits, accentuating its capacity to quiet the mind, foster resilience, and facilitate relaxation throughout the day.

Regarding the skill level prerequisite for clients engaging in somatic techniques, Elizabeth astutely contends that it is not solely predicated on skill acquisition but rather on the client's capacity to tolerate and derive benefit from such techniques. Elizabeth demonstrates a strong understanding of somatic techniques and their application in trauma therapy. She exhibits expertise in the field of mental health, particularly in utilizing these techniques to address trauma symptoms and promote healing.

### **Participant 7**

The interview conducted by the researcher revealed that Kathryn possesses a professional background as a Licensed Addiction Counselor (LAC) and extensive experience in educational settings spanning from kindergarten through 12th grade. In her therapeutic approach, Kathryn utilizes a range of somatic experience techniques, including painful visualization, grounding, controlled breathing, and time to breathing, to address trauma symptoms. The targeted symptoms encompass anxiety, focus issues, sleep disturbances, and depressive symptoms. Through the implementation of somatic techniques, Kathryn reports observing a slight reduction in trauma symptoms among her clients. Furthermore, she acknowledges meditation's emotional and physical benefits, as it promotes presence, emotional self-awareness, and enhanced emotional

management. Kathryn asserts that no particular skill level is necessary for clients to commence practicing somatic techniques, as activities can be tailored to their individual starting points. She recommends clients incorporate somatic techniques during periods of stress or episodes of heightened anxiety, with the common feedback received from clients highlighting these techniques' relaxing and calming effects. While practicing somatic techniques is initially advised in a distraction-free environment, Kathryn emphasizes their potential for application in any setting.

### **Participant 8**

The interview conducted by the researcher revealed that Darla is an experienced clinician therapist with an illustrious career spanning over 20 years in the behavioral health field. She obtained LISAC licensure from the esteemed Arizona State Board of Behavioral Health. Darla demonstrates a comprehensive understanding of somatic techniques and proficiently utilizes grounding and refocusing techniques to facilitate a shift in clients' trauma responses towards more positive thoughts. Specifically, she targets trauma symptoms such as anxiety and triggers originating from past traumatic experiences. Darla firmly believes in meditation's emotional and physical benefits, emphasizing its potential to induce relaxation, introspection, and the alleviation of tension and stress. She does not perceive a specific skill level requirement for clients to engage in somatic techniques, underlining the significance of practice and reflection between therapy sessions. Client feedback reveals the efficacy of somatic techniques in managing anxiety and coping with ongoing challenges. Darla recommends implementing refocusing techniques at the moment, regardless of the surroundings, without drawing attention to oneself.



**Participant 9**

The interview conducted by the researcher revealed that Roxana is an experienced mental health counselor holding a master's degree in mental health counseling. She boasts seven years of experience in the counseling field and a cumulative 11 to 12 years of involvement in the mental health realm. Roxana holds a prestigious Licensed Professional Counselor (LPC) license conferred by the Arizona State Board of Behavioral Health. Although not specializing in somatic experiencing, Roxana possesses knowledge about somatic experience techniques and effectively incorporates them into her practice. Notably, her therapeutic approach encompasses body and breath work, mindfulness, and creating a safe and serene environment to facilitate emotional regulation and reduce client trauma symptoms. She encourages clients to engage in a daily practice of somatic techniques, even if for short periods. Roxana wholeheartedly embraces meditation's emotional and physical benefits, attributing its capacity to cultivate self-awareness and induce relaxation. Regardless of the location, Roxana recommends clients practice somatic techniques within their window of tolerance and whenever they feel comfortable doing so. Overall, Roxana exhibits a client-centered approach, focusing on relaxation, self-awareness, and emotional regulation.

**Participant 10**

The interview conducted by the researcher revealed that Felicia is an experienced mental health professional with a background in professional mental health counseling. She holds a Licensed Associate Counselor (LAC) license from the Arizona State Board of Behavioral Health. Felicia has worked in behavioral health for several years, initially focusing on substance abuse treatment and later transitioning to working with the homeless population. She has experience in conducting assessments and providing counseling services. Felicia utilizes somatic

experience techniques such as EMDR, body scans, and grounding exercises to address trauma symptoms in her clients. She emphasizes the importance of mindfulness and meditation in improving mental and physical well-being, highlighting the benefits of meditation in reducing anxiety, aiding sleep, and enhancing impulse control. Felicia recommends the regular practice of somatic techniques and mindfulness exercises, emphasizing their cumulative benefits over time. She acknowledges that somatic techniques may not be as effective for clients with a borderline personality disorder but generally receives positive feedback from clients who benefit from these interventions.

### **Participant 11**

The interview conducted by the researcher revealed that Karen appears to have a background in psychology and mental health. She holds a Bachelor's degree in Psychology (BA) and a Master's in Social Work (MSW). She mentions having two years of internship experience and nearly a year of experience in an LMSW role. Karen also holds an Arizona State Board of Behavioral Health License as an LMSW. She mentions using grounding techniques and mindfulness meditation when asked about treating trauma symptoms.

Regarding somatic techniques, Karen mentions targeting trauma symptoms such as negative thoughts and exploring distressing memories. She admits to not using somatic techniques specifically but incorporates grounding techniques and mindfulness meditation to address stress and negative thoughts. Karen believes that meditation has emotional and physical benefits as it helps individuals focus on their thoughts and emotions, aiding in processing difficult experiences or thoughts. She mentions that there is a required skill level for clients to practice somatic techniques, although it depends on the client's age, with teens and adults being more likely to engage in such practices. Karen recommends that clients practice somatic

techniques daily, both in the morning and at night, and she often provides guided meditations. The most common feedback she receives from clients after implementing somatic techniques is that it helps them relax and improves their self-care practices. Lastly, Karen suggests practicing somatic techniques in one's private space for optimal benefits.

### **Participant 12**

The interview conducted by the researcher revealed that Monica's responses, it is evident that she possesses a comprehensive background in substance abuse counseling and holds a license as a licensed associate substance abuse therapist. Her experience primarily revolves around working with individuals who face co-occurring disorders, focusing on the male population dealing with substance use issues for approximately seven years. Monica is duly licensed as a Licensed Associate Substance Abuse Counselor (LASAC) by the esteemed Arizona State Board of Behavioral Health. In addressing trauma symptoms, Monica emphasizes the utilization of grounding techniques, explicitly mentioning the 12345 and 54321 exercises, to facilitate the management of anxiety and triggers experienced by individuals. Moreover, she is dedicated to cultivating a safe and supportive therapeutic environment for her clients, consistently reminding them of the secure space they occupy during therapy sessions.

