

Informed Consent: General Comments and Sample Form for Immanuel Approach Emotional Healing

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Going through a careful informed consent process with the Immanuel approach recipient is one of the simplest and easiest things one can do to decrease the risk of misunderstandings, relationship breakdowns, and lawsuits. This essay briefly discusses the concepts and practice of informed consent, and includes a sample informed consent form for Immanuel approach emotional healing work.

Origins of informed consent: Historically, the concepts and practice of informed consent evolved partly in response to the excessive paternalism in medical practice that excluded patients from decision making about their own health care,¹ and partly as a component of pragmatic risk management with respect to dissatisfaction and law suits from patients. Ethically and legally, informed consent originates from the legal and ethical right of the recipient to direct what happens to her, and from the ethical duty of the care provider to involve the recipient in decision-making regarding her own care.² Finally, as Christians I think we are responsible before the Lord to go through an informed consent process as part of caring for the recipient and as part of caring for our relationship with him or her.

Purpose/value of informed consent: Directly connected to the historical, ethical, and legal origins, one important purpose of the informed consent process is to encourage the recipient and care providers to *collaborate* in planning the person's care, and to provide the recipient with the information she needs to be able to do this. This "providing appropriate information and including the recipient in decision making" part of the informed consent process is very important for situations in which the recipient comes requesting help with a specific complaint, and the care provider suggests the Immanuel approach as a treatment/ministry option. This part of the informed consent process is obviously much less important for situations in which the person is already well informed, and comes specifically requesting Immanuel approach emotional healing.

Another important purpose of the informed consent process is to prevent unpleasant surprises and misunderstandings that can ruin the relationships between the recipient and his or her care providers.³ For example, if the recipient has heard only stories about miraculous healing that always happens in one or two sessions, and comes to the first session counting on being free

¹ Gutheil, Thomas G. "Legal Issues in Psychiatry" Chapter 52.1 in Kaplan, Harold and Sadock, Benjamin (Eds.), *Comprehensive Textbook of Psychiatry - Sixth Edition CD ROM*, (Williams & Wilkins: Baltimore, MD) 1996.

² Edwards, Kelly A. "Ethics in Medicine: Informed Consent," University of Washington School of Medicine website at <http://eduser.v.hscer.washington.edu/bioethics/topics/consent.html>, 1998 (accessed 12/7/2002).

³ See Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court*, Chapters 2-5 (Alathia Publishing: Campbellsville, KY) 2002, p 26-87 for an excellent discussion of the importance of caring for the *relationship* between the person receiving ministry and the care provider. Pages 53,55, and 59-60 include specific comments on the importance of avoiding misunderstandings and unpleasant surprises as a part of this relationship care.

from her presenting symptoms after two hours, she will understandably become disappointed, confused, and angry if her Immanuel approach emotional healing work is slower and more painful than the stories she has heard. It is very helpful if the recipient is aware of this possibility *before* she begins the emotional healing process.

I would encourage you to look carefully at your own triggers if you don't want to have this sometimes awkward discussion with the recipient. My experience is that I have the most internal resistance to going through informed consent with the people who have the most unrealistic expectations, and "just want to get started" because they have something else to do today and are hoping to be free of their presenting symptoms by the end of the session. These are the situations for which it is *most* important to go through a careful informed consent process. (Practical note: one can avoid the especially awkward situation of having a major expectation collision at the beginning of the first session by giving people informed consent forms ahead of time, asking them to read the forms before coming to their first sessions, and telling them you will need to discuss any questions they have regarding the informed consent forms before starting Immanuel approach emotional healing work.)

The third purpose of the informed consent process is to provide risk management regarding conflict and law suits. In my assessment, the most significant risk management with informed consent comes from *preventing* complaints and/or law suits by caring for the relationship. Including the person in decision making strengthens the "we're on the same team" aspect of the relationship, and avoiding surprises and misunderstandings helps prevent injury to the relationship. Furthermore, the informed consent process decreases *truth-based* liability. If you give the person receiving ministry an unrealistic picture of what to expect, then you are *appropriately* responsible and *liable* for her disappointment if her healing process is slower and more difficult than expected. If you don't tell the person receiving ministry that there are risks, then she can't take appropriate responsibility for these risks by choosing to accept the risks as an unavoidable part of Immanuel work. If the (unknown to her) risks of possible pain and problems turn into actual pain and problems, you are *appropriately* responsible, and will be held *liable*, for the risks that she did not choose to take.

