

Developing Somatic Awareness – Therapist Observation Form

Somatic awareness is mindful, intentional, and focused attention to the sensations in the body. *Somatic therapy* refers to therapeutic interventions that incorporate somatic awareness, typically to get information about a client's emotional state.

One example of a therapist using somatic interventions in a simple way is directing a client to close their eyes and take some deep breaths as they discuss their emotions, asking, "What do you notice in your body as you focus on that emotion?"

Somatic awareness allows clients to connect with memories at a deeper level. Post-traumatic stress symptoms result when an "unfinished circuit" occurs in the limbic system. Because the neurohormones of distress do not receive sufficient safety signals, they remain perpetually active and cause symptoms like mood fluctuations, inattention, gastrointestinal dysfunction, and chronic pain. When you and your client tune in to their body's sensations, an opportunity is created to reopen the circuit in present time to provide the body with the safety signals it needs to reduce ongoing physiological reactions. This also creates shifts in negative beliefs about the traumatic event.

When you track your client's in-session emotional experiences, you see beyond what they are saying to understand the meaning.

By tracking physical cues and making educated guesses, you may identify dissonance and what the client has difficulty expressing. You can also educate your client about body awareness.

Use the following checklist in session to track your client's body cues and sensations. Check off all that apply.

Client Name: _____

Date: _____

Posture

- holding arms or legs
- pulled in, contracted
- expressive with lots of movement
- legs tucked or crossed
- curved spine
- expanded through chest
- tight and stiff
- upright
- collapsed
- slumped
- shoulders back / forward
- loose or disjointed

Areas of Tension

- jaw
- shoulders
- neck
- face
- around the eyes
- abdomen
- back
- arms / legs

Eyes

- direct eye contact
- averting eye contact
- blinking
- blank stare
- sleepiness
- scanning / vigilant
- fearful
- inviting
- dilated pupils
- curious and open
- tears
- sparkling
- warm and affectionate
- tight corners of eyes
- fixed stare
- squinting

Facial Expression

- relaxed
- flashes of emotion
- very emotive
- tilted chin
- squashed expressions
- tense
- frozen
- nodding
- smile: genuine / disingenuous
- emotions: _____

micro-expressions (flashes that move quickly across the face)

Gestures

fidgeting

sitting on hands

animated/gesturing while talking

folded hands

pointing

self-touching

reaching out for touch

holding objects

Movement

motionless

active

restless

upper body movement

lower body movement

repetitive movements

controlled

spontaneous

wiggling around

jerky / abrupt

high energy

low energy

Voice

weak / quiet

loud / strong

flat / emotionless

high emotional tone

low emotional tone

rapid

labored

staccato rhythm

singing or lulling quality

harsh

squeezed, tense

childlike

Speech

slow and deliberate

fast

brief

redundant

sparse

punctuating

patterns, tics

pauses

trails off in thoughts

rapid firing

thoughtful

overly emotional

Breath

- held in upper chest
- ebb and flow through front of body
- held in belly
- big inhales
- big exhales
- squeezed breaths
- gasping

Presence

- alert
- sleepy
- absent
- distracted
- dissociated

When you track the body for cues and information, pay attention to signs of trauma arousal. Reading these cues early and accurately is important so you can support your client in a safe manner.

The following body cues, organized as hyper-arousal and hypo-arousal, require further assessment to make a full diagnosis. These cues often occur with other trauma indicators. Track for these cues to identify your next therapeutic steps. Check off all that apply.

Hyper-Arousal Cues

Eyes

- widening (as if in shock)
- searching and scanning (vigilance)
- eye contact is direct and threatening
- eye contact sustained with conflicting emotions
- staring
- confused

Skin

- flushed
- sweating
- reports pins and needles
- patchy – red blotches on neck, chest, face
- reports hot, itchy skin

Emotions

- anger or irritation
- crying easily

- affect is high and quickly aroused
- jumpy, jittery, appears nervous
- vigilant to every sound outside or inside the room
- vigilant to every movement outside or inside the room
- Body**
- reports inner heat
- clammy hands, sweating
- erratic or abrupt movements (impaired motor functioning)
- reports stomach discomfort (flutters, butterflies)
- reports taste changes (metallic)
- reports ringing in ears
- muscle tension
- contorted posture (leaning, twisting)

Mental

- memory loss / gaps
- racing mind, reports lots of details
- hyper-focused attention
- reports intrusive imagery or memories

Hypo-Arousal Cues

Eyes

- dull and withdrawn
- blank, fixed stare
- rolling back into head
- takes peaks, afraid to look (hidden vigilance)
- disrupted eye contact (unable to sustain or sustains for too long)

Skin

- pale, lifeless
- reports cold skin
- reports cold sweat
- reports tightness

Emotions

- numbness

- flat affect
- disconnected from body (reports feeling “cut off”)
- unable to report sensations, focuses on analysis or meaning-making
- reports feeling “blank” or “nothing”
- restricted movements
- lifeless
- crying, collapsed in the chest or belly
- deep muscle tension
- reports they cannot sense or feel their own body
- reports numbness
- reports overwhelm or confusion
- listless and flat

Body

Mental

- memory loss / time gaps
- confusion / time sequence off / fugue state
- impaired attention / delayed responses
- delayed, slow responses in dialogue
- avoids painful memories

Additional observations:
