**EMDR Association of Australia Accredited Practitioner**

**Competency Based Framework**

**APPLICATION FORM to be returned to:**

**EMDR Association of Australia**

**Email Address: accred@emdraa.org**

**Section I:** Applicant’s details

**Section II:** Criteria for Accreditation as an EMDR Association of Australia (EMDRAA) Practitioner

**Section III:** Record of EMDR Clinical Contact Activity

**Section IV:** EMDRAA Consultant Checklist – Practitioner Competency Based Framework - ***to be completed by the applicant’s EMDRAA Consultant***

**Section V:** Second Reference in Support of the application for EMDRAA Accreditation

**Please ensure this application is completed in printed format and not hand written**

**SECTION I: Applicant’s Details**

**Name:…………………………………………….………………………..............................................**

**Address: …………………………………………………………………..............................................**

**……………………………………………………………………..............................................**

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# Preferred Telephone Contact:……………………………………................................

**E-mail Address: …………………………………………………………………...................................**

**Core Profession: ……………………………………………………….........................................**

**Name of EMDRAA Consultant supporting this application:**

**……………………………………………………………………………….......................................**

**Please provide your EMDRAA Consultant’s e-mail address:**

**Section II**: **The following criteria for EMDRAA accreditation MUST be met.**

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| |  |  |  | | --- | --- | --- | | 1. Are you a member of the EMDR Association of Australia? | **YES** | **NO** | | 1. Have you enclosed evidence of your completion of EMDR Basic Training? Certificate or letter from trainer? Must include date of completion. | **YES** | **NO** | | 1. Have you enclosed copies of your current AHPRA registration?   If from NZ a current practicing certificate. | **YES** | **NO** | | 1. How many years experience have you have had after completing EMDR Basic Training? ***At least one year is required after completion of EMDR Basic Training.*** | Total = | | | 1. How many EMDR sessions you have conducted?   **(minimum 50 post Commencing EMDR Basic training** - **Corroborated by Accredited EMDRAA Consultant**) [**Please provide details utilising the enclosed record form - Section III]** | **Total =** | | | 1. How many clients you have treated with EMDR **(minimum 25 post Commencing EMDR Basic training - Corroborated by Accredited EMDRAA Consultant**) **[Please provide details utilising the enclosed record form – Section III]*.*** | **Total =** | | | 1. How many hours of EMDRAA Consultancy have you received? (**Minimum 10 hours clinical consultation from an EMDRAA Accredited Consultant required after completing basic training**) | **Total =** | | | 1. Has your EMDRAA Consultant directly witnessed your EMDR work either through the use of video/DVD or In Vivo or role play? | **YES** | **NO** | | 1. Have you enclosed a reference of recommendation from an Accredited EMDRAA Consultant regarding your professional utilisation of EMDR therapy in practice, clinical supervision, consultation, ethics in practice and professional character? **(Please refer to Section IV)** | **YES** | **NO** | | 1. Have you 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? | **YES** | **NO** | | 1. Have you made payment for **$AUD150**, payment can be made by Clicking on this link: <https://www.registernow.com.au/secure/Register.aspx?E=20478> | **YES** | **NO** | | 1. You are aware that your EMDRAA Certificate is for **5 years duration** after which you will need to apply for reaccreditation. This will require documentation of CPD (continuing professional development) activity. | **YES** | **NO** | | 1. Signature of the applicant:   Date: | | | |

**Section III: Record of EMDR Clinical Contact Activity**

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| **CLIENT NUMBER** | **PRESENTING PROBLEM** | **DATE FIRST SEEN** | **NUMBER OF EMDR THERAPY SESSIONS** | **WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?**  **(At least 5 clients must have received all 8 phases)** | **PROTOCOLS**  **USED-standard or those applied to special situations** | **OUTCOMES / COMMENTS** |
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**Section IV: EMDRAA Consultant’s Checklist**

**Practitioner Competency Based Framework**

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| **EMDRAA Consultant Accreditation Reference Guideline and Checklist** | **EMDRAA Consultant Comments**  **Please provide Detailed Comments in support of each competency** |
| **Part A:** | |
| The applicant 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. |  |
| **Part B: The Basic Eight- Phase Protocol** | |
| 1. **History Taking:**  * 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 selection? Identifies ‘red flags’ including screening for Dissociative Disorders. * Is able to identify appropriate safety factors including the utilisation of the Dissociative Experience Scale II (DES) and other instruments as appropriate. * Conceptualises the case utilising the AIP model. * Establishes that the client is able to effectively deal with high levels of physical and emotional disturbance * Selects appropriate target selection and target sequencing in consideration to the past, present & future * Utilises either prioritising or clustering in cases of multiple targets.   . |  |

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| 1. **Preparation:**  * Obtains informed consent from clients * Establishes a therapeutic relationship * Tests Bilateral Stimulation (BLS) with clients * Teaches and checks client’s ability to self-regulate including the utilisation of the safe/secure place and resourcing with clients * Makes client’s aware of the ‘Stop’ signal * Addresses client’s concerns, fears, queries or anxieties * Utilisation of an effective metaphor * Instructs client to ‘just notice’ whatever comes up during processing whilst encouraging the client to not discard any information than might be generated. |  |
| 1. **Assessment**  * Selects target image and worst aspect * Identifies the appropriate Negative & Positive Cognition * 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 * Consistently uses of the Subjective Units of Disturbance [SUD’s] scale to evaluate the total disturbance * Identifying body sensations and location |  |

