EMDR INFORMATION

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing that may help the brain unblock maladaptive material. EMDR also helps in the treatment of anxiety, panic attacks, post-traumatic stress symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, depression, phobias, identity crisis, and other traumatic experiences.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been specifically advised of the following in regards to EMDR:

(1) Distressing unresolved memories may be surface through the use 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.

(3) Subsequent to the treatment session, the processing of incidents and/or material may continue and dreams, memories, flashbacks, feelings. etc., may surface.

(4) Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method.

(5) For some people, EMDR may result in sharper memory, for others fuzzier memory following the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist.

(6) 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.

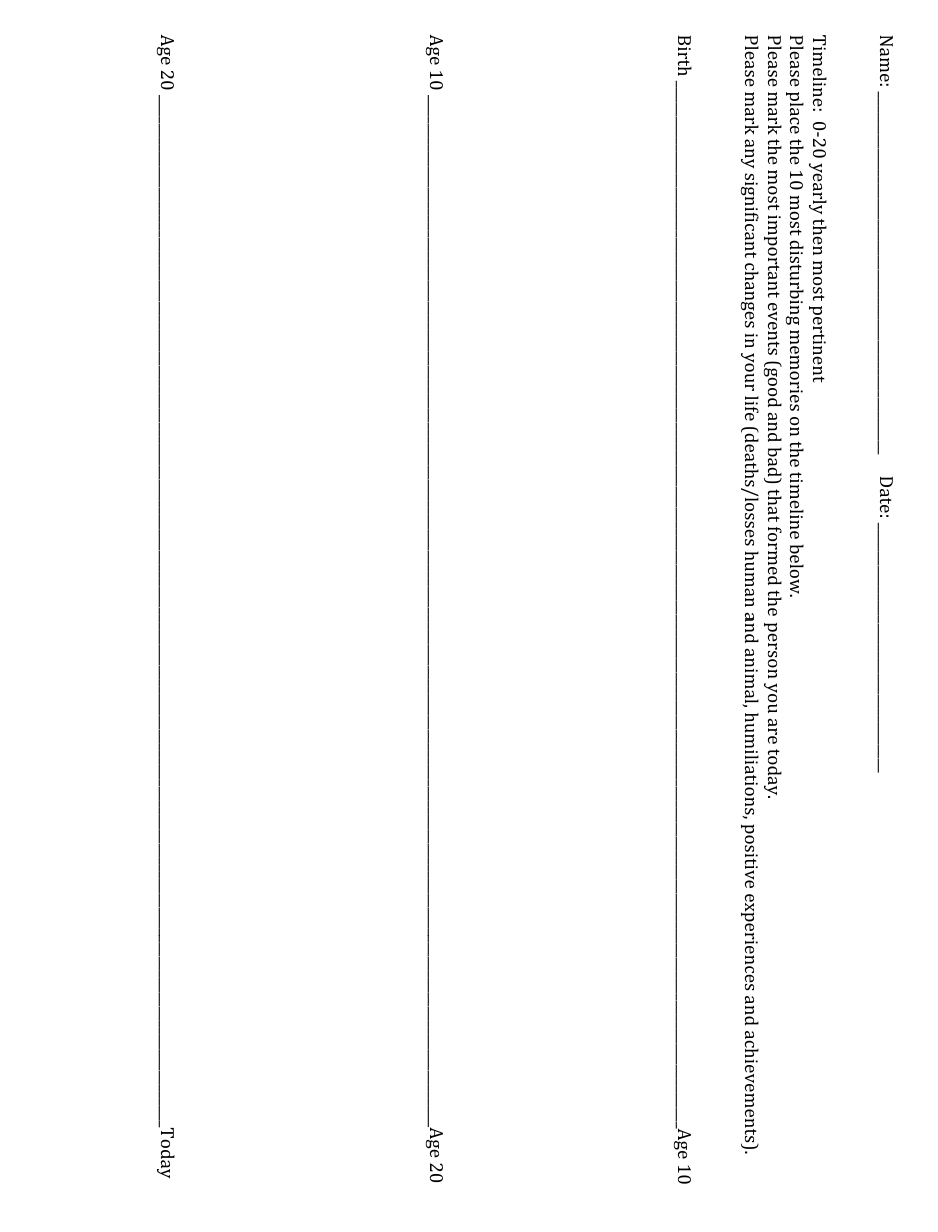
(7) I understand that I may stop treatment at any time before or during any EMDR session.

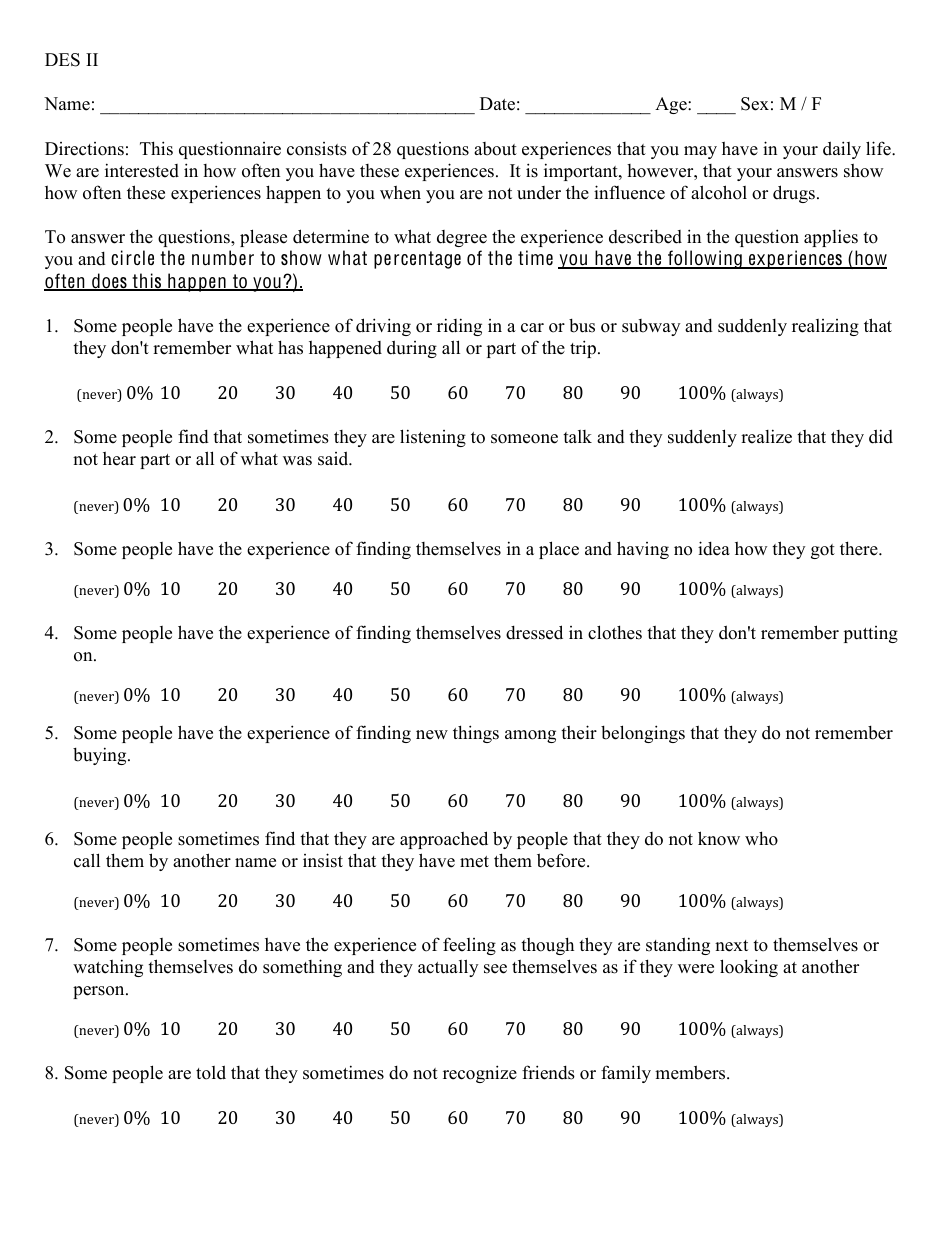
(8) I am aware that more than one EMDR session is typically necessary for treatment.

