CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Somatic Experiencing in a School-Based Setting

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By

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Abstract

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Purpose: Children in the United States experience high rates of trauma. Research has been conducted using Cognitive Behavioral Intervention for Trauma in Schools (CBITS). However, research is still needed on using therapeutic modalities in schools that specifically seek to alleviate the symptoms of stress in the nervous system. Somatic Experiencing is a body-oriented approach to healing trauma developed by Peter Levine, PhD. The specific objective of the study is to explore the potential for Somatic Experiencing to alleviate the symptoms of trauma among 12-18 year olds in a school-based setting. Inquiry: In what ways do practitioners of Somatic Experiencing see Somatic Experiencing as a viable trauma treatment in a school-based setting, among 12-18 year olds? Methods: The researcher utilized a qualitative approach, conducting in depth semi-structured interviews with three Somatic Experiencing Practitioners who have experience working with children. Results: The study found that participants reported that Somatic Experiencing could be beneficial in a school-based setting because it is a complete therapeutic system designed to help individuals heal from trauma and stress. In addition, the study revealed that Somatic Experiencing practitioners could provide a calming presence for children, and that Somatic Experiencing practitioners could utilize the power of play to help children heal from trauma.

Introduction

Research shows that children in the United States experience trauma at high rates. According to Briggs-Gowan, Ford, Fraleigh, McCarthy and Carter (2010) one in four children will likely experience or witness a traumatic event by the age of four in the United States. A current approach to treating trauma in school-based settings is Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Based on a three month follow up after treatment CBITS has been effective at reducing symptoms of Post-Traumatic Stress Disorder (Stein et al., 2003). However, as Dr. Beseel van der Kolk (2014) states, “The imprints of traumatic experiences are organized not as coherent logical narratives but as fragmented sensory and emotional traces” (p.176). Therefore, a treatment that is not primarily focused on cognitive therapy (such as CBITS), but is an overall mind-body approach, may be an important addition to treating trauma in a school-based setting. However, there is little research in the area of mind-body approaches to treating in a school-based setting.

One such therapeutic approach that could be implemented in schools in Somatic Experiencing (SE). As Hughes and Levine (2015) state, Somatic Experiencing was developed by Peter Levine, PhD, almost 50 years ago. Levine’s work is partially based on observation of animals in the wild and how animals respond differently to threats than humans by discharging fight or flight energy through trembling and shaking. Per Hughes and Levine (2015), “trauma is a result of an incomplete biological response to threat, where the event is frozen in time” (p. 197).

Given the lack of research using mind-body modalities to treat trauma in a school-based setting, the purpose of this qualitative research study is to better discern how using

Somatic Experiencing could be beneficial in treating trauma among 12-18 year olds, when employed in a school setting. In depth, semi-structured interviews with Somatic Experiencing practitioners will be conducted to answer the following research question:

In what ways do practitioners of Somatic Experiencing view SE as a viable trauma treatment in a school setting, among 12-18 year olds?

Literature Review

Defining Trauma

In her seminal book on trauma, *Trauma and Recovery*, Judith Herman (1997) defines psychological trauma as "an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force… Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning" (p. 33). Wong et al. (2007) expand on Herman's definition stating "Psychological trauma occurs when a person experiences or witnesses an event involving life-threatening circumstances or serious injury that causes him or her to feel intense fear, helplessness or horror" (p.17). Family abuse or violence, acts of terrorism, community violence, peer or school violence and natural disasters can all lead to trauma (Wong et al., 2007).

Heller and LaPierre (2012) discuss two types of trauma, shock trauma and developmental trauma:

> Shock trauma-the impact of acute, devastating incidents that leave an individual frozen in fear and frozen in time-is clinically recognized and treated under the diagnosis of posttraumatic stress disorder (PTSD) … Developmental trauma … can include specific shock traumas at an early age, profound ongoing misattunement such as in attachment trauma … as well as ongoing abuse and/or neglect. (p. 118)

D'Andrea, Ford, Stolbach, Spinazzola and van der Kolk (2012) advocated for a specific developmental trauma diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) stating,

> We believe that it is important to call to attention to a large body of empirical research conducted over the past two decades, the findings of which appear to converge to provide evidence for examination of the coherence and utility of a developmentally sensitive post-maltreatment diagnosis. (p. 3)

However, the latest edition of the DSM, the DSM-5, does not include such a diagnosis.

