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## **PARTICIPANT AGREEMENT-BASIC TRAINING IN EMDR**

1. EMDR is widely recognized as an empirically supported treatment for PTSD and Acute Stress Disorder. Current research is limited to the applications of EMDR to trauma-related disorders.
2. All participants must have a current, active psychotherapy caseload. This training is designed to help participants integrate the use of EMDR therapy into their current clinical setting. This training program is not intended for managers and researchers who do not carry an active psychotherapy caseload.
3. All participants must be licensed to independently practice psychotherapy in a discipline recognized by EMDRIA (see [www.emdria.org](http://www.emdria.org)). Or, if not licensed, participants must have completed masters level coursework in a mental health or a related discipline recognized by EMDRIA, must currently be in a licensing track and must be supervised by a licensed clinician with the appropriate letter(s) on file. The letter from the licensed, supervising clinician must be sent to Dr. Alter-Reid's office, must indicate that you have clinical privileges to practice psychotherapy under supervision, and should endorse you to participate in EMDR training.
4. Case material presented didactically or on video/DVD may be disturbing to those with unresolved personal issues. Participants presently engaged in personal therapy should seek permission from their therapist before participating in

this training. Participants who presently have a dissociative disorder should not participate without special arrangements being made with Dr. Alter-Reid. Participants with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating.

5. The reprocessing of targeted incidents during practicum sessions may lead to the emergence of other disturbing memories, dreams, etc. during and after the practicum. It is the responsibility of the participant to seek, obtain and pay for appropriate professional assistance if needed after training practica and before the next module of training. Providing such assistance between training sessions is not part of/or an extension of the training and will not be provided by Dr. Alter-Reid or Big Oak Psychotherapy Training Institute staff during the course of the training period. Clinicians who elect to do personal EMDR work can request referral information from Dr. Alter-Reid and her faculty and staff, or find lists of EMDR trained clinicians through [www.emdria.org](http://www.emdria.org) or [www.emdr.com](http://www.emdr.com).

6. This experiential training is intended to prepare clinicians to apply EMDR therapy for clinical purposes only and will not qualify the participant to train others in EMDR therapy. Attempts to train others in EMDR without meeting the standards as defined by the EMDR International Association would represent a violation of professional ethics and standards.

7. In order to assure confidentiality of personal and clinical information, audio/video recording by participants is not allowed. It is expected that all participants shall maintain the highest ethical standards of confidentiality regarding all personal and clinical information shared by others in this training. Failure to maintain confidentiality shall be treated as a professional ethics issue, and may result in immediate dismissal from the training program with no refund.

Confidentiality shall apply to all consultation sessions and practicum experiences: specifics may be discussed only with members of the immediate consultation or practice group, the participant's group consultant, practicum supervisor and trainer(s). In addition, a participant may share his or her own emerging material with a private therapist.

8. Participants agree to obtain written consent for the release of (non-identifying) information from each client prior to presenting case material during group consultation sessions. Participants agree to keep a completed written release form in each client's chart about whom they disclose any case material. Participants agree to avoid disclosure of client's names or other identifying information in making verbal presentations and in sharing written documentation of client sessions.

9. Participants agree to read in its entirety the text, Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures (2nd ed.)*. New York: The Guilford Press. Participants must pay for these study materials in addition to the course tuition fee.

Participants will be provided one copy of the course manual. A fee of approximately \$60 will be charged for replacement copies of the course manual.

10. A Certificate of Completion will be issued to all participants who satisfactorily complete the entire training, complete the assigned readings, and demonstrate through group discussion, practice exercises and consultation, an understanding of the EMDR treatment approach. Note: for consultation sessions participants are required: 1) to prepare a written summary about their actual clinical use of specific procedures; 2) and to complete and discuss structured self-evaluations forms about their actual clinical experiences. Participants are expected to participate actively and to work diligently.

12. A Certificate of Completion will be issued to all participants who satisfactorily attend all training days, complete the assigned readings and homework and demonstrate through group discussion, practice exercises and consultation, an understanding of the EMDR treatment approach. Participants arriving more than 15 minutes late or leaving more than 15 minutes early will need to discuss and pay additionally for make-up sessions with a training staff member in order to receive CE credits. The time required will be billed at the Trainer or Approved Consultant's rate.

13. Upon completion of the Basic Training, participants will automatically be added to the EMDR Institute online referral listing. Please check your listing at

<http://www.emdr.com/clinic.htm> for accuracy of information.

If you prefer to be left off of the list, please indicate your preference here. ADD ME TO THE ONLINE REFERRAL

LISTING: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Location & dates of training \_\_\_\_\_

Accepted & agreed \_\_\_\_\_

Participant's Signature

\_\_\_\_\_  
Date: