Somatic Experiencing® Informed Consent

When clinically indicated, and appropriate, I will use Somatic Experiencing (SE) in our work together. SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. SE employs awareness of body sensation to help people heal rather than relive or reenact trauma.

I understand that Somatic Experiencing interventions includes: -Increased focus on body sensations in an effort to allow intense survival energies to be safely experienced and gradually discharged.

-An assumption that the body and mind are one and cannot be artificially separated.

-Titration (breaks down into small steps), rather than evoking catharsis which can overwhelm the regulatory mechanisms of the body.

Therefore, SE is a gentle, yet powerful model for resolving “stuck” physiological states resulting from traumatic and/or overwhelming life experience.

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative “side effects.” For further references and information online about SE go to <http://www.traumahealing.org>

In signing this informed consent form, I understand that I have the right to refuse any and all Somatic Experiencing interventions at any time throughout the course of my treatment. I understand that I must verbalize this to my practitioner so that she understands that I am uncomfortable and requesting to stop a specific intervention.

I have read the above informed consent, understand, and agree to it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature

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