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EMDR International Association

Consultant Day

October 30, 2026



Today's Agenda

Welcome..... 10 – 10:15 AM
AI in mental health: The good, the bad and the dangerous..... 10:15 – 11:45 AM
Break..... 11:45 – 12:15 PM
8 Phases of EMDR as a Framework for Consultation..... 12:15 – 1:45 PM
Break..... 1:45 – 2 PM
EMDRIA Consultant Standards, Tools and Resources..... 2 – 2:55 PM
Closing..... 2:55 – 3 PM



AI in Mental Health:
The Good, The Bad and the Dangerous

Learning Objective:
Participants will be able to describe current and emerging trends of AI in mental health.

Dr. Rachel Wood


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Break: 11:45 AM - 12:15 PM

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8 Phases of EMDR as a Framework for Consultation



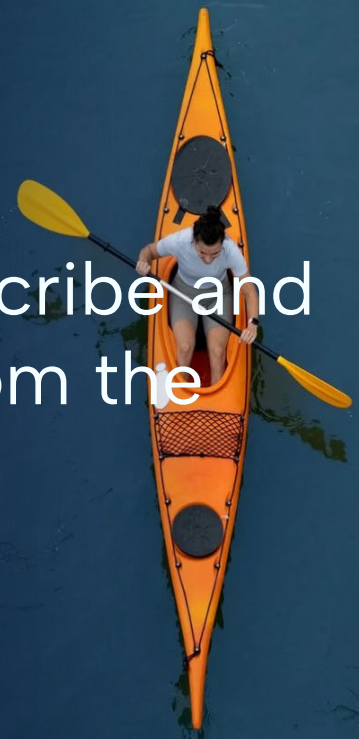
Jessica Downs, LCSW Cassie Krajewski, LCSW, CST Laurel Thornton, LPC

Learning Objective: Participants will be able to describe a framework for EMDR consultation
organized around the eight phases of EMDR therapy.

Break: 1:45 - 2 PM



EMDRIA Consultant Standards, Tools and Resources



Learning Objective: Participants will be able to describe and identify three resources to support consultation from the new EMDRIA Approved Consultant™ Standards.

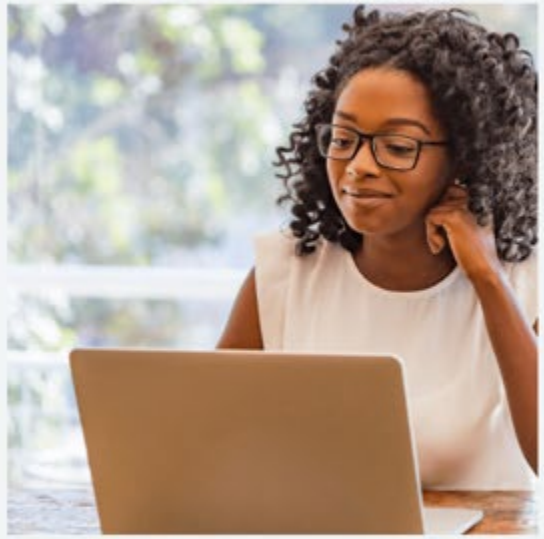
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Why Create Resources and Toolkits for Consultant

- Address confusion to support understanding and application of requirements
- Support greater clarity and consistency
- Support developmental approach to consultation
- Support consultants in multiple responsibilities
- Provide practical resources

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Consultation Resources: EMDRIA Library



EMDRIA™ Library

The EMDRIA™ Library is a digital content hub offering unparalleled access to quality EMDR therapy resources. Anyone can search or browse more than 2,000 articles, toolkits, guides, podcasts, OnDemand programs, and more across a variety of topic areas and in over 20 languages.

- Some resources are available only to EMDRIA™ members. **Members should** log in.
- This library is a work in progress. Share your feedback on the library.
- Do you know of an excellent resource that's not yet in our library? Use our Content Suggestion Form.

What's included? +

Disclaimer +

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Consultation Resources – Go With That Magazine



6)

- Case Conceptualization in EMDR Therapy: A Framework for Clinical Decision-Making in Complex Trauma and Dissociative Disorders *(Mosquera)*
- Space for Joy, Visibility, and Connection: Creating Psychologically Safe EMDR Consultation Environments *(Dean)*
- How Coaching High School Students Prepared Me to Be an EMDR Consultant *(Marich)*
- Conceptualizing Countertransference through the AIP Model: Bringing Relational Depth to EMDR Consultation *(Downs, Krajewski, Thronton)*

emdria.org/go-with-that-magazine

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Consultation Resources – Blogs

emdria.org/blog

Holding the Whole: EMDR Consultation and Training with Clinicians Serving Refugee Communities

February 6, 2026

Holding the Whole: EMDR Consultation and Training with Clinicians Serving Refugee Communities

