

## Contract Agreement for Individual Consultation

The purpose of this agreement is to establish a clear understanding of the expectations of consultation. There are several different reasons a consultee seeks consultation. Which reason is of primary importance to you now?

\_\_\_\_\_ To complete the 10 hours of consultation to meet EMDR basic training requirements

\_\_\_\_\_ To gain knowledge regarding complex trauma, build confidence using EMDR, but not EMDRIA credential purposes

\_\_\_\_\_ To achieve the EMDRIA Certification credential

\_\_\_\_\_ To achieve the EMDRIA Approved Consultant credential

\_\_\_\_\_ Other \_\_\_\_\_

Your reason for entering consultation directs the type of consultation activities. As you develop, you may choose to change the focus of consultation. As soon as you decide to make changes in your focus, please let me know and we will discuss the change in activities or requirements at that time.

The following clarifies expectations, the general structure of consultation, what consultees can expect of me and what is expected of you when seeking to complete 10 hours of consultation for EMDR basic training, or to become EMDRIA Certified in EMDR. I am an EMDRIA Approved Consultant. This means that if you have completed the Basic Training in EMDR and wish to become an EMDRIA Certified Therapist, I am approved to provide consultation toward that end, or consultation-of-consultation to become an EMDRIA Approved Consultant.

Please visit EMDRIA at [www.emdria.org](http://www.emdria.org) for further information on these requirements.

### What the Consultee can expect of Consultant

- 1. EMDRIA currently requires a minimum of 20 hours of consultation (at least 10 hours must be individual consultation)**  
**to apply for EMDRIA Certification. I require work samples of all 8 Phases and 3 Prongs of the standard EMDR therapy, and evidence of correcting any concerns prior to writing a recommendation letter for EMDRIA Certification. If you use more than one Approved Consultant in your journey toward EMDRIA Certification, I require a minimum of \_\_\_ hours of individual consultation prior to writing a recommendation letter for you to submit for EMDRIA Certification.**
- 2. I encourage you to seek consultation from other consultants if they have a specialty area which fits your needs. Please notify me if additional consultants are utilized for hours towards EMDRIA Certification. The guidance provided to you will be enhanced if you grant both consultants permission to speak to each other.**
- 3. I will document and track our time spent in consultation. I will retain documentation of our consultation together for a five-year period from the date our work together concludes. I will write a letter of recommendation or written verification if you have acquired the skills and knowledge base to be Certified and demonstrate this. If the skills and knowledge have not been demonstrated, I can provide written documentation of the time spent in consultation, the skills and knowledge acquired and the areas still needing improvement. We will discuss issues as they arise especially if you are having difficulty.**
- 4. I will keep abreast of current trends and changes happening with EMDR and trauma treatment. I will provide consultees with new information and accommodate your needs as long as it stays within the scope of my knowledge. I will refer to other consultants if your needs are beyond my scope.**

5. **We will schedule our individual appointments as schedules permit. Suggested frequency is \_\_\_ hours per month.**
6. **I will make efforts to provide a safe and supportive learning environment. Any concerns about this, when shared with me, will be addressed with you in private.**

### **What is expected of Consultee**

1. You are expected to come prepared to present case material, complete with notes on that case.
2. Do not include any information that will identify the case you are presenting on materials you share with me.
3. You are expected to practice within the ethical guidelines of both your license and professional associations. EMDRIA states that if there is no professional association, then the APA's code of ethics will be the standard for all EMDRIA members. It is your responsibility to stay current on both the laws and ethics applicable to them.

### **For EMDRIA Certification**

- Examples of your clinical work are essential to the consultation process. You will need to come prepared with near verbatim transcripts or (if you prefer) video or audio recordings of your client sessions. You will need to obtain the necessary releases from clients. The verbatim/video/audio must include your words and interventions.
- You will need to demonstrate proficiency and fidelity to the standard EMDR therapy and also an awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client. This may include reading and training outside of consultation.

### **Consultation vs Supervision**

Consultation is not supervision. Consultation focuses on mastery of standard EMDR therapy and integrating EMDR into your practice. You are responsible for the therapeutic relationship with your clients and competency in the modalities you offer. As a consultant, I do not hold liability for how you practice.

