

EMDRIA's Philosophy of Consultation

With the advent of Certification in EMDR and Approved Consultants in EMDR, EMDRIA has addressed many questions about the consultation process. EMDRIA has always sought to maintain the highest level of standards and training in EMDR. In keeping with this mission statement, EMDRIA endorses the following philosophy about consultation.

Consultation is a collaborative relationship between two mental health professionals. The consultant values the integrity and independence of the individual who is consulting with them. It is the applicant's client, and the applicant maintains primary responsibility for the decisions involving treatment. Therefore, the consultant only advises regarding the utilization of EMDR and never makes demands of the applicant beyond his/her (the consultant's) domain.

Consultation is not supervision. Supervision implies that the "supervisor" has primary responsibility for the client's outcome in treatment. In many states, the supervisee can only practice under the license of the "supervisor". The supervisor carries a legal, ethical, and clinical responsibility/liability for the supervisee.

Approved Consultants in EMDR provide up-to-date and relevant information regarding the utilization of EMDR for various client populations. The Approved Consultant recognizes his/her limits of competency and, when appropriate, will refer the applicant to another Approved Consultant who is more familiar with the client population for which the applicant is providing services. If the Approved Consultant has concerns about the applicant's readiness for Certification and/or Approved Consultant status, s/he has the responsibility to communicate such concerns early in the consultation process so appropriate corrective measures can be taken by the applicant (e.g., referral to another Approved Consultant in EMDR, remedial education, etc.).

Bibliography for Consultation

- Berger, M., & Dammann, C. (1982). *Live Supervision as context, treatment, and Training*. Family Process, 21, 337-344.
- Borders, L., (1992) *Learning to Think Like a Supervisor*. The Clinical Supervisor. 10(2), 135-146. **(Recommended)**
- Borders, L.D. & Leddick, G. R., (1987). Handbook of Counseling Supervision. Alexandria, VA; Association for Counselor Education and Supervision
- Breunlin, D.C., Karrer, B.M., McGuire & Cimmarusti, R.A., (1988) *Cybernetics of Videotape Supervision*. In H.A. Liddle, D.C. Breunlin & R.C. Schwartz (Eds), Handbook of Family Therapy Training and Supervision. New York: Guilford Press.
- Caplan, G., (1964). Principles of Preventative Psychiatry. **(Recommended)**
- Cox, L., (1990) *Interactive Evaluation: Some Process Oriented Questions for the Supervisor*. Practical Applications in Supervision. California Association for Marriage and Family Therapy. **(Recommended)**
- Hare, R. & Frankena, S. (1972). *Peer group supervision*. American Journal of Orthopsychiatry, 42, 527-529.
- Liddle, H., Breunlin, D. & Schwartz, R. (Eds.). (1988) Handbook of Family Therapy Training and Supervision. New York: Guilford Press ----- including Cybernetics chapter listed above **(Recommended)**
Systemic Supervision: Conceptual Overlaps and Pragmatic Guidelines
The Trainer-Trainee Relationship in Family Therapy
- Matarazzo, R. G., & Patterson, D. (1986). *Research on the teaching and learning Of therapeutic skill*. In S. Garfield & A. Bergin (Eds.), Handbook of Psycho-Therapy and Behavior Change. (3rd Ed.). New York; John Wiley. **(Recommended)**
- Whiffen, R. (1982). *The Use of Videotape in Supervision*. In R. Whiffen & J. Byng-Hall (Eds.). Family Therapy Supervision: Recent Developments in Practice . New York: Academic Press.

1) Contract of Understanding Regarding Consultation for Certification in EMDR (Sample)

I, _____, an Approved Consultant in EMDR, agree to provide _____ with 20 hours of individual, and/or group consultation in EMDR. EMDRIA requires that ten of those hours must be individual consultation, or earned through ten hours of individual case presentation within the group consultation setting. The Approved Consultant reserves the right to request behavioral work samples of client sessions for review, with lead-time of two consecutive meetings' notice.

Confidentiality is paramount and required on all cases discussed, relative to discussion held and cases reviewed. Signed releases by applicant's clients are required on all cases discussed in meetings. Approved Consultant will maintain a record of hours completed. It is the applicant's responsibility to maintain signed Release of Information forms in the client's file.

The cost will be \$_____ per hour, and the length, frequency, and location of each session will be at the discretion of the Approved Consultant. Travel time is charged at \$____ plus expenses if out of the local area local for the Approved Consultant. Cancellation by either party requires 48 hours advance notice.

The Approved Consultant maintains the right to evaluate the applicant's performance and amount of work deemed necessary for a positive outcome. If, for whatever reason, the Approved Consultant is unwilling to endorse this candidate's application for EMDRIA Certification in EMDR, they will notify the applicant prior to the 10th consultation hour of any anticipated concerns, or possible delays in certification. The applicant may withdraw at any time with the understanding a letter will be provided to EMDRIA, documenting work completed, as well as strengths and weaknesses.

The Approved Consultant will provide a letter of completion to the applicant upon completion of 20 hours, with or without approval; and will delay the letter, at the applicant's request, if the applicant and Consultant agree upon more work, and a new contract signed.

