



Trauma Therapy Consent Form

Sarah Schlote, MA, RP, CCC, SEP, is a Registered Psychotherapist, Canadian Certified Counsellor and Somatic Experiencing™ Practitioner who has completed hundreds of hours of advanced specialized training in a number of trauma therapy approaches that focus on neuroscience, biophysiology, attachment and polyvagal theory. This document aims to help you understand their role in resolving or stabilization physical and emotional symptoms related to complex trauma/PTSD, chronic stress/fatigue, fear, anger, anxiety, shame, health conditions or complex syndromes, dissociation, spiritual emergencies and addictions, as well as in restoring boundaries, regulation, resiliency, empowerment, aliveness and a healthy sense of self.

In keeping with best practices, trauma therapy at The Refuge follows a staged approach, beginning with safety and stabilization, fostering self-regulation and trust in the therapeutic relationship before proceeding with the processing of deeper traumatic material. Like learning to drive a car, we need to make sure there is a good brake system in place before we can press the gas pedal and drive safely.

What is Somatic Experiencing™ (SE)?

Somatic Experiencing (SE) is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine, resulting from his multidisciplinary study of stress physiology, psychology, ethology, biology, neuroscience, indigenous healing practices and medical biophysics. SE releases traumatic shock (freeze) and supports the body's natural ability to regulate itself, which is key to transforming PTSD, chronic stress and the wounds of emotional and early developmental attachment trauma.

SE is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild naturally regulate and discharge the high levels of energy arousal (fight/flight) associated with defensive survival behaviors and chronic stress. This provides animals with a built-in "immunity" to trauma and stress that enables them to return to normal in the aftermath of highly charged life-threatening experiences.

SE facilitates the completion of self-protective motor responses and the release of survival energy bound in the body, thus addressing the root cause of trauma symptoms, which can result in subtle or more intense experiences as the body discharges. This is approached by *gently guiding clients to develop increasing tolerance for difficult bodily sensations, impulses, movements, triggers and suppressed emotions*, so as to not get overwhelmed. **Note: Somatic Experiencing can be used with or without touch.**

- 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 or frozen survival energies to be safely experienced and gradually discharged.
- SE "titrates" your experience (breaks it down into small, incremental steps) so that you can remain embodied and present, rather than evoking a mindless catharsis or becoming flooded.

SE does not require you to re-tell or re-live the traumatic event, which is helpful in the case of pre-verbal trauma. However, working through the trauma narrative can be done more safely using SE, as it works more gradually to build capacity and resilience than typical prolonged exposure techniques. SE offers the opportunity to engage, complete, and resolve—in a slow and supported way—the body’s instinctual fight, flight, freeze, and collapse responses. Individuals locked in anxiety or rage then relax into a growing sense of peace and safety. Those stuck in depression gradually find their feelings of hopelessness and numbness transformed into empowerment, triumph, and mastery. SE catalyzes corrective bodily experiences that contradict those of fear and helplessness and seeks to restore a sense of aliveness and pleasure. This resets the nervous system, restores inner balance, enhances resilience to stress, and increases people’s vitality, equanimity, and capacity to actively engage in life. For more information: www.traumahealing.org

What are Touch and Table Work?

Ideally our earliest experiences of being soothed, nurtured and held in a bonded relationship happen through attuned touch. However, some of the deepest shock experiences held in the body occur when we are so young that our brains and nervous system are not yet sufficiently developed to process those experiences cognitively. When caregivers are unavailable or the source of distress, co-regulation and soothing often weren’t available, resulting in the body’s tendency to flip between hyper-arousal or dorsal vagal shutdown (freeze) as a way to cope with overwhelm. As demonstrated by the Adverse Childhood Experiences study, this can result in complex health syndromes when the body becomes highly sensitive and has to hijack or tax other systems as a management strategy.

