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Navigating Transitions: The Use of CranioSacral Therapy, Occupational Therapy and Neuroregulation Strategies for Adjusting to a New Home

By Carol Reshan, MA, OTR, CST-T, CZB

I first met Matt (name changed to protect his identity) when he was about 9 years old. His grandmother, Kay (name also changed to protect identity), brought him to see me at the recommendation of another therapist from my CranioSacral Therapy (CST) study group who was uncomfortable working with children.

Matt recently moved with his parents and sister to a community about three hours away. Matt's family lived with his grandparents for the previous two years before the move. Matt was very attached to his grandmother. He had difficulties focusing, completing schoolwork, performing household chores promptly, and staying out of "trouble" in school. Kay reported that he was not sleeping well and appeared very anxious. Matt complained of being ticklish, not sleeping well, and upset about moving away from his grandmother. He reported he often had headaches and stomachaches. This was his first experience with formal therapy.

Kay was always present throughout therapy sessions. In the first session, I explained what was going to happen to help Matt be less anxious in this new setting.

1. He would remain fully clothed during the treatment session.
2. The type of touch used in CST is light and gentle.
3. He could stop the session at any time he was uncomfortable by using the code words: "Stop, I really mean it."

Empowering Matt with code words to stop a session at any time not only signals the need for the therapist to immediately remove their hands from his body but also raises his internal body awareness (interoception) and the ability to ask for what he needs. We practiced safe touch using the code words several times before beginning his formal treatment session.

I began with a Whole Body Evaluation (WBE), which assesses the body as a whole without specific attention to isolated symptoms. By viewing the totality of the individual, the therapist can identify patterns of tension within the body tissues that may contribute to difficulty participating in normal daily activities.

The specific CST techniques used during Matt's WBE included:

1. Listening stations: Listening stations are specific key areas used to observe the client's resting state, giving a baseline of the client in a relaxed state while lying supine on a table. This gives the therapist insight into the client's ability to come to a calm and relaxed state. The therapist feels for any abnormalities as well as assesses the symmetry, quality, amplitude, and rate (SQAR) of the craniosacral rhythm (CSR). The listening station areas are located at both heels, the dorsum of the feet/ankles, the thighs/hips/pelvis, the thoracic/rib cage, shoulders, and the head using the three vault holds (side-to-side, forehead with the back of the head and an occiput cradle).
2. Dural Tube evaluation: The dural tube is the spinal portion of the central nervous system from the occiput (foramen magnum) to the sacrum (sacrococcygeal complex). I often include this at the end of the listening stations mentioned above. In this technique I move to the side of the person and hold the occiput and sacrum simultaneously, using the same pattern of feeling into the body for the CSR and assessing for any asymmetry. Very gentle traction of 5 grams or less is enough to evaluate and treat many restrictions. Traction can be either toward the head (cephalad) or toward the feet (caudad). For example, evaluating and then releasing restrictions in the dural tube at the sciatic nerve roots can release sciatic nerve pain.
3. Diaphragms: Diaphragms are areas of the body that horizontally cross the body in key regions. From a CST perspective we focus on 5 specific diaphragms as part of a session including the pelvic bowl or sacral diaphragm (one hand under the sacrum and one on the lower abdomen), the respiratory diaphragm (one hand just below the ribs and the other behind at the dorsal hinge-mid back), the thoracic inlet (one hand at the upper chest and the other holding the upper back), the hyoid

(at the neck one hand anterior and one hand posterior) and the occipital cranial base (OCB) focusing at the region between the atlas of the cervical vertebra and the occiput of the skull.

4. Fascial glide: Fascia is the connective tissue, that encapsulates every muscle, bone, and organ in the body and allows humans to move with ease. This technique addresses the connective tissues of the body by tactilely assessing the superficial motion within the limbs and identifying where limitations of mobility may be due to restrictions within the fascia.

5. Arcing: Arcing requires that the practitioner sense the energetic waves of interference produced by a restriction in the tissues. This is called an active lesion pattern or Energy Cyst (EC). The therapist traces these waves to their source by manually sensing the arcs that are energetically formed between the points of reference. Strong memories are often stored within our tissue in a "walled-off" cyst of energy. Traumatic input of energy (physical, emotional, pathogenic, and other causes) can be retained and localized within the individual's body as a waveform pattern, rather than being dissipated or released. Energy cysts are found by arcing to these areas of disorganization.

I identified energy cysts in the thoracic region/heart chakra and abdomen through arcing. The fascial glide showed tight bilateral trapezius muscles and elevated shoulders which restricted mobility. Occipital/Axial (OA) compression was evident. Instead of engaging his respiratory diaphragm, Matt tended to use costal breathing using accessory musculature to inhale. I also noted hip and hamstring tightness and compression at the L5/S1 region. His CSR seemed dampened with limited excursion and vitality, especially throughout the lower extremities. Asymmetry was noted with greater time in the extension phase of the CSR. His treatment plan for the next several months involved basic CST from the 10-step protocol taught in the first cranial sacral therapy class to advanced mouth and brain work.

