

Informed Consent For The Use of EMDR

What EMDR Is And Is Not

Eye-movement desensitization and reprocessing (EMDR) is a technique used in resolving the pain and emotional complications of traumatic events. Developed in the 1980's by Francine Shapiro, PhD, it has shown remarkable promise in reducing the emotional arousal and pain associated with traumatic experiences, and doing so more quickly than ordinary approaches.

It is not yet known exactly why or how EMDR works. It may have some similarity to rapid eye movements (REM) during sleep, which appear to help the brain resolve daily conflicts. Whatever the mechanism, EMDR seems to help resolve painful thoughts and feelings that have become fixated or "stuck" in the brain's problem-solving routines.

There have been at least thirteen controlled research studies of EMDR which suggest quite strongly that it can be of significant benefit with certain clients. But since it is not yet clear exactly which clients will benefit the most, or which clients might be hurt, by EMDR, we consider it still to be in the "experimental" stage. Still, EMDR is one of the most highly researched therapy approaches in the field of trauma therapy, and continues after much study to show solid and robust improvements in client's who receive it.

EMDR is not hypnosis, although there are some non-essential similarities. It does not activate the same brain wave patterns as hypnosis. It is not manipulative. Your therapist gives no suggestions, ideas, feedback, or other commentary as you work through a session. The healing seems to take place spontaneously, in your own brain and mind, without any guidance from the therapist.

EMDR can release the inhibitions on unwanted recollections and emotions, and the client might feel emotionally highly uncomfortable. Strong negative emotions can be generated. After EMDR sessions, new memory material can sometimes be released in dreams or waking thoughts. This can be uncomfortable.

Some clients, especially those suffering from dissociative disorders, can become disoriented after using EMDR. Usually a brief waiting period, a drink of water, and sitting comfortably in the waiting room for a few minutes can resolve this.

As with any memory-processing procedure, there is some risk that old coping mechanisms may be temporarily activated. Thus, chemical use or abuse, self-injurious feelings or desires or actions, or even suicidal thoughts and feelings may be stirred up. Notifying your therapist immediately and discussing these feelings with the therapist usually keeps them under control, and they can be treated directly by the therapist if they are stirred up.

Although EMDR seems to work more rapidly than ordinary techniques, it is not necessarily less painful. The promise of the procedure appears to be that it moves the client through the difficult periods more rapidly, not that it cuts down on the discomfort.

Finally, the memories recovered and processed in EMDR are no more likely to be true or false than memories recovered and processed in any other fashion. Any memory can be false or true, and cannot be known to be true without outside verification. Accusations of other persons based solely on unverified memories should never be made. False accusations can harm innocent people, and may result in lawsuits against the client or the therapist. Memories can clarify over time, so the later versions of the memory should always be awaited.

The Known Benefits of EMDR

EMDR seems to help the traumatic material be processed and resolved more quickly than ordinary methods. While not enough is known to predict its effects in any particular case, EMDR seems to reduce the time needed to work through therapy. It is a simple procedure, which does not require elaborate preparations. While there may be strong emotions during the procedure, and vividly painful memories, usually these do not last as long as ordinary memory resolution approaches.

EMDR appears to bring more rapid relief and resolution than other methods. It also appears that the relief or healing appears to generalize readily to other similar memories and experiences.

The Known Risks of EMDR

Before using EMDR the client needs to meet criteria for entry into memory-processing work. These include the ability to soothe their anxiety, to manage their strong affect without losing control, to remain in the here-and-now orientation while discussing painful memories, and to contain such memories successfully in order to maintain average functioning levels in the everyday world.

Alternatives to EMDR

Hypnosis, exposure or abreactive approaches, and talk therapy without hypnosis are the main alternatives to EMDR. Other experimental modalities exist, such as Thought Field Therapy and other physiological methods. But these have not yet been proven effective and safe to the degree that either EMDR or the other three alternatives have.

There are no studies to date directly comparing the effectiveness of the various methods against one another. All appear to accomplish their purposes when practiced competently and properly. EMDR appears to be a more rapid resolution therapy.

EMDR as we currently practice it is used within talk therapy, rather than on its own. As such it is used like hypnosis, as a tool when the situation calls for it and the client is a good candidate for it.

There are no medications or quasi-medical treatments known as alternatives to EMDR. Medication, especially anti-depressant and anti-anxiety medication, can be a useful adjunct to psychotherapy and EMDR in treatment of trauma survivors, but medication is not a substitute for psychotherapy or EMDR.

Consent and Agreement to Use EMDR

You have the right to be fully informed about the known benefits, risks, and alternatives to EMDR. You have the right to understand how and why your therapist thinks EMDR might help you. You have the right to ask any questions you need to before deciding whether to consent to use EMDR. You also have the right to refuse EMDR without any fear of reprisal. Your therapist cannot withhold talk therapy merely because you do not wish to use EMDR, even if the therapist thinks it is in your best interests.

If you believe that your therapist has not fully informed you about EMDR or is not respecting your decision to forego its use, you have the right to state your complaint to your therapist. You may also state your concerns to the Minnesota Boards of Psychology, and Marriage and Family Therapy. You may not need to remember the trauma memory at all. It sometimes happens that healing takes place without any discussion of the traumatic event. Or, you may remember the trauma vividly, but find a satisfactory resolution to it without much discussion at all.

The process of EMDR can be initiated by visual, auditory, or tactile methods. The visual method involves watching the hand movements of the therapist. The advantage of this method is that the client's eyes remain open, and the therapist can sit at whatever distance is most comfortable for the client. This method may be preferred by someone who would be uncomfortable with the idea of having her/his eyes closed or having someone sit near her/him. The disadvantage of this method is the possible tiring of the eyes, and/or difficulty visualizing with the eyes open.

The tactile method usually involves the therapist activating a device which the client holds with both hands. It can be done with the eyes open or closed. This method is useful for those with eye problems related to injury or disease, or those who have an easier time visualizing with the eyes closed. It avoids the strain of rapidly moving the eyes associated with the visual method.

The auditory method involves the client wearing headphones, like the ones used with personal stereos, and listening to a tone. As with the tactile method, the auditory method is useful for those with

eye problems related to injury or disease, or those who have an easier time visualizing with the eyes closed. It avoids the strain of rapidly moving the eyes associated with the visual method.

Many clients elect to use both the tactile and auditory methods simultaneously.

By signing below, I acknowledge that I have read and understood the material written above. I have discussed these matters with my therapist and I am fully satisfied with the answers I have been given. I understand that I am consenting to the use of EMDR in my therapy, and that I may revoke this consent at any time, with the understanding that the use of EMDR between the date of my signing this consent and the date when I revoke it is covered by the provisions of this consent agreement, as witnessed by my signature and date below.

Signature of Client

Date

I have discussed EMDR with my client. We have discussed this material thoroughly, and my observations of the client give me no reasons to think that the client is not able to freely and competently consent to the use of EMDR in therapy.

Signature of Therapist

Date

Based on Percy/Davidson Associates, Ltd., ©1998, Used by permission.