

Robin A Craig LPC, SEP

From Cell to Self

928-266-6871

This letter serves to inform you of the Somatic Experiencing® services I offer, 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® (SE) is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine. It 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.

- When appropriate, 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. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books.

Levine, P. (1997). *Waking the Tiger: Healing Trauma : The Innate Capacity to Transform Overwhelming Experiences*. 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>

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative “side effects.” It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you and there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from.

As part of our SE sessions, non-sexual, supportive SE Touch may be utilized. I will ask your permission before touching you and you have the right to decline or refuse to be touched without any fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with the therapist, if they arise, may be a helpful part of 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 any time or to refuse touch, SE techniques, or any other intervention I may propose or employ.

We will be monitoring your level of distress throughout this process and I encourage open disclosure of how this process “feels” to you. I will provide you with additional skills and support as needed. During times of extra distress, if your main therapist is not available I will make myself reasonably available for crisis calls at the above number. If, however, you are not able to reach me and need immediate support or

I am not able to get back to you within an acceptable time, please call **The Guidance Center Crisis Line at (928) 527-1899 x0 or Northland Family Help Center Crisis Hotline at (928) 527-1900.**

The items you describe on page 3 of this form under what you would like to accomplish will constitute our treatment plan unless otherwise discussed. If I assess that I cannot be of benefit to you, you will be given a number of referrals who might be more suited to your particular needs. If at any point during therapy I assess that I am not effective in helping you reach your therapeutic goals, I will discuss it with you and, if appropriate, terminate treatment. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Fees and Cancellation Policy

In the event you need to cancel, 24-hour notice is required to avoid being charged for the full session. To allow for sufficient time for in-depth work, I offer standard 60 to 75-minute sessions which are charged at a rate of \$ \$80.00 per session as discussed. I do not bill insurance and payment is expected at the time of service. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance companies.

Confidentiality

Maintaining your confidentiality is very important to me. What you say to me and the written records pertaining to our sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. I am required to disclose and report where there is a reasonable suspicion of child, dependent or elder abuse or neglect, and where a client presents a danger to self or to others. Maintaining your safety and the safety of those in your life is also very important to me. Additionally, disclosure may be required pursuant to a legal proceeding by or against you. You will be notified immediately if any of these situations should arise.

Background and Training

I am a certified Somatic Experiencing[®] Practitioner and a Lead or Primary Assistant for all levels of the SE training. I have completed post-advanced SE trainings including Kathy Kain's two year Touch Training for Psychotherapists, The Eye of the Needle: Working with Surgical and Near Death Experiences, and Working with War Veterans.

I am a Licensed Professional Counselor and follow the Professional Code of Ethics determined by the State Board of Behavioral Health Examiners in AZ and general best practices in my field. My educational background includes studies in Philosophy, Master's degrees in Counseling Psychology and Biomedical Engineering, and post-graduate studies in Neuroscience inform my understanding of the psychological, physiological and spiritual processes involved in healing.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully (total 2 pages). I understand them and agree to comply with them:

Client name (print)

Date

Signature

If submitted via email, your typed full name will be considered your signature.

Robin A Craig LPC SEP (Signature)

Date Received

Client Information

Full Name: _____ DOB: _____

Ethnicity/Race or Cultural Heritage (optional): _____

Street Address: _____

City: _____ State: AZ Zip: _____

Phone: _____ **Can I leave you messages on this phone:** Yes No

Person & phone no. to call in emergency: _____

Current Medications (and what they are for): _____

Prior Psychotropic Medications (when, how long, effect): _____

Symptoms: _____

Please briefly list any surgeries, accidents or other historical experiences it would be helpful for me to know about: _____

What would you like to accomplish through our sessions (this will be considered our “treatment plan”):
