



## **The Challenging Client:**

**Interventions for Chronic Attachment Failures—a  
Sensorimotor Psychotherapy Perspective**

**Creating Connections 2017**

**Pat Ogden PhD**

*I love to discover potential in people  
who aren't thought to have any*

Oliver Sacks

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## Therapists often report:

- *My client is not “ready” to work with the body*
- *My client isn’t interested in somatic work*
- *My client can’t benefit from Sensorimotor Psychotherapy because he or she is too:*

*destabilized*

*triggered*

*dissociative*

*unaware*

*“in his head”*

*low functioning*

*anxious*

*depressed*

*body phobic*

*[fill in the blank]*

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Ogden in press

## The First Task: Win Clients’ Confidence in the Body as a Viable Target of Intervention

- Notice how the body participates in the presenting problem and resources.
- Find out goals—what the client wants to accomplish or change
- Instill hope that somatic interventions might help accomplish client goals
- Consider specific physical changes to support therapeutic gains
- Psychoeducation, appreciation and positive reinforcement

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## Some Psychoeducation Options

- Ask if clients want psychoed
- Reassure clients that they are in charge of body interventions
- Identify client's goals
- Elicit clients' questions or concerns
- Normalize their physical pattern
- Use your own body to illustrate potential value of somatic interventions
- Positive reinforcement

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## From Conversation to Movement: Develop a Somatic Resource that Supports Healthy Relationships

- Note the emergence of healthy cognition that supports attachment
- Say positive belief with the body
- Embody positive belief through walking; clarify the physical changes
- Contrast new posture with old: go back to the negative cognition to sense the physical changes
- Homework: Practice the new posture & cognition to support relationship

Ogden et al 2006;  
Ogden & Fisher 2015

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## A short list of ways clients are challenging in Sensorimotor Psychotherapy practice

- Does not believe the body is a viable target of intervention
- Phobia of the body
- Difficulty being mindful
- Different parts have different responses to somatic interventions
- Ongoing crisis so that therapy consists of managing and recovery

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## A short list of ways clients are challenging in Sensorimotor Psychotherapy practice 2

- Ruminates on the problem, no hope that working somatically could help
- Unable to sustain changes & gains (especially somatic); does not do homework consistently
- Triggered by body awareness and somatic interventions
- Contact with the therapist and attachment oriented interventions stimulate defenses

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## Embedded Relational Mindfulness

Privileges mindful awareness of present moment experience over talking about, conversation, interpretation, and problem-solving.

Mindfulness is not taught through structured exercises or practices, but is integrated with and embedded within what transpires moment-to-moment between therapist and patient in an attachment-focused therapy.

Ogden 2014

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## Mindfulness in Practice: The Organization of Experience

- Cultivate curiosity in the present moment organization of experience rather than only content
- Conduct experiments (*What happens when...*) to discover the organization of experience
- Use comparisons: What happens in each posture
- Track & name how the client's organization of experience changes as a result of particular stimuli
- Take time to become mindful (*Stay with it....*)

Ogden et al 2006;  
Ogden & Fisher 2015

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## Trauma & attachment histories affect the vitality of movement sequences and their efficacy

- Posture and movement patterns sustain unconscious relational expectations of the future
- These patterns reflect a readiness for specific outcomes in relationship or responses from others
- They communicate to others, usually involuntarily and unintentionally about your expectation in relationship.

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Ogden 2014

## Mindfulness in Practice: The Organization of Experience

- Help clients become mindful of the 5 building blocks (sensation, movement, 5-sense perception, emotion, and cognition) as experienced in the present moment
- Initiate new experiments (reaching, beckoning, eye-contact) to discover pattern related to proximity seeking actions.
- Help clients orient toward resources when dysregulated
- Clarify how different parts organize experience (through the 5 building blocks) differently

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Ogden et al 2006;  
Ogden & Fisher 2015



**New actions, and/or new qualities of familiar actions can be perceived or experienced as futile or even dangerous by parts of the self.**

It is essential to foster communication between sequestered parts and try to avoid overriding any one part. Ogden 2014

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## **A new posture or movement can**

