

**Try it yourself first.** Body-oriented and psychological therapist should be knowledgeable of emerging best practices and preferably received and benefited from the therapy proposed (van der Kolk, 2015).

**Interview a number of body-oriented therapists.** There is no one “treatment of choice” for trauma; a therapist who states his or her particular method is the only answer is suspect of being an ideologue, rather than somebody who is interested in making sure that the client gets well (Van der Kolk, 2015).

**Inquire about training and supervision of the body-oriented therapist.** It is important that body oriented therapists have adequate skills for working with emotional and psychological issues should they arise, and adequate supervision to provide professional support and guidance when working intensely with clients who are in trauma recovery. Supervision from a psychotherapist with trauma expertise (ideally a body-psychotherapist who is familiar with somatic issues) can provide the professional support and guidance needed (Price, 2014).

**Give your client a choice.** Based on the reviewed literature, touch is more beneficial for some clients than others. It is important that both the psychological and body-oriented therapist have a clear rationale for using an intervention, and willing to refer/change therapy if client is not benefitting.

**The safest embodied therapy is the one adapted to your individual client** (Stanton, 2014) that takes into account the level of comfort, emotional stability, trauma history, and social resources of the client. Therefore, client characteristics (e.g., diagnosis, developmental history, prior experience with touch, or sexual abuse history) should be considered (Bonitz, V. 2008).

**Clients should be stable enough for treatment** choice of near-touch vs touch interventions. Body-oriented movement therapies may activate SNS and may exacerbate traumatic memories. Use Movement with caution.

**Provide informed consent and treatment protocols.** Treatment protocols with specific guidelines for the delivery of treatment include frequent and consistent verbal check and to inquire about the participant’s comfort and assurance that participant is always free to stop the session (Price, 2014).

**Release of information** provided by client between body-oriented and psychological therapist is obtained and used as frequently as needed with case consultations to ensure best treatment outcomes.

**Stay within scope of practice.** Body-oriented therapist should not attempt to do amateur psychotherapy and psychotherapist should not attempt to do amateur body-oriented therapy.

**Provide culturally competent care-** Body-oriented method(s) should not conflict with cultural norms.