If you are seeking consultation toward EMDRIA Certification, I will be evaluating your proficiency and fidelity to the standard EMDR therapy and your awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client.

If you are seeking consultation-of-consultation toward becoming an EMDRIA Approved Consultant, I will be evaluating your skills and progress in both knowledge of EMDR therapy terms and protocols, and your abilities as a consultant.

Consultation does not substitute for foundational psychotherapy skills. Should concerns in this area become evident, I may require that these concerns be remedied prior to writing a recommendation for Certification.

### **Consultee Information**

Full Name and degree: \_\_\_\_\_

License type and number: \_\_\_\_\_

Preferred mailing address:

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Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the dates of your EMDR basic training and trainer's name:

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\*Consultee will provide certificate of completion\*

Name of work setting:

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Address of work setting: \_\_\_\_\_

Number of clients you see a week: \_\_\_\_\_

What are your goals for consultation?

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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Based on the goals for consultation you have chosen, please be prepared to provide the following:

10 hours required for EMDR basic training completion

\_\_\_\_\_ Signed agreement (initial meeting)

\_\_\_\_\_ Provide the Targeting Sequence Plan/ EMDR Treatment Plan for each case (bring to each consultation)

\_\_\_\_\_ Provide the Basic Protocol Worksheet from each case (bring to each consultation) .

EMDRIA Certification

\_\_\_\_\_ Signed agreement (initial meeting)

\_\_\_\_\_ Informed consent process including EMDR therapy utilized at your place of practice (initial meeting)

\_\_\_\_\_ Case presentation material for discussion (bring to each consultation) .

Consultant in Training

\_\_\_\_\_ Signed agreement (initial meeting)

\_\_\_\_\_ Completion of the CIT declaration process (this is done online through the EMDRIA website)

By the \_\_\_\_\_ consultation-of-consultation meeting date you should have the following:

\_\_\_\_\_ Your own agreement designed to fit your consultation practice

\_\_\_\_\_ Your own case presentation format to fit your consultation practice

\_\_\_\_\_ Your own learning objectives or evaluation measure to fit your consultation practice

**Fees:**

My fee for individual consultation is \$140/hour. Payment is expected at time of service. Check, or cash I have read and understand and agree to the above conditions and expectations.

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Consultee Name (print)

Signature Date

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Consultant Name (print) Signature Date

## **Contract Agreement for Group Consultation**

### **Group Consultation Information**

This agreement outlines the expectations regarding group consultation toward EMDRIA Certification in EMDR. Consultation groups for clinicians seeking EMDRIA Certification are structured as follows:

- According to EMDRIA requirements, the maximum group size for EMDRIA Certification consultation is 8 consultees. I prefer to run a smaller group and the maximum number of participants I allow in the group at any one time is 4 consultees. I have chosen to limit the group size to 4 consultees so that everyone in the group has an opportunity to present case material during each meeting.
- Consultees must attend 10 sessions and present current/recent case material on all 8 Phases in order to obtain documentation for 10 hours of group consultation toward EMDRIA Certification.
- If a scheduled group consultation session is missed, the consultee may schedule a 30 minute individual session (for an additional fee of \$70.00) to make up the missed case presentation review.
- Consultees are expected to come prepared to present case material, complete with notes on that case. Cases will be presented using the EMDR case presentation form (I will provide this to you as I want those who participate in the group to all use the same form). Not all group participants are able to present full cases in every group meeting. My goal is that each participant will discuss

some aspect of their clinical work in each meeting. You may schedule a case presentation in advance of the group meeting to help ensure the opportunity to present a full case.

- Do not include any information that will identify the case you are presenting.
- The group will meet for 2 hours minutes and meetings will be held at my residence: 400 Fairfax Ave Ventura, CA 93003

**Format**

Session 1:

Sessions 2-10:

Introductions

Payment in full is due at or prior to Session 1 (cash or check).

Discuss informed consent for EMDR, introducing EMDR to clients, and your intake interview/process.

Phase-focused questions and review (30 minutes)

Case Presentation 1 (45minutes) – on indicated Phase(s)

Case Presentation 2 (45 minutes) – on indicated Phase(s)

All case presentations should include (at minimum) the information indicated on the Case Presentation Sheet provided at Session 1, with detailed information regarding the Phase(s) assigned.

