



Therapy & Coaching Disclosure Statement Notice of Services, Policies & Practices

Your Psychotherapist and or Performance Coach Paige E. Roberts LCSW, LICSW, CLT

Educational Attainment

- **Doctorate of Integrative Medicine** Quantum University: **2019-current**
- **Certified Light Therapist.** Board of Advanced Natural Health Sciences: **2016**
- **Certified Brainspotting Levels I, II, III, VI & Masters Training:** International Brainspotting **2012, 2014, 2015, 2018**
- **Masters of Social Work Degree: *Advanced Generalist*:** Colorado State University **2013**
- **Certified Mediator:** Colorado State University **2013**
- **Certified Personal Trainer:** National Academy of Sports Medicine: **2005, 2014, 2019**
- **Bachelors of Arts Degree Human Performance and Wellness: *Exercise Science***-Colorado Mesa University **2005**

Professional Affiliations

- **Board of Advanced Natural Health Sciences 2017-current**
- **Concussion Legacy Foundation Ambassador 2016-current**
- **Rocky Mountain Brainspotting Institute 2015-current**
- **International Brainspotting 2012-current**
- **Gamma Beta Phi National Collegiate Honor Society**
CSU Department of Food Science and Human Nutrition **2012-current**
- **Phi Alpha National Collegiate Honor Society Chapter: Theta Pi**
CSU School of Social Work **2011-current**
- **National Academy of Sports Medicine 2005-current**

Psychotherapies Utilized

- Cognitive Behavior Therapy
- Interpersonal Therapy
- Psychoanalytic Therapy
- Dialectal Behavior Therapy
- Brainspotting
- Motivational Interviewing
- Light Therapy-Photobiomodulation
- Health and Wellness Psychoeducation

Licenses

Colorado-Licensed Clinical Social Worker (License # CSW 09925343) status are persons in the field of psychotherapy regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Social Work can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As a Licensed Clinical Social Worker I am listed in the State's database and I am authorized by law to practice

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psychotherapy in Colorado. As to the regulatory requirements applicable to mental health professionals:

- ✓ *The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The board of Licensed Professional Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894.7800.*
- ✓ *The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The board of Licensed Marriage and Family Therapy Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80302, (303) 894.7800.*
- ✓ *The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Certified Addictions Counselor III (CAC III) can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80302, (303) 894.7800.*
- ✓ *Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.*
- ✓ *Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.*
- ✓ *Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.*
- ✓ *Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.*
- ✓ *Licensed Addition Counselor must have a clinical masters degree and meet the CAC III requirements.*
- ✓ *Licensed Social Worker must hold a masters degree in social work.*
- ✓ *Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.*
- ✓ ***Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.***
- ✓ *A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.*

Colorado-Confidentiality

Generally Speaking the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Primacy Rights you were provided as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.colorado.gov/professions/registeredpsychotherapists>.

For example, some of the exceptions would include: suspected child abuse, molestation or incest, a client is in danger of hurting self or others, danger of violence, suspected abuse of the elderly or others unable to care for

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themselves, suspected threat to national security, subpoenaed testimony in criminal court cases, orders to violate privilege by judges in child custody and divorce cases. When treating couples or families, confidentiality among family members is not a guarantee.

There may be times when I need to consult with a colleague or another professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by me and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.

Washington-Licensed Independent Clinical Social Worker (License # LW 60995515). I am listed in the State of Washington database and I am authorized by law to practice psychotherapy in the State of Washington as a Licensed Independent Clinical Social Worker. And I am required to have a Masters degree in Social Work. As to the regulatory requirements applicable to mental health professionals:

- ✓ *Licensed Independent Clinical Social Worker in the State of Washington must hold a Masters degree in their profession and must have a minimum of 3 years of post-masters supervision under an approved and supervisory trained Licensed Independent Clinical Social Worker.*

Washington-Confidentiality

All information discussed with Paige is strictly confidential in nature and shall be used solely by Paige. This information will not be disclosed or released without written permission of the client, and will be done in a manner consistent with information handling procedures. If Paige believe there is a physical threat to a client or someone named by a client, state and federal law require disclosure of that information. In compliance with Washington State law (RCW 18.225.105), information shall only be disclosed under the following circumstances:

- (1) With the written authorization of that person or, in the case of death or disability, the person's personal representative
- (2) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.250; or [abuse/neglect, harm to self/others]
- (3) To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.
- (4) If the person waives the privilege by bringing charges against the person licensed under this chapter;
- (5) In response to a subpoena from the Secretary of Health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050

