

Trauma Therapy Consent Form

Welcome to our trauma therapy services. This **trauma therapy consent form** provides essential information about the nature of trauma therapy, its potential benefits and risks, and your rights as a client. Please review the details below and discuss any questions or concerns with your therapist before proceeding.

Purpose and Nature of Trauma Therapy

- Trauma therapy aims to help you safely explore and process traumatic experiences.
- It involves a collaborative partnership between therapist and client, focusing on understanding, resilience, and healing.

Potential Benefits

- Increased self-awareness and coping skills
- Reduction in trauma symptoms
- Improved emotional regulation
- Enhanced quality of life and relationships

Potential Risks and Discomforts

- **Emotional discomfort:** Discussing past trauma can temporarily increase distress, anxiety, or sadness. These reactions are normal but may be challenging.
- **Recall of memories:** You may remember upsetting events or emotions that you have avoided.
- **Impact on relationships:** Changes in emotional responses may affect your relationships outside of therapy.

Confidentiality and Limits

- All sessions are confidential, with information shared only if required by law (e.g., risk of harm to self/others, abuse reporting).
- Your privacy is respected and protected in accordance with legal and ethical standards.

Consent

By signing this form, you acknowledge that you understand the therapy process, potential risks, and your rights. You may withdraw consent and end therapy at any time.

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____