

SAFE TOUCH CONTRACT

Safe Touch in PSYCHODRAMATIC BODYWORK® refers to touch that is intentionally designed to facilitate the client's healthy reconnection to his/her own body. Clients often unconsciously suppress, disconnect or dissociate from emotional or physical pain held in the body. This system of *Safe Touch* will help a client feel and become aware of these repressed sensations. Examples of *Safe Touch* are: a shoulder squeeze, a hand held over the heart area or pressure on an acupuncture meridian. *Safe Touch* is never sexual.

I, _____ (print name) understand the following:
(client)

- The purpose of *Safe Touch* in the therapeutic context is to offer nurturing support and comfort, as well as to help shift blocked energy to allow emotional release.
- I can accept or refuse *Safe Touch* at any time.
- If I accept touch, this does not obligate me to continue to accept touch. I can change my mind at any time, as my comfort level changes.
- I can say STOP or use a pre-arranged, non-verbal signal to indicate to my therapist that all touch is to stop immediately.
- At any time, I can ask for the touch to stop if I find that it is uncomfortable in any way (for example, too much pressure, too little pressure, too reminiscent of a past painful issue).
- I do not have to offer any explanation as to why I choose to stop the touch component of the work.
- I understand that after saying STOP, or indicating no further touch, that the therapeutic process can still continue productively without touch.
- I understand that my therapist has been trained in the safe use of touch in the therapeutic context and receives ongoing supervision.
- I have read the above and understand that by signing this, I am entering into an agreement whereby *Safe Touch* can be one of the therapeutic tools that may be used in my sessions. I fully understand the contents of this agreement and I am signing this of my own free will. I have been given the option of consulting with any other person(s) of my choice before signing this agreement.

Signature _____ Date _____
(client)

I, _____ (print name), as the therapist working with this client, have gone over this contract with the client and am satisfied that he/she thoroughly understands the nature of the contract. As the therapist I take full responsibility for behaving toward my client in the ways specified in this contract.

Signature _____ Date _____
(Therapist)