



EMDR INFORMED CONSENT

This document is an adjunct to my standard Informed Consent form that you have already signed prior to your intake session. By signing this document, you understand that EMDR is an adjunctive service that is being offered to you in addition to psychotherapy services.

EMDR is a simple but efficient therapy developed in 1987 by Francine Shapiro, Ph.D. EMDR uses bilateral stimulation (BLS) – tapping, auditory tones or eye movements – to accelerate the brain’s capacity to process and heal a troubling memory. This therapy is used to effectively treat both upsetting past events and present life conditions and can help with both the healing of emotional pain as well as physical discomfort related to trauma, depression, anxiety, low self-esteem issues and other life events.

BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It gives desired results –with little talking, without using drugs, and requires no “homework” between sessions.

Scientific research has established EMDR as effective for the treatment of post-traumatic stress (PTSD), phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief and addictions. EMDR therapy is validated as an evidence-based approach and included in SAMHSA (the Substance Abuse and Mental Health Services Administration) and the National Registry of Evidence-based Programs and Practices. EMDR therapy is recommended by the American Psychiatric Association, the US Department of Veterans Affairs, the Department of Defense and other professional organizations. Over 100,000 clinicians throughout the world currently use EMDR and many more patients have been successfully treated.

A common assumption is that EMDR therapy will begin during the first appointment. This is partly true in that the clinician is beginning the initial, important phases of EMDR that include the following:

- *Intake:* background information is gathered in order to create a case formulation. You begin to develop a trusting, safe relationship with your therapist.
- *Treatment planning:* you work with your therapist to define goals and an overall treatment plan which may or may not include EMDR based on the information gathered during your intake.
- *Stabilization/preparation:* your therapist prepares you for the work of EMDR (including education about the process, assessing your ability to manage difficult emotions and practicing self-soothing & coping skills that will be used during the actual EMDR treatments).
- *Processing:* the actual process of accessing memories to address with the EMDR therapy and beginning the back and forth (bilateral) eye movements to reprocess the memory, does not usually begin until the first few phases of the work are complete.



(EMDR Informed Consent, cont.)

PLEASE INITIAL AFTER YOU HAVE READ THE MATERIAL.

The possible benefits of EMDR treatment include the following:

- The memory is remembered but the painful emotions and physical sensations and the disturbing images and thoughts are no longer present.
- EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The client's own brain reintegrates the memory and does the healing.

The possible risks of EMDR treatment include the following:

- Reprocessing a memory may bring up associated memories. This is normal and those memories will also be reprocessed.
- During the EMDR, the client may experience physical sensations and retrieve images, emotions and sounds associated with the memory.
- Reprocessing of the memory normally continues after the end of the formal therapy session. Other memories, flashbacks, feelings and sensations may occur. The client may have dreams associated with the memory. Frequently the brain is able to process these additional memories without help, but arrangements for assistance will be made in a timely manner if the client is unable to cope.

As with any other therapeutic approach, reprocessing traumatic memories can be uncomfortable; that means, some people won't like or be able to tolerate EMDR treatment well. Others need more preparation, offered by the therapist, before processing traumatic events using EMDR.

- There are no known adverse effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.
- Alternative therapeutic approaches may include individual or group therapy, medication, or a different psychotherapy modality.
- EMDR treatment is facilitated by a licensed therapist having EMDRIA-approved training.

_____ (INITIAL)



(EMDR Informed Consent, cont.)

Other Safety Factors:

I agree to be willing to tell my therapist the truth about what I am experiencing when asked during the treatment. _____(INITIAL)

I agree to be willing to tolerate sometimes high levels of emotional disturbance, and to attempt to use self-control and relaxation techniques as taught and directed by my therapist in order to return to baseline. If necessary, I will connect with supportive family or friends or call my therapist if I am unable to self-regulate post-session on my own. _____(INITIAL)

I agree to disclose to my therapist and consult with my primary care physician before EMDR therapy if I have a history of or current eye problems, diagnosed heart disease, elevated blood pressure, or am at risk for or have a history of stroke, heart attack, seizure, or other limiting medical conditions that may put me at medical risk. Due to stress related to reprocessing traumatic events, pregnant women should consider postponing EMDR therapy. _____(INITIAL)

I will inform my therapist if I am wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness. The therapist will discontinue bilateral stimulation (BLS) eye movements if I report eye pain and use other dual stimulation (tapping, sounds) to continue reprocessing instead. _____(INITIAL)

I understand that learning new skills such as assertiveness or social skills after processing trauma and associated problems EMDR may lead to disagreements with family and/or friends. I can discuss these with my therapist and may become the focus of future psychotherapy sessions if I choose. _____(INITIAL)

I agree to consult with my medical doctor before using medication as some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing antidepressants. _____(INITIAL)

I agree to address with my therapist recent or long-term recreational drug use & abuse. EMDR is contraindicated with recent cocaine users and long-term amphetamine users. Clients with a substance use disorder must be abstinent for a minimum of 90 days and engaged in a recovery program. _____(INITIAL)

I agree to disclose and discuss with my therapist any of the following: Dissociative Disorders; Dissociative Identity Disorder, unexplained somatic symptoms, sleep problems, flashbacks, derealization, depersonalization, hearing voices, memory lapses, and previous psychiatric hospitalizations including suicidality as EMDR may trigger some of these underlying conditions. _____(INITIAL)



**EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)
ACKNOWLEDGMENT AND CONSENT TO TREATMENT**

I have read and understand the information provided above regarding EMDR therapy. I understand that there are risks and benefits to EMDR treatment. I agree to participate/allow my child to participate in EMDR therapy and assume any risks involved in such participation.

I acknowledge the other safety factors and I agree to consult and/or make the appropriate disclosures regarding history and safety to my therapist.

Before commencing EMDR treatment, I have considered all of the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate.

I also understand that EMDR is an adjunctive service that is being offered in addition to psychotherapy services and that stabilization must occur before beginning to reprocess any trauma.

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 Resilient Hearts, LLC for any unpleasant or unexpected effect which may arise from my experience, or my child's experience with EMDR. 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.

Client/Guardian Name Printed

Client/Guardian Signature

Date

Client/Guardian Name Printed

Client/Guardian Signature

Date

Therapist/Witness Name Printed

Therapist/Witness Signature

Date