In summary, Monica possesses extensive substance abuse counseling expertise, focusing on male populations. Her therapeutic approach integrates grounding techniques, breathing exercises, and body awareness to effectively address trauma symptoms, with meditation integral to her practice. Monica maintains that clients should receive adequate instruction and training in somatic techniques, actively urging them to seamlessly incorporate these practices into their daily routines for optimal benefits.

**Participant 13**

The interview conducted by the researcher revealed that Bobby is a knowledgeable professional with a background in psychology and social work. Bobby holds a bachelor's degree in psychology and a Master's degree in social work from Arizona State University, and he is licensed as a Master of Social Work by the state of Arizona. Bobby demonstrates familiarity with somatic techniques employed in treating trauma symptoms and mentions utilizing guided meditation, breathing exercises, music, and body movement as effective modalities. These techniques have demonstrated a notable reduction in anxiety levels and an enhanced ability for clients to express their experiences verbally. Bobby attests to the emotional benefits of meditation, noting its capacity to facilitate introspection and emotional processing. He actively recommends somatic techniques to clients, encouraging regular practice as a preventive measure. Client feedback indicates increased relaxation, gratitude, and a desire to continue incorporating somatic techniques into their lives. Bobby suggests incorporating somatic techniques in various settings, such as therapy groups, his office, and outdoor environments, facilitating diverse and immersive therapeutic experiences.

**Participant 14**

The interview conducted by the researcher revealed that Rafaela's responses illuminate her status as a licensed Master Social Worker with a Master's degree in social work. Rafaela commenced her therapy practice in June 2022 and is licensed by the Arizona State Board of Behavioral Health. She skillfully integrates somatic techniques, including mindfulness, grounding, and meditation, to effectively address trauma symptoms. Notable outcomes include reduced negative thoughts, anxiety management, and a heightened focus on the present moment. Rafaela acknowledges meditation's emotional and physical benefits, attributing its ability to

foster perspective and diminish negative emotions. She does not consider a specific skill level a prerequisite for clients to embark on somatic techniques, emphasizing the importance of determination and readiness for change. Rafaela encourages clients to engage in a daily practice of somatic approaches, particularly when emotions are heightened. Positive feedback from clients affirms the empowering and productive nature of somatic techniques. Rafaela recommends practicing somatic techniques in a tranquil space during therapy sessions and eventually in public areas as clients grow comfortable with the practice.

### **Participant 15**

The interview conducted by the researcher revealed that John's responses indicate his educational background as a Master's in Addiction Counseling and his extensive experience of over 23 years in the mental health field. John has held various positions, including crisis specialist and admissions director at a recovery center, and currently functions as a therapist. He is licensed as a Licensed Associate Substance Abuse Counselor by the Arizona State Board of Behavioral Health. In treating trauma symptoms, John accentuates the significance of establishing trust with clients and employing nonjudgmental approaches. His therapeutic approach centers on facilitating clients' progress rather than fixating on past traumas, incorporating techniques such as openness and focus. John effectively targets trauma symptoms such as anxiety, depression, and anger using somatic experience techniques. He recognizes the emotional and physical benefits of meditation, providing a secure space for relaxation and processing thoughts and emotions. John does not stipulate a mandatory skill level for clients to engage in somatic techniques but underscores the need for tailored approaches based on individual understanding and capacity. John does not provide a specific recommendation regarding the frequency of practicing somatic techniques between sessions.

**Participant 16**

The interview conducted by the researcher revealed that Rocky is a seasoned practitioner in the realm of mental health, possessing a noteworthy four years of professional experience. Their tenure encompasses working with diverse populations, addressing concerns such as anxiety, depression, trauma, and post-traumatic stress disorder (PTSD). Rocky's professional qualifications encompass licensure as a Licensed Master Social Worker (LMSW) bestowed by the Arizona State Board of Behavioral Health. They elucidate the application of somatic experience techniques to effectively target trauma symptoms, specifically mentioning anxiety and grounding skills as instrumental in facilitating therapeutic progress. Rocky espouses the belief that meditation engenders emotional and physical benefits, emphasizing the synergistic interplay between conscious breathing and mindfulness. Furthermore, Rocky's clinical observations manifest positive feedback from clients who actively engage in somatic techniques, as evidenced by enhanced serenity and improved self-regulation. As an advocate for consistent practice, Rocky recommends daily incorporating somatic techniques into clients' routines to foster a sense of centeredness and effective stress management throughout the day.

**Participant 17**

The interview conducted by the researcher revealed that Deena, an accomplished mental health professional, exhibits a profound comprehension of psychological principles and possesses a Master's degree in the discipline. Deena's professional qualifications encompass licensure as a Licensed Associate Counselor (LAC) bestowed by the esteemed Arizona State Board of Behavioral Health. Deena's expertise becomes evident as they expound on utilizing somatic experience techniques as an integral facet of trauma symptom treatment. Special techniques include breathing exercises, muscle relaxation, body scanning, grounding techniques,

and physical exercises such as yoga. The therapeutic scope encompasses symptoms encompassing anxiety, depression, post-traumatic stress, and the broad domain of life adjustments that may serve as triggers for clients. Deena's clinical observations yield notable improvements in trauma symptoms following the deployment of somatic techniques, particularly in clients with histories of domestic violence or sexual trauma. Deena hailed meditation as a catalyst for emotional and physical well-being, enabling clients to articulate and process their emotions effectively. The importance of clients' openness regarding their stressors and their willingness to commit to the diligent practice of somatic techniques is underscored by Deena. A recommended practice frequency of somatic techniques between therapeutic sessions, ideally on a weekly or bi-weekly basis, is advised. After integrating somatic techniques, client feedback typically conveys positive outcomes, with clients reporting enhancements in various aspects of their lives. Deena recommends conducting somatic techniques in a comfortable and secure environment, be it a therapeutic setting, the clients' residences, or any location that affords a distraction-free ambiance conducive to their well-being. Deena's erudition, experience, and dedication manifest a commitment to empowering clients through the skillful application of somatic techniques within their therapeutic praxis.

### **Participant 18**

The interview conducted by the researcher revealed that Matt exhibits an intricate perspective on somatic techniques, predominantly rooted in meditation and mind training. Matt's professional qualifications encompass licensure as a Licensed Associate Counselor (LAC) bestowed by the esteemed Arizona State Board of Behavioral Health. Matt appears to have a perspective on somatic techniques that involves meditation and mind training. He believes that meditation is an aspect of various techniques deployed under meditation and mind training,

including a focus on compassion development. Matt emphasizes the positive emotional and developmental potential of practicing these techniques. He states that there is no required skill level for clients to begin practicing somatic techniques, indicating that anyone can engage in them.

