

INTEGRATIVE HOOD RIVER

STRUCTURAL INTEGRATION*EMBODIED PELVIC CARE*SOMATIC EXPERIENCING

413 SHERMAN AVE, HOOD RIVER, OREGON 541.490.4968

WWW.INTEGRATIVEHOODRIVER.COM

Somatic Experiencing® Informed Consent

Somatic comes from the root word, soma, which means the body. Originally developed by Dr. Peter Levine, Somatic Experiencing® (SE) is a body-oriented approach towards the healing of traumatic or overwhelming life situations and chronic stress with a specific focus on nervous system regulation; as well as release and completion of self-protective responses (orienting / fight / flight / freeze). SE supports individuals to move out of survival stress physiology into more flow, embodiment and aliveness.

Processing trauma with Somatic Experiencing® is not the same as traditional talk therapy. Focusing exclusively on the story or cognitive content has the potential to trigger highly activated states of survival energy. SE emphasizes the renegotiation of traumatic or stressful experiences through nervous system awareness, regulation and discharge. We explore trauma and stress through physical sensations, spontaneous images, movement, behavior, emotions, memory and meaning. This process allows for an organic reorganization in our nervous system leading to symptom resolution and lasting change.

SOMATIC EXPERIENCING® focuses on:

- using sensory awareness to help your nervous system to settle and re-establish the body's felt sense of itself
- building confidence to notice sensations with curiosity without getting overwhelmed
- building the capacity to tolerate both pleasure and pain through the skill of titration (taking on one small amount of emotion or sensation at a time until it integrates)
- self-nurturing and self-soothing to support settling and containment
- coming back to your window of tolerance as well as expanding capacity for resilience
- restoring healthy boundaries and connection with yourself and others
- recognizing the tendency to disregard or override your body responses and learning to heed their wisdom

Somatic Experiencing® is a gentle therapy. There is little to be gained in re-traumatizing our nervous systems by re-living a traumatic event, or by working with cathartic (emotional) methods or strictly cognitive methods, since these approaches work with the higher brain centers, not the primitive brain centers which mediate survival energies.

There are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. As with all therapy, 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 techniques or interventions I may propose or employ.

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

Client name (print)

Client Signature

Date

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Informed Consent for Somatic Experiencing® Sessions, via VideoConference/Phone

The following is intended to inform you about the possible benefits and limitations Somatic Experiencing® (SE) via Videoconference/phone sessions with Shannon Northrup of Integrative Hood River, LLC.

Shannon can teach me practices and techniques to help me develop greater self-regulation of emotional, bodily, and relational aspects of my life. This is not intended to replace psychotherapy with a licensed professional in my state who would be better equipped to handle crisis or emergency situations given their closer proximity to me. Therefore, it is recommended that I see a professional in my immediate area for counseling should I need support in addition to the SE work we do.

When using telephone or Videoconference, I understand that the information shared by myself or Shannon cannot be guaranteed to be confidential (as it would be sitting in an office setting). This is due to phone lines and Internet connections are sometimes vulnerable to being picked up by outside sources. I understand that there can be no full guarantee of full confidentiality if I partake in therapy via phone or Videoconference with Shannon. I also understand that technology sometimes fails and there may be misattunements or misunderstanding due to its failure.

By signing below, I acknowledge I have read and agree to the above information. I am aware that I may stop receiving therapy via phone/Videoconference at any time should I feel it is no longer serving my needs and that Shannon will, when possible, help me with referrals to other professionals should I so desire.

Client name (print)

Client Signature

Date