

EMDRIA Individual Consultation Agreement towards EMDR Certification

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

Nature of Service: Consultee is seeking consultation services to meet the consultation requirement for EMDR Certification in EMDR Therapy. Specific learning objectives include perceptual, conceptual and procedural skills involving the theoretical, practical, and technical application of the AIP model and EMDR as a method of psychotherapy. The focus will be on standard EMDR protocols for treatment of PTSD as 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.

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 PTSD**. 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 I commit ourselves to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party. Johnny Powell and I each agree to abide by the code of ethics of the professional organization(s) to which we belong.

Confidentiality: As a member of this consultation group, I agree to notify my clients and obtain their written consent in advance of presenting case material. I will provide a written case summary and/or near verbatim transcript of reprocessing sessions to Johnny Powell. Consultee will omit/alter any and all identifying information in any case material oral or written that is presented.

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

Fee: I agree to pay the individual consultation fee of \$125.00 per session (60 minutes). Hours are credited when both consultee and consultant are present. Consultee will give **48 hour notice** to cancel or reschedule appointment or pay the standard fee.

Standard fees:

___ I agree to pay \$125 per session or _____ for _____ sessions in advance by check # _____.

Or

___ I authorize Johnny Powell to charge my credit card below for the agreed upon number of automatic payments of \$125.00 plus 0.0275% square charge each month the week of each session.

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:

Print Name: _____ Signed: _____ Date: _____

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