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Consent for Eye Movement Desensitization and Reprocessing Treatment

(Revised 3/25/15)

EMDR therapy is recognized as an effective form of trauma treatment in numerous practice guidelines worldwide. In the US, this includes organizations such as the American Psychiatric Association and Department of Defense. More than twenty randomized studies support the effectiveness of the therapy in treatment of PTSD.

EMDR is a comprehensive, integrative psychotherapy approach. It contains elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies.

EMDR psychotherapy is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance further adaptive behaviors and mental health.

I, _____, have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research only with PTSD. Research on other applications of EMDR is now in progress.

I have also been specifically advised of the following:

Distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.

Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

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 appropriated to having EMDR therapy, and by my signature below I hereby consent to receiving EMDR treatment. My signature on this Acknowledgement and consent is free from pressure or influence from any person or entity.

Signature: _____ Date: _____
(Patient or Guardian)

(Print name)