Guest Blog Post by Sherry Yam, LCSW



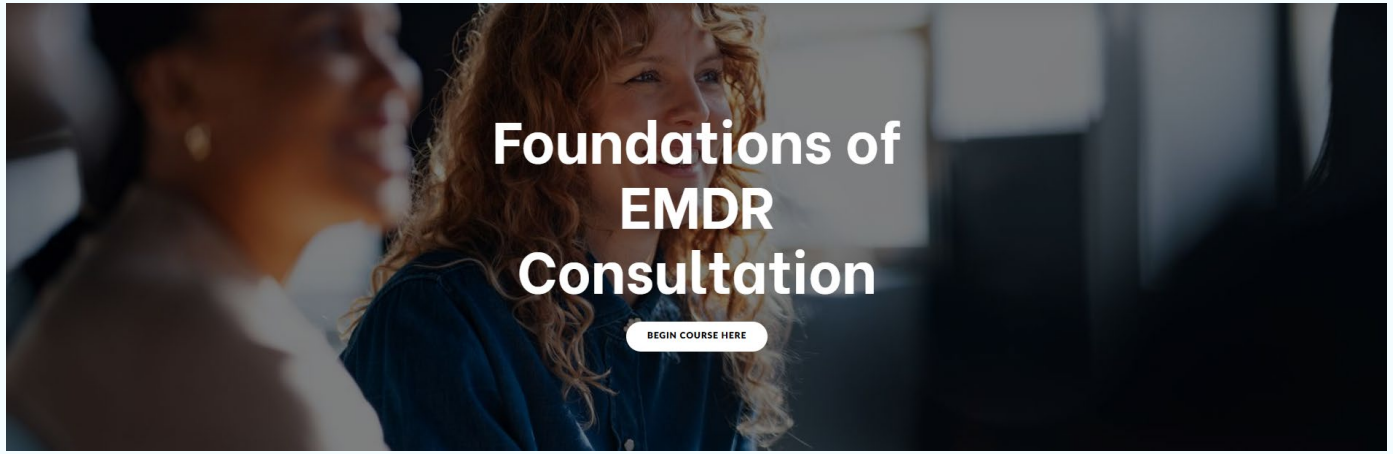
As EMDR continues to expand into humanitarian and resettlement contexts, the role of consultation must evolve. Traditional models centered on fidelity to protocol and case conceptualization are no longer sufficient when clinicians face the layered complexities of refugee trauma, linguistic barriers, and systemic displacement. In these settings, consultation becomes more than a clinical checkpoint; it becomes a trauma-informed system of care.

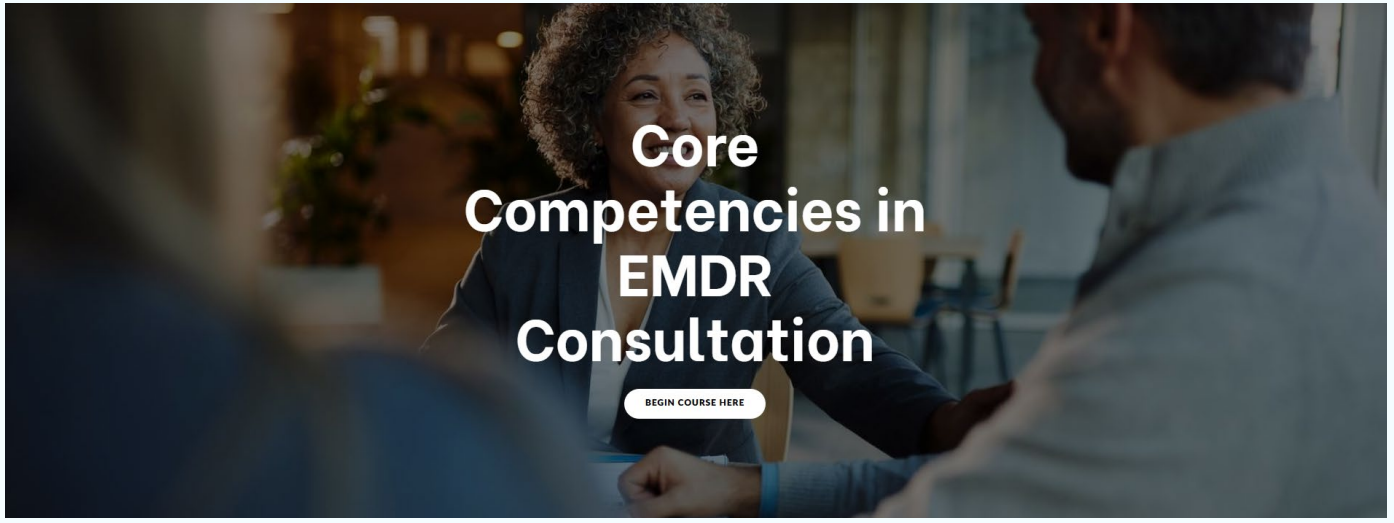
In my work as an EMDR consultant supporting clinicians who serve newly arrived refugees, I have come to understand consultation not merely as a technical process but as a relational and systemic act of care. Consultation becomes a space where we hold the whole: the clinician's growth, the client's healing, and the cultural, historical, and structural contexts that shape both.

This post shares reflections from training and mentoring EMDR clinicians working with forcibly displaced individuals and families across California and in global humanitarian settings. My aim is to illuminate the layered complexities of this work and offer practical insights for EMDR therapists and consultants committed to culturally responsive, trauma-informed care.



Consultation Resources – OnDemand Courses





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Consultant Resources and Toolkit