Another part of risk management provided by informed consent is to have a legal document. Documenting the informed consent process by having the person sign a form, such as the one included below, will provide some degree of protection should your relationship with the recipient deteriorate to the point of legal action. For example, having the form below, with signatures and dates, will certainly be helpful in court if the plaintiff claims they did not know Immanuel approach emotional healing work might stir up painful emotions.

I would encourage you to read *Keeping Your Ministry Out of Court* if you still do not perceive a need for going through the informed consent process with the recipient.⁴

Basic components of informed consent: This summary of the basic components of the informed consent process is compiled from the 50+ sources reviewed in writing this essay.⁵

⁴ See Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court*, Chapters 2-5 (Alathia Publishing: Campbellsville, KY) 2002

⁵ Sources contributing to this list of basic components of informed consent included Edwards, Kelly A. "Ethics in Medicine: Informed Consent," University of Washington School of Medicine website at

Going through a thorough informed consent process for Immanuel approach emotional healing work would include:

1. Discussing the diagnosis/assessment, and explaining your reasons for using the Immanuel approach. I think it is a good discipline, for both lay ministers and professionals, to explain what they think is going on and why they think the person should participate in Immanuel approach emotional healing work. Lay ministers *should not* make diagnoses or give labels, but they *should* be able to summarize, in lay person's terms, what they think is going on and why they think Immanuel emotional healing work will be helpful. Professionals should inform the person regarding any diagnoses they have made, and should *also* explain, in lay person's terms, what they think is going on and why they think Immanuel approach emotional healing work will be helpful. Note: I'm not saying that the therapist/facilitator should try to "figure out" what the underlying issues might be, but rather that they be able to explain the "big picture" in terms of Immanuel approach principles.

For example, if a couple comes to the therapist/facilitator complaining of communication problems, she might say "I realize that you both have described the problem as poor communication, but my assessment is that the pain each of you carry is a big part of why your communication seems to be so poor. Every one of the disagreements you just described included both of you being triggered into your pain. I think it would be worth trying Immanuel approach emotional healing work with each of you individually because I think it may help us find and resolve the underlying issues that get stirred up and cause you to get stuck in your communication."

Note that it is okay to say "I'm not sure what's causing your problems/symptoms, but I think working with the Immanuel approach might help to shed more light on the situation. I think it would be good to try a few sessions and then stop to re-evaluate." The key is to be aware of the fact that the big picture doesn't make sense yet. If the therapist/facilitator continues to be unable to explain what they think is going on after a number of sessions, he should stop and carefully consider several possibilities:

- He is being triggered, and this is impairing his ability to think clearly.
- He doesn't understand Immanuel approach principles and tools well enough to deal with this particular case, and should take time to study and/or obtain mentoring.
- There is a significant medical or psychiatric issue contributing to the confusion, and he should encourage the recipient to obtain appropriate evaluation. For example, thyroid disease, a brain tumor, or schizophrenia may be causing the facilitator to be unable to make sense out of the situation.

<http://eduser.vhsc.washington.edu/bioethics/topics/consent.html>, 1998 (accessed 12/7/2002); Gutheil, Thomas G. "Legal Issues in Psychiatry," Chapter 52.1 in Kaplan, Harold and Sadock, Benjamin, *Comprehensive Textbook of Psychiatry- Sixth Edition CD ROM*, (Williams & Wilkins: Baltimore, MD) 1996.; American Psychological Association (no author(s) specified). "Informed Consent to Therapy," Standard 10.01 in *Ethical Principles of Psychologists and Codes of Conduct 2002*, American Psychological Association website at http://www.apa.org/ethics/code2002.html#10_01, 2002; and Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court* (Alathia Publishing: Campbellsville, KY) 2002, p. 53, 55, 59-60.

