

# Nexus Behavioural Health

*Solutions for a better tomorrow!™*

## *Eye Movement Desensitization and Reprocessing (EMDR) Informed Consent:*

EMDR was developed by Francine Shapiro in the mid-to-late 1980's. The American Psychological Association recognized it as a legitimate treatment protocol in 1995. In controlled studies EMDR was not only found to be as effective as traditional therapies (e.g. Behavioural, Cognitive Behavioural, etcetera) but also more efficient. In short, it takes less time to get the desired effects.

EMDR was developed as a trauma protocol for such disorders as Post-Traumatic Stress Disorder (PTSD). It has been used across a variety of clinical situations. These include but are not limited to the following: chemical dependency; sexual deviation/addictions; sexual dysfunction; pathological gambling; performance anxiety; chronic pain and phantom limb pain; migraines; accident, surgery, and burn victims; and anxiety and phobias.

Initial increased stress may result when beginning EMDR. This is similar to other traditional therapies. In this author's clinical experience and in contrast to other therapies, this stressful period is shorter. I have never had a client report leaving the treatment session feeling more stress than they did before the session. Although research has indicated that periodic "spikes" in stress have occurred between sessions, they do not reach the same levels as during treatment itself. My clinical experience using EMDR has not produced these "spikes" in clients' experiences.

EMDR clients typically report holistic or personality shifts due to the way the protocol addresses many years of belief patterns and negative thinking. It does this by emphasizing personal strengths that most people do not apply to current events or believe deeply enough to actualize.

By signing this document I agree that I understand both the risks and benefits associated with EMDR. I also give my consent to the use of this protocol.

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Name/Date

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Signature