

Somatic experiencing: Intermediate Year

(November 2018 and May 2019)

I am a specialist Paediatric Occupational Therapist working between the NHS and independent work with children and young people with ranging needs; many on my case load have experienced early developmental trauma. I am certified in Sensory Attachment Intervention and am now integrating Somatic experiencing (SE) with this. The 2 models complement and support each other very well.

The intermediate year of the SE training has provided clarity and consolidation in understanding the physiology and functioning of the autonomic system in response to trauma. In the intermediate year of training, we have explored other supporting theories such as the Polyvagal Theory and associated tools for applying this theory in practice.

This knowledge has given me increased confidence in providing psychoeducation to children/young people and their parents about what is likely happening for them as a result of stress/trauma. One tool in particular, a sensation tracking tool, in relation to changes in sympathetic and parasympathetic activation has been most useful. I have been surprised at how quickly individuals have identified sensations on the continuum from social engagement (ventral vagal - parasympathetic) to activation (sympathetic) to shut down (dorsal vagal -parasympathetic).

Use of the technique of *pendulation* has also been effective in supporting individuals to pendulate between an internal or external resource and a trauma event/trauma trigger. It has been rewarding to see the young people being able to recognise changes in their nervous system and state of arousal as well as an increased ability to orient and engage in their environment as their sense of safety increases and down regulation of their sympathetic nervous system occurs during this process. These tools have been particularly helpful with a number of adolescents that I have been working with.

One young woman was able to recognise and make the connection for example when she was influenced by the dorsal vagal system that she was more likely to consider or engage in self harming behaviours or other numbing/blocking behaviours. She became more aware of the ventral vagal system and ways to keep this online to prevent herself dropping down the autonomic ladder. She was able to discuss this more openly and track the state of her autonomic nervous system using the language and concepts from the Polyvagal theory and Somatic Experiencing.

Working on developing the capacity to restore the natural rhythm of regulation in the body through charge and release/excitement and relaxation/expansion and contraction and by regular work on pendulation, has given individuals increased confidence in the homeostatic function of their nervous system. This has also been a valuable principle to keep in mind on my journey as a trainee SE practitioner in learning to implement this approach and in integrating it into my personal life and professional practice.

I am extremely grateful to FPSA for the financial support and opportunity that this has provided in my ongoing study of this powerful approach to trauma healing.