

MN COUNSELING AND THERAPY CENTER

Erin Shobe, M.A., LMFT, RPT-S
Molly Nepote, M.A., LAMFT
Melissa Tyler, M.A., LMFT
Alison Yang, B.A., MFT Intern

Eye Movement Desensitization and Reprocessing (EMDR) Treatment Consent Form

I have been advised and understand that EMDR is a treatment approach that has been widely validated by research with civilian Post-Traumatic Stress Disorder (PTSD). Research on other applications of EMDR is now in progress.

I have been specifically advised of the following:

1. Distressing, unresolved memories may surface using the EMDR procedure.
2. 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.
3. After 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 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 consent to receiving EMDR treatment.

My signature on this acknowledgment and consent is free from pressure or influence from any person or entity.

Client Signature _____ Date _____

Parent/Guardian Signature _____