

Somatic Experiencing (SE) is a body oriented psychobiological methodology for assessing and addressing where the nervous system might be stuck due to unresolved stress, injury, or trauma. While gaining much credibility for treating PTSD and traumatic shock, it is relevant for anyone experiencing stress in their lives.

It is not necessary to retell any event or events during treatment. SE works with the body (sensations, movement, breath or sound) to assess what self defence mechanisms may not have been completed, what kind of adaptations to stress (such as bracing or tension) the nervous system has made and how we might build capacity for a greater range of experience or emotions.

Sometimes sessions may bring up painful memories or sensations. It is of the utmost importance that a client feel safe and gives consent for treatment. The treatment moves slowly, to best support the nervous system so that the client is not overwhelmed. Treatment sessions are always modified to suit the needs of a client on any particular day.

It is important to know that SE is not counselling, and while there may be more talking than a typical massage, the treatment is performed within the scope of practice of a Registered Massage Therapist. It is not in the scope of the practitioner to offer any kind of diagnosis or psychotherapy. Referrals to appropriate healthcare practitioners may be given.

Personal information gathered in the course of a session will be used in accordance with the purposes outlined in the above and will not be disclosed except where required by law.

Confidentiality is key to the effectiveness of the therapeutic relationship so the personal information you share in session will be kept confidential.

Confidentiality continues after the end of the therapeutic relationship.

CONSENT TO TREATMENT

I request and consent to receive treatment from Yvonne Landry (RMT, Somatic Embodiment Coach), for Somatic Experiencing. I am aware that as a Registered

Massage Therapist she is not permitted to diagnose or offer any counselling. I do not expect her to anticipate all complications related to treatment. I understand that all information gathered for this treatment is confidential, except as required by law. I will inform her should anything change regarding my health status. I have read the above and will ask any questions I have about the treatment. By signing below, I agree to this treatment. This consent includes all future sessions as part of a mutually agrees upon treatment plan. I have the right to discontinue treatment at any time.