

## Consent for EMDR Therapy Treatment

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of Adaptive Information Processing which may help the brain unblock maladaptive material. It also appears that EMDR therapy may allow clients to avoid some of the long and difficult abreactive work often involved in the treatment of anxiety, panic attack, post-traumatic stress symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, depression, phobias, identity crisis and other traumatic experiences.

Repressed memories may surface with the use of EMDR therapy and it is not unusual for a target memory to be linked to other, unexpected material. It is important to note that traumatic material retrieved in any psychotherapy may or may not be historically accurate and is subject to a variety of contamination, as are all memories. EMDR therapy does not, in itself, guarantee the accuracy of retrieved material. The only way to actually validate retrieved material as historically accurate is through independent verification.

Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method. For some people, this method may result in sharper memory, for others fuzzier traumatic memory following the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist before treatment.

I have been specifically advised of the following:

- a.) Distressing, unresolved memories might surface through the use of the EMDR therapy procedure.
- b.) Some clients have experienced reactions during treatment that neither they nor the administering clinician may have anticipated, including a high level of emotional or physical sensations.
- c.) Subsequent to the treatment session, the processing of material may continue and other dreams, memories, flashbacks, feelings, etc. may surface. If this happens, I will note them and discuss them during the next session. I know I can call the treating therapist at any time between sessions.

Before commencing EMDR therapy treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advice I needed before beginning this therapy. My signature on this acknowledgment and consent is free from pressure or intelligence from any person or entity and I agree to hold harmless my EMDR clinician for any unpleasant or unexpected effects which may arise from my experience or my child's experience with EMDR therapy.

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

Printed Client Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_