

Brief Report

Group Work with Children who have Experienced Trauma using a Sensorimotor Framework

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At the Victorian Child Trauma service, we are using a sensorimotor framework to help children recover from their experiences of trauma. Informed by the work of Pat Odgen, this approach helps children to feel safe, aware and connected to their bodies and minds. In this article, we will describe the development of a group program incorporating sensorimotor principles, with the aim of helping children to regulate and engage in healing relationships. Group outcomes suggest that the use of sensory elements and principles in guiding our group program helps dysregulated children to establish safety and connection in meaningful ways with those around them.

■ **Keywords** children, trauma, group work, counselling

The Victorian Child Trauma Service provides therapeutic counselling to children and families who have experienced abuse related trauma and family violence. The service provides individual, family and group approaches to clients across the Eastern Region of Melbourne. Clients who access the Victorian Child Trauma Service come from a diverse range of cultural and socioeconomic backgrounds, including indigenous and CALD communities. The neurobiology of trauma is a conceptual framework that has underpinned much of the work within the Victorian Child Trauma Service. This framework provides clinicians with an understanding and map for intervening with the traumatised children, young people and families who access the service. As part of our continued growth and development as a service there is a focus on expanding our therapeutic approach to extend beyond traditional cognitive and emotional elements. To this end, we have integrated sensorimotor theory, one influenced by Pat Odgen, which uses ideas and techniques that work to resolve the physiological elements of trauma (Ogden, Minton, & Pain, 2006). The current article will outline some of the ideas within our approach to integrating sensorimotor theory into our practice and describe a group program that has developed as a result of this integration.

The Impact of Trauma

When exposed to a threatening situation, children's bodies react to ensure survival and remain primed to stay safe from threat. In the face of trauma, children develop adaptive physical survival resources and behaviours that remain in place to support them to manage ongoing stress (Siegel, 1999). Children's physiological, emotional, cognitive and relational experiences remain hijacked by their past trauma or continued exposure to trauma based cues. These adaptive resources enable them generally to fight or flee the threat or shut down from it (Porges, 2009). The effects of these experiences and the resources that subsequently develop remain embedded in and shape how these children live their lives; how they move, feel, think and experience their identities (Ogden et al., 2006). At the core of the physiological impacts of trauma on children is dysregulated arousal, with children constantly stressed out and having little capacity to respond to their environment with flexibility (Siegel, 1999).

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These children also rely on trauma influenced patterns for moving, engaging and responding to the world around them (Odgen, 2009). They have difficulty tolerating, modulating and processing sensory input, and struggle in all their interpersonal relationships (Raredon, Jackson, & Ingolia, 2013). The overwhelming nature of the trauma, coupled with the need to remain primed to respond to threat, also severely undermines children's capacity to play (Odgen, Goldstein, & Fisher, 2013).

Foundations of Sensorimotor Intervention

Sensorimotor therapy meets children in the present moment to support them to access positive and pleasurable somatic resources and experiences. As Odgen and her colleagues describe:

“In the context of a bottom-up approach to treatment, we help children to re-establish lost or unavailable somatic attunement, re-engage and complete truncated or dysregulated responses, and cultivate the physical and emotional satisfaction of success and competence as an antidote to early experiences of fear and humiliation” (Odgen et al., 2013, pg. 254).

Within the sensorimotor framework, there are key areas of intervention to address for each child. In working towards sensory processing and integration, the child is supported to select, orient to, modulate and integrate sensory stimuli (Raredon et al., 2013). Children are supported to develop awareness and modulate their sensory experiences so that they can integrate it without becoming overwhelmed. They are taught to track and identify their arousal states, better modulate experiences of dysregulation, and enhance their capacity to accurately appraise their environment and relationships (Odgen et al., 2013). Additionally, children are given a language to describe and understand their arousal; enabling them to expand what their nervous system can manage. Thus, they do not only rely on their trauma defence responses to live. In addressing maladaptive procedural learning, children are helped to establish more open and mobilising physical responses that can support social engagement within a context of safety (Odgen et al., 2013). Children are encouraged to move and connect in ways that are open and enable them to socially engage with others. The sensory environment, supported by an attuned relationship, combines to provide an important foundation for healing.

