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# EMDR EUROPE

## Consultant Competency Based Framework

### With Child and Adolescent Addendum

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

### Section I: Applicant's details

Name:

Address 1:

Address 2:

Address 3:

Daytime Tel:

Evening Tel:

Mobile Tel:

Email:

Qualifications:

Core Profession:

I am applying for Accreditation as an (please tick as appropriate):

EMDR Europe Consultant

EMDR Europe Child & Adolescent Consultant

Both

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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) :*



## EMDR Europe Clinical Supervisor/ Consultant Evidence Checklist

### PART A: EMDR EUROPE MINIMUM REQUIREMENTS

*Please tick appropriate box*

1. That the applicant is a member of their respective EMDR National Association?
2. To your knowledge the Applicant adheres to the Professional and Ethical Standards as defined by both the applicant's professional registration body and the EMDR National Association and consistently promotes integrity in the science, teaching and clinical practice of psychotherapy and in particular that of EMDR.
3. That the applicant is engaged in a minimum of 16 hours per week practicing psychotherapy (including supervising).
4. As a Clinical Supervisor/ Consultant you have seen copies of the applicant's professional registration certificates and where necessary evidence of their indemnity insurance?
5. The applicant has a minimum of 3 years' experience of being an EMDR Europe Practitioner. Please note: applicants for EMDR Europe Child and Adolescent Consultant are required to have a minimum of 3 years experience as a Child and Adolescent Practitioner. Please enclose a copy of your accreditation certificate.
6. The applicant has treated a broad range of clients of varying diagnoses and complexity.
7. The applicant has conducted a minimum of 400 EMDR sessions since becoming an EMDR Europe Accredited Practitioner.
8. The applicant has treated a minimum of 75 clients utilising EMDR since becoming an EMDR Europe Accredited Practitioner. If the application is for Child and Adolescent Consultant, 25 of the 75 clients will be children or adolescents.
9. The applicant has demonstrated competency in both their provision of clinical supervision/ consultation and of their clinical work and have engaged in a minimum of 20 hours clinical supervision/ consultant with an EMDR Europe Accredited Consultant.
10. You have seen the second reference in support of the applicant's application.
11. You have seen the Certificate of Competency from the EMDR Europe Consultants training and had feedback from a Consultant Trainer regarding the applicant. (For those applying in the UK this training will have included the Child and Adolescent element). Please enclose with your application a copy of the Consultants Training Completion Certificate.
12. Can confirm that since becoming an EMDR Europe Accredited Practitioner the applicant has undertaken a minimum of 30 hours EMDR related Continuing Professional Development (CPD) and aware current EMDR research.
13. That you have witnessed a minimum of three videos, or in-vivo sessions meeting the required standard, of the applicant's professional practice of which one must be clinical, the second of them providing individual EMDR clinical supervision and the third of them providing Group EMDR clinical supervision.
14. You have paid the accreditation fee of £80 (non-refundable) to EMDR UK, preferably electronically. Payment details can be found on the website.



## RECORD OF CLINICAL CONTACTS

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:

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NAME AND SIGNATURE OF APPLICANT

Name:

Signature:

Date:

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## RECORD OF CLINICAL CONTACTS

CLIENT'S NUMBER & INITIAL	PRESENTING PROBLEM	DATE FIRST SEEN	NUMBER OF SESSIONS	SETTING WHERE TREATMENT TOOK PLACE
31				
32				
33				
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NAME AND SIGNATURE OF EMDR EUROPE CLINICAL SUPERVISOR

Name:

Signature:

Date:

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NAME AND SIGNATURE OF APPLICANT

Name:

Signature:

Date:

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## RECORD OF CLINICAL CONTACTS

CLIENT'S NUMBER & INITIAL	PRESENTING PROBLEM	DATE FIRST SEEN	NUMBER OF SESSIONS	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:



## PART B: EMDR CLINICAL PRACTICE

Please provide detailed comments in support of each competency

### Section A:

Standard EMDR-protocol and procedure

1. **History Taking** – Past, Present & Future, AIP Case conceptualisation, and treatment planning
2. **Preparation**
3. **Assessment**
  - Image
  - Negative cognition
  - Positive cognition
  - Validity of Cognition (VoC)
  - Emotions
  - SUD
  - Body location
4. **Processing** (Desensitisation)
  - Strategies for blocked processing and blocking beliefs
  - Acceleration/ Deceleration
  - Blocking Beliefs
  - Cognitive Interweaves
5. **Installation of positive cognition**
  - Including blocking beliefs
6. **Body scan**
7. **Closing techniques**
  - Complete session
  - Incomplete session
8. **Re-evaluation**



## Section B:

Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:

1. **EMDR, Dissociation and Complex Post Traumatic Stress Disorder (C-PTSD)**
2. **EMDR with Phobias**
3. **EMDR and Clients with addictive behaviours**
4. **EMDR and Client's with Pain**
5. **EMDR Protocols for acute trauma (Recent Events Protocol)**
6. **EMDR & Traumatic Bereavement, Grief & Mourning**
7. **EMDR with Depression**
8. **EMDR with Psychosis**



## PART C: EMDR THERAPY SUPERVISION & CONSULTATION OF CONSULTATION (20 HOURS)

Please provide detailed comments in support of each competency

### **Basic approach and attitude towards supervisee's, duties and responsibilities:**

- Development of a co-operative clinical supervision alliance with supervisees
- Demonstration of a high level of professional attitude and competence

### **Rapport building with Supervisees**

- Create a safe atmosphere within clinical supervision
- Providing adequate and constructive feedback to supervisees
- Developing an effective attunement and adequate coaching style

### **Ability to transfer knowledge effectively to the theoretical framework of Adaptive Information Processing (AIP)**

#### **Focuses in consultation on following issues:**

- Practice of the Standard EMDR Protocol
- Correct application of the protocol
- Acknowledge recognition to other approaches or treatment plans and interventions
- Demonstrate an ability to answer supervisees questions effectively, considering the following:
  - a. Explore and clarify the question
  - b. Answer from a theoretical background
  - c. Answer on a practical level
  - d. Give specific hints and suggestions for specific case
  - e. Teach about differential diagnosis and / or alternative treatments

### **Identify and effectively manage group processes**





## EMDR EUROPE ACCREDITED CLINICAL CHILD & ADOLESCENT CONSULTANT COMPETENCY BASED FRAMEWORK - Addendum

Does the applicant have a minimum of 3 years experience of being an EMDR Europe C&A Practitioner where their main clinical activity is in using EMDR Therapy with Children and Adolescents

Section A:	
<p><b>Standard EMDR-protocol and procedure</b></p> <ul style="list-style-type: none"><li>a. <b>Phase 1 &amp; 2: History Taking</b> – Past, Present &amp; Future, developmental protocol, attachment and systemic aspects (incl. domestic violence)</li><li>b. <b>Phase 3: Assessment</b> (In accordance with developmental protocol)</li><li>c. <b>Phase 4: Processing</b> (Desensitisation) age adapted</li></ul>	
Section B:	
<p><b>Evidence of knowledge and experience for specified populations and knowledge of research:</b></p> <ul style="list-style-type: none"><li>1. <b>EMDR, Dissociation and Complex Post Traumatic Stress Disorder, Developmental Trauma Disorder</b></li><li>2. <b>Attachment disorders and EMDR</b></li><li>3. <b>Narrative EMDR, storytelling</b></li><li>4. <b>Integrative Group Treatment Protocol (IGTP)</b></li><li>5. <b>EMDR with emotional and developmental disorders</b></li></ul>	



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I confirm that the Applicant for Accreditation as an EMDR Europe Consultant **and or** Accredited Child & Adolescent Consultant has completed a minimum of 20 Hours Clinical Supervision/ Consultation:

I confirm that I have personally supervised the work of

as outlined in

1. the enclosed reference
2. the attached competency framework document in relation to each of the cases listed

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

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.

EMDR Clinical Supervisor/Consultant Signature:

Print Name:

Date:

Supervisee's Signature:

Date:

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## 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



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## Additional Information

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