

SomaticWise EMDR Informed Consent

Please **initial** in each space indicated, after you have read the associated information. If you have any questions or concerns, please **discuss** them with Andrea.

EMDR is a therapeutic modality which targets stress, trauma and traumatic material that may be “stuck” in the person’s brain networks.

EMDR uses bilateral (both sides) stimulation (BLS). BLS can include eye movements, tapping, or auditory tones.

According to EMDR theory, this bilateral stimulation creates “taxation of the working memory”. That is, the brain can’t engage in its stuck pattern at the same time that we are asking it to attend to the BLS. This tends to speed processing of overwhelming or traumatic memories. BLS occurs naturally during dream sleep. Some clients experience relief or positive effects in just a few sessions. More complex trauma usually requires longer treatment. EMDR is shown to be effective in alleviating trauma-related symptoms, whether the traumatic event occurred recently or many years ago. _____ (INITIAL)

Scientific research using standardized eight phase EMDR protocols, has established EMDR as effective for the treatment of post traumatic stress, anxiety, phobias, panic attacks, physical and or sexual abuse, disturbing memories, complicated grief, and addictions. Your therapist may suggest, or you may request to use, the standard EMDR protocols during one or more therapy sessions. Depending upon your needs and the therapist’s clinical judgment, you may also elect to use various tools and portions of EMDR therapy, “without fidelity”, that is, without necessarily following the entire standard protocol. Using EMDR “without fidelity” may not have the same research validation that the full 8 phase protocol has. _____ (INITIAL)

The **possible benefits** of EMDR treatment include the following:

- * The memory is remembered, but the traumatic stress, painful emotions, physical sensations and disturbing images and thoughts are reduced or eliminated.
- * EMDR helps the brain reintegrate the memory and store it in a way that is more adaptive and less influenced by past events. The client’s own brain reintegrates the memory and does the healing. _____ (INITIAL)

The **possible risks of EMDR** treatment include the following:

- * Re-experiencing associated memories (positive, negative and/or neutral). This is normal, and those memories can also be reprocessed if needed.
- * Like with other somatic therapy methods, during EMDR, the client may experience physical sensations and retrieve images, emotions and sounds associated with the memory.
- * Reprocessing of the memory often continues after the end of the formal therapy session. Other memories, flashbacks, feelings and sensations might occur between sessions. The client could have dreams associated with the memory. The brain is usually able to process these additional memories without help. However, if the client experiences substantial distress they’re unable to manage, or needs further assistance, the client **must contact the therapist**, and arrangements will be made as soon as possible. If the therapist can’t be reached, it’s the client’s responsibility to secure the support and safety needed, such as by calling 911 or going to emergency room. (INITIAL) _____

- * As with any other therapeutic approach., reprocessing traumatic memories can be uncomfortable. Some people won’t like or be able to tolerate EMDR treatment well. Others need more preparation before processing traumatic events using EMDR.

- * There are no known adverse effects of interrupting EMDR therapy. A **client can choose to discontinue use of EMDR sessions or tools at any time.** However, if EMDR or any other therapy technique “opens up” previously hidden stored memories, it is usually in the client’s best interest to continue working on processing the memories with a qualified therapist, until the memories no longer cause distress. (INITIAL) _____
- * **Alternative therapeutic approaches** include individual or group “talk” therapy, other modalities of somatic psychotherapy, and or medication. These can be used alongside or instead of EMDR. EMDR treatment is facilitated by a **licensed psychotherapist** having **EMDRIA-approved training.** _____(INITIAL)

HISTORY AND SAFETY FACTORS

The client must ...

- * Be willing and able to tolerate high levels of activation or emotional disturbance, have the ability to reprocess associated memories, and have some ability to notice and reduce traumatic stress and activation on their own (e.g., downregulation, settling, calm place exercise). _____(INITIAL)
- * Be willing to **tell the therapist the truth** about what he/she is experiencing, for the safety and efficacy of the therapy session. _____(INITIAL)
- * **Remember debriefing instructions** and if needed, call therapist, connect with supportive family or friends, or use meditation or other techniques. _____(INITIAL)
- * Disclose to therapist and consult with his/her physician before EMDR therapy if he/she has a history of or current **eye problems**, eye pain or discomfort, a suspected or 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 him/her at medical risk. Because reprocessing traumatic events may trigger stress reactions in the body, **pregnant women** should consider postponing EMDR therapy. _____(INITIAL)
- * Inform therapist if he/she is wearing **contact lenses** and remove them if they impede eye movements (irritation or eye dryness or other reasons). The therapist will discontinue bilateral stimulation (BLS) eye movements if client reports **eye pain**, and instead will use other forms of dual stimulation (tapping, sounds) to continue reprocessing. _____(INITIAL)
- * Assess his/her **current life situation** to determine when to use EMDR approach. Client may need to **postpone** EMDR work, for example, due to a demanding work schedule. _____(INITIAL)
- * Before participating in EMDR, discuss with therapist any 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 compromised. _____(INITIAL)
- * Understand **relationships** with family and/or friends may change as client learns new skills, for example, assertiveness or social skills. Vulnerable clients may need to be protected. _____(INITIAL)

- * Be willing to explore the issues(s) that may arise as **change** occurs. For example, changes regarding your identity; finances; loss of identification with a peer group _____(INITIAL)
- * Consult with his/her medical doctor on an ongoing basis regarding any psychotropic medications. **Some medications may reduce the effectiveness of EMDR.** For example, benzodiazapines may reduce effectiveness possibly due to state-dependent processing, and/or regression may occur after ceasing anti-depressants. Sometimes, the amounts of medication needed may change during or after treatment. _____(INITIAL)
- * Address with the therapist his/her ability to attend to EMDR due to recent cocaine dependence, long term amphetamine abuse, seizures, and/or other neurological conditions. EMDR is **contraindicated with recent crack cocaine users and long term amphetamine users**_____ (INITIAL)
- * Discuss with the therapist any **Dissociative Disorders or dissociative symptoms:** Dissociative Identity Disorder, unexplained somatic symptoms, sleep problems, flashbacks, derealization and/or depersonalization, hears voices, unexplained feelings, memory lapses, multiple psychiatric hospitalizations, multiple diagnoses with little treatment progress - EMDR may trigger these symptoms_____ (INITIAL)
- * EMDR is usually contraindicated for persons experiencing any diagnosis or signs of **psychosis or schizophrenia** (delusions, hearing voices, hallucinations, etc). It is the client's responsibility to disclose and be truthful about any such experiences they have or have had. (INITIAL) _____

My therapist explained and discussed EMDR with me on _____ date, and on that date, I did_____ did not_____ give consent to begin using EMDR sessions or tools. Client initials: _____

I have considered all of the above. I acknowledge having been sufficiently informed about EMDR and its potential risks and benefits prior to beginning use of EMDR sessions or tools, I have obtained whatever additional input and/or professional advice I deem necessary or appropriate for engaging in EMDR.

With my signature below, I hereby consent to receiving EMDR treatment. My signature on this acknowledgement and consent form is given of my own free will.

NAME (PRINTED):

SIGNATURE:_____

DATE:_____