

Informed Consent

Regarding the Treatment of Traumatic Histories

The following is offered to give you important information about your treatment and provide you with an informed basis with which to understand the benefits and limitations in the treatment of abusive or traumatic histories. It is believed that an informed person will be able to weigh the risks and benefits of treatment and to be aware of problem areas that may have a bearing on your recovery. This can help you to make better informed decisions about your own treatment and help in the interpretation of past experiences that may emerge as you progress in your therapy.

REGARDING TRAUMA:

In recent years the mental health field has more clearly recognized the impact of childhood abuse on adult attitudes, behaviors, and overall function. Studies to date have clearly established the presence of child sexual, physical and emotional abuse. They have also shown that a variety of adult behaviors and symptoms are correlated with a history of abuse. There are, however, instances where abuse may not always result in disturbed adult functioning, and also situations where individuals demonstrate symptoms similar to those who have been abused without a history of severe abuse. Children commonly respond to trauma through a process of referred to as dissociation. If they are unable to escape their hurtful circumstances physically, they may escape mentally through separating themselves internally from present harm. This mental response provides distance from the knowledge or impact of the trauma allowing the victim to continue to function. However, the resulting loss of memory can contribute to identity confusion and dysfunction. As one grows older or has achieved adequate safety from the previous traumatic circumstances, memories may begin to return to conscious awareness.

REGARDING MEMORY:

The nature and operation of memory is very complex and its study is still a young science. There is much dialogue within the mental health profession presently regarding the understanding of trauma and its effect upon memory processing. Amnesia for traumatic events is a regularly documented finding. It is also clear that trauma creates a disruption and distortion within memory processing. Research at present suggests that memories of abuse may be literal, distorted, imagined, dissociated, symbolic, or contaminated by a variety of other factors. Reported childhood trauma, by an adult, need not be assumed to be literally accurate in every detail. In some instances, events may have happened differently than they are remembered. Even inaccurate recall in details, however, does not mean that some kind of abuse did not occur. Memories of traumatic events may change over time as new information that has been dissociated is discovered or becomes available. For this reason, it is wise

to suspend immediate judgment on recovered memories until sufficient time has elapsed to allow the dissociated information to more fully emerge and any distorted meanings to be clarified. In this way, a fuller and more accurate understanding of past experiences can be completed and a clearer perspective and meaning of these events can be integrated.

There is no way that therapists can tell with certainty the historical truth of any memory. The concern about being unable to validate an individual's account of their personal history is presented to help you know the limitations of therapy and that validation would be something a person would have to establish for themselves through independent corroboration and/or personal conviction. The role of a therapist is to help you explore the meaning of your life experiences, dreams, images, intrusions, emotional reactions, or thoughts. This is true not only in the treatment of trauma survivors, but also in the treatment of all patients where the therapist and patient work only with material that is reported. The treatment remains focused on helping to resolve the patient's suffering and not on establishing historical accuracy. The most responsible approach to emerging memories, which safeguards the client and supports the process of the abuse recovery, is to approach them with objectivity and balance.

REGARDING RECOVERY:

Most people entering into treatment are already experiencing severe symptoms that interfere with their daily life, and are looking for relief from these existing problems and conditions. However, the goals of therapy can be much broader than immediate relief of these identified problems. Goals in treating childhood trauma may include: helping you gain better self-mastery, increasing your self-awareness, as well as improving your capacity for personal relationships and over-all quality of life. This is done through exploring established patterns of thinking, feeling, or behaviors, evaluating childhood interpretations of life experiences, and resolving the residual internal conflicts around trauma and abuse.

As a therapist, I bring a unique blend of training, experience, theoretical perspective, and personal style and therapeutic techniques, just as each client brings his or her own unique needs, strengths and weaknesses. Treatment approaches may include traditional psychotherapy, couples therapy, group therapy, spiritual discussion if desired, EMDR (Eye Movement Desensitization and Reprocessing), and physician-prescribed medications. The client should work together with the therapist in determining which approach and therapeutic tools may be most suitable for them. Consultations or second opinions are encouraged if there is any question concerning the direction or effectiveness of your therapy.

The length of therapy for each individual is difficult to determine. Some may want to focus on specific areas of recovery for briefer periods of time; others may desire to enter into longer term therapy, addressing a wider array of issues. Treatment can take months or years depending on the issues being dealt with, the number of competing demands in the life of the client, available energy they have for therapy, motivation of the client, and the quality of life desired by the client.

There is no way to fully predict the length of therapy. It is important to discuss your goals and intentions early in the treatment planning with your therapist.

Recovery from childhood trauma can be an intense and disturbing process with wide reaching impact. Patterns of thinking and behavior require time to change, and change is often an uncomfortable process. As dissociated material emerges, clients can experience confusion, flashbacks, flooding of emotions, over-stimulation, nightmares, sleep disruption, anxiety and panic attacks, suicidality, self-destructive or angry impulses, depression, increased dissociative behavior and feelings of disorganization. It is common to feel worse before one feels better. In addition, as the client changes, the systems with which they are associated are often impacted as well. This can result in the re-evaluation of previously accepted relationships, confusion regarding interacting, and over all adjustment stresses. Due to the demands of therapy it is important that you develop friends, helpful support activities, and other personal resources to turn to if you are in a crisis and/or your therapist is not available.

Many people have been successfully treated and report marked improvement in their quality of life after completing treatment for their traumatic and dissociative condition. It is believed that treatment provides a significant hope for growth and recovery.

I have read the above information concerning the treatment for recovery from childhood trauma. I have been informed that I may continue to ask questions of my therapist concerning these important treatment issues. I understand that treatment involving dissociative memory of historical events is complex. I understand I share responsibility for my own treatment planning and I can discontinue treatment at any time. I agree to treatment based on my own informed wish to proceed, understanding the benefits and limitations of said treatment.

Client Signature

Date

Therapist Signature

Date