The impacts of trauma can be passed down from generation to generation. Leary (2005) discusses the intergenerational impacts of slavery in the book *Post Traumatic Slave Syndrome* stating, “Post Traumatic Slave Syndrome is a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today” (p. 121). Gilaldi and Bell (2013) highlight the transmission of intergenerational trauma among second and third generation holocaust survivors, and the harmful impacts on children who were not yet born when their parents lived in a warzone, or a country that has frequent terrorist attacks.

Rates of Childhood Trauma

According to Stein et al. (2003) who surveyed school-aged children, the average number of violent events directly experienced in the previous year was nearly three, and the average number of violent events witnessed in the previous year was approximately six. In addition, over three quarters of those surveyed had witnessed or experienced violence with a knife or gun in the past year (Stein et al., 2003). Mongillo, Briggs-Gowan, Ford and Carter (2009) conducted research on trauma with children in Connecticut, and discovered that over twenty-five percent of the children in the community sampled were reported to “have experienced at least one traumatic event

between the ages of 6 and 36 months … This is consistent with rates of exposure reported for older children and adolescents" (p. 464). As Heller and LaPierre (2012) report, developmental trauma affects nearly three million children yearly in the United States alone.

Impacts of Trauma in Children

The effects of trauma can be insidious and can negatively impact the well-being of children. According to Mongillo et al. (2009) toddlers exposed to traumatic life events tested as having higher symptoms of dysregulation, and one in five toddlers exposed to such events "were reported by their parents to have experienced a dramatic change in functioning following the events … as experiencing higher levels of symptoms consistent with post-traumatic stress disorder (PTSD), namely re-experiencing and arousal" (p. 455). As Wong et al. (2007) report, approximately one in three children exposed to a traumatic event may develop symptoms of PTSD. Symptoms of PTSD (including recurrent intrusive thoughts and feelings, nightmares, and avoidant behavior) will negatively impact a child, and can lead to difficulties in school, behavioral issues, and increase a child's vulnerability to additional psychological disorders like depression and anxiety (Wong et al., 2007). Heller and LaPierre (2012) report that the earlier a trauma occurs the greater the impact on a person's psychology and physiology. Per D'Andrea et al. (2012), "40% of children with any trauma history have at least one other mood, anxiety, or disruptive behavior diagnosis" (p. 2). This important information validates the role that trauma plays in leading to other mental health diagnoses.

Further highlighting the impacts of developmental trauma, Moutsiana et al. (2015) found that individuals with insecure infant attachments were more likely to have "larger

amygdala volumes" (p.540). Per Moutsiana et al. (2015), enlarged amygdala volume has been associated with increased anxiety and a heightened sensitivity to negative emotions. In addition, Moutsiana et al. (2015) report that attachment trauma has been linked to "greater physiological reactivity to stress, which is likely to be directly influenced by neural activity in the amygdala" (p. 545). The researchers hypothesize that the increase in amygdala volume may be a result of the insecurely attached infant's stress response system being activated for prolonged periods of time, and at a more frequent rate that securely attached infants (Moutsiana et al. 2015).

Per Heller and LaPierre (2012), When the trauma is ongoing and chronic, like ongoing abuse or neglect, the nervous system remains in an ongoing state of vigilance and heightened sympathetic arousal. As Heller and LaPierre (2012) discuss, when an individual is unable run from threat or fight back, as is the case with infants and children stuck in ongoing abusive or neglectful situations, the only alternative to cope is to go into a freeze state, and dissociate from the unbearable ongoing pain. Heller and LaPierre (2012) state, "Individuals seek comfort from this unbearable state by detaching their consciousness from their ongoing painful experience. They disconnect from bodily experience and from the threatening environment. This disconnection is the beginning of what can become a lifelong dissociative pattern" (p. 121). The pattern of dissociation, sympathetic arousal and freeze can lead to decreased resiliency, developmental issues, and an impaired capacity to socially engage with others (Heller & LaPierre, 2012).

