

## EMDR INFORMED CONSENT FORM

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Eye Movement Desensitization and Reprocessing (EMDR) is an integrative form of therapy that helps people heal from trauma or other distressing life experiences. EMDR has been extensively researched and proven effective for the treatment of post-traumatic stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief, and addictions. EMDR is endorsed by the World Health Organization, the American Psychiatric Association, the Department of Veterans Affairs and Department of Defense.

EMDR is a standardized treatment approach which help to accelerate the brain's capacity for healing from a traumatic memory or distressing life event by using bilateral stimulations. BLS can be in the form of eye movements, sounds or tapping which help to generate the brain's Adaptive Information Processing system.

## The following covers important highlights of EMDR:

- The goal of EMDR therapy is to leave you with the emotions, understanding and perspectives that will lead you to healthier and more adaptive behaviors and interactions.
- It may help to desensitize one or more of the following: the image of the event, the negative cognition (belief) about self, your distressing emotions and where in your body you experience physical discomfort related to the memory.
- As a part of preparation for this therapy you will work closely with your therapist to learn and practice specific relaxation techniques and self-regulation skills.
- Following an EMDR session, the processing of additional incidents/material may continue, or other dreams, flashbacks, memories, feelings, etc. may surface.
- Some individuals may experience a high level of emotion or physical sensations, while others may not.
- Distressing or unresolved memories may surface though the use of EMDR therapy.
- You may elect to suspend or discontinue the use of EMDR procedures at any time.
- The number of sessions needed will vary according to a client's history and treatment needs.
- Your therapist, Sandy Johnson, MS, LPC, NCC, CCTP has been trained by an EMDRIA approved training provider.

My signature below affirms my consent for implementation of EMDR. I understand that EMDR is part of my overall treatment services and that I can choose not to use this form of therapy at any time. By signing below, I acknowledge that I have received information about EMDR therapy and consent to using it as a part of my treatment plan.

Client Signature	Date
Parent/Guardian Signature (if minor)	<i>Date</i>
Clinician Signature	Date