



## Sharon L. Ward, MS, LPC, NCC Consent for EMDR Treatment

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, PhD., in the late 1980's. It currently has more scientific research as a treatment for trauma than any other method (except medication). The experience with EMDR by clinicians using it, suggests that it may be a very effective tool and that rapid progress may be made with improved processing of traumatic information: better integration and perspective. It also appears that it may bypass some of the long and difficult work often involved in the treatment of certain conditions. Much more information can be found at [EMDR.com](http://EMDR.com) and a copy of this form is available at [sharonwardcounseling.com](http://sharonwardcounseling.com).

### EMDR Overview

#### Goal:

Theory suggests that traumatic memories are stored differently from typical memories. With a normal memory, the person learns something and can move on without the emotional charge of the original incident. For example, if someone was in a car accident, they might think, I need to watch for other cars, but not feel any real emotion about that after a few weeks. If the accident was frozen as a traumatic memory, there might be a similar level of distress when faced with other cars on the road or other similar situations. EMDR is believed to help an individual detach the intense negative/painful charge [that may impair current functioning] from past experiences and retain what is useful and necessary for functioning. Then the goal is to add “adaptive” [helpful, more supportive] responses when faced with similar situations in the present and future.

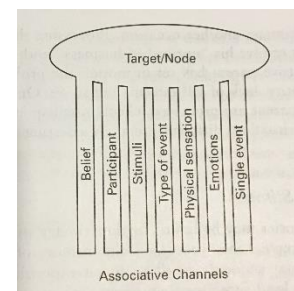
#### This is done by:

- 1) connecting with all aspects of the originating memory [**thoughts, images, senses, beliefs, emotions and body sensations**],
- 2) identifying self-defeating beliefs that came from that experience [**negative cognitions**]
- 3) creating/strengthening more affirming/resourceful responses [**positive cognitions**]
- 4) helping the client keep one foot in the present and one foot in the past [not getting lost in the memory and responding as though it is a currently reoccurring.]
- 5) using bi-lateral stimulation to solidify these changes

#### Terms:

**Target memories** are memories [or clusters of memories with similar themes] that still hold an emotional charge or a belief about oneself that seem to make current situations more difficult [like being afraid to drive after having a car accident or thinking that you are unworthy of love after a breakup].

**Bi-Lateral Stimulation [BLS]** is achieved by using eye movements, tapping or sounds that activate both sides of the brain. This seems to help in the corrective processing of memories – both troublesome and positive. There is no evidence that a false belief or memory can be added to the client's memory experience. This is not hypnosis.



**Scaling questions** are used to rate the client's experience of distress and also of the strength of the reprocessed beliefs and perception. For example, distress is measured by a "SUDS" scale 1 is low, 10 is high.

**There are 8 phases to the process:**

1. A thorough history is taken which helps the therapist determine if the patient is a suitable candidate for EMDR. This may involve paper tests and specific questions about current medications, support system, ability to self-calm, legal matters, medical complications, eye issues, neurological history and pregnancy.
2. Preparation which includes explaining the entire process of a session to the client. The goal is to determine the most comfortable form BLS for the client, help them maintain a level of intensity that is therapeutic [which may at times be uncomfortable for the client] without moving into being completely overwhelmed or shut down. The client will be told about what to expect and what they can do after the session[s]. Guided imagery and BLS with safe target will be part of this process. Scaling questions will be used to assess throughout the process.
3. Determine the negative beliefs, sensations, images, emotions associated with the target memory in the form of an "I" statement.
4. Begin using eye movements or other BLS to allow the brain to naturally shift from the dysfunctional beliefs to more adaptive responses. This often requires multiple sessions. Sometimes other memories come into focus that are associated with the dysfunctional response and will need their own processing.
5. Once the negative charge is removed from the memory, positive beliefs are processed using BLS. This will also be measured using scaling questions.
6. Patient is asked to scan their body for any signs of residual tension, pain or discomfort as well as positive sensations and those will be processed with BLS.
7. Patient is asked to do some kind of closure [guided imagery, relaxation or containment] exercise in preparation for leaving the session. The client will be asked to keep notes about any thoughts, feelings, memories and other observations between sessions.
8. Follow up at the beginning of the next session, reassess how well the processing has continued to maintain and address as needed.

**Present and Future Processing**

After past situations have been processed, any current or anticipated scenarios that might be problematic will be processed to assess how the client feels about their ability to handle current and future situations.

**Finally...**

There are no right or wrong responses. You may stop the treatment at any point. This is your process, not the therapist's. Do not answer with what you think the therapist might want you to do/think/visualize/feel/believe. Be honest with your responses.

Repressed memories surface more by the use of EMDR than with other modalities. It is not unusual for a target memory to be linked to other, unexpected material. It is important to note that traumatic material retrieved in any psychotherapy may or may not be historically accurate and is subject to contamination, as are all memories.

EMDR does not, in itself, guarantee the accuracy of retrieved material. The only way to actually validate retrieved material as historically accurate is through independent verification.

Not everyone will be appropriate for this treatment. Some factors that might be limiting would be certain mental health diagnoses, non-supportive living situations and inability or unwillingness to commit to personal safety. Those with certain medical conditions (pregnancy, heart conditions, ocular difficulties, seizure disorders, etc.) should consult with their medical professional before participating in this therapeutic method. It is recommended that you not wear contact lens during this procedure. For some people, this method may result in sharper memory, for others fuzzier memory following the treatment. Certain medications can affect the EMDR process. If you are involved in a legal case and need to testify, please discuss this with your therapist before treatment.

I have been specifically advised of the following:

- a) Distressing, unresolved memories might resurface through the use of the EMDR 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 in between sessions, if needed. I will inform my therapist and schedule my appointments to avoid higher intensity situations [job interview, school testing, presentation, family visiting, travel] during the 48-72 hours after my appointment.

Before commencing EMDR treatment, I have thoroughly considered all of the above. I have obtained whatever addition input/professional advice I needed before beginning this therapy. I herewith give my consent to receive EMDR treatment free from pressure or influence from any person or entity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If for a minor:

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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