



EMDR EUROPE

Accredited Practitioner Competency-based Framework

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:

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 the EMDR Association UK

2. You have enclosed copies of certificates confirming your completion of EMDR Basic Training Parts 1, 2 and 3. *(Please ensure all items are presented as one continuous document)*

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 a minimum of two years' experience post-qualification under criterion 3.

5. Please indicate how many years' experience you have had of using EMDR after completing EMDR Basic Training? **At least one year is required post completion of EMDR Basic Training.**

6. Please indicate how many 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)**

7. Please indicate how many clients you have treated with EMDR **(MINIMUM 25 AFTER BEGINNING EMDR BASIC TRAINING)** This to be corroborated by the Accredited EMDR Europe Clinical Supervisor who fully supervised the listed clients). **(Please provide details using the record form below under Section III)**

8. 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. Note that ten hours are counted from Parts 1-3 of Basic Training. for those trained from 2011 onwards] Please note; while you may count ten hours of supervision from training, you cannot count any clients who have been discussed solely at the training)**

10. 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.]**

11. You have paid the accreditation fee of £80 (non-refundable), preferably electronically. Payment details can be found on the website.

12. You have paid the accreditation fee of £80, either online by BACS to EMDR UK Association (details to be sent a cheque for £80, made payable to 'EMDR Association UK' (non-refundable).

13. You have stated your supervisor's name and email address details on p.1.

14. You are aware that your EMDR Europe Accreditation Certificate is for **5 years duration**, after which, to continue being EMDR Europe accredited, and your accreditation will need to be reviewed. This will require documentation of CPD (continuing professional development) activity. The current requirements for this as laid down by EMDR UK are **'THE BIRMINGHAM CRITERIA'** **(Refer to Section VI)**.

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
1				
2				
3				
4				
5				
6				
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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 Europe Practice Sub-Committee Ratified Version January 2008/updated 16102018



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.</p>	
PART B: THE BASIC EIGHT- PHASE PROTOCOL	
<p>1. HISTORY TAKING: The Supervisee is able to take an appropriate general history from the client incorporating the following elements:</p> <ul style="list-style-type: none"> • Obtains a history of the origins of the disorder informed by the AIP model, including dysfunctional behaviour and symptoms. • Determines if the client is appropriate for EMDR selection? Identifies ‘red flags’ including screening for Dissociative Disorders. • Is able to identify appropriate safety factors including the use (where appropriate) of the Dissociative Experience Scale II (DES), Risk Assessment, Life Constraints, Ego Strength, and the availability of support structures. • Demonstrates an ability to conceptualise the case using the AIP model. • Clarifies the client’s desired state following therapeutic intervention. • Ensures that the client is able to deal effectively with high levels of physical and emotional of disturbance. • Determines appropriate target selection and target sequencing in relation to past, present & future. • In cases of multiple targets, is able to prioritise or cluster. • Identifies a ‘touchstone’ event that relates to the client’s issue. 	



2. PREPARATION:

The supervisee is able to establish an effective therapeutic relationship in conformance with National or Professional standards and Code of Conduct:

- Obtains informed consent from clients.
- Tests Bilateral Stimulation (BLS) with clients.
- Teaches and checks client's ability to self-regulate, including use of safe/secure place and resource-installation.
- Makes clients aware of the 'Stop' signal.
- Demonstrates effective ability to address client concerns, fears, queries or anxieties.
- Using effective metaphors.

3. ASSESSMENT

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

- Selects target image and worst aspect.
- Identifies the Negative & Positive Cognitions.
- Establishes Negative Cognitions that reflect a currently-held, negative self-referencing belief that is irrational, generalisable and has affect resonance that accurately focuses upon the target issue.
- Ensures Cognitions are within same domain/ matched category.
- When necessary the supervisee effectively helps the client to identify pertinent NCs & PCs.
- Uses 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.
- Demonstrates consistent use of the Subjective Units of Disturbance [SUDs] scale to evaluate the total disturbance.
- Identifies body sensations and location.



4. DESENSITISATION

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

- Reminds clients to 'just notice' whatever comes up during processing, while encouraging client not to disregard any information that might be generated.
- Explains that changes during processing can relate to images, sounds, cognitions, emotions and physical sensations.
- Demonstrates competency in the provision of Bilateral Stimulation (BLS), emphasising the importance of eye movements.
- Uses appropriate post-set interventions, and shows evidence of 'staying out of the way' as much as possible.
- Reassures client verbally & non-verbally during each set
- Maintains momentum throughout the desensitisation stage with minimal intervention where possible.
- Returns to target when appropriate.
- When processing becomes blocked, uses appropriate interventions including alteration in Bilateral Stimulation and/or the use of Cognitive Interweaves.
- (Please specify examples of effective Cognitive Interweaves used during the Desensitisation Phase when processing has become blocked.)
- Effectively manages heightened levels of client affect using both accelerating and de-accelerating interventions.



<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:</p> <ul style="list-style-type: none">• Enhances the Positive Cognition (PC) linked specifically with the target issue or event.• Checks Positive Cognition for both applicability and current validity, ensuring the PC chosen is the most meaningful to the client.• Uses the Validity of Cognition (VoC) scale to evaluate the Positive Cognition.• Addresses any blocks during the Installation Phase.• If new material emerges, supervisee effectively returns to the most appropriate phase of the EMDR Protocol or uses the 'Incomplete Session'.	
<p>6. BODY SCAN</p> <p>During the 'Body Scan Phase' the supervisee considers the link between the client's original memory/event and the discernible physical resonance that this may generate:</p> <ul style="list-style-type: none">• The supervisee enables clients to hold both the memory/event and the Positive Cognition in mind while mentally scanning their entire body to identify any lingering tension, tightness or unusual sensation, and applies Bilateral Stimulation (BLS)• The supervisee is prepared for further material to surface and to respond accordingly, by either returning to the most appropriate phase of the EMDR Protocol or using the 'Incomplete Session'.	
<p>7. CLOSURE</p> <p>The Supervisee should consistently close a session with proper instruction, leaving the client in a positive frame of mind and able to return safely home:</p> <ul style="list-style-type: none">• Allows time for closure.• Uses the debrief.• Effectively uses the 'Incomplete Session'.• Uses appropriate containment exercises and safety assessment.• Encourages clients to maintain a log between sessions.	



8. RE-EVALUATION OF PREVIOUS SESSION

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. The supervisee actively integrates the targeting session within an overall treatment plan:

- Returns to previous targets.
- Identifies evidence of client re-adjustment.
- Determines whether the individual target has been resolved.
- Identifies any other material that has been activated and needs addressing.
- Ensures that all necessary targets have been processed in relation to the past, present and future.
- Uses when necessary a 'Future/Positive Template'
- Ensures that client has readjusted appropriately to their social system.
- Effectively ends client's therapy.

PART C

- Supervisee demonstrates an understanding of PTSD and traumatology.
- Supervisee demonstrates an understanding of the use of EMDR either as part of a comprehensive therapy intervention or as a means of symptom reduction.
- Supervisee demonstrates experience in applying the standard EMDR protocol and procedures to special situations and clinical problems, including recent events, phobias, excessive grief and somatic disorders.



PART D

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

Face to face (individual) – Specify hours:

Face to face (group) – Specify hours:

Telephone/Skype – Specify hours:

Email – Specify hours:

Other – Specify hours:

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

NAME AND SIGNATURE OF EMDR EUROPE CLINICAL SUPERVISOR

Name:

Signature:

Date:



I confirm that the Applicant for Accreditation for EMDR Europe Accredited Practitioner 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:



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.