Interactive elements in Zoom

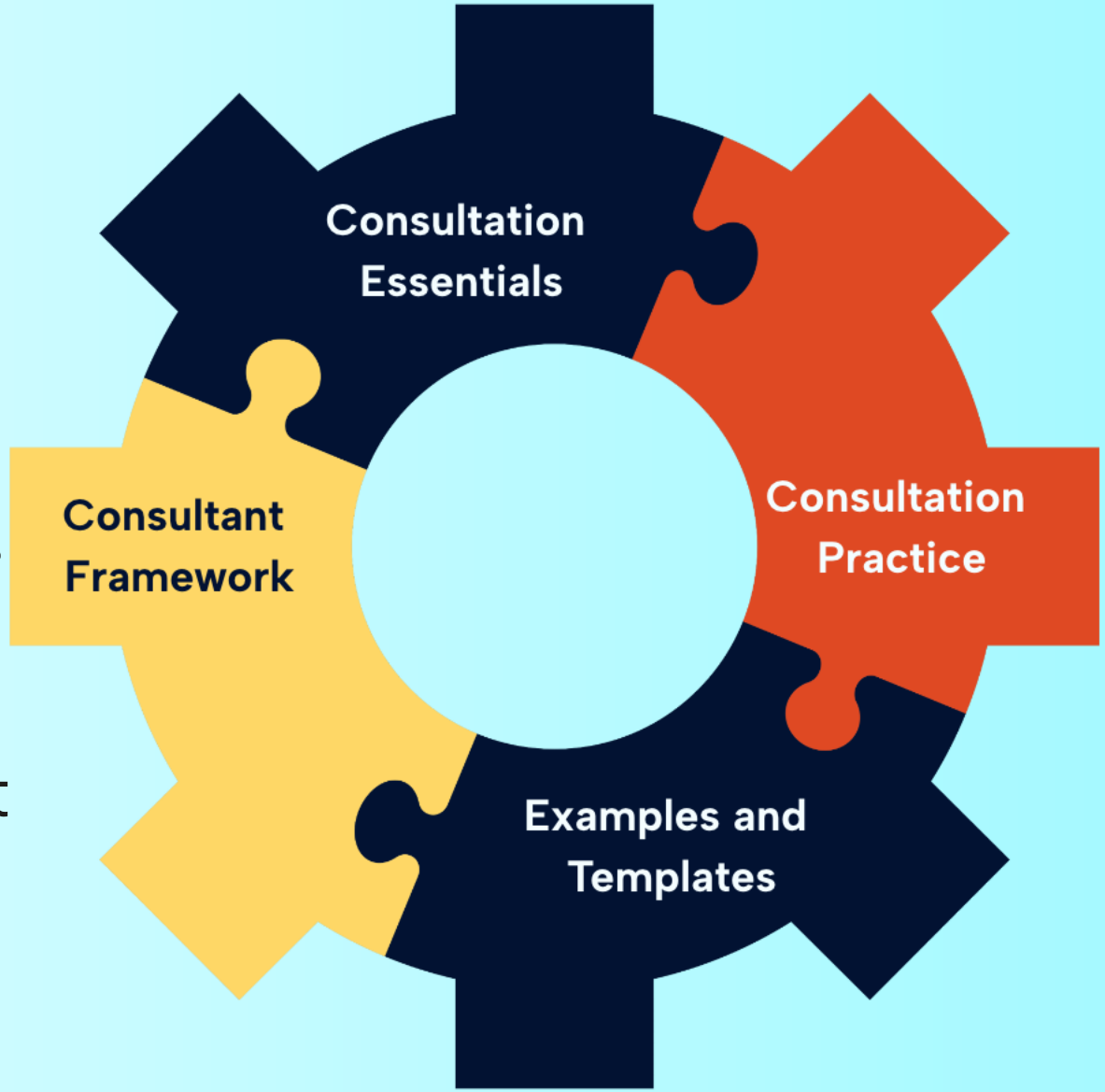


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Consultant Toolkit

Accessible through:

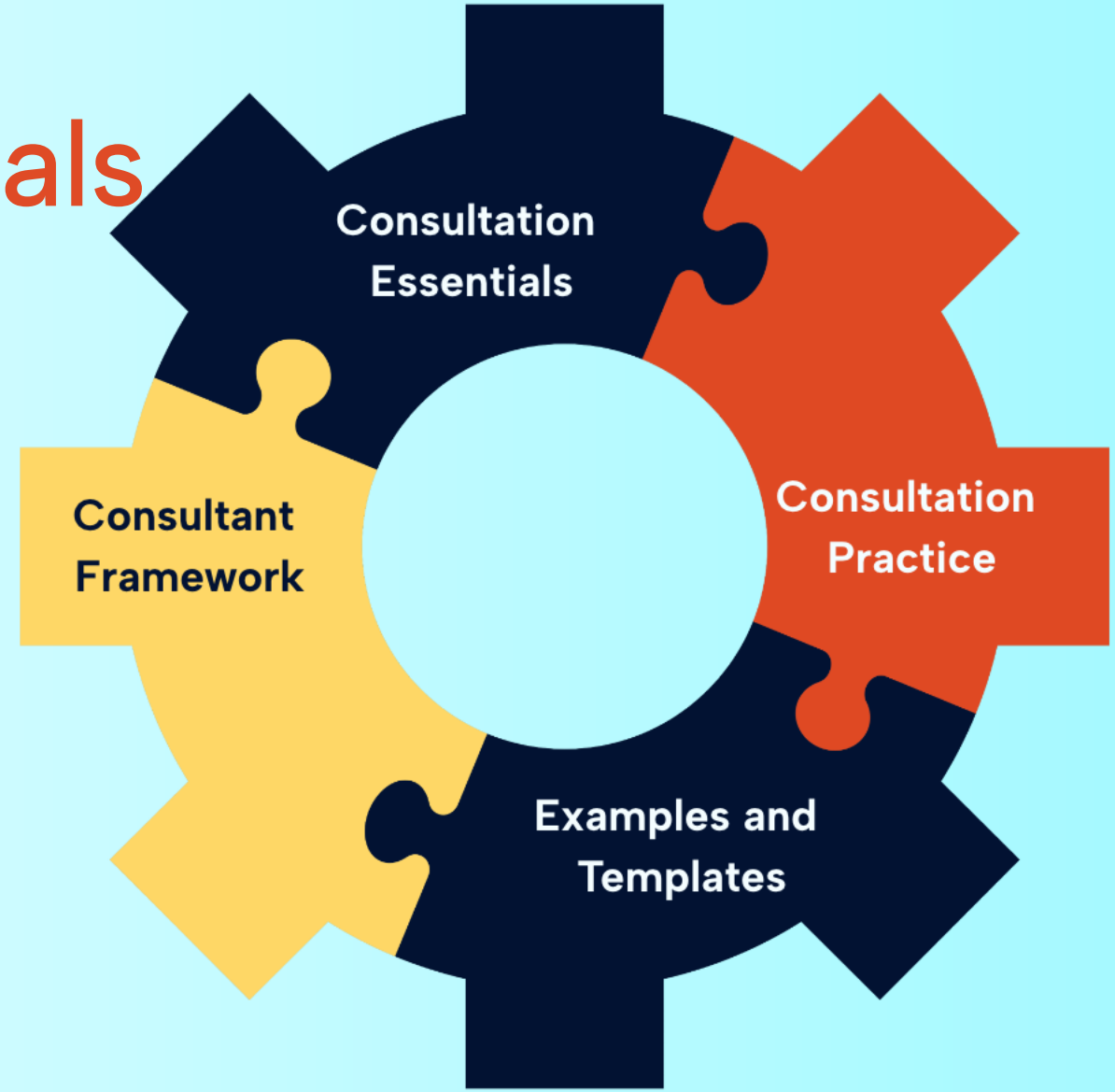
- Publications & Resources > Toolkits & Practice Resources
- EMDRIA Library > Consultant Toolkit
- EMDRIA Approved Consultant Application > Four Key Changes