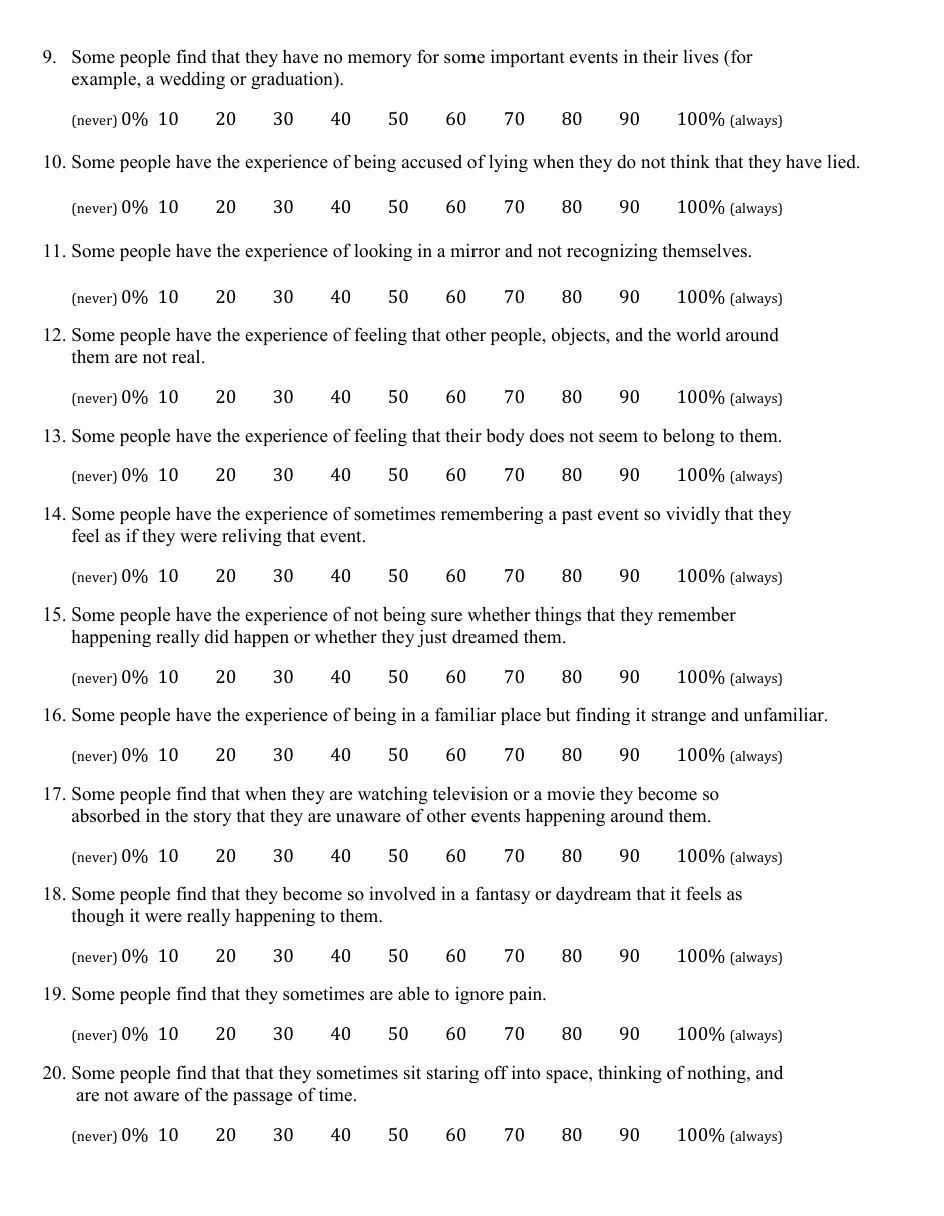
By my signature below, I hereby consent to participating in EMDR treatment and acknowledge my consent is free from pressure, and I agree to hold harmless my EMDR clinician and Truhearted Counseling for any unpleasant or unexpected effect that may arise from my experience.

