

The EMDR Center of Canada

EMDRIA Certification Group Consultation Agreement

This agreement is being made between _____ (Consultee or 'I') and JASMINE ALEXANDER, MA, RPC, RCC, CCC, CCPCPR who is an EMDRIA Approved Training Provider, an EMDRIA Approved Consultant, and the Director of Training and Founder of The EMDR Center of Canada Inc.

- _____ Initial 1. I understand I am consenting to receive EMDR Consultation from Jasmine Alexander MA, RPC, RCC, CCC, CCPCPR who is the Director of Training at The EMDR Center of Canada. I understand my Consultant is an EMDRIA Approved Training Provider, an EMDRIA Approved Consultant, and an EMDRIA Certified Therapist.
- _____ Initial 2. I understand the purpose and main objective of this consultation group is to increase Consultee's skills in the appropriate use and application of EMDR Therapy. 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.
- _____ Initial 3. I understand the focus of the group consultation will be on the **mastery of Standard EMDR protocols** for the treatment of PTSD, Specific Phobias and other trauma related clinical syndromes as described in Francine Shapiro's text (2001, 2018) and Andrew M. Leeds text (2016). EMDR case formulation, case conceptualization, and treatment planning skills will be addressed. Screening procedures and issues of differential diagnosis for dissociative and personality disorders may also be addressed and discussed as necessary.
- _____ Initial 4. I further understand that in order to **meet EMDRIA standards for hours accrued toward Certification in EMDR, the focus of this consultation group will be on the mastery of the Standard EMDR Protocols.** Consultee agrees that modified EMDR Treatment Protocols to treat those with dissociative or personality disorders will **not** be addressed and will **not** be counted toward EMDRIA Certification hours.
- _____ Initial 5. 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.
- _____ Initial 6. I further acknowledge that EMDRIA requires a minimum of 20 hours of consultation (at least 10 hours must be individual consultation) to apply for EMDRIA Certification. I understand my Consultant requires behavioral work samples of my clinical work with clients in all 8 Phases and 3 Prongs of the Standard EMDR Protocol.
- _____ Initial 7. According to EMDRIA requirements, the maximum group size for EMDRIA Certification consultation is 8 consultees. Consultant prefers to run smaller groups and the maximum number of participants Consultant will allow in the group at any one time is 6 consultees.
- _____ Initial 8. According to EMDRIA requirements, **individual consultation hours can be accrued in a group setting under the following conditions:** a.) maximum of 4 consultees in the group; b.) group meeting time must be at least 90 minutes in duration; c.) no one consultee can accrue more than 30 minutes of individual consultation. Therefore, I understand I cannot earn any individual hours toward EMDRIA Certification if I join a group where there are more than 4 group members.

- _____ Initial 9. I understand that by joining this group, all consultees are expected to participate and be prepared to present case material for discussion for each consultation meeting. *I understand that if I have joined a group of 4, I will present case material **each time we meet**. I understand that if I have joined a group of 6, I am expected to present case material **at least 3 times**.* Precedence to discuss case material will be given in the order in which they were received when case material is uploaded to box.com
- _____ Initial 10. I understand it is my responsibility to notify clients I may seek consultation regarding their case. I agree that I 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. As a member of this group, I will treat any information presented by group members as confidential.
- _____ Initial 11. I understand that before each consultation **in which I will present a client and case material, I will prepare and submit a written EMDR Case Inquiry Format** with behavioral work samples (with near verbatim transcript if applicable). I understand the purpose of preparing this Case Inquiry Format is to demonstrate satisfactory fidelity to the Standard EMDR protocol / and procedural steps as described in Francine Shapiro's text (2001, 2018) and Andrew M. Leeds text (2016), and to assist my Consultant in providing a rich learning experience for myself and other Consultees registered in the group.
- _____ Initial 12. I acknowledge my Consultant will track our time spent together in consultation. I understand my Consultant will retain documentation of our consultation together for a minimum of five years from the date our work together concludes. I understand my Consultant will write a letter of recommendation or provide me with written verification to EMDRIA if I have acquired the skills and knowledge based to be Certified as an EMDR Therapist and I have adequately and consistently demonstrated this to my consultant. I further understand that at the end of each calendar year, Consultant will provide documentation of consultation hours. Should I need documentation prior to the end of the calendar year, I agree to notify Consultant in writing of my request.
- _____ Initial 13. I understand that I am expected to demonstrate proficiency and fidelity to the Standard Protocol and have an awareness of situations whereby modifications to the Standard Protocol are necessary in order to safely and effectively treat clients. This may include reading and advanced training outside our consultations.
- _____ Initial 14. I understand that if my skills and knowledge have not been adequately demonstrated, my Consultant can provide written documentation of the skills and areas still needing improvement. I understand that my Consultant will provide me with feedback during consultations to discuss technical or procedural areas with which I need improvement. I further understand my consultant will discuss my fidelity to the Standard Protocol.
- _____ Initial 15. 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 of satisfactory fidelity for procedural steps, case conceptualization and treatment planning and implementation. I further 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, Consultant has the right to submit a letter to EMDRIA outlining their concerns about me whether I am pursuing continued consultation with Consultant or not.
- _____ Initial 16. I understand my Consultant will keep abreast of current trends and changes happening within EMDR and trauma treatment. My Consultant will provide me with new information and accommodate my learning needs as long as it stays within the scope of my Consultant's knowledge base. I understand my Consultant will refer me to another Consultant if my needs are beyond the scope of what my Consultant is able to provide.