The following items are due (sent via email, fax, or mail) at least 1 week prior to Session 1:

\_\_\_\_ This agreement, signed and dated.

\_\_\_\_ A copy of your EMDR basic training completion certificate (If not already sent for individual consultation).

**Consultee Information**

Full Name and degree: \_\_\_\_\_

License type and number: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name & address of work setting:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of clients you see per week: \_\_\_\_\_

Are you able to utilize EMDR in your work setting? Yes / No

Are there other therapists utilizing EMDR in your work setting? Yes / No

Types of clients and presenting issues with which EMDR will be utilized:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have a Supervisor who is providing supervision towards licensure, please provide his/her name and contact information. Consultant and Supervisor will speak briefly at the beginning of consultation, and as

needed.

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Prior to learning EMDR, which psychotherapy models were you typically utilizing?

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How long have you been practicing therapy? \_\_\_\_\_

How long have you been practicing EMDR? \_\_\_\_\_

With what aspects of EMDR are you most comfortable?

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What aspects of EMDR are currently most difficult for you?

### **Fees**

Consultation groups for clinicians seeking EMDRIA Certification meet 10 times for 2 hours each for a total fee of \$280 (divide by the number of consultees) paid at the beginning of group

Please send your completed consultation agreement to me at least one week prior to the first group consultation session.

I have read and understand and agree to the above conditions and expectations.

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Consultee Name (print)

Signature Date

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Consultant Name (print)

Signature Date

### **Permission to Record EMDR Client Sessions for Consultation Purposes**

I, \_\_\_\_\_ give permission for the recording and discussion of my EMDR  
client

therapist \_\_\_\_\_.

I understand that confidentiality is of utmost importance and that my name will not be used in the presentation and that no identifying information will be shared.

I understand this presentation (i.e. recording) of my session(s) will be reviewed by my therapist, the consultant my therapist is working with, and potentially other clinicians who are participating in group consultation.

I understand that any recording will remain in the control of my therapist at all times, and will not be reproduced, unless by separate consent.

I understand this release will be retained in my file, unless I rescind it.

I understand that I can rescind this consent whenever I choose and that any recording of my session will be discarded at my discretion and direction, after discussion with my therapist.

I,

therapy sessions, and for presentation of my clinical progress, by

I understand that the purpose of the recording is for my therapist's professional development in EMDR therapy.

Client Name Here

I understand that if I am involved, or likely to be involved, in litigation that I may choose to decline this request for any recording or use of my clinical material, as caution against possible subpoena.

I understand that there is no obligation to consent, with no penalty or consequence for declining, and I consent freely.

\_\_\_\_\_  
\_\_\_\_\_

I do not want my face filmed: \_\_\_\_\_

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Client Name & Signature: Date:

Therapist Name & Signature: Date: Client Initials Here

## Example EMDR Case Presentation Form

*The concept behind this EMDR Case Presentation Form is that the consultee can use this form to summarize the EMDR client case they choose to bring for discussion during the consultation process. Case presentation details can be outlined and summarized by the consultee so that the consultant can provide guidance and feedback on their use of EMDR with clients. Both consultants and consultees are welcome to use the form as is, make modifications, or use other resources for consultation process.*

**Describe the focus area or question for this consultation session (case transcript needed/ included?):**

### Relevant Consultee Areas:

- Describe therapist relationship with client (sensitivity to client differences?):
- EMDR appropriateness for client assessed:
- Adequate preparation for EMDR therapy (explanation issues, hesitations from consultee or client?):
- Informed consent for EMDR therapy:

## **Phase 1: Client History (be mindful of client confidentiality/HIPAA requirements)**

- Why did client seek treatment?
- Relevant historical, cultural, family, medical, emotional, social support, or attachment information:
- Relevant dissociative assessment (ie. DES, MID) and/or other assessment information:
- Relevant current life stressors and resources:
- Relevant trauma history and target possibilities:
  - Past memories, present triggers, future goals Complex trauma?
- Case conceptualization using AIP:
  - Identify memory networks for presenting problem:
  - Relevant clinical themes( responsibility, self-worth, safety, control,c hoices):
- EMDR Treatment Plan (indicate reasoning):
  - Stabilization/resource development sufficient prior to reprocessing?
  - Symptom reduction or comprehensive treatment?
  - Three prongs addressed? Future goals? Observations?
  - Target sequencing plan and why? (ie. Problem Driven, Present Trigger first, Timeline, Single Event, Other)

