# Evidence Map for the SENSE Framework©

"My role is not to change your story, but to help you understand it, process what no longer needs to keep you in survival and reconnect with your agentic self".
- Sally Singh

## Theoretical Foundations and Supporting Evidence for the SENSE Framework© developed by Sally Singh.

### Introduction

The SENSE Framework© is an evidence-informed integrative model that synthesises established theories and therapeutic approaches into a sequential framework for trauma recovery. While the individual components of the framework are supported by empirical literature, the **integration, sequencing, and clinical decision-making process** represent the original contribution of the SENSE Framework©.

The SENSE Framework© was developed by Sally Singh through more than nine years of clinical experience working with clients presenting with complex trauma, developmental trauma, dissociation, chronic anxiety, attachment difficulties, and other complex psychological presentations.

Its development emerged from sustained clinical observation of how clients experience trauma not as an isolated cognitive memory, but as an interconnected pattern involving the body, nervous system, personal narratives, internal parts, relationships, and a sense of safety and identity.

Across years of therapeutic practice, Singh observed that although established trauma therapies offered valuable and evidence-supported interventions, clients with complex and layered trauma often required a more integrated and carefully sequenced approach that could respond to these multiple dimensions simultaneously. The SENSE Framework© therefore evolved organically from clinical practice using established modalities, reflective observation, ongoing professional learning, and the application of established trauma-informed theories to complex client presentations. The SENSE Framework© does not propose an entirely new therapeutic techniques, the framework brings together existing evidence-informed approaches in a coherent clinical sequence, providing a structured way of considering **Somatic, EMDR, Narrative, Self, and Embodied** dimensions of trauma recovery. The integration of these components, and the clinical reasoning underpinning their sequencing and application, represents Singh's original practice-based contribution to trauma-informed therapeutic work.

# The SENSE Framework© Diagram

# Originals of the work used in development of the SENSE Framework©

| SENSE Stage | Core Clinical Focus | Primary Theoretical Foundations | Key Researchers | Evidence Base and Clinical Contribution |
|---|---|---|---|---|
| **S – Somatic Awareness** | Interoception, body awareness, nervous system regulation, stabilisation | Somatic Psychology, Sensorimotor Psychotherapy, Polyvagal Theory, Window of Tolerance | Pat Ogden, Janina Fisher, Bessel van der Kolk, Stephen Porges, Dan Siegel, Daniel J. Siegel & Tina Payne Bryson | Research demonstrates that traumatic memories are often encoded as implicit sensory and physiological experiences. Increasing interoceptive awareness improves emotional regulation, reduces autonomic dysregulation, and prepares clients for trauma processing. |
| **E – EMDR Processing** | Adaptive memory processing, bilateral stimulation, reduction of traumatic distress | Adaptive Information Processing (AIP) Model, EMDR Therapy | Francine Shapiro, De Jongh & Ten Broeke, Maxfield, Solomon & Shapiro | EMDR is supported by extensive evidence demonstrating effectiveness in reducing PTSD symptoms and facilitating adaptive memory reconsolidation through bilateral stimulation. |
| **N – Narrative Integration** | Meaning-making, identity reconstruction, cognitive integration | Narrative Therapy, Constructivist Psychology, Trauma Narrative Theory | Michael White, David Epston, Jerome Bruner, Donald Polkinghorne | Constructing coherent narratives following trauma supports autobiographical integration, resilience, post-traumatic growth, and the transformation of maladaptive beliefs into adaptive self-understandings. |
| **S – Self Integration** | Internal attachment, parts work, compassionate self-leadership | Internal Family Systems (IFS), Attachment Theory, Ego State Therapy | Richard C. Schwartz, John Bowlby, Sue Johnson, Kathy Steele, Onno van der Hart, Ellert Nijenhuis | Parts-oriented approaches assist clients in reducing internal conflict, increasing self-compassion, and integrating protective and wounded parts into |

| SENSE Stage | Core Clinical Focus | Primary Theoretical Foundations | Key Researchers | Evidence Base and Clinical Contribution |
|---|---|---|---|---|
| | | | | a more cohesive sense of self. |
| **E – Embodied Integration** | Embodied safety, regulation, consolidation of therapeutic gains | Polyvagal Theory, Interpersonal Neurobiology, Mindfulness, Embodied Cognition | Stephen Porges, Dan Siegel, Pat Ogden, Ruth Lanius | Sustainable recovery occurs when adaptive beliefs are experienced physiologically through nervous system regulation, increased vagal flexibility, and embodied awareness rather than solely through cognitive insight. |

