Trauma is not only a story in the mind. **Anxiety therapy** It is also a set of reflexes, sensations, and patterned reactions that settle into the body and nervous system. People often arrive in therapy saying, I know I am safe, yet my body will not calm down. The mind can understand the past, but the body has its own timeline for healing. Somatic therapy bridges this gap. It uses the body as both an assessment tool and a pathway to regulation, so that insight and felt safety develop in tandem.

This way of working has shaped my practice for years. I started as a talk therapist who leaned hard on cognitive models. Clients got better at reframing thoughts, but many still felt keyed up, numb, or detached. When I added simple body-based work, especially interoceptive skills like noticing breath, muscle tone, and temperature, people began sleeping through the night. Flashbacks dropped in frequency, sometimes from several times a week to once or twice a month. Panic softened. They described more choice in their actions and fewer automatic reactions. That arc, from being run by the body to collaborating with it, is the promise of somatic Trauma therapy.

How trauma shows up in the body

Trauma reorganizes the nervous system toward defense. It is not a character flaw, and it is not a matter of willpower. The autonomic nervous system shifts quickly between mobilization, the revved up fight or flight response, and immobilization, the protective freeze or shutdown. These states alter heart rate, breathing depth, digestion, pain perception, and even facial expression. Over time the person learns to live around those states, avoiding crowds, sleeping with the lights on, or turning down jobs that require social contact. The pattern can become self sealing.

When we listen to the body during an anxious spike, we ***OCD treatment*** often find tightness in the throat, heat in the face, tingling hands, or a hollow belly. During freeze, people report cottony limbs, slowed blinking, a dulling of sound, or tunnel vision. These are not random. They are the physiology of survival. Somatic therapy trains the client to map these signatures with accuracy, then to influence them, gently and safely, until mobilization and rest come back into balance.

What counts as somatic therapy

Somatic therapy is an umbrella, not a single method. At its core, it emphasizes:

- Interoception, the ability to sense internal cues like breath, heart, and gut.
- Proprioception and movement, how the body organizes itself in space.
- Pendulation, the back and forth between activation and settling.
- Titration, working in small, digestible pieces rather than all at once.
- Relationship as regulator, using the therapist’s pace, voice, and presence to co regulate.

Approaches vary in technique. Some keep clients seated and still. Others include gentle movement, posture experiments, or resourcing with weighted objects. Touch is rarely needed, and when it is considered, it must be explicitly consented to, reversible, and clinically justified. Most somatic work today integrates cleanly with cognitive and exposure based therapies.

Safety first, always

People heal best when they feel choiceful and oriented. Before any deep work, we establish anchors. We figure out what helps the client come back into a bearable range when things spike. This might be opening the eyes to scan the room, feeling feet on the floor, lengthening the exhale, or placing a warm mug against the palms. The goal is not to avoid difficult feelings, it is to keep the person within a window where learning can occur. Flooding shuts down learning. Numbing postpones it. Steady exposure within tolerance builds capacity.

I also ask direct medical questions early. If a client has asthma, cardiac issues, or POTS, they may misinterpret normal arousal as medical danger, or a breath practice might need tailoring. Hypermobility, migraine, autoimmune illness, and long COVID can complicate interoceptive work. With a history of fainting, we avoid prolonged breath holds. During pregnancy we skip certain positioning. If someone is on beta blockers, heart rate cues shift, so we widen the focus to muscle tone and temperature.

The first sessions: mapping and pacing

Early sessions are not about telling the worst memory from start to finish. We move slower, first establishing a shared language for sensations, triggers, and capacities. I often ask, If you had to put numbers on intensity and safety right now, what would they be. If a client says, Intensity is a 7 of 10, safety is a 3 of 10, we work to nudge those numbers by half a point. People are surprised how much relief they feel from a small shift, such as loosening a jaw or lengthening an exhale by two counts.

One client, a teacher in her thirties, came in after a car crash. She could drive only on side streets and avoided left turns. Talking about the crash spiked her symptoms, but focusing on her collarbones and the soft rise of her belly while glancing at a stable point in the room allowed her to recall pieces without shaking. Over eight sessions she resumed highway driving. She still did not love it, but her hands no longer cramped on the wheel. That blend of recall with regulated attention is a hallmark of somatic Trauma therapy.

