**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.

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 the Consultant**

1. EMDRIA currently requires a minimum of 20 hours of consultation 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 10 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 5-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 be 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.

5. We will schedule our individual appointments as schedules permit. Suggested frequency is 1-2 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 are not 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 is essential to the consultation process, to include video, near verbatim transcripts, audio recordings, and/or live demonstrations. You are to obtain the necessary releases from clients. The video/audio/verbatim must include your words and interventions.
* You will demonstrate proficiency and fidelity in applying the 8 Phase, 3-Pronged approach of standard EMDR therapy. This may include reading and training outside of consultation.

**For Consultants-In-Training**

* I will expect the following in addition to consultation-of-consultation: auditing an EMDR basic training, shadowing the practicum facilitator role at an EMDR basic training, shadowing and/or co-facilitation group consultation, offering and forming a consultation group for the duration of your CIT status.
* Consultation-of-consultation will involve developing your forms and skills as a consultant and reviewing examples of your clinical and consultation work.
* You are expected to provide at least 5 hours of individual consultation and 10 hours of group consultation to consultees.

**Consultation v. 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 relation with your clients and competency in the modalities you offer. As a consultant, I do not hold liability for how you practice.

**Evaluation**

* If you are seeking consultation toward EMDRIA Certification, I will be evaluating your proficiency and fidelity in implementing the 8 Phase, 3-Pronged approach of standard EMDR therapy.
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please provide the dates of your EMDR basic training and trainer’s name (Consultee will provide certificate of completion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

What are your goals for consultation?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (each consultation)

\_\_\_\_\_ Provide the Basic Protocol worksheet from each care (each consultation)

EMDRIA Certification

\_\_\_\_\_ Signed Agreement (initial meeting)

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

\_\_\_\_\_ Case presentation according to format provided (each consultation)

EMDRIA Approved Consultant/Consultant-in-Training

\_\_\_\_\_ Signed Agreement (initial meeting)

\_\_\_\_\_ Completion of registering with EMDRIA as a CIT (within 2 weeks of initial meeting)

By 5th Consultation-of-consultation

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

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

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

**FEES**

My fee for individual consultation is $125 an hour. My fee for group consultation is $50 an hour. Payment is expected at time of service. Check, cash, or credit card is accepted.

I have read and understand and agree to the above conditions and expectation

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

Consultee Name Signature Date

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

Consultant Name Signature Date

**7/19**