



Strong Sense of Self Family Counseling Inc.

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EMDR CONSENT FORM

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing when may help the brain unblock maladaptive material. I have been advised and understand that EMDR is a treatment approach that has been widely validated by research on PTSD. Some studies indicate that EMDR is also effective in reducing anxiety and other symptoms.

I have also been specifically advised of the following:

- a) Distressing unresolved memories may be surface through the use of the EMDR procedure.
- b) Some clients experience reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including but not limited to the high level of emotional or physical sensations, disorientation, fear or nausea.
- c) Subsequent to the treatment session, the processing of incidents/material may continue and dreams, memories, flashbacks, feelings. ect... may surface.
- d) Memory is imperfect and research has shown that there is no guarantee that all information recovered during therapy, unless it can be corroborated is factually accurate. On the other hand, information which is so revealed may in fact be accurate. Similar to hypnosis, memories recalled via EMDR may be considered by courts to be invalid for use in any future legal actions.

My clinician has explained to me the reasons why the use of EMDR is recommended in my therapy or for my child and that there are other options available to me should I decide not to use EMDR and not to give my informed consent. The clinician has provided me with an explanation about the nature of EMDR and my questions about EMDR have been answered.

Before commencing EMDR treatment, I have considered all of the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment and by my signature below I hereby consent to participating in EMDR treatment. I understand that I may stop treatment at any time before or during any EMDR session and that more than one EMDR session is usually necessary in the treatment.

My signature on this acknowledgment and consent is free from pressure or intelligence 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.

Client/ Guardian signature: _____ Date: _____

Therapist signature: _____ Date: _____