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Informed Consent for Eye Movement Desensitization and Reprocessing Therapy

I have been informed that Eye Movement Desensitization and Reprocessing (EMDR) therapy is supported with 25 years of research showing that EMDR has produced promising results in reducing anxiety and in reducing post-traumatic stress symptoms, such as intrusive thoughts, nightmares, and flashbacks. The World Health Organization, American Psychiatric Association and the US Department of Veterans Affairs and Department of Defense recognize and recommend it as an effective treatment for trauma. I can request a summary of some of this research. It has also produced promising results treating anxiety and depression and substance abuse, although the research is not as extensive.

I have also been specifically advised of the following:

- (a) Distressing, unresolved memories may surface through the use of the EMDR procedure.
- (b) Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
- (c) Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, may surface.
- (d) If I am involved in a lawsuit, the relief from the EMDR procedures may negatively impact my ability to recall details of the trauma necessary to testify clearly or convincingly.

My clinician has explained to me the reasons why the use of EMDR therapy is recommended for me or my child and that there are other options available to me should I decide not to use EMDR therapy and not to give my informed consent. My clinician has provided me with an explanation about the nature of EMDR and my questions about EMDR have been answered. I also know that I may always discontinue EMDR at any time. Before commencing EMDR therapy, I have considered all of the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR therapy for myself or my child. My signature on this acknowledgement and consent form is free from pressure or influence from any person or entity.

By my signature below, I hereby consent to participating in EMDR treatment for myself or my child.

Client Signature: _____ Date: _____