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Addressing Global Trauma: Somatic Interventions in PTSD Treatment and Clinician Burnout Prevention

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Abstract**—**Traditional treatments for post-traumatic stress disorder (PTSD) that rely primarily on oral narratives are partially insufficient to prevent PTSD symptoms from recurrence. As a result of the global COVID-19 pandemic, war conflicts, and economic crises, a rising proportion of users of mental health services express somatically based distress in addition to their existing mental health symptoms. Furthermore, the rapid increase in demand for mental health services has resulted in substantial burnout among mental health professionals, which may further impact the quality of services provided and the sustainability of professional life-work balance. This article examines the implications of current developments and challenges in mental health services demand and subsequent responses, as well as the effects of those responses on mental health professionals. The article examines the neurobiological mechanisms underlying traumatic experiences, then discusses the premises for "bottom-up," or somatically oriented, psychotherapy approaches, and concludes with suggestions for clinical skills and interventions to be used by practitioners who work with clients diagnosed with PTSD. In addition, we examine how somatically based psychotherapy interventions performed in sessions might reduce clinician burnout and improve their well-being. We examine how incorporating somatically based therapies into counseling will boost the efficacy of mental health recovery and maintain remission while providing mental health practitioners with chances for self-care.

Keywords**—**Somatic psychotherapy interventions, trauma counseling, preventing and treating burnout, adults with PTSD, bottom-up skills, the effectiveness of trauma treatment.

I. Introduction

As mental health systems strain under increasing pressures of consumer demand, practitioner burnout can impede efficacious care, inadvertently intensifying psychological distress within the already vulnerable population of help-seeking clients. Compounding this issue, the collective trauma formed by recent global tragedies may manifest in physical symptoms among particularly distressed client groups. Though psychosomatic presentations have long been acknowledged in post-traumatic stress, the confluence of provider burnout and widespread traumatic stressors risk a crisis point in assessing and addressing emergent client needs.

Studies investigating the mental health impacts of the global COVID-19 pandemic have revealed that most adults have reported suffering traumatic stress symptoms [1]. These reports featured information from the general global population as well as individuals participating in mental health treatment. In addition to anxiety, depression, and a high level of chronic stress, the somatically based symptoms of intrusive re-experiencing, heightened arousal, insomnia, chronic pain, and gastrointestinal distress were observed [1]. When referring to the term somatically based symptoms, this means the sensations and reactions that clients with PTSD experience on the physiological level. These include the symptoms mentioned above as well as shortness of breath, trembling, sweating, tension, numbness, and others. According to Gallegos et al. [2], most current therapy treatments therapists employ are cognitive-based models that emphasize reexamining traumatic events and cognitive processing. None of the cognitive-based models provide opportunities to treat body-based trauma symptoms and frequently include repeatedly retelling the trauma narrative, which some clients would otherwise not do [3]. Thus, regardless of theoretical orientation, contemporary clinicians need therapies targeting bodily suffering rooted in psychologically-based traumatic experiences.

As a result of their chronic physiological symptoms, mental health services consumers seeking care may require a holistic psychotherapy approach that addresses mental and physical disturbances. Mental health practitioners actively providing services today must consider the rising number of clients and the fact that most individuals will require treatment for trauma-related impairments [1]. In order to give our clients the best possibility of a successful treatment outcome, it may be necessary to modify or acquire additional clinical skills to address PTSD-related body-based distress and symptomatology. Trauma-informed neuroscientific research provides ample evidence of the inaccessibility of verbal and cognitive processing to areas of the right hemisphere of the brain that process implicit traumatic memories and physical trauma [4]. This finding is important to take into account when working with clients who have difficulty verbalizing their traumatic experiences; therefore, the utilization of somatically based interventions would aid the trauma release and the healing process. If therapists continue to rely on verbal processing only, the client's recovery may result in not only stagnation but also the continuation and potential exacerbation of trauma-related symptoms. We are aware that many individuals experiencing prolonged PTSD may also experience interpersonal instability, unemployment, differences in income, and early death [5]. We can conclude that, if left untreated, the progression of PTSD as a somatic and psychological illness can have severe repercussions for both the individual and society. We must effectively treat PTSD and related symptomatology to accomplish the intended healing outcomes. To carry out such vital responsibilities, practitioners must be equipped with the

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most effective techniques and modalities. Finally, pandemic-related experiences among the general population and healthcare personnel are important to consider because if left untreated, these individuals may cause a degree of psychological and physical distress to mental health services clients and their providers. We are taking the chances of having a different type of pandemic on our hands, one of largely untreated or inadequately treated clients with burned-out providers who themselves require significant care. The basic principle of the demand and supply facing an imbalance directly impacts the healthcare system, managed commercial insurance care, and the lack of qualified professionals available to serve the growing population of trauma sufferers.

It is known that PTSD can result from experiencing or witnessing stressful events that have the capacity to overwhelm individual's ability to cope. With the enormous news and social media coverage of the pandemic, war conflicts, and subsequent human suffering, it is difficult not to be afflicted somehow. Abdalla et al. report that greater exposure to traditional media such as television about mass traumatic events correlates with a greater incidence of PTSD [1]. Due to the suddenness of the pandemic outbreak, the mental health industry was unprepared and hence too overwhelmed to adequately respond to crises of such magnitude and global scale. The general public and medical providers found themselves in a position of helplessness at the magnitude of the crisis without opportunity to cope and urgent need to act upon rapidly unfolding state of living through the pandemic. Lack of information about the virus, coupled with relentless media coverage and death tolls, ensued states of anxiety, dread, helplessness, replicating the emotional experiences of trauma. The COVD-19 pandemic spread was rapid and wide, followed by complete social isolation. Despite experiencing difficulty coping with the impact of pandemic, mental health practitioners—in part due to their unquenchable enthusiasm for health and service—immediately migrated to Telehealth, raised their caseloads beyond capacity, and focused on providing their urgently needed services. An international study examining the effects of the pandemic on psychotherapists highlighted the negative impact on participants' mental health, with most subjects feeling discouraged and demotivated [6]. Although the data also show resilience built on a commitment to providing care, seven out of ten clinicians reported suffering from burnout [6]. Despite their already limited capacity, most mental health professionals equipped with crisis intervention techniques and similar tools helped clients experiencing the stress of never-before-experienced catastrophes. However, the majority of contemporary psychotherapy approaches [7] do not equip clinicians with a technique that directly addresses trauma-related bodily responses with chronically activated somatic symptoms. Mass of evidence-based practices do not include techniques targeting specifically chronic somatic symptoms of PTSD. Hence, the field was left with the dilemma of treating and increasing number of clients who have had acquired or had exacerbated psychologically based somatic disturbances, without having practical tools to address such complains.

Psychotherapists working with clients who report experiencing similar somatic dysregulation are recommended to invest their time in learning and implementing somatically-based interventions into their practice. Mental health service providers may benefit from diversifying their therapeutic techniques to include some variations of somatic interventions so they can serve a variety of clients who may be seeking help, including clients of different cultural backgrounds, who are refugees, or who speak multiple languages [4]. For instance, several million Ukrainians are currently migrants due to the ongoing war with Russia. Treating clients who have fled the war and may not have full English-language proficiency will require practitioners to become creative in their treatment approaches. Additionally, some mental health services consumers cannot vocally communicate their experiences owing to suppression, an inability to recall all traumatic events, linguistic limitations, or dissociation symptoms. These individuals likely cannot benefit from psychotherapy interventions unless body-oriented approaches are integrated into treatment. As disappointing as this complexity is for consumers, we cannot overlook the accumulating research that suggests healthcare personnel also feel more anxiety, sadness, stress, and a lack of psychological support [8].

Furthermore, most mental health professionals who assist clients in distress do not have the time or opportunity to seek assistance for themselves. This is partially the result of excessive caseloads and the fact that frontline aid workers are typically the last to seek assistance. This tendency and the rise in service utilization have resulted in high levels of therapist burnout [9]. Burnout necessitates treatment, including increased self-care, time for rejuvenation and renewal, professional consultation, and reliance on one's support networks. Given the extent of burnout and lack of reprieve from it, the majority of mental health practitioners do not have access to such protocols and continue to work while being exposed to trauma-informed client narratives. Chronic exposure to traumatic experiences is associated with biological, mental, and behavioral dysregulation, as well as an increased risk of medical issues such as chronic disease, autoimmune disorders, and even irreversible impairment [4]. Mental health practitioners should take advantage of any opportunity to improve their self-care practices, focusing on treating burnout and somatic distress now that the pandemic is better understood and poses less of an immediate threat to most of the population. Neglected states of vicarious traumatization and growing workloads can adversely affect therapists and those they serve. The state of vicarious traumatization can occur from continually witnessing traumatic accounts told by the clients, which may be an ongoing occurrence given the rise in the PTSD symptomology reported by mental health consumers [10]. Due to documented providers' burnout during the COVID-19 pandemic and an overwhelming demand for services, counselors should provide the most effective therapeutic interventions while engaging in consistent self-care.

