EMDR EUROPE ACCREDITED C&A PRACTITIONER COMPETENCY-BASED FRAMEWORK

Guidelines for Accreditation as an EMDR Europe C&A Practitioner

1. Preconditions

- Applicants must have completed an EMDR Europe Accredited Standard Generic Training and an EMDR Europe Accredited Child & Adolescent (C&A) Training (minimum 4 days plus a total of 10 hours of clinical supervision), delivered by an EMDR Europe Accredited C&A Trainer.
- Applicants must be members of their National EMDR Association at the time of application for accreditation.

2. Accreditation Criteria

- The applicant has participated in EMDR Clinical consultation for a minimum of 20 sessions (either individual or group), has presented the required minimum 25 clinical cases during these sessions, and has demonstrated competence in all areas of Parts A, B, and C of the Competency Framework under consultancy by an EMDR Europe C&A Consultant.
- The applicant has conducted a minimum of 50 EMDR sessions and has treated at least 25 child and/or adolescent clients using EMDR therapy as an eight-phase psychological treatment intervention, demonstrating the ability to apply the EMDR standard protocol for C&A (4-18 years) and the EMDR storytelling method and adaptations when clinically appropriate.
    - This is a *minimum requirement*; the essential criterion is the applicant's ability to demonstrate competence across all eight phases, which may require work with more than 25 child and/or adolescent clients.
- The EMDR C&A Consultant needs to have directly witnessed the applicant's EMDR work, either through the use of video or In Vivo with one child under 8 years and one child or adolescent 8 years or above, which are judged by an EMDR Europe C&A Consultant. Exception: Videos or direct observation of work can be accepted where appropriate adaptations are made for youth who require an intervention designed for children under eight, rather than requiring a video of a child based on their chronological age. The supervisee needs to give a valid rationale for using this exception.

- **Note:** Video material or *in vivo* observations are reviewed over time across multiple excerpts as part of an ongoing process that support consultation and learning toward becoming an EMDR Europe C&A Practitioner, rather than serving as a single final assessment.

3. Professional References and Documentation

- The applicant provides a reference in support of their application, which must be written by their EMDR Europe C&A Consultant.
- The applicant submits all documentation required by the National Accreditation Committee to the National Association.

4. Accreditation Period and Re-Accreditation

- EMDR Europe Accreditation as an EMDR Europe C&A Practitioner is valid for a period of five years.
- After five years, applicants must apply for re-accreditation to maintain their EMDR Europe C&A Practitioner accreditation
- Re-accreditation is based on evidence of continued C&A EMDR practice, consultation, and professional development in accordance with EMDR Europe standards.

5. Additional Considerations

- Accreditation is based on the **demonstration of clinical competence**, ethical practice, and reflective integration of EMDR therapy within the applicant's overall clinical framework, not solely on the completion of minimum numerical requirements.
- National Accreditation Committees are encouraged to exercise judgment and flexibility in special circumstances, taking into account specific legal, and professional requirements within their national contexts, while maintaining consistency with EMDR Europe standards.

EMDR C&A PRACTITIONERACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	
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 STANDARD EIGHT- PHASE PROTOCOL	
☐	Obtains informed consent from the child and caregivers.
1. History Taking - The Supervisee is able to ascertain an appropriate general history from the child/adolescent and/or caregiver incorporating the following elements:	
☐	Ensures that any parent/carer issues related to the child's trauma experience have been addressed prior to addressing the needs of the child.
☐	Recognizes relevant parent/carer trauma history that may affect the parent's capacity to support the child through therapy.
☐	Obtains a history of the origins of the disorder informed by the AIP model, including dysfunctional behaviour and symptoms, and age-related manifestations of the child's response to trauma.
☐	Is able to contextualise symptoms within the developmental history and systemic framework (family and other systems).
☐	Determines whether EMDR is indicated. Identifies 'red flags', including screening for attachment and dissociative disorders. By "red flags" we mean relative contraindications—factors that do not exclude treatment per se, but indicate that timing and stability are critical. Identifying red flags includes screening for attachment difficulties and dissociative disorders, as these may significantly affect safety and treatment readiness. Examples of such relative contraindications include: current insecurity or instability in the living situation, insufficient affect tolerance, ongoing legal proceedings, relevant medical conditions, and substance misuse These factors call for careful clinical judgment and, where necessary, postponement or preparatory stabilization, with safety as the primary concern.
☐	Is able to determine whether the child can develop a safe/positive place.
☐	Demonstrates an ability to conceptualise the case using the AIP model.
☐	Clarifies the child's and/or caregiver's desired treatment goals.
☐	Determines appropriate target selection and target sequencing, considering past, present, and future aspects as appropriate from the child's perspective, including 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.	
☐	Establishes therapeutic relationships with both the child and the caregiver.
☐	Demonstrates sound grounding in all aspects of child development.
☐	Works with the child to ensure awareness of, and the ability to communicate, thoughts, emotions, and sensations.
☐	Tests the dual-attention stimulus with the child
☐	Develops age-appropriate methods of bilateral stimulation/ dual attention
☐	Teaches and checks the child's ability to self-regulate, including the utilisation of a safe/secure person and resource installation
☐	Makes clients aware of the 'Stop' signal
☐	Demonstrates an effective ability to address the child's and caregivers' concerns, fears, queries, or anxieties about the therapy.

