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**Demo Submission**

Thank you for submitting your case for Dr Peter A Levine’s Case Consultation. Consults are a core ingredient in the learning of SE. We would be unable to explore the nuances of SE together without this important offering.

Case Consultations offer practitioner consults with their clients present and without. If your client participates, you would both be required to sign a demo release which is included in this form.

The presenting practitioner is responsible for the following things:

1) Writing a trauma history for Dr. Levine to review (guidelines listed below).

2) Interface with the Manager at Ergos Institute to arrange the presentation time.

3) Present the case in front of the class, as well as answer any questions Dr. Levine may have (to the best of your ability).

4) Facilitate the client’s demo participation, *if applicable*, and do a post-session discussion in front of the class with Dr. Levine about the client. Make sure the client feels supported before and after the session, if they came on live.

5) Confidentiality: Only use the clients first name, pseudonym, or initials when presenting the case.

6) The demo client does not have to be present to present a case for consultation.

**Case History**

Dr. Levine requires a **brief** 1-2 page document that includes client's full name, age, therapists name, modality, and contact info, their therapeutic goal(s), a list of traumatic events (by approximate age, earliest to most recent), prescriptions, medications, or supplements. Anything over 2 pages will not be accepted. Please email this confidential sheet to m@somaticexperiencing.com.

For the list of traumatic events, please keep each event, as best you can, to the approx. age and a few words to one sentence per event. Dr. Levine will ask you or the client more about the details when he feels it is the appropriate time. Be prepared that sometimes writing the history can open old wounds and is not necessary for Dr Levine to work successfully. It is more useful to spend time clarifying therapeutic goals as that is what Dr. Levine will be aiming towards regardless of the trauma.

If your client participates in a demo session, please properly set your client's expectations that something big or small or unapparent may occur. The training is intended to show the students how a real client may or may not respond to specific SE™ tools. There are no right or wrong answers during demo sessions with Dr. Levine. Make sure the client plans a self-care evening after and take note of the dreams or ups and downs they may have post session - for reflection purposes and curiosity – not judgment.

Please contact the Manager Melissa at m@somaticexperiencing.com if there are questions, concerns, or updates after the session.

**Example of desired submittal - You must follow this template to be considered.**

**Course Name:**

**Course Dates:**

**Submission Date:**

**Will the client be present?**

**1. Client’s first name, age, location, and occupation:**

Joanna, 55, Newark, Accountant

**2. Therapist name, duration of client, modality, location, and contact info w/ phone number:**

Shannon Mann, 3 years, SEP/CBT/EMDR, Newark, 555-867-5309, healer@web.com

**3. Summary of therapeutic goals/where you feel stuck in life:**

* + I’d like to secure better relationships at work, which were affected after my surgery.
	+ I want to find ways to sleep through the night.
	+ I’d like to be able to control occasional IBS and panic attacks better.
	+ I want sexual intimacy with my husband, but I often shun him away. I want to reconnect with him and talk about it more openly.

**4. Examples of a variety of relevant trauma histories, with age:**

In utero: Parents declared bankruptcy.

Birth: Forceps delivery.

Until 2 weeks: Kept in incubator.

Age 4: Tonsillectomy. Remembered waking up alone in a great deal of pain.

Age 6: Parents Divorced. Was told bad things about each parent. Father started to drink heavily causing him to seem distant and cold. Mother worked all of the time.

Age 8: Ran full force into a tree branch & blacked out for a few min.

Age 11: Broke left arm in a fall from bleachers. Verbal abuse from baseball coach.

Age 16: Was almost raped by the neighbor’s 20 something son. This remains a secret.

Age 30: Discovered a longtime partner had cheated multiple times. Client was heartbroken and experienced suicidal thoughts.

Age 35: Intimidated by sexual advances from an employer for 3 years.

Age 38: Married after a 1.5-year courtship. Marriage is safe.

Age 40: Difficult childbirth with medical complications. Child survived and thrived.

Age 50: Best friend died in a car accident leaving unresolved feelings and loneliness.

Age 53: Father passed suddenly without closure from the continued disconnection.

Age 54: Heart surgery with a long recovery and sleep loss. Husband good support.

Age 54: Connected deeper with mother who is now in a senior home.

Age 55: Back at work. Have residual pain, insomnia, occasional IBS, panic attacks every few weeks, trouble with interpersonal relationships at work, and intimacy issues with partner.

**5. Listing of other therapies or self-care activities:**

SE, Bioenergetics, EMDR, Mindfulness, Meditation 1-3x’s a week, Yoga 4-6x’s a month, and 30 min walks with husband approx. 3x’s a week.