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Consultant Essentials

- CIT Quick Start Guide
- CIT Verification, Evaluation and Recommendation (VER) Form



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CIT Verification, Evaluation and Recommendation (VER) Form

- Replaces the Letter of Recommendation
- Used to evaluate CIT's knowledge, skills and attitudes as a consultant
- Reflection tool throughout consultation process
- Online process for submission – available mid-November/December 2026

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CIT Verification, Evaluation and Recommendation (VER) Form – Process



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CIT Verification, Evaluation and Recommendation (VER) Form – Responsibilities

CIT Responsibilities

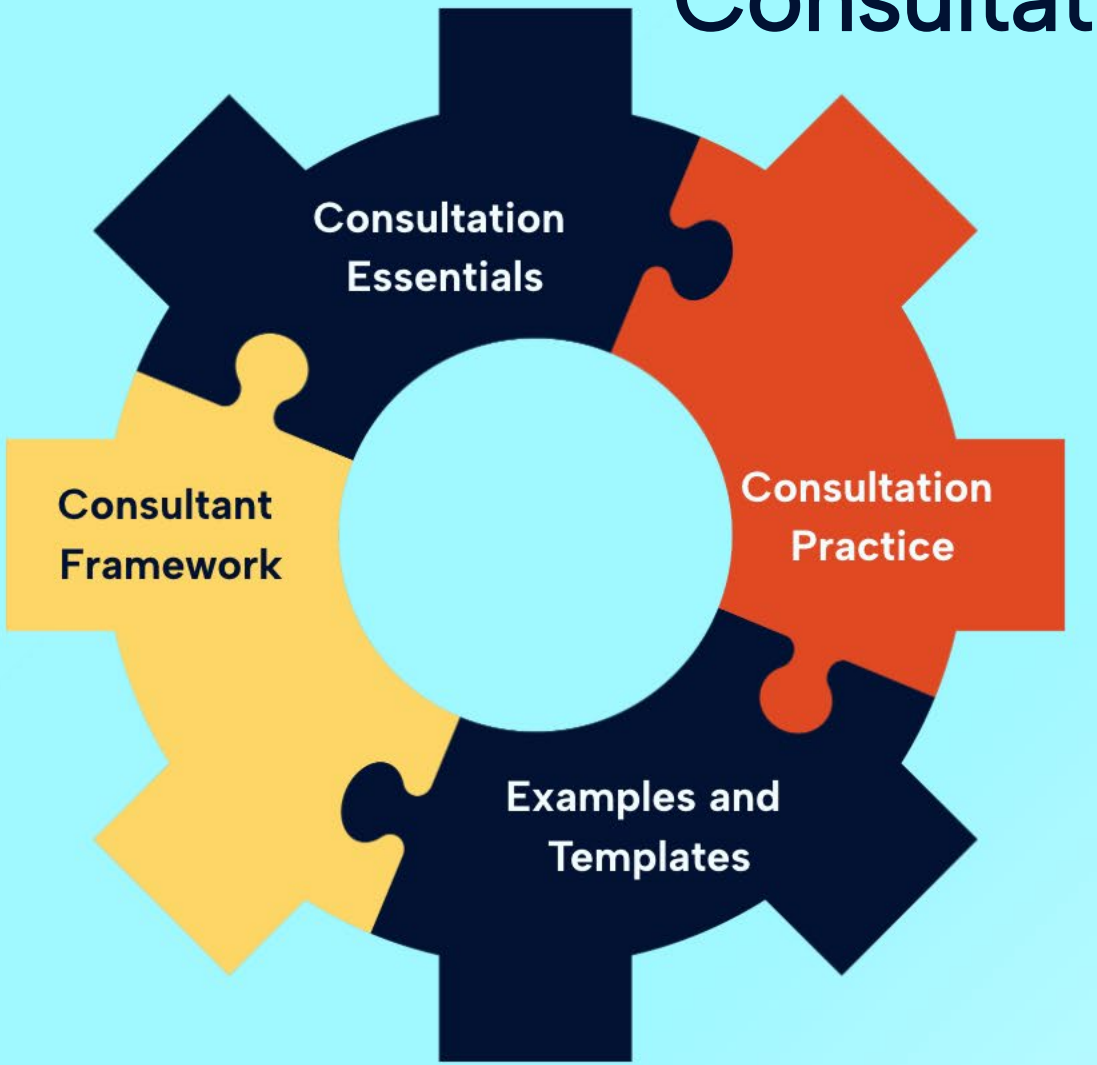
- Provide basic information
- Provide names of up to 3 consultants
- Track consultation hours by consultant
- Identify individual and/or group hours

Consultant Responsibilities

- Verify consultation hours for each consultee (individual/group)
- Complete online VER Form

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Consultation Practice



- Earning Individual Hours Within a Group Setting
- Facilitating Effective Consultation Groups
- Consultant & Consultee Responsibilities
- Types of Consultation
- Tips for Using a Developmental Approach in EMDR Consultation
- Setting Learning Goals in EMDR Consultation
- Tips on Providing Feedback During EMDR Consultation
- **Navigating Difficult Conversations in Consultation**
- Navigating Termination of the EMDR Consultation Process
- How EMDR Consultation Improves the Learning Process: EMDRIA Consultant Day Recap

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Navigating Difficult Conversations in Consultation



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Difficult Conversations Are a Part of EMDR Consultation

- Consultants serve as educators, motivators, and evaluators
- Supporting growth while simultaneously assessing competency can create tension within the consultation relationship
- Avoiding a concern may feel kind in the moment, but it can delay growth and leave clinical concerns unaddressed

Why do consultants sometimes hesitate to have these conversations?


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“What phrases or approaches have you found most helpful when delivering difficult feedback?”
Think about protocol drift, clinical decision-making, readiness for credentialing or resistance to feedback.