A simple grounding practice you can try

- Sit with your feet flat, noticing points of contact, such as heels, toes, and the backs of your thighs.
- Let your eyes slowly scan the room, naming five fixed objects. Give each one a second or two of attention.
- Inhale gently through the nose, then exhale a little longer than the inhale, two or three cycles.
- Place one hand on your sternum, one on your lower ribs. Track which hand rises more. Adjust until the lower hand moves first.
- Find one neutral or pleasant sensation, perhaps the weight of your body in the chair, and rest there for 10 to 20 seconds before returning to your day.

This sequence is not a cure, but it gives you a steering wheel. Practiced two or three times daily for a few weeks, it can lower the background hum of arousal and make therapy sessions more effective.

Modalities within somatic work, and how they differ

- Somatic Experiencing, focuses on renegotiating survival energy through pendulation and titration, spending more time with sensation than with narrative.
- Sensorimotor Psychotherapy, integrates mindfulness with attachment and parts work, often using posture and micro movements to shift defensive patterns.
- EMDR with somatic tracking, pairs bilateral stimulation with careful attention to breath, muscle tone, and orientation, which reduces the risk of dissociation.
- Trauma sensitive yoga, emphasizes invitational movement and interoception, with no forced shapes, to rebuild agency and safety in the body.
- Breath and vagal toning techniques, such as extended exhalation, humming, and paced breathing, improve autonomic flexibility and recovery after stress.

I use these as palettes rather than as rigid protocols. The method matters less than fit and pacing.

Where somatic therapy meets Anxiety therapy and OCD therapy

Anxiety therapy often centers on exposure and cognitive change. In practice, exposure sticks when the body can downshift during or after the exposure. Clients who can notice, Oh, my chest is tight and hot, and my legs want to run, then soften their gaze and lengthen their exhale, recover faster. They form new associations, not just new thoughts. Panic attacks become more predictable events with a start, middle, and end, rather than signs of catastrophe.

In OCD therapy, exposure and response prevention remains the backbone. Somatic work does not replace it, it supports it. When a client resists handwashing after a trigger, they can use micro skills, such as loosening their shoulders by two percent or sensing the chair under their thighs, to ride the urge without giving in. I have watched clients cut ritual time by 30 to 50 percent over a few months when they add body based regulation to standard ERP. The physiology of urge and relief is not abstract. It is in the breath, belly, throat, and hands.

Considerations for Autism testing and ADHD Testing

Many clients come to therapy with undiagnosed neurodivergence. Sensory processing patterns, monotropic attention, and motor restlessness can masquerade as trauma or complicate it. Careful screening, and when appropriate, formal Autism testing or ADHD Testing, can clarify the picture. For example, a person who avoids eye contact and startles in noisy rooms might be interpreted as hypervigilant due to trauma, when they are in fact managing sensory load typical of autism. Another who cannot sit still in session might be fighting their own body to fit a stillness that is not necessary or helpful.

When testing suggests autism or ADHD, somatic therapy becomes more, not less, valuable. It just needs translation. Interoceptive tasks may be harder if a person has alexithymia or interoceptive confusion. We can use external anchors, like weighted lap pads, fidgets with clear texture, or timed movement breaks. We can coach for precision at the edges of sensation rather than big global labels like anxious or fine. Stimming is not a problem to be extinguished. It can be harnessed as a regulating rhythm. In ADHD, brief, high intensity movement before deeper work can improve focus. A 30 second isometric press or a set of wall push ups shifts state and improves learning.

Telehealth and somatic work

Body based therapy adapts well to telehealth with a few adjustments. Clients need a chair where feet reach the floor, adequate lighting so we can read facial cues, and camera placement that shows at least from shoulders to mid torso. I ask clients to keep a blanket or sweater nearby to manage temperature and a small object that feels grounding. If we are working on orientation, we direct the gaze around the actual room, not only the screen, naming the window, bookshelf, or door. We also plan an exit ramp, a way to close the session if activation rises near the end, so clients are not left stirred up at home.

Evidence, outcomes, and reasonable expectations

The research base for somatic approaches has grown, though it remains uneven. EMDR has a strong track record with trauma symptoms, rivaling or exceeding trauma focused CBT in many studies. Somatic Experiencing and Sensorimotor Psychotherapy have smaller but promising bodies of evidence, with reductions in posttraumatic symptoms, improved affect regulation, and lower dissociation in small to mid sized trials. Trauma sensitive yoga has shown moderate effects for complex trauma, with improvements in interoception and depressive symptoms.

