

CONSENT TO RECEIVE ENERGY HEALTH

I _____,

Printed Name

agree to undergo Energy healing with Rev Shelah J Schenkel. She has informed me that the methods used in Energy Health are designed to reduce life stress, increase physical and emotional wellbeing and in the long term attain a more peaceful and empowered life-style. This is obtained through the learning of self help energy tools derived from ancient Chinese, Hindu and Tibetan traditions. They include elements of Biophysics, quantum Mechanics, Psychology and Spirituality.

I further understand that, because these methods are relatively new, the extent and breath of their effectiveness, including risks and benefits, are not yet fully known. I have been advised of the following:

- v Emotional, physical discomfort, or memories of past stressful situations may surface during session that neither Shelah Schenkel nor I can fully anticipate.
- v Distressing emotions may continue to surface after a session and give indication of other incidents that may need to be address.
- v I will be learning how to perform personal self care by working with my own energy system.
- v Previously vivid memories of stressful situations may fade. This could adversely impact my ability to provide detailed legal testimony regarding a past traumatic incident.

I have been advised that there are currently no known side effects to the use of energy-oriented techniques, when properly used by a trained practitioner.

I have been advised that energy healing is not a substitute for adequate medical or psychiatric treatment. I have been advised not to stop any current medical treatment without previous consultation with my health care practitioner.

I have considered the above information before selecting to receive stress management sessions using energy modalities and have been given further reading references for my information.

Additionally, I have been advised and understand that a component of the treatment I will receive

may utilize a technique called *energy checking* and involve work with *energy treatment points*.

Energy checking is an assessment tool for determining how energy patterns affecting my body and mind may be related to the problems I wish to address in pursuing treatment with my psychotherapist. The technique involves my psychotherapist applying physical pressure that will determine if a specific muscle stays firm or loses strength when I bring to mind a particular thought, emotion, or problem state and resist the pressure. The outcome, as indicated by the relative firmness maintained by the muscle, provides information to both my therapist and me about emotional dimensions of my problems that may not be available to me through introspection. Based partially on this information, my therapist will advise me on which energy points may best be used in helping me achieve my treatment goals.

Energy treatment points, adapted from the practice of acupressure, are located on the surface of the skin throughout the body and can be stimulated for the purpose of correcting disturbed energy patterns that might underlie emotional and psychological problems. Stimulation may include touching, rubbing, or tapping the point. In most instances, I will be instructed on how to stimulate the appropriate points myself. In some instances, my therapist may ask my consent to directly work with specific treatment points.

I understand that the use of energy checking and energy treatment points within the field of psychotherapy is a new development and that at this time there is very little published research in established scientific journals investigating these methods. While clinical reports of successful outcomes using these methods do exist in the published literature of the field known as *energy psychology*, and the methods are being developed and refined under the auspices of organizations such as the *Association for Comprehensive Energy Psychology*, I understand that clinical reports do not constitute conclusive scientific evidence. I further understand that even if the clinical effectiveness of these methods is scientifically established, results will vary from person to person.

I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I deemed necessary or appropriate about commencing treatment that utilizes energy checking and energy treatment points. By my signature below, given freely and without pressure from any person, I consent to the use of these methods in my treatment.

Client's Signature _____ Date _____