2. Making sure the person understands what to expect as she participates in the therapy/ministry process.
3. Making sure the person knows that she can choose to *not* use the Immanuel approach, and that other tools⁶ are available if she chooses to not participate in Immanuel approach emotional healing work.
4. Making sure the person knows what *is* and *is not* known about Immanuel approach emotional healing work, especially including that there is not yet empirical research proving that the Immanuel approach is effective.
5. Making sure the person understands the risks and benefits of participating in Immanuel approach emotional healing work, and also the risks and benefits of alternative therapies and ministries.
6. The person being competent to give informed consent. With adults this is mostly a matter of common sense: “Does the person seem able to understand the issues and make a considered, adult decision?” This will not be a concern for most adults participating in Immanuel approach emotional healing work, and only needs to be considered when something is present that can impair the person’s competence (such as mental retardation, brain damage, serious mental illness, or heavy medication). If you are unsure, it would be best to consult with a mental health professional who has experience with evaluating competence. The most common situation where competence is an issue is with children, and it is usually best to obtain parental informed consent for anyone under the age of 18. If you are in a situation where you think it is important to do Immanuel approach emotional healing work with a minor without parental consent, I strongly encourage you to consult with a mental health professional familiar with your state’s laws regarding minors and informed consent (many states have complicated and detailed laws specifying the ages and conditions under which a child can give informed consent for themselves).

Note that competence is something the therapist/facilitator needs to consider, but that we do not address on our informed consent form (other than indicating that the form may need to be signed by the person’s parent or guardian). I don’t see any point in including a statement like “I am competent to give informed consent.” If the person is not competent to give informed consent, then they are also probably not competent to decide that they are not competent.

7. Absence of coercion. It is easy to spot dramatic situations, like veterans on disability who fear they will lose their benefits if they do not cooperate with a proposed treatment plan, or involuntary inpatient psychiatric patients who believe they will not be released unless they take their medications. Concerns regarding coercion are usually much more subtle when dealing with informed consent for psychotherapy. For example, if I have lies that cause me to feel like it is my responsibility to *make* my patients better, and if I can’t feel okay unless they are okay, then it will be hard for me to let them say “No, I don’t want to try the Immanuel approach.” I may not threaten or intimidate them in any intentional or direct way, but if I am

⁶ Such as cognitive therapy, exposure therapy, EMDR, many other forms of therapy and/or ministry, and direct symptom control with psychiatric medication.

triggered and feel like it is not okay for them to say “No,” they will pick this up. The best way for the therapist/facilitator to accomplish absence of coercion is to be peaceful and calm (untriggered) during the informed consent process. It is important for me to address my own triggers if I am not able to do this.

Absence of coercion is another issue that the facilitator needs to consider, but that we do not address in our informed consent form. Going through the informed consent process is a good way for the therapist/minister to find out if they *are* being triggered and pressuring the person, but I don’t see any point in including a statement like “I am not being pressured or coerced to participate in Immanuel approach emotional healing work” because people who are being pressure or coerced in the ways just described would usually sign this statement anyway, thus making it meaningless.

True confessions/reality check/perspective: I thought I would include this section to provide perspective, just in case you are panicking, with thoughts like “Oh, no! Everybody else has been doing this – I must be the only negligent and incompetent Immanuel facilitator not going through a careful informed consent process. I will probably be getting phone calls from five lawyers tomorrow morning!”

My personal professional experience: I have always gone through an informal informed consent process and noted this in the chart when prescribing medication, and have gone through an even less formal informed consent process (sometimes without any note) when initiating psychotherapy or Immanuel approach emotional healing work, but before preparing this ministry aid I had never obtained signed informed consent for medication, psychotherapy, or Immanuel approach work. Furthermore, I have never seen any other mental health professional go through a thorough informed consent process or obtain a signed informed consent when initiating psychotherapy or Immanuel approach work. The theory is good, and I think we should begin to include more careful and complete informed consent as described in this essay, but I have just never yet seen anybody do it.

Other reference points: Almost 100% of the text books, professional journals, professional associations, and other resources I reviewed agreed that informed consent for mental health care (including both medication and psychotherapy) is ethically mandated and the standard of care. However, researchers who reviewed the charts of 30 psychiatrists treating patients with antipsychotic medications found that the informed consent process was documented only 23% of the time⁷. Another study found that only 28.8% of psychologists surveyed utilized a written agreement for informed consent.⁸

Risk management limitations: Although they do provide some protection, it is important to realize the risk management limitations of the informed consent process and of informed consent forms. Good informed consent process provides some protection by caring for your relationship with the person receiving ministry, but it cannot prevent irrational behavior and unreasonable

⁷ Schachter D, Kleinman I. “Psychiatrists’ documentation of informed consent.” *Can J Psychiatry* 1998;43:1012–7.