Evidence Based Practice for Treatment of Trauma in School Settings

A current approach to addressing children exposed to trauma in a school-based setting is Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Wong et al.,

2007). Per Wong et al., (2007) CBITS is the outgrowth of a partnership between LAUSD, RAND corporation and UCLA Health Services Research Center. Wong et al. (2007) describe how "CBITS involves 10 group sessions for pre-adolescent and adolescent students, and includes educational sessions for parents and teachers… is based on the principles of cognitive behavioral therapy" (p. 19). CBITS was found to be effective at lowering symptoms of PTSD; A three month follow up of individuals who received CBITS found a reduction in PTSD symptoms by 64% (Stein et al., 2003).

Psychobiological Approaches to Treating Trauma

According to Karr-Morse and Wiley (2012) addressing symptoms of trauma on a solely a cognitive level is not enough to help children to recover from the effects of trauma. Karr-Morse and Wiley (2012) state, "Healing from trauma is not just about controlling symptoms but also about promoting the balanced regulation of vital systems… in the developing bodies of children" (p. 216). As Karr-Morse and Wiley (2012) discuss, traumatic events live in a traumatized person's entire nervous system, and not just in the thinking mind. Therefore, it is of the utmost importance that alternative therapeutic approaches are used while treating trauma, in addition to, or as an alternative to CBT. Per Karr-Morse and Wiley (2012), the ideal treatment for trauma would include techniques that "target the integration of physical sensations, feelings, gestures, postural changes, and other physical signals associated with stored trauma" (p. 217). Heller and LaPierre (2012) state, "Strategies to resolve the sense of threat once real threat has passed, must address the source of the threat that is now in the nervous system itself as well as held in memory and in every cell of the body" (p. 120).

Somatic Experiencing as Trauma Resolution

According to Hughes and Levine (2015), Somatic Experiencing practitioners work with clients to help discharge the survival energy that is trapped in the body after a traumatic event, by allowing for the client to complete the defensive responses that were thwarted during the event, thus freezing the trauma in the body. Heller and LaPierre (2012) report somatic modalities can work by helping a traumatized individual complete the defensive-orienting response and discharge high levels of arousal from the nervous system.

Levine (2015) discusses that Somatic Experiencing practitioners assist clients in discharging high levels of sympathetic arousal by encouraging movement between expansion and contraction in the body. Levine (2015) states, “Pendulation, a term I have coined, refers to the continuous, primary, organismic rhythm of contraction and expansion. Traumatized individuals are stuck in chronic contraction” (p. 55). Per Levine (2015), traumatized individuals feel helpless in this state of chronic contraction, and yet the idea of expanding into a sense of the body can be terrifying, as disconnecting from bodily sensation was a coping and survival mechanism, and the return of sensations can feel like the trauma overwhelming the individual yet again. Therefore, Levine (2015) states “It is just this avoidance that keeps people frozen, ‘stuck’ in their trauma” (p. 55). Levine (2015) reports that one of the roles of the SE practitioner is to gently guide the client into sensation by encouraging the pendulation between expansion and contraction.

Hughes and Levine (2015) discuss the case of Jill, who was raped while in the military, using transcripts from sessions, which show a progression of how the client was slowly encouraged to become more aware of her bodily sensations. To help Jill develop

awareness, the therapist used various techniques employed by Somatic Experiencing practitioners.

Working in a titrated way, the therapist helped Jill slow down and develop awareness and tolerance for her sensations, images, behaviors, emotions and thoughts. Many physical objects were used in therapy, to assist in the facilitation of awareness, like tennis balls, sandpaper and ping pong balls. The objects helped Jill engage and track the various sensations in her body after contacting the objects. Also, the therapist encouraged Jill to orient to her external environment and explore colors and objects in the room. (Hughes & Levine, 2015). After many sessions, including one where Jill's body trembled after completing defensive responses by pushing and clawing at her attacker, she described herself as doing better by stating, "I am part of the world again instead of floating around in it" (Hughes & Levine, 2015, p. 215).

As the case of Jill illustrates, Somatic Experiencing has shown itself to be a highly effective modality for resolving trauma in clinical practice. More research is needed around the opinions of practitioners who utilize Somatic Experiencing to gain a deeper understanding if Somatic Experiencing is a viable trauma treatment in a school-based setting, among 12-18 year olds.

