



**Agreement of Understanding**  
Provisional Licensed Therapist - Consultation Toward Certification in EMDR

Approved Consultant:

Name: Christopher D Floro  
Address: 932 Bobby Jones Dr., Fayetteville, NC 28312  
Phone: 910-303-2982 (C)      910-483-5884 (O)      Email: cfloro@thrive-llc.com  
Credentials: MAT, MAPC, MAC, LMFT, AAMFT Approved Supervisor, EMDRIA Approved

Consultant

Consultee:

Name:  
Address:  
Phone:      Email:  
Credentials:

1. Purpose: This agreement outlines expectations and procedures for EMDR consultation provided by Christopher Floro, an EMDRIA Approved Consultant. I am available to provide consultation for therapists desiring to pursue credentialing as an EMDRIA Certified Therapist. The purpose of this clinical consultation is to promote the development of above named "consultee" in completion of their EMDR Certified Therapist consultation requirements. I agree to provide the above consultee with 20 hours of total individual and group consultation. EMDRIA requires that 10 of the 20 hours for certification must be individual consultation or earned through 10 hours of individual case presentation within the group consultation setting. The EMDRIA Approved Consultant will request behavioral work samples (video or audio) of consultee's client sessions for review before each consultation. Consultee should consider this in their planning a date for consultation.

2. Confidentiality. **All consultees will abide by their organic organizational policies on confidentiality as the guide for conduct of the consultant and consultee.** Consultant sessions are primarily training sessions and not therapy and both the consultant and consultee agree to observe these guidelines in safeguarding all information exchanged in supervision sessions.

3. Fees. I, Christopher Floro, LMFT agree to provide individual and group EMDR Certified Therapist consultation to the above named "consultee" as agreed upon by both parties. Consultation session may occur at my office or via skype, face time, or phone. Payment of \$80/ hour for each hour of individual consultation or \$40/hour for each hour of group consultation and is due at each session. Minimum consultation length is 1 hour with a maximum of 3 hours. Cost will be prorated to the half hour. If a circumstance arises that makes it possible for the consultee to attend a scheduled session, contact me as soon as possible to reschedule. Except in an emergency, 24 hours notice of cancellation will be provided by both parties. **EMDR consultation is not to be considered supervision for those seeking licensure hours unless also under supervision contract with me.**

4. Ethical Guidelines. The **most current EMDRIA Code of Ethics will guide the conduct of the consultant and consultee.** This applies regardless of supervisee's affiliation with EMDRIA or with other professional organizations.

5. Method. The consultant requires 5-10 minute audio or video segments of EMDR sessions with a post-observation supervisory discussion focused on the consultees interaction with a given client. This method provides the best opportunity to observe the consultee's skills and competency utilizing EMDR protocol. The consultant may also accept verbatim transcripts, or consultee self-report as methods of supervision but self-report will only be used minimally. **All consultation will be done face-to-face (Vsee will be accepted) or by phone.** Didactic presentations may be made to enhance the development of the supervisee and may include readings or

research. **However the majority of consulting time will be spent in case review and the development of the consultee's EMDR skills.**

6. Record-Keeping. The consultee is required to maintain written documentation of all clinical, client and consultation hours. Client EMDR case/sessions notes will be maintained in accordance with professional standards and **include at a minimum, 1) a signed consent for treatment form, 3) a signed personal disclosure form, and process note sheets for each session.** Each client should be given their personal reference copy of the supervisees' personal disclosure form.

7. Consultant Responsibilities. **The consultant is committed to providing an atmosphere of trust, collegiality and encouragement for the consultee's professional growth.** The consultant will provide honest feedback that will indicate growth areas for the consultee and ensure adequate time is provided to make appropriate improvements. The consultant will be available for emergency contact and provide documentation of licensure and consultant credentials at the consultee's request. As your consultant I will:

- a. Review the EMDR case conceptualizations and treatment plans, case summaries, and diagnoses of consultee's cases presented to me.
- b. Challenge consultee to justify approaches and techniques used
- c. Offer and model additional possible assessment strategies and EMDR clinical interventions
- d. Give feedback on your EMDR skills and techniques
- e. Tell you directly if I believe a client's welfare is at risk if EMDR is used in the context of your work with that client.
- f. Work with you to develop goals for your professional development as an EMDRIA Certified Therapist.
- g. Work with you to understand how your personal awareness may be affecting interventions.
- h. Consider how ethical guidelines are being upheld.
- i. Remain clinically competent and develop my skills in EMDR clinical consultation.
- j. Keep notes on case discussions that could be used as evidence of consultation in the event of a lawsuit.
- k. Assure that the protocol you use is consistent with that prescribed by Francine Shapiro as presented in your EMDR Institute training manuals and current revisions.

8. Consultee Responsibilities. As the consultee, you will:

- a. Be prepared to discuss assigned readings about topics as agreed
- b. Be prepared at each session to discuss your use of EMDR with clients using clinical notes and/or video/audio tapes with client's consent.
- c. Discuss diagnostic assessment, case conceptualization, and approaches and techniques used.
- d. Present any boundary issues, dual relationships, or other ethical concerns with clients.
- e. If I believe any consultee's client welfare is at risk, reach an agreement about what needs to be done and complement that plan.
- f. Maintain liability and malpractice insurance at the appropriate level.

9. Consultee Evaluation Form. Specifically related to your pursuit of becoming an EMDR Certified Therapist, I will:

- a. Notify you by the 4<sup>th</sup> session if you are having difficulty in grasping concepts and/or have skill deficits that I foresee would prohibit my endorsing your application for approval as a Certified EMDR Therapist if the full number of consultation hours is completed. We will discuss options to either get the resources necessary to be successful or I will refer to the appropriate consultation.
- b. Request you record sessions so that we may, together evaluate your work. You are to obtain the necessary release from clients. You are being evaluated, therefore the video must include you and not show the face of the client.

c. Write a letter of recommendation only if you have acquired the skill and knowledge base to be an EMDR Certified Therapist and can demonstrate this. I will provide an open forum for us to discuss issues as they arise especially if you are having difficulty.

d. Encourage you to seek consultation from other EMDRIA Approved Consultants especially if they have a specialty area that fits your needs.

e. Send a copy to EMDRIA of all correspondences related to any concerns about EMDR consultation competence.

10. Procedural Considerations.

a. Consultee will give minimal identifying information about each client and will not use client's name in discussion because the client will not be giving informed consent.

b. If audio or video recording is used, client must provide informed consent and that written consent must be in the client's record.

c. In the event of an emergency, consultee's main responsibility is to contact colleagues within his/her practice group. As an adjunct, if the client is receiving EMDR therapy and we have discussed the case, he may call the consultant to think through possible options.

d. Consultation goals and learning objectives will be mutually developed and then modified as needed.

e. The content of consultation session will be strictly confidential, except when disclosure is required by law.

**Statement of Agreement**

The agreement is subject to revision at any time upon the request of either consultant or consultee. Revision of the agreement can be made only by consent of both parties. I have read, understand, and agree to abide by the provision and responsibilities contained in this agreement.

\_\_\_\_\_  
Christopher D Floro, LMFT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultee Printed Name

\_\_\_\_\_  
Consultee Signature

\_\_\_\_\_  
Date