Somatic Experiencing (SE) Quick Reference Card

A Clinical Guide for Trauma-Informed Practice

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Core Principles

Principle	Description
Body-Based	Trauma is stored in the body, not just the mind. Healing happens through the body's innate wisdom.
Bottom-Up Processing	Work from body sensations upward to emotions and cognition, rather than top-down cognitive approaches.
Nervous System Focus	Trauma dysregulates the autonomic nervous system. SE restores natural regulation.
Completion of Responses	Trauma occurs when survival responses (fight/flight/freeze) cannot complete. SE allows completion.
Titration	Work with small, manageable doses of traumatic material to prevent overwhelm.

The Five Core Techniques

1. Titration

Purpose: Working with small, manageable doses of traumatic material

How it works: Like adding drops of a chemical solution, approach traumatic material gradually. Touch the edge of activation without diving into the center.

Session Language:

- "Let's just touch the edge of that, not go all the way in."
- "Can you notice just a little bit of that sensation?"
- "Let's slow down here."
- "We don't need to go there all at once."
- "Just a drop at a time."

Clinical Note: Counters trauma being "too much, too fast, too soon." Allow completion of protective responses that couldn't be carried out.

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2. Pendulation

Purpose: Natural rhythm between expansion and contraction

How it works: Guide clients to notice the natural oscillation between activated and settled states. Like ocean tides, the nervous system naturally moves between alertness and calm.

Session Language:

- "Now notice what happens when you shift attention to your resource."
- "Can you feel the difference between those two places?"
- "Let yourself move back and forth between comfort and discomfort."
- "What's it like to come back to the settled place?"
- "Notice the natural rhythm of expansion and contraction."

Clinical Note: Builds confidence in the nervous system's capacity to self-regulate. Allows polarities to gradually integrate.

> *"In renegotiating trauma via Somatic Experiencing we utilize 'pendulation,' the shifting of body sensations or emotions between those of expansion and those of contraction. This ebb and flow allows the polarities to gradually be integrated." — Peter Levine, PhD*

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3. Resourcing

Purpose: Connecting to inner safety and grounding

How it works: Before approaching difficult material, establish internal and external resources. These can be memories, images, places, objects, or body sensations that evoke safety.

Session Language:

- “Think of a place where you feel safe and calm. What do you notice?”
- “Can you feel your feet on the ground?”
- “What helps you feel more settled right now?”
- “Let’s take a moment to notice what’s okay in your body.”
- “Is there a part of your body that feels neutral or comfortable?”

Clinical Note: Always establish resources before trauma work. Build a repertoire the client can access. Teaches the nervous system it can experience stress and return to calm.

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4. Tracking

Purpose: Following bodily sensations moment to moment

How it works: Guide attention to subtle shifts in body sensations—temperature, pressure, movement, stillness. Follow the natural progression as sensations change.

Session Language:

- “What do you notice in your body right now?”
- “Where do you feel that in your body?”
- “Can you describe the sensation? Is it warm, cool, tight, spacious?”
- “What happens when you bring your attention there?”
- “Does the sensation have a shape, color, or texture?”

Clinical Note: Trust the body’s wisdom. The therapist also tracks the client’s nonverbal cues—breathing, posture, facial expressions, micro-movements.

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5. Discharge

Purpose: Release of trapped survival energy

How it works: When the nervous system releases bound energy, it may manifest as trembling, shaking, heat, sweating, deep breathing, or spontaneous movement. Allow this natural completion.

Session Language:

- “That’s your body releasing. Let it happen.”
- “Allow the trembling. It’s natural.”
- “Your body knows what to do.”
- “Let the energy move through.”
- “That shaking is your nervous system completing what it couldn’t before.”

Clinical Note: Normalize discharge when it occurs. Don’t interrupt the process. This indicates the nervous system is releasing held activation.

SIBAM Model

The five channels of experience used to track and work with traumatic material:

Channel	Description	Examples
S - Sensation	Physical body sensations	Tightness, warmth, tingling, pressure, heaviness
I - Image	Visual, auditory, olfactory imagery	Memories, dreams, flashbacks, mental pictures
B - Behavior	Movements, gestures, postures	Trembling, bracing, reaching, pulling back
A - Affect	Emotions and feelings	Fear, anger, sadness, joy, shame
M - Meaning	Thoughts, beliefs, interpretations	“I’m not safe,” “It was my fault,” “I survived”

Clinical Application: Notice which channels are coupled (occur together) and which are dissociated (split off). Trauma healing involves integrating all channels.

Autonomic Nervous System States

State	Branch	Characteristics	Therapeutic Goal
Ventral Vagal	Parasympathetic	Social engagement, safety, connection, calm alertness	Restore this as baseline
Sympathetic	Sympathetic	Fight/flight, mobilization, anxiety, hypervigilance	Allow completion and discharge
Dorsal Vagal	Parasympathetic	Freeze, shutdown, dissociation, collapse, numbness	Gently mobilize toward ventral

Window of Tolerance: The optimal zone of arousal where a person can function effectively. Outside this window:

- **Hyperarousal:** Anxiety, panic, hypervigilance, racing thoughts
- **Hypoarousal:** Numbness, dissociation, depression, shutdown

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Complex Trauma Modifications

Extended Resourcing Phase

Complex trauma survivors need more time building resources before approaching traumatic material.

- Multiple sessions focused solely on resourcing
- Build a “resource library” the client can access
- Practice pendulation between neutral and resourced states before adding activation

Micro-Titration

Work with even smaller doses of activation than typical SE.

- Touch activation for seconds, not minutes
- Return to resource frequently
- “Homeopathic doses” of trauma work

Addressing Dissociation

Dissociation is a survival response that must be worked with carefully.

- Grounding before and during sessions
- Slower pace with frequent orientation to present
- Notice and name dissociative shifts
- Don’t push through dissociation—work with it

Relational Resourcing

For attachment trauma, the therapeutic relationship itself becomes a resource.

- Co-regulation with the therapist
- Explicit attention to the relational field
- Repair of ruptures as healing opportunities

Key Glossary Terms

Term	Definition
Activation	Arousal of the nervous system in response to perceived threat
Discharge	Release of bound survival energy through the body
Felt Sense	Internal body awareness of how we experience ourselves in the moment
Immobility	The freeze response where the body becomes still and unresponsive
Interoception	The sense of the internal state of the body
Orienting Response	Natural response of turning toward or away from stimuli
Renegotiation	SE term for processing and resolving traumatic experiences

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Founder & Historical Context

Dr. Peter A. Levine developed Somatic Experiencing over 45+ years of studying stress physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics.

Key Insight: Animals in the wild rarely develop trauma symptoms because they complete their survival responses. Humans often interrupt this natural completion, leaving energy bound in the nervous system.

Foundational Texts:

- *Waking the Tiger: Healing Trauma* (1997)
- *In an Unspoken Voice: How the Body Releases Trauma* (2010)
- *Trauma and Memory: Brain and Body in Search of the Living Past* (2015)

Professional Organizations

- **Somatic Experiencing International (SEI)** - traumahealing.org
- **SE Trauma Institute** - Training and certification programs
- **Foundation for Human Enrichment** - Research and education

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This quick reference card is intended as a clinical aid and does not replace comprehensive training in Somatic Experiencing. SE Practitioner certification requires extensive training through authorized programs.

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