Fees and Payment Policies

Individual psychotherapeutic sessions are \$200/60 minute session. Individual Performance Coaching sessions are \$200/60 minute session. Couples therapy for \$350/120 minute. Groups are \$100/90 minute and or \$150/120 minute per participant. Phone calls or text communications over 5 minutes will be pro-rated (\$15.00/5 minutes) and will be billed to the client. Additional documentation required by the client will also be carry a service fee (\$100/60 minutes) according to time to produce the document and will be billed to the client. There is a fee of \$200.00 (the rate of a psychotherapy session) for preparation/participation of case notes for any legal proceedings. Travel costs must also be covered, should Paige be required to attend proceedings. Payments are due at time of

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service or prior to each session; exceptions to this will only be permitted following specific arrangements agreed upon between the client and provider. 24 hours notice is required to cancel a session without full service charge. We do not bill medical insurance for services. We can provide a superbill on request for you to submit to your insurance company to obtain some reimbursement.

Client Rights & Responsibility

Effective psychotherapy requires active participation, honesty, and a commitment to engaging with your thoughts/feelings/behaviors. A trusting relationship between client and therapist is essential to the therapeutic process. Clients have the right to choose a practitioner and treatment modality that best suits their needs. Each client has the right to refuse treatment, at any time. In addition, they have Each client has a legal right to obtain list of, or copy, the acts of unprofessional conduct listed under RCW 18.130.180. This document can be requested from the following address: Health Professions Quality Assurance Customer Service Center PO Box 47865 Olympia, WA 98504

Email: hpqa.csc@doh.wa.gov Phone: (360) 236-4700 Fax: (360) 236-4818

Performance Coaching Services for Clients outside of the State of Washington or Colorado

Performance Coaching OR Sports Psychology Consulting is NOT considered psychotherapy and therefore is not held to the same standards as Clinical Social Work. This means Paige E. Roberts does not have to hold a professional license in the state and or country the Performance coaching-Sports Psychology Consulting is taking place. If Paige assesses you need more intensive psychotherapy services she will assist you in finding a provider with proper training and credentials within your state/country to assist you. However, the topics and information shared within these sessions WILL be held confidentially!

Acknowledgement

I have read the proceeding information, it has been provided verbally, and I understand my rights as a client or as the client's responsible party. Therefore, I understand this therapy disclosure statement and its content. I also acknowledge receiving a copy of this statement. I have been provided with a fee agreement stating the agreed cost of therapy and or mediation sessions and agree to the terms listed above and agree to pay for services rendered regarding payment.

Client Name (Printed):

_____ **Date:** _____

***Responsible Party Name (Printed):**

_____ **Date:** _____

Client Signature or Responsible Party:

_____ **Date:** _____

*(*Responsible party if client is a minor)*

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PAIGE ROBERTS
PERFORMANCE NEURO TRAINING

Client Information Intake Form

(Last) (First) (Middle Initial)

Name of Client parent/guardian (if under 18 years):

(Last) (First) (Middle Initial)

Birth Date: ____ / ____ / ____ Age: ____

Sex/Gender: Male Female Transgender

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Home Phone: () Cell Phone: ()

Email Address _____

Physical Address:

(City) (State) (Zip)
Mailing Address (if different from physical):

(City) (State) (Zip)
Referred by (if any):

Are you currently taking any prescription medication?

Yes

No

Please list:

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GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (please circle)

1 2 3 4 5 6 7 8 9 10

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (please circle)

1 2 3 4 5 6 7 8 9 10

Are you experiencing a significant loss or grief?

- No
 Yes

If yes, when did you begin experiencing this? _____

Are you experiencing anxiety, panic attacks or have any phobias?

- No
 Yes

If yes, how often? Daily Weekly Monthly

For approximately how long? _____

Are you currently experiencing any chronic or frequent pain?

- No
 Yes

If yes, please describe? _____

Do you drink alcohol?

- No
 Yes

If yes, how often? Daily Weekly Monthly

Do you engage in recreational drug use (Marijuana in any form)?

- No
 Yes

If yes, how often? Daily Weekly Monthly



Low Level Laser & Light Therapy Informed Consent

Date _____
Name: (Print) _____
Address: _____ City: _____
State: _____ Zip: _____ Cell Phone: _____
Email: _____ Referred by: _____

Credentials: I understand that Paige E. Roberts is a Certified Light Therapist providing light therapy services and is not a medical doctor.