# Cross-Cutting Foundations Supporting All Five Stages

The following theories inform the SENSE Framework© across every stage rather than being confined to a single intervention.

| Framework | Contribution to the SENSE Framework© | Key Scholars |
|---|---|---|
| **Polyvagal Theory** | Provides the neurophysiological understanding of safety, threat, co-regulation, and autonomic state shifts that guide pacing throughout the framework. | Stephen W. Porges |
| **Window of Tolerance** | Informs assessment of therapeutic readiness, pacing, and regulation before trauma processing. | Daniel J. Siegel |
| **Attachment Theory** | Explains the development of internal working models, relational safety, and emotional regulation across the lifespan. | John Bowlby, Mary Ainsworth |
| **Adaptive Information Processing (AIP)** | Explains how maladaptively stored traumatic memories become integrated into adaptive memory networks during EMDR. | Francine Shapiro |
| **Interpersonal Neurobiology** | Supports the integration of brain, body, mind, and relationships within trauma recovery. | Daniel J. Siegel |
| **Sensorimotor and Somatic Approaches** | Provide body-oriented methods for trauma regulation and processing. | Pat Ogden, Janina Fisher, Bessel van der Kolk |
| **Race-Based Traumatic Stress Theory** | Recognises the psychological and physiological impact of racism and | Robert T. Carter, Menakem, R, Singh, A. A. |

| Framework | Contribution to the SENSE Framework© | Key Scholars |
|---|---|---|
| | discrimination as traumatic stressors requiring culturally responsive interventions. | |
| **Intergenerational and Historical Trauma** | Explains how unresolved trauma may be transmitted across generations through relational, cultural, biological, and systemic pathways. | Maria Yellow Horse Brave Heart, Rachel Yehuda, Resmaa Menakem |

# Original Contribution of the SENSE Framework©

The originality of the SENSE Framework© lies not in the development of new therapeutic modalities, but in the intentional integration and sequencing of established evidence-informed approaches into a coherent clinical pathway.

The framework contributes to trauma-informed practice through five innovations:

1. **Sequential Integration** – A structured progression from body awareness to trauma processing, narrative reconstruction, Self integration, and embodied regulation.
2. **Progressive Integration** – A conceptual model proposing that healing occurs through the integration of the body, nervous system, memory, identity, internal attachment systems, and lived experience.
3. **Nervous System-Led Clinical Decision-Making** – Therapeutic interventions are selected according to autonomic regulation and readiness rather than diagnosis or symptom severity alone.
4. **Embodied Agency** – Recovery is defined as the restoration of physiological safety, adaptive choice, relational flexibility, and self-leadership, extending beyond symptom reduction.
5. **Culturally Responsive Trauma Integration** – Race-based traumatic stress, intergenerational trauma, migration experiences, and systemic oppression are considered foundational influences throughout the therapeutic process rather than peripheral considerations.

# Implications for Clinical Practice

The SENSE Framework© offers a structured yet flexible model for integrating multiple evidence-informed therapies while maintaining fidelity to trauma-informed principles.

Rather than replacing established modalities, the framework provides a clinical architecture that assists practitioners in determining **what intervention is most appropriate, at what time, and in what sequence**, based on the client's nervous system state, therapeutic readiness, and evolving capacity for integration.

By grounding each stage in established theory while contributing a novel process of integration, the SENSE Framework© aims to support safe, culturally responsive, and neurobiologically informed trauma recovery across diverse clinical populations.

## References


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