

**MOTIVATIONS COUNSELING PLLC**  
**INFORMED CONSENT FOR EYE MOVEMENT DESENSITIZATION**  
**AND REPROCESSING (EMDR) TREATMENT**

**CLIENT NAME:** \_\_\_\_\_

Eye Movement Desensitization and Reprocessing Therapy (EMDR) is a psychotherapy designed to relieve the distress associated with traumatic memories. This includes the common reactions that a person often experiences following a traumatic event such as childhood sexual abuse, sexual assault, or domestic violence. Common reactions include: nightmares, flashbacks, unwanted memories, strong physical reactions when reminded of the event, difficulty concentrating, trouble sleeping, and feelings such as anger, anxiety, fear, shame and hopelessness, among others. Common reactions are normal, and can persist for a lengthy amount of time following the event.

EMDR teaches a specific method. By combining this method with focusing on the traumatic event in brief doses, survivors may experience a reduction in the level of distress.

As a form of therapy, EMDR comes with certain risks, such as:

- Distressing, unresolved memories may surface. It is not unusual for the EMDR method to bring up memories of other painful events.
- Some clients have experienced reactions in sessions that neither they nor the counselor may have anticipated, including a high level of emotion or physical sensations.
- After the session, other dreams, memories, flashbacks, feelings, etc. may surface. Clients are encouraged to note them and discuss them during the next session. Clients can call the treating therapist between sessions if necessary, or reach out to the Fort Bend County (Texana) crisis hotline at: (800) 633-5686.
- **For clients currently involved in a court proceeding or for whom a court proceeding is a future possibility, the relief from EMDR treatment may negatively impact the ability to testify.** Clients may wish to discuss this with their legal representation to determine how treatment could impact legal proceedings.

Before beginning EMDR treatment, I have thoroughly considered all of the above. I understand and have been advised specifically of the preceding considerations concerning participation in EMDR treatment. I have obtained whatever additional information I deemed necessary or appropriate prior to beginning EMDR treatment. I have had an opportunity to ask questions, and I have had my questions answered. I have developed a crisis plan with the EMDR therapist.

My signature on this consent form is free from pressure or influence from any person or entity. I understand that I may discontinue EMDR at any time and have received a copy of this informed consent form.

Voluntarily discontinuing EMDR treatment does not in any way affect my ability to access other supportive services at Motivations Counseling PLLC.

---

Client Signature

Date

---

Counselor Signature

Date

### **Release from Liability**

In consideration for the therapeutic services provided by Motivations Counseling PLLC (“the Center”) to me, I agree to abide by all rules and regulations established by the Center. I will not hold the Center, its Board of Directors, or contract personnel liable for any harm arising out of my receiving of services from the Center.

---

Client Signature

Date

---

Counselor Signature

Date