



EMDR EUROPE

Accredited Child & Adolescent Practitioner Competency Framework

Application form and supporting documents (proof of professional registration and training certificates) to be submitted as one continuous document.

ALL APPLICANTS SHOULD BE QUALIFIED AND EXPERIENCED IN MENTAL HEALTH WORK WITH CHILDREN AND ADOLESCENTS.

Section I: Applicant's details

Name:

Address 1:

Address 2:

Address 3:

Daytime Tel:

Evening Tel:

Mobile Tel:

Email:

Qualifications:

Core Profession:

Name of EMDR Europe Accredited Clinical Supervisor/ Consultant supporting this application:

EMDR Europe Clinical Supervisor/ Consultant's email address: Date of Consultant accreditation / re-accreditation

Please indicate period during which you have provided supervision to this supervisee

Start date:

End date:

Ongoing:

(If current supervision does not cover all clients listed here, please ensure you enclose written confirmation of supervision for these cases from the previous supervisor) :



SECTION II: Criteria for accreditation as an EMDR Europe Accredited Practitioner

The following criteria for EMDR EUROPE accreditation must be met: *(Please click on box)*

1. You are a member of EMDR Association UK.
2. You are an EMDR Europe Accredited Practitioner and have included a copy of your accreditation certificate.
3. You have enclosed copies of your current licence/verification/registration as a mental health professional recognised by EMDR Association UK.
4. You have completed the Europe accredited Child level 1 and level 2 trainings and enclose copies of your certificates.
5. Please indicate how many child and adolescent EMDR sessions you have conducted **(MINIMUM 50 REQUIRED AFTER BEGINNING EMDR BASIC TRAINING)**. Corroborated by an Accredited EMDR Europe Clinical Supervisor. **(Please provide details using the record form below under Section III)**
6. Please indicate how many child and adolescent clients you have treated with EMDR **(MINIMUM 25 AFTER COMPLETING CHILD LEVEL 1 TRAINING)**. Corroborated by an Accredited EMDR Europe Clinical Supervisor). [Please provide details using the record form below under Section III).
7. No. of hours of EMDR Clinical Supervision - The applicant must demonstrate competency in all areas of Parts A, B & C of the Competency Framework. **(It is estimated that this would require a minimum of 20 hours clinical supervision from an EMDR Europe Accredited Clinical Supervisor.)**
8. The EMDR Clinical Supervisor supervising your application has directly witnessed your EMDR work either on video or In Vivo.
9. You have enclosed a reference of recommendation from an Approved EMDR Clinical Supervisor regarding: your professional use of EMDR in practice; clinical supervision; consultation; ethics in practice; and professional character? **(Please refer to Section IV.)**
10. You have enclosed a second reference in support of your application from a person who is in a position to comment upon your professional practice and standing.
11. You have paid the accreditation fee of £45 (non-refundable), preferably electronically to EMDR UK. Payment details can be found on the website.
12. You have stated your supervisor's name and email address details on p.1.
13. You are aware that your EMDR Europe Accreditation Certificate is for 5 years duration, after which, to continue being EMDR Europe accredited, your accreditation will need to be reviewed. This will require documentation of CPD (continuing professional development) activity.

Your signature:

Date:



SECTION III Record of EMDR clinical contact activity

CLIENT INITIALS & SUPERVISOR INITIALS	PRESENTING PROBLEM	START DATE OF EMDR	NUMBER OF SESSIONS OF 8 PHASES OF EMDR	SETTING WHERE TREATMENT TOOK PLACE
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NAME AND SIGNATURE OF EMDR EUROPE CLINICAL SUPERVISOR

Name:

Signature:

Date:

NAME AND SIGNATURE OF APPLICANT

Name:

Signature:

Date:

THE MAJORITY OF THE CLIENTS LISTED MUST REFLECT THE USE OF ALL 8 PHASES

EMDR C&A Practitioner Accreditation Application updated 25052016



Section IV: EMDR Europe clinical supervisor’s checklist – Practitioner competency-based framework – *Section to be completed by applicant’s EMDR Europe Clinical Supervisor*

EMDR CLINICAL SUPERVISOR/ CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDR CLINICAL SUPERVISOR/ CONSULTANT COMMENTS. PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY
PART A	
<p>Supervisee demonstrates a grounded understanding of the theoretical basis of EMDR and the Adaptive Information Processing (AIP) Model and is able to convey this effectively to clients in providing a treatment overview. Supervisee has knowledge of EMDR research evidence relating to efficacy of EMDR with children and adolescents.</p>	
PART B: THE BASIC EIGHT- PHASE PROTOCOL	
<p>1. HISTORY TAKING:</p> <p>The supervisee is aware of the need to ensure that any parent/carer issues related to the child’s trauma experience have been addressed prior to addressing the needs of the child. The supervisee is aware of any relevant parent/carer trauma history which may affect parent’s capacity to support the child through therapy.</p> <p>The Supervisee is able to ascertain an appropriate general history from the child/adolescent and/or caregiver incorporating the following elements:</p> <ul style="list-style-type: none"> • Obtain a history of the origins of the disorder informed by the AIP model including dysfunctional behaviour and symptoms including the age-related manifestation of a child’s response to trauma • Is able to contextualise the symptoms within the developmental history and systemic framework (family and other systems) • Determine if the client is appropriate for EMDR selection. Identifies ‘red flags’ including screening for Attachment and Dissociative Disorders. • Is able to identify appropriate safety factors including the utilisation (where appropriate) the Dissociative Experience Scale (A-DES), risk assessment, life constraints, ego strength, developmental aspects and the availability of support structures. 	



<ul style="list-style-type: none"> • Is able to determine whether the child can develop a safe place or the parent /carer provide a safe place in which EMDR can take place. • Demonstrates an ability to conceptualise the case utilising the AIP model • Clarifies the child’s and/or the caregiver desired goals of treatment • That the child and the caregivers are able to effectively deal with high levels of physical and emotional disturbance • To determine appropriate target selection and target sequencing in consideration to the past, present & future as appropriate from the child’s perspective • Identify a ‘touchstone’ event that relates to the child’s issue. • In cases of multiple targets to utilise prioritising or clustering when appropriate 	
<p>2. PREPARATION:</p> <p>The supervisee is able to establish an effective therapeutic relationship consistent with National or Professional standards and Code of Conduct.</p> <p>The supervisee is able to establish therapeutic relationships with both child and caregiver.</p> <p>The supervisee has a sound grounding in all aspects of child development, including an awareness of:</p> <ul style="list-style-type: none"> • language development • the age at which the child develops the ability to cross the mid line • attention and listening skills <p>The supervisee is aware of the need to work with the child to ensure child has an awareness of and can communicate information about thoughts emotions and sensations.</p> <p>The supervisee is effective in:</p> <ul style="list-style-type: none"> • Obtaining informed consent from the child and caregivers • Testing dual attention stimulus with the child • developing age appropriate methods of bi lateral stimulation • Teaches and checks child’s ability to self-regulate including the utilisation of the safe/secure place or person and resource installation. • Makes client’s aware of the ‘Stop’ signal • Demonstrates an effective ability in addressing child and caretakers concerns, fears, queries or anxieties • Utilisation of an effective metaphor • Where child is pre-verbal supervisee is able to work with parent in the development of a narrative relating to trauma events. 	



3. ASSESSMENT

The supervisee knows the age-related developmental EMDR protocol for children and adolescents (2 - 3 years, 4-5 years, 6-8 years, and 9-12 years) and is aware that young children may be unable to identify cognitions and to recognise that they may emerge during processing. The supervisee is able to work with the parent/carer to develop an appropriate 'child's eye' view narrative.

During the 'Assessment Phase' the supervisee determines the components of the target memory and establishes baseline measures for the child's reactions to the process

When age appropriate

- Selecting target image and worst aspect
- Supporting the child to make use of drawing or other age- appropriate mediums
- Identifying the Negative & Positive Cognitions
- Establishes negative cognitions that are a currently held, negative self-referencing belief, that is irrational, generalizable and has affect resonance that accurately focuses upon the target issue
- Ensures cognitions are within same domain/ matched category
- When appropriate the supervisee effectively assists the child in ascertaining a relevant NC & PC
- When appropriate utilises the Validity of Cognition (VOC) scale at an emotional level and in direct relation to the target
- Identifies emotions generated from the target issue or event
- Consistent use of the Subjective Units of Disturbance [SUD's] scale to evaluate the total disturbance, including developing with the child alternative methods for recording potential change, e.g visual scaling
- Identifying body sensations and location
- Supervisee demonstrates his/her recognition of the need for flexibility with the standard protocol with young children.



4. DESENSITISATION

During the 'Desensitisation Phase' the supervisee facilitates the processing of the dysfunctional material stored in all channels associated with the target event and any ancillary channels:

- Reminds the child to just 'notice' whatever comes up during processing whilst encouraging the client to not discard any information that might be generated.
- Changes during processing can relate to images, sounds, cognitions, emotions physical sensations and actions
- Competency in the provision of a dual attention stimulus. The supervisee is able to assess the child's need to use eye movements or alternative bilateral stimulation (e.g. tapping and butterfly hug)
- Supervisee should demonstrate that he/she is able to staying out of the way as much as possible.
- Uses verbal & non-verbal reassurance when appropriate
- Maintaining momentum throughout the desensitisation stage with minimalist intervention where possible. However the supervisee must be aware of the need for breaks and shorter sessions required when working with young children
- Returning to target when appropriate
- When processing becomes blocked appropriate interventions are utilised e.g. alteration in bilateral stimulation or the utilisation of interweaves
- Effectively manages the child's hypo/hyper arousal (severe abreactions, dissociation, physical and mental health emergencies)
- Is familiar with and can utilize float-back, associative chaining and theme development



<p>5. INSTALLATION</p> <p>During the ‘Installation Phase’ the supervisee concentrates primarily upon the full integration of a positive self-assessment with the targeted information: The supervisee utilizes the developmental protocol appropriately in relation to installation.</p> <p>If relevant</p> <ul style="list-style-type: none">• The supervisee enhances the Positive Cognition (PC) linked specifically with the target issue or event• The Positive Cognition is checked for both applicability and current validity ensuring the PC chosen is the most meaningful to the child.• Utilisation of the Validity of Cognition scale to evaluate the Positive Cognition• Addressing any blocks during the ‘Installation Phase’.• If new material emerges supervisee effectively returns to the most appropriate phase of the EMDR Protocol or the utilisation of an ‘Incomplete Session’.	
<p>6. BODYSCAN</p> <p>The supervisee utilizes the developmental protocol appropriately in relation to body scan. During the Body Scan Phase the supervisee helps the child to recall the target (and PC if available) and notice the body sensation</p> <ul style="list-style-type: none">• The supervisee is prepared for the possibility of further material coming up and to respond appropriately.	
<p>7. CLOSURE</p> <p>The Supervisee should consistently close a session with explanation helping the child to leave the session in a contained state. The caretakers and the child need to be informed that things may come up between sessions and how to manage it</p> <ul style="list-style-type: none">• Allows time for closure• Effective utilisation of the ‘Incomplete Session’ including use of safe place and containing activities.• Encourages the caretaker and child to maintain a log between sessions	



<p>8. RE-EVALUATION OF PREVIOUS SESSION</p> <p>During the ‘Re-evaluation Phase’ the supervisee consistently assesses how well the previously targeted material has been resolved and determines if new processing is necessary.</p> <p>The supervisee is aware of the developmental EMDR protocol and works where appropriately with the caregivers in gaining information.</p> <p>The supervisee actively integrates the targeting session within an overall treatment plan by:</p> <p>If relevant</p> <ul style="list-style-type: none"> • Returning to previous targets • Identifying changes in child’s behaviour etc. • Has the individual target been resolved? • Has other material been activated that must be addressed? • Have all necessary targets been processed in relation to the past, present and future? Utilisation, when necessary of a ‘Future/ Positive Template’ 	
PART C	
<p>1. Supervisee demonstrates an understanding of PTSD and traumatology including of developmental and systemic issues</p>	
<p>2. Supervisee demonstrates an understanding of using EMDR as part of a comprehensive therapy intervention</p>	
<p>3. Supervisee demonstrates experience in applying the Developmental EMDR protocol and procedures to clinical problems affecting children, adolescents and their families.</p>	



PART D

1. Please specify the context within which the EMDR Consultation/ Clinical Supervision took place and the number of hours:

Face to face (individual) – Specify hours:

Face to face (group) – Specify hours:

Telephone – Specify hours:

Email – Specify hours:

Other – Specify hours:

2. Please specify your reasons for recommending your supervisee's accreditation as an EMDR Europe Practitioner



I confirm that I have personally supervised the work of

as outlined in

1. the enclosed reference
2. the attached competency framework document.

I confirm that s/he has conformed to the level of attainment as stated and prescribed by the Association.

I also confirm that I have witnessed either directly in vivo or through the use of video/ dvd the applicants EMDR work with one child under 8 years and one child/adolescent 8 years or above.

I attest that this is an honest and valid evaluation of the supervisee's competencies

I understand that if for any reason information is forthcoming to suggest that the above conditions were not met the consultant and/or supervisee may forfeit their accreditation and possibly Association membership.

Please indicate the period during which you have provided supervision to this supervisee.

Start Date:

End Date:

Indicate if ongoing:

EMDR Clinical Supervisor/Consultant Signature:

Print Name:

Date:



Section V: Second reference in support of the application for EMDR Europe Accreditation

This reference forms part of the application process for accreditation as an EMDR Europe Practitioner

I support this application for EMDR Europe Accreditation as an EMDR Europe Practitioner for:

Name of Applicant:

I know the applicant from the following context:

Please click on box:

Head of Service/ Clinical Manager

Professional Colleague

Academic Colleague

Clinical Supervision Group member

To the best of my knowledge I can confirm that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

Please print name:

Signature:

Date:

Please note that only electronically completed documentation will be considered. In order for your application to be considered thoroughly, please ensure that all necessary information is provided.

Incomplete applications will be returned to applicants.

Thank you for your application.

Alison Russell - Chair, EMDR UK Accreditation Committee



Additional Information

Please use this page if you any additional space for your answers and mark clearly what section your additional notes refer to.