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EMDR Informed Consent Form

EVIDENCED-BASED PRACTICE/RISKS & BENEFITS

EMDR is a simple, efficient form of therapy utilizing Bilateral Stimulation (BLS)- usually in the form of eye movements, tapping, or auditory tones in order to accelerate the brain's capacity to process and heal a troubling memory, thought, feeling, phobia, etc. BLS stimulates the same eye movements which occur during Rapid Eye Movement (REM) or dream sleep. BLS causes two parts of the brain to work in conjunction in order to reintegrate a memory. Some clients can experience relief or positive effects in just a few sessions.

EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It often yields desired results with little talking, without the necessity of pharmaceuticals, and does not require "homework" in between sessions. _____(INITIAL)

Scientific research has established EMDR as effective for the treatment of Post-Traumatic Stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief, addictions, chronic pain, and migraines. _____(INITIAL)

The possible benefits of EMDR treatment include the following: The memory is remembered, but the painful emotions/sensations/disturbing images/thoughts are no longer present. The EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The clients own brain reintegrates the memory and does the healing ____ (INITIAL).

The possible RISKS of EMDR treatment include the following: Reprocessing a memory may bring up associated memories. This is normal and those memories will also be reprocessed. During the EMDR, the client may experience physical sensations and retrieve images, emotions, and sounds associated with the memory. Reprocessing of the memory normally continues after the end of the formal therapy session. Other memories, flashbacks, feelings, and sensations may occur. The client may have dreams associated with the memory. Frequently the brain is able to process these additional memories without help, but arrangements for assistance will be made in a timely manner, if the client is unable to cope ____ (INITIAL).

As with any other therapeutic approach, reprocessing traumatic memories can be uncomfortable; that means some people won't like or won't be able to tolerate EMDR treatment well. Others need more preparation, offered by the therapist, before processing traumatic events using EMDR. ____ (INITIAL) There is no known adverse effect for interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.

Assignment of benefits: I the undersigned certify that I have insurance coverage with _____ and assign directly to Michele Sherman MFT, all my insurance benefits. I understand that I am financially responsible for charges, whether or not paid by my insurance. I hereby authorize Michele Sherman, to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all insurance submissions. I hereby acknowledge and understand that. I hereby acknowledge and understand that the fee of \$____/session will be my responsibility and NOT covered as a benefit of my health Insurance coverage, as it involves additional time and may include movement and other modalities. _____(INITIAL)

I HAVE READ AND UNDERSTAND THE POSSIBLE OUTCOMES OF EMDR LISTED ABOVE AND UNDERSTAND THAT I CAN END EMDR THERAPY AT ANY TIME. I AGREE TO PARTICIPATE IN EMDR TREATMENT AND I ASSUME ANY RISKS INVOLVED IN SUCH PARTICIPATION.

Name (printed) _____

Signature _____ Date: _____

Signature of Witness _____