Regarding frequency, Matt recommends clients practice somatic techniques at least twice daily between therapeutic sessions. The most common feedback he hears from clients after implementing somatic techniques is that they feel better, become better at feeling, experience increased confidence, awareness, relaxation, and a decreased sense of being overwhelmed. Matt suggests introducing somatic techniques in therapy sessions and guiding clients through each stage of the technique, allowing them to practice on their own or even use smartphone apps for support. Overall, Matt appears to strongly believe in the benefits of somatic techniques, particularly concerning meditation and mind training and emphasizes the importance of individual practice and guided instruction.

### **Results**

This qualitative research presents a case study on mind-body therapy approaches that are now accessible for trauma symptoms. It is possible for a wide variety of experiences to result in traumatic stress and conventional talk therapy may not be sufficient for certain people. Somatic Experiencing (SE) is a body-oriented method for treating the symptoms of trauma and stress. It works by assisting clients in recognizing and letting go of the accompanying bodily feelings of trauma. The purpose of this research is to get an understanding of and provide a description of the SE approaches used by licensed mental health providers in the metropolitan region of Phoenix, Arizona. This qualitative research focuses on the many somatic treatment approaches used to treat and minimize the effects of trauma, as well as how these therapies are carried out to



alleviate the impact of trauma. The findings reported in chapter four concentrate on the data analysis carried out throughout the research (Wells, 2022), including the presentation of the data in tables based on the 18 participants that implemented SE techniques in a therapeutic setting. These individuals provide their perspectives on the implementations and advantages of these treatments.

The qualitative analysis of the data revealed several structural codes pertaining to utilizing somatic therapy techniques for treating and reducing trauma symptoms. The identified SE techniques used included grounding, breath work, mindfulness, EMDR (Eye Movement Desensitization and Reprocessing), self-tapping techniques, mindful breathing, body scans, meditation, TRE (Trauma Releasing Exercises), cognitive restructuring, and the 5-4-3-2-1 grounding technique. These techniques were employed with varying frequencies, such as often, daily, weekly, or depending on client needs.

The targeted trauma symptoms addressed by the SE techniques encompassed various physical and emotional manifestations. These included physical and emotional reactions to trauma, negative thoughts about oneself, others, or the world, difficulty experiencing positive emotions, feeling emotionally numb, recurrent distressing memories of the traumatic event, anxiety, stress, Addiction, hypervigilance, flashbacks, depression, sleep disturbance, fear of trauma recurrence, relationship history, grief, and substance use.

The preference for SE techniques indicated a client-centered approach, where the selection of methods depended on each individual's specific needs and symptomology. It was observed that SE techniques were deemed effective in addressing trauma manifestations, emphasizing the importance of holistic approaches for long-term recovery and the ability of these techniques to help clients focus on the present moment.

Furthermore, the utilization of SE techniques outside of therapy sessions was found to be an essential aspect of treatment. Clients reported practicing techniques when feeling stressed or triggered, incorporating self-tapping, breathing, grounding, and mindfulness activities, engaging in mind training exercises, and implementing meditation and body scans into their daily lives. Additional practices included creating grounding boxes or bags and utilizing self-tapping, containment, and breathing exercises.

SE technique homework assigned to clients encompassed various activities, such as deep breathing, grounding, safe, calm place exercises, mind training exercises, the 54321-grounding technique, guided meditation, writing down physical symptoms experienced during distress, creating reminders for mindful check-ins and body scans, and engaging in yoga or other bilateral movement exercises.

Client feedback regarding the SE homework highlighted positive outcomes, including feeling calmer, experiencing less hyperarousal and hypoarousal, and finding relaxation and relief from anxiety and stress. However, there were mixed feedback results, with some clients not fully engaging in the techniques or having unrealistic expectations of quick fixes. Nevertheless, clients expressed enjoyment and satisfaction with self-tapping and grounding practices.

Overall, the qualitative analysis revealed a range of SE techniques utilized for treating and reducing trauma symptoms. These techniques were tailored to address specific trauma manifestations and practiced both within and outside therapy sessions. The findings highlighted the importance of individualized approaches and the potential benefits of integrating somatic therapy techniques into clients' daily routines for enhanced well-being and recovery.

**Result Tables**

SE Overview	Summary
SE Techniques Used	Grounding, Breathwork, Mindfulness, EMDR (Eye Movement Desensitization and Reprocessing), Self-tapping techniques, Mindful breathing, Body scans, Meditation, TRE (Trauma Releasing Exercises), Cognitive restructuring, 5-4-3-2-1 grounding technique.
Frequency of SE Techniques	Often, Daily, Weekly, Depending on client needs.
Targeted Trauma Symptoms	Physical and emotional reactions to trauma Negative thoughts about oneself, others, or the world. Difficulty experiencing positive emotions. Feeling emotionally numb Recurrent distressing memories of the traumatic event Anxiety, Stress, Addiction, Hypervigilance, Flashbacks, Depression, Sleep disturbance, Fear of trauma recurrence, Relationship history, Grief, Substance use

<p>Preference for SE Techniques</p>	<p>Depends on the client’s needs and symptomology.</p> <p>SE techniques are effective in addressing trauma manifestations.</p> <p>Holistic approaches are important for long-term recovery.</p> <p>SE techniques help in focusing clients on the present moment.</p>
<p>Utilization of SE Techniques Outside of Sessions</p>	<p>Practicing techniques when feeling stressed or triggered.</p> <p>Using self-tapping, breathing, grounding, and mindfulness activities.</p> <p>Mind training exercises.</p> <p>Meditation and body scans.</p> <p>Incorporating techniques into daily practice.</p> <p>Creating grounding boxes or bags.</p> <p>Utilizing self-tapping, containment, and breathing exercises.</p>
<p>SE Technique Homework for Clients</p>	<p>Deep breathing, grounding, safe, calm place exercises.</p> <p>Mind training exercises.</p>

	<p>54321 grounding technique.</p> <p>Guided meditation.</p> <p>Writing down physical symptoms experienced during distress.</p> <p>Creating reminders for mindful check-ins and body scans.</p> <p>Yoga or other bilateral movement.</p>
<p>Feedback from Clients on SE Homework</p>	<p>Feeling calmer and experiencing less hyperarousal and hypoarousal.</p> <p>Relaxation and relief from anxiety and stress.</p> <p>Mixed feedback, with some clients not fully engaging in the techniques or expecting quick fixes.</p> <p>Clients enjoy self-tapping and grounding techniques.</p>