- _____ 16. I understand that consultation is not supervision, and that no supervision or employment relationship exists
Initial between Consultant and Consulee. Consultation focuses on the mastery of the Standard Protocol of EMDR Therapy and integrating EMDR Therapy into my clinical practice. I understand I am responsible for the therapeutic relationship with my clients and competency in the modalities I offer to my clients. Consultant does not hold liability for how Consulee practices. Consulee affirms he or she is independently registered or credentialed to practice psychotherapy in his or her jurisdiction, maintains malpractice insurance and that Consulee – or Consulee’s legally mandated supervisor if any - **remains solely responsible** for the nature and quality of services provided to Consulee’s clients. Consulee will at all times rely on his or her own judgment and discretion in offering psychotherapy services to Consulee’s clients. Consultant will provide information based on research, scholarly consensus and Consultant’s clinical experience for Consulee to consider.
- _____ 17. I understand I am expected to practice within the ethical guidelines of my licensing and professional
Initial associations. EMDRIA states if there is no professional association, then the APA’s code of ethics will be the standard for all EMDRIA members. I understand it is my responsibility to stay current on both the laws and ethics applicable to my jurisdiction of practice. Consulee will at all times rely on their own judgement and discretion in offering psychotherapy services to Consulee’s clients.
- _____ 18. I understand Consultant will facilitate a friendly, safe, and non-judgmental learning environment during this
Initial teleconference group. If differences arise, both Consultant and Consulee will seek to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party.
- _____ 19. I agree to pay a fee of \$70 for each session for the telephone series I am signed up for. I understand my credit
Initial card will be charged on the day of the teleconference group. **I understand no refunds will be given, nor will I be given the option to attend an alternate group session, if I am unable to attend one or more group sessions for which I am registered for.**
- _____ 20. I understand once this form is submitted, I will receive an **email** which will contain a conference phone number
Initial and pin; the EMDR Case Inquiry Format Blank Template for which I will use for submitting case material; and an invitation to securely share case files via a free account on Box.com. I understand the phone number provided will be for a local number in Canada (or a local number in the USA), and I am responsible for any long-distance charges accrued. I understand I also have the option to join the call free of charge via the internet.

Teleconference Group Consultation Dates

Please initial and indicate the teleconference group you are registering for:

_____ **TUESDAY** Teleconference Group --- **8am – 10am (PST)**
Initial Maximum of 4 participants

March 24, April 21, May 19, June 30, July 28, August 25

_____ **TUESDAY** Teleconference Group --- **10:30am – 12:30pm (PST)**
Initial Maximum of 4 participants

March 24, April 21, May 19, June 30, July 28, August 25

_____ **WEDNESDAY** Teleconference Group --- **8am – 10am (PST)**
Initial Maximum of 6 participants

March 25, April 29, May 27, July 8, August 5, Sept. 2

Credit Card Information

NAME OF CONSULTEE:

Card Holder's Name as it appears on Credit Card

Card Type:

VISA MASTERCARD

Card Number

_____ Expiration Date: _____ CVC: _____

Card Holder's Signature

_____ Today's Date: _____

Card Holder's Billing Address

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER: (_____) _____

EMAIL: _____

Please print legibly

My signature below indicates I have read, understood and consent to all of the above conditions

Print Name

Signature of Consultee

Date

Please scan and email your Registration Form to: training@emdrcenterofcanada.com