Curiosity before correction

Seek to understand the clinical reasoning before moving to evaluation.

Instead of…

“You shouldn’t have skipped that step.”

Try…

- “Help me understand your rationale for that decision.”
- “Walk me through what led you to choose that approach.”
- “How did that intervention help or hinder processing?”

When is it time to move from curiosity to clear feedback?

When feedback is not landing

The same concern continues despite explanation, resources and reflection.

Normalize the struggle

Defensiveness may be covering anxiety, uncertainty, or imposter feelings. Validation can create room for learning without excusing the concern.

Look for parallel process

Could the tension or “stuckness” in consultation mirror what the consultee is describing in therapy? Also consider the consultant’s own internal reactions.

What do you do when the issue is openness to feedback, not simply knowledge?

The hardest conversation: “Not yet”

Clarity, evidence, and a pathway forward.

“I want to be transparent about where we are in the process. Based on the work samples I’ve reviewed, I am not yet seeing consistent proficiency in this area. I can’t provide a recommendation at this point, but I would like us to create a plan that helps you demonstrate these competencies.”

- Anchor feedback in observable behavior and demonstrated competency.
- Provide concerns early so the decision is not a surprise.
- Define the next evidence needed, review criteria, and pathway forward.

A developmental action plan

Move from discomfort to clarity.

1. Name the competency
2. Describe the observable evidence
3. Specify what must be demonstrated
4. Identify the work sample or evidence
5. Set the review point and possible outcomes

Closing reflection

Warmth and accountability are not opposites.

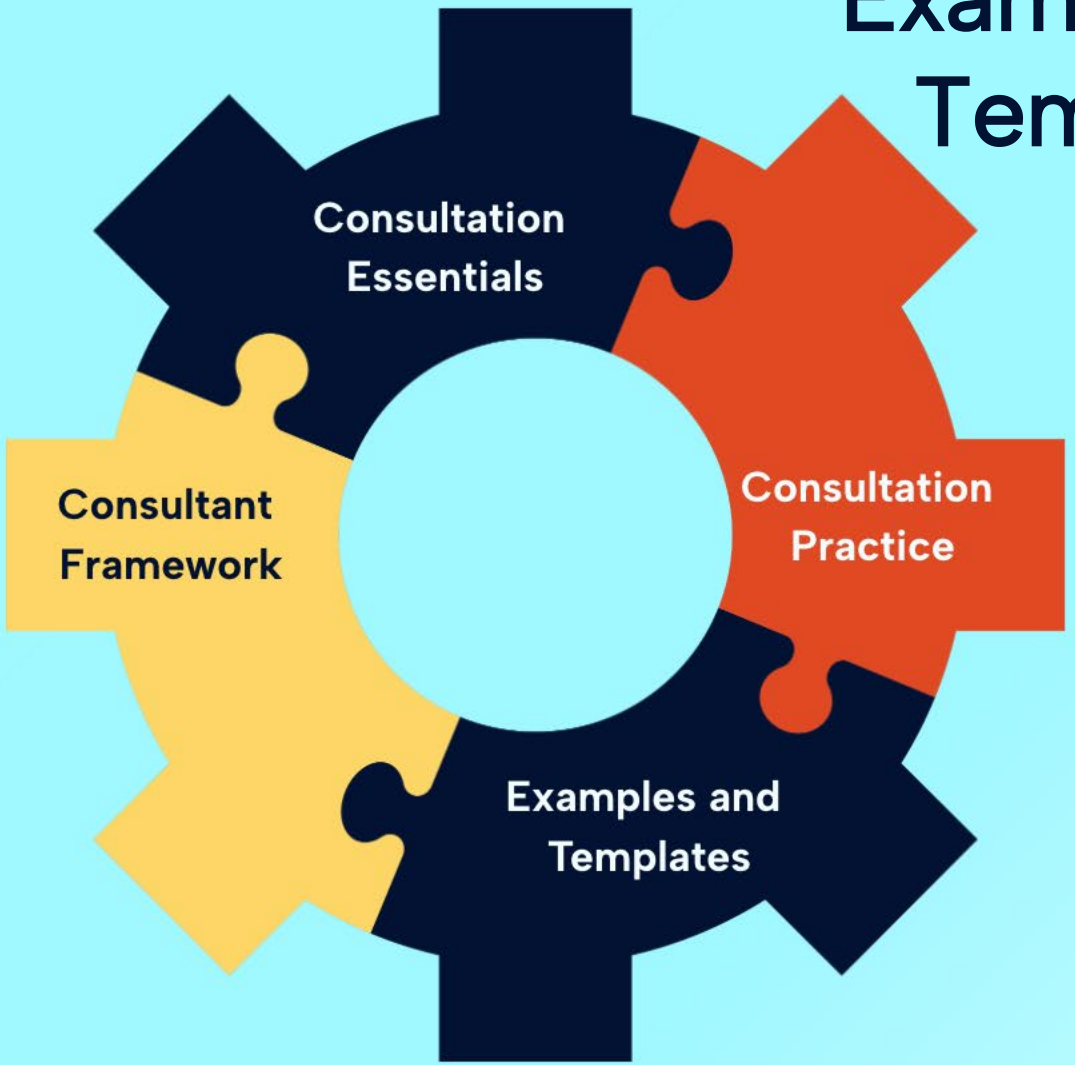
The goal is not to eliminate discomfort.

The goal is to support growth while maintaining professional standards.

> **"What is one difficult consultation conversation you may be avoiding, and what is one sentence you could use to begin it?"**

Clarity can be one of the most respectful forms of support.

Examples and Templates



- Example Contract Agreement for Consultation
- Example EMDR Case Presentation Form
- Example EMDR Case Presentation Form – 8 Phases
- **Example EMDR Case Presentation Form – Follow Up**
- Example EMDR Consultation Presentation Form
- Initial Conversations – Consultant and Consultee
- Example Permission to Record EMDR Client

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EMDR Case Presentation Form – Follow Up



Start with the consultation need

Think of a case that one of your consultees has brought to consultation more than once.

