

CONSENT TO USE TOUCH IN THERAPY

With your consent, and according to my clinical judgment, I may use touch in our therapeutic work together to benefit your healing. I will draw from techniques in which I have received training, including [*Yoga Therapy (YT), somatic psychology, Hakomi, Processwork, Somatic Experiencing (SE), Body Memory Reset Therapy (BMR), and/or Other _____*].

I believe the use of touch is a powerful tool for clients to get grounded and help them move through body-based trauma reactions. As infants, we experience feelings of being loved and nurtured through touch. Throughout our lives, our non-verbal touch experiences determine how we feel about ourselves and how we connect to others.

The interventions used in our sessions may include:

- Touching your hand or arm to reduce anxiety
- Positioning your feet, hands, and shoulders to create awareness of your body in relation to the earth
- Holding your physical tension so that you can relax
- Correcting your breath and posture to improve oxygen flow
- Interacting together with an object during role play to process past experiences

At each session, I will make sure you understand the nature and purpose of using touch in therapy and evaluate the appropriateness of touch in your situation. I will also check your comfort level regarding the location of touch, the amount of pressure, and the length of contact before and during each session.

The touch I provide in therapy is never sexual. Sexual touch of clients by therapists is unethical and illegal. I will never use touch in a manner that is shaming or derogatory, or to deliberately stimulate clients sexually.

While touch interventions are expected to enhance our therapeutic work together, they may have unintended side effects. They may trigger emotions, memories, or physical reactions that may be upsetting. I encourage you to share and process uncomfortable feelings and sensations with me as they arise, and you can revoke your consent of touch at any time.

Your needs and wishes take priority over any therapeutic touch intervention. You may request not to be touched at any time during our therapy sessions, even if you previously provided consent. You might also change your mind about the frequency and type of touch that feels comfortable from session to session.

I have read the above informed consent, understand, and agree to it. I will also make my concerns and considerations known to my therapist as they arise.

Client Signature: _____ Date: _____

Printed Name: _____