



EMDR EUROPE ACCREDITED PRACTITIONER COMPETENCY BASED FRAMEWORK ALGORITHM VERSION

Outline of this document:

The purpose of this algorithm version of the EMDR Europe Accredited Practitioner Framework is to determine a quantitative instrument in determining competency in clinical practice of EMDR Therapy. It can be used as both a **formative** and **summative** assessment tool. Formative Assessment is an ongoing activity to assist and guide the EMDR Supervisee in their journey towards becoming an EMDR Europe Accredited Practitioner. More specifically formative assessment:

- Helps the EMDR Supervisee to identify their strengths and weakness, so as to then target areas that need further work and future development
- To identify areas where the EMDR Supervisee is potentially struggling, to then aid addressing these issues more readily

The goal of Summative Assessment is to evaluate the EMDR Supervisee's competency prior towards submission in seeking EMDR Europe Accreditation as a Practitioner and marks the end of an instructional EMDR Standard Training, the integration of theory into clinical practice and clinical supervision from an EMDR Europe Accredited Consultant/ Clinical Supervisor including the Competency Framework Criteria (ratified version July 2019) outlined below:

Guidelines for Accreditation as an EMDR Europe Accredited Practitioner

- Applicants must have completed EMDR Standard (minimum of 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 applicant's 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 Consultant/Clinical Supervisor's Reference for the EMDR Europe Accredited Practitioner Competency-Based Framework

EMDR Consultant/ Clinical Supervisor Accreditation Reference Guideline and Checklist	Rating Instrument			
	1. Novice 2. Intermediate 3. Competent 4. Advanced			
Part A: Theoretical Framework of EMDR Therapy and the Adaptive Information Processing Paradigm				
	Novice	Intermediate	Competent	Advanced
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.	1	2	3	4
PART B: THE STANDARD EIGHT- PHASE PROTOCOL				
Phase 1: History Taking: The Supervisee is able to ascertain an appropriate general history from the client incorporating the following elements:				
Obtain a history of the origins of the disorder informed by the AIP model including dysfunctional behaviour and symptoms	1	2	3	4
Determine if the client is appropriate for EMDR Therapy? Identifies ‘red flags’ including screening for Dissociative Disorders.	1	2	3	4
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	1	2	3	4
Demonstrates an ability to conceptualise the case utilising the AIP model	1	2	3	4
Clarifies the client’s desired state following therapeutic intervention	1	2	3	4
That the client is able to effectively deal with high levels of physical and emotional disturbance	1	2	3	4
To determine appropriate target selection and target sequence plan considering past, present & future	1	2	3	4
In cases of multiple targets to utilise either prioritising or clustering	1	2	3	4
Identify a ‘touchstone memory’ event that relates to the client’s issue.	1	2	3	4

Phase 2: Preparation

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

Obtain a history of the origins of the disorder informed by the AIP model including dysfunctional behaviour and symptoms	1	2	3	4
Determine if the client is appropriate for EMDR Therapy? Identifies 'red flags' including screening for Dissociative Disorders.	1	2	3	4
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	1	2	3	4
Demonstrates an ability to conceptualise the case utilising the AIP model	1	2	3	4
Clarifies the client's desired state following therapeutic intervention	1	2	3	4
That the client is able to effectively deal with high levels of physical and emotional disturbance	1	2	3	4

Phase 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

Selecting target image and worst aspect	1	2	3	4
Identifying the Negative & Positive Cognitions	1	2	3	4
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	1	2	3	4
Ensuring cognitions are within same domain/ matched category	1	2	3	4
When necessary the supervisee effectively assists the client in identifying a pertinent NC & PC	1	2	3	4
Utilising the Validity of Cognition (VOC) scale at an emotional level and in direct relation to the target	1	2	3	4
Identifying emotions generated from the target issue or event	1	2	3	4
Consistently using the Subjective Units of Disturbance [SUD's] scale to evaluate the total disturbance	1	2	3	4
Identifying body sensations and location	1	2	3	4

Phase 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:

By reminding clients to just 'notice' whatever comes up during processing whilst encouraging the client to not discard any information that might be generated.	1	2	3	4
Being aware that changes during processing relate to images, sounds, cognitions, emotions and physical sensations	1	2	3	4
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	1	2	3	4
Demonstrating post 'Set' interventions, and evidence of 'staying out of the way' as much as possible.	1	2	3	4
Engaging in the use of verbal & non-verbal reassurance to client's during each 'Set'	1	2	3	4
Maintaining momentum throughout the desensitisation stage with minimalist intervention where possible	1	2	3	4
Returning to target when appropriate	1	2	3	4
When processing becomes blocked appropriate interventions are utilised including alteration in the Bilateral Simulation and/or the utilisation of Cognitive Interweaves	1	2	3	4
Please specify examples of effective cognitive interweaves utilised during the Desensitisation Phase when processing has become blocked	1	2	3	4
Effectively managing client's heightened levels of affect accelerating and de-accelerating as appropriate.	1	2	3	4

Phase 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 enhances the Positive Cognition (PC) linked specifically with the target issue or event	1	2	3	4
The Positive Cognition is checked for both applicability and current validity, ensuring the PC chosen is the most meaningful to the client	1	2	3	4
Utilising the Validity of Cognition scale to evaluate the Positive Cognition	1	2	3	4
Addressing any blocks during the 'Installation Phase'.	1	2	3	4
If new material emerges supervisee effectively returns to the most appropriate phase of the EMDR Protocol or the utilisation of an 'Incomplete Session'	1	2	3	4

Phase 6: Body Scan

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:

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)	1	2	3	4
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'	1	2	3	4

Phase 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:

Allowing time for closure	1	2	3	4
Utilising the debrief	1	2	3	4
Effectively utilising the 'Incomplete Session'	1	2	3	4
Incorporating appropriate containment exercises and safety assessment	1	2	3	4
Encouraging clients to maintain a log between sessions	1	2	3	4

Phase 8: Re-evaluation of the 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:

Returning to previous targets	1	2	3	4
Identifying client evidence of re-adjustment	1	2	3	4
Clarifying if the individual target has been resolved	1	2	3	4
Determining if other material has been activated and that needs addressing	1	2	3	4
Ensuring all necessary targets have been processed in relation to the past, present and future	1	2	3	4
Utilising, when necessary, the 'Future/ Positive Template'	1	2	3	4
Determining if the client has readjusted appropriately to their social system	1	2	3	4
The supervisee effectively terminates therapy	1	2	3	4

PART C:				
Supervisee demonstrates an understanding of PTSD and traumatology.	1	2	3	4
Supervisee demonstrates an understanding of using EMDR Therapy either as part of a comprehensive therapy intervention or as a means of symptom reduction. Identifying client evidence of re-adjustment	1	2	3	4
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.	1	2	3	4
Instrument Scoring				
Total of Each Column				
Total Score				
Minimum Score Needed:	174			

PART D:	
Please specify the context within which the EMDR Therapy Clinical Supervision/ Consultation took place and the number of hours: 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 Europe Accredited Consultant/ Clinical Supervisor Signature:

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: