



Consent for Eye Movement Desensitization and Reprocessing Therapy

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach in use since 1987 and it has been validated by research. Controlled studies support the efficacy of EMDR, and make it the most thoroughly researched psychotherapeutic method ever used in the treatment of trauma. The International Society for Traumatic Stress Studies has designated EMDR as effective for PTSD. A further meta-analysis of all psychological and drug treatments suggest that EMDR is effective for PTSD. Initial EMDR studies have shown promising results in reducing anxiety and in reducing post-traumatic stress symptoms, such as intrusive thoughts, nightmares and flashbacks. I have been advised that there are currently no known serious side effects of EMDR, however, I should only engage in this treatment with a trained clinician. I understand that EMDR is no longer considered an "experimental" method of treatment.

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.

Before commencing EMDR treatment (for myself or my child), I have thoroughly considered all of the above. 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 give consent to receiving EMDR treatment (for myself or my child). I have clarified uncertainties before signing. I hereby release Robin C. Bernhard, LCSW, M.Ed., her sources of supervision and her supervisees from any liability related to my treatment. I agree to hold Robin C. Bernhard, LCSW, M.Ed., her supervisors and her supervisees harmless from any effects caused directly or indirectly from EMDR treatment.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Robin C Bernhard, LCSW, MEd, BCN