

Sensorimotor Psychotherapy Quick Reference Card

A Clinical Guide for Trauma-Informed Practice

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Core Principles

Principle	Description
Bottom-Up Processing	Target the body’s autonomic nervous system and instinctive defensive movements, rather than relying solely on cognitive insight.
Body as Resource	Physical actions (grounding, breathing, posture) become tools for clients to manage dysregulation.
Window of Tolerance	Work within the optimal zone of arousal where processing can occur effectively.
Completing Defensive Actions	Allow thwarted protective responses to complete, reinstating a sense of agency.
Phase-Oriented Treatment	Stabilization → Processing → Integration

“Because Words Are Not Enough” — Sensorimotor Psychotherapy Institute

The Six Core Concepts

1. Bottom-Up Processing

Traditional psychotherapy relies on “top-down” approaches—insight, cognitive meaning-making, verbal processing through the neocortex. SP uniquely integrates “bottom-up” interventions targeting autonomic nervous system arousal and instinctive defensive movements.

Clinical Note: When clients are stuck in cognitive loops, shift to bottom-up: “Let’s pause the story. What do you notice happening in your body right now?”

2. Somatic Resources

Physical actions that help clients modulate dysregulated arousal: aligning the spine, grounding through the legs, regulated breathing, and other body-based interventions.

Clinical Note: Help clients build a repertoire: “Let’s experiment with different ways your body can help you feel more grounded.”

3. Window of Tolerance

The optimal zone of arousal where a person can function effectively:

- **Above the window:** Hyperarousal (anxiety, panic, hypervigilance)
- **Below the window:** Hypoarousal (numbness, dissociation, shutdown)

Clinical Note: Regularly assess: “On a scale of 1-10, where 1 is completely shut down and 10 is overwhelmed, where are you right now?”

4. Actions That Wanted to Happen

Instinctive impulses to defend and protect—striking out, pushing away, fleeing—that were abandoned during trauma but remain encoded in the body.

Clinical Note: Track subtle movements: “I notice your hands are making a slight pushing motion. What would happen if you let that movement get a little bigger?”

5. Addressing Body Phobia

Clients with complex trauma often harbor phobic responses to their bodies. The body becomes a source of repulsion, terror, perceived as having betrayed the survivor.

Clinical Note: Normalize the phobia: “It makes complete sense that you would feel disconnected from your body after what happened.”

6. Structural Dissociation

After repeated trauma, one part of self remains fixated in instinctive defenses while another attempts to maintain normalcy. These “parts” manifest in the body’s procedural and regulatory tendencies.

Clinical Note: Help clients recognize parts through the body: “When you notice that protective part showing up, what happens in your posture? Your breathing?”

Three Phases of Treatment

Phase	Focus	Goals	Key Techniques
Phase 1: Stabilization	Regulation of Arousal, Behavior, and Emotion	Develop awareness of arousal states; Build somatic resources; Establish safety; Expand window of tolerance	Grounding, Breath regulation, Boundary work, Resource development
Phase 2: Processing	Reprocessing Traumatic Memory	Process traumatic memories safely; Complete defensive movements; Integrate fragmented experiences	Tracking sensations, Completing defensive actions, Titrated memory work
Phase 3: Integration	Relational and Life Success	Address attachment patterns; Develop healthy relational capacities; Support life engagement	Relational experiments, Proximity-seeking work, Social engagement

Key Techniques

Mindful Body Awareness

Purpose: Foundation for all other interventions **How to:** “As you speak about this, what do you notice happening in your body? Where do you feel that?” **When:** Throughout every session

Tracking

Purpose: Following bodily sensations as they unfold **How to:** “Stay with that sensation... notice if it changes... where does it want to go next?” **When:** Processing difficult material or exploring body responses

Grounding

Purpose: Establishing present-moment connection **How to:** “Feel your feet on the floor. Press down slightly. Notice the support of the chair beneath you.” **When:** Dysregulation, dissociation, or overwhelm

Completing Defensive Movements

Purpose: Reinstating sense of agency and self-protection **How to:** “I notice your arms want to push. What would happen if you let them push against my hands?” **When:** Preparatory movements observed or processing trauma

