



emdria

EMDR International Association

CREATING GLOBAL HEALING, HEALTH & HOPE

CONSULTATION PACKET

TABLE OF CONTENTS

Key Terms and Definitions.....	3
Overview of Consultation Process.....	5
Steps for a Successful Consultation Relationship.....	6
Example Contract Agreement for Individual Consultation.....	8
Example Contract Agreement for Group Consultation.....	11
Example Permission to Record EMDR Client Sessions for Consultation Purposes.....	13
Example EMDR Case Presentation Form.....	14
Example Certification Consultee Evaluation Form.....	16
Example Consultant in Training Evaluation Form.....	18
References and Resources	21

KEY TERMS AND DEFINITIONS

CONSULTANT

The person providing the consultation. For the purposes of this document, the term consultant may refer to either an Approved Consultant or Consultant in Training.

CONSULTEE

The person receiving the consultation.

CONSULTANT IN TRAINING (CIT)

A Consultant in Training is an EMDRIA Certified Therapist who has completed the CIT declaration process, upholds the terms and agreements and is actively working towards becoming an Approved Consultant. The CIT is expected to work with at least five different consultees, three of whom have already completed the EMDR basic training. The CIT can provide a maximum of 15 hours of consultation to any one single consultee who is working towards EMDRIA Certification.

CONSULTATION

Consultation is a collaborative relationship between mental health clinicians in which the consultant reviews the consultee's EMDR client case material and provides feedback to the consultee regarding their use of standard EMDR therapy with clients. The consultation is expected to be consultee-centered which means the focus is on the skills and knowledge of the consultee's use of standard EMDR therapy with clients. The consultation should be structured in format and consultees are expected to provide examples of their clinical work as part of the consultation process. This may include video recordings, audio recordings, near verbatim transcripts, and/or EMDR case presentation forms. The consultant is expected to review and evaluate the consultee's work as part of the consultation process.

- EMDR basic training consultation – The EMDR basic training consultation hours are focused on implementation and initial application of standard EMDR therapy and the AIP model in work with actual client cases.
- EMDRIA Certification consultation – The certification consultation hours are focused on demonstrating proficiency and fidelity to the standard EMDR therapy and also demonstrating an awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client.

Note: Consultation is not equivalent to clinical supervision. Hours accrued toward EMDRIA Certification are not recommended to co-occur with supervision (for licensure). Consultation is also not equivalent to provision of psychotherapy services, which poses an ethical issue of dual relationship.

CONSULTATION-OF-CONSULTATION

Consultation-of-consultation is a collaborative relationship between mental health clinicians in which a consultant provides feedback and guidance to a Consultant in Training (CIT). The feedback is focused on the CIT's skills and ability to provide consultation to other clinicians based on material presented by the CIT, direct observation, or recorded observation. The consultation-of-consultation should be structured in format and the CIT is expected to provide examples of their ability to provide consultation to others. The CIT is expected to work with at least five different consultees, three of whom have already completed the EMDR basic training.

The consultant is expected to review, evaluate and determine the readiness of the CIT as part of the process. Although co-leading consultation groups and shadowing (which is defined as being present while a consultant provides consultation) are significant and valuable for the CIT process, these activities themselves do not directly count as consultation-of-consultation hours. (In other words, consultation-of-consultation does not occur during the training event.)

Note: Only Approved Consultants can provide consultation-of-consultation to Consultants in Training.

INDIVIDUAL CONSULTATION

Individual consultation includes a total of two individuals, the consultant and the consultee (1:1). Individual consultation hours can be accrued in a group setting under certain conditions (see group consultation below).

GROUP CONSULTATION

Group consultation includes at least two consultees in a formalized setting which is led by a consultant in a structured group format. All consultees in the group are expected to participate and be prepared to bring their own EMDR case presentation material content for discussion. As a general guideline, groups should allow a ratio of 15 minutes per individual participant.

- EMDR basic training consultation – Group consultation size for basic training cannot exceed 10 consultees (1:10). When group time is not equally divided among consultees, each participant is expected to present case material, so that all consultees in the group both demonstrate and observe their peer’s demonstration of standard EMDR therapy.
- EMDRIA Certification consultation – Group consultation size for certification cannot exceed 8 consultees (1:8). When group time is not equally divided among consultees, each participant is expected to present case material, so that all consultees in the group both demonstrate and observe their peer’s demonstration of proficiency and fidelity to the standard EMDR therapy. Consultees in this setting should also be able to demonstrate an awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client.
- Consultation-of-Consultation – Group size for consultation-of-consultation cannot exceed 4 CITs (1:4).

