

OVER THE RAINBOW PSYCHOTHERAPY, PLLC
CYNTHIA "DENISE" PORTER, LPC-S
1520 W. Dove Ave, Suite B
MCALLEN, TX 78504
956-928-1749
www.portertherapy.com

Practice Welcome Letter (REVISED 06-07-2018)

Dear Patient:

WELCOME TO OVER THE RAINBOW COUNSELING!

This letter serves to introduce myself, Cynthia "Denise" Porter, as your therapist. In choosing a mental health care professional, you want to ensure that that person has the training and experience to get results for you.

I am a Licensed Professional Counselor (LPC) and have 25 years of experience in the behavioral healthcare field. Before going into private practice, I served as Clinical Director for two community mental health care clinics that dealt with a broad spectrum of emotional disorders and chemical dependency. I am a Licensed Supervisor for mental health clinicians interning for state licensure and am also a Licensed Continuing Education Provider.

I am experienced with the emotional problems that occur in adults, adolescents and children. However, at the present time, my practice is limited to adults (18 +) and couples. I have specialized training with family therapy, addictions, trauma of all types (including domestic violence, sexual abuse and assault and victims of crime) and depression and anxiety. I also do couples therapy and have completed Level 2 in the Gottman method of therapy. Finally, I have been trained in a number of therapeutic methods, including the newer neural reprocessing therapies that come from advancements in the field of neuroscience.

I believe in providing goal-directed treatment. This means that a goal or several goals are established after a thorough assessment. All treatment is then planned with the goal in mind and progress is made toward the goal in a time-efficient manner.

I take a collaborative and supportive stance in my approach to therapy and my patients tell me that I am comfortable to be with and easy to talk to.

Again, welcome to my practice and I promise to provide you with the best of care.

Sincerely,

Denise Porter

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FINANCIAL POLICIES REVISED 06-07-2018

1. It is your responsibility to inform the secretary of changes in your insurance policy, change of address, telephone numbers, or employer.
2. A picture ID for all patients over the age of 14 (TDL, school ID, military ID, etc.) is required or we may take your picture instead. This is in order to protect you and the office against insurance fraud.
3. We will collect your deductible, copayment, co-insurance or charge for non-covered services at the time of your visit.
4. We accept cash, checks and credit cards (MasterCard and Visa). There is a returned check fee of **\$35.00**.
5. To serve you better, we ask that all clients complete a preauthorization application, providing a credit or debit card to pay for any account balances. Unpaid balances will be automatically transferred to your credit or debit card. Payment of balances is required before any new appointment can be made.
6. Accounts that are delinquent are subject to collections if delinquent more than 90 days.
7. Self-pay patients: patients with no insurance will be expected to pay at the time of service. Private pay charges are **\$200.00** for the initial evaluation and **\$150.00** for each session thereafter. *Couple and family therapy charges may differ.* Please inquire. There is a charge for telephone consultations in excess of 5 minutes. Fees will be discussed before consult is scheduled.
8. No-show or missed appointments: If a patient misses an appointment *without calling to cancel/reschedule*, a **\$150.00** fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will also be charged a **\$150.00** fee. These fees are *not covered by your insurance*. Note: for insurance patients you will be charged according to the rules of the insurance plan.
9. Once services are performed, refunds cannot be made for those services.
10. In the event that you request a duplication of your records to be sent to someone else other than you, you are required to fill out an Over the Rainbow Psychotherapy release form. The fee is **\$15** for the first 20 pgs and **.25** cents per page thereafter. Fees will be collected prior to making any photocopies. There is a **\$50.00** charge for each form that is requested to be completed and for each letter that is written on your behalf.

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11. Insurance patients: if we participate with your plan, we will verify your network benefits, file your charges, and your insurance carrier will pay us directly. We will

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Financial Policies(cont.)

expect payment of your portion of the charges at the time of service. If you are not eligible for insurance benefits for any reason, at the time services are rendered, you will still be responsible for full payment of charges incurred. You will be expected to pay all balances on your account after 45 days of the claims submission process. Note: If your plan requires you to have an authorization, you will need to obtain that from your insurance company prior to being seen by the therapist.

12. Litigation: you agree that you will not involve the therapist in any current or future litigation within the court system. Should your therapist be subpoenaed or requested to appear or testify in court on your behalf, the hourly fee will be **\$350.00** per hour with a four hour minimum per day.

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CONFIDENTIALITY NOTICE (REVISED 06-07-2018)

Information between provider and patient is usually held strictly confidential. However, there are a number of circumstances whereby there can be no confidentiality. Some of these are:

1. You authorize release of information with your signature.
2. A judge orders your information to be turned over to the court in a legal matter.
3. Your mental condition becomes an issue in a lawsuit.
4. You present a physical danger to yourself.
5. You present a physical danger to others
6. Child/elder abuse/neglect is suspected.

