

EMDR Consultation Agreement

Dr. Amanda Bell, RSW, EMDRIA Approved Consultant and Trainer
370 Queens Ave, Suite 100 - London, ON N5X 1X7
(519) 936-0108 – amanda@amandabell.ca

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 or update knowledge regarding complex trauma, build confidence in using EMDR, but not certification.
 To achieve EMDRIA Certification Status.
 To achieve EMDRIA Consultant Status.
 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 become EMDRIA Certified in EMDR.

What the Consultee can expect of Consultant

1. I have a BSW, MSW, and PhD in Social Work and am a registered social worker. I am a Certified EMDR Therapist, Consultant and Trainer, and a Certified Play Therapist and Play Therapy Supervisor. I will keep abreast of current trends and changes happening with EMDR, and I attend EMDRIA training programs and trauma conferences at least every 2 years. 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.
2. We will schedule our individual or group appointments as members of the group's schedules permit.
3. I will provide you with a list of EMDR related topics to learn and demonstrate mastery of those topics (Learning Objectives). Periodically, or in individual meetings, this list can be reviewed to check progress. You may find it helpful to check off and date objectives as they are addressed or completed.
4. I will notify you (certification candidate) by the 4th session if I assess you are having difficulty grasping concepts and/ or have skill deficits that I foresee could prohibit my recommending you for certification. We will discuss options to either find the resources necessary to be successful or I will refer to the appropriate consultation.
5. 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. (See Learning Objectives Checklist) If a form requires Consultant's signature, please complete as much as possible of this form and forward it to me for completion. If the skills and knowledge have not been demonstrated effectively, 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.
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.
7. I encourage you to seek consultation from other EMDRIA Approved 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. Currently, consultees working toward EMDRIA Certification may count consultation hours with up to two (2) consultants.

What is expected of Consultee in Consultation

1. You are expected to come prepared to present case material, complete with notes on that case. Cases will be presented using the case presentation format. 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.

2. Do not include any information that will identify the case you are presenting.
3. Examples of your clinical work is essential to the consultation process. If you are unable to provide videos, a near verbatim written transcript, audio tapes or live demonstrations are acceptable. You are to obtain the necessary releases from clients. You are the one being evaluated; therefore the video/audio/verbatim must include your words and interventions.

A video of a reprocessing session must be provided prior to being approved for certification. Candidates are encouraged to video tape an early session so that any potential concerns can be addressed prior to completion of certification hours.
4. You will demonstrate EMDR knowledge and skills as outlined in the Learning Objectives. This is to include reading and training outside of consultation in some cases.
5. 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.
6. You will provide Dr. Amanda Bell with a copy of your current CV, professional license, malpractice insurance (where applicable), signed releases of information for current or previous EMDR consulted worked with and certificate of completion for the EMDR Basic Training program attended.

Consultation vs Supervision

Consultation focuses on mastery of the EMDR approach to psychotherapy and integrating EMDR into your practice. You are responsible for the therapeutic relationship with your clients and competency in the modalities you offer. Consultation is not supervision.

As a consultant, I do not hold liability for how you practice. My role is to help you understand the technical aspects of integrating EMDR into the overall case conceptualization and treatment plan, develop skills, and provide education. Consultation should not substitute for foundational psychotherapy skills. Should we identify areas of improvement, I may suggest ways you may learn these skills elsewhere.

I am an EMDRIA Approved Consultant. This means that if you have completed the Basic Course in EMDR and wish to become an EMDRIA Certified Therapist, I am approved to provide the 20 hours of consultation toward that end, or the 20 hours of consultation-on-consultation to become an EMDRIA Approved EMDR Consultant. Please contact EMDRIA at www.emdria.org for further information on these requirements.

Consultee Information

Full Name and degree: _____
 License type and number: _____
 Preferred mailing address: _____

Work Phone: _____ Cell Phone: _____
 FAX: _____ Email: _____

Please provide the dates of your Basic EMDR Training and trainer's name:

*Consultee will provide certificate of completion of the trainings.

Name of work setting: _____

Address of work setting: _____

Number of clients you see a 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.

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

How long have you been practicing therapy? _____

How long have you been practicing EMDR? _____

With what aspects of EMDR are you most comfortable?

What aspects of EMDR are currently most difficult for you?

What are your goals for consultation?

- 1) _____
- 2) _____
- 3) _____

What is your current confidence level using EMDR? 0 to 10, 0 = none and 10 = perfected. _____

Which professional association's code of ethics do you follow? _____

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

10 hours required for Basic Course completion:

- ____ Signed Agreement
- ____ Provide the Targeting Sequence plan/ EMDR Treatment Plan for each case
- ____ Provide the Basic Protocol worksheet from each case

EMDRIA Certification

- ____ Signed Agreement
- ____ Learning Objectives/Fidelity Checklist (A. Leeds version)
- ____ Case presentation according to EMDR method utilized for each case
- ____ Informed Consent and other information as given to clients regarding EMDR

EMDRIA Consultant credential

- ____ Signed Agreement
- ____ Your own Agreement designed to fit your consultation practice
- ____ Your own case presentation format to fit your consultation practice
- ____ Your own learning objectives to fit your consultation practice

Fees:

My fee for individual consultation is \$160 +HST/hour. Fees for group consultation will be \$120+HST/ 2 hours. Payment is expected at time of service. Agency consultations fees are \$175+HST/hour. Agencies may invite non-EMDR staff to listen to EMDR consultations; however, clinicians requesting group consultation hours for certification must directly present cases for a minimum of 20 min per group hour scheduled.