Method

The purpose of this research study was to discern if Somatic Experiencing could be beneficial in treating trauma among 12-18 year olds when employed in a school-based setting. The researcher utilized a qualitative approach. As Rubin and Rubin (2012) report, qualitative research is beneficial when a researcher is interested in "depth rather than breadth" (p .2). For this research study, the depth of the research helped provide clarity with regards to the research question. As Rubin and Rubin (2012) discuss, when a researcher is more interested in learning about the people interviewed and their perspectives, as opposed to finding an average, qualitative research is a preferred approach.

There were a total of three participants interviewed in this research study. People interviewed were Somatic Experiencing practitioners who were at least 18 years of age or older. In addition, practitioners interviewed had experience working with children. The participants in the research study worked in private practice, and one practitioner worked in a school-based setting as a psychotherapist.

Participants in the study were recruited in person by the researcher's connections to Somatic Experiencing practitioners. In addition, the researcher asked the participants if they knew other individuals that met the criteria, and would be willing to participate. Those who agreed to participate provided their contact information (i.e. names, phone number and email addresses) to schedule a time to conduct the interview.

The researcher adhered to an interview protocol consisting of open-ended questions to allow for data collection that is rich with information. As Rubin and Rubin (2012) state, "qualitative interviewers examine the complexity of the real world by

exploring multiple perspectives toward an issue" (p. 4). In depth, semi-structured interviews with Somatic Experiencing practitioners provided an ideal method for gaining multiple perspectives while exploring the complexity of utilizing Somatic Experiencing in a school-based setting. Interviews lasted approximately 45 to 60. The researcher recorded each interview on a digital recording device.

The data was analyzed by the researcher using a grounded theory approach (Rubin & Babbie, 2016). The researcher utilized observations and looked for common themes and pattern (Rubin & Babbie, 2016). The researcher used line-by-line coding, applying a systematic process of analysis and applying the same process to each interview transcript, thus extrapolating key concepts and themes in the research.

Results

Key themes emerged through analyzing the research. Specifically, one overarching theme and two sub-themes regarding the potential for Somatic Experiencing to be of benefit to children in a school-based setting. The overarching theme that emerged from the research is that Somatic Experiencing could be beneficial in a school-based setting because it is a complete therapeutic system designed to help individuals heal from trauma and stress, on a nervous system level.

The two sub-themes to emerge from the data were that Somatic Experiencing practitioners could provide a calming presence for children, and that by using Somatic Experiencing in a school-based setting, practitioners could utilize the power of play to help children heal.

A mind-body approach to treating trauma and stress

Practitioners interviewed spoke to many of the potential benefits of Somatic Experiencing in a school-based setting stemming from it being a therapeutic modality that targets trauma on a nervous system level. Participants in the research study frequently highlighted the fact that Somatic Experiencing works not only with thoughts and behaviors, but also includes sensations, images and emotions. Individuals interviewed referenced that a goal of Somatic Experiencing is to help guide the nervous system back to a state of homeostasis. Participants in the study shared about the physiological responses to stress and trauma in the body, and how Somatic Experiencing practitioners could help children resolve these issues:

> Well, Somatic Experiencing is a mind-body approach to treating trauma and stress. So, considering that, and then looking at what children come to school with

> in terms of their nervous system, any child would benefit from the practice of Somatic Experiencing to help them feel more calm.

One practitioner highlighted how Somatic Experiencing in a school-based setting could benefit a child's nervous system:

> So they can feel into their sadness, they could then get tears going, they might even cry a little bit, and then their nervous system returns back to that parasympathetic state which is where they can rest and digest. But without that, there's just this kind of floating sympathetic charge inside of them. So, that needs to be addressed, and the way that's addressed is through awareness and through sensing it. And when you sense it, you can actually give it a chance to leave your nervous system.

