



Eye Movement Desensitization Reprocessing Therapy (EMDR)- Consent to Treatment

Please initial next to each statement

___ EMDR is an evidenced-based treatment that is used to help reprocessing traumatic memories. It also can be used for PTSD, phobias, panic attacks, sexual or physical abuse, disturbing memories, complicated grief, and other situations that are causing distress or disturbing memories

___ Possible Benefits of EMDR can include: Using your brain to do the work to allow it to process through a traumatic memory/experience in a way that it will still be remembered but without the vivid and often upsetting, images, sounds, sensations, and feelings associated with it. This process will help your brain make more sense of the traumatic situation in a way that the brain would normally process and store non-traumatic events/memories.

___ Possible Risks of EMDR include: Processing through the traumatic event can bring up other associated memories, this is normal and we will work on reprocessing those memories as well. It is common during EMDR to feel physical sensations, relive images, sounds, and memories associated with those memories which can be disturbing. Likewise, when leaving the session other associated memories or even dreams might occur, as this is the brain continuing to reprocess the memory. This process like other therapeutic approaches and will be worked through, as well as, giving you tools to manage this when it occurs.

___ There is no evidence that if EMDR is interrupted that there is any adverse effects, therefore treatment can be stopped at any time.

___ EMDR can be used with other psychotherapy, however, you might need to consult a medical provider if you are on certain medication, pregnant, and/or actively using substances.

By signing below I have read and understand how EMDR therapy will be used in my present treatment. I also understand I can discontinue treatment at any time. I agree to participate in EMDR treatment and assume any risk involved in such participation.

Client's Name (print): _____

Client Signature: _____ **Date:** _____

Parent or Guardian's Name (print) as needed: _____

Signature: _____ **Date** _____