

CONSENT FOR EMDR THERAPY

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research with Post-Traumatic Stress Disorder. Research on other applications of EMDR therapy are now in process.

I have also been specifically advised of the following:

1. Distressing, unresolved memories may surface through the use of the EMDR therapy procedure. I understand that some clients have experienced reactions during treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations and distress.
2. Subsequent to the treatment session, the processing of incidental material may continue. I understand clients may experience dreams, tiredness, agitation, other memories, flashbacks, distressing feelings, and/or other distressing experiences.
3. Because processing may continue between sessions, clients sometimes feel tired or "out of sorts," including experiencing a mental "fuzziness," that could prevent them from having the concentration they need for important tasks. It is important for clients not to schedule an EMDR session during a period of time when they need to stay clear, focused, and on-task. I understand it is important to talk to my therapist if any such concerns exist.
4. Clients need to have the physical strength to begin EMDR therapy. High blood pressure, taking certain medications, eye muscle strength, pregnancy factors, and other medical conditions that would be stressed by emotional releases/experiences need to be considered. I agree to alert my therapist about any medical conditions that should be considered before EMDR therapy.
5. Past traumas involved in present day court cases need to be considered. I understand that EMDR therapy might not be appropriate if there is any litigation involving one of my issues or traumas because EMDR therapy could change perspective/detail and could change the emotional impact of the memory.
6. I understand that there needs to be caution involving the use of EMDR therapy with dissociative disorders. If I suspect I dissociate, I will discuss these concerns with my therapist before beginning EMDR therapy.
7. I understand that if I have a pre-disposition to certain conditions, such as nail biting, eating, or drug and alcohol use, the inclination to participate in those activities could increase with EMDR therapy.
8. If after an EMDR session, I am experiencing symptoms that I am unable to manage, I agree to call my therapist.

Before commencing EMDR treatment, I have thoroughly considered all of the above, have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment, and by my signature, I hereby consent to receiving EMDR therapy. My signature on this consent is free from pressure or influence from any person or entity.

Client Signature/Legal Representative

Date

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