In the latter two cases, your therapist is required by law to inform potential victims and legal Authorities so that protective measures can be taken.

Other circumstances which allow for disclosure include the following:

7. **Professional consultation**—to ensure a high quality of treatment, your therapist may consult with other professional health care providers regarding some aspects of your case. The consulting professional is then ethically and legally bound to maintain the confidentiality of that information.
8. **Secrets policy**—secrets when withheld from a family, spouse, partner, and/or significant others can be destructive to the relationships of those involved, including the holder of the secret. When working with families and couples, your therapist reserves the right, when asked to maintain a secret, to work toward its disclosure, when disclosure has been determined to be in the best interest of the parties involved.
9. **Minors in Treatment**—Treatment considerations require that specific information be treated as confidential, whenever possible, to build trust and honesty and mutual respect. However, children under the age of 12 have little legal right to maintain confidentiality from their parents or guardians. Between 12 and 18, as the individual becomes more able to understand and choose, he or she assumes more legal rights. Nevertheless, parents and guardians have the right to general information on important life issues and the progress of treatment.
10. **Treatment records**—we are required to maintain treatment notes which include dates of treatment, diagnosis, and treatment interventions and goals. Records released to you directly will be appropriately limited to a general treatment summary.

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11. **Insurance claims disclosure**—submitting a claim for insurance will require disclosure of some aspects of your treatment and this includes the diagnosis. Therefore, your diagnosis will be a matter of record.

EMERGENCY PROCEDURES INFORMATION
Revised 06-07-2018

This practice is not an emergency-based practice. The therapist is not immediately available by phone. Every effort will be made to return your call within a reasonable period of time, with the exception of weekends, holidays and vacations. If the therapist is unavailable, and you are in crisis, you may need to use other resources including your family physician, medicating psychiatrist, the emergency room at your local hospital, or by dialing 911 in the event of a serious emergency. When telephone consultations occur, there is a fee for conversations that are in excess of 5 minutes. This fee is not payable by insurance and will be discussed before consultation occurs.

APPOINTMENT PROTOCOL
Revised 06-07-2018

In an effort to make our office better and more efficient for our patients, we have adopted an office protocol regarding appointments. Please make sure to provide us with updated phone numbers and an e-mail address where you can be reached.

It is our goal to provide our patients with quality mental health care in a prompt and efficient manner. When an appointment is scheduled, that time has been reserved especially for you. When an appointment is missed, that time cannot be used to treat another patient.

We ask that you kindly give our office at least 24 hours' notice in the event that you need to reschedule your appointment. This allows us to reschedule your appointment efficiently.

If a patient misses an appointment without calling to cancel/reschedule, a **\$150.00** fee will be charged to the patient for the missed appointment. Late cancellations (cancellations made less than 24 hours from the appointment date) will be charged a **\$150.00** fee as well. These fees are not covered by your insurance. **NOTE: FOR INSURANCE PATIENTS YOU WILL BE CHARGED ACCORDING TO THE RULES OF YOUR HEALTH PLAN.**

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TREATMENT PROCESS AND TERMINATION OF THERAPY NOTICE (REVISED 06-07-2018)

REGARDING TREATMENT PROCESS

Services at Over the Rainbow Psychotherapy, PLLC start with a thorough assessment. Your therapist will talk with you about your current situation, ask about your history and make a recommendation for services. You will then together develop a "treatment plan" that outlines how services will go and what outcomes are expected.

Sessions are usually 60 minutes in length and are usually weekly. The frequency will likely decrease over time, as you progress.

If you and your therapist believe that psychiatric medications might be helpful in addition to therapy, your therapist can make a referral for you.

While the course of therapy is designed to be helpful, your therapist can make no guarantees about the outcome of treatment. Therapy may lead to major changes in your life perspective and decisions. These changes may affect your relationships, job, and understanding of yourself. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. These are normal responses to working through unresolved life experiences and these reactions will be worked on between your therapist and you.

REGARDING TERMINATION OF TREATMENT

Successful termination of services is determined by your therapist and you, collaboratively and occurs when both agree that the treatment goals have been substantially completed. You may stop treatment at any time but it is best if you participate in a last session to prepare for termination session.

No shows and late cancellations have a negative impact on the progress of your treatment. If we do not believe that you will make progress on your condition because of no shows and late cancellations, we may end treatment with you. Further, if you have no-showed and have not scheduled an appointment after 30 days, we will assume you are ending your treatment. We may close your file at that time. Overall, we may consider that you are not an active client with us if 1) 60 days have passed 2) you don't

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have an appointment with us and 3) we have not heard from you. You may contact us to set up an appointment to become active again.

