

Informed Consent Form

This letter serves to inform you of what I offer and what I do not offer in the Somatic Experiencing® sessions, describes my background, and will orient you to our professional relationship. Please read this information carefully before signing. If you have any questions, please feel free to discuss them with me.

Somatic Experiencing®

Somatic Experiencing® (SE) is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. The word “trauma” in this sense covers a wide range of physical and psychological symptoms that result from the effect of accumulated stress on human physiology. SE is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

SE supports individuals in completing basic fight, flight, and freeze response patterns that remain inhibited after stressful or traumatic experiences. The completion of these response patterns brings a greater capacity for self-regulation as well as an increased sense of well-being, and integration. Even though SE primarily targets issues of trauma, it is also an effective way of supporting individuals interested in expanding their ability to authentically be in the world physically, psychologically, and spiritually.

- 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. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic Books.

Levine, P. and. Kline, M. (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>.

Session Description

Sessions are 60 to 75 minutes in length at \$80 per session. As we work together, we will both be assessing the process. While some clients may need only a few sessions, others may benefit from more sessions over a longer period of time. You are in complete control and may end the sessions at any point.

Your regular appointment time is reserved for you and you are responsible for providing a minimum of 24 hours advanced notice of cancellation. If you do not provide 24 hours notice, you will be responsible for the full session fee.

Background and Training

I am a certified Somatic Experiencing® Practitioner and an approved SE Assistant for SE trainings. I receive supervision from an approved SE Consultant, and continue to attend advanced SE trainings.

In my work, I take the role of an educator who supports clients in developing the necessary awareness towards physical and mental processes that leads to the resolution of symptoms resulting from unresolved trauma and stress. Even though SE is often used in conjunction with psychotherapy or bodywork, I do not offer psychotherapy or bodywork.

My work as an educator in my SE sessions is also informed by my training in Focusing and over 20 years of Buddhist meditation practice; and I may employ aspects of Focusing or meditation in our sessions.

I have completed the five levels of Focusing training. Regarding my meditation practice, I have studied in the Zen, Theravada and Tibetan schools of Buddhism. I lived in a Rinzai Zen Monastery for six years and was ordained for four of those years. My training in Vipassana Meditation includes doing extended meditation retreats in Myanmar (Burma), Nepal, and India as well as numerous retreats in the U.S. Following the tradition, I received permission to teach Vipassana from Eric Kolvig. I lead retreats and teach meditation courses nationwide.

I also have a Master's degree in Counseling from Western New Mexico University.

I look forward to the opportunity of working with you and supporting your unique unfolding of growth and healing.

Consent to Participate in Sessions

Please read the following statements and sign below so that we are clear about the parameters of our sessions. If you have any questions, please feel free to discuss them with me.

- I understand that Brian Lesage is a certified Somatic Experiencing Practitioner.
- I give Brian Lesage permission to facilitate my inner exploration using the modalities of Somatic Experiencing, Focusing, and meditation.
- I understand that I may terminate my sessions at any time and that, at termination, a closure session is generally recommended.
- I understand that Brian Lesage does not provide psychotherapy or bodywork.
- I understand any information I provide during SE sessions with Brian Lesage is confidential. Brian will not disclose information without my consent except as indicated below:
 - If I demonstrate credible threat to harm myself or others.
 - Any information that indicates neglect or abuse of a minor child or dependent adult or elder abuse.
- I give Brian Lesage permission to use touch if he and I consider it appropriate for facilitating my exploration. I understand that this touch is not intended to manipulate tissue, is non-sexual, and is only used when necessary for the support of awareness. I also understand that it is my responsibility to inform Brian if I am at any time uncomfortable with touch.
 - Please sign here if you do not want to incorporate the support of touch in your sessions:

Client Printed Name: _____

Client Signature: _____

Date: ____/____/____

Practitioner Signature: _____

Date: ____/____/____