

The EMDR Center of Canada Inc.

Consultation Agreement for EMDRIA Certification Form

This agreement is being made between _____ (Consultee) and JASMINE ALEXANDER, MA, RPC, RCC, CCC, CCPCPR (Consultant) to receive consultation on the use of EMDR.

- 1) I understand I am consenting to receive EMDR Consultation from Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR Director of Training at The EMDR Center of Canada Inc.. I understand my Consultant is an EMDRIA Approved Trainer, and EMDRIA Approved Consultant and Certified Therapist.
- 2) I understand the purpose of these consultation services is to meet the consultation requirement for EMDRIA Certification in EMDR, and to increase my fidelity in the appropriate use and application of EMDR. Under this consultation agreement, I understand specific learning objectives such as perceptual, conceptual, and functional skills involving the theoretical, practical and technical application of the AIP model and EMDR as a method of psychotherapy will be addressed. The focus of the consultation will be on mastery of the standard EMDR protocol for the treatment of PTSD as described in Shapiro (2001, 2018) and Leeds (2016). EMDR case formulation and treatment planning skills will also be addressed. Screening procedures and issues of differential diagnosis for dissociative disorders and personality disorders may also be addressed and discussed as necessary. I understand any time spent discussing the use of advanced or modified EMDR protocols for the treatment of clients who struggle with complex clinical issues such as Dissociative Disorders will not count toward my EMDRIA Certification.
- 3) I acknowledge that consultation will focus on the principles and fidelity in the application of EMDR treatment for cases presented. (Evidence of fidelity in the use of EMDR: Meta-analysis of EMDR treatment outcome research shows that degree of fidelity to the standard EMDR protocol and the AIP model predict degree of client improvement.) I understand my Consultant will discuss with me at each review of procedural fidelity regarding general and specific issues of satisfactory and unsatisfactory procedural fidelity.
- 4) I understand that before each consultation in which I will present a client and case material, I will prepare and submit to my Consultant a written EMDR Case Inquiry Format with behavioral work samples (by video recording or near verbatim transcript). I understand I am to submit this case material **at least 24 hours in advance** before my scheduled consultation appointment. I understand the purpose of preparing this Case Inquiry Format is to demonstrate satisfactory fidelity to the standard EMDR protocol / procedural steps, and for standard EMDR treatment planning and implementation for PTSD. I understand it is recommended that I begin presenting behavioral work samples of reprocessing sessions to my Consultant by the third hour of consultation.
- 5) I understand that before my Consultant will write a letter in support of EMDRIA certification for me, I need to demonstrate satisfactory fidelity to the standard EMDR protocol / procedural steps. I understand more than one review is generally needed to provide evidence satisfactory fidelity for both procedural steps and treatment planning and implementation. I also understand I may need to complete more than the minimum number of consultation hours required by EMDRIA to demonstrate satisfactory fidelity. I understand I may need to pursue additional study of the standard texts or obtain additional training in order to demonstrate satisfactory fidelity in the use of EMDR. I also understand that if I am not demonstrating satisfactory fidelity and /or my Consultant has concerns regarding my use of the application of the standard EMDR protocol / procedural steps that she has the right to submit a letter to EMDRIA outlining her concerns about me whether I am pursuing continued consultation with her or not.
- 6) I understand it is my responsibility to notify clients I may seek consultation regarding their case and will obtain written informed consent for consultation prior to presenting any case material to Consultant. I understand I need to omit or redact any and all potentially identifying information from written materials and in oral discussions with Consultant.

- 7) I understand that no supervision or employment relationship exists between Consultant and Consultee. Consultee affirms he or she is independently registered or credentialed to practice psychotherapy in his or her jurisdiction, maintains malpractice insurance and that Consultee ***remains solely responsible*** for the nature and quality of the services provided to Consultee's clients. Consultee will at all times rely on his or her own judgment and discretion in offering psychotherapy services to Consultee's clients.

- 8) I acknowledge, that unless otherwise stated, I will be charged \$140 / hr for Individual Consultation Services to be received from Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR (Consultant). Sessions will be paid for in full before the start of the appointment. I acknowledge I am required to provide Jasmine Alexander with at least 24 hours notice of cancelling or rescheduling an appointment.

My signature below certifies that I have read, understood and consent to all of the above conditions. My signature below also verifies that I voluntarily consent to participate in the Consultation process with

Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR

Signature of Consultee

Date (MM/DD/YYYY)

Consultant's Signature