EMDR Clinical Supervisor/ Consultant's Reference for the EMDR Europe Child & Adolescent Practitioner Competency Based Framework (Ratified version: 2016)

Criteria for Accreditation as an EMDR Europe Accredited C & A Practitioner

Guidelines for Accreditation as an EMDR Europe Approved C&A Practitioner

- Accreditation in mental health work with children and adolescents
- It is compulsory to complete an Accredited EMDR Europe Standard Training
- Completed an EMDR Europe Accredited C&A Training. (Ratified by EMDR Europe Board June 2020)
- No. of EMDR Sessions to be completed by applicant - Minimum 50
- No, of clients to be treated with EMDR by the applicant - Minimum 25
- No. of hours Consultation - Until the applicant has demonstrated 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 consultation from an EMDR Europe Approved Consultant
- The EMDR Consultant supervising the applicant needs to have directly witnessed the applicants EMDR work either through the use of video/DVD or In Vivo with one child under 8 years and one child or adolescent 8 years or above which are judges by consultants for EMDR with C&A
- No. References to support Application - Two references are required, one from an EMDR Europe Approved Consultant (C&A) and the second from a person who can comment upon the applicant's professional practice and standing.
- Applicants are required to be members of their National Organisation
- 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
January 2016

EMDR CLINICAL SUPERVISOR/ CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDR CLINICAL SUPERVISOR/ CONSULTANT COMMENTS
PART A:	
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.	

PART B: THE BASIC EIGHT- PHASE PROTOCOL	
1. History Taking: **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.** **The Supervisee is able to ascertain an appropriate general history from the child/adolescent and/or caregiver incorporating the following elements:** o 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 o Is able to contextualise the symptoms within the developmental history and systemic framework (family and other systems) o Determine if the client is appropriate for EMDR selection. Identifies 'red flags' including screening for Attachment and Dissociative Disorders. o 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. o 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. o Demonstrates an ability to conceptualise the case utilising the AIP model o Clarifies the child's and/or the caregiver desired goals of treatment o That the child and the caregivers are able to effectively deal with high levels of physical and emotional disturbance o To determine appropriate target selection and target sequencing in consideration to the past, present & future as appropriate from the child's perspective o Identify a 'touchstone' event that relates to the child's issue. o In cases of multiple targets to utilise prioritising or clustering when appropriate	

2. Preparation: **The supervisee is able to establish an effective therapeutic relationship consistent with National or Professional standards and Code of Conduct.** **The supervisee is able to establish therapeutic relationships with both child and caregiver.** **The supervisee has a sound grounding in all aspects of child development, including an awareness of:** • **language development** • **the age at which the child develops the ability to cross the midline** • **attention and listening skills** **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.** The supervisee is effective in: • 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	

5. Installation **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.** If relevant • 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'.	
6. Body Scan **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** • The supervisee is prepared for the possibility of further material coming up and to respond appropriately.	

7. Closure **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** • 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	
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 is aware of the developmental EMDR protocol and works where appropriately with the caregivers in gaining information. The supervisee actively integrates the targeting session within an overall treatment plan by: If relevant • 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:	
1. Supervisee demonstrates an understanding of PTSD and traumatology including of developmental and systemic issues 2. Supervisee demonstrates an understanding of using EMDR as part of a comprehensive therapy intervention	
3. Supervisee demonstrates experience in applying the Developmental EMDR protocol and procedures to clinical problems affecting children, adolescents and their families.	
PART D	
Please specify the context within which the EMDR Consultation/ Clinical Supervision took place and the number of hours: • Face to face [individual] …..…. hours • Face to face [Group] ……. Hours • Telephone……. Hours • Email……. Hours • Other……... hours	
1. Please specify your reasons for recommending your supervisee's accreditation as an EMDR Europe Practitioner?	.

EMDR Clinical Supervisor/Consultant Signature: ……..……

Please print name: ……. Date: ……

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- Accreditation in mental health work with children and adolescents
- It is compulsory to complete an EMDR Europe Basic Training
- Completed either Level C&A EMDR 1 & 2 or PART 1 2, & 3 of a recognised EMDR Europe Training.
- Completed either Level C&A EMDR 1 & 2 or PART 1 2, & 3 of a recognised EMDR Europe Training. According to the national EMDR guideline and the content of the training in some countries it is necessary to complete an EMDR (adult) training or parts of it .
- No. of EMDR Sessions to be completed by applicant - Minimum 50
- No, of clients to be treated with EMDR by the applicant - Minimum 25
- No. of hours Consultation - Until the applicant has demonstrated 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 consultation from an EMDR Europe Approved Consultant
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