## **Phase 2: Preparation**

- Logistical preparations such as distance, BLS speed, stop signal:
- Safe/Calm Place:
- Are additional stabilizing resources needed (Resource Development Installation (RDI), Container, skills to stay present, etc):

## **Phase 3: Assessment**

- Target selected (Past memory or present trigger?):
- Picture/image/worst part:
- NC, PC & VOC:
- Emotions:
- SUD:
- Body Sensations:

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## **Phase 4: Desensitization**

- Describe relevant parts of the desensitization process. How did it go? Observations?
- BLS type and why (BLS changes?):
- SUD 0 or ecological?



- Stuck points, insights, shifts?
- Feeder memories, following new material:
- Interweaves needed:

#### **Phase 5: Installation**

- Describe installation process. How did it go? Observations?
- PC same or change:
- VOC to 7?
- Blocks? Feeder memories?

#### **Phase 6: Body Scan**

Describe body scan process. How did it go? Observations? Clear:

Unclear:

Blocks? Feeder memories?

#### **Phase 7: Closure**

- Describe process. Was target reprocessing incomplete/complete?
- If incomplete, where was client getting stuck? How was client stabilized?
- What was client experience?

#### **Phase 8: Reevaluation**

Describe client self-report during follow-up at their next session. How did it go? Observations?

#### **Present Triggers**

- Were all present triggers processed? How did it go? Observations?
- What was client experience?
- Blocks? Feeder memories?

#### **Future Template**

- Describe setting this up after present triggers are resolved. How did it go? Observations?
- What was client experience?
- Blocks? Feeder memories?

#### **Additional relevant notes or questions:**

### Example Certification Consultee Evaluation Form

This evaluation form is provided to Approved Consultants and Consultants in Training to support their evaluation of consultees working towards Certification. EMDRIA recommends that Consultants utilize this measure (or an equivalent tool) to assess a consultee's knowledge and skills in providing EMDR therapy and to identify areas to strengthen prior to recommending for the Certification credential.

No minimum/passing score is indicated due to the subjective nature of such an evaluation; however, the items below reflect content essential to the Certification process. Thus, if a consultee has not demonstrated the skill or practice described in each item, the consultant has reason to require that it be adequately demonstrated (in a manner determined by the Approved Consultant) prior to recommending for Certification.

**Does the consultee gather an appropriate client history?**

*(Never) 1 2 3 4 5 (Always)*

**Is the consultee sensitive to different client populations?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee utilize available resources for client support? (e.g. medical, family, social, community, religious, etc.)**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee adequately assess the client for appropriateness for EMDR therapy?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee adequately screen the client for dissociation? (e.g. DES, MID, etc.)**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee adequately explain the EMDR therapy process to the client?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee adequately prepare the client for EMDR therapy?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee understand the mechanics of EMDR? (e.g. seating, distance, stop signal, etc.)** *(Never) 1 2 3 4 5 (Always)*

**Does the consultee utilize the 'safe place' effectively?**

*(Never) 1 2 3 4 5 (Always)*

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**Does the consultee utilize RDI effectively when needed?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee 'stay out of the way' while processing with the client?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee deal effectively with the 'looping' and 'stuck processing'? (e.g. change direction, speed or amount of eye movements; change modalities; cognitive interweave)**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee provide appropriate closure for incomplete sessions?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee utilize standard EMDR therapy in a comprehensive treatment plan for clients?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee demonstrate proficiency and fidelity in applying standard EMDR therapy?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee demonstrate an understanding of when to use standard EMDR therapy versus when modifications are necessary in order to safely and effectively treat the client?**

*(Never) 1 2 3 4 5 (Always)*

**Does the consultee prepare adequate written case presentation material or recordings of their use of EMDR**

**therapy with clients for consultation purposes?**

*(Never) 1 2 3 4 5 (Always)* Strengths & Weaknesses:

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cessation