



LORI KANSTEINER, LMFT, LAADC

Consent for EMDR Treatment

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, PhD., in the late 1980's. It currently has more scientific research as a treatment for trauma than any other method (except medication). The experience with EMDR by clinicians using it, suggests that it may be a very effective tool and that rapid progress may be made with improved processing of traumatic information: better integration and perspective. It also appears that it may bypass some of the long and difficult work often involved in the treatment of certain conditions.

Repressed memories surface more by the use of EMDR than with other modalities. It is not unusual for a target memory to be linked to other, unexpected material. It is important to note that traumatic material retrieved in any psychotherapy may or may not be historically accurate and is subject to contamination, as are all memories. EMDR does not, in itself, guarantee the accuracy of retrieved material. The only way to actually validate retrieved material as historically accurate is through independent verification.

Those with limiting or special medical conditions (pregnancy, heart conditions, ocular difficulties, seizure disorders, etc.) should consult with their medical professional before participating in this therapeutic method. For some people, this method may result in sharper memory, for others fuzzier memory following the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist before treatment.

I have been specifically advised of the following:

- a) Distressing, unresolved memories might resurface through the use of the EMDR procedure.
- b) Some clients have experienced reactions during treatment that neither they nor the administering clinician may have anticipated, including a high level of emotional or physical sensations.
- c) Subsequent to the treatment session, the processing of material may continue and other dreams, memories, flashbacks, feelings, etc. may surface. If this happens, I will note them and discuss them during the next session. I know I can call the treating therapist in between sessions, if needed.

Before commencing EMDR treatment, I have thoroughly considered all of the above. I have obtained whatever additional input/professional advice I needed before beginning this therapy. I herewith give my consent to receive EMDR treatment free from pressure or influence from any person or entity.

Signature _____

Date _____

**28310 Roadside Drive, Suite 235
Agoura Hills, CA 91301
(310) 924-5921**

If for a minor:

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Witness: _____

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