Research Questions	Summary
<p>What somatic therapy techniques are used to treat and reduce trauma symptoms?</p>	<p>Somatic therapy techniques include breathwork, movement, touch, mindfulness, guided visualization, tracking physical sensations, pendulation, and resourcing.</p>

How are somatic therapies implemented to relieve trauma symptoms?	Somatic therapies can be implemented in individual or group therapy settings and are typically integrated into a broader treatment plan that may include talk therapy, medication management, and other interventions.
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### **Theme Development**

This doctoral study aims to examine the implementation of mind-body therapy approaches for treating trauma symptoms. Traumatic stress can arise from diverse experiences, and conventional talk therapy may not be sufficient for specific individuals. Somatic Experiencing (SE), a body-oriented method, offers an alternative approach by assisting clients in recognizing and releasing the bodily sensations associated with trauma. This research focuses on understanding the SE approaches employed by licensed mental health providers in Phoenix, Arizona, intending to describe the various somatic treatment techniques used to minimize the effects of trauma.

### **Research Objectives**

The primary objectives of this study are to gain a comprehensive understanding of the SE techniques utilized by mental health providers in the Phoenix metropolitan region and to explore SE techniques used when alleviating trauma symptoms. The research also aims to investigate how these methods are implemented when addressing trauma symptoms. Chapter four of this study concentrates on the data analysis conducted throughout the investigation, including the presentation of the findings in the form of tables based on the experiences of 18 participants who utilize somatic therapy treatments in sessions with clients.

### **Qualitative Analysis of SE Techniques**

Structural codes related to utilizing somatic therapy techniques for treating and reducing trauma symptoms were identified through qualitative analysis. The SE techniques employed by mental health providers included grounding, breath work, mindfulness, EMDR (Eye Movement Desensitization and Reprocessing), self-tapping techniques, mindful breathing, body scans, meditation, TRE (Trauma Releasing Exercises), cognitive restructuring, and the 5-4-3-2-1 grounding technique. These techniques were administered with varying frequencies, depending on individual client needs and preferences.

### **Addressing Trauma Symptoms**

The SE techniques targeted a wide range of physical and emotional trauma manifestations. The identified factors encompass physical and emotional reactions to trauma, negative self-perceptions, and thoughts about oneself, others, or the world, difficulty experiencing positive emotions, emotional numbness, recurrent distressing memories of the traumatic event, anxiety, stress, addiction, hypervigilance, flashbacks, depression, sleep disturbance, fear of trauma recurrence, relationship challenges, grief, and substance use.

### **Client-Centered Approach and Preference for SE Techniques**

The preference for SE techniques demonstrated a client-centered approach, wherein the selection of techniques was tailored to each individual's unique needs and symptomology. The observation that SE techniques were deemed helpful in addressing trauma manifestations highlights the importance of holistic approaches for long-term recovery. These techniques promote clients' ability to focus on the present moment, fostering a sense of grounding and mindfulness.

### **Utilization of SE Techniques Outside of Sessions**

The study emphasized the significance of integrating SE techniques into clients' daily lives beyond therapy sessions. Clients reported practicing self-tapping, breathing exercises, grounding techniques, and mindfulness activities when experiencing stress or triggers. They also engaged in mind training exercises, meditation, and body scans as part of their daily routines. Additional practices, such as creating grounding boxes or bags and utilizing self-tapping, containment, and breathing exercises, further supported clients in managing trauma symptoms.

### **SE Technique Homework and Client Feedback**

Clients were assigned SE technique homework, comprising a range of activities to reinforce therapeutic progress. These activities included deep breathing, grounding exercises, safe, calm place exercises, mind training exercises, the 54321-grounding technique, guided meditation, journaling physical symptoms experienced during distress, creating reminders for mindful check-ins and body scans, and participating in yoga or other bilateral movement exercises.

Client feedback highlighted positive outcomes, such as increased calmness, reduced hyperarousal and hypoarousal, and relaxation and relief from anxiety and stress. However, some clients provided mixed feedback, indicating a lack of full engagement in the techniques or unrealistic expectations of quick fixes. Nonetheless, clients expressed enjoyment and satisfaction with self-tapping and grounding techniques.

To conclude, the qualitative analysis revealed a diverse range of SE techniques mental health professionals employ to treat trauma symptoms. These techniques were individually tailored to address specific manifestations of trauma and were practiced both within and outside of therapy sessions. The findings underscored the importance of adopting individualized



approaches and integrating somatic therapy techniques into clients' daily routines to enhance their overall well-being and recovery process. This doctoral research contributes to the growing body of knowledge on utilizing and implementing mind-body therapy approaches for trauma symptoms, providing valuable insights for mental health professionals and researchers in this field.

### **Research Question Responses**

What somatic therapy techniques are used to treat and reduce trauma symptoms? Various somatic therapy techniques are utilized to treat and reduce trauma symptoms, as revealed by this qualitative analysis. These techniques include grounding, breath work, mindfulness, EMDR (Eye Movement Desensitization and Reprocessing), self-tapping techniques, mindful breathing, body scans, meditation, Trauma Releasing Exercises (TRE), cognitive restructuring, and the 5-4-3-2-1 grounding technique. These techniques are tailored to address specific trauma manifestations and are employed with different frequencies such as often, daily, weekly, or depending on the client's needs.

The targeted trauma symptoms encompass a wide range of physical and emotional reactions to trauma, including negative thoughts, difficulty experiencing positive emotions, emotional numbness, distressing memories, anxiety, stress, addiction, hypervigilance, flashbacks, depression, sleep disturbance, fear of trauma recurrence, relationship history, grief, and substance use.

Clients prefer these somatic experiencing techniques as they effectively address trauma manifestations, emphasizing the importance of holistic approaches for long-term recovery and assisting clients in focusing on the present moment.

Furthermore, utilizing these techniques outside of therapy sessions is a significant aspect of treatment, with clients incorporating self-tapping, breathing exercises, grounding, and mindfulness activities and engaging in mind training exercises, meditation, and body scans into their daily lives.

The feedback from clients regarding the somatic experiencing technique homework highlights positive outcomes, including feeling calmer, experiencing less hyperarousal and hypoarousal, and finding relaxation and relief from anxiety and stress. However, some clients provide mixed feedback, indicating the need for further exploration and managing expectations. These findings demonstrate the range of somatic therapy techniques in treating and reducing trauma symptoms.

How are somatic therapies implemented to relieve trauma symptoms? Somatic therapies are a category of therapeutic approaches focusing on the connection between the mind and body to address trauma symptoms. These therapies recognize that traumatic experiences can impact psychological and physiological aspects of a person's well-being. Somatic therapies aim to promote healing by engaging the body in the recovery process.

Somatic therapies are implemented to relieve trauma symptoms through a multifaceted approach, as this qualitative analysis suggests. The utilization of various somatic therapy techniques such as grounding, breath work, mindfulness, EMDR, self-tapping techniques, mindful breathing, body scans, meditation, Trauma Releasing Exercises (TRE), cognitive restructuring, and the 5-4-3-2-1 grounding technique is tailored to address specific trauma manifestations. The frequency of these techniques varies based on the client's needs, ranging from often to daily, weekly, or as required.

Clients prefer these techniques, emphasizing their effectiveness in addressing trauma manifestations and aiding in focusing on the present moment. Moreover, implementing somatic techniques extends beyond therapy sessions, with clients incorporating self-tapping, breathing exercises, grounding, mindfulness activities, mind training exercises, meditation, body scans, and even creating grounding boxes or bags. The provision of somatic technique homework to clients, including deep breathing, grounding exercises, safe, calm place exercises, the 54321-grounding technique, guided meditation, writing down physical symptoms during distress, reminders for mindful check-ins and body scans, and engaging in yoga or other bilateral movement exercises, further reinforces the integration of these practices into clients' daily lives.

Overall, the implementation of somatic therapies encompasses a range of techniques, individualized approaches, and integration into clients' daily routines, demonstrating their potential for effectively relieving trauma symptoms and promoting well-being.

### **Summary**

In conclusion, this study has shed light on the accessibility and implementation of mind-body therapy approaches for trauma symptoms. The research focused on Somatic Experiencing (SE), a body-oriented method that assists clients in recognizing and releasing bodily sensations associated with trauma experienced. The study aimed to understand and describe the SE approaches used by licensed mental health providers in the Phoenix metropolitan region. The findings provide valuable insights into the somatic treatment approaches employed when treating trauma symptoms and how these therapies are implemented.

Through qualitative analysis, the study identified several SE techniques utilized to treat and reduce trauma symptoms. These techniques included grounding, breath work, mindfulness, EMDR, self-tapping, mindful breathing, body scans, meditation, Trauma Releasing Exercises

(TRE), cognitive restructuring, and the 5-4-3-2-1 grounding technique. The frequency of these techniques varied depending on client needs, ranging from daily to weekly or as required.

The SE techniques targeted a wide range of physical and emotional trauma manifestations, encompassing reactions to trauma, negative thoughts, difficulty experiencing positive emotions, emotional numbness, distressing memories, anxiety, stress, Addiction, hypervigilance, flashbacks, depression, sleep disturbance, fear of trauma recurrence, relationship challenges, grief, and substance use. This comprehensive approach highlights the implementation of SE techniques in addressing trauma from various angles.

A client-centered approach was observed, where the selection of techniques was based on each individual's specific needs and symptomology. This personalized approach emphasizes the importance of tailoring treatment to clients' unique experiences and circumstances.

Implementing SE techniques in addressing trauma manifestations further supports using holistic approaches for long-term recovery. It highlights the ability of these techniques to help clients focus on the present moment.

Moreover, the study highlighted the significance of utilizing SE techniques outside therapy sessions. Clients reported practicing techniques such as self-tapping, breathing exercises, grounding, and mindfulness activities in their daily lives and engaging in mind training exercises, meditation, and body scans. Practices, including creating grounding boxes or bags, contributed to clients' ability to manage and cope with trauma symptoms beyond the therapeutic setting.

The assignment of SE technique homework further reinforced therapeutic progress. It included various activities such as deep breathing, grounding exercises, safe, calm place exercises, mind training exercises, the 54321-grounding technique, guided meditation, journaling

physical symptoms experienced during distress, reminders for mindful check-ins and body scans, and engaging in yoga or other bilateral movement exercises.

Client feedback regarding the SE homework demonstrated positive outcomes, including increased calmness, reduced hyperarousal and hypoarousal, and relief from anxiety and stress. However, some clients provided mixed feedback, indicating the need for further exploration and adjustment of expectations. Nevertheless, clients expressed enjoyment and satisfaction with self-tapping and grounding techniques, highlighting their potential use as a therapeutic tool.

Overall, the qualitative analysis revealed diverse SE techniques used to treat trauma symptoms. The findings emphasize the importance of individualized approaches and the integration of somatic therapy techniques into clients' daily routines for enhanced well-being and recovery. This study contributes to the existing knowledge of mind-body therapy for trauma and provides valuable insights for mental health professionals seeking to implement SE interventions for trauma symptoms.

## Chapter Five: Conclusion

### Overview

This qualitative research endeavor aimed to investigate the methodologies employed in somatic therapy to treat trauma symptoms. This case study seeks to understand and describe mind-body treatment options available for trauma symptoms. The central phenomenon of the present study is the use of SE techniques by licensed mental health professionals within the Phoenix, Arizona, metropolitan area. Distressing events subject an individual's psychological and physical capacities to extreme strain. The cultivation of self-awareness emerges as a paramount factor in the accomplishments of any individual. The ability to act with utmost integrity enables one to surpass limitations imposed by preconceived notions, routines, and uncertainties. Consequently, it becomes imperative to instruct individuals to embody profound moral and ethical ideals.

The subsequent discussion elaborates on how mental health professionals can utilize somatic experiencing (SE) to assist victims of disasters, as well as how those who have experienced abuse can comprehend somatization and meaning. The following section of this dissertation will examine various somatic therapies for trauma treatment.

The efficacy of SE treatments for post-traumatic stress disorder (PTSD) and other psychological disorders and therapeutic challenges is attributed to a "bottom-up" developmental perspective. Neurobiologists and neurology specialists have extensively documented the bottom-up formation of crucial brain regions and functions in various published works (Shilson, 2019). The bottom-up approach compares mental processes to their corresponding physiological manifestations. Somatic experience treatment is a relatively recent approach for addressing the underlying causes of PTSD.

The fundamental premise of somatic experiencing (SE) posits that an individual's traumatic experiences become imprinted in the body, and the alleviation of traumatizing stress can be achieved by applying SE techniques. Dissociation or detachment from one's body is common among trauma survivors, particularly those who have endured physical trauma such as assault or abuse. Engaging in somatic experience facilitates a more profound comprehension of their emotions.

