

## **EMDR Informed Consent Form**

EMDR (Eye Movement Desensitization and Reprocessing) is a form of therapy that uses bilateral stimulation (BLS) in the form of tapping, eye movements, or auditory tones to accelerate the brain and body's capacity to process and heal a disturbing memory.

Research has shown EMDR is effective in treating PTSD, anxiety, depression, OCD, chronic pain, addictions, and other distressing life experiences. EMDR is recognized as an effective treatment by the World Health Organization, US Department of Veteran Affairs/Department of Defense, American Psychiatric Association, American Psychological Association, and others.

The possible benefits of EMDR treatment include the following:

- The memory is remembered, but the painful emotions, physical sensations, disturbing images and thoughts are no longer present.
- The brain's natural healing process is utilized to reintegrate the memory and store it in a more appropriate place in the brain.

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 at the appropriate time. Reprocessing disturbing memories can be uncomfortable physically and/or emotionally. At times clients may need more preparation, offered by the therapist, before continuing to process traumatic events using EMDR.
- Reprocessing of the memory normally continues after the end of the formal therapy session. Other memories, flashbacks, feelings, and sensations may occur. You 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 until the next scheduled session.

### **Safety Factors**

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

I agree to be willing to tolerate sometimes high levels of emotional disturbance and to attempt to use self-regulation and relaxation techniques as taught and directed by my therapist.

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. Pregnant women should consult with their physician. Due to the stress related to reprocessing some traumatic events, postponing may be appropriate in some cases.

If utilizing eye movements - 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 other forms of BLS (tapping, sounds) will be used instead.

I agree to discuss all aspects of any upcoming legal cases where my testimony is required. EMDR may need to be postponed as memories may fade, blur or disappear and your testimony may be challenged.

I agree to consult with my medical doctor before utilizing medication. 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.

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.

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.

**I HAVE READ AND UNDERSTAND THE POSSIBLE OUTCOMES OF EMDR LISTED ABOVE AND UNDERSTAND THAT I CAN END EMDR THERAPY AT ANYTIME. I AGREE TO PARTICIPATE IN EMDR THERAPY AND I ASSUME ANY RISKS INVOLVED IN SUCH PARTICIPATION.**

Name:

Signature:

Date: