

KRISTIN BURNS, LCSW, SEP, RYT, DARE-P, IFS, RMT
Somatic Experiencing®
Informed Consent

When appropriate, and according to my clinical judgment, I will (or may) propose the use of Somatic Experiencing (SE) in our work together. SE is an approach which supports the nervous system in building capacity to manage difficulties and stressors in a more regulated manner. SE entails 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 "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:

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma : The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

Kline, M. and Levine, P. (2007). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books.

For further references and information online about SE go to <http://www.traumahealing.com>

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. It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about 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 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.

Client name: (print) _____ Client Signature: _____ Date: _____

Parent name: (print) _____ Parent Signature: _____ Date: _____
(if child is a minor)

