

EMDR EUROPE ACCREDITED PRACTITIONER COMPETENCY BASED FRAMEWORK

Guidelines for Accreditation as an EMDR Europe Accredited Practitioner

- Applicants must have completed EMDR Standard (minimum 6 days plus a total 10 hours clinical supervision) training by a recognised EMDR Europe Accredited Trainer
- Applicants seeking EMDR Europe Accreditation as a Practitioner must be members of their National EMDR Association
- Applicants seeking EMDR Europe Accreditation as a Practitioner must have a minimum of two years professional experience before they can become accredited by EMDR Europe
- The applicant has actively engaged in EMDR Clinical Supervision/ Consultation and demonstrated competency in all areas of Parts A, B & C of the EMDR Europe Practitioner Competency-Based Framework. It is estimated that this would require a minimum of 20 hours clinical supervision from an EMDR Europe Accredited Clinical Supervisor/ Consultant
- That the EMDR Clinical Supervisor/ Consultant, as the final signatory, has directly witnessed the applicants EMDR clinical work either through the use of video or In Vivo

The applicant has engaged in a minimum number of 50 EMDR sessions before seeking EMDR Europe Accreditation as a Practitioner

- The applicant has treated a minimum number of 25 clients with EMDR as an eight-phase psychological treatment intervention
- Special circumstances that may require flexibility around the number of clients can be considered by an EMDR National Accreditation Committees
- The applicant provides TWO references in support of their application - one MUST be provided by their EMDR Europe Accredited Clinical Supervisor/ Consultant, the second from a person who can comment upon the applicants professional practice and standing.
- The applicant is aware that the period of accreditation with EMDR Europe is for a period of 5-years before re-accreditation is required so as to maintain EMDR accreditation.

EMDR Europe Practice Committee
July 2019

EMDR Clinical Supervisor/ Consultant's Reference for the EMDR Europe Practitioner Competency Based Framework

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:	
Supervisee demonstrates a grounded understanding of the theoretical basis of EMDR Therapy and the Adaptive Information Processing (AIP) Model and is able to convey this effectively to clients in providing a treatment overview.	
PART B: THE STANDARD EIGHT- PHASE PROTOCOL	
<p>1. History Taking: The Supervisee is able to ascertain an appropriate general history from the client 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 Determine if the client is appropriate for EMDR Therapy? Identifies 'red flags' including screening for Dissociative Disorders. Is able to identify appropriate safety factors including the utilisation (where appropriate) the Dissociative Experience Scale (DES II), Risk Assessment, Life Constraints, Ego Strength, and the availability of support structures Demonstrates an ability to conceptualise the case utilising the AIP model Clarifies the client's desired state following therapeutic intervention That the client is able to effectively deal with high levels of physical and emotional disturbance To determine appropriate target selection and target sequence plan considering past, present & future In cases of multiple targets to utilise either prioritising or clustering Identify a 'touchstone memory' event that relates to the client's issue. 	

<p>2. Preparation:</p> <p>The supervisee is able to establish an effective therapeutic relationship in conformance with National or Professional standards and Code of Conduct.</p> <p>The supervisee is effective in:</p> <ul style="list-style-type: none"> • Obtaining informed consent from clients • Testing Bilateral Stimulation (BLS)/ Dual Attention with clients • Teaching and checking the client's ability to self-regulate including the utilisation of the safe/secure place and resource installation with clients • Making the client aware of the 'Stop' signal • Demonstrating an effective ability in addressing client's concerns, fears, queries or anxieties • Utilising an effective metaphor in explaining EMDR Therapy 	
<p>3. Assessment</p> <p>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</p> <ul style="list-style-type: none"> • Selecting target image and worst aspect • Identifying the Negative & Positive Cognitions • Establishing negative cognitions that are a currently held, negative self-referencing belief, that is irrational, generalisable and has affect resonance that accurately focuses upon the target issue • Ensuring cognitions are within same domain/ matched category • When necessary the supervisee effectively assists the client in identifying a pertinent NC & PC • Utilising the Validity of Cognition (VOC) scale at an emotional level and in direct relation to the target • Identifying emotions generated from the target issue or event • Consistently using the Subjective Units of Disturbance [SUD's] scale to evaluate the total disturbance • Identifying body sensations and location 	

<p>4. Desensitisation</p> <p>During the 'Desensitisation Phase' the supervisee processes the dysfunctional material stored in all channels associated with the target event and any ancillary channels:</p> <ul style="list-style-type: none"> • By reminding clients to just 'notice' what ever comes up during processing whilst encouraging the client to not discard any information that might be generated. • Being aware that changes during processing relate to images, sounds, cognitions, emotions and physical sensations • Demonstrating competency in the provision of Bilateral Stimulation emphasising the importance of eye movements, and when necessary the utilisation other forms of BLS/ Dual Attention • Demonstrating post 'Set' interventions, and evidence of 'staying out of the way' as much as possible. • Engaging in the use of verbal & non-verbal reassurance to client's during each 'Set' • Maintaining momentum throughout the desensitisation stage with minimalist intervention where possible • Returning to target when appropriate • When processing becomes blocked appropriate interventions are utilised including alteration in the Bilateral Simulation and/or the utilisation of Cognitive Interweaves • Please specify examples of effective cognitive interweaves utilised during the Desensitisation Phase when processing has become blocked • Effectively managing client's heightened levels of affect accelerating and de-accelerating as appropriate. 	
<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"> • 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 client • Utilising 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. Body Scan During the 'Body Scan Phase' the supervisee considers the link between the client's original memory/event and the discernable 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, whilst mentally scanning their entire body to identify any lingering tension, tightness or unusual sensation and apply Bilateral Stimulation (BLS) • The supervisee is prepared for further material to surface and to appropriately respond by either returning to the most appropriate phase of the EMDR Protocol or the utilisation of an 'Incomplete Session' 	
<p>7. Closure The Supervisee should consistently close a session with proper instructions leaving the client in a positive frame of mind and to end the session safely:</p> <ul style="list-style-type: none"> • Allowing time for closure • Utilising the debrief • Effectively utilising the 'Incomplete Session' • Incorporating appropriate containment exercises and safety assessment • Encouraging clients to maintain a log between sessions 	
<p>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:</p> <ul style="list-style-type: none"> • Returning to previous targets • Identifying client evidence of re-adjustment • Clarifying if the individual target has been resolved • Determining if other material has been activated and that needs addressing • Ensuring all necessary targets have been processed in relation to the past, present and future • Utilising, when necessary, the 'Future/ Positive Template' • Determining if the client has readjusted appropriately to their social system • The supervisee effectively terminates therapy 	

PART C:	
1. Supervisee demonstrates an understanding of PTSD and traumatology. 2. Supervisee demonstrates an understanding of using EMDR Therapy either as part of a comprehensive therapy intervention or as a means of symptom reduction.	
3. 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 Therapy Clinical Supervision/ Consultation took place and the number of hours: <ul style="list-style-type: none"> • Face to face [individual] hours • Face to face [Group] hours • Telephone..... hours • Email..... hours • Other..... hours 	
Please specify the reasons why you recommend this supervisee for EMDR Europe Accreditation as a Practitioner.	

EMDR Clinical Supervisor/Consultant Signature:

Please print name: **Date:**

Second Reference in Support of an 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 Tick

<input type="checkbox"/>	Head of Service/ Clinical Manager
<input type="checkbox"/>	Professional Colleague
<input type="checkbox"/>	Academic Colleague
<input type="checkbox"/>	Clinical Supervision Group member

I can confirm the applicant's experience in the practice of EMDR Therapy and that the applicant's professional practice is in accordance with the ethical guidelines of their respective professional organisation.

Please print

name:.....

Signature:.....

Date:.....

EMDR Europe Re-accreditation Criteria

1. EMDR Practitioners, Supervisors/Consultants are required to seek re-accreditation from their EMDR National Association every five years.
2. Re-accreditation will allow the EMDR Europe Practitioner, Supervisor/Consultant to continue to be listed as an EMDR Practitioner/Consultant on their EMDR National Association website which will be linked to the EMDR Europe website.
3. EMDR Europe Practitioner, Supervisor/Consultant is engaged in current practice of EMDR underpinned by the Adaptive Information Processing (AIP) Model
4. The application for re-accreditation should include:
 - a. Proof that he/she is a full member of their EMDR National Association
 - b. Evidence that he/she has previously met the accreditation criteria (as certified by the EMDR National Association) and that he/she has full professional standing, status or registration, and is not facing any disciplinary consideration, action or proceedings.
 - c. Evidence that he/she has acquired 50 EMDR/ AIP based credits during the 5-year period since the last accreditation. (1 hour= 1 EMDR Europe credit)
 - d. The EMDR National Association will determine a reasonable mix of EMDR activities to fulfil the **50 credits**. This may include attendance at conferences, presentations research activities, supervision, teaching activities, evidence of reading, clinical research and contributions to the development of EMDR at national or regional levels.
 - e. The EMDR National Association has the discretion to consider mitigating circumstances when re-accreditation criteria have not been met to allow re-accreditation.
 - f. If EMDR Europe re-accreditation is not applied for or the applicant fails to meet the required standard their accreditation will be withdrawn resulting in the member being removed from their EMDR Europe National Association list of EMDR Europe Accredited Practitioners on their EMDR National Association Website.
 - g. If re-accreditation is not applied for or is not granted the member will not be allowed to refer to themselves as an accredited EMDR Europe Practitioner/ Consultant or use the term EMDR Europe

Accredited Practitioner/ Consultant in their professional literature and communications.

- h. Members without EMDR Europe accreditation will not be able to use or display the EMDR Europe logo.
- i. A member whose EMDR Europe accreditation has lapsed will be required to re-apply for and complete a lapse member accreditation application in consultation with an EMDR Europe Consultant/Supervisor.

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