**EMDR Europe Accredited Practitioner**

**Competency-Based Framework**

**APPLICATION FORM TO BE COMPLETED IN MICROSOFT WORD (OR EQUIVALENT), PRINTED OUT, SIGNED WHERE APPROPRIATE, SCANNED, AND SENT AS EMAIL ATTACHMENT TO:**

**EMDR Association UK & Ireland**

info@emdrassociation.org.uk

**Section I:** Applicant’s details

**Section II:** Criteria for accreditation as an EMDR Europe Accredited Practitioner

**Section III:** Record of EMDR clinical contact activity

**Section IV:** EMDR Europe clinical supervisor’s checklist – Practitioner competency-based framework - ***Section to be completed by applicant’s EMDR Europe Clinical Supervisor***

**Section V:** Second reference in support of the application for EMDR Europe Accreditation

**Section VI**: Re-accreditation criteria

**Section I:** Applicant’s details

**Name:** Click here to enter text..

**Address 1:**  Click here to enter text..

**Address 2:** Click here to enter text.

**Address 3:** Click here to enter text.

**Daytime Tel:** Click here to enter text..

**Evening Tel:** Click here to enter text..

**Mobile Tel:** Click here to enter text..

**Email:** Click here to enter text.

**Qualifications:** Click here to enter text...

**Core Profession:** Click here to enter text..

**Name of EMDR Europe Accredited Clinical Supervisor/ Consultant supporting this application:**

Click here to enter text..

**EMDR Europe Clinical Supervisor/ Consultant’s email address:**

Click here to enter text..

**Section II:** Criteria for accreditation as an EMDR Europe Accredited Practitioner

The following criteria for EMDR Europe accreditation MUST be met:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| 1. You are a member of the EMDR Association UK & Ireland.
 | [ ]  |
| 1. You have enclosed copies of certificates confirming your completion of EMDR Basic Training Parts 1, 2 and 3.
 | [ ]  |
| 1. You have enclosed copies of your current licence/verification/registration as a mental health professional recognised by EMDR Association UK & Ireland.
 | [ ]  |
| 1. You have completed a minimum of two years’ experience post-qualification under criterion 3.
 | [ ]  |
| 1. 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.***
 | [ ]  |
| 1. 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]** | [ ]  |
| 1. Please indicate how many clients you have treated with EMDR **(minimum 25 after beginning EMDR basic training. Corroborated by an Accredited EMDR Europe Clinical Supervisor**). **[*P*lease provide details using the record form below under Section III].**
 | [ ]  |
| 1. 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 from January 2011, ten hours are counted from Parts 1-3 of Basic Training.]***
 | [ ]  |
| 1. The EMDR Clinical Supervisor supervising your application has directly witnessed your EMDR work either on video or In Vivo.
 | [ ]  |
| 1. 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.]***
 | [ ]  |
| 1. You have enclosed a second reference in support of your application from a person who is in a position to comment upon your professional practice and standing.
 | [ ]  |
| 1. You have paid the accreditation fee of £80, either online by BACS to EMDR UK & Ireland Association (details to be sent a cheque for £80, made payable to 'EMDR Association UK & Ireland' (non-refundable).
 | [ ]  |
| 1. You have stated your supervisor's name and email address details on p.1.
 | [ ]  |
| 1. 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 & Ireland are **‘The Birmingham Criteria’** ***(Refer to Section V).***
 | [ ]  |
| 1. Your signature:

 Date: Click here to enter a date. |

 |  |

**SECTION III:** Record of EMDR clinical contact activity

**[Form to be used for both EMDR Europe Practitioners and Consultants]**

|  | **CLIENT'S NUMBER & INITIALS** | **PRESENTING PROBLEM** | **DATE FIRST SEEN** | **NUMBER OF SESSIONS** | **SETTING WHERE TREATMENT TOOK PLACE** |
| --- | --- | --- | --- | --- | --- |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Total Clients Seen: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Name and Signature of EMDR Europe Clinical Supervisor**Name Click here to enter text.Signature: | **Name and Signature of Applicant**Name: Click here to enter text.Signature: | **Date**Click here to enter a date.. |

**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:** |
| 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. | Click here to enter text. |
| **Part B: The Basic Eight- Phase Protocol** |
| 1. **HISTORY TAKING:**

**The Supervisee is able to take an appropriate general history from the client incorporating the following elements:*** 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.
 | Click here to enter text.. |

|  |  |
| --- | --- |
| 1. **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.
 | .Click here to enter text. |
| 1. **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.
 | .Click here to enter text. |

|  |  |
| --- | --- |
| 1. **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 Simulation 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.
 | .Click here to enter text. |
| 1. **INSTALLATION**

**During the ‘Installation Phase’ the supervisee concentrates primarily upon the full integration of a positive self-assessment with the targeted information:*** 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’.
 | .Click here to enter text. |

|  |  |
| --- | --- |
| 1. **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 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’
 | .Click here to enter text. |
| 1. **CLOSURE**

