

Consent Form for Brainspotting

I acknowledge that I have thoroughly read the informational handout regarding Brainspotting given to me by my coach. I understand that Brainspotting is a neurophysiological benefit tool that can help me alleviate various somatic and emotionally-based conditions. I understand that Wendy Edge is a coach and spiritual healer who is trained in Brainspotting. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and I will not use it in place of any form of therapy.

I have also had the opportunity to ask any questions I have about the technique, and have had any questions I have either answered by my coach or have been provided a resource to obtain that answer. I have been made aware that when a Brainspot is stimulated during coaching, typically out of my conscious awareness, I may experience reflexive and physical responses.

There are a multitude of reflexive responses possible including eye twitches, wobbles, freezes, blinks, narrowing, facial tics, brow furrowing, sniffs, swallows, yawns, coughs, head nods, hand signals, foot movement, and body shifts. Reflexive facial expressions are powerful indicators of Brainspots. I am aware that the appearance of a reflexive response, as I attend to the somatosensory (body/sensory) experience of the emotional, somatic, or traumatic issue, is a normal indication that a Brainspot has been located and activated. I understand these responses indicate the stimulation of the Brainspot, and that with mindful focus on the Brainspot, that this initiates my body's inherent capacity to heal itself from trauma.

As with other brain-body psychotherapeutics, engaging in Brainspotting has both benefits and risks. Potential benefits include a reduction in negative emotional states such as anxiety, anger, sadness, depression, and loneliness. Other potential benefits include feeling more connected to oneself and the ability to engage with the world in a healthy way.

Risks may include experiencing distressing or unpleasant feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and other emotions during and sometimes after the Brainspotting session. I understand that I will keep open communication with my coach about my experiences and needs, and we will use this collaborative approach to inform my plan to address my emotional based complaints. I understand that there are no guarantees about results. I acknowledge that this coaching will require my active participation with my coach and the brainspotting process.

I acknowledge my signed consent has not been the result of coercion, and is a signature of my desire to address my complaints through the use of Brainspotting, a neurobiological tool for accessing, identifying, and resolving somatic and emotionally-based complaints. I understand that I can start or stop Brainspotting at any time.

Client Signature _____ Date _____

Coach Signature _____ Date _____

Please read, sign, and return via email to edgecoachingandconsulting@gmail.com