

## Healing Trauma Somatic Experiencing with Zena Takieddine, MA, SEP

Hello,

This letter is to give you information about what I do and do not do as a Somatic Experiencing Practitioner as well as information about our professional relationship. Please feel free to ask any questions you may have.

Thank you,

Zena

### About Somatic Experiencing (SE):

SE is a short-term naturalistic approach for healing trauma. It was developed by Dr. Peter Levine, recipient of United States Association for Body Psychotherapy (USABP) Lifetime Achievement Award in 2020 for his study of trauma resolution.

Somatic Experiencing emerged from the observation of animals in the wild and through an integration of various shamanic wisdoms through a scientific lens. Dr. Peter Levine observed that wild prey animals face daily threats of a life-or-death nature and yet, if they survive, they are usually not traumatized. Animals in the wild utilize their innate mechanisms to regulate and discharge the high levels of energy associated with defensive survival behaviors. By doing so, they avoid post-traumatic stress disorders.

Human beings have similar survival responses and inner mechanisms for regulation. Unlike animals, however, we have learned to suppress these natural responses, causing survival energies to get stuck. Learning to sense and release these energetic impulses while in an environment of safety and support is the key to healing trauma.

- SE creates an environment of *safety*.
- SE uses *awareness of body sensation* to help clients connect with their innate processes.
- SE practices *slowing down* and *titration* to avoid overwhelm and to allow for integration.
- SE offers guidance to *renegotiate* the experience so that it can heal and release rather than be re-lived or re-enacted as trauma.
- SE *does not analyze or interpret*. It allows the inner movements of the body to come through, and offers support as needed, with full respect of the body's natural wisdom.

For more information about SE please note the following references:

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books. Kline, M. and Levine, P. (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>

## SOMATIC EXPERIENCING CLIENT INTAKE FORM

SE can result in several benefits, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. It is useful to know that other body-oriented modalities may also be helpful to you as well, such as Yoga, Qi Gong, Tai Chi, Acupuncture, EFT Tapping, EMDR, Sensorimotor Psychotherapy, or Bodydynamics. And, of course, there are many non-somatic forms of psychotherapy and counselling that are helpful too.

### Zena Takieddine MA SEP Personal Profile:

I am a certified Somatic Experiencing Practitioner since 2018 and a certified yoga teacher since 2009. I am not a therapist and if our sessions move in that direction I will need to refer you to the appropriate professional for that work.

In our sessions together, there is no obligation to share anything that you do not want to share and it is possible to gain benefit from the session and relieve the symptoms of trauma without getting involved in the story at all.

A part of our work will involve me encouraging you to pay attention to aspects of your experience that are around or behind your words, namely your body, your posture, your senses, your feelings, and any images, metaphors or flashbacks that come to mind.

On occasion, and only with your agreement, I use Somatic Experiencing touch. The purpose of the touch is to help ground and settle. I do not manipulate or massage. Before any touch-work takes place, I shall inform you of what we are going to do and why, and ensure that you feel safe.

For online sessions, energetic awareness and intention can be applied effectively in lieu of physical touch. Again, this will be in coordination with you, if you would like to receive such support or not.

You have the right to refuse suggestions or terminate sessions at any time. My intention is to align with whatever feels right for you.

### Confidentiality:

You have the right to have your personal information protected from any public exposure so that you can be ensured privacy and the protection of confidentiality.

I may occasionally keep a journal in which I jot a few notes to myself concerning our visits. The purpose of these notes is to help me keep track of the general themes without being overly specific. They do not analyze or diagnose in any way.

### Permission to Consult:

From time to time, during my own ongoing peer consultation and supervision, I may desire to share some information with colleagues about our conversations so that I may better serve you in our work together. All information would be shared in such a way that your identity is kept confidential. Please initial below if you agree to allow me to discuss your information in peer supervision or consultation, while keeping your identity confidential. Do not sign if you have reservations.

Client initial: \_\_\_\_\_

## Times, Fees & Cancellations:

My fee is \$80.00 per session. The duration of the session is 50 minutes. For clients interested in package rates, I offer sequences of 4 sessions at \$300. I accept cash, bank transfer or money transfer via Western Union.

I do have a cancellation policy. I require 24 hours' notice of cancellation in order to avoid charging you for the full session. No shows will also be fully charged, barring emergencies.

Please sign here to verify that you have read, understood, and agree to the above information.

Client initial: \_\_\_\_\_

## Client Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Presenting Issue: \_\_\_\_\_

Physician or other Therapist: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medication (if any): \_\_\_\_\_

Please notify in case of emergency: \_\_\_\_\_

Anything else you would like to me to know? \_\_\_\_\_