Individual consultation hours can be accrued in a group setting under certain conditions and the following examples are provided to outline the conditions and limitations:

- If there are 2 consultees participating in a group consultation session, the meeting time would be 60 minutes and each consultee would spend 30 minutes presenting their case for consultation. This means both consultees would receive 30 minutes of individual consultation and 30 minutes of group consultation.
- If there are 3 consultees participating in a group consultation session, the meeting time would be 90 minutes and each consultee would spend 30 minutes presenting their case for consultation. This means each consultee would receive 30 minutes of individual consultation and 60 minutes of group consultation.
- If there are 4 consultees participating in a group consultation session, the meeting time would be 120 minutes and each consultee would spend 30 minutes presenting their case for consultation. This means each consultee would receive 30 minutes of individual consultation and 90 minutes of group consultation.

As outlined in the examples above, the ratio would be 30 minutes of meeting time multiplied by the number of consultees in the group (30 minutes x each consultee = length of group consultation meeting) in order to calculate the duration of the group consultation meeting. The duration of the group consultation session would depend on the number of consultees participating in the group. A maximum of 30 minutes of individual consultation can be accrued per session and the remaining time is counted as group consultation. While 8 consultees could potentially participate in group consultation and accrue individual consultation hours, this situation would not be ideal as that group would have to meet for 4 hours.

Note: Consultation groups are distinct from study groups or groups focused on special populations and alternative procedures/protocols, which may not be structured and may enrich the practices of those attending, but do not count for consultation hours toward Certification.

STANDARD EMDR THERAPY

Standard EMDR therapy means maintaining fidelity to EMDR therapy’s eight phase, three-pronged approach (Shapiro 2018).

OVERVIEW OF CONSULTATION PROCESS

This purpose of this packet is to provide information and to establish clear expectations of the consultation process between consultants and consultees.

Consultation focuses on the mastery and integration of standard EMDR therapy in practice. The consultant values the integrity and independence of the consultee. The consultant and consultee are expected to operate within the ethical standards and scope of practice of their respective professional licenses.

The intended purpose of consultation is for the consultant to provide guidance and feedback to the consultee regarding their use of standard EMDR therapy with clients. Consultation is not supervision. The consultee maintains full responsibility and autonomy for the decisions involving their clients' treatment. The consultant provides feedback on the consultee's implementation of standard EMDR therapy and is not directive with client treatment. The consultant's primary responsibility is to evaluate the consultee's ability to implement the standard EMDR therapy's eight phase protocol, three-pronged approach. The consultee should also demonstrate an awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client. If there are concerns about the consultee's ability, the consultant is responsible for communicating those concerns as early as possible during the consultation process so that appropriate corrective measures can be taken by the consultee.

During the consultation-of-consultation process, the consultant provides direction and input regarding the CITs skills and ability as a consultant. The consultant also evaluates the CITs skill and ability as a consultant.

Consultants are expected to provide up-to-date and relevant information regarding the utilization of standard EMDR therapy with various client populations. The consultant recognizes their limits of competency and, when appropriate, will refer the consultee to another consultant who is more familiar with a specific client population.

STEPS FOR A SUCCESSFUL CONSULTATION RELATIONSHIP

The following is a brief overview of the components of a successful consultation relationship. These steps are important to consider and implement as part of an organized and structured consultation process.

Prior to beginning work the consultant is expected to:

- Identify why consultation is being sought (i.e. for the purposes of completing EMDR basic training, EMDRIA Certification or Approved Consultant credential).
- Consider and discuss logistical matters including but not limited to: consultee client case load, location (e.g. whether consultation will be conducted in person or remotely), and anticipated timeframe or duration of consultation.
- Inform CITs about the CIT declaration process and instruct them to [complete the online declaration form](#) if they haven't done so already.
- Discuss expectations for both consultant and consultee during the consultation process.
- Review and discuss definition of terms, case presentation forms, any other forms that will be used as an evaluative tool during the consultation process and a contractual agreement for consultation services.
- Identify and discuss potential issues that could impact the consultation process: Are both the consultant and consultee clear on the process and what is expected of both parties involved?
- Enter into a written contractual agreement for consultation services and ensure that the terms are clearly documented and agreed to in writing.