Disclaimer: I understand that Paige E. Roberts is not a licensed physician and is not licensed to diagnose or treat specific diseases. If a medical diagnosis or treatment is required, it must be obtained from a licensed physician.

Scope of Practice: Light Therapy is a process whereby the device emits a bandwidth of light to certain parts of the body thereby helping repair damaged cells. Light radiation must be adsorbed to produce biological responses such as pain reduction and increased circulation. I understand that light therapy is only being utilized for the purpose of pain reduction and increasing localized circulation, as per the device's FDA clearance. It is not intended to treat or cure any disease.

Permissions:

1. I acknowledge that at times the therapist will need to apply the light to my body. I give permission for "**hands-on-my-body**" assistance. initial _____
2. I am aware that the at times improved circulation **may result in a temporary increase** in pain/discomfort. I give permission **to go forward** with the Light Therapy. initial _____
3. Client feedback regarding symptoms, severity/improvement, location of pain/discomfort, and quality of life issues will be helpful. I acknowledge that **feedback is voluntary and welcomed**. initial _____

Benefits: The expected benefits from undergoing light therapy for areas upon which light therapy include pain reduction and localized increase in circulation.

Contraindications: Light therapy is non-invasive. It is important to notify the practitioner if your medical history changes such as becoming pregnant or if you have been diagnosed with an unexpected medical condition.



Please answer the following questions.

Do you have any of the following conditions:	
Yes__ / No__	Do you have chronic low blood pressure?
Yes__ / No__	Do you have a history of epilepsy?
Yes__ / No__	Do you have an active carcinoma?
Yes__ / No__	Do you take blood thinners?
Yes__ / No__	Do you take nitrates such as nitroglycerin?
Yes__ / No__	Do you have any areas of malignant tissue?
Yes__ / No__	Do you have any areas of hemorrhage?
Yes__ / No__	Do you have any areas of active bleeding?
Yes__ / No__	Are you currently pregnant or breastfeeding?
If you answered yes to any of the above questions, then you are not a candidate for Light Therapy.	
Yes__ / No__	Do you have any contagious or infectious conditions
Yes__ / No__ Initial_____	Do you wish to proceed even though you may not be a candidate for Light Therapy because of _____ I understand the risk and hold harmless all associated with me using Light Therapy. Signature:_____ date_____

Confidentiality: Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless required by law. Do you wish to sign a consent for the purpose of sharing your experience with light therapy with others. Yes / No if Yes an additional form will be provided.

Arbitration: Any dispute, controversy or claim arising out of or relating to these services shall be exclusively resolved by binding arbitration upon a party's submission of the dispute to arbitration, with arbitration fees to be shared proportionally between the parties.

Consent: By signing below, I agree that I have read and understand the above information. My questions have been fully answered to my satisfaction, and I have made an informed decision to undergo light therapy.

Client Signature

Print Name

Date

Consent for Parents/Guardians of Minor Client

I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo light therapy.

Parent /Guardian Signature

Print Name

Date

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Name of Minor Client

Date of Birth

Traumas & Stressors Negatively Impacting Performance in Sports & Life

Psychological-Mental

Physiological-Physical

Coach criticism on practice or competition/game play performance	The physical expenditure while performing in a competition or playing in a game
Team-mate criticism on practice or competition/game play performance	ANY physical injury no matter how catastrophic or minute during practice/training or conditioning and especially competition/game play
Peer criticism on practice or competition/game play performance	ANY head injuries and or a medically diagnosed concussion
Parent criticism on practice or competition/game play performance	A lack of active recovery time or even allowing for a rest day following a challenging practice/training or conditioning and competition/game play
Self-criticism of practice or competition/game play performance	Not properly cooling down muscles following practice/training or conditioning and competition/game play
Spectator (vicarious) criticism on practice or competition/game play performance	Not properly warming up muscles prior to practice/training or conditioning and competition/game play
ANY past self-identified poor competition/game play performance	Not stretching/utilizing myo-fascial release techniques (Foam rolling or "trigger point" stick use) prior to practice/training or conditioning and competition/game play
Loss of a family member, friend, team-mate or even family pet	Not stretching/utilizing myo-fascial release techniques (Foam rolling or "trigger point" stick use) following or post practice/training or conditioning and competition/game play
A mentally challenging practice/training or conditioning day	A physically challenging practice/training or conditioning day or playing in a scrimmage
Family or home life problems and or issues	Not enough sleep for more than one night and especially multiple sleepless nights back to back
School or work struggles and or stressors	Poor fuel consumption choices or nutrition habits/choices
Secondary Trauma of watching another athlete, team mate endure an injury or failure or just knowing an injury or failure can occur	The physical and psychological act of developing and growing



This process focuses on the identification and resolution of an athlete's past life and sports traumas including brain and body injuries. Once an athlete's brain and body are clear of trauma including concussions their current sports performance will no longer be inhibited from the body's unconscious persistent mal adaptive reaction to the past traumas. The program is highly recommended for athletes dealing with any of the NCAA specified "Trigger Events" as outlined in the *NCAA's Sports Medicine Handbook* and are as follows:

To begin the performance expansion work please disclose if you have had any of these circumstances/"Trigger Events" at ANY point in YOUR Sports Career:

Poor performance, or perceived "poor" performance by the athlete?

Conflicts with coaches or teammates?

A debilitating injury or illness, resulting in a loss of playing time or surgery?

Concussions-Traumatic Brain Injury?

Significant Changes in Game Schedules or Practice Schedules, Travel or are Currently having to Move?



Lack of playing time?

Family and or relationship issues?

Changes in importance of sport, expectations by self, role of sport in life?

Violence — being assaulted, a victim of domestic violence, automobile accidents, or merely witnessing a personal injury or assault on a family member, friend or teammate?

Challenges with Adapting to a professional athlete lifestyle?



Death of loved one(s) or close friend(s)?

Alcohol or drug abuse?

Significant dieting or weight loss?

History of physical or sexual abuse?

Gambling issues?

Challenges with making the decision to change sports or retire from an NCAA or professional sports career?



Now from the list above lets create YOUR top 20 of YOUR past Sports and Life circumstances which may be potentially unconsciously holding YOU back from performing at YOUR best in Sports and in Life-

Top 20 In Order Most Intense to Least Intense Sports and Life Trauma List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

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Performance Neuro Training Individual Timeline and Session Structure

Session 1 Initial Intake

- Past Life Traumas or “Trigger Events”
- Past Physical Injuries Body
- Past Brain Injuries/Concussions
- Identify Specified Sports Performance Goals.

Session 1-6 Brainspotting

- Clear Life Traumas - Body Traumas
- Clear Brain Injuries/Concussions
- Introduce Resource Spotting or “No Mind” or “Zone” Training and Self-Spotting Conditioning

Session 7-15 Brainspotting

- Clear Sports Performance Failures
- Clear Sports Specific Blocks or What If's
- Decondition Current Game Play and Sports

Brainspotting Process

Now I have my "Laundry List" of YOUR past Sports and Life circumstances which may be potentially unconsciously holding YOU back from performing at YOUR best in Sports and in Life-

1. You will be asked to listen to bilateral sound/music through headphones.
2. You will be asked to keep your eye(s) on the pointer as the therapist moves it or gaze or body spotting technique to identify reflexive cue can be implemented.
3. You will be asked to follow the end of a pointer with your eyes or one eye depending if you will be asked to wear one eye covering goggles or eye patch while constantly thinking, rethinking about the sports trauma, stress, pain, hurt, worry, fear, issue and or bad scenario/experience/event/memory.
4. You will be asked to briefly explain to the therapist the past bad scenario/experience/event and or bad scenarios/experiences/events which have led up to this sports trauma, stress, pain, hurt, worry, fear, issue and or belief/thought.
5. You will be asked to think about this to the fullest to the point of feeling upset, bad, uncomfortable, unsettled with complete anxiety as if I were just to begin the race, competition, game or as if I were to experience the bad scenario/experience/event which led to the sports trauma, stress, pain, hurt, worry, fear, issue again.).
6. You will be asked to maintain this upset, bad, uncomfortable, unsettling feeling and anxious feeling and I will be asked to overthink it to death.
7. While I think about it I am to say whatever thoughts come to mind, these thoughts DO NOT have to make sense or tell a story to the therapist, these thoughts are thoughts which are stored within the deep brain and need to be brought from the unconscious to conscious awareness and need to be reprocessed, released and rewritten to a positive experience/memory.
8. Some overthink them silently and others feel the need to verbally expel these thoughts through explaining all aspects or some to the therapist.
9. These thoughts are the NEGATIVE performance inhibiting thoughts attached to the past sports traumas, stress, pain, hurt, worry, fear, issue, upset, bad, uncomfortable, unsettling and completely anxious feeling endured and retained from the bad scenario/experience/event.
10. You will be asked to identify where within your body where you feel the upset/bad/uncomfortable/unsettling/completely anxious feeling when you bring up the thought or talk about it and you could be asked depending on area and topic to put your hand on the area and massage the area to

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stimulate the nociceptor of the area to fully engage the nervous system's attention to the area so the experience is fully released from the dura matter sheath and processed out of the fascia.

Examples but not limited to:

- Chest
- Stomach
- Neck
- Jaw
- Head
- Hips
- Limbs

The physical symptoms of YOUR past Sports-Life Traumas-Negative Experiences Leaving YOUR Brain and Body are:

- Eye(s) Watering,
- Blinking
- Face Twitching
- Body Shift(s)
- Eye(s) Twitching
- Crying
- Hyperventilating
- Body Twitching
- Leg(s) Shaking
- Foot/Feet Jerk(s)
- Jaw Tightening
- Yawning
- Body Jerks
- Entire Body Shaking
- Hand(s) Shaking
- Twitching in Areas of Past Sports Injuries

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What to Expect Following the Brainspotting Session

Immediately following your brainspotting-neurophysiology session(s) you may/will feel/experience:

- Mentally: mildly tired to extremely exhausted
- Mental Fog or “out of it”
- Speech: may be delayed or you may have trouble formulating speech
- Light headed
- Emotional: mildly to extremely
- Crying or uncontrollable tears
- Angry: slight agitation to VERY angry
- Physically: mildly tired to extremely exhausted
- Uncontrollable yawning

-Your brain-body will be taxed, relieved and mourning the release of the trauma the brain needs oxygen to process out the trauma

-Your mind will begin to realize as the trauma is released these negative thoughts are not accurate and not only mourn holding on to these thoughts but you will be upset/angry you allowed yourself to hold these inaccurate thoughts for so long, because as you will realize there was no benefit to holding or thinking about these past thoughts.

-Your brain/body will continue to process and bring up the stored/suppressed/encapsulated/unprocessed feelings which were associated with the sports/life trauma and of course any other trauma(s) physiological or psychological you have endured throughout your lifetime for hours or even a couple days following your session. Allow and welcome the undesirable feelings. Since the entire purpose of the brainspotting process is to bring up the stored sports trauma(s)/trauma(s) so it is reprocessed, rewritten and released so you MUST surrender to and allow yourself to feel this way so the thoughts will be gone forever.

-Do NOT EXERCISE directly following your session as you need to “feel” and process the negative feelings and emotions associated with the sports trauma, exercise gives your mind and body a “high” from the endorphins/byproduct produced from exercise therefore, making yourself “feel” good can allow the negative feelings to be stored/suppressed again, instead of releasing them.

-DO NOT DRINK ALCOHOL OR USE/TAKE ANY MIND ALTERING SUBSTANCES OR PAIN KILLERS These substances will decrease/lessen your ability to “feel” and process the negative feelings and emotions associated with the sports trauma, substances will inhibit the brain/body from processing.

About a 1-2 days after your Brainspotting Session you might experience:

- Anxiety or mild panic attacks
- Anger: slight agitation to VERY angry
- Sadness



- Confusion

-You will need to write down or talk out these negative performance inhibiting thoughts, emotions and feelings so they are completely reprocessed, rewritten and released from your brain and body.

-The expulsion of these thoughts during your sports trauma brainspotting session(s) and after is the process of DECONDITIONING the brain-body of the use of the conscious and unconscious maladaptive neuro-pathways associated with negative, inaccurate thoughts, feelings and emotions the brain-body was storing, containing, encapsulating and holding on to from your past physical and mental sports traumas which are/were inhibiting your full sports performance potential.

-The post-session(s) symptoms will be the strongest the first few sessions, but this is GOOD, because as you reprocess, release, rewrite and heal from the past traumas you will no longer have this trauma within your nervous system. And this process is called "squeezing the lemon" or upsetting/activating you on the trauma to the MAX until you release it and it is no longer a part of you nor does it have the ability to inhibit your performance in sports or in life. Try to think about this process like any other scientific process and by virtue of science things get worse before they get better!