A calming presence for children

The interviews revealed that it is highly important for children who have experienced trauma to be supported by adults who are well-regulated in their own nervous systems. As participants in the research study noted, a Somatic Experiencing practitioner could help provide a child with a calming, caring, adult presence. Participants interviewed pointed out the unfortunate reality that often parents and teachers may not understand the impacts of trauma, and may be struggling with their own nervous system dysregulation, which makes it more challenging to be present for a child or children. One participant highlighted how having a Somatic Experiencing practitioner in a school-based setting can make a difference:

> Children could be out of the very stimulating school classroom environment and have some calming time, and some engagement, with somebody who was

> relatively calm and then try to go back in the classroom … Early on, when I was in school, I remember hearing that resilience needs one attentive, caring, regulated adult. And that will make a difference in a child's life ... And I took that to heart, because it's like, "Woah, I certainly would like to influence the classroom, the home, all that stuff." And when I had opportunities, I certainly made efforts.

Another individual interviewed discussed the importance of a calm presence. Noting that seeing what a child needs to work through can become apparent when one observes the child closely:

> If we just join them in the moment, through our calm presence and really observe them … Kids will act out and actually show you what it is they want to work on, you just have to have they eyes to see it and have no agenda.

Utilizing the power of play to help children heal

Somatic Experiencing practitioners utilizing play as a tool for facilitating healing, when working with children, was another theme that emerged in the research. Participants interviewed frequently stated that using play with children can help build safety. Also, participants noted that play is a good way for children to express what is happening in their lives, including the fears, anxieties, and traumas they may be experiencing or have previously experienced. As participants noted, often play is the best way to connect with a child. One practitioner interviewed stated:

> I would do less explaining and more play. I would come to SE through play. If someone was being chased by a bully, you guys in the session could act that out. You could say, "Okay We're gonna play cat and mouse, and I'm gonna be the

> mouse and you be the cat and you get to chase me." So, they get to feel what it's like to be the chaser and not only the chased, which led them to feel powerless.

Another practitioner highlighted the possibility of play in a group setting stating:

> So, in SE with children in group settings, basically, your lens is to observe where the child is stuck in their physiology. Are they stuck in the fight, are they stuck in the flight, or are they stuck in the freeze? And so, the exercises that you would do in a group setting, you'd want to address those different phases in their physiology and move it along towards some kind of resolution. So, if they had inescapable attack, let's say, you would want to help them to imagine a flee response which could easily be enacted through play, like, 'Someone's gonna be the wild animal, and then they're gonna chase you, and then you run, you run, you run,' and then you have the whole group clap when they get away. And it's like you're supporting that flee response, as one example. There's endless creative possibilities with SE 'cause there's many different ways to stimulate the nervous system and support the completion of self-protective responses.

Overall, the participants in the research study endorsed the potential benefits of utilizing Somatic Experiencing in a school-based setting.

Discussion

The findings show that there are a number of different ways that practitioners of Somatic Experiencing see Somatic Experiencing as a viable trauma treatment in a school-based setting, among 12-18 year olds. Because Somatic Experiencing is a mind-body approach to treating trauma, those interviewed believed that it could be highly beneficial in a school-based setting. In addition, practitioners interviewed discussed that Somatic Experiencing could help resolve children's trauma symptoms because the practitioner can provide a calming presence in the midst of an often stressful and chaotic classroom environment. Also, those interviewed discussed that by utilizing play in therapy, practitioner of Somatic Experiencing can help a child's nervous system return to homeostasis. The results support existing literature on the subject that highlight the importance of trauma therapies that focus not solely on "cognitive or emotional processing but physical processing as well" (Karr-Morse & Wiley, 2012, p. 216). The findings show that Somatic Experiencing could be a positive addition to the treatment of trauma in school-based settings.

Limitations

A limitation of the study was the small sample size of three participants.

Conclusion

The purpose of this study was to assess whether Somatic Experiencing could be beneficial as a trauma treatment in a school-based setting. The findings show that Somatic Experiencing could benefit children in a school-based setting. The findings of this research study could potentially help bring Somatic Experiencing to school-based settings. What remains unsolved is how a Somatic Experiencing protocol would be

implemented in a school-based setting. Future studies could focus on interviewing practitioners of Somatic Experiencing to attain an understanding of how practitioners specifically envision implementing a protocol of both individual and group therapy sessions in a school-based setting. Future research could also focus on implementing a pilot program in a school-based setting utilizing measures to assess outcomes of the treatment.

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