During the EMDRIA Certification consultation process the consultant is expected to:

- Meet with consultee during predetermined intervals to review and discuss client cases. Consultees are expected to provide examples of their clinical work as part of the consultation process. This may include video recordings, audio recordings, near verbatim transcripts, and/or EMDR case presentation forms.
- Document and track the number of individual consultation hours and/or group consultation hours provided to the consultee. Consultants are expected to track and maintain records for the consultation hours they provide and are expected to retain this documentation for a five-year period from the date the consultation concludes.
- Inform the consultee at specified point in time (as agreed to in consultation contract) if there are concerns that come up during the consultation process that present an issue and communicate what measures or actions should be taken by the consultee to remedy the concerns so that a recommendation for certification can be provided.
- Draft letter documenting the consultation hours and recommending consultee for certification. The consultant should be as clear and explicit as possible when documenting consultation hours for consultees. The documentation should include the total number of consultation hours provided, how many hours were individual consultation and how many hours were group consultation, as well as the start and end date indicating when these consultation hours occurred. The consultant is expected to make an evaluative statement about the consultee's use of standard EMDR therapy with clients and the consultee's awareness of situations in which modifications to standard EMDR therapy are necessary and recommend them for certification.

During the consultation-of-consultation process the consultant is expected to:

- Identify and talk about the number of consultees to whom the CIT is providing consultation. The CIT may be co-leading a consultation group with the consultant, leading their own consultation group, or providing individual consultation hours to consultees.
- Meet with the CIT during predetermined intervals to review and discuss the consultation that the CIT is providing. The feedback from the consultant is expected to focus on the CIT's skill and ability to provide consultation to other clinicians based on material presented by the CIT, direct observation, or recorded observation.

- Document and track the number of consultation-of-consultation hours provided to the CIT. Consultants are expected to track and maintain records for the consultation-of-consultation hours they provide to CITs and are expected to retain this documentation for a five year period from the date the consultation concludes.
- Inform the CIT at specified point in time (as agreed to in contract) if there are concerns that come up during the consultation-of-consultation process that present an issue and communicate what measures or actions should be taken by the CIT to remedy the concerns so that a recommendation for the Approved Consultant credential can be provided.
- Draft letter documenting the consultation-of-consultation hours and recommending the CIT for the Approved Consultant credential. The consultant should be as clear and explicit as possible when documenting consultation-of-consultation hours for CITs. The documentation should include the total number of hours the consultant provided to the CIT, how many hours were individual and how many hours were group, as well as the start and end date indicating when the consultation-of-consultation hours started and ended. The consultant is expected to make an evaluative statement about the CIT's abilities and recommend the CIT for the Approved Consultant credential.

Both the consultant and consultee are expected to stay attuned and communicate clearly and regularly for the duration of the consultation process.

Example Contract Agreement for Individual Consultation

This is an example contract which means you can tailor this form and modify the language to suit your specific consultation practice and needs. You are not required to use this example contract, but we do expect the consultant and consultee to enter into some type of written contractual agreement for consultation services.

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
- 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 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 for further information on these requirements.

What the Consultee can expect of Consultant

1. EMDRIA currently requires a minimum of 20 hours of consultation (at least 10 hours must be individual consultation) to apply 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 ___ 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 five 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 been 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. 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.
5. We will schedule our individual appointments as schedules permit. Suggested frequency is ___ 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 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.

For EMDRIA Certification

- Examples of your clinical work are essential to the consultation process. You will need to come prepared with near verbatim transcripts or (if you prefer) video or audio recordings of your client sessions. You will need to obtain the necessary releases from clients. The verbatim/video/audio must include your words and interventions.
- You will need to demonstrate proficiency and fidelity to the standard EMDR therapy and also an awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client. This may include reading and training outside of consultation.

For Consultants in Training

- You are expected to work with at least five different consultees, three of whom have already completed the EMDR basic training.
- Consultation-of-consultation will involve developing your forms and skills as a consultant and reviewing examples of your clinical and consultation work.
- 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-facilitating group consultation, offering and forming a consultation group for the duration of your CIT status.

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

If you are seeking consultation toward EMDRIA Certification, I will be evaluating your proficiency and fidelity to the standard EMDR therapy and your awareness of situations in which modifications to standard EMDR therapy are necessary in order to safely and effectively treat the client.

