Member
Associated Bodywork
& Massage Professionals

My Somatic Bodywork

Integrative Bodywork and Massage Therapy

Somatic Experiencing® Informed Consent

When appropriate, and according to my professional judgment, I will (or may) propose the use of Somatic Experiencing (SE) and or Craniosacral Therapy in our work together. SE is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in "immunity'' to trauma that enables them to return to normal in the aftermath of highly ''charged'' life-threatening experiences.

- SE® employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma.
- SE's® guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged.
- SE® may employ touch in support of the renegotiation process.
- SE® "titrates" experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.

For more information about SE® please note the following references on page 2.

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, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of our work together. Should you become uncomfortable with any part of your treatment session please notify your practitioner.

If you have any questions about Somatic Experiencing SE® or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at any/all times, or to refuse touch, SE® techniques, or any other intervention I may propose or employ.

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

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Client name (print) Date Client Signature

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Therapist Name (print) Date Therapist Signature