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C L I N I C A L P S Y C H O L O G I S T

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Consent for Eye Movement Desensitization and Reprocessing Treatment

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a relatively new treatment approach. I have been informed that initial studies have shown EMDR has produced promising results in reducing anxiety and in reducing post-traumatic stress symptoms, such as intrusive thoughts, nightmares, and flashbacks, (Journal of Consulting and Clinical Psychology, Wilson, S., Becker, L., Tinken, R., 1995, "Eye Movement Desensitization and Reprocessing (EMDR) for Psychologically Traumatized Individuals," pgs. 928-937). EMDR is now the most researched treatment for Post Traumatic Stress Disorder (PTSD) and it is evaluated as "professionally effective" by the American Psychological Association. I have also been advised that, although there are currently no known serious side effects to EMDR, there is minimal data as to its safety, and I understand it is therefore deemed to have provisional status with regard to its effectiveness.

I have also been specifically advised of the following:

- (a) Distressing, unresolved memories may surface through the use of the EMDR procedure.
- (b) 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.
- (c) Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.
- (d) If I am involved in a lawsuit, the relief from the EMDR procedures 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 advice I deemed necessary or appropriate to consent to receiving EMDR treatment.

My signature on this consent form is free from pressure or influence from any person or entity. I also know that I may discontinue EMDR at any time.

Date: _____ Client Signature: _____

Revised 5/00