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EMDR INFORMED CONSENT **HISTORY AND SAFETY FACTORS**

1. LEVEL OF RAPPORT - Client willingness to tell the therapist the truth about what they are experiencing _____(INITIAL)
2. EMOTIONAL DISTURBANCE - Client ability to withstand and deal with high levels of emotional disturbance and to use self control and relaxation techniques (ie. calm place exercise) _____(INITIAL)
3. STABILITY - Client capacity to remember debriefing instructions, to ask for assistance if needed, to maintain level of environmental stability, and the ability to handle additional disturbance _____(INITIAL)
4. LIFE SUPPORTS - Client ability to access support of family members and/or friends who can nurture you through disturbances and/or client ability to be sufficiently comforted by telephone if necessary _____(INITIAL)
5. GENERAL PHYSICAL HEALTH - Client ability to withstand physical rigors of reprocessing _____(INITIAL)
6. EYE PROBLEMS - Therapist will discontinue EMDR if client reports eye pain, and use other dual stimulation to continue reprocessing. Client will inform therapist if wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness _____(INITIAL)
7. TIMING - Therapist and client to assess current life situation and use of EMDR approach. Client may need the ability to postpone demanding work schedule immediately following EMDR session. Client/therapist awareness for the allowance of extended session if necessary to bring the client to a stable condition if there is an intense emotional reaction _____(INITIAL)
8. LEGAL REQUIREMENTS - If client is a victim or witness to a crime that is being prosecuted, EMDR may need to be postponed as the traumatic material being processed may fade, blur or disappear and your testimony may be challenged _____(INITIAL)
9. SYSTEMS CONTROL - Client may experience differences with family and/or friends as they process presenting problems and disturbing material requiring learning new skills such as but not limited to assertiveness training, social skills training. Vulnerable clients may need to be protected _____(INITIAL)

10. SECONDARY GAINS - Client and therapist will explore the issues(s) that may arise as change occurs. For example(s) but not limited to the questions regarding your identity; finances; loss of identification with a peer group; and/or attention_____ (INITIAL)

11. MEDICATION NEEDS/EFFECTS - Some medications may reduce the effectiveness of EMDR. Consultation with a medical doctor will need to be addressed. For example, benzodiazapines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing anti-depressants_____ (INITIAL)

12. NEUROLOGICAL IMPAIRMENT - Client and therapist will address your ability to attend to EMDR due to recent cocaine dependence, long term amphetamine abuse, seizures, and/or other neurological conditions_____ (INITIAL)

13. DRUG & ALCOHOL ABUSE - Clients with a history of drug and/or alcohol abuse will have a 12 Step Program in place. EMDR is contraindicated with recent crack cocaine users and long term amphetamine users_____ (INITIAL)

14. DISSOCIATIVE DISORDERS; DISSOCIATIVE IDENTITY DISORDER
(DISSOCIATIVE EXPERIENCES SCALE/DES SCORE_____)

Client has intractable unexplained somatic symptoms, sleep problems, flashbacks, derealization and/or depersonalization, hears voices, unexplained feelings, memory lapses, multiple psychiatric hospitalizations, multiple diagnoses with little treatment progress - EMDR may trigger these symptoms_____ (INITIAL)

**INFORMED CONSENT: I HAVE READ AND I UNDERSTAND THE POSSIBLE
OUTCOMES OF EMDR LISTED ABOVE AND CONSENT TO EMDR TREATMENT:**

SIGNATURE: _____ DATE: _____

PRINTED: _____