



Biofeedback and Family Therapy Center

Steven C. Kassel, MFT, BCB, BCN

26266 Prima Way, Santa Clarita, CA 91350 - 1545 Sawtelle, Blvd., Suite 25, West Los Angeles, CA 90025

661 259-3704

fax 661 254-8574

S@kassel.us

www.kassel.us

Eye Movement Desensitization and Reprocessing (EMDR) Information, Agreement & Informed Consent for Treatment

EMDR is a simple but efficient therapy using bilateral stimulation (BLS) – tapping, auditory tones or eye movements – to accelerate the brain’s capacity to process and heal a troubling memory. This therapy can help with both the healing of emotional pain as well as physical discomfort related to trauma, depression, anxiety, low self-esteem issues and other life events. It is used to effectively treat both upsetting past events and present life conditions. Francine Shapiro, Ph.D., developed EMDR in 1987 and to date over 200,000 mental health therapists in 52 countries have been trained. Your therapist trained with Dr. Shapiro and has over 25 years’ experience treating patients with trauma using this modality.

BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients 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 gives desired results –with little talking, without using drugs, and requires no “homework” between sessions. Scientific research has established EMDR as effective for the treatment of post-traumatic stress (PTSD), phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief and addictions. EMDR therapy is now validated as an evidence-based approach and included in SAMHSA (the Substance Abuse and Mental Health Services Administration) and the National Registry of Evidence-based Programs and Practices. In addition, EMDR therapy is recommended by the American Psychiatric Association, the Israeli National Council for Mental Health, the US Department of Veterans Affairs, the Department of Defense and other professional organizations. Over 100,000 clinicians throughout the world currently use the therapy and many many more patients have been successfully treated.

Many people assume that they can come in for EMDR therapy and during the first appointment they will begin EMDR. Part of the assumption is true in that the clinician is beginning the initial, important phases of EMDR that include the following:

- Intake: background information is gathered in order to create a case formulation. You begin to develop a trusting, safe relationship with your therapist.
- Treatment planning: you work with your therapist to define goals and an overall treatment plan which may or may not include EMDR based on the information gathered during your intake.
- Stabilization/preparation: your therapist prepares you for the work of EMDR (including education about the process, assessing your ability to manage difficult emotions and practicing self-soothing & coping skills that will be used during the actual EMDR treatments). EMDR therapists are taught to begin therapy by teaching these skills to their clients and making sure the clients are ready before they begin to reprocess the trauma.

-Processing: the actual process of accessing memories to address with the EMDR therapy and beginning the back and forth (bilateral) eye movements to reprocess the memory, does not usually begin until the first few phases of the work are complete. This is typically not until the third or fourth session, and in some cases, not until later than that. Other activities to stabilize these gains will occur after the actual processing is completed.

Lastly, EMDR has traditionally been delivered in-office/in-person settings but is being successfully provided by trained practitioners over the internet via video chat technology and/or with audio-only stimulation over the phone. Many individuals find that this “distance” option suits them much better as it can be delivered in the safety and security of their own homes.

The possible benefits of EMDR therapy include the following:

1. The traumatic memory or “target” is remembered, and the painful emotions, physical sensations, disturbing images & thoughts are no longer present.
2. Reintegration of traumatic memory and a new way of thinking about or responding to the trauma is discovered. Freedom from past events controlling the present can be achieved.

The possible risks and limitations of EMDR therapy include:

1. During early stages of treatment during history taking, treatment planning and preparation you may experience physical sensations and retrieve images, emotions and sounds associated with the memory that may feel uncomfortable. Part of taking a history includes assessing for your self-soothing abilities. I will coach you through breathing and relaxation interventions if during these early stages you become uncomfortable or overwhelmed.
2. The process of reprocessing a traumatic memory or “target” may bring up associated difficult memories. This is normal and those memories will also be reprocessed. As with any other therapeutic approach, reprocessing traumatic memories can be uncomfortable physically or emotionally; that means, some people won’t like or be able to tolerate EMDR treatment well. Others need more preparation, offered by the therapist, before continuing to process traumatic events using EMDR.
3. Reprocessing of a memory normally can continue after the end of the formal therapy session concludes. Other memories, flashbacks, feelings and sensations may occur. You may have dreams associated with the memory. Frequently the brain can process these additional memories without help, but arrangements for assistance will be made in a timely manner if you are unable to cope until our next session is scheduled.
4. There is no known adverse effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time. You may continue with other professionals you are working with for individual or group talk therapy, medication, or a different psychotherapy modality entirely.

Other Safety Factors:

I agree to be willing to tell my therapist the truth about what I am experiencing when asked during the treatment.

I agree to be willing to tolerate sometimes high levels of emotional disturbance, and to attempt to use self-control and relaxation techniques as taught and directed by my therapist in order to return to baseline. If necessary, I will connect with supportive family or friends or call my therapist if I am unable to self-regulate post-session on my own.

I agree to disclose to my therapist and consult with my primary care physician before EMDR therapy if I have a history of or current eye problems, diagnosed heart disease, elevated blood pressure, or am at risk for or have a history of stroke, heart attack, seizure, or other limiting medical conditions that may put me at medical risk. Due to stress related to reprocessing traumatic events, pregnant women should consider postponing EMDR therapy.

I will inform my therapist if I am wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness. The therapist will discontinue bilateral stimulation (BLS) eye movements if I report eye pain and use other dual stimulation (tapping, sounds) to continue reprocessing instead.

I understand that learning new skills such as assertiveness or social skills after processing trauma and associated problems EMDR may lead to disagreements with family and/or friends. I can discuss these with my therapist and may become the focus of future psychotherapy sessions if I choose.

I agree to consult with my medical doctor before using medication as some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing anti-depressants.

I agree to address with my therapist recent or long-term recreational drug use & abuse. EMDR is contraindicated with recent cocaine users and long-term amphetamine users. Clients with a substance use disorder must be abstinent for a minimum of 90 days and engaged in a recovery program.

I agree to disclose and discuss with my therapist any of the following: Dissociative Disorders; Dissociative Identity Disorder, unexplained somatic symptoms, sleep problems, flashbacks, derealization, depersonalization, hearing voices, memory lapses, and previous psychiatric hospitalizations including suicidality as EMDR may trigger some of these underlying conditions.

Consent to Participate in EMDR therapy:

By signing below I agree that I have read and understand all of the above sections (3 pages) of the EMDR Information, Agreement and Informed Consent for Treatment Form and that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. I agree that I also understand the limitations associated with participating in EMDR therapy and have had any questions answered by my Steven C Kassel, MFT. I hereby consent to attend sessions under the terms described in this document.

Print Full Patient Name

Signature

Date