What one type of update helps the group move beyond simply retelling the case?

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The Case Presentation Follow-Up Form creates continuity

Update
- Clinical progress
- Current challenges
- Shifts in conceptualization

Connect
- Prior feedback
- What was implemented
- What happened next

Focus
- Current consultation question and EMDR-focused guidance

Not a new intake or a complete retelling – a structured clinical update.

A developmental action plan

Move from discomfort to clarity.

1. **Client context** • Age, gender, and cultural information
2. **Case frame** • Brief history and cultural intersections
3. **Current picture** • Presenting problem, symptoms, and therapy goals
4. **Therapist context** • Impact of your own intersecting identities

hat details are essential for today’s consultation, and what can stay in the background?

Name what has changed

Focus on the information that affects the current clinical decision.

1. **Medical / mental health** • Diagnosis and medication
2. **Safety and stability** • Suicidality, sleep, substances, eating
3. **Trauma and priorities** • Brief history and primary issues
4. **Resources** • Internal and external supports

What is different since the last time we discussed this client?

Locate the work within the EMDR process

1. **Sessions** • How many sessions?
2. **Current phase** • Where are you now?
3. **Work completed** • Targets and outcomes
4. **Brief summary** • What matters now?

Poll question: Which of the following is most helpful for keeping a consultation from going off track?

Close the loop on prior consultation

Ask with curiosity rather than judgment.

1. **Recall** • What was recommended previously?
2. **Test** • Were you able to implement it? What happened?
3. **Understand** • If not, what prevented implementation?

How can a consultant ask about the things that didn't happen in the session without triggering defensiveness?

Turn the update into a decision question

Move from a broad request to a focused clinical decision.

BROAD	DECISION-FOCUSED
What should I do with this client?	"Given _____, how do I decide whether to _____ or _____?"

Rewrite one current consultation question using the decision-focused frame.



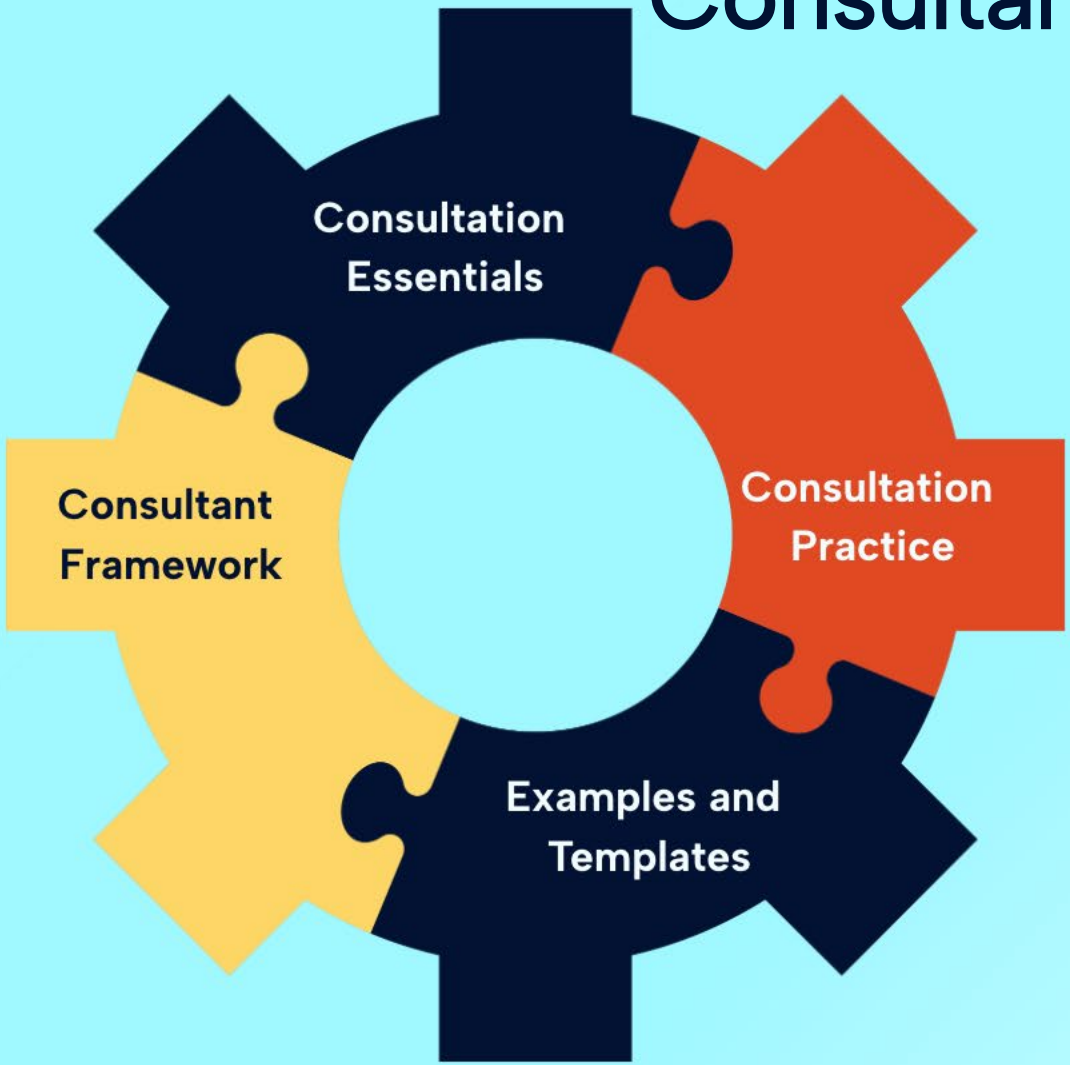
A strong follow-up answers

Keep the consultation cumulative, focused and clinically actionable.