**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:*** 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.
 | .Click here to enter text. |
| 1. **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
 | .Click here to enter text. |

|  |
| --- |
| **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.
 | Click here to enter text |
| **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) – Please specify hours: Click here to enter text[ ] Face to face (group) – Please specify hours: Click here to enter text [ ] Telephone/Skype – Please specify hours: Click here to enter text[ ] Email – Please specify hours: Click here to enter text[ ] Other – Please specify hours: Click here to enter text |
| 1. Please specify your reasons for recommending your supervisee’s accreditation as an EMDR Europe Practitioner?
 | Click here to enter text |
| EMDR Clinical Supervisor/Consultant Signature: | Print name: Click here to enter textSignature: |

|  |
| --- |
| **Guidelines for Accreditation as an EMDR Europe Accredited Practitioner*** Completed EMDR Basic training by a recognised EMDR Europe Trainer
* Applicants are required to be members of their National EMDR Organisation
* No. of hours EMDR Clinical Supervision/ Consultation - 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/ Consultant. (Note that 10 hours are counted from Parts 1-3 of the Basic Training.)
* The EMDR Clinical Supervisor/ Consultant supervising the applicant needs to have directly witnessed the applicants EMDR work either on video or In Vivo.
* No. of EMDR Sessions to be completed by applicant - Minimum 50
* No. of clients to be treated with EMDR by the applicant - Minimum 25
* References to support Application: Two references are required, one from an EMDR Europe Accredited Clinical Supervisor/ Consultant, and the second from a person who can comment upon the applicant’s professional practice and standing.

**EMDR Europe Practice Sub-Committee January 2008** |

## 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** Click here to enter text.**as outlined in**

1. **the enclosed reference**
2. **the attached competency framework document.**

**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.**

Please indicate the period during which you have provided supervision to this supervisee:

**Start date:**  Click here to enter a date.

**End date:**  Click here to enter a date. **(Indicate if ongoing):** Click here to enter text.

.

## EMDR Clinical Supervisor/Consultant Signature:

**Please print name:** Click here to enter text. **Date:** Click here to enter a date..

**Supervisee’s Signature: Date:** Click here to enter a 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 & Ireland Accreditation Committee

**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:** Click here to enter text

**I know the applicant from the following context:** Click here to enter text

**Please Tick:**

|  |
| --- |
| Head of Service/ Clinical Manager [ ]  |
| Professional Colleague [ ]  |
| Academic Colleague [ ]  |
| Clinical Supervision Group member [ ]  |

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

**Please print name:** Click here to enter text

**Signature:**

**Date:** Click here to enter a date.

**Section VI:** Re-accreditation criteria for EMDR Association UK & Ireland Accredited Practitioners and Consultations

**SUPPORTING DOCUMENTS TO BE EMAILED TO:**

**EMDR Association UK & Ireland**

**Email Address:** info@emdrassociation.org.uk

**[Birmingham Criteria – Ratified Version November 2006/ Up-dated version November 2010]**

**Revised May 2016**

1. In order to seek re-accreditation with EMDR UK & Ireland, applicants must be paid up members of the Association.

2. Applicants must apply in writing, indicating whether they are applying for Practitioner or Consultant re accreditation

 3. Applicants are asked to provide a checklist, in their letter of application, of the documentation they are providing as evidence in support of their application.

4. Individual practitioners are responsible for their own continuing professional development (CPD) throughout the entire five-year registration period and **must provide evidence of a minimum of 50 Credits** of continual education relating to EMDR, a minimum of 50% of which must be participation in EMDR focused workshops. Applicants are asked to list in their letter of application the CPD credits they are evidencing in addition to providing copies of the CPD certificates.

5. Applicants for re-accreditation as **Practitioners** **must provide two letters of recommendation, one from an EMDR UK & Ireland Consultant regarding their clinical work and a second professional reference** from a clinical supervisor/manager. Those seeking re accreditation as **Consultants must provide a letter of recommendation from an EMDR UK & Ireland Consultant regarding their clinical work and role as a Consultant in offering Clinical Supervision to other EMDR practitioners, together with a second reference surrounding the applicants standing and contribution within the field of EMDR.**

**Consultants providing references are asked to include in their letters of support the following text:**

***I attest that this is an honest and valid evaluation of the supervisee***

***I understand that if for any reason information is forthcoming to suggest that this is not the case the consultant and/or supervisee may forfeit their accreditation and possibly Association membership.***

6. Applicants **must provide evidence of** ***at least three*** of the following activities to cover the previous five year registration period:

* Attendance and/or participation in EMDR trainings
* Attendance and/or participation in area related trainings
* Attendance and/or participation in conferences
* Attendance and/or participation in EMDR focused workshops
* Attendance and/or participation in area related workshops
* Involvement in both the provision and receipt of EMDR Clinical Supervision
* EMDR Case Consultation
* Relevant publications relating to EMDR
* EMDR research focused activity
* Contribution to raising the profile of EMDR

7.       All applications will then be considered through the EMDR UK & Ireland Accreditation Committee. If successful the period of renewal will be for a further five-year period.

 **Chair EMDR Association UK & Ireland Accreditation Committee**