

EMDRIA Remote Group Consultation Agreement

This is a consultation contract between Johnny S. Powell, LCSW, EMDR-c, Consultant-in-Training and _____ referred to as “Consultee”.

Objective: The main objective of the group is to increase the Consultee’s skills in the utilization of EMDR Therapy. Specific learning objectives include perceptual, conceptual and procedural skills. The primary body of controlled treatment outcome research addresses the use of EMDR Therapy for PTSD, specific phobias and other trauma related clinical syndromes. The group focus will be on standard EMDR procedures described in Francine Shapiro’s 2001 text and Andrew Leed’s text 2016.. Screening procedures and issues of differential diagnosis for dissociative and personality disorders maybe addressed, however, to meet EMDRIA community standards for hours toward Certification. Consultee agrees that modified EMDR treatment protocols required for applying EMDR treatment to those with Eating, Dissociative or personality disorders will not be addressed.

Limits of Service: It is expressly agreed that no supervision or employment relationship exists between Consultant and Consultee. Consultee – or Consultee’s legally mandated supervisor if any – remains solely responsible for services provided to Consultee’s clients. Consultant will provide information based on research, scholarly consensus, and Consultant’s experience for Consultee to consider. Consultee will at all times rely on his or her own judgment in offering specific psychotherapy services to Consultee’s clients.

EMDRIA Group and Individual Consultation hours: Evidence of Fidelity in the utilization of EMDR Therapy: 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. Therefore it is agreed that before Consultant will provide documentation in support of EMDRIA certification for Consultee, the Consultee will provide the Consultant with behavioral work samples of multiple EMDR treatment sessions that **demonstrate satisfactory fidelity to the standard EMDR protocol, procedural steps, standard EMDR treatment planning and implementation for each client.** A case summary form and near verbatim summary guide is available from Johnny Powell’s website; EMDR Certification tab at www.fairfax-therapist.com.

Conflict resolution: A friendly atmosphere is advocated and fostered in the consultation process. If differences arise, both Johnny Powell and consultee commit ourselves to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party. Johnny Powell and consultee each agree to abide by the code of ethics of the professional organization(s) to which we belong. Cost belongs to the consultee alone.

Logistics: The consultation group will meet via teleconference call for the agreed upon sessions. Friday Series date begun _____ and date of desired completion _____. (Last Friday of each month). Call times for the Friday series: **Pacific: 7:30am; Mountain: 8:30am; Central: 9:30am; and Eastern: 10:30am.** The consultation group includes a maximum of eight members. Consultee will be given in advance via e-mail the conference phone number and pin. The consultee understands they are responsible for any long distance charges. The call is to a US domestic phone number. Consultee agrees

**Johnny Powell 10379B Democracy Lane, Fairfax, Virginia 22030
Phone: 703.801.5527 (cell) Fax: 703.591.2563**

to securely share case files by faxing the information to the Consultant-In-Training. To keep consultation fees reasonable consultee understands they will not be given an alternative session nor a refund if they are unable to attend one or more of the sessions for which the consultee is registered.

Confidentiality: As a member of this consultation group, the consultee agrees to notify their clients and obtain their written consent in advance of presenting case material. The consultee will treat as confidential any case material presented by others in this group. Although not required, when possible, the consultee will provide a written case summary and/or near verbatim transcript of reprocessing sessions to Johnny Powell who will distribute by fax the information. The consultee will alter identifying information in any case material they present. A case summary form and near verbatim summary guide is available from Johnny Powell's website; EMDR Certification tab at www.fairfax-therapist.com.

Fee: I _____ agree to pay the consultation group fee, in full, as described below (even if I miss one or more of the sessions). No make-up sessions are provided and switching of group series is not permitted. I _____ am confirming the dates below for the Friday Series and checking my choice of fee arrangements: Friday Series begins on this agreed upon date: _____ attended and continues to _____. (Last Friday of each month)

Standard fees:

___ I agree to pay \$75 per session or _____ for this consultation group series in full in advance by check #_____.

Or

___ I authorize Johnny Powell, LCSW to charge my credit card below for the agreed upon number of automatic payments of \$75 plus 0.0275% square charge each month the week of each session as listed above for a total of \$_____.

Please print legibly.

Credit Card Information Check one: MasterCard Visa Discover American Express

Card number: _____ Expires _____ 3 or 4 digit Security Code _____

Name on card: _____

Signed: _____ Date: _____

Credit Card Billing Address:

City: _____ State: _____ Zip: _____ Country: _____

-- Contact Information

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

By signing below, I indicate my acceptance of this Group Consultation Agreement:

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Print Name: _____ Signed: _____ Date: _____

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