**Informed Consent**

EMDR is conducted in an office, via telehealth, or outdoors, depending on the client's needs and circumstances.

Please initial and complete all of the sections indicating that you have read, understood, and agree to the following informed consent for EMDR treatment contract. Please visit my website at www.truhearted.com or contact me at michelle@truhearted.com if you have any questions!

Eye Movement Desensitization Reprocessing (EMDR) is a neurophysiological treatment method that treats mental health issues. EMDR was founded by Francine Shapiro in the 1980s and follows a specific protocol with eight stages, utilizing bilateral stimulation, which can be visual, audio, or tactile. Bilateral stimulation occurs naturally during REM (Rapid Eye Movement) sleep, during dreams, or anytime we utilize both the left and right sides of the brain and body, causing the two hemispheres of the brain to work together to reintegrate memories and experiences. EMDR is scientifically backed and accesses a deeper part of the brain than traditional talk therapy. Because trauma is stored in our bodies and brains, we need to access and process these areas. By identifying, processing, and releasing core neurophysiological sources of emotional and body pain, trauma, phobias, complicated grief, dissociation, anxiety, and many other symptoms, EMDR work accesses the brain and body’s natural capacity to heal organically. The brain is already primed to do what it knows how to do- heal and create new neuropathways, producing sometimes subtle and sometimes profound psychological, emotional, and physical changes.

**Benefits:** Treatment may result in numerous benefits, including, but not limited to, reduced stress, anxiety, depression, shame, negative thoughts, and self-sabotaging behaviors, improved self-awareness and relationships, increased capacity for intimacy, and enhanced self-confidence. However, due to the uniqueness of each client and other factors, there is no guarantee that therapy will yield any or all of the benefits listed above or achieve particular outcomes. Additionally, the length of your therapy treatment cannot be predicted. In most cases, treatment brings about positive and meaningful changes in clients’ lives. Successful therapy requires meaningful effort, and one takes a willing, honest, consistent, and active role in his/her own treatment and works in partnership with the therapist, as most get out of therapy what they are willing to put into it. If you have any questions about the treatment or the information provided in this informed consent, please do not hesitate to let me know. To indicate that you have read/understood the above, please initial: \_\_\_\_\_\_

**The following covers important highlights of EMDR:**

* As part of the preparation for this therapy, you will work closely with your therapist to learn and practice specific relaxation techniques and self-regulation skills for a minimum of one session. The number of sessions required will depend on the extent of these resources needed and may vary depending on individual circumstances.
* The goal of EMDR therapy is to work through (reprocess) and desensitize unresolved memories and triggers in the safety and highly skillful EMDR therapy. Research shows the majority of trauma processed through EMDR is highly effective.
* The hope and intention are to leave you with the emotions, understanding, and perspectives that will lead you to healthier and more adaptive behaviors and interactions.
* EMDR may help desensitize one or more of the following: the image of the event, the negative cognition (or belief) about oneself, distressing emotions, and the area of the body where physical discomfort is experienced related to the memory.
* Following an EMDR session, the processing of additional incidents or material may continue, or other dreams, flashbacks, memories, or feelings may surface. However, you will have developed and practiced skills before any processing takes place, so you will be adept at managing them. Some individuals may experience strong emotions or physical sensations, while others may not.
* This process is evidence-based and safe.
* **You may elect to alter, suspend or discontinue the use of EMDR procedures at any time.**
* The number of sessions needed will vary according to a client’s trauma history and treatment needs.

**Risks:** Working through reprocessing difficult memories or struggles can bring up temporary uncomfortable physical/emotional experiences, and processing may continue for several days after an EMDR session. Other memories, flashbacks, feelings, and sensations may occur. Reprocessing a memory may bring up associated memories that will also be reprocessed. This is normal and the brain’s way of continuing to process material and heal. Often, growth cannot occur until we experience and confront issues that, at times, bring up feelings of sadness, grief, anger, insecurity, fear, anxiety, pain, life transitions, or relationships. Sometimes, we may learn or understand things about ourselves or others or feel uncomfortable emotions that we were not expecting. EMDR has been shown to reduce the intensity of emotional and physical triggers from upsetting experiences/memories. **After adequate re-processing, the memory is remembered, but the painful or difficult emotions, physical sensations, disturbing images, and thoughts are no longer present.** The brain reintegrates the memory and performs the work of healing, which is also reflected in the body. It can be helpful to schedule treatment sessions thoughtfully when you have the ability to postpone a demanding work schedule or other responsibilities immediately following your session. For more information about this life-changing modality, please visit www.emdria.org. To indicate that you have read/understood the above, please initial: \_\_\_\_\_\_

**Telehealth or In-Person:** My telehealth practice currently offers services exclusively, using phone or Doxy.me video sessions (encrypted and secure). Please note that to be my client, you must be physically located in the state of California or Oklahoma, where I am licensed and where it is clinically appropriate to provide telehealth outpatient services. For instance, telehealth may not be suitable for clients who are in a severe crisis or require a higher level of care and/or who are in need of therapeutic containment. If this is the case or becomes apparent during the course of treatment, we can discuss meeting in my office in Elgin, OK, or, if appropriate, refer you to resources. With telehealth, there are fewer guarantees of privacy and confidentiality, as well as limited distractions due to various circumstances and transmission or technical difficulties (such as glitches, video freezing, or internet connection issues). It is the client’s responsibility to find a safe, secure, and private location for their therapy session, ensuring that no one can hear or see the screen at any point during the session. Neither party will permit recording sessions unless previously agreed upon. A session will be terminated (still charged) and rescheduled for a later time if a client is under the influence of any substance (drugs, alcohol, prescription medication, etc.) and/or is not able to participate constructively at the time of their appointment. To indicate that you have read/understood the above and consent to the use of telehealth, please initial: \_\_\_\_\_\_

**Emergencies in person or telehealth:** It is encouraged to reserve discussions about issues that arise between sessions for the next scheduled appointment time, request an earlier available appointment, use resources you have, and reach out to your support system. If you are free to message me at any time, please note that I am not available 24/7. My practice is not equipped to respond to crisis emergencies or other urgent matters. I will make every effort to respond within 24 hours or as soon as possible, excluding holidays and weekends. In the event of an emergency or safety concern, or if you require immediate medical or psychiatric assistance, please call 911 or visit the nearest emergency room and activate your support. Please also familiarize yourself with the resources in your specific area. Please initial that you have read/understood: \_\_\_\_\_\_\_.

Clients understand it is their responsibility if they have any medical/physical/health conditions and concerns, such as seizures, heart disease, high risk for a stroke, or other neurological conditions that bilateral eye movements may impact or that may impact the process of therapy; they will address them with me and their physical before beginning EMDR and trauma treatment. A medical/physical examination may be beneficial and recommended before commencing treatment, as symptoms may be biologically caused or there may be a protective reason. If someone is wearing contact lenses, they can be removed if they impede eye movements due to irritation or dry eye. Some medications may reduce the effectiveness of these treatments, such as eye dryness. Some medications may reduce the effectiveness of these treatments, such as benzodiazepines. Please initial that you read and understand:\_\_\_\_\_\_\_

**Substance Abuse history and EMDR:** Clients with a diagnosis of moderate to severe substance use disorder must be abstinent for a minimum of 60 days and engaged in a recovery program before the commencement of treatment. Please initial that you have read and understand: \_\_\_\_\_\_\_

In the event of any relevant safety concern, please complete below who you consent to have contacted, as appropriate:

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Informed Authorization:** My signature below affirms my consent for the implementation of EMDR. I understand that EMDR is part of my overall treatment services and that I can choose not to use this form of therapy at any time. By signing below, I acknowledge that I have received information about EMDR therapy and consent to use it as a part of my treatment plan.

Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT’S SIGNATURE