Sonoma Psychotherapy Training Institute  
Basic Training in EMDR  
Participant Agreement

The undersigned participant acknowledges that she or he has thoroughly and carefully read, understands, and agrees to the following:

1. EMDR is widely recognized as an empirically supported treatment for PTSD and Acute Stress Disorder. Its safety and efficacy for other clinical applications have yet to be adequately evaluated by controlled research. The cautions described in the published literature and in the SPTI basic training are based primarily on anecdotal reports by trained clinicians.

2. All participants must be licensed to independently practice psychotherapy in a discipline recognized by EMDRIA. 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 the SPTI office, must indicate that you have clinical privileges to practice psychotherapy under supervision, and should endorse you to participate in EMDR training.

3. All participants must have a current, active psychotherapy caseload. This training is designed to help participants integrate the use of EMDR in their current clinical setting. This training program is not intended for managers and researchers who do not carry an active psychotherapy caseload.

4. A significant component of the training involves clinicians practicing EMDR and related procedures in small groups under the supervision of the instructor or a qualified staff member. These practice experiences are for training 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 appreciate the subjective experience of EMDR as a client would and to provide valid training experiences for other participants. It is not unusual for a target memory to be linked to other, unexpected, disturbing memories or material, which might surface during or after the practice sessions. Trauma-related case material presented didactically, in consultation sessions, or on video may be disturbing to those with unresolved personal issues. In submitting their application for training, participants affirm that they have developed appropriate self-soothing and affect/arousal management skills to cope with exposure to this type of material and will be able to employ these skills as necessary during and following EMDR training, practice and consultation sessions.

5. Further, with reference to number 4 above:

a. Clinicians presently engaged in personal therapy and/or psychiatric treatment should inform their therapist and/or psychiatrist about all aspects of this training including the experiential component and secure their therapist’s and/or psychiatrist’s support 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 their condition(s) with the training director in advance of submitting their application to participate in the training.

c. Those who presently have a dissociative disorder, acute or chronic PTSD, GAD, panic disorder, substance use disorder, personality disorder, or affective disorder should not participate without special arrangements being made with the training director as part of the application for registration. Failure to advise the training director of such issues in advance 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 training director 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 training director has the right to dismiss anyone who is disruptive from the training at any time without refund.

6. The reprocessing 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, obtain and pay for appropriate professional assistance if needed. Providing such assistance is not part of the training and will not be provided by the SPTI training director or staff. Clinicians who elect to do personal EMDR work can find lists of EMDR trained clinicians through www.EMDRIA.org.

7. This experiential training is intended to prepare clinicians to apply EMDR 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 violation of professional ethics and standards.

8. 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.

9. 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.

Participants will be provided one copy of the course manual. A fee of approximately $25 will be charged for replacement copies of the course manual.

11. 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. Attendance Policy: Participant must attend all training days and actively participate in all supervised practice exercises and group consultation sessions in order to receive a certificate of completion for this training. Those who attend this workshop in full and complete all the appropriate evaluation forms will receive CE credits. Those arriving more than 15 minutes after the start time or leaving more than 15 minutes before the workshop is completed will not receive CE credits.

13. Weather Policy: There might be times when there is severe weather near the training setting, such as flooding. Except under the most severe of weather conditions, we will hold the training. It is the responsibility of participants in this EMDR training, including those who travel from out of state, 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___________________________________________ Date

Participant’s Signature