- expand movement vocabulary
- expand meanings
- help patients connect with other, often healthier, parts of themselves more adaptive to current contexts and to connection. Ogden in press

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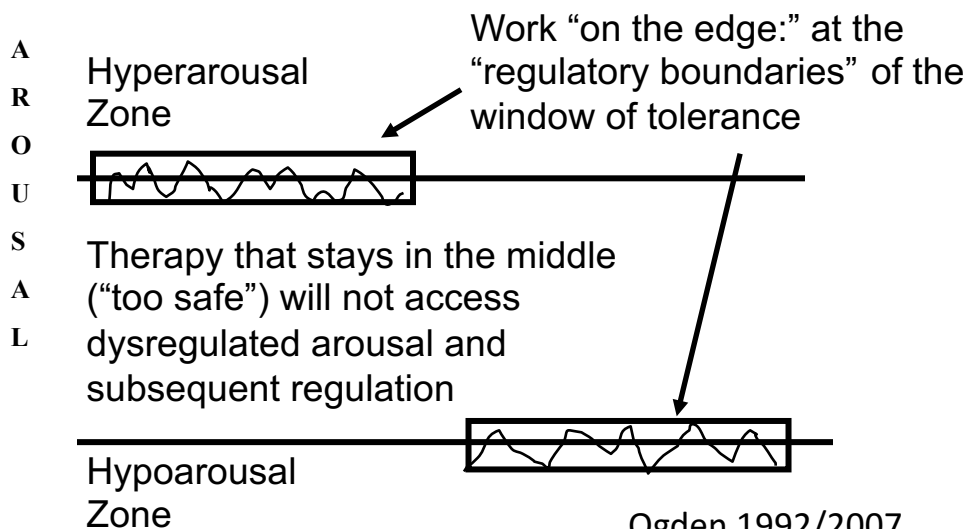


*The focus in the clinical hour turns from “talking about” to exploring movement sequences as they emerge in the context of therapy, and learn to execute new, unfamiliar actions that support relational connection.*

Ogden in press

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## “Safe but not too safe”



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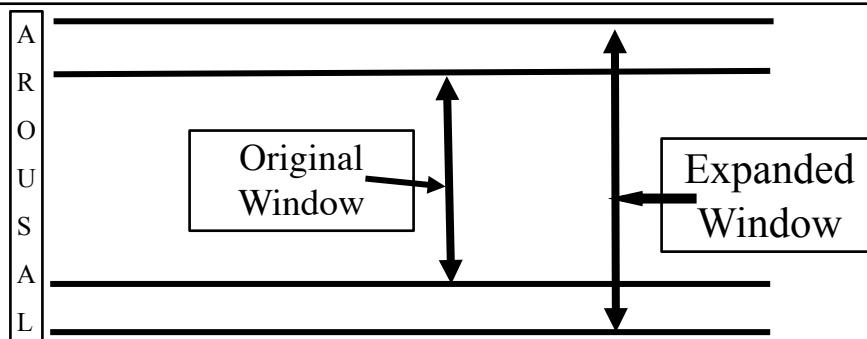


## “It’s complicated” Ed Tronick

The movements useful for one patient (or one dissociative part of a patient) may stimulate defensive systems for another patient (or for another part). Ogden 2013

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## The Modulation Model<sup>®</sup> Expand the Window of Tolerance



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Ogden 1990; Ogden & Minton 2000



*What we cannot hold, we cannot process. What we cannot process, we cannot transform. What we cannot transform haunts us. It takes another mind to help us heal ours. It takes other minds and hearts [and bodies] to help us grow and re-grow the capacities we need to transform suffering.*

Joseph Bobrow

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Anneke Vinke, Organizer. [training@adoptiepraktijk.nl](mailto:training@adoptiepraktijk.nl)

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**Trauma & Attachment: A Sensorimotor Psychotherapy Perspective**

**September 26, 2017, The Netherlands**

[www.uitgeverijmens.nl](http://www.uitgeverijmens.nl)

[Sensorimotorpsychotherapy.org](http://Sensorimotorpsychotherapy.org)

[office@sensorimotor.org](mailto:office@sensorimotor.org)

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