Since early developmental trauma is largely pre-verbal and involves body memory, the skilled and appropriate use of touch can be an essential part of the healing process and provide corrective emotional experiences, especially when words are not available, when there were significant attachment ruptures that were never repaired, or when the body is stuck in survival mode as a baseline state. **Touch work can involve no touch at all, focusing instead to resolve the activation associated with anticipating touch or closeness, or voicing the ability to say no without shame, guilt or overriding to please others.**

Touch and table work are applied with hands and occasionally with forearm or foot contact, and can also be offered indirectly, such as providing support through a cushion. **Touch work is done fully clothed, occasionally over blankets or a sheet if preferred,** and is not used to manipulate, rehabilitate or repair the body as done in physiotherapy, kinesiology, chiropractics or massage. It does not constitute medical treatment and it is not a replacement for other bodywork approaches, which are different in focus, intent and method. Touch and table work are used primarily to explore interpersonal processing and attachment, as well as self-regulation, safe touch, healthy boundaries, as well as work through early pre-verbal trauma and shock trauma. It can be incorporated while seated, as well as lying face up on a table, or standing during movement-based exercises.

Touch was incorporated in Somatic Experiencing by Dr. Peter Levine, and was further refined as a practice by Kathy Kain, MA, SEP, somatic and bodywork practitioner and senior faculty member with the Somatic Experiencing Trauma Institute, in collaboration with Steve Terrell, PsyD, SEP (www.somaticpractice.net).

Somatic Experiencing, touch and table work, especially during the release of a self-protective response or body memory, can bring up unexpected emotions, thoughts, pain, physical reactions or memories. It is also quite common for the body to vibrate or tremble during a release, and for clients to experience a sense of fatigue or soreness. This is typically temporary, and your therapist will support you to work through these in a helpful and contained way that reduces the likelihood of overwhelm. It is important to honour the body’s needs and rest following sessions to support integration.

What is EMDR?

EMDR stands for Eye Movement Desensitization and Reprocessing, and was developed by Dr. Francine Shapiro as a specific protocol to assist with the reprocessing of traumatic memories. It has since been used for a variety of other life challenges, such as anxiety, panic, intrusive thoughts, core beliefs, complex grief, addictions, body dysmorphic disorders, etc. EMDR has been validated by extensive research for PTSD, and research on other applications is currently in progress. As stated by the EMDR International Association, when a person is very upset, their brain cannot process information as it does ordinarily. One moment becomes “frozen in time,” and remembering a trauma may feel as bad as going through it the first time because the images, sounds, smells, and feelings haven’t changed. Such memories have a lasting negative effect that interferes with the way a person sees the world and the way they relate to other people.

EMDR seems to have a direct effect on the way that the brain processes information. Normal information processing is resumed, so following a successful EMDR session, a person no longer relives the images, sounds, and feelings when the event is brought to mind. You still remember what happened, but it is less upsetting. EMDR appears to be similar to what occurs naturally during dreaming or REM (rapid eye movement) sleep. Therefore, EMDR can be thought of as a physiologically based therapy that helps a person see disturbing material in a new and less distressing way.

During EMDR, the therapist works with the client to identify a specific problem as the focus of the treatment session. The client calls to mind the disturbing issue or event, what was seen, felt, heard, thought, etc., and what thoughts and beliefs are currently held about that event. The therapist facilitates the directional movement of the eyes or other dual attention stimulation of the brain, while the client focuses on the disturbing material, and the client just notices whatever comes to mind without making any effort to control direction or content. Each person will process information uniquely, based on personal experiences and values. Sets of eye movements are continued until the memory becomes less disturbing and is associated with positive thoughts and beliefs about one’s self. During EMDR, the client may experience intense emotions, but by the end of the session, most people report a great reduction in the level of disturbance.

Upsetting, unresolved memories may surface with EMDR, which includes high levels of emotion or intense physical sensations during or in between sessions. Processing of targeted material may continue following your session, and other memories, dreams, flashbacks, feelings or sensations may occur. If the targeted issue included drug or alcohol abuse, the urge to use these substances may temporarily increase during or after the session, so it is important to ensure supports are in place to not act on these urges.

Additional Approaches

Sarah Schlote integrates additional therapies into her trauma work depending on the situation, including parts work for individuals with complex dissociation, trauma-sensitive mindfulness, animal- and equine-facilitated therapy, nature-based therapy, psychodynamic therapy, Gestalt therapy, Dialectical Behaviour Therapy inspired skills, etc. For more information, please visit www.healingrefuge.com

Scheduling Sessions

Sessions can be held at a frequency that works best for you. However, scheduling sessions closer together is recommended initially in order to maximize results. Your therapist will indicate a specific frequency of sessions based on your goals and your initial response to these modalities.

Ethics of Touch

Sarah is a member of The United States Association for Body Psychotherapy, which has outlined ethical considerations for the use of touch and body-based approaches in therapy. To read the standards outlined for the safe and ethical practice of touch in psychotherapy, visit:

www.zurinstitute.com/ethicsoftouch.html. A summary of these guidelines follows:

- Consent is required when using touch-related techniques in therapy, and can be withdrawn at any time. Sarah will ask your permission to use touch and you have the right to decline or refuse touch without fear of punishment, even if you previously provided consent. Sarah will ensure that you understand the nature and purpose of using touch. Sarah will explore with you and evaluate the appropriateness of the use of touch in your situation. She will also check in with you about your comfort level with regards to the location of touch, amount of pressure, length of contact, and her proximity to you both before and during each session. If touch is overwhelming, or the intention of appropriate touch is likely to be misunderstood by a particular client due to developmental or cultural reasons, touch is not used.
- Sexual touch of clients by therapists is unethical and illegal. Genital touching is not performed, nor do therapists use touch to sexually stimulate clients deliberately. Touch should not be used to foster dependency of the client on the therapist, and therapists are cautious about the potential to re-enact dynamics or trigger transference coming from early, vulnerable experiences/states. Clear boundaries are outlined prior to and during the use of touch in a manner that is not enmeshing, shaming or derogatory.
- Touch is only used in your best interest to benefit your healing with respect for your self-determination, and never to gratify the personal needs of your therapist. Your needs and wishes take priority over any clinical or theoretical approach. You may request not to be touched at any time during therapy without needing to explain it, if you choose not to, and without fear of punishment. You might also change your mind about touch and decide that you feel comfortable receiving touch support in areas that were formerly uncomfortable.

Statement of Informed Consent

Informed consent for trauma therapy, especially body and touch-oriented approaches, is essential and out of respect for your right to choice and self-determination. Consent must be given voluntarily, knowingly and intelligently. Consent is active and ongoing, and you can change your mind at any time.

By signing below, I confirm that I have read and fully understand the information contained in this document. I understand that touch and table work are not a form of bodywork, physical rehabilitation, structural repair work, or any other form of medical treatment, but are instead body-oriented and energy-based approaches grounded in biophysiology and trauma neuroscience that can be integrated into my overall plan for healing and wellness. I understand that I can undertake trauma therapy WITHOUT any touch work. Any and all questions I have regarding the contents of these documents have been answered to my satisfaction and I consent to receiving trauma therapy interventions offered by Sarah Schlote, MA, RP, CCC, SEP.

- I consent to receive Somatic Experiencing I consent to receive EMDR
 I consent to receive Touch and/or Table Work

Client Name and Signature

Date

For Touch and Table Work Clients

Mark "X" for previous health conditions. Mark "✓" for current health conditions.

- | | | |
|---|---|--|
| <input type="checkbox"/> Muscle / bone injuries | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Accidents / falls | <input type="checkbox"/> Heart / circulatory problems | <input type="checkbox"/> Scar tissue |
| <input type="checkbox"/> Sprain / strain | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Asthma / lung conditions |
| <input type="checkbox"/> Arthritis / tendonitis | <input type="checkbox"/> Allergies | <input type="checkbox"/> Immune system issues |
| <input type="checkbox"/> Abdominal / digestive problems | <input type="checkbox"/> Blood clots | <input type="checkbox"/> Other medical conditions: |
| <input type="checkbox"/> Numbness / tingling | <input type="checkbox"/> Infectious disease | _____ |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> Cancer / tumours | _____ |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Dental / jaw problems | _____ |

Please **CIRCLE** on both diagrams areas that you consent to receiving touch work / support, and **CROSS (X)** areas that you **do not** consent to receive touch work / support at the present time (you can change your consent at any time). Feel free to add descriptions if necessary.