If a referral becomes necessary, three alternative therapists or programs will be provided to you. You will be responsible for contacting and evaluating each one based on your individual needs.

CLIENT RIGHTS (REVISED 06-07-2018)

I understand that I have certain rights, which include the following:

All civil rights as guaranteed by Texas and United States law.

The right to be treated with dignity and respect without abuse or neglect.

The right to an investigation of a complaint. Every reasonable effort will be made to resolve disputes take. The Texas State Board of Examiners of Professional Counselors At 512-834-6628 works to protect the public from unethical professional behavior or behaviors which violate the rules and practice for professional counselors.

This counselor practices under the ethical guidelines as established by the Texas State Board of Examiners of Professional Counselors. I have the right to read a copy of this code of ethics.

The right to permit information to be released with a signed authorization, indicating what material will be released for what reasons, and to what party.

The right to know all about the therapist's experience and training.

The right to discuss my therapy with anyone I choose including another therapist.

The right to know all about the terms of therapy, such as its' cost, appointment times, privacy issues, and so on.

The right to have any therapy procedure or method explain to me before it is used.
make a complaint with the licensing board at the phone number above.

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The right to refuse any test, evaluation, or therapy of any kind.

I understand that I may stop treatment at any time, however, there may be legal consequences if I have been ordered to come to be evaluated or to come to therapy by a court.

NOTICE OF PRIVACY PRACTICES

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Revised 06-07-2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-

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related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

NOTICE OF PRIVACY PRACTICES

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For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse and Neglect

Judicial and Administrative Proceedings

Emergencies

Law Enforcement

National Security

Public Safety (Duty to Warn)

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Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- Required by Court Order

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- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to our Privacy Officer Cynthia Denise Porter, at the address and phone number above:

- **Right of Access to Inspect and Copy.** Your right to inspect and copy PHI may be restricted to a summary of treatment.

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- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations,

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- and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Cynthia Denise Porter, our Privacy Officer, at the address and phone number above, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

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Page 1 of 2 WHAT TO EXPECT FROM YOUR LICENSED PROFESSIONAL COUNSELOR

From the Texas State Board of Examiners of Professional Counselors – Mail Code 1982 P.O. Box 149347 Austin, Texas 78714-9347 Phone: (512) 834-6658 Fax: (512)834-6677 Email: lpc@dshs.state.tx.us Web site: <http://www.dshs.state.tx.us/counselor/default.shtm>

If you make statements that indicate you intend to harm yourself or others, your LPC may report that information to medical or law enforcement. There are other similar situations that your counselor should discuss with you before or during the initial session. Apart from these rare circumstances, however, you can be assured that the only people who will have access to your records or statements are those for whom you have given written consent. This privacy gives you the freedom to speak openly and honestly with your counselor about your thoughts and feelings. Parents have a right to receive progress reports on their child's counseling. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. Young people will not confide in a counselor if they believe that personal information will be revealed to their parents. You have a right to a copy of your own counseling records. This right is guaranteed under state law (Texas Health and Safety Code, Chapter 611.) You may be charged a reasonable fee for a copy of your records. Certain portions of your record may be withheld from you for a period of time for specific reasons as described in the law. You may read the text of this law through a link at the board's web site.

No Sexual Activity: Counseling, by its very nature, often deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you, free

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from any kind of exploitation. The board does not tolerate sexual misconduct by professional counselors. An LPC is prohibited from engaging in sexual contact, sexual exploitation, or therapeutic deception with a client or a former client. Such misconduct constitutes grounds for revoking a counselor's license.

Maintaining a Professional Relationship Your relationship with your counselor should be strictly professional in nature. For example, an LPC is not allowed to invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to do office work. These examples are called "dual relationships" and are unethical. If you seek

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counseling with a personal friend, or someone with whom you already have a business or other type of relationship, the LPC must refer you to another mental health professional. Your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility. Even after your counseling has been completed, your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility.

More Information Visit the board's web site for more information about licensed professional counselors. From this site, you may view or print the state laws and board rules that govern the provision of counseling services in Texas.

A Final Word: Much of the success of your counseling experience depends on you. You are most likely to reap benefits from counseling if you are motivated, honest, and willing to work at self-improvement and self-awareness.

If you have a complaint or concern, speak first to your counselor. If you are not able to resolve the problem, you can file a consumer complaint with the board. You may call our toll-free complaint hotline at (800) 942-5540 or contact us in writing or by e-mail at the addresses shown on the front of this brochure.

This brochure is for general informational purposes and does not constitute a legal agreement between any person and The Texas State Board of Examiners of Professional Counselors (the board). All of the information provided is believed to be accurate and reliable; however, the board assumes no responsibility for any errors. This information is not copyrighted; you are welcome to copy and distribute this brochure.

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Complaints should be directed by phone to the LPC Board Office 512-834-6658. Complaint Hotline: 1-800-942-5540

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EMDR

What is EMDR?

Eye Movement Desensitization and Reprocessing (EMDR) is a powerful method of psychotherapy. To date, EMDR has helped an estimated two million people of all ages relieve many types of psychological distress.

HOW WAS EMDR DEVELOPED? In 1987, psychologist Dr. Francine Shapiro made the chance observation that eye movements can reduce the intensity of disturbing thoughts, under certain conditions. Dr. Shapiro studied this effect scientifically, and in a 1989 issue of the Journal of Traumatic Stress, she reported success using EMDR to treat victims of trauma. Since then, EMDR has developed and evolved through the contributions of therapists and researchers all over the world. Today, EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches.

HOW DOES EMDR WORK? No one knows how any form of psychotherapy works neurobiologically or in the brain. However, we do know that when a person is very upset, their brain cannot process information as it does ordinarily. One moment becomes "frozen in time," and remembering a trauma may feel as bad as going through it the first time because the images, sounds, smells, and feelings haven't changed. Such memories have a lasting negative effect that interferes with the way a person sees the world and the way they relate to other people.

EMDR seems to have a direct effect on the way that the brain processes information. Normal information processing is resumed, so following a successful EMDR session; a person no longer

relives the images, sounds, and feelings when the event is brought to mind. You still remember what happened, but it is less upsetting. Many types of therapy have similar goals. However, EMDR appears to be similar to what occurs naturally during dreaming or REM (rapid eye movement) sleep. Therefore, EMDR can be thought of as a physiologically based therapy that helps a person see disturbing material in a new and less distressing way.

WHAT IS THE ACTUAL EMDR SESSION LIKE? During EMDR, the therapist works with the client to identify a specific problem as the focus of the treatment session. The client calls to mind the

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EMDR

disturbing issue or event, what was seen, felt, heard, thought, etc., and what thoughts and beliefs are currently held about that event. The therapist facilitates the directional movement of the eyes or other dual attention stimulation of the brain, while the client focuses on the disturbing material, and the client just notices whatever comes to mind without making any effort to control direction or content. Each person will process information uniquely, based on personal experiences and values. Sets of eye movements are continued until the memory becomes less disturbing and is associated with positive thoughts and beliefs about one's self; for example, "I did the best I could." During EMDR, the client may experience intense emotions, but by the end of the session, most people report a great reduction in the level of disturbance.

HOW LONG DOES EMDR TAKE? One or more sessions are required for the therapist to understand the nature of the problem and to decide whether EMDR is an appropriate treatment. The therapist will also discuss EMDR more fully and provide an opportunity to answer questions about the method. Once therapist and client have agreed that EMDR is appropriate for a specific problem, the actual EMDR therapy may begin.

A typical EMDR session lasts from 60 to 90 minutes. The type of problem, life circumstances, and the amount of previous trauma will determine how many treatment sessions are necessary. EMDR may be used within a standard "talking" therapy, as an adjunctive therapy with a separate therapist, or as a treatment all by itself.

BUT DOES EMDR REALLY WORK? Approximately 20 controlled studies have investigated the effects of EMDR. These studies have consistently found that EMDR effectively decreases/eliminates the symptoms of post-traumatic stress for the majority of clients. Clients

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often report improvement in other associated symptoms such as anxiety. The current treatment guidelines of the American Psychiatric Association and the International Society for Traumatic Stress Studies designate EMDR as an effective treatment for post-traumatic stress. EMDR was also found effective by the U.S. Department of Veterans Affairs and Department of Defense, the United Kingdom Department of Health, the Israeli National Council for Mental Health, and many other international health and governmental agencies. Research has also shown that EMDR can be an efficient and rapid treatment. For further references, a

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EMDR

bibliography of research may be found through EMDR International Association's web site, www.emdria.org.

WHAT KIND OF PROBLEMS CAN EMDR TREAT? Scientific research has established EMDR as effective for post-traumatic stress. However, clinicians also have reported success using EMDR in treatment of the following conditions:

* personality disorders * eating disorders * panic attacks * performance anxiety * complicated grief * stress reduction * dissociative disorders * addictions * disturbing memories * sexual and/or physical abuse * phobias * body dysmorphic disorders * pain disorders

For more information about EMDR, go to www.emdria.org.