**6. What has helped and what has not helped?**

SE seems useful for activation during sessions and the client has reported to feel better since we started using it. Yoga feels good, but she has not gone since heart surgery. Meditation has been difficult at times, but she would like to get better at it - uses for short periods of time with an audio app.

**7. List of supplements and medications, dosage, and reason for taking them:**

Examples: Antidepressants, mood stabilizers, blood pressure medication, multi-vitamin, herbs, allergy pills, marijuana, CBD, etc.

**Please email Case History to: Melissa Stager at****m@somaticexperiencing.com**

All documents are confidential. Reviewers include Melissa Stager and Dr. Levine.

**Important information:**

- Therapists are asked to present the case to Dr. Levine and the class. They will be asked to summarize the history provided, and answer questions from Dr. Levine. Case review will always be done with the client *not* present, if applicable.

- The client/therapist can ask the Manager to omit certain case history details from being disclosed (read out loud) in front of the class by Dr. Levine.

- The demo client must not be a student of the course, without special authorization.

- If you do not receive a confirmation email after you submit the case history, please re-submit to m@somaticexperiencing.com.

- Demo approval is typically 1-2 weeks before the course.

- If your demo is declined at this time, it is because the needs for the course have already been met. You are always welcome to resubmit at a later date.

- Privacy is a priority and the recordings are stored securely.

- The purpose of this consult is not only for this course, but also for the SE library and future SE student trainings.

- The generosity of donating to SE exploration is greatly appreciated

- Both client and practitioner must sign the below forms authorizing filming and include the signed copies with the case history submission.

**ERGOS INSTITUTE, PO BOX 110, LYONS, CO 80540**

**SOMATIC EXPERIENCING® TRAINING PROGRAM**

**Case Consultation and Client Demonstration**

**CONSENT AND RELEASE FORM**

Thank you for contributing to the Somatic Experiencing Training Program presented by Peter A. Levine, PhD and the Ergos Institute (“Ergos”). **Please review the terms of this Consent and Release Form below and, if you agree with them, please sign your name and provide us with your contact information below.** We are looking forward to working with you and creating an opportunity for your growth.

1. I am participating in a demonstration for the Somatic Experiencing® (SE™) Training Program of my own will. I can revoke my participation in this demonstration at any time. I understand that the demonstration session may include questions about my personal trauma history, including my emotional, psychological and physical symptoms. I am under no obligation to do so, and my decision to reveal such information is entirely voluntary.

2. I agree to release Peter Levine, Ergos, its staff, coordinators, faculty, affiliates, and representatives (collectively, “Representatives”) from any responsibility, liability and/or claims of every kind in connection with my participation or involvement in the demonstration or the Program.

3. I agree that Ergos and its Representatives may record my image and voice, as well as store any personal, confidential or sensitive information that I divulge during my demonstration, and that the Program may use this Content, in complete or partial form, including translations and derivative works, according to the restrictions described in Section 4, for all time. I also agree that Ergos shall be the exclusive owner of the Content, including creation of any media products using the same. I relinquish any right to any form of compensation for my participation in the Program and to any revenue earned and/or other proceeds received from the sales of any such products.

4. I understand and agree that this Program is for the education of SE students and faculty, who may have access to this video during future trainings or for rent in the SE library online. Only individuals who are taking part in the SE training will be provided access to viewing. This video will not be available for download. I understand that Ergos will take all reasonable precautions to prevent unauthorized viewing or duplications of the Program. Ergos will limit my exposure by not sharing the content with broadcast media like television, film, radio, social media, publicly accessible internet websites, or other future forms of media without first securing my written consent. I agree that the Content can additionally be utilized for lecture material for SE trainings, professional presentations, as well as data for outcome studies, and/or written case studies for books, journal entries, and interviews. I understand that my first name may be used as part of the title for the Content, unless I request that a different name be used by providing my initials below.

**4a. Initial if you want a different first name used in association with the Content \_\_\_\_\_\_\_**

By my signature below, I acknowledge that I have read and understand this information and approve of its terms.

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Primary Telephone (Optional) 2nd Telephone

5. Additionally, I understand that Ergos partners with third party educational organizations that design online presentations, conferences, and courses (“Webinars”). These Webinars are for both individuals seeking personal growth, as well as mental health/wellbeing professionals. I understand that Ergos will ensure that potential business partners comply with the standards set forth in Section 4 so that viewing of the Content is restricted solely to the users who purchased these programs and unauthorized duplication is prevented. I understand that this Section(5) *is an entirely optional agreement* and Ergos will not share the Content with any third parties, as described herein, unless I provide my initials in the field below.

**5a. Initial if you authorize Ergos to use the Content for Webinars with third party educational organizations \_\_\_\_\_\_\_**

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