

CIT Remote Group Consultation Agreement toward EMDRIA Approved Consultant Status

This is a consultation agreement between Andrew M. Leeds, Ph.D., EMDRIA Approved Consultant, and _____ Consultant in Training – referred to as “CIT” or “I.”

Objective: Objectives of this group are to increase CITs’ skills in providing consultation in the use of EMDR therapy and a forum for reviewing CITs’ services for clinicians trained in EMDRIA approved training programs. Learning objectives include perceptual, conceptual, and instructional skills involving the theoretical, practical, and technical application of EMDR as a method of psychotherapy, as well as case formulation and treatment planning skills, and consultation strategies and evolving standards of consultation. The focus of consultation will be on standard EMDR procedures described in Francine Shapiro’s latest standard text and Andrew M. Leeds’s 2016 text. *Screening procedures and differential diagnosis for dissociative and personality disorders* may be addressed; but **modified EMDR treatment protocols** required for those with dissociative or personality disorders will not be included.

Minimum CIT standards: I will maintain EMDRIA Certified status while a CIT. **I confirm I have an established consultation caseload with at least three consultees** pursuing EMDRIA certification or completing EMDR training consultation requirements with whom I meet at least once a month. I will notify my consultees and EMDRIA Standards and Training that I am a CIT consulting with Dr. Leeds. I will regularly provide Consultant with **written documentation** that I am able to recognize when EMDR trained clinicians are meeting or failing to meet satisfactory fidelity to standard EMDR principles, procedures, and protocols across all three prongs and all eight phases of EMDR, and that I am able to provide effective consultation services to assist clinicians in meeting those standards. **Written documentation** from my consultees will include: **1)** my fidelity ratings of consultees covering all eight phases, **2)** fidelity self-ratings from consultees, **3)** case summary forms of EMDR treatment planning annotated with my feedback **4)** near verbatim transcripts or video recordings of EMDR treatment sessions **I have annotated with feedback** to my Consultees, and **5)** a monthly summary of my CIT services. I understand I need to achieve standards for CITs described in the EMDRIA Consultation Packet before Dr. Leeds will write a “Recommendation” for me to become AC. Dr. Leeds will notify me if he believes it will take more than the minimum of 20 hours of CIT consultation to meet EMDRIA standards for readiness to apply to be an Approved Consultant.

CIT Consultation hours: Group size is limited to **four CITs**. After the 5th group session, Dr. Leeds will provide documentation of my actual time in these sessions. I will have 30 minutes in each session to discuss my CIT services. I commit to making full use of this time in each session and to respect the time allocated to the other members.

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

Logistics: The consultation group will meet via Zoom for 5 sessions

Monday Series: August 12, September 9, October 7, November 4, December 9, 2024

Call times for the Monday CIT series: Pacific: 11:00 AM – 1:00 PM; Mountain: 12:00 PM – 2:00 PM; Central: 1:00 PM – 3:00 PM; Eastern: 2:00 PM – 4:00 PM

I will be given in advance a series of Zoom meeting invitations that allow options for access by the Zoom application or telephone. I agree to securely share case files via a free account on Box.com.

Confidentiality:

I agree that my Consultees shall notify their clients and obtain their written consent in advance of presenting case material. I will treat as confidential any case material presented by others in this group. My consultee's **will alter identifying information in any case material presented.**

A case summary form and near verbatim summary guide is available from Dr. Leeds website Resources page at: <https://www.emdrconsultation.net/resources/>

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.**

By initialing below, I confirm 1) the dates for the Monday Series and 2) my choice of fee arrangements:

Monday Series: August 12, September 9, October 7, November 4, December 9, 2024

<u>CIT group consultation fee</u>
<p>___ I agree to pay \$550 for this consultation group series in full in advance by check.</p> <p>Or</p> <p>___ I authorize Dr. Leeds to charge my credit card below for five automatic payments of \$115 each month as listed above for a total of \$575.</p>

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: _____

Please print legibly.

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

Print Name: _____ Signed: _____ Date: _____

**Andrew M. Leeds, Ph.D., 1049 Fourth St., Suite G, Santa Rosa, CA 95404
Phone: (707) 579-9457, Fax: (707) 703-5334**

You can sign this form digitally with the free Adobe Acrobat DC.

Forms can also be securely uploaded at <https://tinyurl.com/consultformupload>