## CAROL UMMEL LINDQUIST, PH.D., FACLINP

CLINICAL PSYCHOLOGIST

THE PSYCHOLOGY CENTER 380 GLENNEYRE SUITE D LAGUNA BEACH, CA 92651

Informed Consent for Eye Movement Desensitization and Reprocessing (EMDR) Therapy

## Client name\_

Eye Movement Desensitization and Reprocessing (EMDR) therapy is supported by more than 30 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 (WHO), American Psychiatric Association, the US Department of Veterans Affairs and the Department of Defense recognize and recommend it as an effective treatment for trauma. It has also produced promising results treating anxiety, depression and substance abuse, although the research is not as extensive.

## However, you should be aware of these aspects of EMDR

- Distressing, unresolved memories may surface through the use of the EMDR procedure
- Some clients have experienced reactions during the treatment sessions that neither they nor the administrating clinician may have anticipated, including a high level of emotional or physical sensations
- Subsequent to the treatment session, the processing of incidents or material may continue and other dreams, memories, flashbacks or feelings may surface
- If you are involved in any legal action, the "relief" obtained through the EMDR procedures may reduce your ability to recall the details of your trauma, which may be necessary to testify clearly or convincingly

## Your acknowledgment and understanding.

- Dr. Lindquist has explained to you the reasons why the use of EMDR therapy is recommended for you or for your child.
- You understand that there are other options available to you or your child should you decide not to use EMDR therapy.
- Dr. Lindquist has provided you with an explanation of the nature of EMDR and your questions about EMDR have been answered to your satisfaction.
- You may always discontinue EMDR at any time.
- Before commencing EMDR therapy, you have considered all the above and have obtained any additional information or professional advice you consider necessary to make an informed decision regarding EMDR for yourself or your child.
- Your signature on this consent form is free from pressure or influence from any person or entity.

By signing, you consent to participating in EMDR treatment for yourself or your child.

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Client's Signature (or parent, if client is under 18)

Date