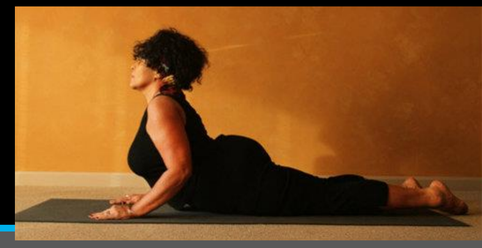
Integrating Body-Oriented Therapy Practices in Trauma Informed Care



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What is Body Oriented Therapy

No-touch or near-touch therapies- Body Awareness, Body Imagery, Posture, Body Scans

Movement/Mindful therapies-Dance, Yoga, Tai Chi

Touch therapies- Massage, Bodywork

Evidence to Support Use

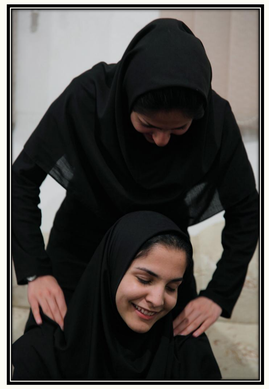
- **Interoception** cells are critical for mediating social behaviours and even in giving beings a sense of "self". Those same areas of the brain that respond to caressing also receive sensory input from internal parts of the body. Here, internal and external signals combine to give a unique sense of body ownership, and by implication to create our embodied psychological "self" (McGlone, 2014) providing support for the idea that affective touch may contribute to the sense of body ownership, and by implication to our embodied psychological "self".
- Research findings support the theory that **embodiment** is a key factor in the recovery process, and body oriented therapy may play unique role in the path toward embodiment for trauma survivors.
- Recovery from interpersonal trauma **involves reintegration of the self:** a process of re-establishing trust and safety, regulation of emotions, and empowerment. Sexual and physical trauma are often accompanied by the discontinuity between self and body as a dissociative coping mechanism for the pain of abuse (Price, 2014).

Emerging Best Practices

- Psychological dissociation from the body is a common result of torture and trauma. The dissociation of self from body that sometimes results from trauma and torture, may in fact be treated through bodywork (Grodin, 2012).
- Benefits of massage and bodywork with trauma survivors include
  a) increased self-awareness;
  b) the ability to link physical and emotional sensations in the body; and
  c) increased self-care (Price, 2014).
- Pilot studies with torture and trauma survivors (Longacre, M. et al 2010, Grodin et al, 2008), sexual abuse survivors (Price, 2014),depression and anxiety (Moyer et al, 2004), indicate improvement in depression, anxiety, physical symptoms and other related issues.

Therapeutic Massage

Massage therapy may be a promising treatment for post-traumatic stress disorder, especially for groups for whom massage therapy is a familiar treatment-Somali refugees (Jaranson et al., 2004).



Massage therapy had immediate beneficial effects on anxiety-related measures and may be a useful de-escalating tool for reducing stress and anxiety in acutely hospitalized psychiatric patients (Garner et al., 2008).

Within the clinical context of a RCT, chair massage was more effective than relaxation control in reducing anxiety (Black S, et al., 2010).

Yoga

- Multiple articles reported that yoga was beneficial in the treatment of anxiety, PTSD, chronic pain, chronic low back pain, and depression.
- Yoga was found to "produce many beneficial emotional, psychological and biological effects."
- It has also been reported to reduce stress and sleep disturbance in various patient populations (Longacre et al., 2012).

T'ai Chi

The increase in bodily awareness and mental focus accompanying the practice of qigong and t'ai chi may aid torture survivors in processing the bodily aspects of their trauma and facilitating the healing of related psychologic disturbances (Grodin, 2008).

Ethical and Supervision Considerations

Try it yourself first. Body-oriented and psychological therapist should be knowledgeable of emerging best practices and preferably received and benefited from the therapy proposed (van der Kolk, 2015).

Interview a number of body-oriented therapists. There is no one "treatment of choice" for trauma; a therapist who states his or her particular method is the only answer is suspect of being an ideologue, rather than somebody who is interested in making sure that the client gets well (Van der Kolk, 2015).

Inquire about training and supervision of the body-oriented therapist. It is important that body-oriented therapists have adequate skills for working with emotional and psychological issues should they arise, and adequate supervision to provide professional support and guidance when working intensely with clients who are in trauma recovery. Supervision from a psychotherapist with trauma expertise (ideally a body-psychotherapist who is familiar with somatic issues) can provide the professional support and guidance needed (Price, 2014).

Give your client a choice. Based on the reviewed literature, touch is more beneficial for some clients than others. It is important that both the psychological and body-oriented therapist have a clear rationale for using an intervention, and willing to refer/change therapy if client is not benefitting.

The safest embodied therapy is the one adapted to your individual client (Stanton, 2014) that takes into account the level of comfort, emotional stability, trauma history, and social resources of the client. Therefore, client characteristics (e.g., diagnosis, developmental history, prior experience with touch, or sexual abuse history) should be considered (Bonitz, V. 2008).

Clients should be stable enough for treatment choice of near-touch vs touch interventions. Body-oriented movement therapies may activate SNS and may exacerbate traumatic memories. Use Movement with caution.

Provide informed consent and treatment protocols. Treatment protocols with specific guidelines for the delivery of treatment include frequent and consistent verbal check and to inquire about the participant's comfort and assurance that participant is always free to stop the session (Price, 2014).

Release of information provided by client between body-oriented and psychological therapist is obtained and used as frequently as needed with case consultations to ensure best treatment outcomes.

Stay within scope of practice. Body-oriented therapist should not attempt to do amateur psychotherapy and psychotherapist should not attempt to do amateur body-oriented therapy.

Provide Culturally competent care. Body-oriented method(s) should not conflict with cultural norms.

Conclusion

Trauma is by definition unspeakable and unbearable. Trauma interferes with language and with the fight/flight response (Van der Kolk). Body-oriented therapies show promise in helping reconnect the body sensations with emotions, reduce anxiety, improve restorative sleep and help clients create and repair functioning connections to body awareness and emotional control that were damaged during the trauma.

Selected Works Cited

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