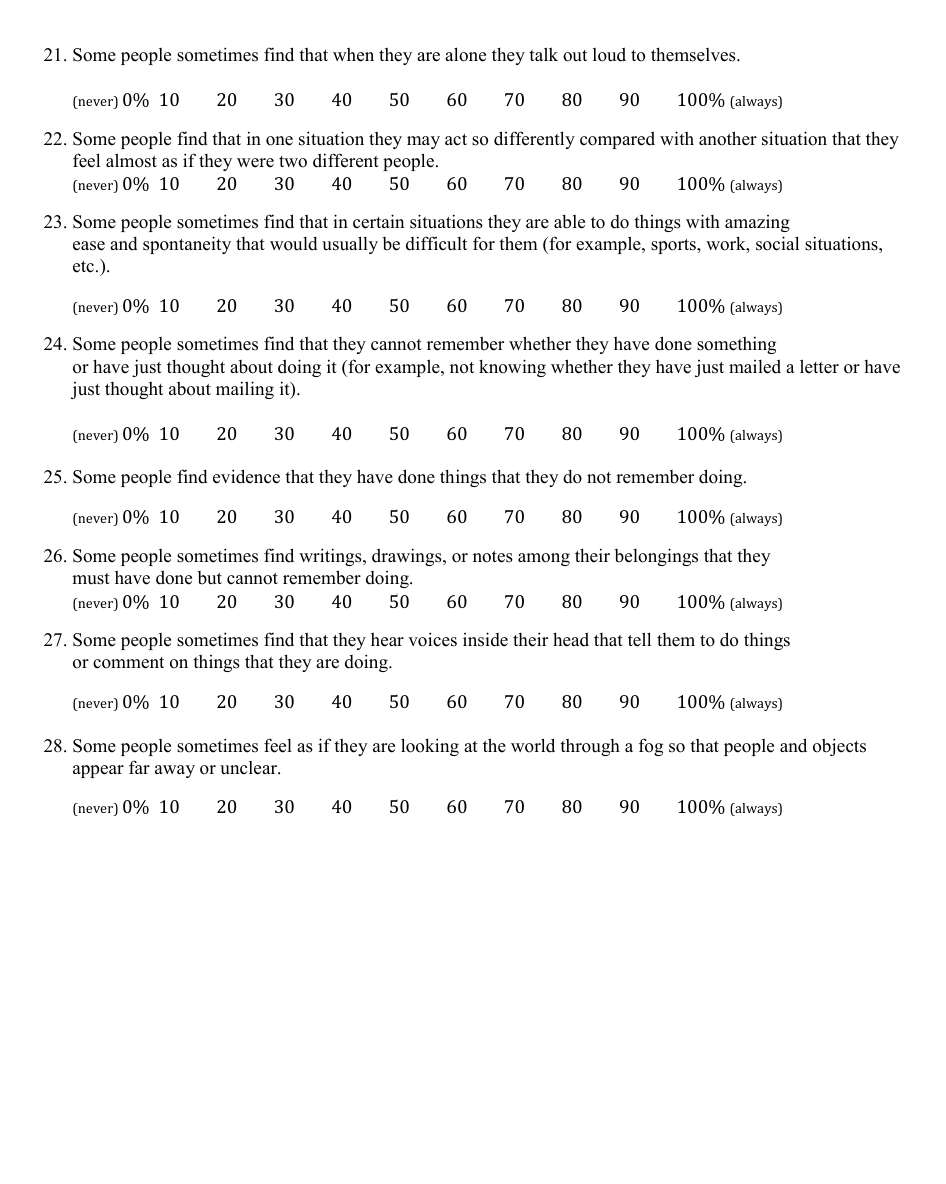
Client/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_









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