

EMDRIA Remote or Direct Group Consultation Agreement

This is a consultation contract between Matthew Ackenhausen, LCSW, EMDRIA Approved Consultant, and _____ referred to as "I" or "Consultee".

Objective: The group goal is to increase Consultee's knowledge and skills in the use of EMDR therapy. To earn group hours toward EMDRIA Certification, Consultee agrees to actively participate with a minimum of two individual case presentations of 30 minutes each over the course of the five sessions and with feedback to other group members. Group focus will be on standard EMDR procedures described in Francine Shapiro's 2018 text and Andrew M. Leeds's 2016 text and on cases related to the published treatment outcome research on EMDR therapy for Posttraumatic Stress Disorder, Specific Phobias and other post trauma related clinical syndromes. Screening procedures and issues of differential diagnosis for dissociative and personality disorders may be addressed; however, to meet EMDRIA community standards for hours toward EMDRIA-Basic I & II consultation. Consultee agrees that modified EMDR treatment protocols required for applying EMDR treatment to those with 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: After the 5th group session, Matthew Ackenhausen, LCSW will provide documentation of consultation hours for the time I spend in these sessions. I will receive credit for individual consultation hours when I present and discuss my case material on the use of EMDR therapy for at least 20 minutes. I will announce myself when I enter and before leaving a conference call.

Conflict resolution: A friendly atmosphere is advocated and fostered in the consultation process. If differences arise, both Matthew Ackenhausen, LCSW and I commit ourselves to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party. Matthew Ackenhausen, LCSW 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 teleconference call or face-to-face for 5 one hour sessions with minimum of four clinicians to receive group pricing. Contact to schedule dates and times.

The consultation group includes a maximum of eight members. I will be given in advance via e-mail the conference phone number and pin and options for web browser and app login. I understand I am responsible for any long-distance charges. The call is to a US domestic phone number with alternate numbers in many other countries. I agree to securely share case files via a free account on Box.com.

To keep consultation fees reasonable, I understand I will not be given an alternate session nor a refund if I am unable to attend one or more of the sessions for which I am registered.

Confidentiality: As a member of this consultation group, I affirm that I have written consent in to present case material. I will treat as confidential all case material presented by others in this group. I will provide a written case summary and/or near verbatim transcript of reprocessing sessions to Matthew

Ackenhausen, LCSW and other members of this group when presenting individual cases. I will alter identifying information in any case material I present.

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 agree to pay \$___ for this consultation group series in full in advance by check # ___
Or ___ I authorize Matthew Ackenhausen, LCSW to charge my credit card below for five automatic payments of \$___ each week of each session as listed above for a total of \$___.

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: _____

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