INFORMED CONSENT FOR EMDR TREATMENT

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that facilitates the reprocessing of traumatic memory. Scientific research has established that EMDR can be effective in treatment of issues such as post traumatic stress, combat post traumatic stress, phobias, panic attacks, anxiety, stress chronic pain, sexual and physical abuse, disturbing memories and complicated grief. I have been informed that controlled studies have shown that EMDR can produce positive results in reducing anxiety and post traumatic stress symptoms such as intrusive thoughts, nightmares and flashbacks.

EMDR uses bilateral (2 sided) stimulation using eye movements, self tapping or audio or tactile stimulation through electronic devices as part of reprocessing traumatic material. EMDR seems to unlock the nervous system and allows the brain to reprocess disturbing memories. The dual focus – being in the present moment through bi-lateral stimulation while calling up the past disturbing memory – seems to facilitate the brain in moving the disturbance from emotionally intense areas of memory to cognitive areas. The memory can still be recalled, but with decidedly less disturbance.

Clients with limiting medical conditions, e.g eye conditions, untreated epilepsy, certain untreated cardiovascular disease, should consult their physician before participating in this modality.

If legal testimony is up-coming, be sure to discuss all aspects of the case before participating in EMDR.

Distressing and unresolved memories may surface during EMDR sessions. Due to the stress related to the activation of traumatic material, pregnant women should postpone reprocessing.

Reprocessing the memory often continues after the therapy session. Positive and/or negative memories, dreams, flashbacks, feelings and sensations may occur.

The reprocessing of traumatic memories can be emotionally uncomfortable – as with any therapeutic approach.

Before commencing EMDR, I have thoroughly considered all of the above. By signing this consent form, I acknowledge and consent to receive EMDR treatment

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_