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: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Please provide the dates of your EMDR basic training and trainer's name:

Consultee will provide certificate of completion

Name of work setting: _____

Address of work setting: _____

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 (bring to each consultation)
- Provide the Basic Protocol Worksheet from each case (bring to each consultation)

EMDR/IA Certification

- Signed agreement (initial meeting)
- Informed consent process including EMDR therapy utilized at your place of practice (initial meeting)
- Case presentation material for discussion (bring to each consultation)

Consultant in Training

- Signed agreement (initial meeting)
- Completion of the CIT declaration process (this is done online through the EMDRIA website)

By the ___ consultation-of-consultation meeting date you should have the following:

- Your own agreement designed to fit your consultation practice
- Your own case presentation format to fit your consultation practice
- Your own learning objectives or evaluation measure to fit your consultation practice

Fees:

My fee for individual consultation is \$X/hour. Payment is expected at time of service. Check, cash, charge, or Paypal. If you prearrange a discounted fee for paying in advance for 5 or more hours of consultation, that full payment is due at the first session.

Notes/how paid: _____

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

Consultee Name (print)

Signature

Date

Consultant Name (print)

Signature

Date

Example Contract Agreement for Group Consultation

This is an example contract which means you can tailor this form and modify the language to suit your specific consultation practice and needs. You are not required to use this example contract, but we do expect the consultant and consultee to enter into some type of written contractual agreement for consultation services.

Group Consultation Information

This agreement outlines the expectations regarding group consultation toward EMDRIA Certification in EMDR. Consultation groups for clinicians seeking EMDRIA Certification are structured as follows:

- According to EMDRIA requirements, the maximum group size for EMDRIA Certification consultation is 8 consultees. I prefer to run a smaller group and the maximum number of participants I allow in the group at any one time is 4 consultees. I have chosen to limit the group size to 4 consultees so that everyone in the group has an opportunity to present case material during each meeting.
- Consultees must attend 10 sessions and present current/recent case material on all 8 Phases in order to obtain documentation for 10 hours of group consultation toward EMDRIA Certification.
- If a scheduled group consultation session is missed, the consultee may schedule a 30 minute individual session (for an additional fee of \$_) to make up the missed case presentation review.
- Consultees are expected to come prepared to present case material, complete with notes on that case. Cases will be presented using the EMDR case presentation form (I will provide this to you as I want those who participate in the group to all use the same form). 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.
- Do not include any information that will identify the case you are presenting.
- The group will meet for 60 minutes and meetings will be held at my office (5800 Main St, Suite 200 Austin, Texas 78701) on the following dates: (month/day/year)

Format

Session 1: Introductions
Payment in full is due at or prior to Session 1 (cash, check, Paypal, or credit card).
Read/review Chapter 1 from *Getting Past Your Past*, by Francine Shapiro.
Discuss informed consent for EMDR, introducing EMDR to clients, and your intake interview/process.

Sessions 2-10: Phase-focused questions and review (20 minutes)
Case Presentation 1 (20 minutes) – on indicated Phase(s)
Case Presentation 2 (20 minutes) – on indicated Phase(s)
All case presentations should include (at minimum) the information indicated on the Case Presentation Sheet provided at Session 1, with detailed information regarding the Phase(s) assigned.

The following items are due (sent via email, fax, or mail) at least 1 week prior to Session 1:

____ This agreement, signed and dated.

____ A copy of your EMDR basic training completion certificate (If not already sent for individual consultation).

Consultee Information

Full Name and degree: _____

License type and number: _____

Preferred mailing address: _____

Preferred Phone: _____ Email: _____

Name & address of work setting: _____

Number of clients you see per 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?

Fees

Consultation groups for clinicians seeking EMDRIA Certification meet 10 times for 60 minutes each for a total fee of \$_____
paid at or before the first group. (Notes/how paid: _____)

Please send your completed consultation agreement to me at least one week prior to the first group consultation session.

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

Consultee Name (print)

Signature

Date

Consultant Name (print)

Signature

Date

Example Permission to Record EMDR Client Sessions for Consultation Purposes

I, _____, give permission for the recording and discussion of my EMDR
Client Name Here

therapy sessions, and for presentation of my clinical progress, by _____.
Therapist Name Here

I understand that the purpose of the recording is for my therapist's professional development in EMDR therapy.

_____ I understand that confidentiality is of utmost importance and that my name will not be used in the presentation and that no identifying information will be shared.

_____ I understand this presentation (i.e. recording) of my session(s) will be reviewed by my therapist, the consultant my therapist is working with, and potentially other clinicians who are participating in group consultation.

_____ I understand that any recording will remain in the control of my 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 will be discarded at my discretion and direction, after discussion with my 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: _____
Client Initials Here

Client Name & Signature:

Date:

Therapist Name & Signature:

Date:

Example EMDR Case Presentation Form

The concept behind this EMDR Case Presentation Form is that the consultee can use this form to summarize the EMDR client case they choose to bring for discussion during the consultation process. Case presentation details can be outlined and summarized by the consultee so that the consultant can provide guidance and feedback on their use of EMDR with clients. Both consultants and consultees are welcome to use the form as is, make modifications, or use other resources for consultation process.

Describe the focus area or question for this consultation session (case transcript needed/included?):

Relevant Consultee Areas:

- Describe therapist relationship with client (sensitivity to client differences?):
- EMDR appropriateness for client assessed:
- Adequate preparation for EMDR therapy (explanation issues, hesitations from consultee or client?):
- Informed consent for EMDR therapy:

Phase 1: Client History (be mindful of client confidentiality/HIPAA requirements)

- Why did client seek treatment?
- Relevant historical, cultural, family, medical, emotional, social support, or attachment information:
- Relevant dissociative assessment (ie. DES, MID) and/or other assessment information:
- Relevant current life stressors and resources:
- Relevant trauma history and target possibilities:
 - Past memories, present triggers, future goals? Complex trauma?
- Case conceptualization using AIP:
 - Identify memory networks for presenting problem:
 - Relevant clinical themes (responsibility, self-worth, safety, control, choices):
- EMDR Treatment Plan (indicate reasoning):
 - Stabilization/resource development sufficient prior to reprocessing?
 - Symptom reduction or comprehensive treatment?
 - Three prongs addressed? Future goals? Observations?
 - Target sequencing plan and why? (ie. Problem Driven, Present Trigger first, Timeline, Single Event, Other)

Phase 2: Preparation

- Logistical preparations such as distance, BLS speed, stop signal:
- Safe/Calm Place:
- Are additional stabilizing resources needed (Resource Development Installation (RDI), Container, skills to stay present, etc):

Phase 3: Assessment

- Target selected (Past memory or present trigger?):
- Picture/image/worst part:
- NC, PC & VOC:
- Emotions:
- SUD:
- Body Sensations:

Phase 4: Desensitization

- Describe relevant parts of the desensitization process. How did it go? Observations?
- BLS type and why (BLS changes?):
- SUD 0 or ecological?
- Stuck points, insights, shifts?
- Feeder memories, following new material:
- Interweaves needed:

Phase 5: Installation

- Describe installation process. How did it go? Observations?
- PC same or change:
- VOC to 7?
- Blocks? Feeder memories?

Phase 6: Body Scan

- Describe body scan process. How did it go? Observations?
- Clear:
- Unclear:
- Blocks? Feeder memories?

Phase 7: Closure

- Describe process. Was target reprocessing incomplete/complete?
- If incomplete, where was client getting stuck? How was client stabilized?
- What was client experience?

Phase 8: Reevaluation

- Describe client self-report during follow-up at their next session. How did it go? Observations?

Present Triggers

- Were all present triggers processed? How did it go? Observations?
- What was client experience?
- Blocks? Feeder memories?

Future Template

- Describe setting this up after present triggers are resolved. How did it go? Observations?
- What was client experience?
- Blocks? Feeder memories?

Additional relevant notes or questions:

Example Certification Consultee Evaluation Form

This evaluation form is provided to Approved Consultants and Consultants in Training to support their evaluation of consultees working towards Certification. EMDRIA recommends that Consultants utilize this measure (or an equivalent tool) to assess a consultee's knowledge and skills in providing EMDR therapy and to identify areas to strengthen prior to recommending for the Certification credential.

No minimum/passing score is indicated due to the subjective nature of such an evaluation; however, the items below reflect content essential to the Certification process. Thus, if a consultee has not demonstrated the skill or practice described in each item, the consultant has reason to require that it be adequately demonstrated (in a manner determined by the Approved Consultant) prior to recommending for Certification.

Does the consultee gather an appropriate client history?

(Never) 1 2 3 4 5 *(Always)*

Is the consultee sensitive to different client populations?

(Never) 1 2 3 4 5 *(Always)*

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

(Never) 1 2 3 4 5 *(Always)*

Does the consultee adequately assess the client for appropriateness for EMDR therapy?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee adequately screen the client for dissociation? (e.g. DES, MID, etc.)

(Never) 1 2 3 4 5 *(Always)*

Does the consultee adequately explain the EMDR therapy process to the client?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee adequately prepare the client for EMDR therapy?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee understand the mechanics of EMDR? (e.g. seating, distance, stop signal, etc.)