Methods of Intervention

Methods of intervention within the sensorimotor framework include the use of mindful awareness that involves paying attention to what is happening in the present moment with a gentle focus on the breath (Odgen et al., 2006). This practice helps children to find a safe place where they are not distracted by the fragments of trauma. Breathing involves using breath awareness activities to calm the body

and focus the mind. Sensing involves orienting to sensory exploration and movement (Odgen et al., 2006). Rhythm incorporates activities such as drumming to activate both brain hemispheres, and promote relaxation and release of trauma in pleasurable ways. Movement involves mobility, stability, grounding, alignment, containment, boundaries and orientation in space (Odgen et al., 2006). These are all new and pleasurable ways for children to be calm, slow their bodies, and experience connection in the world.

The Cool Moves for Kids Group Program

Within the Victorian Child Trauma Service, there is a continual focus on identifying strategies to engage and support children in ways that incorporate current theory and research into trauma recovery. An example of this is our Cool Moves for Kids group; a body and movement based group designed using a sensorimotor framework. Group interventions for traumatised children can assist with identifying and then changing habitual ways of relating to others in the world (Gantt & Badenoch, 2013). This group focuses on assisting children to connect with their bodies and emotions within a group setting. The program is largely experiential with a focus on building children's resources, improving their regulation skills, supporting sensory integration, developing flexibility in behavioural patterns and promoting stronger connections within their relational world. The Cool Moves for Kids program helps children in our service learn how to relax their bodies and minds and feel better about themselves and their life. The use of movement and body work in this group is designed to give children a greater sense of control over their bodies, and support them to experience their bodies as a source of positivity and fun. The group helps children to use their bodies in a more mindful and controlled way.

Since developing the program two years ago, we have run five groups. The program is facilitated by two staff members who have completed at least level one of sensorimotor psychotherapy, as well as cultural competency training. It is run with 5–6 children of mixed gender, aged between 7–12 years. The group runs for two hours each week over a period of ten weeks. It includes a warm up with structured activities focused on themes such as “safety”, “understanding our bodies” and “learning how to slow our bodies down.” Each week children and their parents/carers engage in relaxation together before sharing some morning tea and participating in a joint attunement based activity. All participants then engage in a farewell exercise at the conclusion of each group. It is an expectation in this group that all parents or carers can make a commitment to attending each session with their child. The time spent focused on the child's relationship with their parent/carer at the end of the group is an important way for the child to share their new learning, and an opportunity to focus on the relationship between the child and parent/carer.

Going on a Bear Hunt

Going on a Bear Hunt is a sensory and movement based activity designed to help children to better notice signs of activation in their body. Group facilitators first sit with the children and read the book “Going on a Bear Hunt.” This book provides a rhythmic way to explore sensation, and monitor how one’s body responds in anticipation of a possible threat.

Facilitators then engage children in acting out the story using props within the group space. The sensations and obstacles are devised based on things that the children enjoy and would not find too threatening. Obstacles may involve children eating their way through a chocolate chip cookie wall or running under a waterfall. Facilitators use props and ask children to track their body and body sensations as they engage in the activity. Facilitators then talk through noticing the positive and negative signs of an activated body; building in anticipation as the group chants the story and song. There is much celebration and reinforcement of children’s capacity to explore their sensory experiences of moving through and overcoming obstacles.

In moving through this activity, facilitators talk about safety in terms of practical safety and safety in their bodies, as well as how children can seek support from each other, peers and adults to overcome obstacles together. For example, while tracking and thinking about how their bodies feel in the activity, facilitators ask children to explore what they would do and how they would use each other for support in a scenario similar to the one modelled. Children might experiment with touch and contact between each other as they visualise working together to climb over a giant boulder, and then climb over pillows stacked high into the sky to explore this sensation and experience. For some children, this is the first time they have explored using others for safety. The children rejoice in working together and exploring the change in sensation when they overcome an obstacle by themselves and then as a team.

Safe Spaces

In the Safe Spaces activity, children are supported to build a safe space and define their personal boundary, identifying it and then labelling it with signs that signal the importance of their space to others. Children are asked to think about what protection their space might need and are given the time and space to create this. Children are given props including chairs, tables, pillows, blankets, paddle pop sticks, and large blocks to define their boundaries and walls. Once their space is created, children are invited to explore who and how others may enter their space, if at all, and to write messages on a sheet of paper for others to read and respect in relation to this space. Some children make one sign, while others make multiples that get placed all around their space. Children and facilitators then walk around reading and responding to the signs and testing how safe and accurate the boundary and space feels, by moving towards and away from

the space. For many of the children attending the group, this is the first time a boundary has been respected by others. The process gives them a language to describe what they need in terms of safety and personal space. In this activity, children are also taught how to track their body responses for cues that would help them to establish a safe space and boundary.

