

EMDR Basic Consultation Participant's Agreement

The focus of this professional consultation is the clinical application of EMDR in one's professional practice. The applicant will be evaluated on their proficiency in conceptualizing and utilizing the EMDR model and practice. The goal of this consultation is to meet the consultation requirement for EMDR HAP/Trauma Recovery Basic Consultation in EMDR.

In order to use these consultation hours towards the requirement for Basic training, it is understood that I will be evaluated by Molly LaCroix, LMFT as an EMDRIA Approved Consultant. I understand that I will be evaluated in the application of the EMDR basic model phase 1-8 and application of the 3 prongs. I understand I may be requested to provide behavioral samples (i.e., video or audio recordings) using EMDR which will be reviewed by the group or during individual consultation to demonstrate the basic skills and knowledge appropriate for Basic consultation.

It is understood that neither Molly LaCroix, as the consultant, nor other therapists/participants shall be construed as providing supervision to a participant on any specific case. While clinical possibilities will be discussed and ideas shared in relation to the clinical situations presented, the therapist is solely responsible for the clinical management of the client/patient and is expected to exercise his/her best judgment in all relevant clinical matters. I also understand that whatever information is presented in these sessions is to be kept confidential among the participants both during and after your participation in the group.

A collegial atmosphere is advocated and will be fostered at all times during this process. In the rare event of a conflict, Molly LaCroix and I commit to resolve any issues in a professional manner. It is also understood that both Molly LaCroix and I agree to abide by the code of ethics of the professional organization(s) to which we belong.

I understand individual sessions are \$100. **I understand that I am financially responsible for group or individual consultation session that I do not cancel with a minimum of 24 hours advance notice.**

I have read and will comply with the above policies.

Printed Name _____ Signature _____ Date _____

Cell: _____ HAP Trainee # _____

Email: _____



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