



Meer Soul Counseling, pllc
Jill Lees, LCSW
5738 Olde Wadsworth Blvd
Arvada, CO 80002
720-772-9735

INFORMED CONSENT FOR EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

EMDR is a simple but efficient therapy using bilateral stimulation (“BLS”) — tapping, auditory tones or eye movements — to accelerate the brain's capacity to process and heal a troubling memory. BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR may be effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. 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 and addictions.

I have received a certification of completion of EMDRIA Approved Basic EMDR Training. In order to obtain this status, clinicians must be licensed mental health professionals and complete the Basic Training course, which includes 20 hours of instructional material, 20 hours supervised practicum, and 10 hours consultation. The mental health professional must also have a Master’s or Doctoral degree in the mental health field. Information about EMDRIA training and certification can be found at <http://www.emdria.org/>.

Risks and Benefits of EMDR Treatment

The possible benefits of EMDR treatment include the following:

- The memory is remembered but the painful emotions and physical sensations and the disturbing images and 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.

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.

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

Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult with their medical professionals before participating in this therapeutic method. I may require consent from your medical professional prior to engaging in EMDR treatment. For some people, this method may result in sharper memory following treatment; while for others, this method will result in fuzzier memory following the treatment. **If you are involved in a legal case and need to testify, please discuss this with your therapist before you engage in EMDR.**

The Use of Touch in EMDR Treatment

When indicated, the use of EMDR may be combined with therapeutic touch by your therapist. This may include light touching on your thighs, shoulders, or head during the EMDR session. The use of touch is completely up to you, the client, and will be discussed fully with you in advance. The use of touch will also be discussed during the session, giving you every opportunity to decline the use of touch if it does not feel appropriate at the time. You may request that your therapist cease the use of physical touch at any time during your treatment.

The following will apply to the use of touch in EMDR sessions:

- (a) It is never appropriate for the therapist or client to touch private areas of the body during a session, and touch with sexual intent is never appropriate and should be reported to the Board of Social Work Examiners if it occurs. The contact information for the Board is: 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-2291 or (303) 894-7800; DORA_MentalHealthBoard@state.co.us.
- (b) The use of touch in EMDR sessions is exclusively for the purpose of psychological healing and for enhancing the effect of EMDR.
- (c) The client agrees to clearly and verbally say “no” to touch when it is unwanted and, if the client feels uncomfortable with touch, they will discuss this in session with the therapist.
- (d) The client acknowledges that there is no guarantee that EMDR will be effective in alleviating symptoms.

Client Acknowledgement and Consent

My signature below indicates that 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 below represents that I have consulted with my medical professional regarding my participation in EMDR and my medical professional has determined that I am able to participate in EMDR, or that I waive this provision and assume full responsibility for the effects and consequences for such waiver. I understand that my therapist may request written consent from my medical professional prior to receiving EMDR treatment. My signature on the acknowledgement and consent is free from pressure 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.

Signature of Client or Legal Guardian/Parent

Date

Printed Name