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Trauma Therapy Consent Form – SE Touch and Table Work

Kari Kokko, MSW, RSW, SEP, is a Registered Social Worker who has completed advanced training in a number of trauma therapy approaches. This document aims to help you understand the theory and practice of Somatic Experiencing, along with Touch and Table Work, in addressing trauma.

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, and medical biophysics. SE 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 regulation 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, aiming to address 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 and suppressed emotions, so as to not get overwhelmed.*

- 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.

Note: Somatic Experiencing can be used with or without touch.

SE does not require you to re-tell or re-live the traumatic event, which can be helpful in the case of pre-verbal trauma. When working through a trauma story, working with narrative can be done gradually to build capacity and resilience. 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 often 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. For more information: www.traumahealing.org

Note: The Somatic Experiencing Trauma Institute states that Somatic Experiencing is neither a form of psychotherapy nor a bodywork technique, though it lends itself well to being integrated into these and other treatment modalities.

What are Touch and Table Work?

Ideally our earliest experiences of being soothed, nurtured, and held in a bonded relationship happen through 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 working through early trauma, some of which can be pre-verbal, touch can be an important part of the renegotiation process, especially when words are not available.

Touch and Table Work are applied with hands and occasionally with other forms of contact, such as forearm or foot. It can also be offered indirectly, such as providing support through a cushion. **SE Touch is done fully clothed** and is not used to manipulate the body. Touch Work offers support to muscles, joints, diaphragms, and organs to support regulation and healthy functioning. Touch can be applied with the client in a seated position or lying face up on a table, or standing during movement exercises. Some examples of when touch can be helpful are:

- Identifying an area of the body for tracking internal sensations.
- Supporting an area of the body to release tension or constriction.
- Stabilizing a highly activated / dysregulated nervous system.
- Containing and processing difficult emotions (*e.g., feeling therapist's hands on the outside of your upper arms to provide a sense of containment to reduce flooding*).
- Bringing awareness to an area of the body that feels disconnected or numb.
- Engaging a reflexive action or defense to support completion / discharge of a response (*e.g., pushing into a therapist's hands to engage a frozen fight response*).
- Resourcing an individual with positive sensation or a healthy body function (*e.g., pressure on the feet can enhance a sense of grounding*).
- Calming an anxiety response, by supporting the brain stem or the kidney/adrenal area.
- Connecting with tissue / muscle memory or natural biological rhythms.
- Increasing blood flow to damaged tissue.

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

Touch- and body-based modalities, especially when working with a self-protective response or body memory, can bring up emotions, thoughts, pain, physical reactions, or memories that may be upsetting, depressing, evoke anger, etc. It is also not unexpected for the body to vibrate or tremble, and for clients

to experience a sense of fatigue or discomfort. This is typically temporary, and your therapist's aim is to support you to work through these in a way that reduces the likelihood of overwhelm. It is important to honour the body's needs following sessions to support integration (rest, water, nourishing food, etc).

Ethics of Touch

The College of Social Workers and Social Workers speaks to the importance having thorough training in all adjunct modalities. Kari has completed the intensive Somatic Experiencing training and received her SEP designation, and has subsequently completed the post-advanced Touch Skills for Trauma Therapists intensive training (96 hours with Kathy Kain, MA, PhD, SEP). Kari is in the process of completing the Somatic Resilience and Regulation intensive training (72 hours with Kathy Kain, MA, PhD, SEP and Steve Terrell, PsyD, SEP). Standards outlined for the safe and ethical practice of touch in psychotherapy are outlined here: 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. Kari will ask your permission to use touch techniques, and you have the right to decline or refuse touch at any time without fear of punishment, even if you previously provided consent. Kari will discuss with you and evaluate the appropriateness of the use of touch in your situation. Kari will communicate the nature and purpose of the touch techniques. 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.
- Sexual touch of clients by therapists is unethical and illegal. 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 the best interest of a client to benefit healing, and with respect for self-determination. Client needs and wishes take priority over any clinical or theoretical approach. Clients may request not to be touched at any time during therapy without needing to explain it, if they choose not to, and without fear of punishment, even if consent has previously been given. Clients might also change their mind about touch and decide that they feel comfortable receiving touch support techniques 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 SE 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 approaches to addressing trauma 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 Kari Kokko, MSW, RSW, SEP.

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

Client Name

Client 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 | _____ |

If you would like to specify, please **CIRCLE** on both diagrams any areas where you may be interested to receive touch 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. You may also choose not to specify at this time, and discuss locations / approaches to touch work in session with your clinician.