(Never) 1 2 3 4 5 *(Always)*

Does the consultee utilize the 'safe place' effectively?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee utilize RDI effectively when needed?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee 'stay out of the way' while processing with the client?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee deal effectively with the 'looping' and 'stuck processing'? (e.g. change direction, speed or amount of eye movements; change modalities; cognitive interweave)

(Never) 1 2 3 4 5 *(Always)*

Does the consultee provide appropriate closure for incomplete sessions?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee utilize standard EMDR therapy in a comprehensive treatment plan for clients?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee demonstrate proficiency and fidelity in applying standard EMDR therapy?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee demonstrate an understanding of when to use standard EMDR therapy versus when modifications are necessary in order to safely and effectively treat the client?

(Never) 1 2 3 4 5 *(Always)*

Does the consultee prepare adequate written case presentation material or recordings of their use of EMDR therapy with clients for consultation purposes?

(Never) 1 2 3 4 5 *(Always)*

Strengths & Weaknesses: _____

Example Consultant in Training Evaluation Form

This evaluation form is provided to Approved Consultants to support their evaluation of Consultants in Training (CIT). EMDRIA recommends that Approved Consultants utilize this measure (or an equivalent tool) to assess a CIT's knowledge and skills in providing consultation in EMDR therapy, to provide feedback to the CIT, and to identify areas to strengthen prior to recommending the CIT for the Approved Consultant credential.

No minimum/passing score is indicated due to the subjective nature of such an evaluation; however, the items below reflect content essential to the consultation-of-consultation process. Thus, if a CIT has not demonstrated the skill or practice described in each item, the Approved Consultant has reason to require that it be adequately completed/demonstrated (in a manner determined by the Approved Consultant) prior to recommending the CIT for the Approved Consultant credential.

Does the CIT have set expectations and enter into a written contractual agreement for consultation services prior to beginning their work with consultees?

(Never) 1 2 3 4 5 (Always)

Does the CIT meet regularly with consultees?

(Never) 1 2 3 4 5 (Always)

What type/manner of consultation is utilized by CIT? (check all that apply)

- In Person
- Online Video Conferencing
- Phone

Does the CIT track and document hours with consultees in group and/or individual consultation?

(Never) 1 2 3 4 5 (Always)

Does CIT navigate group consultation successfully, allowing appropriate time for case discussion with each group participant?

(Never) 1 2 3 4 5 (Always)

What type of documentation does the CIT require for consultees' clinical case material?

- Video Recordings
- Audio Recordings
- Near Verbatim Transcripts
- EMDR Case Presentation Forms
- Other:

Does the CIT review clinical case material presented by consultees and make recommendations based on adherence to standard EMDR therapy?

(Never) 1 2 3 4 5 (Always)

Does the CIT prepare adequately written documentation or provide recording of their consultation sessions with consultees for the purposes of receiving consultation-of-consultation?

(Never) 1 2 3 4 5 *(Always)*

Is the CIT able to proficiently explain and articulate each phase of the standard EMDR therapy?

Yes *No*

Does the CIT keep the consultee focused on the standard EMDR therapy?

(Never) 1 2 3 4 5 *(Always)*

Is the CIT able to effectively guide consultees when they are stuck or applying standard EMDR therapy inaccurately?

(Never) 1 2 3 4 5 *(Always)*

Does the CIT assess their consultees' ability to maintain fidelity to the standard EMDR therapy? Is the CIT able to provide effective & helpful guidance to consultees with regard to maintaining fidelity?

(Never) 1 2 3 4 5 *(Always)*

Does the CIT recognize the therapeutic transference issues that may impact the utilization of EMDR?

(Never) 1 2 3 4 5 *(Always)*

Can the CIT explain appropriate EMDR case conceptualization, target sequencing and treatment planning?

(Never) 1 2 3 4 5 *(Always)*

Does the CIT demonstrate an understanding of advanced EMDR therapy topics, such as application of EMDR with special populations (within their areas of expertise), and working with complex trauma cases?

(Never) 1 2 3 4 5 *(Always)*

Does the CIT demonstrate an understanding of when consultees should be using standard EMDR therapy versus when modifications are necessary in order to safely and effectively treat the client?

(Never) 1 2 3 4 5 *(Always)*

Is the CIT able to effectively motivate newly trained clinicians to use EMDR (if applicable)?

(Never) 1 2 3 4 5 *(Always)*

Does the CIT allow consultees to develop his/her own style?

(Never) 1 2 3 4 5 *(Always)*

REFERENCES AND RESOURCES

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