Relaxation

A primary goal for the children in this group is helping them to manage high arousal and learn how to engage in relaxation. For many of these children, they have never experienced the sensation of a safe level of reduced arousal and activation. Relaxation is a very hard concept to introduce for children who have constantly been living in a hyper-aroused state. The aim in relaxation is to provide containment and grounding to children in order to support them in experiencing a reduced arousal state.

Facilitators slowly move the group towards reduced energy activities until it is relaxation time, with an expectation initially that this may only last for a few minutes. Facilitators support children to sit or lie on a mat, and to wrap themselves in pillows and blankets. The lights in the room are gradually dimmed while tracking for safety, and each child is then given a torch to shine onto the ceiling. Facilitators ask children to focus their attention on the light shining on the ceiling, and engage them in movement and visualisation activities to support this attention and focus. Children are gently directed to imagine a star growing in strength and light as they move the torch towards the ceiling, and to then visualise that star growing as it takes in all the dreams and wishes of the children on the earth below. The children then move their torch around the ceiling as the star shoots across the sky, making these dreams and wishes come true. Children are subsequently asked to find another star in the sky to say hello to and dance with. The stories and movements become more elaborate as the children improve in their ability to remain in this state. Over time, facilitators introduce breathing, visualisation, and the use of weighted teddy bears to support body awareness during relaxation.

Celebrating your Child

The parent/carer attunement time at the end of each session is a time allocated to support parents/carers to connect with and experience their child. Two of the attunement activities children and parents/carers really enjoy are creating a picture of their connected hands with messages to each other, and the time each parent/carer spends decorating their child with gems and stones.

In the first activity, the parent/carer is asked to trace the outline of their child’s hand and find a way to connect with the outline of their own hand. The child and parent/carer decorate the hands with coloured sand to provide texture and sensation, and then write messages to each other about ways they can connect with each other every day. The parent/carer is also asked to write a thank you message to their

child about the ways the child impacts on their life. In the second activity, the parent/carer and child are asked to create a space in the room for the two of them, and the parent/carer is asked to think about what makes their child special and treasured. The parent/carer talks about these qualities as they decorate their child with gems and treasures. In this activity, facilitators pair the narrative of the parent/carer-child relationship, with safe and nurturing touch from the parent/carer.

Group Outcomes

In order to evaluate the effectiveness of the group, facilitators asked parents/carers to complete psychometric measures before and after the group. The psychometric measures used included the Behaviour Assessment System for Children, 2nd edition (BASC-II) and the Parenting Relationship Questionnaire (PRQ). These measures were selected to assess the impact of the group on the internalising and externalising difficulties of the children, and to explore possible changes in parent/carer-child relationships. Additionally, qualitative feedback was sought from both the children and parents/carers after completion of the group in order to obtain direct feedback about their experiences of the process, and identify aspects of the group that could be improved.

The results of the psychometric measures demonstrated a general reduction in the severity of externalising and internalising difficulties, with the exact profile for each child differing slightly in terms of improvements and reduction of more specific symptoms. For example, while one child may have demonstrated reductions across most domains including externalising and internalising difficulties, others showed no changes or only demonstrated improvements in some scales such as social skills and adaptability. This may be due to the fact that each child comes to the group with their own specific and varied areas of need, with the differential outcomes and profiles of each child at the end of the group then reflecting these differences. Responses on the psychometric and qualitative parenting questionnaires are often more consistent, with common themes reflecting improvements in involvement, attachment and communication in the parent/carer-child relationship.

Another consistent finding across the five groups run, has been the positive feedback provided by children about the main activities; these tending to reflect improvements in managing their emotions and trauma triggers. By far, the most positive experiences for these children are the structured and directed attunement time spent with their parents/carers each week, their sense of social connection in the group, and feeling that they make and can maintain friendships in the space. This is a helpful reminder that while the group targets regulation and arousal management, the outcome for children is often the capacity they develop to form and connect with important relationships in their life.

Conclusion

Group work is supported as a key intervention for developing adaptability and social skills in traumatised children. In worlds that can still feel chaotic, confronting and unpredictable, the group provides them with a felt sense of respect, agency and hope. Experiential activities assist child to identify and then practice ways to manage states of increased or decreased arousal, and provide a space for parents to be attuned to and present for their child. These children leave the group after having repeated experiences of success and belonging, that can then contribute to positive hope based narratives for themselves.

After completing the group, children are asked to draw a portrait of themselves and write a brief accompanying summary. The following is the reflection one child wrote:

“This is a girl who really liked making the relaxation bear. She learnt that she is caring and can take care of others, but also needs to keep herself safe and let people help her when she needs it.” (11-year-old girl).

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