## Live Free Therapy, LLC 433 Meadow Street Fairfield, CT 06824



## Eye Movement Desensitization and Reprocessing (EMDR) Information and Consent to Treatment

EMDR is an abbreviation for Eye Movement and Desensitization and Reprocessing. It is an innovative form of counseling that links many successful elements of a variety of therapeutic approaches in combination with eye movements. The eye movements help to effectively stimulate the brain's information processing system, which may generate significant improvements in a short period of time.

This therapy can help with both the healing of psychological pain and physical discomfort related to trauma, depression, anxiety and self-esteem issues. It is used to accelerate the treatment of both upsetting past events and present life conditions.

Francine Shapiro, Ph.D., developed EMDR in 1987 and to date over 125,000 mental health therapists in 52 countries have been trained.

Your therapist is a certified therapist in EMDR.

## The following has been discussed with me concerning the use of EMDR:

- \* As a part of preparation for this therapy you will work closely with your therapist to learn and practice specific relaxation techniques.
- \* Some individuals may experience a high level of emotion or physical sensation.
- \*Distressing or unresolved memories may surface through the use of EMDR
- \*Following the counseling session, the processing of additional incidents/material may continue, or other dreams, flashbacks, memories, feelings, etc. may surface.
- \*You may elect to suspend or discontinue the use of EMDR procedures at any time.
- \*Homework such as journaling, use of progressive relaxation and other techniques are an important part of the treatment process.
- \* A typical EMDR appointment lasts about 60 minutes.
- \* I understand that EMDR is recommended by the American Psychiatric Association, the Israeli National Council for Mental Health, the US Department of Veteran Affairs and the Department of Defense and other professional organizations.

Before beginning EMDR treatment, I have considered all of the above and have discussed this with my therapist.

I understand that EMDR is an optional part of my therapy and that I can choose not to use this therapy and will still receive services from Live Free Therapy, LLC.

By signing below, I acknowledge that I have received information about EMDR and consent to using it as a part of my treatment.

Individual and Date	
Therapist and Date	