



Consent for the Use of Touch in my Therapy

The success of our work together depends upon a high degree of trust between us. Therefore it is important that you are fully informed about what to expect from your sessions.

Understanding Somatic Experiencing® Touch Therapy

SE Touch sessions are designed to help build the necessary capacity for self-regulation that will later be used to fully resolve traumatic stress. The benefit of working to build capacity first is that this process by itself can contribute to the diminishment of traumatic stress symptoms. In the process of creating body resources, the client is also learning the somatic skills and confidence to overcome the traumatic patterns that were initially so overwhelming—creating resilience. With some clients, the resilience and capacity-building process is all that is needed to resolve their traumatic stress symptoms.

SE Touch sessions involve gentle touch to the joints, limbs and gender-appropriate body parts. You are encouraged to ask questions before, during and after each session. You are the owner of your body and have the right and responsibility of determining the boundaries of that space, which can change during a session. Please let me know when touch at any given part of the body is not acceptable to you.

I understand that my therapy operates in a body-mind model and that within that model; a specific method of touch is available to me. I have received and read the statements which explain body-oriented modalities and which outline my rights as a client. I understand that touch, whenever used, is done consciously, non-sexually, and always with my consent. I further understand that I have the right at any time for whatever reason to modify or stop any methods of touch. I also understand that I may revoke, at any time, this agreement. Based on these understandings, I choose to incorporate the use of touch in my Somatic Experiencing® Therapy

Please sign below to indicate that you understand and agree to the above, and consent to being touched as described above.

Name

Date

Parent's/guardian's name & signature if client is under 18 years of age:_____