It is believed that traumatic stress becomes stored in an individual's body after experiencing traumatic events, but such stress can be relieved through somatic experience (SE) treatment (Payne et al., 2015). Trauma can lead to nervous system dysregulation, which may be linked to psychological issues, including panic disorder, depression, and chronic pain. In such cases, the bottom-up approach should be prioritized, enhancing clients' self-regulation abilities, reducing stress, and alleviating symptoms.

Finally, SE and other somatic therapies demonstrate they are a therapeutic option for individuals seeking relief from trauma symptoms. Somatic therapy facilitates understanding one's physical self and its relationship to distressing symptoms. Following SE treatment, patients may report decreased anxiety levels and an enhanced capacity to assess and respond to mental and physical challenges. Further research is needed to comprehensively explore how mental health professionals and other body therapists employ SE and different somatic approaches to assist clients in their recovery from trauma and its various manifestations, such as anxiety and depression. However, existing literature supports the effectiveness of SE therapy.

### **Summary of Findings**

Although further investigation is warranted, the researcher has concluded that Somatic Experiencing holds promise as a valuable option for alleviating symptoms of PTSD, depression,

and physical discomfort, while also enhancing resilience. Based on the literature review, participant survey, and interviews, it was identified that several SE techniques are utilized to treat and reduce trauma symptoms.

The success of somatic therapy hinges on engaging the client's body and its vital processes within the nervous system. By facilitating the realization of self-protective reflexes and the release of pent-up survival energy stored in the body, the SE approach can be utilized to address negative trauma symptoms. Mental health professionals assist their clients in resisting unpleasant bodily sensations and emotions. Core concepts such as "grounding," "boundary development," "self-regulation," "movement and process," "sequencing," and "titration" form the foundational principles of somatic therapies.

Somatic experience expands upon the current understanding of the brain by positing that emotions represent and modulate the intricate network of homeostatic adjustments occurring at various levels of the brain and body in response to specific contexts. The mind can reflect bodily behavior and construct predictive models of future physiological changes, enabling the organism to respond swiftly to environmental cues without waiting for peripheral activity to transpire (Luyten et al., 2019).

In somatic treatment, "grounding" involves directing one's attention to the body, activating the senses, and reducing stress. Grounding techniques can effectively address symptoms of anxiety and foster mindfulness. Self-regulation is "the ability to control emotional reactions and modify behavior constructively in response to environmental cues that elicit arousal" (Eisenberg et al., 2010).



### **Discussion**

Considerable scholarly attention has been devoted to unraveling the psychophysiological underpinnings of post-traumatic stress disorder (PTSD) associated with dysregulation in the brain networks that underlie the mind-body connection. Medication alone or with other therapeutic modalities has been employed to manage the condition. This qualitative research endeavor aimed to synthesize existing literature and professional implementation of somatic therapies as a supplementary intervention for trauma symptoms. The revised body of literature indicates that Somatic Experiencing, meditation, and brain-spotting techniques constitute the foundation of these adjunctive treatments, all of which are rooted in the objective of regulating the underlying neurological systems.

#### **How does your study confirm or corroborate previous research?**

The evaluation process encompassed three stages to determine the confirmation or corroboration of previous research: article identification, evaluation, and summarization and mental health professional survey and interview completion. The first and third stages involved the retrieval and synthesis of relevant articles, while the second stage entailed critical appraisal and correction of the selected texts. The identified articles were written in English. Due to the limited number of papers meeting the inclusion criteria, randomized data could not be identified. The primary prognostic markers and inclusion criteria were similar across the reviewed papers. Consequently, a meta-analysis could not be conducted due to insufficient publications meeting the requisite criteria.

Somatic therapy is based on the premise that an individual's dysfunctional nervous system impedes processing traumatic experiences (Payne et al., 2015). Body awareness is employed as a technique in the psychotherapeutic process of bodily therapy for individuals with

PTSD, as Brom et al. (2017) noted. Mind and body approaches serve as innovative tools that can be employed alongside conventional treatments for PTSD. These approaches aim to enhance awareness of internal bodily sensations that are believed to carry painful memories. Mental health professionals often provide instruction or guidance on mind and body practices to ensure their safety. Examples of such practices include acupuncture, meditation, and yoga, although this list is not exhaustive.

**What novel contribution does your study add to the field?**

The qualitative study contributes a novel perspective to the field by elucidating the interoceptive, synesthetic, and proprioceptive aspects of the Somatic Experiencing process. This study provided insight into a small sample of mental health professionals and how they utilize SE techniques with clients who undergo trauma symptoms. Each participant expanded on their professional opinions on which SE technique is used, trauma symptoms targeted, and frequency of SE technique being utilized.

Three published studies have now employed Somatic Experiencing. Levine (2015) suggests that by directing attention inward and utilizing synesthetic and interoceptive imagery, individuals can mitigate the effects of chronic and traumatic stress, thereby improving overall health and well-being. Payne et al. (2015) employ individual case studies to demonstrate the efficacy of Somatic Experiencing as a supplement to cognitive and exposure therapies, potentially reducing the need for medication. Participants in the study conducted by Brom et al. (2017) reported a broad range of traumatic experiences, including but not limited to automobile accidents, assaults, terrorist attacks resulting in the death or injury of a family member, medical trauma, and combat or imminent danger.

**How does your study extend or shed new light on theory informing the topic?**

Furthermore, this research sheds new light on the theoretical framework informing somatic therapies, which recognizes that SE techniques are used to target trauma symptoms in and out of the therapeutic session.

**Implications**

This qualitative research study presents a case study focused on the application of mind-body therapy approaches for trauma symptoms. It recognizes that diverse experiences can lead to traumatic stress and highlights the potential inadequacy of conventional talk therapy for specific individuals.

**Theoretical Implication**

The study's Theoretical implications encompass somatic and psychological manifestations of trauma within the framework of Somatic Experiencing (SE) approaches. These include negative self-perceptions, negative perceptions of others or the world, an inability to experience positive emotions, emotional numbness, recurrent distressing memories of the traumatic event, anxiety, stress, and Addiction, among others. The preference for SE approaches signifies a client-centered approach, wherein the individual's needs and symptomatology guide the choice of techniques. The study found that SE techniques effectively addressed the aftermath of trauma and underscored the importance of adopting a holistic approach and focusing on the present moment to maximize the chances of complete recovery.

