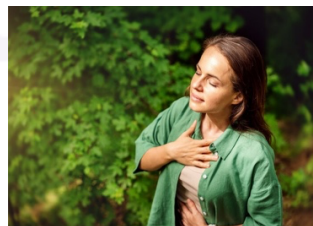


Expanding Your Toolkit:
Somatic & Parts-Based Interventions for Trauma and Dissociation
Video Course
Mariah Rooney, MSW, LICSW

Video Course
CPD hours: 6



Online video access remains available for 1 year or 3 years from the date you receive the video course, depending on the ticket type.

"I know something happened to me — my body tells me every day. But I can't find the words. Sometimes I feel like I'm made up of pieces that don't belong together."

The session had been going well. Elena spoke clearly about her teaching job, her partner, her plans for the weekend. Her insights were sharp, her self-reflections attuned. Then her voice changed slightly. Softer now, younger. Her shoulders curled inward, her gaze shifted to the floor.

In that moment, I found myself facing a clinical reality my training manual had barely addressed: **how do you work with what isn't quite present? With what may not be fully conscious or known? How do you work in affirming ways with someone's remarkably complex inner world?**

The Territory We're Entering

This shift — sudden, profound, protective — happens more often than our profession acknowledges. Clients arrive in therapy carrying what van der Kolk describes as "the body keeping the score" (2014), yet traditional talk-based approaches often miss the somatic landscape where healing actually occurs. Contemporary research in developmental trauma reveals that **repeated relational ruptures literally rewire the brain's stress response systems** (Perry & Szalavitz, 2006), creating what appears to be multiplicity but is actually sophisticated survival architecture.

For clients like Elena, dissociation isn't pathology — it's **adaptive intelligence**. The psyche innovates and evolves in the face of overwhelming traumatic and neglectful experiences: different parts (or alters) develop to hold different experiences, different ages, different strategies for relating. Putnam's groundbreaking research on dissociative disorders (1997) demonstrates that this internal specialization often begins in childhood as a creative response to overwhelming trauma.

Yet in therapy rooms across the world, clinicians encounter these presentations with uncertainty. **How do we create safety when the body itself feels unsafe? How do we offer healing to parts of clients who may not trust our intentions?**



When Words Can't Reach Where Clients Have Gone

Consider the moment Elena's protective part emerged. Her breathing shallow, voice small, eyes scanning for exits. Traditional insight-oriented methods suddenly felt inadequate — even intrusive. This wasn't resistance to overcome but wisdom to respect. Something in her system had determined that vulnerability was dangerous, that sharing meant threat.

Recent advances in neuroscience help us understand what's happening in these moments. Porges' Polyvagal Theory (2011) reveals how trauma survivors' nervous systems can become hypervigilant to social engagement cues, interpreting therapeutic intimacy as potential danger. Meanwhile, research on Dissociative Identity Disorder shows that **apparent "switching" between parts reflects sophisticated neural network coordination** — the brain's attempt to manage overwhelming experiences by compartmentalizing them (Reinders et al., 2012).

This is the clinical dilemma facing contemporary therapists: clients who need connection but have learned to equate closeness with danger. Parts who carry different ages, different traumas, different levels of trust. Bodies that hold memories words cannot access. **We need approaches that work with, rather than against, these protective adaptations.**

The Body's Pathway to Integration

The breakthrough came three weeks later. Instead of pushing for narrative or insight, I learned to track Elena's breathing, notice when her voice shifted, welcome each part that emerged. I began using my own nervous system as what Mariah calls a "tuning fork for safety" — offering co-regulation through my embodied presence rather than interpretation through my words.

This somatic approach draws on decades of clinical research demonstrating that **trauma recovery happens through the body, not despite it**. Ogden's sensorimotor psychotherapy model (2006) shows how working with sensation, movement, and breath can help clients integrate fragmented experiences. Meanwhile, Levine's somatic experiencing research (2010) reveals that the nervous system has innate capacities for healing — if we know how to support rather than override its protective responses.

What Elena taught me — what clients like her teach us repeatedly — is that multiplicity isn't a problem to solve but **a communication system to understand**. Each part carries specific functions and roles, specific memories, specific ways of relating. The goal isn't to eliminate these parts but to help them feel safe enough to communicate, to coordinate, to exist without hiding.