Emotional and behavioral disorders resulting from trauma will require professional mental health services from qualified and specialty trained providers [1]. With accumulated vicarious trauma, the same providers may also require similar treatment

and support, especially if they did not have an opportunity for self-care. Mental health practitioners must be mindful of the stigma that may prevent mental health professionals from seeking help for themselves and provide assistance and encouragement when that is identified as the barrier. This is especially vital given that presently (and in the foreseeable future) a more of the global population will require mental health care and treatment than can be treated by available mental health professionals [11]. In addition, some research indicates that individuals who initially respond positively to standard psychotherapy may experience relapse [2]. This may result in an extension of service consumption, increased financial load, and a systemic impact on societal functioning. Due to service provider scarcity, treatment techniques that are rapid to administer and teach, durable in practice, and effective in reducing cognitive and somatic mental health symptoms are crucial [12]. This current paper introduces somatically based coping methods as an intervention that has the potential to contribute more to long-term clinical results and symptom reduction than traditional narrative-based psychotherapy alone. Priority number one in mental health treatment [13] is incorporating easily delivered, independently administered, and immediately effective coping strategies into established therapy models. Several existing evidence-based trauma interventions have been shown to effectively reduce PTSD-related symptoms; however, client response and the extent to which the treatments reduce PTSD symptomatology may remain partially unsustainable, with significant improvement outcomes varying among studied client populations [3]. Although some symptoms of PTSD may improve for a particular client, other clusters of symptoms may persist, causing them continuous impairment. Somatically based therapy methods could increase therapeutic outcomes and address the existing void in psychotherapy strategies.

II. Post-Traumatic Stress Disorder

PTSD is defined in the Diagnostic and Statistical Manual of Mental Disorders [14] and classified by four major symptom clusters: intrusion, avoidance, negative cognitive and emotional alterations, and hyperarousal. In addition, an official diagnostic criterion for PTSD includes reliving past events at least six months after the initial trauma. Given the duration of the pandemic and the succession of global stressors, it is reasonable to assume that individuals for whom these events constitute a chronic stressor may also be diagnosable with PTSD. Levine, an expert in trauma treatment, defines PTSD as “an incapacity to respond adequately” to traumatic events that “can affect us in obvious and subtle ways” [15]. This is consistent with the global experience of COVID-19 and the global economic crisis; as individuals, we have little power over these events. Even though these experiences have been accompanied by a degree of relief as we have learned more about the virus’s management and its unprecedented consequences, the lingering emotional turmoil and stress do not necessarily resolve independently. As is the case for many mental health service consumers looking for help due to the pandemic, ongoing emotional distress and the overall toll will continue to manifest as pathological symptoms and interfere with individuals ’daily lives. Reliving emotional, physical, or mentally traumatic events is a defining characteristic of PTSD [3] symptoms, and many consumers of mental health services identify with these persistent occurrences [1]. In addition, despite the length of time and what is referred to globally as a "return to normal," the emotional, psychological, and somatic experience of "normal" is not valid for many individuals. Older adults, for example, remain in the high-risk mortality category, with distress often disregarded by the rest of the population. Among the chronic experiences associated with PTSD management are the avoidance of trauma-related thoughts and emotions, as well as people, places, and things associated with or symbolic of traumatic events [3]. For some, resuming office work, social gatherings, and travel, among other activities, comes with the added difficulty of managing the unresolved aftermath of the 2020 pandemic, undermining their experience without recognizing the enormous difficulties placed on their ability to adapt. There is a paradox of human experience associated with the worldwide call to be normal when an individual's experience may not be further from their experience of reality. Individuals suffering from PTSD due to the pandemic are encouraged to do the opposite of what mental health professionals would typically recommend, especially at the early stages of recovery; they are encouraged to return to potentially triggering places, people, and activities without receiving adequate treatment. Proceeding to do so, the trauma-affected population will not have the opportunity to heal and recover, moreover, the premature emersion into the trauma-associated environments will compound the symptoms of PTSD and prolonged already significant suffering.

