

# **EMDR of Greater Washington**

## **TRAINING INFORMATION AND PARTICIPANT'S AGREEMENT**

**The undersigned participant acknowledges that (s)he has read carefully, understands, and agrees to the following:**

1. The boundaries of clinical applications for other than PTSD have not yet been confirmed by controlled research. The cautions are based primarily on anecdotal reports by trained clinicians.
2. All participants must be licensed, or, if not licensed, have completed masters level coursework in a mental health discipline, currently be in a licensing track and supervised by a licensed clinician with the appropriate letter on file. The letter from the licensed, supervising clinician must be sent to the EMDRGW office and should stipulate that you have clinical privileges to practice psychotherapy and should endorse you for EMDR training.
3. All participants should have a current active psychotherapy caseload. This training is designed to help participants integrate the use of EMDR in their clinical practice context. Other EMDR training programs are available that will accept managers and researchers who do not carry an active psychotherapy caseload.
4. A significant component of the training involves clinicians practicing EMDR in small groups under the supervision of the instructor. The practice experiences are for educational purposes only and not for personal therapy. All participants should be prepared to address disturbing real life experiences as part of this training program in order to better appreciate the subjective experience of EMDR as a client would. It is not unusual for a target memory to be linked to other, unexpected, disturbing material or memories which might surface during the practice sessions. Case material presented didactically or on video may be disturbing to those with unresolved personal issues. **It is expected that the participant has developed self-soothing and affect/arousal management skills and will be able to employ these skills as necessary during and following EMDR practice sessions.**
5. Further, with reference to number 4 above:
  - a. Clinicians presently engaged in personal therapy and/or psychiatric treatment should inform the therapist/psychiatrist about the experiential component of this training and secure the clinician's permission to participate before beginning this training.
  - b. Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this training and should discuss the condition with the instructors in advance of the training.
  - c. **Those who presently have a dissociative disorder, acute or PTSD, GAD, panic disorder, substance use disorder, personality disorder, or affective disorder should not participate without special arrangements being made with the instructors at the time of registration.** Failure to advise the instructors could place you at risk, negatively impact other participants, and result in dismissal from the training without refund. Participants who are disruptive to the training will be given one warning by the instructor and will be dismissed without refund if there is a recurrence. You are expected to maintain a spirit of cooperation and mutual support for all in the training. Splitting and conflict-generating behavior will not be tolerated. **You agree that the instructor has the right to dismiss you from the training at any time without refund if in his/her sole judgment you negatively impact the training experience of others.**
6. The processing of targeted incidents during practicum sessions may lead to the emergence of other disturbing memories during and after the practicum. **It is the responsibility of the participant to seek and obtain appropriate professional assistance if needed. Providing such assistance is not an extension of the training and will not be provided by the EMDR instructors.** Clinicians who elect to do personal EMDR work can review available lists of EMDR trained clinicians posted by the EMDR Institute and **EMDRIA**.
7. This experiential workshop is for clinical purposes only and will not qualify the participant to train others in EMDR. Attempts to train others in EMDR without meeting the standards as defined by the EMDR International Association would represent a professional ethics violation.
8. In order to assure confidentiality of personal and clinical information, audio/video taping is not allowed. It is expected that all participants shall maintain the highest ethical standards of confidentiality of all personal and clinical information shared by others in this training. **Failure to maintain confidentiality shall be treated as a professional ethics issue, may be reported to a licensing board, and likely will result in immediate dismissal from the training program with no refund.** Confidentiality shall apply to all practicum experiences: specifics may be discussed only with members of the immediate practice group, the practicum facilitator and trainers. A participant may share emerging material with a private therapist.
9. **A Certificate of Completion will be issued only to those who satisfactorily complete the entire training (including the scheduled phone consultation), complete the assigned readings, and demonstrate in group discussion and practice exercises an understanding of the EMDR treatment approach.** Participants are expected to participate actively and to work diligently.
10. Weather Policy: There might be times when the weather is severe, eg. prolonged blizzard or flooding. We will post on our website by 8:00am on the training day any notice on cancellation or delay of training. **Except under the most severe of weather conditions, we will hold the training.** Past participants in our EMDR trainings and workshops have emphasized that they have organized their personal and professional activities to make the time available and that they want the training to go on if at all possible. **It is your responsibility to plan ahead and make appropriate travel arrangements including the use of nearby hotels so that you can be available for the training.**

Please print your name \_\_\_\_\_

Accepted and agreed \_\_\_\_\_

Participant's Signature

Date