In practice, I see ranges. For single incident trauma without heavy complicators, eight to twelve sessions often produce clear gains. For complex developmental trauma, work can extend across many months, sometimes in phases with rest periods between. For people with entrenched dissociation or comorbidities like OCD, eating disorders, or substance use, progress is still possible, but the pace is gentler and the goals need to be staged. Relief often shows up first as better sleep, fewer startle responses, or a shift from all day tension to tension that comes and goes. Relationship capacity tends to open more gradually.

Edge cases, cautions, and clinical judgment

Not every technique fits every body at every moment. Breath practices that emphasize slow nasal inhalation can be counterproductive for people who panic when breath is controlled. For them, movement first often works better. People with trauma tied to suffocation or choking often do better with external focus, such as scanning the room, before anything breath related.

Hypermobility and chronic pain can make body scanning tricky because what is sensed first is pain. We start with the least painful region, often the hands or face, or with neutral external contact such as leaning into a firm pillow. With dissociation, eyes open and short intervals help. We aim for glimmers, those small cues of safety, rather than big catharses. If someone has active psychosis, we take great care with interoception so as not to amplify preoccupation with bodily signs. With active eating disorders, somatic work is valuable, but we coordinate with medical and nutritional care to protect against over focusing on bodily control.

Touch, when used at all, must be slow to consider, transparent, and fully client led. Many effective somatic treatments use zero touch. If touch is introduced, such as a hand on the back to cue breath or a gentle contact at the forearm to bring attention to the present, it comes with consent, clear purpose, and an easy no available at every moment.

Integrating somatic work with medication, talk therapy, and life

Medication can open a window for somatic work by reducing fear of fear. SSRIs and SNRIs often lower the floor of anxiety enough that interoceptive practice feels tolerable. Beta blockers, as noted, change heart cues, so we widen our sensing to tone and breath. Stimulants for ADHD may heighten perception of heartbeat, which can be fine if framed as a neutral signal. Communication with prescribers avoids mixed messages.

Cognitively, I still use thought records and behavioral experiments. I just do them in body informed ways. When testing a belief like I will faint if I go into that store, we add an interoceptive step. We have the client sense their legs, glance around, and choose a slow exhale before stepping in for 30 seconds, then stepping out to reassess. The body becomes a lab instrument to observe prediction error, not the enemy.

In daily life, the best gains come from repetition in small moments. Bringing attention to breath while waiting at a light. Relaxing the jaw at the sink. Feeling the back against a chair before opening a stressful email. Dozens of ten second practices add up. They train the nervous system to recover.

Working with children and families

With children, the body is the entry point. Games that shift states on purpose teach regulation. We might press hands against a wall for ten seconds, then shake them out. We name feelings as weather, windy, sunny, stormy, and let the child find what their body does in each. Parents become co regulators, using voice tone, pacing, and predictable routines rather than lectures. When children learn to identify their own early signals, like hot cheeks or buzzing legs, they can ask for a break before a meltdown. It is not magic, but it saves many spirals.

For teens with trauma layered on ADHD, short sessions or split sessions help. Ten minutes of movement, then twenty minutes of focused work, then five minutes of planning. Phones stay out of reach. Somatic cues become homework that travels from therapy to school and sports.

Measuring progress beyond symptom checklists

Symptom scales like the PCL or GAD-7 are useful, but the body gives rich metrics. We track:

- Time to recover after a trigger, from minutes or hours down to seconds or minutes.
- Quantity and intensity of startle responses in a day or week.
- Sleep onset latency and night wakings.
- Shifts in posture, breath depth, and facial expressivity during difficult topics.
- Willingness to approach formerly avoided places or tasks.

These concrete markers map directly onto nervous system flexibility. They also help clients see change they might miss.

