

Beth Elder, L.C.S.W.

18600 Main Street, Ste. 295, Huntington Beach, CA 92648

949-743-1775

**ACKNOWLEDGMENT AND CONSENT FORM FOR
EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)**

I have been advised and understand the Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research with Post Traumatic Stress Disorder (PTSD). EMDR is a late-stage trauma resolution modality that currently has more scientific research for treatment of trauma than any other non-pharmaceutical intervention. EMDR has proven to be an efficacious and rapid method of reprocessing traumatic material. Research on other applications of EMDR is now in progress.

I have also been specifically advised about the following:

- Distressing, unresolved memories may surface throughout the use of the EMDR procedure. Some clients have experienced reactions during the treatment that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
- Due to the stress related to the activation of traumatic material, pregnant women should postpone EMDR.
- If testimony is required in a legal case, be sure to discuss all aspects and possible ramifications of EMDR with your therapist.
- After the reprocessing session I may continue to process the information. I may have dreams, memories, flashbacks, feelings, etc.
- I have a specific crisis plan in place and will refer to it if the need should arise.
- Before I leave my EMDR session, I will have a predetermined date and time for my follow-up session with my therapist.

Before commencing EMDR treatment, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to have EMDR treatment, and by my signature below, I hereby consent to receiving EMDR treatment. My signature on this Acknowledgment and Consent is free from pressure or influences from any person or entity.

Client Printed Name: _____

Client Signature: _____ **Date:** _____