

# *Jones Counseling Services*

## Informed Consent Form for EMDR – Eye Movement Desensitization and Reprocessing

Please initial each box after you have read the material

### **EMDR – Eye Movement Desensitization and Reprocessing**

\_\_\_\_\_ Initial

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 is effective in alleviating trauma related symptoms, whether the traumatic event occurred many years ago or yesterday. It gives desired results – with little talking, without using drugs, and requires no “homework” 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, and addictions.

\_\_\_\_\_ Initial

The possible benefits of EMDR treatment include the following:

1. The memory is remembered but the painful emotions and physical sensations and the disturbing images and thoughts are no longer present.
2. EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain.
3. The client’s own brain reintegrates the memory and does the healing.

\_\_\_\_\_ Initial

The possible risks of EMDR treatment include the following:

1. Reprocessing a memory may bring up associate memories. This is normal and those memories will also be reprocessed.
2. During the EMDR, the client may experience physical sensations and retrieve images, emotions, and sounds associated with the memory.
3. Before participating in EMDR, discuss with myself, Jen, all aspects of an upcoming legal court case where testimony is required. The client may need to postpone EMDR treatment if she/he 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 her/his testimony may be challenged.
4. 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 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 effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.

---

Initial  
Alternative therapeutic approaches may include individual or group therapy, medication, or a different psychotherapy modality. EMDR treatment is facilitated by a licensed psychotherapist having EMDRIA approved training.

#### History and Safety Factors

- 
- Initial
1. I am willing to tell the therapist, Jen, the truth about what I am experiencing.
  2. I am 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).
  3. I am able to remember debriefing instructions and call my therapist, Jen, connect with supportive family or friends, or use meditation or other techniques (e.g.: calm place exercise) I have agreed to in therapy, if needed.
  4. I will disclose to my therapist, Jen, and consult with my physician before EMDR therapy if I have a history of, or current, eye problems, a diagnosed heart disease, elevated blood pressure, or is at risk for or has a history of stroke, heart attack, seizure, or other limiting medical conditions that may put myself at medical risk. Due to stress related to reprocessing traumatic events, pregnant women should consider postponing EMDR therapy.
  5. I will inform therapist, Jen, if I am wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness. The therapist, Jen, will discontinue BLS eye movements if you report eye pain and use other dual stimulation (tapping, sounds) to continue reprocessing.
  6. The therapist, Jen, and I will assess my current life situation to determine EMDR approach. I may need the ability to postpone demanding work schedule immediately following EMDR session.
  7. Before participation in EMDR, discuss with therapist, Jen, all aspects of an upcoming legal court case where testimony is required. The client may need to postpone EMDR treatment if she/he 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 her/his testimony may be challenged.
  8. I understand disagreements with family and/or friends may occur as she/he learns new skills such as assertiveness or social skills after processing problems and disturbing material using EMDR. Vulnerable clients may need to be protected.
  9. I am willing to explore issues that may arise as a change occurs. For example, changes regarding your identity; finances; loss of identification with a peer group; and/or attention.
  10. I have consulted with my medical doctor, before utilizing medication. Some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing anti-depressants.
- 
- Initial

## Consent to Participate in Sessions

Please read the following statements and sign below so that we are clear about the parameters of our sessions. If you have any questions, please feel free to discuss them with me.

- I give Jennifer Jones, LPC, LISAC permission to facilitate my inner exploration using the modalities of EMDR as well as a variety of traditional therapeutic modalities.
- I understand that I may terminate my sessions at any time and that, at termination, a closure session is generally recommended.
- I understand any information I provide during EMDR sessions with Jennifer Jones, LPC, LISAC is confidential. Jen will not disclose information without my consent except as indicated below:
  - If I demonstrate credible threat to harm myself or others.
  - Any information that indicates neglect or abuse of a minor child or dependent adult or elder abuse.

I understand that by signing this document I have read through and asked any questions in regards to the treatment modality of EMDR. I may continue to ask questions as I progress through treatment, and I am in control of the session content and experience.

---

Client Name

Client Signature

Date

---

Jones Counseling Services / Jennifer Jones, LPC, LISAC

Date