⁸ Handelsman, M.M., Kemper, M.B., Kesson-Craig, P., McLain, J, & Johnsrud, C. “Use, content, and readability of written consent forms for treatment.” *Professional Psychology: Research and Practice*, 1986;17:514-518.

demands driven by the person's own unresolved issues. If the person receiving ministry has deep violation wounds, with associated "not safe," "out of control," betrayal, and powerlessness lies, the informed consent process will not stop him from feeling unsafe, out of control, betrayed, and powerless if they get triggered in the relationship with you. The person may feel that you are harming him, forcing him, betraying him, or controlling him even if you do everything correctly.

Regarding informed consent forms, case law demonstrates that they do not provide complete protection if the "risks" section is too general, not specifically mentioning the problem experienced by the plaintiff. Unfortunately, it is extremely difficult to include every possible risk ("She didn't tell me that Immanuel approach work could cause me to lose the golfing championship by stirring up traumatic memories that would impair my peak performance"). In fact, informed consent forms have been invalidated for including too few risks *and* for including too many risks.⁹ (My understanding is that the "too lengthy" forms were felt to disqualify the informed consent process by burying the risks that were deemed necessary to explain in an overwhelming pile of risks that were deemed unnecessary to explain.) Furthermore, informed consent forms using rigorous legal language are incomprehensible to many lay people and tend to feel unfriendly, and informed consent forms using friendly layman's terms tend to have legal loopholes.

I would like to be in complete control, and I would like to be able to guarantee my own safety, but this is not truth-based reality regarding informed consent and liability. For those of us with lies about not being in control and not being able to protect ourselves, the current truth-based reality regarding informed consent and liability is an intense trigger. It is true that I am not in complete control and that I cannot guarantee my own safety regarding informed consent and liability. But my lie-based thinking from childhood memories then distorts this truth-based vulnerability with respect to informed consent and liability into the lies "I'm not safe," and "I'm not going to be okay." The more complete truth is that I'm not in control and I can't guarantee my own safety, AND that my Heavenly Father *is* in control and that He is taking care of me. The bottom line "more complete truth" is "***I will be okay.***" But this more complete truth doesn't *feel* true when I am being triggered.

One option is to flee into denial and avoidance: "This whole informed consent process is too complicated and time consuming. I can't believe anybody really does this. I don't think I really need to do this, and I certainly don't have time to think about it right now..." A more subtle form of denial is to work desperately to provide such thorough and conscientious care that "nobody will ever sue me." (That is, be in control by being perfect.) I can also try to avoid the feelings of vulnerability by ranting and raving at those &@%\$&*# lawyers who are "making" me feel unsafe. (The deluxe version of this option is to include fantasies about how to fix the problem.) Another subtle variety of denial is to develop longer and more complex forms for the person to sign, which make it easier to bury the truth-based vulnerability under the illusion of having an adequate defense. I have given the first three options pretty thorough trials, but they never quite got rid of my triggered feelings of "I'm not safe" and "I'm not going to be okay," or my truth-based sense that I should be doing something more about informed consent. I have observed others trying option number four, and it doesn't feel right either.

⁹ Palmisano, Donald, M.D., J.D. "Informed Consent," at INTREPID® resources website, http://www.intrepidresources.com/html/informed_consent.html, 1995.

I think that in the past my triggering has prevented me from seeing that there is a “middle ground” option: “I can’t be in complete control, and I can’t guarantee my safety, but I can go through a reasonable informed consent process that will care for my patients and provide *some* risk management protection. And I can use a form that will care for my patients and that will provide *some* protection as a legal document.” In the Lord’s providence, working on this essay has helped me to perceive more validity in the core principles of informed consent and to realize how this issue triggers me, and this helped me to discover this “middle ground” solution that really feels right.

If we are able to face the truth-based vulnerability, and deal with our triggers around not being in control and not being able to guarantee our safety, then we will be able to stand on the more complete truth that the Lord *is* in control and that we will be okay in His care. We will also be able to hear the Lord’s guidance and make the right choices when things get hot. Remaining peaceful and calm (untriggered) is one of the best things you can do when interacting with someone who is making unreasonable demands and/or displaying irrational behavior. One of the best ways to get in a really big mess is to get angry, defensive, and controlling from your own triggering when dealing with someone who is feeling unsafe, out of control, and powerless from his triggering.

Additional information regarding informed consent: One of the easiest ways to obtain additional information about informed consent is to use one of the search engines on the internet and search for “Informed consent” and “psychotherapy informed consent”. I did this with Yahoo and obtained 1,350,000 and 13,700 matches (respectively). I didn’t review them all, but most of the first 30 matches for each of these searches provided helpful and understandable information.

Comments regarding the sample form (below):

The most important thing to remember is that the goal of the informed consent process is not to obtain a signature and date at the bottom of a legal document. The most valuable function of a good informed consent form is to provide structure and reminders that help in going through a good informed consent process. For example, the informed consent form I use (below) makes sure I address the possibility of unrealistic expectations and disappointment, specifically mentioning my experience that Immanuel approach emotional healing work is slow and difficult for some people.

As is probably obvious from the comments above, the sample informed consent form below will not provide complete legal protection. It is the form that I am presently using, it will provide structure and reminders for going through a good informed consent process, and it is certainly better than nothing, but it does not include a comprehensive list of specific risks and it has not yet been reviewed by an attorney.¹⁰ Most importantly, regulations regarding informed consent tend to vary from state to state, and can also be different for different professional groups.¹¹ As

¹⁰ We would be happy for comments from any of our readers who are attorneys, and especially from any who are familiar with Illinois regulations regarding mental health care informed consent.

¹¹ For example, in Louisiana there are regulations that require physicians to obtain informed consent and that specify many of the details about how this should be done. These regulations were written for medical procedures, but technically also pertain to psychiatrists performing psychotherapy. But as far as I could find, Louisiana does *not* have any legal regulations regarding informed consent for *non-physicians* performing psychotherapy.

far as I am aware, at this time there are no laws in Illinois regarding informed consent for licensed professionals providing psychotherapy.¹² It is more an issue of standard of care and liability – you are not violating any legal regulation if you don’t go through the informed consent process with your client, but it is considered to be the standard of care and your defense will be greatly weakened if you go to court and you didn’t obtain and document informed consent. I know that this is also the case in some other states, but there are states, such as California and Colorado, that *do* have specific legal regulations regarding informed consent for licensed professionals providing psychotherapy (check your own state)¹³.

Furthermore, I have intentionally avoided using rigorous legal language because my perception is that legal language almost always conveys an adversarial (even antagonistic) attitude, as opposed to the “we are on the same team” attitude I try to establish with my clients. My perception at present is that it is more important to convey the basic concepts *without* the adversarial legal language than to have a maximally rigorous legal document. Our hope is that caring for the relationship will be more valuable in the long run than using legal language that will provide the most rigorous technical protection in court.

As mentioned above, each therapist/minister needs to be aware of any regulations in his or her state regarding informed consent. Other than this, it is important that each therapist/minister make his own judgment calls regarding how to address informed consent. Please consult with an attorney and/or use rigorous legal language if you feel it is necessary/right for you to do so.

The informed consent form below is written from the perspective of a mental health professional, but we are hoping that it will also provide a helpful starting place for non mental health professionals (feel free to adapt it to your personal setting). Charlotte is working on a sample informed consent form from the perspective of a lay facilitator, and we will post this as soon as it is completed.

¹² At the time this essay was first written, December 6, 2002, I found regulations requiring informed consent for electroconvulsive therapy, psychotropic medication, and admission to mental health facilities, but I could not find any regulations requiring or governing informed consent for psychotherapy. If any of our readers are aware of Illinois regulations regarding informed consent for psychotherapy, please e-mail me at drkarl@kclehman.com.