Cheques, cash or e-transfers are accepted. Consultee will be invoiced for the full cost of previously confirmed individual or group consultation unless 48hrs notice of cancelation is provided. Exceptions to this policy may be made based on circumstances.

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

Consultee Name (print)	Signature	Date
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Dr. Amanda Bell, RSW Dr. Amanda Bell and Associates 370 Queens Ave, Suite 100 London ON, N6B 1X6 amanda@amandabell.ca	Signature	Date
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EMDRIA Certification Consultee Learning Objectives Checklist

This list guides the Consultant in determining if the Consultee has the knowledge to be recommended for certification. It will also assist the Consultee in identifying areas to strive for in their development of EMDR mastery. Consultees may also utilize the Fidelity Checklists developed by Dr. Andrew Leeds.

Please complete the applicable fields. I will retain the original and give you a copy at our first consultation meeting for us to revisit during the course of your consultation. Our goal is to address all 8 Phases and identified goals and applications in your practice during the course of our consultation.

Consultee Name _____ Start date _____

Clinician Readiness

Estimated number of EMDR clients so far _____

Estimated number of EMDR targets completed _____

Issues addressed with EMDR _____

Theory/Model Overview

- You can explain the AIP theory to a client or another professional comfortably.
- You can compare EMDR to Psychodynamic, Cognitive-Behavioral, Experiential, Family Therapy.
- You can state the 8 phases and list the purpose and procedures of each phase.
- You can explain the 3 prong approach.
- You can define the common terms within the EMDR Therapy/AIP Model.

Each Phase – procedures of each

Phase I – Client History

- You can take a Psychosocial History.
- You can define your method of case conceptualization (EMDR and any theory integrated in client's treatment)
- You can demonstrate EMDR specific history taking and treatment planning: identify the cognitions during this phase, targeting sequence plan including 3 prongs.
- You can explain a simple/single target treatment plan.
- You can explain a complex multiple targets treatment plan.
- You can discuss client selection criteria for EMDR, readiness for EMDR.
- You use the DES or other assessment to screen for dissociation in every client prior to desensitization.

Phase 2 – Client Preparation

- You can establish and maintain a relationship that facilitates EMDR processing.
- You can educate the client about their presenting issues and how EMDR can assist in meeting their goals.
- You can teach the client about the mechanics of EMDR.
- You can establish stabilization/affect tolerance tools with the client, have the client demonstrate them in session in front of the therapist to build confidence in the tools, encourage the use of the tools outside of the sessions, check to see over time that the tools still are effective.
- You understand informed consent of EMDR and provide it to the client.
- You know and use the hand, train, and tunnel metaphors.
- You can do RDI and explain the intent –state change vs. trait change.
- You can explain the different types of RDI, calm/safe place being one type.

Phase 3 – Assessment

- You can identify the target to be processed according to their treatment plan.
- You can identify a clear image or know why they are not using it.
- You can find appropriate negative and positive cognitions.
- You can assess the VOC.
- You can identify the emotions.
- You can assess the SUDS.

- You can identify the body sensations.
- You can activate the target quickly, smoothly moving right into desensitization.

Phase 4 – Desensitization

- You know how long to provide BLS.
- You stay out of the way of the client's work.
- You can explain when to get involved in the client's processing.
- You can describe when they are at the end of a channel.
- You know when to go back to target and when not to.
- You know when to check a SUDS and when not to.
- You know how to slow down reprocessing if a client seems to be over-activated.
- You know how to increase activation during reprocessing if a client seems to be under-activated.

Phase 5 – Installation of the positive cognition

- You check to see if here is a better positive cognition.
- You can do installation of positive cognition.
- You continue to strengthen the positive cognition as long as it will strengthen.

Phase 6 – Body Scan

- You can do body scan to no disturbance.
- If any disturbance appears, you attempt to reprocess it vs. excusing it.

Phase 7 – Closure & Stabilize

- You can describe when a target is completely processed vs. incomplete.
- You can close down an incomplete session.
- You close down a completed target session appropriately.
- You do stabilize the client at the end of every session.
- You debrief the client at the end of session without reactivating their material.
- You encourage the client to use a TICES log or other feedback methods.

Phase 8 - Reevaluation

- You reevaluate each target the next session and have a reevaluation process before termination of therapy.
- If re-evaluation indicates an incomplete processing, you can jump-start the reprocessing simply and quickly.
- You have a way to track targets worked on and return to unfinished targets, if necessary.
- You refer to their treatment plan to determine next target.

Cognitive Interweaves

- You can explain and do cognitive interweaves simply and infrequently.
- You can explain when to use them and why.

Protocols

Your client population will determine which protocols you need to know. If you do not work with a particular population listed here, awareness that such a protocol exists and you can find it if needed, will be sufficient.

- You can describe the Recent Events Protocol, and how it is different from Standard.
- You can describe:

- | | |
|----------------------------|-----------------------------------|
| - Current anxiety protocol | |
| - Phobia | - Children |
| - Grief | - Addictions |
| | - Your area of specialty protocol |

Clinician awareness and knowledge

- You can demonstrate an awareness of therapist being triggered and how to care for self in the middle of a session and after the session.
- You can describe where to go to get help and learn more about EMDR and express willingness to do so.