

DIEDRICH'S COUNSELING SERVICES, Inc.

**CONSENT FOR DESENSITIZATION AND REPROCESSING TREATMENT**

To Include:

Eye Movement Desensitization Reprocessing (EMDR), Brain Spotting, Thought Field Therapy (TFT), Emotional Freedom Technique (EFT), Audio-Visual Entrainment (AVE)

Therapy has been researched and is recommended by the World Health Organization for the treatment of PTSD. Before you work with Desensitization Therapy you will be instructed on how to utilize a "Calm Place" for your well-being.

I have been specifically advised of the following:

- a) Distressing, unresolved memories might surface through the use of the procedure.
- b) Some patients 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.
- c) Subsequent to the treatment session, the processing of incidents/material may continue and other dreams, memories, flashbacks, feelings, etc. may surface.
- d) For some people, this method may result in sharper memory, for others fuzzier memory of the incident following the treatment. If you are involved in a legal case or have experienced an incident that may result in a legal case, and need to testify, please discuss this with me and your attorney.
- e) Desensitization therapy may reduce the emotional charge of the incident. You may lose the vividness of the details and your emotional reaction to the incident may decrease. While this would be beneficial for your emotional well-being, it may change the tone of your testimony (e.g. you may not become tearful on the stand). If this concerns you, you should consult with your attorney.

Before commencing Desensitization treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advice that I deemed necessary or appropriate. By my signature below, I thereby consent to receiving Desensitization treatment. My signature acknowledges that this consent form was presented with no pressure or influence from any person or entity.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_