

Rutti Counseling & Consultation, LLC  
Contract Agreement for Individual Consultation: ICM Foundational Training

The purpose of this agreement is to establish a clear understanding of the expectations of consultation. As discussed, the purpose of our consultation is as follows:

\_\_\_\_\_ To complete the 10 hours of consultation to meet EMDR foundational training requirements

Your reason for entering consultation directs the type of consultation activities. As you develop, you may choose to change the focus of consultation. As soon as you decide to make changes in your focus, please let me know and we will discuss the change in activities or requirements at that time.

The following clarifies expectations, the general structure of consultation, what consultees can expect of me and what is expected of you when seeking to complete 10 hours of consultation for EMDR foundational training. I am a senior faculty member and consultant through the Institute for Creative Mindfulness. This means that if you are in foundational training with the Institute for Creative Mindfulness, I can provide consultation toward the ten required hours for EMDR Therapy Training. Please visit EMDRIA at [www.emdria.org](http://www.emdria.org) for further information on these requirements.

*What the Consultee can expect of Consultant*

1. EMDRIA currently requires a minimum of 10 hours of consultation to complete your foundational training requirements.
2. I encourage you to seek consultation from other consultants if they have a specialty area which fits your needs.
3. You are responsible for tracking your consultation time and keeping email confirmations when you complete consultation hours with me. You will submit those emails as proof of consultation to whoever teaches your Part 2 training and they will provide information about how to submit those hours.
4. I will keep abreast of current trends and changes happening with EMDR and trauma treatment, and I attend EMDRIA conferences at least every 2 years. I will provide consultees with new information and accommodate your needs as long as it stays within the scope of my knowledge. I will refer to other consultants if your needs are beyond my scope.
5. Individual appointments can be scheduled as schedules permit. Group schedules can be found on my website and ICM's website.
6. I will make efforts to provide a safe and supportive learning environment. Any concerns about this, when shared with me, will be addressed with you in private.

*What is expected of Consultee*

1. You are expected to come prepared to present case material, complete with notes on that case.
2. Do not include any information that will identify the case you are presenting on materials you share with me.
3. You are expected to practice within the ethical guidelines of both your license and professional associations. EMDRIA states that if there is no professional association, then the APA's code of ethics will be the standard for all EMDRIA members. It is your responsibility to stay current on both the laws and ethics applicable to them.

*Consultation vs Supervision*

Consultation is not supervision. Consultation focuses on mastery of standard EMDR therapy and integrating EMDR into your practice. You are responsible for the therapeutic relationship with your clients and competency in the modalities you offer. As a consultant, I do not hold liability for how you practice. Consultation does not substitute for foundational psychotherapy skills. Should concerns in this area become evident, I may require that these concerns be remedied through ICM.

*Consultee Information*

Full Name and degree: \_\_\_\_\_

License type and number \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the dates of your EMDR foundational training and trainer's name:

\_\_\_\_\_  
\*Consultee will provide certificate of completion\*

Name of work setting: \_\_\_\_\_

Address of work setting: \_\_\_\_\_

Number of clients you see a week: \_\_\_\_\_

What are your goals for consultation?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Based on the goals for consultation you have chosen, please be prepared to provide the following:

*10 hours required for EMDR therapy training completion:*

\_\_\_\_\_ Signed Agreement (initial meeting)

\_\_\_\_\_ Submission of 10 total hours to your Part 2 trainer

Fees: My fee for individual consultation is \$125/hour (\$100/hour for full-time nonprofit employees; \$85/hour for ICM trainees). Fees for 2 hour groups are \$125/2 hour (\$85 for full-time nonprofit and ICM trainees). Payment is expected at time of service. Check, cash, charge, PayPal, or Square. If you prearrange a discounted fee for paying in advance for 5 or more hours of consultation, that full payment is due at the first session.

Notes/how paid: \_\_\_\_\_

I have read and understand and agree to the above conditions and expectations.

\_\_\_\_\_  
Consultee Name (print) Signature Date

\_\_\_\_\_  
Consultant Name (print) Signature Date