

Deanna Miesch, LPC-S, ATR-BC
1200 E. 11th St., #109, Austin, TX 78702
www.arttherapyaustin.com
ph: 512-699-4811

CONSENT FOR EMDR TREATMENT

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, Ph.D. in the late 1980's. EMDR is now the most researched treatment for Post Traumatic Stress Disorder (PTSD) and is endorsed by the American Psychiatric Association, the American Psychological Association, and the Veterans Administration. EMDR is used extensively to reduce anxiety and post traumatic stress symptoms, such as intrusive thoughts, nightmares and flashbacks.

Other problems helped by EMDR:

Depression	Loss/injury of a loved one
Anxiety	Car/work accidents
Phobias/fears	Fire
Physical abuse	Natural disasters
Sexual abuse	Assault/violent crimes
Anger/irritability	Injury/illness
Low self esteem	Witness to violence/trauma
Worrying/brooding	Sleep disturbance

Repressed memories surface more by 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 psychotherapy may or may not be historically accurate and is subject to a variety of contamination, as are all memories. The only way to actually validate retrieved material as historically accurate is through independent verification.

I have been specifically advised of the following:

1. Distressing, unresolved memories may surface through the use of the EMDR procedure.
2. Some clients have experienced reactions during treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
3. Subsequent to the treatment session, the processing of incidents/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 that I can call the treating therapist at any time between sessions.

4. If I am involved in a lawsuit, the relief from the EMDR treatment may negatively impact my ability to recall details of the trauma necessary to testify clearly.

Before commencing EMDR treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advise I deemed necessary or appropriate prior to beginning EMDR treatment. My signature on this consent form is free from pressure or influence from any person or entity. I understand that I may discontinue EMDR at any time and have received a copy of this informed consent form.

Client Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date