

Client Commitment

Informed Consent

Dear Prospective Client,

It is an honor to commence work in your story with you. This informed consent is designed to give you information about my practice and our professional relationship. reStory Counseling helps clients connect to their bodies, souls, and minds in order to gain access to a greater sense of love and safety in their daily lives.

I will work with you to help you care for moments in your story that feel fractured or confusing by bridging current therapeutic techniques with a sensitivity to the biblical narrative. I see the goal of our time as equipping you with tools for managing your stresses and triggers.

CONFIDENTIALITY

I maintain the confidentiality and privacy of each client and their records as protected by state law and professional ethics. There are a few, rare instances where safety takes precedence over confidentiality. These situations include: (1) if I suspect you intend to harm yourself, another person, or property; (2) when I suspect a child, elder or dependent adult has been or will be abused or neglected. (3) In rare circumstances, counselors can be ordered by a judge to release information (subpoena). In all other circumstances, I maintain confidentiality unless you give me expressed written authorization to do otherwise.

Please note: Once information leaves my office, I have no control over what happens with it. I do consult regularly with other professionals regarding clients with whom I work; however, a client's identity remains completely anonymous and I fully maintain confidentiality.

SCOPE OF PRACTICE AND PROCESS OF THERAPY

I am a Board-Certified Biblical Counselor certified by the International Board of Professional and Pastoral Counselors. I also have a Master's Diploma in Biblical Counseling for Marriage and Family.

Biblically based

The foundation of my work is directed by God's Word and biblical truth. I utilize biblical truth and narrative to inform my own and others' stories, and I believe God's larger story of redemption and restoration is always at work. As a member of a local church, the values for my practice align with those found in the gospel, and I never facilitate a session that disconnects a client from these core messages: love, grace, embodiment, and empowerment.

Somatic Approach

I take a body-oriented/neurobiological approach to healing trauma in our sessions. I am a Somatic Experiencing Practitioner certified through the Somatic Experiencing Institute. Additionally, I have a B.S. from Texas A&M University.

Expertise

My focus is on wellness and my expertise includes anxiety, depression, stress related problems, trauma issues, PTSD, abortion wounds, relationship problems and life transitions. During our time, I emphasize proper understanding of boundaries, development of self-regulation skills and resiliency. If I feel that I cannot help you, I will provide referrals when possible. While it is impossible to predict the exact outcomes of therapy, we will work together toward the goals we establish. In addition to the work in my office, I may suggest some work for you to do between sessions. It is not uncommon for clients to feel levels of sadness, anxiety, fear as well as joy, happiness and love throughout the counseling therapy. Your feedback is very important.

FEES & INSURANCE

Please contact DeeDe for the 50-minute session fee. The frequency of treatment will depend upon your needs, scheduling, and the severity of your troubles. I do not participate with insurance companies.

PAYMENT

Payment is due at the beginning of each session by cash, check, Venmo, PayPal or Square Cash. Please make checks out to reStory Counseling, LLC. There is a \$25 charge for returned checks.

MISSED APPOINTMENT/NO SHOW/LATE CANCELLATION

I charge in full for missed appointments and appointments not cancelled within 24 hours of scheduled time. If you cancel because of inclement weather I can try to schedule a videoconference with you instead of the in-office appointment.

EMAIL/TEXTING

I cannot guarantee the confidentiality of any electronic media used to contact me. I will only use text and email to schedule appointments, answer very short questions or make referrals and suggestions for books. It will not replace or substitute for therapy and cannot be considered therapy. It may take me a couple days to reply to a text or email.

EMERGENCIES AND VACATION

Upon occasion an emergency situation arises. In case of an emergency you should call 911 or go to the nearest emergency room after leaving a message. I will call you back as soon as possible. When I am on vacation, I may not be available.

ETHICS

I abide by the Code of Ethics of the International Board of Professional and Pastoral Counselors. My intent is to help you. Please ask me any questions you have as you move through the healing journey.

The road to healing starts with our stories. Again, thank you for the privilege of sharing yours with me.

Sincerely,

DeeDe Bormann, BCBC, SEP
16742 Birch Street
Stilwell, KS 66085

deede@restorycounseling.com
(913)-244-3770
reStoryCounseling.com

I have read the informed consent and have been given an opportunity to have my questions answered.

Client Name (Print)	Date	Signature
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Parent or Guardian (Print) (if client is <16 years old)	Date	Signature
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Date _____

Name: _____

Date of Birth: _____ Current Age: _____

Address: _____

Phone #: _____ Email: _____

Sharing information about yourself will better help me to get to know you and know how to plan for our time together. Please answer the following questions before your first appointment and bring this form with you. Thank you.