In addition, the Russian invasion of Ukraine has caused one of the world's largest refugee crises, with nearly 8 million Ukrainians fleeing their country. One in four Ukrainians has been displaced, and a growing proportion of the population will require immediate and long-term treatment for PTSD [16]. Those who fled, who are predominantly women and children, are coping with acute stressors, such as housing insecurity, food scarcity, and unsafe living conditions. Given the nature of the conflict, the capacity for coping is overburdened by the need to survive and the uncertainty of the present and future. Due to the nature of their experiences, war-affected individuals have chronically activated nervous systems and psychological defenses. Additionally, the vicarious trauma of the war experience is a topic that needs to be brought to light and investigated further. It is reasonable to conclude that psychological trauma-related interventions and treatment utilizing somatically based interventions will be in high demand in response to this global conflict. In the same vein, providers who can offer these interventions and strategies will see an increase in client populations and need to plan for enhanced performance and the prevention of burnout.

Current Treatments

According to Gallegos et al. [2], most current treatment interventions for PTSD employed by psychotherapists follow cognitive-based models, focusing on remembering traumatic

events, addressing cognitive thought distortions, and preventing memories that may trigger a relapse. Cognitive-only models of PTSD treatment usually require patients to retell trauma narratives which (in addition to the fact that some clients prefer not to) increases the risk of re-traumatization. This implies, to some extent, that the individual being treated has a degree of verbal expression, the ability to remain safe while retelling their story, and a clear understanding and memory recall of the traumatic events. Furthermore, no cognitive-only models address body-based symptoms of trauma. [3]. To the author's knowledge, no single psychological intervention has been shown to alleviate the symptoms of acute stress reaction or PTSD in a single session. Therefore, it is reasonable to conclude that multiple psychotherapy sessions are necessary for healing and relief. For instance, prolonged exposure and cognitive processing therapy may be effective in alleviating specific trauma-related symptoms; however, they require trained therapists to lead a series of therapy sessions [3]. Given the high demand for services and the limited availability of clinicians, psychotherapists may not be available to serve all PTSD-affected clients in this way. In addition to discussing the limitations such as the inaccessibility of these trainings, Boyd et al. note that considerable number of clients diagnosed (60–72%) retain their PTSD diagnosis and still suffer from significant residual symptoms [17]. The challenges and barriers to care are evident: if mental health consumers receive services, they must be able to afford and sustain a series of treatments, and even if they do, some may continue to experience symptoms despite working with the therapist. PTSD treatment is often inadequate to help patients handle their somatic symptoms in the aftermath of trauma.

Moreover, we can only imagine what this implies when repeated stressors occur, or individuals continue to be unsafe or exposed to traumatic events; their capacity to cope will become increasingly overwhelmed. As a result, professional counselors must be equipped with the necessary therapeutic skills to address the growing number of clients exhibiting PTSD symptoms. The pandemic imposed limitations on mental health service delivery [12], such as the need for telehealth rather than in-person sessions, further necessitating adaptations and advancements in currently utilized PTSD treatment methods. Current trauma treatment methods are frequently lengthy, have high rates of attrition, and may lack methods for working with physical arousal, alterations in mood and cognition, intrusion symptoms, avoidance, and dissociation, which mindfulness-based interventions could begin addressing immediately [17].

Sensorimotor Interventions

Somatically based therapeutic interventions, such as somatic experiencing, sensorimotor psychotherapy, and eye movement desensitization and reprocessing, enable clients to facilitate self-healing by tapping into their hard-wired adaptive responses [18]. Recent research indicates that the addition of sensorimotor, somatically based psychotherapy interventions enables clients to access and heal unresolved somatic and affective components of their trauma experiences that were previously inaccessible to them [19]. This is particularly important when working with clients who report physiological symptoms such as hyperarousal, hypervigilance, sleep disturbance, trauma-related pain, and gastrointestinal distress. Moreover, somatically-based interventions taught to clients could serve as alternatives to self-injurious behaviors such as cutting, substance abuse, and other addictions used by clients with PTSD to regulate their emotions [19]. Bottom-up or body-based intervention skills taught during a session may not only alleviate pathological symptoms in clients and provide an alternative to pathological behavioral patterns, but also have the potential to provide immediate relief for clients and indirectly increase the therapist's coping capacity. Although this should not affect the frequency or the intent behind applying these skills when treating clients with trauma disorders, the therapist may wish to incorporate these interventions into their treatment plan to ensure the sustainability of patient care. The client and therapist will experience ongoing reprocessing of trauma narrative differently in traditional talk therapy than if they processed the same narrative in conjunction with bottom-up interventions such as paced breathing, progressive muscle relaxation, and sensory-based relaxation strategies. In order to support clients safely and adaptively while they access their trauma, the brain and body must be linked simultaneously.