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| 1. **Desensitisation**  * Demonstrates competency in the provision of Bilateral Stimulation emphasising the importance of eye movements * ‘Stays out of the way’ as much as possible * Uses post ‘set’ interventions where appropriate. * Engages in the use of verbal & non-verbal reassurance to clients during each ‘set’ * Maintains momentum throughout the desensitisation stage with minimalist intervention where possible * Returns to target when appropriate * When processing becomes blocked, uses appropriate interventions including alteration in the Bilateral Simulation and/or the utilisation of Interweaves * Please specify examples of effective Interweaves utilised during the ‘Desensitisation Phase’ when appropriate * Effectively manages client’s heightened levels of affect * Effectively assesses progression towards resolution and avoids the over use of checking SUDS * Contains where appropriate and grounds the client when the session is incomplete |  |
| 1. **Installation**  * The Positive Belief is checked for both applicability and current validity ensuring the Positive Belief chosen is the most meaningful to the client * The applicant enhances the Positive Belief linked specifically with the target issue or event * Utilise the Validity of Cognition (VoC) scale to evaluate the Positive Belief * Addresses any blocks during the ‘Installation Phase’. * If new material emerges the applicant effectively returns to the most appropriate phase of the EMDR Protocol or the utilisation of an ‘Incomplete Session’ * Knows how to respond to the emergence of new material during the installation phase |  |

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| 1. **Body Scan**  * Guides client through a body scan * Prepares 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 a ‘Incomplete Session’ |  |
| 1. **Closure**  * Allows time for closure * Utilises the debrief, including that post-session processing may occur * Effectively utilises the ‘Incomplete Session’ * Incorporates appropriate containment exercises and safety assessment * Encourages clients to maintain a log between sessions * Offers opportunity to access therapist support if required |  |
| 1. **Re-evaluation of previous session**  * Returns to previous targets * Identifies client evidence of re-adjustment * Ensures that the individual target been resolved * Ensures that other activated material been addressed * All necessary targets have been processed in relation to the past, present and future * Utilises, when necessary of a ‘Future/ Positive Template’ * Ensures that the client has readjusted appropriately with their social system * Effectively terminates therapy | . |

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| **Part C:** | |
| 1. The applicant demonstrates an understanding of PTSD and traumatology 2. The applicant demonstrates an understanding of using EMDR either as part of a comprehensive therapy intervention or as a means of symptom reduction. |  |
| 1. The applicant demonstrates experience in applying the standard EMDR protocol and procedures to special situations and clinical problems, including recent events, phobias, excessive grief, somatic disorders and self-use. |  |
| **Part D** | |
| 1. Please specify the context within which the EMDRAA Consultation took place and the number of hours:  * Face to face [individual] …..….. hours * Face to face [Group] ………. hours * Telephone………. hours * Skype ……….hours * Email………. hours * Other…….... hours |  |
| 1. Please specify your reasons for recommending your applicant’s accreditation as an EMDRAA Practitioner? | . |

## EMDRAA Consultant’s Signature: ……………..…………………………

**Please print name: .………………………………………….… Date: …………………….**

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| **Guidelines for Accreditation as an EMDRAA Accredited Practitioner**   * Completed EMDR Basic training by a recognised EMDRAA Trainer * Applicants are required to be members of EMDRAA * Number of hours EMDRAA 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 **10 hours of consultation** from an EMDRAA Consultant * The EMDRAA Consultant needs to have directly witnessed the applicant’s EMDR work either through the use of video/DVD or In Vivo * Number of EMDR Sessions to be completed by applicant - Minimum 50 * Number of clients to be treated with EMDR by the applicant - Minimum 25 * Two references are required, one from an EMDRAA Consultant and the second from a person who can comment upon the applicant’s professional practice and standing.   **EMDRAA Board**  **November 2012** |

## I confirm that the Applicant for Accreditation for EMDRAA Accredited Practitioner has completed a minimum of 10 Hours Clinical Consultation:

## EMDRAA Consultant’s Signature:…….………………………….....................

**Please print name: ………………………………...................... Date:………………………….**

**Applicant’s Signature: …………………………..................... Date:………………………….**

**Section V: Second Reference in Support of an Application for EMDRAA**

**Accreditation**

**This reference forms part of the application process for accreditation as an EMDRAA Practitioner**

**I support this application for EMDRAA Accreditation as an EMDRAA Practitioner for:**

**Name of Applicant:..................................................................................................**

**I know the applicant from the following context:**

**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 therapy and that the applicant’s professional practice is in accordance with the ethical guidelines of their respective professional organisation.

It will be helpful if you could comment on the applicant’s integration of EMDR therapy into their general work and if possible, provide details and examples of the following:

* Benefits to the service and clinical outcomes regarding the applicant’s use of EMDR Therapy.
* Feedback from clients and or clinical colleagues regarding the applicants use of EMDR Therapy
* Examples of how the applicant has promoted / developed EMDR therapy through education / teaching

Please provide this information in the form of a short report on a separate sheet if needed.

**Please print name:....................................................................................................**

**Signature:................................................................................................................**

**Date:.......................................................................................................................**