Culture, identity, and the body

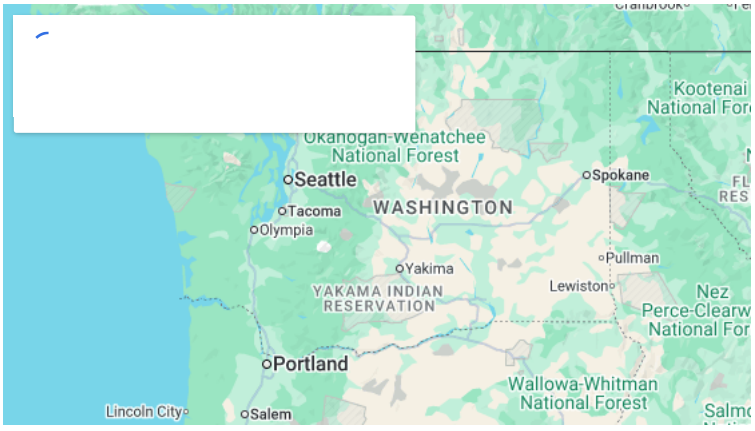
The body does not live in a vacuum. Culture shapes what is permitted to be felt and expressed. In some families, anger lives in the jaw, because it has nowhere else to go. In others, grief maps as back pain that gets medicalized but never spoken. Racial trauma and queer stress leave imprints that standard questionnaires miss. Safety cannot be assumed in all rooms or all neighborhoods, so work on regulation also includes advocacy, boundary setting, and choosing where and with whom to practice openness. Somatic therapy respects these realities. The goal is not to become calm in unjust conditions, it is to gain options, including the option to mobilize effectively.

When to consider formal assessment or referral

If anxiety persists despite solid work, or if sensory sensitivities, sleep issues, and executive function challenges remain prominent, consider referral for Autism testing or ADHD Testing. Clarifying neurotype prevents mislabeling trauma responses and guides accommodations. If OCD rituals dominate more than an hour a day, coordinate with a clinician skilled in ERP and consider medication consultation. If dissociation causes time loss or safety concerns, a specialist in complex trauma is warranted. Collaboration is a strength, not a failure of therapy.

A day in the life of somatic practice

A typical mid course session might look like this. We begin with a check in, two minutes to notice what is present in the body. The client reports a tight jaw and a low level hum in the chest. We spend three minutes exploring that hum, not to fix it, but to get curious about its size and edges. It shrinks slightly when the client glances at the window. We note that. We then touch on a memory fragment tied to a recent argument. As the hum grows, we pause and return to the window and the feet until the body softens again. We complete one or two such cycles, then end with a short stabilization, perhaps sensing the back against the chair, and plan a brief practice for the week. Over time those cycles widen the client's window of tolerance.



Common myths

People sometimes fear that somatic therapy means reliving trauma or surrendering control. It is the opposite. By working in small doses, with constant consent and grounding, we reduce the risk of overwhelm. Another myth is that somatic therapy is vague or unscientific. In practice it is concrete. We track specific sensations and specific changes. The neuroscience of interoception and autonomic regulation is robust. We also avoid the trap of thinking talking is less real than sensing. The best outcomes come when story and sensation align.

Getting started

If you are curious, begin with ten seconds, not ten minutes. Choose one anchor. Feet on floor is my favorite because it is portable. Three times a day, feel the pressure of your soles and the support under your heels. Then add one slow exhale. That is it. Keep a brief note on your phone for a week about how easy or hard it was. If you already work with a therapist, ask about adding body based tracking. If you are seeking care, look for someone trained in a somatic modality who is also comfortable with Anxiety therapy or OCD therapy if those issues are present. The fit between you and your therapist matters more than the brand name of the method.

Trauma reorganizes bodies. Somatic therapy helps them reorganize again, this time in the direction of choice, connection, and steadiness. It is practical, learnable, and respectful of the nervous system's wisdom. Whether you are working through a single frightening event or a long history of survival, the body you live in can become an

ally. Step by step, breath by breath, you can rebuild a felt sense of safety that your mind already earned and your life deserves.

Dr. Erica Aten, Psychologist

Name: Dr. Erica Aten, Psychologist

Address: Online therapy and evaluations for Oregon and Washington residents.

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Monday: 9:00 AM – 5:00 PM
Tuesday: 9:00 AM – 5:00 PM
Wednesday: 9:00 AM – 5:00 PM
Thursday: 9:00 AM – 5:00 PM
Friday: 9:00 AM – 5:00 PM
Saturday: Closed

Coordinates: 47.2174931, -120.8825225

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Dr. Erica Aten, Psychologist provides online therapy and evaluations for adults in Oregon and Washington.

The practice focuses on neurodivergent-affirming support for late-diagnosed and self-identified autistic adults, especially women, nonbinary, and femme-presenting clients.

Listed services include anxiety therapy, trauma therapy, OCD therapy, autism and ADHD support, autism testing, ADHD testing, LGBTQ+ affirming therapy, and therapy for neurodivergent women.

Listed modalities include Exposure and Response Prevention, Inference-Based Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure Therapy.

