

## SOMA THERAPEUTIC MOVEMENT AND MINDFULNESS SUPPORT PLAN

This programme is designed to be a therapeutic intervention. As part of creating a safe, trauma-informed space, our registration process requires a support plan from you. The support plan is an opportunity to consider the needs you have and informs the facilitators of those needs, ensuring we are working together to achieve the best possible outcomes for you.

It is strongly encouraged to fill out the support plan alongside your support person if you are able to. **If you are in therapy, we strongly advise that your therapist be your support person. If you are not in therapy, it may be another professional you are in contact with (your doctor, your Mental Health Professional) or someone who can be available to you for support (your partner, a good friend, a parent) through the duration of the programme.**

Please fill it out as fully as possible and scan a copy to [kiaora@soma.nz](mailto:kiaora@soma.nz) by the registration deadline.

only use the "further comment" section if you wish to.

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| <b>Name</b> (first and last name) <b>and contact phone number</b>  |
| <b>Support Person's Name and relationship to you.</b>  |
| <b>How is your ability to relax?</b><br>Lots of difficulty/ A little difficulty/ Good/Great<br>Further comment:  |
| <b>How is your ability to manage negative thoughts?</b><br>Lots of difficulty/ A little difficulty/ Good/Great<br>Further comment:   |
| <b>How is your mobility?</b><br>Our building is accessible for wheelchairs, and you can either sit on the floor or on a chair.<br>Do you have limitations that compromise your daily life?<br>Lots of difficulty/ A little difficulty/ Good/Great.<br>Further comment: |
| <b>How are you in a group setting?</b><br>Some considerations may be: people moving together in a space, hearing sounds of breathing etc.<br>Lots of difficulty/ A little difficulty/ Good/Great<br>Further comment:   |

**Cultural and gender identity considerations:**

A safe space is inclusive of people’s culture and identity. Please include here any cultural or identity considerations that would help you build trust in the group facilitators and in the group?

**Physical considerations**

The programme involves gentle mindful movement. Knowing current health conditions helps the facilitators best support you. Please identify any health conditions you are currently living with:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Depression<br><input type="checkbox"/> Neck problems<br><input type="checkbox"/> Back problems<br><input type="checkbox"/> Chronic headaches<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Chronic pain | <input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Fibromyalgia<br><input type="checkbox"/> Digestive disorders<br><input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Bone/muscle disorders<br><input type="checkbox"/> Recent surgery<br><input type="checkbox"/> Arthritis<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Cardiovascular issues |
|--|---|--|

**Triggers**

An experience in the programme and/or the group setting could potentially cause you to become triggered. A co-facilitator is present to support you in class if this occurs and, there is a separate space to move to if you need a break from the group.

Some supportive questions to consider before the class:

1. How will you know you are being triggered? What are the possible cues that show up in your body?
2. What particular tools and strategies can you use that help support yourself when this happens?
3. How will you know that you are better resourced/feeling more present?

Write here anything that would be helpful for us to know so that we can best meet your needs.

- 1.
- 2.
- 3.

Any other considerations that would be helpful for the group facilitator to know?

- I have completed my support plan truthfully and to the best of my ability.
- (for those working with a Health professional) I have checked with my Health Professional and they have confirmed that this programme is suitable for me at this time.

Signed: Participant\_\_\_\_\_

Date: \_\_\_\_\_