**Practical Implication**

The study's practical implications emphasize the significance of expanding the application of SE approaches beyond traditional therapy sessions. Many clients reported success in managing stress and avoiding triggers by engaging in mindfulness practices such as self-

tapping, breathing exercises, grounding techniques, and similar methods. Mental preparation, meditation, and body scanning were commonly employed. Additionally, clients experiencing difficulty in controlling trauma symptoms benefited from creating grounding boxes or bags and utilizing self-tapping and breathing exercises.

### **Empirical Implication**

Empirical implications of the study highlight the individualized selection of techniques based on each client's unique symptoms and requirements, thus demonstrating a client-centered approach. This personalized approach underscores the importance of tailoring treatment to each individual's history and current circumstances. Using SE techniques to address trauma's consequences accentuates the value of holistic healing approaches. It draws attention to these techniques' capacity to facilitate clients' living in the present moment.

### **Christian Worldview Perspective**

From a Christian worldview perspective, there remains a considerable mystery regarding the efficacy of Eye Movement Desensitization and Reprocessing (EMDR). While it is conceivable that the effectiveness of EMDR could stem from the interplay between our physical bodies and mental faculties, God has not explicitly defined the precise nature of this interplay. There is no scriptural mandate dictating specific steps to be taken before processing memories, nor is there any scriptural prohibition against similar therapeutic practices. Therefore, it is not possible to definitively state whether a Christian can utilize EMDR. It is essential for believers to align their experiences with God and His truth, using them as the standard of measure. Those who find delight in God's law and continually meditate on it will be blessed, as the psalmist writes, "but his delight is in the law of the Lord, and on his law, he meditates day and night. He

is like a tree planted by streams of water, which yields its fruit in season and whose leaf does not wither” (Psalm 1:2-3).

The Bible is acknowledged in Christianity as recognizing the holistic nature of human beings, affirming the inseparable connection between the mind and body. Scriptures emphasize the significance of the “body” as an integral aspect of human existence and underscore the importance of addressing both physical and mental aspects in life. This Biblical perspective aligns with the principles of Somatic Experiencing (SE), which acknowledges the interplay between thoughts, emotions, and physical sensations. For instance, 1 Corinthians 6:19-20 highlights the sanctity of the human body, as it serves as the dwelling place of the Holy Spirit. Consequently, individuals are urged to honor God through the responsible care of their physical and mental well-being.

Furthermore, 1 Thessalonians 5:23 presents a comprehensive view of human existence, encompassing the spirit, soul, and body, which accentuates the interconnectedness of these aspects within the individual. This recognition emphasizes the unity of the mind and body, reflecting a holistic perspective in Christian application. Together, these biblical verses substantiate the Christian belief in the integrated nature of the mind and body, encouraging believers to dedicate their entire being, including their physical bodies, in the service and devotion to God. In light of these principles, Somatic Experiencing resonates with the Biblical emphasis on the mind-body connection, as it seeks to address and promote healing in both the psychological and physiological dimensions of individuals.

### **Delimitations and Limitations**

Somatic intervention approaches have exhibited considerable potential in conferring benefits to clients either as independent treatments or in conjunction with supplementary

pharmacological interventions. Nevertheless, the safe and scientifically rigorous implementation of these approaches is of utmost importance. Interpretation of the current research findings warrants caution due to the limited existing body of literature in this domain. While this qualitative study investigates the application of Somatic Experiencing (SE) techniques for trauma symptoms, further research is indispensable to comprehensively explore its effectiveness. Many of the reviewed publications are characterized by limitations, such as inadequate sample sizes, the absence of a control group, or the lack of follow-up assessments. Consequently, there is a pressing need to allocate additional resources for conducting clinical research, encompassing controlled and randomized clinical trials, to probe into the short- and long-term effectiveness of SE, particularly among specific populations affected by traumatic experiences.

In light of the SE study conducted, it is imperative to recognize several limitations that may impede the generalizability of its findings. Firstly, the research was confined to a limited sample located in Phoenix, AZ, thereby potentially insufficiently representing the broader population of individuals undergoing Somatic Experiencing (SE) therapy in diverse geographical locations. Furthermore, the lack of information on the ages of the clients receiving SE poses a noteworthy limitation, as the findings cannot be extrapolated to other age groups beyond those included in the study. Moreover, the absence of standardized training or formal education in SE among the participating individuals may reduce the applicability of the results to mental health professionals with varying levels of expertise in this therapeutic modality. Hence, discretion should be exercised when applying the outcomes of this study beyond the specific context and characteristics of the sample under investigation. Future research endeavors should be directed towards addressing these limitations and broadening the scope of the study to enhance its overall impact and relevance.

### **Recommendation for future research**

There is a pressing need for further research that adheres to rigorous methodological standards, such as randomized controlled trials (RCTs), to establish compelling evidence regarding the efficacy and effectiveness of clinical treatments. In light of this, it is strongly recommended to conduct additional studies to investigate the efficacy of Somatic Experiencing (SE) by replicating previous findings in adequately powered RCTs (Kuhfuß et al., 2021). To facilitate this objective, the researcher proposes developing a standardized therapy handbook that ensures clinicians receive training in a consistent approach. The interventions utilized in empirical trials can be more readily compared by employing standardized interventions. Subsequent studies can then more accurately assess the efficacy and effectiveness of SE by upholding a high methodological standard in the implementation of SE interventions. Furthermore, evaluating SE in conjunction with other treatment options is crucial to determine its relative benefits and potential synergies.

### **Summary**

In conclusion, this review provides a comprehensive overview of the existing empirical literature on Somatic Experiencing (SE) at a broad level and the implementation of SE with mental health professionals in the Phoenix metropolitan area. The findings indicate that the field of SE is still in its early stages, with ongoing research and exploration. The current evidence suggests that SE shows promise in mitigating symptoms of post-traumatic stress disorder (PTSD), mood disorders, and anxiety disorders, as well as enhancing the overall quality of life. Moreover, the review identifies the first critical success variables specific to the SE methodology. Notably, SE distinguishes itself through its compatibility with various therapeutic approaches and adaptability across cultural contexts. This adaptability may explain the growing

interest in the clinical application of SE, despite the limited availability of empirical data on the subject.



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## Appendices

### Appendix A: Permission Request to Conduct Study Letter

07/18/2022

To The Liberty University IRB:

As a student in the School of Behavioral Sciences, Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is Somatic Experience Treatment Techniques for Trauma Symptoms: A Qualitative Case Study. The purpose of my research is to discuss the use of somatic experience techniques used to address the following research questions: What somatic therapy techniques are used to treat and reduce trauma symptoms? How are somatic therapies implemented to relieve trauma symptoms?

I am writing to request your permission to conduct my research within the mental health outpatient clinical setting with licensed mental health professionals who utilize somatic techniques with their clients. The licensed mental health professional will be recruited from the Phoenix, AZ metropolitan area.

Participants will be asked to complete the attached survey I will make contact following the survey to schedule an interview via in-person, telemed, or phone call. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval.

Sincerely,

Ashley Schlieff  
Licensed Professional Counselor  
Doctoral Student

**Appendix B: Liberty University's IRB Approval Letter****LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

December 7, 2022

Ashley Schlief Shannon Warden

Re: IRB Exemption - IRB-FY22-23-256 Somatic Experience Treatment Techniques for Trauma Symptoms: A Qualitative Case Study

Dear Ashley Schlief, Shannon Warden,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office



### **Appendix C: Participant Recruitment E-Mail and or Phone Call**

Dear Licensed Mental Health Professional:

As a student in the School of Behavioral Sciences, Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to discuss the use of somatic experience techniques used to address the following research questions: What somatic therapy techniques are used to treat and reduce trauma symptoms? How are somatic therapies implemented to relieve trauma symptoms? I am writing to invite eligible participants to join my study.

Participants must be a mental health clinician with at least a master's degree and hold a professional license at an associate or independent level. However, there will be no restrictions on the mental health disciplines, as the study seeks to broaden the sample to be used. As a result, the study may feature participants from a broad range of settings, including clinical psychology, art therapy, social work, counseling psychology, and several others. Secondly, the participants will be required to have used at least three somatic interventions with clients weekly within the past 30 days. Participants, if willing, will be asked to complete a survey questionnaire in private and participate in an interview conducted by the researcher. It should take approximately 10 minutes to complete the written survey and 30 – 45 minutes to complete the interview with the researcher. Participation will provide names and other identifying information will be requested as part of this study, but the information will remain confidential.

Participation will require the participant to complete the survey attached as well as an interview. To participate, please click here (include hyperlink to online survey) or complete the attached survey and return it by email at [REDACTED]. Following the survey completion, the researcher will make contact to schedule the participant's interview. The following pages are the participants informed consent please review and sign.

A consent document is attached to this email and will be given to you again at the time of the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me before the time of the survey and interview. After you have read the consent form, please click the [button/link] to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Participants will receive \$10 Amazon gift card for their participation.

Sincerely,

Ashley Schliefl

Licensed Professional Counselor



**Appendix D: Informed Consent Form****Consent**

**Title of the Project:** Somatic Experience Treatment Techniques for Trauma Symptoms: A Qualitative Case Study

**Principal Investigator:** Ashley Schlieff, Licensed Professional Counselor, Liberty University

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. To participate, you must be a mental health clinician in any discipline with at least a master's degree and hold a professional license at an associate or independent level. Secondly, the participants will be required to have used at least three somatic interventions with clients weekly within the past 30 days. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

**What is the study about and why is it being done?**

The purpose of the study is to discuss the use of somatic experience techniques used to address the following research questions: What somatic therapy techniques are used to treat and reduce trauma symptoms? How are somatic therapies implemented to relieve trauma symptoms?

**What will happen if you take part in this study?**

If you agree to be in this study, I will ask you to do the following things:

1. Complete a survey questionnaire that will take approximately 15 minutes.
2. Complete an interview via one of the following 3 methods: in-person, phone, or video conference. The interview will take approximately 30 minutes to 1 hour. The interview will be audio recorded for the researcher's reference.

**How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from participating in this study.

Benefits to society include a better understanding of the mental health symptoms targeted when utilizing somatic techniques in therapy. Society will have a greater knowledge of somatic options when treating troublesome symptoms.

**What risks might you experience from being in this study?**

The risks involved in this study include are minimal, which means they are equal to the risks you would encounter in everyday life.

**How will personal information be protected?**

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in

future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a locked cabinet. After three years, all electronic records will be deleted, and hard copy data will be shredded.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

#### **How will you be compensated for being part of the study?**

Participants will be compensated for participating in this study. Participants will be given a ten-dollar (\$10.00) Amazon gift card for their participation in the study.

#### **Does the researcher have any conflicts of interest?**

The researcher serves as a Program Director at a mental health outpatient clinic in Arizona. To limit potential or perceived conflicts the study will be conducted with licensed clinician's not directly supervised by the researcher so the researcher will not sway the participants responses. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your response will not be recorded or included in the study. If you choose to withdraw from the study after you have completed the questionnaire and/or interview, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Ashley Schlieff. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or email [REDACTED]. You may also contact the researcher's faculty sponsor, Shannon P. Warden, PhD, LCMHCS, Committee Chair, at [REDACTED].

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the Ashley Schlieff using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

The researcher has my permission to audio-record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date

## SOMATIC EXPERIENCE

### Appendix E: Survey Questionnaire

#### Clinician Questionnaire

1. What is your educational background and experience within mental health treatment?
2. How often have you used SE techniques when treating a client's trauma symptoms in the last 30-days?
3. What SE techniques are used when treating trauma symptoms?
4. How often do you use SE techniques when treating clients?
5. Which trauma symptoms are targeted when using SE techniques?
6. Do you prefer SE techniques over other therapeutic techniques when treating clients?  
Why or why not?
7. How can your client utilize Somatic Experiences techniques outside of your treatment sessions? What SE techniques can your client utilize outside of your treatment sessions?
8. What if any...Do you provide SE technique homework for your clients in between sessions? What feedback do you receive from your clients about any SE homework they complete between sessions?

## SOMATIC EXPERIENCE

### Appendix F: Interview Questions

#### Interview Questions

1. What is your educational background and experience within mental health treatment?
2. What SE techniques can be used when treating trauma symptoms?
3. Which trauma symptoms are targeted when using SE techniques?
4. Have you used SE techniques to target trauma symptoms? If so, what trauma symptoms have you noticed a decrease in following SE techniques used? If not, what prompted you to utilize another method?
5. Do you believe that meditation has emotional and physical benefits? If yes, why and what benefits? If not, what brings you to that conclusion?
6. Is there a required skill level clients need to begin practicing somatic techniques?
7. How often do you recommend that clients practice SE techniques in between therapeutic sessions?
8. What is the most common feedback you hear from clients after implementing somatic techniques during a session?
9. When and where should somatic techniques be practiced for the most optimal benefits?