

Acknowledgement & Consent for Treatments Using Touch, and Body-Oriented Psychotherapies

Rachel Weiss, MSW, LCSW has completed hundreds of hours of advanced specialized training in a number of trauma therapy approaches that focus on neuroscience, biophysiology, attachment and polyvagal theory. This document aims to help you understand their role in resolving or stabilizing physical and emotional symptoms related to complex trauma, PTSD, chronic stress, fatigue, developmental trauma, fear, anger, anxiety, shame, health conditions or complex syndromes, dissociation, addictions or compulsions, as well as in restoring boundaries, regulation, resiliency, empowerment, aliveness and a healthy sense of self.

In keeping with best practices trauma therapy with Rachel Weiss, follows a staged approach beginning with safety and stabilization, fostering self-regulation and trust in the therapeutic relationship before proceeding with the processing of deeper traumatic material. Like learning to drive a car, we need to make sure there is a good brake system in place before we can press the gas pedal and drive safely.

Rachel Weiss, LCSW uses a mixture of modalities, including EMDR, Attachment-Focused EMDR, Somatic Experiencing (SE), Sensorimotor Psychotherapy, Hakomi (Mindfulness-Based Experiential Therapy), and Feeling State Addiction Protocol (FSAP). In order to fully heal the body from trauma, top scientists, researchers, and therapists have realized that without involving the body, and focusing only on traditional talk-therapy modalities, we can only get so far, and that it takes a lot longer as well.

In the modalities named above, touch is often involved, but is NOT REQUIRED or necessary. Ideally our earliest experiences of being soothed, nurtured and held in a bonded relationship, happen through attuned touch. However, some of the deepest shock experiences held in the body occur when we are so young that our brains and nervous systems are not sufficiently developed to process those experiences cognitively. When caregivers are unavailable or the source of distress, co-regulation and soothing often aren't available, or not consistently so, this results in the body's tendency to flip between hyper-arousal, or dorsal vagal shutdown (freeze/ submit/ collapse/ feign death), as a way to cope with overwhelm. As demonstrated by the Adverse Childhood Experiences study (ACES), this can result in complex health syndromes when the body becomes highly sensitive and must hijack, or tax other systems, as a management strategy.

Since early developmental trauma is largely pre-verbal involving body memory, the skilled and appropriate use of touch can be an essential part of the healing process that provides corrective emotional experiences, especially when words are not available, when there are significant ruptures that were never repaired, or when the body is stuck in survival mode as a baseline state. **Touch work can involve no touch at all, focusing instead on resolving the activation associated with anticipating touch or closeness, or the ability to say "no" without shame, guilt or overriding to please others.**

Touch work is applied with hands, and occasionally with forearm, back, or foot contact, and can also be offered indirectly, such as providing support through a cushion. **Touch work is done fully clothed**, and is not used to manipulate, rehabilitate or repair the body as done in physiotherapy, kinesiology, chiropractics or massage. It does not constitute medical treatment, nor is it a replacement for other bodywork approaches which are different in focus, intent and method. Touch work is used primarily to explore interpersonal processing and attachment, as well as self-regulation, safe touch, healthy boundaries as well as to work through early pre-verbal and shock trauma. It can be incorporated while seated, as well as lying face-up on the floor, or standing during movement-based exercises.

At times in touch work, usually during deep processing sessions in SE, Hakomi, Sensorimotor, and in EMDR (which often includes the tapping of Rachel's fingers on the knees, shoulders or hands), unexpected emotions, thoughts, pain, physical reactions or memories arise. It is also quite common for the body to vibrate or tremble during a release, and for clients to experience a sense of fatigue or soreness. This is typically temporary; Rachel will support you in working through these in a helpful, contained way that reduces the likelihood of overwhelm. Following sessions, it is important to honor the body's needs to rest, move, or do whatever feels right, to support integration and ongoing adaptive processing.

Ethics of Touch

Rachel Weiss uses only CONSENT-BASED touch. The United States Association for Body Psychotherapy has outlined ethical considerations for the use of touch and body-based approaches in therapy. A summary of these guidelines follows:

- Consent is required when using touch-related techniques in therapy and can be withdrawn at *any* time. Rachel will ask your permission to use touch for which you have the right to decline or refuse without fear of punishment even if you previously provided consent. Rachel will ensure that you understand the nature and purpose of using touch. Rachel will explore with you to evaluate the appropriateness of the use of touch in your situation. She will also check in with you about your comfort level with regards to location of touch, amount of pressure, length of contact, and her proximity to you, both before and during each session. She will also check in with any non-verbal body signals or cues your body is giving, doing her best to notice if you are saying everything is "OK" when your body is showing signs that it's not. If touch is overwhelming, or the intention of appropriate touch is likely to be misunderstood by a particular client due to developmental or cultural reasons, touch is not used.
- Sexual touch of clients by therapists is unethical and illegal. Genital touching is not performed, nor do therapists use touch to sexually stimulate clients deliberately. Touch should not be used to foster dependency of the client on the therapist. We are cautious about the potential to re-enact dynamics or trigger transference coming from early, vulnerable experiences or 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 your best interest to benefit your healing with respect for your self-determination, but never to gratify the personal needs of your therapist. Your needs and wishes take priority over any clinical or theoretical approach or protocols. You may request not to be touched at any time during therapy without needing to explain it and without fear of punishment. You might also change your mind about touch and decide that you feel comfortable receiving touch support in areas 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 touch and somatic-oriented psychotherapy approaches are not a form of bodywork, physical rehabilitation, structural repair work, or any other form of medical treatment, but are instead body-oriented and energy/attachment-based approaches 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 A. Rachel Weiss, MSW, LCSW.

Check here if you consent to receive Touch often involved in EMDR (tapping), Somatic Experiencing, Sensorimotor and/or Hakomi:

I consent to receive Touch Work involved in Somatic Psychotherapy and Trauma Recovery Work (Somatic Experiencing, Sensorimotor, and/or Hakomi)

I consent to have Tapping involved in EMDR (Eye Movement Desensitization and Reprocessing) *See the EMDR Informed Consent Form for full consent/information around EMDR work.

Client's Signature

Date

Client's Printed Name