In contrast, during cognitive-behavioral trauma processing, clients must be able to verbally describe their PTSD experiences, and the descriptiveness of clients' verbal narratives tends to vary [18]. While working in isolation to recall traumatic memories, the activation of trauma-related emotional, psychological, and physical experiences is relatively high. For instance, Bradshaw et al. [18] stated that some clients resolve their trauma solely through somatic interventions, thereby reducing the significance of language use and verbal processing and removing the barriers to healing for some clients. Such an approach would benefit to clients who cannot verbalize their trauma experiences, cannot recall them, are still in trauma-inducing environments, or find reliving the trauma too painful. Because of the ongoing stressors precipitated by the global pandemic and the war in Ukraine, individuals who have been affected by those events may not fully recover from PTSD without the integration of somatic work. With somatic interventions for trauma recovery, the bodily experience becomes the primary intervention for overall healing, breaking trauma-related behavioral patterns and releasing emotional distress [7]. In light of these findings, it may be advantageous for mental health service providers to have an accessible, dependable, and useful theoretical framework to guide integrative trauma treatment.

Integration of Sensory-Motor Interventions

We have asserted that in the mental health current landscape, it is essential to incorporate trauma-informed therapeutic interventions that, when administered in session, have the potential to simultaneously benefit both the client and the counselor. During the COVID-19 pandemic, Peng et al. [12] noted that a significant proportion of China's frontline medical personnel suffered from depression symptoms (50.4%), anxiety (44.6%), insomnia (34.0%), and distress (71.5%). Similar

findings have been confirmed by studies conducted in the United States; a sample of Americans disclosed high levels of exposure to various COVID-19-related stress factors and regarded these exposures as extremely stressful [20]. With no immediate relief, mental health service providers must be acutely aware that a high caseload can result in chronic exposure to psychological stressors that lead to burnout. Despite their best efforts, counselors are becoming an increasingly vulnerable population due to their chronically excessive workload [21]. Due to the unique nature of the pandemic as an ongoing psychosomatic stressor, it is proposed that mental health counselors should investigate actively integrating sensorimotor coping strategies into client sessions to support their own mental health needs alongside their clients'.

Our suggestions extend beyond self-care strategies, which therapists often neglect because they feel selfish for taking time away from their clients and families or because they have limited insight into their own needs due to feeling overwhelmed [21]. The lack of opportunities to engage in self-care to prevent burnout poses an additional threat to the sustainability and efficacy of psychotherapy treatment. The personal experiences of mental health professionals cannot be separated from their professional lives; the person who provides treatment is the same person who may experience their own suffering, which should ideally be confronted and treated proactively [21]. It is proposed that integrating more sensorimotor coping skills and modeling them for clients during therapy sessions should not replace self-care practices but will help therapists get through the arduous days of therapy while mitigating or preventing further burnout. Moreover, clinician-led demonstrations and participation in breathing exercises with clients, for instance, are advantageous for modeling adaptive coping strategies [22]. It has been established that therapeutic stabilization interventions, such as practicing breathing techniques to improve a trauma survivor's calmness, will positively affect both clients and clinicians. Incorporating embodied mindfulness into a therapy session, for instance, will allow both the client and the clinician to pause and assess their physiological state in the moment, harmonizing the mind and body during the session and training the self to adopt the role of "observer." Being an observer rather than a participant in the moment enables emotional responses to progress toward inhibition while stimulating the prefrontal cortex, which is responsible for downregulating any overwhelming or emotionally activating material that may surface during a therapy session. With mental health clinicians at risk of vicarious traumatization, compassion fatigue, and health-related stress conditions, increasing clinical resilience through the combination of somatically-based therapy interventions will aid in a reduction in clinician burnout and an increase in resilience, which will positively affect client clinical outcomes [23].