Signature of applicant

Date

Signature of Approved Consultant

Date

2) Contract of Understanding Regarding Consultation for Approved Consultant Status in EMDR (Sample)

I, _____, an Approved Consultant in EMDR, agree to provide _____ with _____ hours of group, and/or individual consultation in EMDR. The Approved Consultant reserves the right to request a sample of consultation skills (direct observation, video, or audio samples) for review, with lead-time of two consecutive meetings' notice. The Approved Consultant will maintain the record of hours completed. It is the applicant's responsibility to maintain appropriate Release of Information forms in the client's file. If group consultation sessions are held, confidentiality is required by all group members, concerning member performance, and cases discussed during meetings.

The cost will be \$_____hour. The length, frequency, and location of each session will be at the discretion of the Approved Consultant. Travel time is charged at \$_____ (time and expenses), if out of the local area for the Consultant. Cancellation by either party requires 48 hours advance notice.

If the Approved Consultant is unwilling to endorse this individual's application for approval as an Approved Consultant, they will notify the applicant following completion of his/her second group presentation, regarding any concerns or anticipated delays in approval, which may require additional hours. This will be discussed privately by telephone or email.

The Approved Consultant maintains the right to evaluate the applicant's performance and the amount of work deemed necessary for a positive outcome. The applicant can withdraw at any time with the understanding that a letter will be provided to EMDRIA documenting work completed to date, as well as strengths and weaknesses.

The Approved Consultant will provide a letter of completion to the applicant at the completion of the 20 hours, with/or without approval; and will delay the letter, at the applicant's request, if the applicant and the consultant agree upon more work, and a new contract is signed.

Signature of applicant

Date

Signature of Approved Consultant

Date

3) Permission for Audio and Video Recording, and Case Discussion (Sample)
("Recording" to include audio cassette or CD, VHS or DVD)

I, _____, give my permission for the recording and/or discussion of my
(client)

EMDR session(s), and for the presentation of my clinical progress, by _____ . The
(therapist)

purpose of this review is for the listed therapist's professional development in EMDR practice.

- I understand that confidentiality is of utmost importance and that my name will not be used in the presentation nor will identifying information be shared.
- I understand this presentation of my session(s) will be reviewed by the named therapist, with the involvement of an Approved Consultant in EMDR, and potentially other Consultants in Training, and /or Certification Applicants.
- I understand that any recording will remain in the control of the designated 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(s) will be discarded at my discretion and direction, after discussion with the above therapist.
- 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: _____ (initial here)

Signature of Client

Date

Signature of Therapist

Date

4) Certification in EMDR Evaluation Form (Sample)

INSTRUCTIONS: Circle one number 1 through 5.

1. Does the applicant utilize an Informed Consent when using EMDR?
(Never) 1 2 3 4 5 (Always)
2. Does the applicant understand the ‘mechanics of EMDR’? (e.g., seating, distance, stop signal, etc.)?
(Never) 1 2 3 4 5 (Always)
3. Does the applicant gather an appropriate client history?
(Never) 1 2 3 4 5 (Always)
4. Does the applicant adequately assess the client for appropriateness for EMDR?
(Never) 1 2 3 4 5 (Always)
5. Does the applicant adequately prepare the client for EMDR?
(Never) 1 2 3 4 5 (Always)
6. Does the applicant utilize the “safe place” effectively?
(Never) 1 2 3 4 5 (Always)
7. Does the applicant utilize RDI effectively when needed?
(Never) 1 2 3 4 5 (Always)
8. Does the applicant adequately explain the EMDR process to the client?
(Never) 1 2 3 4 5 (Always)
9. Does the applicant ‘stay out of the way’ while processing with the client?
(Never) 1 2 3 4 5 (Always)
10. Does the applicant deal effectively with ‘looping’ and ‘stuck processing’? (e.g., change direction, speed, or amount of EM’s; change modalities; cognitive interweave)
(Never) 1 2 3 4 5 (Always)
11. Is the applicant sensitive to different client populations?
(Never) 1 2 3 4 5 (Always)
12. Does the applicant provide sufficient closure for incomplete sessions?
(Never) 1 2 3 4 5 (Always)

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

(Never) 1 2 3 4 5 (Always)

14. Does the applicant utilize EMDR in a comprehensive treatment plan for the patient?

(Never) 1 2 3 4 5 (Always)

15. Is the applicant aware of other treatment strategies that could be utilized for his/her patient's problem?

(Never) 1 2 3 4 5 (Always)

16. Does the applicant demonstrate creativity in the application of EMDR while maintaining the integrity of the basic protocol and sensitivity to transference issues?

(Never) 1 2 3 4 5 (Always)

17. Strengths: _____

18. Weaknesses: _____

19. Overall rating of applicant:

(Poor) 1 2 3 4 5 (Superior)

20. Do you (as an Approved Consultant in EMDR) endorse this individual's application to become Certified in EMDR?

___ Yes _____ No

Signature of Approved Consultant

Date

9. Strengths: _____

10. Weaknesses/Concerns: _____

11. Do you endorse this applicant as an Approved Consultant in EMDR? _____ Yes _____ No

Signature of Approved Consultant

Date