

Informed Consent Form

Healing modality: Integrative Shamanic Therapy

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What is Integrative Shamanic Therapy?

Integrative Shamanic Therapy or IST is an **alternative healing modality**, that combines elements of depth psychology, transpersonal psychology, shamanism, and mindfulness.

What can happen during an IST session?

An IST session might involve: Dialogue and counselling, movement and breathing exercises, guided meditations, with or without listening to repetitive drumming and/or music.

What benefits can you get from participating into IST sessions?

Integrative Shamanic Therapy aims at creating a container that is suitable for the safe exploration and processing of one's internal reality, and therefore, at supporting the creation of insights related to personal, psychological and/or spiritual life. The benefits of Integrative Shamanic Therapy are multiple and might include the following: Healing of past traumatic experiences and reconnection with life/soul energy; reduction of psychological suffering, including symptoms such as depression or anxiety; greater clarity about vocation and life's path; help with navigating life's transitions and moving through loss, bereavement and grief; resolving intrapersonal and interpersonal conflicts; releasing emotional, energetic, transgenerational, and/or karmic blockages; integrating the meaning of spiritual, mystical, and non-ordinary experiences into everyday life.

What risks are associated with participating into IST sessions?

Because IST helps individuals explore subtle and/or unconscious internal reality, you might experience transient physical, emotional and/or psychological discomfort related to the emergence of ancient memories, to the release of intense emotions or to the triggering of energetic blockages or psychological resistances. The facilitator is available to help reduce your discomfort and help you move through intense or uncomfortable experiences. You can withdraw from any activity offered during these sessions at any time, and you always have the choice to explore or not to explore the emerging material and/or emotions.

Important disclaimer:

Integrative Shamanic Therapy is an alternative and complimentary healing modality.

Integrative Shamanic Therapy is not a substitute for medical, psychological or psychiatric diagnosis and/or treatment as provided by a medical doctor, a licensed mental health practitioner, a psychologist, or a psychiatrist. You are invited to verify with your primary health care provider that participating into Integrative Shamanic Therapy session(s) is compatible with your current medical and psychological conditions.

Signing this form implies that you understand and accept the following:

- 1- You agree to participate in Integrative Shamanic Therapy sessions, facilitated by Bernard Becker, M. A., remotely on Skype or in person.
- 2- You understand that transient physical, emotional and/or psychological discomfort may result from your participation into the activities of your session(s) and that the facilitator is available for you to discuss the ways of minimizing and alleviating your discomfort.
- 3- You recognize that your participation in your session(s) is voluntary and you understand that you can withdraw from any activity offered during your session(s) at any time.
- 4- You understand that Integrative Shamanic Therapy is not a substitute for medical, psychological or psychiatric diagnosis and/or treatment, and that you are responsible for verifying with your primary health care provider that participating into Integrative Shamanic Therapy session(s) is compatible with your current medical and psychological conditions.
- 5- Except in the case of gross negligence or malpractice, you or your representative(s) agree to fully release and hold harmless Bernard Becker from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with your session(s).
- 6- You acknowledge that you have received sufficient information about the practices of Integrative Shamanic Therapy, and that you understand how you could benefit from this work.

Name (Printed):

Address:

City:

State:

ZIP Code:

Phone:

Email:

Date:

Signature: