Path to Freedom and Clinical Care

Two kinds of work, offered to the same person with clear lines between them

Some of the people I walk with are also in therapy. This page sets out where my work ends and yours begins, and how we could support the same person without crossing those lines. It is an invitation to talk, not a claim about outcomes.

	Clinical work, such as EMDR	Path to Freedom
What it is	Structured therapy for distressing memories and their effects	A guided path of self discovery into who a person is beneath the layers they were taught
Who leads	A licensed clinician	The person, with the course, their own reflection, and a community
What it works on	The charge a past event still carries, and the symptoms that follow	The masks, invisible contracts, and chains that shaped who the person became
Method	Clinical protocol, assessment, and treatment planning	Reflection and honest naming, opening with an introductory stage and running four working stages: Impetus, Discovery, Alignment, Refinement, Amplification
Setting	Sessions with the clinician	Self paced, on the person's own time
The question	*Why does that memory still land as if it is happening now?*	*Who am I underneath what I was taught to be?*
Scope	Diagnosis, treatment, and clinical decisions belong here	Not therapy, and not a substitute for it. No diagnosis, no treatment

Where the two meet

Different layers

Clinical work eases the charge of the past. Path to Freedom examines the identity that formed around it.

A shared posture

Both invite a person to notice what is true without rushing to fix it.

Between sessions

Reflection can give a client language and self knowledge to bring into the room, if they choose to.

A clear handoff

When reflection stirs something that will not settle, the client is pointed back to the clinician.

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How We Could Work Together

The client stays at the center, and each of us stays in our own lane

1 The client decides what is shared

Nothing passes between us without the client's written consent. They can bring their reflections into your sessions, or keep them out.

2 Referrals run both ways

You may refer a client who wants to explore identity after the clinical work has steadied them. I refer anyone who needs clinical care to a licensed clinician.

3 Check ins on pacing, with consent

A brief conversation, only if the client agrees, so the pace of the two kinds of work suits where the client is.

4 You have the final word on timing

If identity work should wait, or pause, for a particular client, tell them and tell me, and I will honor it.

What I do and do not do

I do

- Guide people through reflection on who they are beneath the layers
- Encourage clients to keep their clinician informed
- Point clients back to you when something surfaces that needs clinical care

I do not

- Diagnose, treat, or process trauma
- Advise on medication or clinical decisions
- Stand in for therapy, or discourage it

If a client is ever in danger, I direct them to their clinician and to crisis support, such as 988 in the United States.

One way the work can fit together

Steady
Regulation first
A settled nervous system makes both kinds of work easier

▶

Settle
Your clinical work
Easing the charge that a past event still carries

▶

See
Path to Freedom
Knowing who they are beneath the layers

These can also run side by side. The order is set by the client and their clinician.

If this fits how you work, I would welcome a conversation. Reach me at autonomycommission.com

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