Additionally, modeling and participating in somatically based interventions with a client appears to be somewhat effective in preventing the development of PTSD for the clinician [22]. We urge practitioners to consider themselves with curiosity and without judgment when sharing peace and healing with others. In this article, readers are invited to consider that the self-care tools we employ and the clients we serve are both of our responsibilities. Practitioners may use the following sensorimotor psychotherapy techniques to care for themselves and their clients.

Social Engagement

Pat Ogden [4], the creator of the sensorimotor psychotherapy method, designed the first skill we will discuss: social engagement. Due to prolonged periods of isolation, mask policies, and continued social distancing guidelines during the global pandemic, many clients and therapists have shifted to telehealth counseling and other remote working environments. Social engagement involves strengthening the client–counselor bond by promoting positive engagement strategies within the constraints of virtual or in-person environments. This practice involves initiating a chest and chin lift, bringing the shoulder blades together, and elongating the spine. The therapist simultaneously practices this technique with the client while bringing up events that may activate the client's defense mechanism and anatomical hyperarousal. Maintaining eye contact ensures safety, security, and a calming presence from the therapist, ensuring that the client is supported while recalling overwhelming traumatic events. This skill aims to increase clients' coping abilities while physically practicing safe and effective sensorimotor engagement. Some patients may benefit from taking deep breaths and relaxing their shoulders after this intervention. The therapist can practice this skill with clients to generate positive coping resources and to provide clients with alternative, healthy responses to stressors while signaling the body with physiological posture and breathing patterns of rest and safety. While verbal recall may activate the sympathetic nervous system's fight-flight-freeze response, breathing, gentle eye contact, and a relaxed and empowered body posture will activate adaptive responses and activate the parasympathetic nervous system's rest-digest function. Thus, through verbal, psychological, and somatic adaptive processing, traumatic experiences are rewritten. The client and the therapist engage in trauma processing simultaneously within the relational safety of the psychotherapy process.

Physical Grounding

Physical grounding is another practice that therapists can use as a somatically based intervention. It is beneficial to implement this practice when clients begin to reexperience an intense trauma-related state. Physical grounding is practiced by first inviting clients to press their feet into the ground, press their back against the back of the chair, and if comfortable, place their hands on their chest or lower abdomen while focusing their attention on the sensations of their feet, legs, and back in the present moment. Here, the therapist should encourage the client to maintain eye contact until physical grounding and eye contact begin to reduce hyperarousal or anxiety. The therapist can then direct the client's attention to the sensations of grounding while encouraging the client to recall empowering or nourishing physical or emotional experiences. To intertwine the

client's physical sensations and attentive presence with a sense of safety and security in the present moment, the therapist should continue to encourage the client with positive affirmations such as "I am here for you" and "We are here together." This intervention will simultaneously address the somatically-based arousal in the client and will provide the clinician the opportunity to engage in regulating their autonomic arousal, therefore preventing the accumulation of the burnout while in session.

Concurrent Healing

Sensorimotor psychotherapy interventions assist counselors in bringing their mindful awareness into sessions to forge a relational alliance with clients while attenuating the onset of vicarious burnout. Therapists and clients can focus on the present moment without judgment and with a childlike sense of wonder when they are mindful. In this manner, we therapists can invite our clients to share in this experience as we teach and practice skills with them. Additionally, mindful practice assists the client and the therapist in attending to their experiences with compassion and curiosity. The practitioner can pay close attention to the client's nonverbal communication during this practice, be it changes in posture, facial expression, sighing, or irregular breathing. By observing their clients mindfully, therapists can gain insight into how their clients' bodies react to particular thoughts, emotions, and experiences and thus help prevent clients from utilizing ineffective emotion regulation skills, such as avoidance or emotional inhibition while providing them with alternative coping strategies. Using somatically-based psychotherapy interventions teaches our clients to employ positive emotion regulation strategies with distinct neurocognitive and neurobiological outcomes. While teaching and practicing somatically-based coping skills together with the client, the therapist may vicariously benefit from the skills as well, therefore simultaneously helping the client while reducing the burnout for themselves. Breathing, grounding, and sitting in meditative state while cultivating calm and mindful embodiment may aid in increasing coping capacity for both the client and the therapist.

