

Gayle Gonzalez-Johnson, MSW, LCSW, ACSW
Licensed Clinical Social Worker specializing in caring,
competent, therapeutic work with adult individuals & couples.

Acknowledgement & Consent Form
for
Eye Movement Desensitization and Reprocessing (EMDR)

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a relatively new treatment approach. I have been informed that studies have shown that EMDR has produced promising results in reducing anxiety and in reducing posttraumatic stress symptoms, such as intrusive thoughts, nightmares and flashbacks.

I have also been specifically advised that (a) it is possible that distressing, unresolved memories may surface during the use of the EMDR procedure; (b) some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated including a high level of emotion or physical sensations; and (c) subsequent to the treatment session, the processing of incidents and/or material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

I have discussed the EMDR procedure to my satisfaction with my therapist and have asked any questions I deem necessary concerning my participation in this treatment. My signature below indicates that I consent to participate in EMDR treatment and that this consent is free from pressure or influence from anyone, particularly from my therapist.

Client Signature: _____ Date: _____

531 Keisler Drive, Suite 203, West Wake Office Center, Cary, NC 27518
Tel: 919.816.0009 gayle.biz@gmail.com
www.gaylegonzalezjohnson.com