

**Heather Tucker, LPC, PC**  
**EMDR Readiness Questionnaire (ERQ)**

1. I realize I have the ego strength to begin EMDR. I know how to breathe and relax when I feel stress. I understand the processing could continue between sessions, and I am ready to deal with the disturbance/trauma that may be releasing from my nervous system-including but not limited to dreams, tiredness, agitation, etc. I know how to keep a “detached perspective”, and I am willing to be diligent in following a relaxation response whenever I feel nervous or emotional between sessions. I will maintain a stress reduction response and go to my “safe place” whenever appropriate. I recognize the need for a support system while going through my “EMDR experience”.
2. I understand that processing may continue between sessions. I understand that I may feel tired or “out of sorts”, including experiencing a mental “fuzziness” which could prevent me from having the concentration I need for important tasks. I understand it is important not to schedule an EMDR session during a period of time when would need to stay clear, focused, and on-task. I agree to keep a note or log of any disturbing, different, or dream experience (3 D’s) I encounter after an EMDR session. I agree to bring that information to my next session.
3. I acknowledge I have the physical strength to begin EMDR. I recognize that high blood pressure, medications, or eye muscle strength, age factors, pregnancy factors and any other medical conditions which would be stressed by emotional releases/experiences have been considered. I agree to speak with my doctor if I have a question or concern about any medical condition including where (hospital setting) and when an EMDR session would be appropriate. I give my doctor permission to speak with this therapist, Heather Tucker, LPC, if the need arises.
4. I understand that past traumas that are involved in current court cases have been considered. I understand EMDR may not be appropriate if there is any litigation involving one of my issues or traumas because EMDR could change perspective/ detail, and could change the emotional impact of the memory. I realize how that could impact a court case.
5. I understand there needs to be caution involving dissociative disorders. I agree to confide in my therapist if I have ever been diagnosed with a dissociative disorder. If I suspect that I dissociate, I will complete a DES form before my first session. If I have concerns regarding this issue, I will discuss them before beginning EMDR, and I will share information regarding my dissociative traits before beginning EMDR.
6. I understand that if I have a pre-disposition to certain conditions, the impulse to engage in this condition could be increased during EMDR sessions. If I am pre-disposed to alcohol, drugs, eating, nail-biting, etc., the inclination to participate in those activities could increase with EMDR. Instead, I agree to use the relaxation techniques I learned, use my supports, and if necessary call my therapist for an emergency EMDR session or phone session, whichever is appropriate. I understand there will be a charge for phone sessions.
7. I understand it is imperative never to attempt EMDR on myself or others. I understand that special training is issued to licensed clinicians trained in EMDR and EMDR could be dangerous in the hands of the untrained.

**Heather Tucker, LPC, PC**  
**EMDR Readiness Questionnaire (ERQ)**

8. I understand there are no guarantees and there may be situations where EMDR will not work the way I expect it to. I understand if this occurs, the possible causes will be explored and discussed.

I have read the above 8 cautions carefully and have discussed them with my therapist. I understand the above 8 cautions and I am willing to “expect the unexpected” as well as the possibility that nothing may happen. Having considered all of this, I agree to begin EMDR and give my informed consent to have Heather Tucker, LPC facilitate my EMDR sessions.

---

Client Signature/Guardian

---

Date

Heather Tucker, M.A., LPC  
4297 Austin Bluffs Parkway  
Suite 204  
Colorado Springs, CO 80918  
719-338-2324 (mobile)  
206-309-0699 (fax)  
heather@heathertuckerlpc.com

This notice was published and becomes effective on August 27 2015