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Explanation of EMDR (AIP/REM): "When a disturbing event occurs, it can get locked in the brain with the original picture, sounds, thoughts, feelings, and body sensations. EMDR seems to stimulate the information and allows the brain to reprocess the experience. That may be what is happening in REM or dream sleep -- the eye movements (tone, tactile) may help to reprocess the unconscious material. It is your own brain that will be doing the healing, and you are the one in control."

SELF ASSESSMENT FOR NEW EMDR CLIENTS

(Please write a number from 1 to 7, with 7 being the most healthy and resilient.)

1. Are you emotionally stable? _____
If so, put a high number.
2. Have you had years of *unsuccessful* psychotherapy? _____
If so, put a low number.
3. Do you sometimes feel you are not a person or the world is not real? _____
If so, put a low number.
4. Do you have memory lapses? _____
If so, put a low number.
5. Do you have flashbacks? _____
If so, put a low number.
6. Do your thoughts intrude and cause difficulties with your daily activities? _____
If so, put a low number.
7. Do you have anxiety-related physical pain that impairs you? _____
If so, put a low number.
8. Do you currently use alcohol or drugs in a self-punishing manner? _____
If so, put a low number.
9. Do you cut yourself or tear at any of your body parts? _____
If so, put a low number.
10. Do you dissociate? (Please complete the DES survey.) _____
If so, put a low number.
11. Do you have effective strategies to maintain self-control under stress? _____
If so, put a high number.
12. Can you dissipate disturbances on your own between sessions? _____
13. Do you have people who can offer you emotional support between sessions? _____
If so, put a high number.
14. Do you have a way to get away from systems or issues that put you in danger? _____
If so, put a high number.

15. Do you have the ability to reach out for medical mental health assistance, such as calling 9-1-1? _____
If so, put a high number.
16. Do your medications hamper your emotional resiliency? _____
If so, put a low number.
17. Do you have any eye pain or eye soreness? _____
If so, put a low number.
18. Do you have any known neurological impairments? _____
If so, put a low number.
19. Are you under heavy demands in life such as projects, demands, your work schedule? _____
If so, put a low number.
20. Are you able and willing to complete EMDR treatment? _____
If so, put a high number.

EMDR - ACKNOWLEDGEMENT AND CONSENT

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research only with PTSD. Research on other applications of EMDR is now in progress.

I have also been specifically advised that distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients have experienced reaction during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.

Subsequent to the treatment session, the processing of incidents / material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

Before commencing EMDR treatment, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment, and by my signature below I hereby consent to receiving EMDR treatment. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

Client signature: _____ Date: _____

During EMDR processing, what "stop" signal would you like to use to indicate to Mark to temporarily discontinue EMDR processing? Suggestion: "raise right hand" and say "stop."