1. What are the main concerns you have for seeking help at this time? Please include your symptoms, pain, illness, injuries, onset, upsets, losses, functional problems, fears, worries, etc.:

2. What would you like to achieve from counseling (what are your goals)?

3. List the medications, supplements, remedies and any herbs you are currently taking.

4. Have you experienced (please check) any of these?

Motor Vehicle Accident ___ Concussion ___ Sexual Assault ___ Surgery ___

General Anesthesia ___ Abuse (emotional or physical) Abortion ___

Witness a Horrific Event ___ Natural Disaster ___ War/Military Action ___

Animal Attack ___ Complications with Pregnancy and/or Birthing ___

Other Trauma Experienced _____

5. Do you have a church home? Yes _____ No _____

What is it? _____

6. Do you smoke? Yes _____ No _____ Cigar, Cigarette, Pipe (circle one)

How many per day? _____

Did you ever consume some tobacco? Yes _____ No _____

When did you quit? _____ How much did you smoke? _____

7. How much alcohol do you drink, if any? None _____

_____ beers/day _____ glasses of wine/day _____ drinks/day

8. Do you use recreational drugs? Yes _____ No _____

If yes, what do you use? _____

How often? _____

9. Have you ever had a problem with eating or an eating disorder?

Yes _____ No _____ Anorexia, Bulimia, Binging, Overeating (circle one)

10. How is your sleep? _____

11. What are the stressors in your life right now? _____

12. How do you reduce your stress? _____

13. Have you experienced any anxiety or depression lately?

Anxiety _____ Depression _____ Mixed _____

Please describe: _____

14. Have you recently or in the past thought about suicide? Yes _____ When _____ No _____

Have you ever attempted suicide? Yes _____ No _____

If your answer is yes to either of these questions, please describe what treatment

you've had: _____

15. Have you ever been or are you presently in counseling or psychotherapy?

Yes _____ No _____ Other Therapeutic work _____

Describe why you went and your experience: _____

16. What is your occupation? _____

Do you enjoy your work? Yes _____ No _____

Describe why or why not: _____

17. Sexual Orientation: Straight _____ Gay _____ Lesbian _____ Bisexual _____ Other _____

18. Gender Identity: _____

19. What kind of support system do you have?

Family _____ Friends _____ Relative _____ Other _____

20. Marital Status:

Single _____ Married _____ Divorced _____ Remarried _____

Committed Relationship _____

Spouse/Partner's Name _____

If divorced, when did you get divorced? _____

How was the process? _____

If remarried, when did you get remarried? _____

Do you have a blended family? Yes _____ No _____

How many children? Yours _____ Spouse's _____ Together _____

26. Your Children:

Names	Ages	Living Where

27. Family History

Name	Age	Age at Death	Illnesses (Y/N)
Mother _____			
Step Mother _____			
Father _____			
Step Father _____			
Sisters _____			

Brothers _____			

28. Briefly describe your childhood, particularly in relationship to your family of origin.

29. Briefly describe your present living situation: _____

30. What is your level of education? _____

31. What do you enjoy doing in your life? _____

32. Is there anything else you would like me to know right now about you?

Somatic Experiencing ®

Informed Consent

When appropriate, and according to my clinical judgment, I will use Somatic Experiencing (SE) in our work together. SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research.

- 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. 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.

Levine, P. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. North Atlantic Press.

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. The United States Association of Body Psychotherapy (www.usabp.org) is a good source of information about other modalities. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. As with all 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 all times, or to refuse techniques or interventions I may propose or employ.

I have read the above informed consent, understand, and agree to it.

Client Name (Print)

Date

Signature

Touch Therapy

Informed Consent

When appropriate, and according to my clinical judgment, with your approval, I will use touch in our work together. I draw from my experience in Somatic Experiencing, Trauma Sensitive Touch Training and my understanding of Somatic Psychology.

Trauma Sensitive Touch is a method of realigning the major segment of the body through the manipulation of the fascial connective tissues which is effective in loosening the bodies armor, freeing the body from chronic defensive postures that were likely adopted in childhood to protect the child from a perceived dangerous environment. It can also fight the effects of aging and illness which may result in shortening and thickening of the connective tissues, causing the individual to feel tight and “stuck” in their body. This “stuck” quality has its synchronous correlate of feeling stuck in the psychological processes.

Somatic psychology postulates that the body and mind are one and can't be artificially separated. Much of our learning as humans has been non-verbal through the body. Much of how we feel about ourselves comes from these non-verbal touch experiences. Feelings of being lovable and nurtured are communicated to the infant through touch. When loving touch doesn't happen in infancy and childhood new patterns of being nurtured and deserving can be learned through appropriate use of touch during a state of mindfulness during the therapy session.

Touch can help clients establish more appropriate and healthier boundaries in their life as it helps a nervous system understand where they begin and end. Some clients use holding of breath to modulate and regulate the intensity of their feelings. Traumatic and frightening situations can cause a freeze response in the body which mutes feelings and experience. With touch clients may restore their breath and reconnect with feelings, spontaneity, and aliveness.

I consent to the use of touch in therapy and will make any concerns and considerations known to my therapist as they arise.

Signed: _____

Date: _____

Print Name: _____