¹³ I have been going to the website for a given state (usually easy to guess in a few tries, such as www.stateofillinois.com, or www.az.gov), and then clicking on a menu item along the lines of “statutes and laws.” The “statutes and laws” page then usually has a search engine function, which I use to track down “informed consent” and/or “psychotherapy.” If any of our readers has a better way to locate state laws regarding informed consent for psychotherapy, please e-mail me at drkarl@kclehman.com.

Informed Consent for Participating in Immanuel approach Emotional Healing Work

Diagnosis/assessment, and reasons for using the Immanuel approach: It is important for you to understand my diagnosis/assessment regarding your symptoms/problems, and for you to understand why I think Immanuel approach emotional healing work will be helpful. The best way for us to accomplish this is to discuss these two issues at the beginning of your first session.

What to expect: It is important for you to know the basic details of what to expect as you participate in Immanuel approach emotional healing work. The best way to do this is to read chapter two of *The Immanuel Approach (to Emotional Healing and to Life)*¹⁴ before your first ministry session, and then take time at the beginning of the first session to ask any questions you have about the Immanuel approach process.

Not yet research-proven as effective: There is not yet any empirical research proving that the Immanuel approach is effective. However, Immanuel approach emotional healing work does include many of the core principles of cognitive-behavioral therapy, exposure therapy, and EMDR¹⁵, forms of psychotherapy that are strongly supported by empirical research. Furthermore, my personal clinical experience is that the Immanuel approach is as effective, or even more effective, than each of these research supported forms of psychotherapy.¹⁶

Differences in individual experience: It is important to realize that there is a wide range of experiences with Immanuel approach emotional healing work. Some receive healing very quickly, and are free of their presenting symptoms in one or two sessions. For others the process goes more slowly. Sometimes, even when the process is working correctly, the presenting symptoms can still be present after many months of hard work. (See the “How Long Will it Take For Me To Be Healed?” essay for a careful discussion of why Immanuel emotional healing work can sometimes go more slowly and/or take longer than initially expected).

No guarantee: It is also important to realize that there is no way to guarantee results with any form of psychotherapy or ministry, including the Immanuel approach. Most people receive important healing with the Immanuel approach, but some are unable to participate in the Immanuel approach effectively (for reasons we sometimes do not understand).

¹⁴ If you are willing to do the reading, the combination of chapters two, six, eight, ten, twelve, fourteen, and seventeen will provide a much richer introduction. The draft version of our new book, *The Immanuel Approach (to Emotional Healing and to Life)*, is available as a free download from the “Getting Started” page of www.immanuelapproach.com.

¹⁵ EMDR refers to Eye Movement Desensitization and Reprocessing, a secular therapeutic process for dealing with emotional wounds from traumatic events. See “Theophostic & EMDR: F.A.Q.'s and Common Misunderstandings” on our website for further information.

¹⁶ See “Theophostic®-based Emotional Healing Ministry: Assessment and Recommendations,” “Cognitive Therapy and Theophostic Ministry,” “Exposure Therapy and Theophostic ministry” (forthcoming), and “Theophostic & EMDR: F.A.Q.'s and Common Misunderstandings” on the Articles and FAQs page of www.kclehman.com for additional discussion of the efficacy of Theophostic®-based ministry and careful discussion of the similarities and differences between Theophostic®-based ministry and cognitive-behavioral therapy, exposure therapy, and EMDR. ****These essays need to be updated to explicitly address the Immanuel approach, but all of the discussion re Theophostic basically also applies to the Immanuel approach.****

Options other than the Immanuel approach: I use the Immanuel approach in all the work that I do because I believe it is the most effective tool available and because of stewardship considerations.¹⁷ However, it is important that you realize there are other options. If you do not wish to participate in Immanuel approach emotional healing work, and would rather use other healing tools, such as cognitive therapy, exposure therapy, EMDR, relaxation techniques, psychiatric medications, or other forms of prayer for emotional healing, I can refer you to therapists, psychiatrists, and ministers who provide other options. It is also important for you to be aware of the option to use psychiatric medication in combination with Immanuel approach emotional healing work.

Risks and benefits of the Immanuel approach and of other options: In any form of therapy and/or ministry that includes working with traumatic memories, there is a real risk that “things will feel worse before they feel better.” You may experience intense negative emotions, and even painful physical sensations, as a part of going through traumatic memories. Immanuel approach emotional healing work may uncover unresolved issues, traumatic memories, and painful emotions that you have not anticipated. Sometimes the issues and/or memories brought forward during a session cannot be fully resolved by the end of the session.