In addition, we can assist our clients in activating their mirror neurons by encouraging them to synchronize with us in therapy, which helps them produce a sense of security and relief. As a result of mirror neuron activation, both the client and therapist may respond unconsciously to subtle cues from the other [24]. Here, it is proposed that, based on the mirror neuron phenomenon, each person involved in a psychotherapy session has an automatic unconscious initiation of what the other is feeling or doing during any interaction. Engaging together in the practice of somatically-based interventions, will produce shared calming effect and reduction in autonomic dysregulation. In conjunction with mindfulness, sensorimotor skills enable clients and therapists to recognize and transform physical and emotional dysfunctional patterns that impede their effectiveness in coping with trauma symptoms. Utilizing these skills may aid therapists and clients in cultivating their strengths while providing gentle challenges to enable long-term changes.

Lastly, it is essential to recognize that cultural sensitivity is compatible with sensorimotor skills, making it an invaluable method for bridging the gap between practitioners and clients from diverse cultural backgrounds. Significant instances of violence are experienced by LGBTQ+ individuals, including intimate partner violence, sexual assault, and victimization based on bias, and traumatic exposure was associated with worse self-reported mental and physical health symptoms [25]. Such high prevalence of somatically based trauma results in a greater degree of physiological symptoms. As a result, the members of LGBTQ+ community experience at least some somatically based difficulties, making this therapy incredibly useful when working with this population [4]. When working with international students, refugees, and immigrants, therapists frequently encounter physical ailments they may overlook and not attribute to psychological distresses [4]. Lastly, sensorimotor psychotherapy delivered via Telehealth is incredibly effective, as somatic therapies encourage nonverbal observations and shared recognition of physicality typically absent in cognitive-based psychotherapy procedures.

III. Conclusion and Further Implications

Somatically based therapy interventions, when used in trauma-related treatment, assist individuals in reestablishing connections with others and themselves [26]. Both clients and therapists have experienced traumatic events in recent years, including a global pandemic, wars, and economic crises, although not necessarily in the same way. This article would like to bring to consideration that sensorimotor psychotherapy interventions could be valuable and effective for a diverse client population. Moreover, therapists must be aware that Black, Indigenous, and People of Color (BIPOC) face a variety of chronic traumatic events throughout their lives and have endured abuse for generations in the United States and abroad. This includes slavery, lack of representation in positions of authority, restricted or denied access to medical treatment, and unequal access to education [27]. Recent events involving enormous disparities in the context of the pandemic have made these disparities even more evident. Mental health counselors must adapt and personalize therapy approaches that are culturally effective and transcend barriers of race, ethnicity, and family background. Sensorimotor psychotherapy strategies may be beneficial and should be considered when addressing traumatic stress and PTSD in multicultural clients.

In this article, it is also suggested that using sensorimotor psychotherapy interventions in counseling the BIPOC population can be highly beneficial and should be considered for future research. Incorporating intercultural competence into sensorimotor psychotherapy procedures can help practitioners bridge the gap between themselves and clients from diverse cultural backgrounds. Recently, the World Health Organization declared prejudice, racism, and interpersonal violence a global epidemic and emphasized the need for multiculturally affirming interventions that address trauma in adults and children [28]. Adopting sensorimotor, trauma-informed therapies can strengthen the bond between client and therapist, promote healing, and enhance the effectiveness of their work that might help therapists work toward addressing these multicultural

concerns, at least on an individual level. Reconnecting through body-centered activities may result in a shared experience that transcends the therapist's authority and possibly even strengthens the human-to-human bond.

This article merely touched on the potential utility and abundance of sensorimotor therapeutic modalities that could become tools for managing trauma in mental health client populations. Additionally, the article highlights the current challenge for the mental health professionals, that even given their best efforts, are becoming increasingly vulnerable due to their enormous workloads [21]. We must be aware of how professional burnout affects the clinical outcomes of our clients and be resourceful in managing it while continuing to serve. The personal experiences of the mental health practitioner cannot be separated from their professional lives, and the same person who administers treatment may also experience distress, which must be brought to light and, if possible, managed proactively [21]. Here, it is proposed that incorporating sensorimotor coping skills in therapy sessions and practicing them together with clients should not replace a therapist's self-care practices, but it may help therapists endure the demanding days of conducting therapy without incurring additional burnout or worsening their already compromised emotional tolerance windows. Moreover, clinician-led demonstration and client participation in breathing exercises, for example, effectively demonstrate adaptive coping strategies [22]. By implementing sensorimotor therapeutic modalities, mental health practitioners can build stronger bonds with their clients and assist them in coping effectively while respecting and honoring the differences in the therapeutic relationship and addressing their burnout levels.

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