Teleconference Session Setup Information

What you will need for the session-

- Computer or iPad with audio and video capabilities
- Phone with downloadable music capabilities
- Head phones
- An eye patch (the kind you purchase from the drug store)

So you will need the Bilateral sound to listen to through headphones on your iPhone or phone.. There are a couple of ways of obtaining the bilateral sound track.

- <http://www.bspuk.co.uk/bspuk-free-music-downloads/>

Also the iTunes has Dr. David Grand's Bilateral sounds and I have clients download and pay for just the one song "seas of change" or "oceanic feelings" It's ocean sounds

Also there are a few options in deciding what form of teleconferencing you want to use.

There's Zoom conferencing

Can be used on an Ipad (there's an app) and a computer

<https://zoom.us/pricing>

Create a free account using the same email you provided for me to contact you because once you tell me you have downloaded the free account I will send you an email request for the meeting. You will accept the request and it will be listed under your meetings on your account. When it is time for the meeting you simply go into your account and click on your meetings and say join meeting.

There's Facetime

Can be used on an Ipad and Mac book

My Ipad is linked to my cell number-
970.875.4591

There's Skype

Can be used on an Ipad (there's an app), or computer.

My skype handle is-
paigee.roberts2

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Social Media & Marketing

This is your career/dream/life whether you are a professional, semi professional, national level athlete, college or national level athlete! Therefore, your image is your career and is all you have control over. You can ruin your image by one inappropriate social media or public action/reaction! That being said it is your responsibility to create an image you can be proud of. A good rule of thumb for athletes is would you be comfortable with your grandma seeing a post?? If not don't post it..

- Instagram Personal or Business-Fan Page (can connect with Facebook fan page)
 - Do a daily post on what training or competition looks like for you as a professional athlete.
 - Do the story daily of the ins and outs of being a professional athlete.
 - Examples of what you have to do: healthy foods you eat, training and exercises you have to do to be the best in your sport.
- You Tube Cannel
 - Upload competition and training videos
 - Video quick videos of you thanking your coaches, local community, friends and family for support and the opportunity following each competition.
- Facebook-Fan Page
 - Create a Fan Page as a professional athlete
 - Post daily some aspect of your life as an athlete.
- Twitter (can be connected to the facebook fan page and Instagram)
 - Daily Tweets and retweet fellow competitors tweets on shared thoughts on training and competition theories and or philosophies.
- Local Sports Businesses
 - Go talk to local sporting goods supply stores to see if they can sponsor you through free or discounted training gear.
 - Also ask about the potential to hold a send off before the competition season starts for local youth athletes to get an autograph (you can send a photo to vista print and make cheap cards you can autograph with your tour/competition schedule on the back so the community can follow along..
- Marketing Opportunities (excluding High School & NCAA)
 - Reach out to sports Pod Casts and ask if you can be interviewed.
 - Reach out to local Radio Stations and ask if you can be interviewed.
 - Reach out to the local newspaper sports editor and ask if you can have an interview about the upcoming season and expectations.
 - Reach out to local magazines and sports specific magazines and ask for an interview about the upcoming season and expectations.

Physiological & Psychological Conditioning Exercises

Daily Self Brainspotting Deconditioning Exercises

- Listen to the Biolateral sound through your headphones for **10-30 Minutes Daily**.
 - Bring up within your mind all the things during the day which did not serve you/stressed you/upset you during school/practice/training/competition (any physical strains or injuries should be of particular focus too).
 - Overthink each one of these things while concurrently acknowledging where you are feeling the stress/upset within the body. Even better is to put your hand on the area and massage it slightly.

Daily Visualizing Mental Conditioning Exercises

- Sit in silence or while listening to the same music you would during competition with your eyes closed **10-30 Minutes Daily**.
 - See and feel yourself going through a perfect performance from start to finish with NO MISTAKES or MISHAPS if you do find yourself visualizing a mistake take 5 deep belly breaths in through the nose and out through the mouth and start over from the beginning.

Daily Yoga/PNF Stretching Conditioning Exercises

- You need to be doing Yoga Pose Stretches **10-30 Minutes Daily**
 - Hold each pose for 1-2 Minutes

Self Myofascial Release Trigger Point

- You need to be doing Foam/Tennis Ball/Other Myofascial Release Device Sessions **3 Times a Week**.
 - Roll over each large muscle group and then stop on the area with the most tension.
 - Then hold or stay on the tension point for 1-2 Minutes



Sports Goals & Practice Journaling

As a professional-semi professional athlete you need to have daily identified training goals

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