1. What changed?
2. What did we try?
3. What decision is needed now?

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Consultant Framework



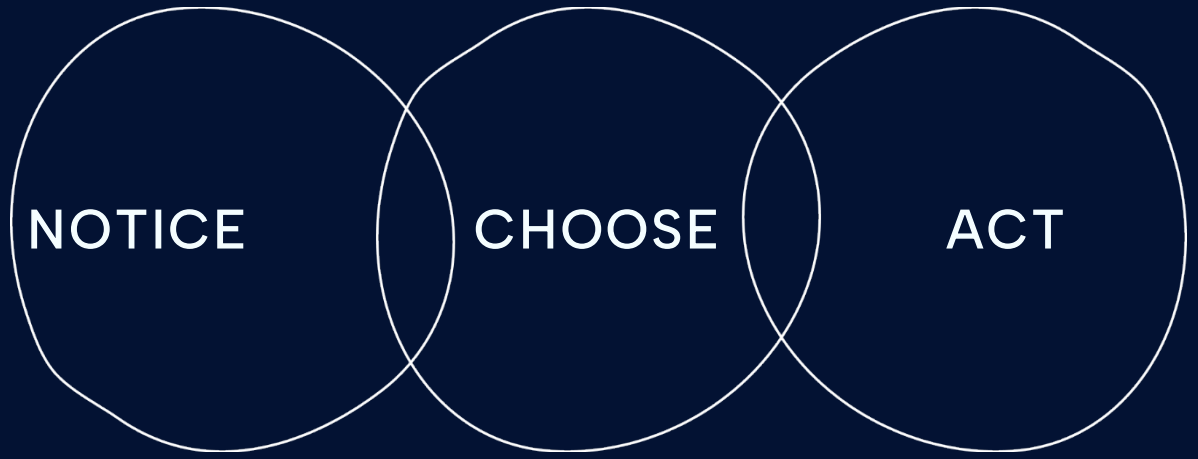
- EMDRIA Approved Consultant™ Standards
- Key Terms and Definitions
- The Three Roles of a Consultant
- Core Competencies
- **Self-Assessment**

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Consultant Self-Assessment

Not a tool but a starting point | Reflective check-in





Begin with one honest question

When you think about your work as an EMDR consultant, where do you feel most intentional?

Where are you most likely to operate on autopilot?

Curiosity before judgment.

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Use two connected lenses

A simple framework for consultant self-assessment.

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EMDR PRACTICE

Clinical reflection strengthens consultation.

CONSULTANT ROLE

Consultation reveals areas for continued clinical growth.

The roles informs your role as a consultant and vice versa.

Lens 1: Your EMDR practice

1. **Fidelity** • How deliberately do you assess adherence to the Standard EMDR protocol?
2. **Consultation** • Do you seek peer consultation for your own cases?
3. **Outcomes** • How do you assess clients before and after reprocessing?
4. **Reflection** • How regularly do you examine your clinical choices?

Poll Question: Which of these four do you engage in the most and the least in your EMDR practice?

Notice what the work evokes

How much do you reflect on your own EMDR work with clients?

Do you pay attention to your somatic reactions?

What questions do you ask yourself about your work?

How do you care for yourself after difficult clinical work?

What signal tells you that clinical material is staying with you longer than is useful?

Lens 2: Your work as a motivator, educator and evaluator

1. **Relationship** • Collaboration, communication, trust and positive relationships
2. **Feedback** • Giving and receiving feedback in ways that support learning
3. **Facilitation** • Listening and running effective consultation sessions
4. **Learning** • Adult learning, assessment, development and reflection

Poll Question: Which domain receives the least deliberate attention?

Interactive self-rating

Choose one behavior: Listening • Feedback • Facilitation • Adult learning • Assessment



Mostly reactive

Consistently intentional

What evidence supports your rating? What would move you one point?

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Turn reflection into one next step

After Consultant Day…

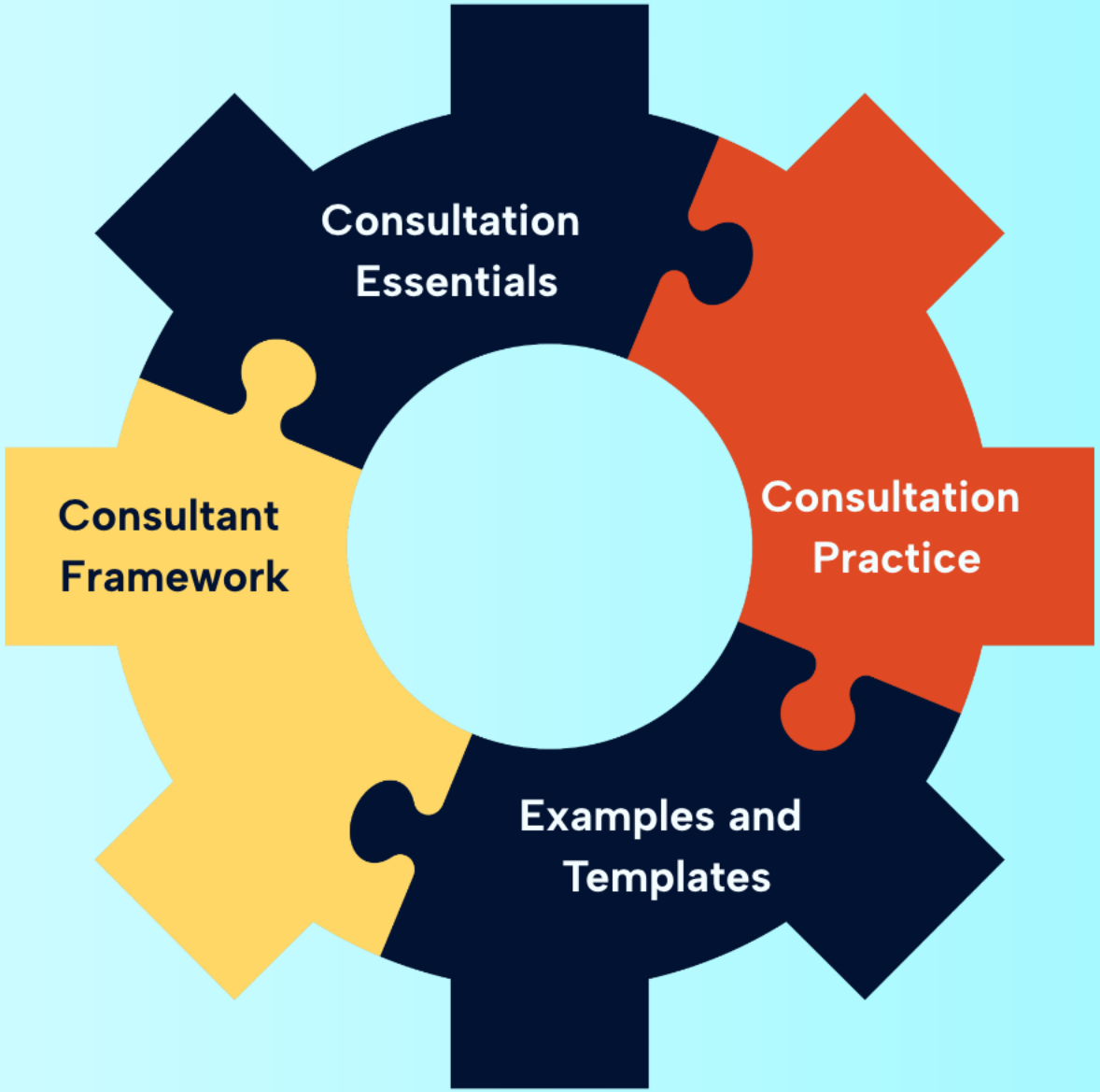
1. **Notice** • One pattern I see in myself is…
2. **Choose** • One behavior I want to strengthen is…
3. **Act** • One small action I will take before my next consultation is…

Self-assessment is an ongoing practice of noticing, learning and adjusting.

Consultant Tookit

Continuing to add new resources:

- Ethics
- IDEA
- Trauma-Informed Teaching
- Learning Process

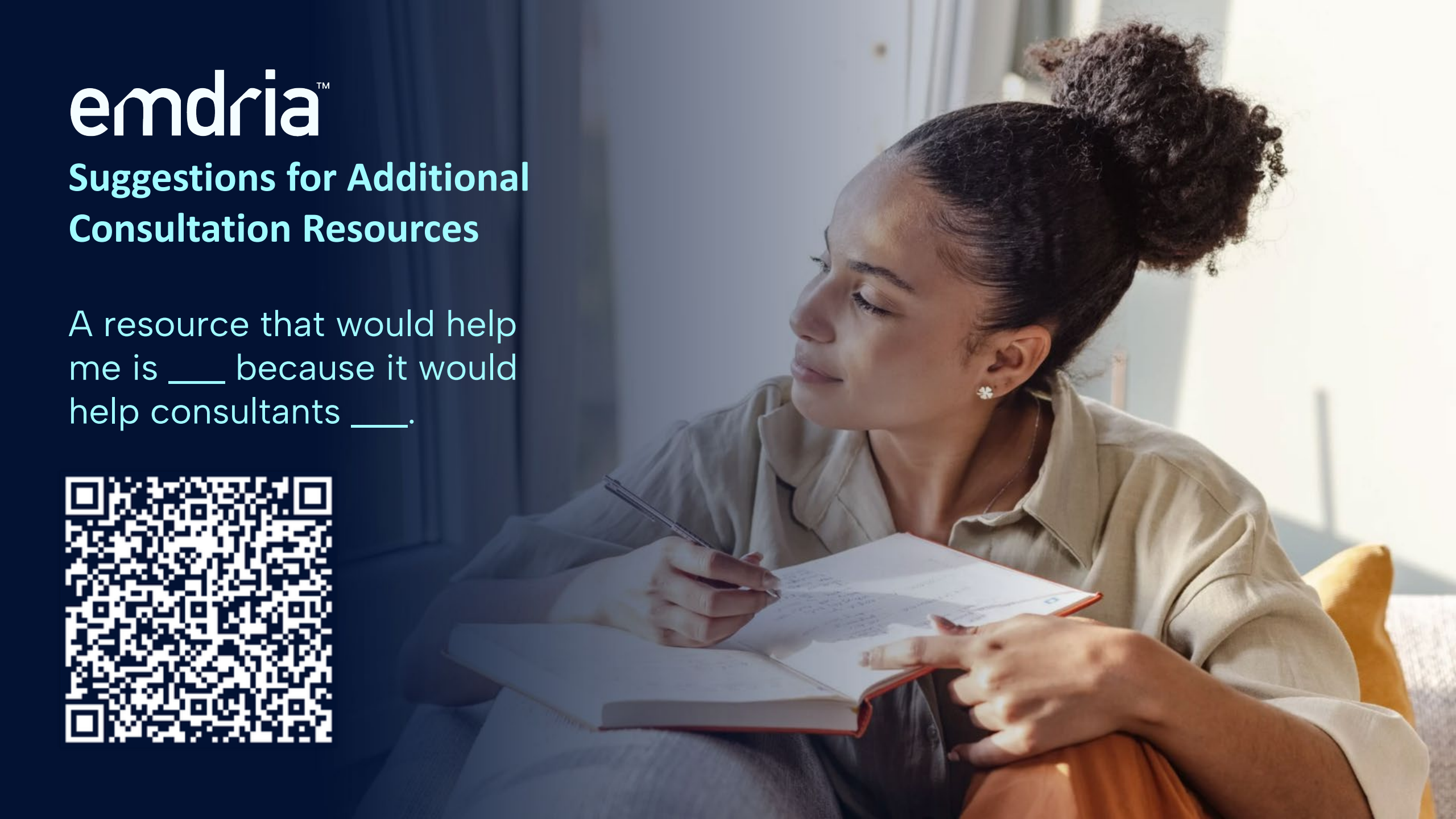


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Suggestions for Additional Consultation Resources

A resource that would help me is ___ because it would help consultants ___.



Questions / Wrap Up



Post Program Survey: Consultant Day

Next In-Person Consultant Day
(EMDRIA Conference: Philadelphia, PA
August 26, 2027

Next Virtual Consultant Day
October 22, 2027

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