

JULIE TROSIN, LMFT, LMFT78612

www.julietrosinmft.com (408) 718-7405

Clients understand it is their responsibility that 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 may impact the process of therapy, they will address them with me *and* their physician prior to beginning BSP/EMDR/trauma treatment. A medical/physical examination may be beneficial and recommended prior to commencing treatment, as symptoms may be biologically caused or may be there for a protective reason. If wearing contact lenses, they can be removed if they impede eye movements due to irritation or eye dryness. Some medications may reduce the effectiveness of these treatments, such as benzodiazepines. Clients with a diagnosis of moderate to severe Substance Use Disorder must be abstinent for a minimum of 90 days and engaged in a recovery program before the commencement of treatment. Emergency contacts ("safety support persons") are also authorized to be contacted if there are ever any relevant concerns about your safety and/or your ability to keep others safe and I am unable to get ahold of you within 24 hours (ie. if you miss or are unavailable for a scheduled appointment without communication). 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 _____

Risks & Benefits of Brainspotting/EMDR Therapy:

Working through reprocessing difficult memories or struggles can bring up temporary uncomfortable physical/emotional experiences, and processing may continue for several days after a BSP/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 or pain, or transitions in lifestyle or relationships. Sometimes we may learn or understand things about ourselves/others or feel things that are uncomfortable. BSP and EMDR have been shown to reduce the intensity of emotional and physical triggers from upsetting experiences/memories. After processing, the memory is remembered but the painful or difficult emotions and physical sensations and disturbing images and thoughts are no longer present. The brain reintegrates the memory and does the work of healing, which translates to the body also. 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. Treatment may result in a number of 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 increased 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 particular outcomes nor can the length of your therapy treatment be predicted. In most cases, treatment brings about positive and meaningful changes in clients' lives. Successful therapy requires meaningful effort, and that one takes a willing, honest, consistent and active role in his/her own treatment, and work 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 treatment or the above informed consent, please let me know.

"I have thoroughly read and understand the above policies and information in their entirety, and I agree to fully comply with them. I understand the possible outcomes and risks of Brainspotting and EMDR listed above and understand I can end BSP/EMDR therapy at any time. I hereby seek and consent to take part in Brainspotting and/or EMDR treatment provided by Julie Trosin, LMFT."

Signature(s): _____ Date: _____

CLIENT'S SIGNATURE

PRINT CLIENT'S NAME

Therapist/Witness Signature _____ Date: _____

JULIE TROSIN, LMFT