

## Consent To Use Touch In Psychotherapy

This is an Informed Consent to Use touch as a clinical intervention in the practice of Sensorimotor Psychotherapy©, a body-centered talk therapy and SMART© a child oriented fully-body trauma and attachment treatment for children. Touch is one of the earliest languages of communication for human beings. We make meaning from touch experiences that influence how we perceive others, what we hold to be true about ourselves and how we attribute meaning to the behavior of others.

When appropriate and according to my clinical judgment, I may offer an intervention in which touch contact may increase your understanding of your body's non-verbal communication. Touch may help you to identify meanings and procedural tendencies you have built as a result of touch experiences or the absence thereof in development. These interventions can involve the simple application of resistance to push against with the intent to engage proprioceptive awareness or reinstate orienting and defensive responses truncated by life threatening experiences. Touch can also provide support for balance or touch may occur when taking over of a tension in the body to help you explore the opposite impulse.

**Touch interventions are purely optional and always developed collaboratively between the client and myself. Often alternative experiments not requiring direct touch can be developed that will approximate the same interventions if preferred.**

My 8-years of education and training in Sensorimotor Psychotherapy provides me with specific training in the application of interventions that may involve direct touch contact. I also obtain clinical consultation in this modality as well as train clinicians in the use of this therapeutic approach.

It is your responsibility to tell me when you are uncomfortable with any part of the treatment. If you have any questions about Sensorimotor Psychotherapy© or SMART© please ask and I will do my best to answer your questions in full. At any time you have the right to refuse or request an alternative to the techniques and interventions offered.

### **Acknowledgement of Receipt of this information:**

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

Name of Client (print) \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_