☐	Utilises an effective metaphor to explain how EMDR works and supports recovery, facilitating shared understanding and strengthening the therapeutic relationship
☐	Where the experience(s) is (are) pre-verbal, the supervisee is able to work with the EMDR storytelling method
	3. **Assessment** - 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.
☐	Demonstrates knowledge of the standard protocol for children and adolescents (4-18 years) with age-appropriate adaptations (4–5 years, 6–8 years, 9–12 years, and 13-18), recognising that young children may be unable to identify cognitions and that these may emerge during processing. For children 0-3 years, the EMDR storytelling method is used.
☐	Works with the parent/carer to develop an appropriate story from the perspective of the child.
☐	When age-appropriate, selects the target image and worst aspect.
☐	As appropriate to the child's developmental level, identifies both negative and positive cognitions related to the target.
☐	Establishes negative cognitions that are currently held negative self-referencing beliefs, which are irrational, generalisable, and have affective resonance that accurately focuses on the target
☐	Ensures that the negative and positive cognitions are matched and within the same cognitive domain.
☐	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 by the target
☐	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
☐	Identifies and locates associated body sensations, related to the target.
	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 arises during processing, while encouraging the child not to discard any information that may emerge.
☐	Recognises that changes during processing may relate to images, sounds, cognitions, emotions, and physical sensations.
☐	Demonstrates competence in the provision of bilateral stimulation/ dual attention, emphasising the importance of eye movements and, when necessary, the utilisation of other forms of BLS (e.g. tapping or butterfly hug).
☐	If necessary, engages in the use of verbal and non-verbal reassurance with the child during each 'set'.
☐	Maintains momentum throughout the desensitisation stage with minimal intervention where possible, while recognising the need for breaks and shorter sessions when working with young children.
☐	Returns to the target (Back to Target) when appropriate.
☐	Utilises appropriate interventions when processing becomes blocked, including alterations to bilateral stimulation and/or the use of cognitive interweaves.
☐	Effectively manages the child's hypo- and hyperarousal (including severe abreactions, dissociation, and physical or mental health emergencies).
	5. Installation - during the Installation Phase, the Supervisee focuses on fully integrating a positive cognition related to the target.
☐	If relevant, facilitates and strengthens the Positive Cognition (PC) that is specifically linked to the original target.
☐	Checks the Positive Cognition for both applicability and current validity, ensuring that the selected PC is the most meaningful and resonates with the child.
☐	Uses the Validity of Cognition (VOC) scale to assess the strength and integration of the Positive

	Cognition.
☐	Recognises and effectively manages any processing blocks that arise during the Installation Phase, applying appropriate clinical interventions as needed.
☐	If new material related to the target memory emerges, appropriately returns to the relevant phase of the EMDR Standard Protocol for C&A or utilises the *incomplete session* procedure when indicated.
	6. Body Scan – the Supervisee utilizes the body scan of the standard protocol for C & A appropriately
☐	Enables the child to recall the memory and the positive cognition (if it is available) in mind and notice the body sensations
☐	Is prepared for further material to surface and responds appropriately by either returning to the most appropriate phase of the EMDR Protocol or utilising the *incomplete session*.
	7. **Closure -** during the Closure Phase, the supervisee consistently closes the session with an explanation that helps the child leave the session in a contained state.
☐	Effectively utilises the *incomplete session procedure*.
☐	Informs the child and caregivers that material may arise between sessions and explains how to manage this.
☐	Allows sufficient time for closure.
☐	Encourages the caregiver 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 previously targeted material has been resolved and determines whether further processing is required. Actively integrates the targeting session within the overall treatment plan by:
☐	Identifying changes in the child's behaviour and related responses, where appropriate, and working with caregivers to obtain information.
☐	Clarifying whether the individual target has been resolved.
☐	Returning to previous targets when relevant.
☐	Determining whether other material has been activated and requires further attention.
☐	Ensuring that all necessary targets have been processed in relation to the past, present, and future.
☐	Utilising the Future / Positive Template when necessary.
	PART C
☐	1. Supervisee demonstrates an understanding of PTSD and traumatology, including 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 EMDR standard protocol for C&A and the EMDR storytelling method, and procedures to clinical problems affecting children, adolescents and their families.
	PART D
	1. Please specify the context within the EMDR Consultation took place and the number of hours: • Individual (face to face, online or other) - __ hours • Group (face to face, online or other) - __ hours 2. Please specify the reasons why you recommend this Supervisee for EMDR Europe Accreditation as a C&A Practitioner:

EMDR Europe C&A Consultant signature: ……

Date: _.....

Note: A record of each accreditation consultation, including date and duration, must be maintained and accessible to both the supervisee and the accrediting EMDR Europe Consultant.

EMDR Europe Practice Committee - January 2027