

James Hopper, Ph.D.

**Acknowledgment and Consent Form
For Eye Movement Desensitization and Reprocessing**

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a relatively new treatment approach that has not been widely validated by research. I have been informed that initial studies have shown EMDR has produced promising results in reducing various symptoms, including anxiety and posttraumatic stress (e.g. intrusive thoughts, nightmares, flashbacks). I have also been advised that, although there are currently no known serious side effects to EMDR, there is limited data as to its efficacy or safety.

I have also been specifically advised of the following:

- a) Distressing unresolved memories may surface through the use of the EMDR procedure.
- b) Despite this, EMDR is not a memory retrieval procedure.
- c) It will not be possible to determine if and to what extent any new or previously unrecognized memory which comes up in EMDR treatment is accurate and veridical.
- d) Some clients have experienced reactions during treatment sessions that neither or the administering clinician may have anticipated, including a high level of emotion or physical sensations.
- e) Following the treatment session, the processing of incidents/material may continue, and dreams, memories, flashbacks, feelings, etc. may surface.
- f) EMDR may affect memories of past events in such a way as to render them inadmissible in legal proceedings. If you are considering legal action, consultation with an attorney prior to EMDR treatment is advised.

Before beginning 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 having EMDR treatment, and by my signature below I hereby consent to receiving EMDR treatment.

My signature on this form is free from pressure or influence from any person or entity.

Client Signature

Date

Witness Signature

Date