



COUNSELING POLICIES – EMDR ADD ON

This document is an addition to the Counseling Policies and does not replace anything in that statement.

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing which has been widely validated by research for the treatment of PTSD. It also appears that EMDR may avoid some of the long and difficult abreactive work often involved in the treatment of anxiety, panic attack, post- traumatic stress symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, depression, phobias, identity crisis and other traumatic experiences.

DESCRIPTION In the assessment phase my therapist reviewed the impact of this therapy and I am aware of the following: (1) Distressing unresolved memories may surface through administration of the EMDR procedure. (2) Some clients experience reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including but not limited to, high level of emotional or physical sensations. Post treatment session, the processing of incidents and/or material may continue in dreams, memories, flashbacks, feelings. etc. (3) Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method.

CONSENT If you are involved in a legal case and need to testify, please discuss this with your therapist. Before commencing EMDR treatment, I have considered the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate. By my signature below I hereby consent to participating in EMDR treatment and acknowledge my consent is free from pressure, and I agree to hold harmless my EMDR clinician and Carolinas Counseling Group for any unpleasant or unexpected effect which may arise from my experience. I understand that I may stop treatment at any time before or during any EMDR session and that more than one EMDR session is usually necessary in the treatment.

MY SIGNATURE INDICATES THAT I UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS REQUIRED FOR EMDR.

Printed Client Name or Legally Responsible Person

Signature of Client or Legally Responsible Person

Date