Dr. Erica Aten also lists clinical supervision for mental health professionals and business development consultations as additional services.

The official site connects the practice with Portland, Oregon and Washington State, with online care designed for clients who prefer therapy or evaluation from their own space.

The practice may be relevant for high-achieving adults, perfectionists, burned-out people pleasers, late-

diagnosed autistic adults, AuDHD clients, and people navigating anxiety, OCD, trauma, identity, or masking-related exhaustion.

Prospective clients can call (309) 230-7011, email draten@portlandcenterebt.com, or visit https://www.drericaaten.com/ to ask about consultation calls and availability.

The public map listing for Dr. Erica Aten, Psychologist appears to represent a broad online/service-area listing, so clients should use the official website for the most direct scheduling and service information.

Popular Questions About Dr. Erica Aten, Psychologist

What is Dr. Erica Aten, Psychologist?

Dr. Erica Aten, Psychologist is an online clinical psychology practice offering therapy and evaluations for adults in Oregon and Washington.

Does Dr. Erica Aten offer online therapy?

Yes. The official contact page states that Dr. Erica Aten offers online therapy and evaluations to Oregon and Washington residents.

Where is Dr. Erica Aten located?

The official site lists Portland, OR and Washington State. A public street address was not verified for this dataset, and the supplied map listing appears to represent a broad online/service-area listing rather than a walk-in office.

What services does Dr. Erica Aten list?

Listed services include anxiety therapy, trauma therapy, autism and ADHD support, OCD therapy, LGBTQ+ affirming therapy, therapy for neurodivergent women, autism testing, ADHD testing, clinical supervision, and business development consultations.

Does Dr. Erica Aten offer autism or ADHD testing?

Yes. Autism testing and ADHD testing are listed on the official website, with a focus on adults and neurodivergent-affirming evaluation.

What therapy approaches are listed?

The official site lists Exposure and Response Prevention, Inference-Based Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure Therapy.

Who does Dr. Erica Aten work with?

The official site describes work with neurodivergent adults, especially late-diagnosed and self-diagnosed autistic women, nonbinary, and femme-presenting clients, as well as high-achieving, perfectionistic, or burned-out people seeking support with masking, boundaries, and self-trust.

What are Dr. Erica Aten's listed hours?

The matching public listing shows Monday through Friday from 9:00 AM to 5:00 PM, with Saturday and Sunday closed. Appointment availability should be confirmed directly.

Is Dr. Erica Aten, Psychologist an emergency mental health provider?

No crisis or emergency service was verified for this dataset. Anyone in immediate danger or experiencing a mental health crisis should call 911, contact 988, or go to the nearest emergency room.

How can I contact Dr. Erica Aten, Psychologist?

Call (309) 230-7011, email draten@portlandcenterebt.com, visit https://www.drericaaten.com/, or use the listed official social profiles: https://www.instagram.com/drericaaten/ and https://www.tiktok.com/@dr.ericaaten.

Landmarks Near the Oregon & Washington Online Service Area

Dr. Erica Aten, Psychologist provides online therapy and evaluations for Oregon and Washington residents, rather than a verified walk-in office. Clients near these regional landmarks can call (309) 230-7011 or visit https://www.drericaaten.com/ to ask about online therapy, evaluations, consultation calls, and availability.

- Portland, OR — The official site lists Portland, OR as a practice location reference for online services.
- Downtown Portland — A practical Oregon reference point for clients seeking online therapy connected with the Portland area.
- Powell's City of Books — A well-known Portland landmark useful for local orientation around the Oregon service area.
- Washington Park — A major Portland park and regional landmark for Oregon clients.
- Oregon Health & Science University — A major Portland healthcare and education landmark; clients should contact Dr. Erica Aten directly for outpatient online therapy or evaluation scheduling.
- Seattle, WA — A major Washington service-area city for online therapy and evaluations.
- Pike Place Market — A recognizable Seattle landmark for Washington clients orienting around the online service area.
- University of Washington — A major Seattle education landmark within the Washington online service area.
- Bellevue, WA — A major Eastside community where eligible Washington residents can ask about online care.
- Vancouver, WA — A Washington city near Portland and a practical regional reference for online therapy eligibility.
- Olympia, WA — Washington's capital and a statewide service-area reference point.
- Spokane, WA — A major eastern Washington city where clients can visit the website to ask about online therapy and evaluation options.