While working on his neck, I induced a still point and I asked if that “felt OK.” Still point induction is a technique used in CST to reset the nervous system, hopefully moving

from a sympathetic nervous system bias to a more parasympathetic level. I also used a modified OCB platform. This technique helped to free the neck musculature at the occipital axial area which was tight. I chose to use a modified platform typically used for younger children, as opposed to a full platform typically used on patients his age and older, due to his hypersensitivity to touch and what appeared to be a level of apprehension. This gentler version was easier to use without causing any discomfort.

I also spent significant time at both the pelvic diaphragm and respiratory diaphragm, waiting for signs of release. Those signals included borborygmus (stomach gurgling) and deep breaths as his body switched into a parasympathetic relaxation response. I also noticed a sensation of heat in my own hands, which was a signal to me that energy was shifting in the patient's body.

I explained to Matt the concepts from the CST Brain Speaks class in youth-friendly terms. This curriculum is a series of advanced classes with a focus on specific brain anatomy. The treatment focus was on switching from the sympathetic (fight/flight) response of hyper-arousal to the body's parasympathetic (rest/digest) response. We discussed the role of the reticular activating system (RAS) as it processes information as it relates to his feeling of being stuck in overdrive. By dialoguing with various centers of the brain such as the RAS, a patient can learn to self-regulate his internal environment. We imagined turning down a dial internally to dissipate the sensation of being overwhelmed and demonstrate that he had some control over his sense of overstimulation. Current research literature from multiple professional fields regarding neuroregulation and polyvagal theory are now validating these time-tested techniques which occupational therapists refer to as "self-regulation."

I gave Matt additional homework to build on the work we did in our sessions. He created a modified Still Point inducer using two tennis balls in a sock. This was placed at the base of the occiput for five minutes while lying down in bed at the beginning and end of each day. He used guided imagery for dialing down the RAS twice a day and was also instructed in progressive relaxation exercises.

Although initially very hyper-vigilant and easy to startle, Matt was ultimately able to relax and notice sensations within his own body. Through regular sessions, hyper-responsiveness to touch and his heightened startle response slowly dissipated with his new body awareness.

As the sessions progressed, we addressed many of the issues from the initial assessment through CST and additional training within my occupational therapy (OT) tools.

1. Diaphragmatic breathing and breath control work were used to address Matt's shallow breathing patterns.
2. Mouth work included addressing the tongue and other internal structures thus releasing restrictions causing hyoid retraction and elevation. The hyoid is a small bone in the anterior neck that many tongue muscles articulate with. It is located at an energetic center called the throat chakra and is an intricate part of our speech mechanism physically, emotionally, and socially. If elevated and retracted, the hyoid can impinge ease of breath, freedom of speech, and swallowing. All areas showed improvement.
3. Stomach complaints and digestion were addressed through visceral manipulation (VM) of the digestive system. This improved his ability to fully eliminate his bowels.
4. Sensory strategies based on my pediatric (OT) training improved Matt's self-regulation allowing him to maintain appropriate levels of alertness. This included the use of "fidgets" or tactile manipulatives to help his focus. Heavy work strategies using his large muscle groups help develop body awareness and decrease his hyper-responsiveness to environmental stimuli.
5. Pelvic/lower body flexibility work using a therapy ball helped improve body awareness, flexibility, and core strength so Matt did not fatigue as easily with physical activity.

Over 10 months I saw Matt for eight one-hour sessions. At each session, he was accompanied by either one or both grandparents for accountability and follow through

with his home program. Sessions were scheduled on breaks from school when he was able to visit his grandparents for several days. Matt was aware of his improvement and even asked for extra sessions (two more from the original six recommended sessions) as his Christmas present that year.

When asked about improvements at home, his grandmother reported that Matt's father noticed the following changes.

1. More cooperation with household tasks and chores completed.
2. Less anxiety attending school resulting in improvements in grades and completing assignments promptly.
3. Improved socialization including joining the school choir.
4. Being happier and a greater acceptance of his new environment compared to the first few months following his move.

Matt is now nineteen years old. His grandmother's social media posts have allowed me to monitor his progress through the years. The following updated information was obtained with written permission.

Shortly after our sessions Matt joined the school choir and excelled musically, including some solo work and participation in several music competitions. Kay was surprised at this new leisure activity and never realized how much he enjoyed singing until he joined the choir. This was an excellent activity for him to practice his new skills of breath control. From his grandmother's perspective, having CST at this crucial time of his life helped Matt with the transition of the move and a happier educational experience.

He graduated from high school this past year. Matt began volunteering as a stagehand in high school. Since his graduation, he has worked full-time as a stagehand and joined the union. He will enter an apprenticeship for stage handling and plans to become a stage manager.

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