Resourcing

Purpose: Building positive somatic experiences **How to:** “As you feel that sense of calm, notice where you feel it in your body. What’s the posture that goes with this feeling?” **When:** Before trauma work and to restore equilibrium after

Boundary Work

Purpose: Developing felt sense of personal space **How to:** “Extend your arms and notice the space around you. What happens when you push out slightly?” **When:** Boundary violations or difficulty saying no

Session Language by Category

Awareness & Tracking

- “What do you notice happening in your body right now?”
- “As you speak about this, where do you feel that in your body?”
- “Stay with that sensation... notice if it changes.”
- “What’s the quality of that sensation? Is it sharp, dull, warm, cold?”
- “Let’s slow down and see what your body wants to tell us.”

Grounding & Stabilization

- “Feel your feet on the floor. Press down slightly.”
- “Notice the support of the chair beneath you.”
- “Can you feel the weight of your body being held by the chair?”
- “Let your spine lengthen. Feel the ground supporting you.”
- “Take a moment to arrive here, in this room, in this moment.”

Movement & Defensive Actions

- “I notice your hands want to push. What would happen if you let them?”
- “There’s some tension in your shoulders. What movement wants to happen there?”
- “Let’s see what your body wants to do.”
- “Can you let that movement get a little bigger?”
- “What happens when you follow that impulse?”

Regulation & Window of Tolerance

- “On a scale of 1-10, where are you right now?”
- “Let’s find a way to bring that activation down a bit.”
- “What helps your body feel more settled?”

- “Can we pause here and let your system catch up?”
- “What does your body need right now to feel safer?”

Parts Work

- “When you notice that protective part, what happens in your body?”
 - “What does this part need right now?”
 - “Can we get curious about what this part is trying to do for you?”
 - “Where do you feel that younger part in your body?”
 - “Let’s see if we can help these parts communicate.”
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Complex Trauma Modifications

Extended Phase 1

Complex trauma survivors often need significantly more time in the stabilization phase before any trauma processing.

- Multiple sessions focused solely on somatic resources
- Build window of tolerance capacity gradually
- Don’t rush to Phase 2

Addressing Body Phobia

The body may feel like the enemy. Approach with patience and curiosity.

- Start with neutral body parts
- Use third-person language: “What does the body notice?”
- Normalize disconnection as protective

Working with Structural Dissociation

Recognize that different “parts” may have different somatic presentations.

- Track shifts in posture, breathing, voice
- Help parts communicate through the body
- Don't force integration—support gradual cooperation

Pacing and Titration

Work with smaller doses of activation than typical SP.

- Touch activation briefly, return to resource
- “Homeopathic doses” of trauma work
- Honor the body's pace

Key Glossary Terms

Term	Definition
Bottom-Up Processing	Interventions targeting body and autonomic nervous system rather than cognition
Window of Tolerance	Optimal zone of arousal for effective functioning
Preparatory Movements	Subtle movements indicating readiness for defensive actions
Actions That Wanted to Happen	Thwarted defensive impulses encoded in the body
Structural Dissociation	Model of how trauma creates “parts of self”
Procedural Memory	Implicit body-based memory including trauma patterns
Organicity	Trusting the body's innate wisdom and capacity for self-healing

Founder & Historical Context

Dr. Pat Ogden developed Sensorimotor Psychotherapy, integrating somatic therapy, neuroscience, attachment theory, and cognitive approaches.

Key Insight: Traditional talk therapy often fails to address the body-based, procedural memories of trauma. SP provides a method for working directly with these implicit patterns.

Foundational Texts:

- *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* (Ogden, Minton, Pain, 2006)
- *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment* (Ogden, Fisher, 2015)

Theoretical Foundations:

- Structural Dissociation Theory (van der Hart, Nijenhuis, Steele)
 - Polyvagal Theory (Stephen Porges)
 - Attachment Theory (Bowlby, Ainsworth)
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Professional Organizations

- **Sensorimotor Psychotherapy Institute** - sensorimotorpsychotherapy.org
 - **NICABM** - Training resources featuring Pat Ogden
 - **International Society for the Study of Trauma and Dissociation (ISSTD)**
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This quick reference card is intended as a clinical aid and does not replace comprehensive training in Sensorimotor Psychotherapy. SP certification requires extensive training through the Sensorimotor Psychotherapy Institute.

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