A Revolutionary Clinical Framework

This two-evening training with Mariah Rooney takes us beyond the limitations of traditional talk therapy into what recent research calls "bottom-up" healing approaches. With a liberatory, destigmatizing lens grounded in contemporary trauma neuroscience, we'll explore:

Evening One: Understanding the Somatic Architecture of Survival

- How dissociation and plurality develop as creative adaptations to overwhelming trauma
- The neurobiological basis of parts work: what happens in the brain during "switching"
- Recognizing somatic memory when narrative memory is absent but the body remembers
- Moving beyond pathology to see multiplicity as survival intelligence

Evening Two: Clinical Applications and Somatic Interventions

- Using the therapist's nervous system as co-regulatory instrument



- Parts-based dialogue that honors internal specialization
- Practical tools for working with fragmentation, shutdown, and somatic overwhelm
- Creating therapeutic relationships that can hold multiplicity without pathologizing

What Clinical Research Tells Us

The evidence base supporting somatic and parts-based approaches continues to expand. Studies on complex PTSD reveal that **traditional cognitive approaches alone are insufficient for trauma survivors with significant dissociation** (Cloitre et al., 2011). Meanwhile, neuroimaging research on DID shows measurable differences in brain activation patterns between different dissociative states, suggesting that internal parts represent genuine neurobiological phenomena rather than mere psychological constructs (Reinders et al., 2016).

Perhaps most importantly, outcome studies on somatic trauma therapies demonstrate significant improvement in symptoms that purely verbal approaches often cannot address: chronic hypervigilance, somatic flashbacks, and the kind of embodied disconnection that keeps clients feeling "unreal" or fragmented (van der Kolk et al., 2007).

What You Will Develop

This training offers immediately applicable clinical tools:

- **Recognition skills for dissociative states** as they emerge in real-time therapeutic interaction
- **Somatic assessment techniques** that map fragmentation without overwhelming already dysregulated systems
- **Parts-based dialogue approaches** that welcome multiplicity rather than pathologizing protective adaptations
- **Co-regulation practices** using your own embodied presence as therapeutic instrument
- **Practical interventions for somatic flashbacks** when narrative approaches prove inadequate
- **A destigmatizing clinical framework** that positions dissociation as survival intelligence rather than mental illness

The goal isn't to eliminate parts or force integration — it's to help clients' internal systems feel safe enough to communicate, collaborate, and become more cohesive.

Why Mariah Rooney

When therapists encounter clients who seem to "disappear" mid-session, who speak of parts and fragments, who carry trauma in ways that traditional training never prepared them for, they need more than technique — they need a guide who understands this territory intimately.

Mariah Rooney, MSW, LICSW is that guide. In their work as a practitioner, trainer, and professor Mariah has transformed how clinicians understand dissociation and plurality — moving from pathology to possibility, from fear to fascination. Their work doesn't just destigmatize multiplicity; it reveals the profound intelligence behind what trauma survivors have created to survive. The upcoming launch of their "All Parts Welcome" platform will provide a virtual gathering space for clinicians around the world to deepen their knowledge and skills in parts work, dissociation and somatic approaches.

What makes Mariah extraordinary is their ability to hold two truths simultaneously: the devastating reality of trauma and the remarkable creativity of human adaptation. **Where other clinicians might see fragmentation, Mariah sees sophisticated internal coordination. Where others might see disorder, they see survival adaptation that deserves respect and honouring.**

As co-founder of Trauma Informed Weight Lifting at the Center for Trauma and Embodiment, Mariah understands that healing happens through the body, not despite it. Their liberatory approach recognizes that



for many clients, traditional therapy's focus on integration can feel like another form of violence — demanding coherence before safety, unity before trust.

Mariah has served as Assistant Professor at Winona State University School of Social Work as well as Adjunct Faculty at The New School for Social Research in New York City, with clinical affiliations spanning the University of Connecticut's Center for the Treatment of Developmental Trauma Disorders, Mariah brings both academic rigor and profound clinical wisdom to this often misunderstood terrain. **Their teaching doesn't just explain dissociation — it honors it, helping therapists become the kind of clinicians they wish they'd had when facing these complex presentations.**

The Clinical Imperative

Months after that first session, Elena sat in my office with more internal cohesion and collaboration. Different parts could emerge and retreat fluidly now, without the terror that once accompanied their appearance. She described feeling "like all my parts finally live in the same house."

This transformation didn't happen through insight or interpretation. It happened through learning to work **with** her body's protective wisdom rather than against it. Through offering co-regulation instead of cognitive analysis. Through welcoming her parts instead of pathologizing their presence.

This is the clinical frontier we're entering: not the elimination of symptoms but the integration of survival strategies. Not the cure of multiplicity but the coordination of internal systems.

For therapists who recognize clients like Elena in their practice — those who seem "fine" yet fragmented, present yet protective, talking yet somehow unreachable — this training offers a revolutionary shift. We'll learn to see dissociation not as resistance but as **invitation into the body's own pathways toward repair.**

Two evenings. Learn to see dissociation not as resistance but as invitation into the body's own pathways toward repair.

When your clients tell you they feel "made up of pieces that don't belong together," you'll know how to help them discover that every piece has its place, its wisdom, and its right to exist.

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