EMDR is a simple, efficient form of therapy utilizing Bilateral Stimulation (BLS)-usually in the form of eye movements, tapping, or auditory tones in order to accelerate the brain’s capacity to process and heal a troubling memory, thought, feeling, phobia, etc. BLS stimulates the same eye movements which occur during Rapid Eye Movement (REM) or dream sleep. BLS causes two parts of the brain to work in conjunction in order to reintegrate a memory. Some clients can experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It often yields desired results with little talking, without the necessity of pharmaceuticals, and does not require “homework” in between sessions. __________ (INITIAL)

Scientific research has established EMDR as effective for the treatment of Post-Traumatic Stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief, addictions, chronic pain, and migraines. __________ (INITIAL)

The possible benefits of EMDR treatment include the following:

· The memory is remembered, but the painful emotions and physical sensations/disturbing images/thoughts are no longer present.

· EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The client’s own brain reintegrates the memory and does the healing. __________ (INITIAL)

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.

· During the EMDR, the client may experience physical sensations and retrieve images, emotions, and sounds associated with the memory.

· Reprocessing of the memory normally continues after the end of the formal therapy session. Other memories, flashbacks, feelings, and sensations may occur. The client 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. __________ (INITIAL)

As with any other therapeutic approach, reprocessing traumatic memories can be uncomfortable; that means some people won’t like or won’t be able to tolerate EMDR treatment well. Others need more preparation, offered by the therapist, before processing traumatic events using EMDR.

· There is no known adverse effect for interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.
Alternative therapeutic approaches may include individual or group therapy, medication, or a different psychotherapy modality on an individual basis.

EMDR treatment is facilitated by a licensed psychotherapist having EMDRIA-Approved training.

HISTORY & SAFETY FACTORS

The client must...

- Be willing to tell the therapist the truth about what he/she is experiencing. (INITIAL)
- Be able to tolerate high levels of emotional disturbance, have the ability to reprocess associated memories resulting from EMDR therapy, and to use self-control and relaxation techniques (e.g. Calm place exercise). (INITIAL)
- Disclose to therapist and consult with his/her physician before EMDR therapy if he/she has a history of current eye problems, a diagnosed heart disease, elevated blood pressure, or is at risk for or has history of a stroke, heart attack, seizure, or other limiting medical conditions that may put him/her at medical risk. Due to stress related to reprocessing some traumatic events, pregnant women should consult with their OB/GYN before discussing EMDR therapy. Postponing may be appropriate in some cases. (INITIAL)
- Inform therapist if he/she is wearing contact lenses and remove them if they impede eye movements due to irritation or eye dryness. The therapist will discontinue BLS if client reports eye pain. Other forms of stimulation can be substituted if appropriate. (INITIAL)
- Assess his/her current life situation to determine EMDR approach. Client may need the ability to postpone demanding work schedule immediately following an EMDR session. (INITIAL).
- Before participating in EMDR, discuss with therapist all aspects of an upcoming legal court case where testimony is required. The client may need to postpone EMDR treatment if he/she is a victim or witness to a crime that is being prosecuted because the traumatic material processed using EMDR may fade, blur, or disappear and his/her testimony may be challenged. (INITIAL)
- Understand disagreements with family and/or friends may occur as client learns new skills such as assertiveness or social skills after processing problems and disturbing material using EMDR. Vulnerable clients may need to be protected. (INITIAL)
- Be willing to explore the issue(s) that may arise as change occurs. For example, changes regarding identity, finances, loss of identification with a peer group, and/or attention. (INITIAL)
- Consult with his/her medical doctor before utilizing medication. Some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possible due to state-dependent processing and/or regression may occur after ceasing antidepressants.
- Address with the therapist client’s ability to attend to EMDR due to recent cocaine dependence, long-term amphetamine abuse, seizures, and/or other neurological conditions. EMDR is contraindicated with recent crack cocaine users and long-term amphetamine users. (INITIAL)
- Discuss with the therapist any dissociative disorders; Dissociative Identity Disorder, unexplained somatic symptoms, sleep problems, flashbacks, derealization, depersonalization, auditory/visual hallucinations, unexplained feelings, memory lapses, multiple inpatient psychiatric hospitalizations, multiple diagnoses with
little treatment progress. EMDR may trigger these symptoms, but may also be helpful in attempting to resolve them. ________ (INITIAL)

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

Name (printed)_____________________________________________________________

Signature_________________________________________ Date:____________________

Signature of Witness_______________________________________________________