Of all the emotional healing techniques I am aware of, the Immanuel approach is the safest and most gentle with respect to this concern, since you can use the “safety net” of ending the session by going back to your initial positive memory, appreciation, and connection with Jesus. However, the recipient may sometimes continue to process painful material between sessions, and this processing between sessions may include both feeling painful emotions from issues and memories that have already been identified and also uncovering additional painful material. The recipient can use her positive memory, appreciation, and connection with Jesus safety net on her own, for these times of difficulty between sessions, but this requires more skill and effort than when a facilitator leads you through the process, and the overall experience usually includes a block of time in the middle during which you will feel painful emotions.

One often unanticipated “risk” is that you will change. If you receive significant healing, *you will change*, and this will affect many aspects of your life (for example, your satisfaction with your current career and how you relate to your family and friends).

The biggest benefit – the biggest reason to use a treatment option that involves the risks of working with traumatic memories – is that these treatment options resolve the roots of the problem and thereby accomplish permanent healing.

These risks and benefits pertain to any form of therapy or ministry that involves working with traumatic memories, including the Immanuel approach, Theophostic®-based therapy/ministry, all other forms of prayer for emotional healing that I am aware of, some forms of cognitive-behavioral therapy, exposure therapy, and EMDR. Regarding comparative risks and benefits: my personal assessment is that, for most people, the Immanuel approach works more quickly and with less risk of symptom exacerbation than any other therapy or ministry that includes working with traumatic memories.

¹⁷ Since there is much more demand for Immanuel approach emotional healing work than people able to provide it, I think it is important for those of us who can facilitate Immanuel approach sessions to reserve our spaces for the people who want to include this as a part of their care.

Forms of treatment that focus primarily on symptom control, and that do not include working with old traumatic memories, include very little risk of temporarily increasing symptoms by “uncovering” painful memories and emotions. Relaxation techniques, some forms of cognitive therapy, and many psychiatric medications are examples of “symptom control” treatment options. Each psychiatric medication has its own risks and side effects, but the biggest risk/con of these symptom control treatment options is that they are temporary solutions and do not address the underlying issues. If they are not used in combination with a therapy or ministry that resolves the underlying roots, then various symptoms/problems will keep coming back, often at very inconvenient times and places. Another risk of “symptom control” treatment options is that they can make it more difficult to find and resolve the underlying roots of the symptoms.¹⁸

¹⁸ See “Depression and Theophostic®-based Emotional Healing Ministry: General Comments and Frequently Asked Questions,” and “Mind *and* Brain: Separate but Integrated” on the Articles and FAQs page of www.kclehman.com for careful discussion of the appropriate place of psychiatric medications.

Consent to participate in Immanuel approach emotional healing

I have read the above and have been given a copy of the essay “How Long Will it Take For Me To Be Healed?” I have discussed diagnosis/assessment, and the reasons for doing Immanuel approach emotional healing work with _____ (*name of facilitator*). I have read about the Immanuel approach as recommended above, and/or discussed the basic details of the Immanuel approach with _____, and I am comfortable with my understanding of what to expect as I participate in the Immanuel approach process. I understand that the Immanuel approach has not yet been proven effective by empirical research. I understand that Immanuel approach emotional healing work can result in very rapid healing, but that it can also sometimes be a much slower process. I understand that I may receive important healing through Immanuel approach emotional healing work, but that there is no way to guarantee results. I understand that there are risks with Immanuel approach emotional healing work, as described above. I understand that there are other treatment options, that I can choose to *not* participate in Immanuel approach emotional healing work, now or at any time in the future, and that if I choose to not participate in Immanuel approach emotional healing work I will be given referrals to therapists and/or ministers who provide other options. Being fully aware of these things, I agree to including Immanuel approach emotional healing work in my care, and I specifically request that Immanuel approach emotional healing work be included in my care.

(Signature of client, or parent/guardian) (Date) _____

(Minor client, 12-17 years inclusive) (Date) _____

(Witness) (Date) _____