

Somatic Experiencing® Demonstration Informed Consent Form

Foundation for Human Enrichment
6685 Gunpark Drive, Suite 102
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303-652-4035

Purpose: As part of the Somatic Experiencing® (SE) training program, SE treatment is offered in the form of a clinical demonstration. The demonstration is provided to you either in front of an audience of SE clinical students or by videotaping the session, or both. At times, the person providing the demonstration session may briefly stop in order to address a teaching point to the audience or camera. At the end of the session the audience may be invited to ask the practitioner, or you, questions about what they have observed or your responses to the SE session. This demonstration session helps SE students refine their skills and the SE treatment may be of benefit to you.

Risks of participation: There are minimal risks in participating in the demonstration session. Care will be taken to pace the session to minimize distress. If you do become distressed during a session you may discontinue your participation at any time. If you have any questions or concerns after participating in a demonstration please feel free to call the **Foundation for Human Enrichment** at **303-652-4035**. The demonstration session may include questions about your personal trauma history and any emotional/psychological and physical symptoms you may be experiencing.

Benefits of participation: Some benefits may be expected as a result of your participation in the demonstration. In addition to helping contribute to a deeper understanding of SE on the part of SE students, you will receive Somatic Experiencing (SE) treatment. SE is a mind-body treatment which helps to restore the body's/nervous system's natural balance. For some people this contributes to less pain, better sleep and appetite, and improved energy and mood.

Voluntary participation: Your participation in this demonstration is completely voluntary. You are free to refuse to participate at any time. You can also refuse to answer any question. Your decision to not participate or to skip certain questions is completely acceptable and will bring no negative consequences to you. There is no cost to you to participate.

Confidentiality: The audience has agreed to keep any information observed or disclosed during your session confidential, so all of your responses will be entirely confidential and anonymous outside of the clinical SE community. If any material from your session is used in research (e.g., spectral analysis, content analysis) your name will never be associated with the reporting of the results.

Informed consent: I have read, or been read, the description, including the purpose, risks and benefits involved, as well as the option to withdraw at any time. By my signature below I am acknowledging that I have read and understand this information and agree to participate in assessment and treatment.

Print
Name: _____ Signature _____

Location _____ Date _____