**EMDR Association of Australia (EMDRAA)**

**Accredited Consultant**

**Competency Based Framework**

**APPLICATION FORM to be returned to:**

**Email Address:** [accred@emdraa.org](mailto:accred@emdraa.org)

**Part A:** Applicant’s details

**Part B:** Minimum Requirements & Evidence Checklist

**Part C:** Consultant Competency Based Framework - ***to be completed by the applicant’s EMDRAA Consultant***

**Part D:** Record of EMDR Clinical Contact Activity

**Part E:** Supervising and Teaching Skills & Consultation

**Part F:** Second Reference in Support of the application

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

**Part A: 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:**

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| **EMDRAA Consultant Evidence Checklist**  **Part B: EMDRAA Minimum Requirements** | **Please circle appropriate box** | |
| That the applicant is a member of EMDRAA?  In addition, the applicant has made payment for $AUD200.  Payment can be made by [Clicking on this link](https://www.registernow.com.au/secure/Register.aspx?E=20478). (*non-refundable)* | **Yes** | **No** |
| The applicant is registered with a professional body as required | **Yes** | **No** |
| The applicant has treated a broad range of clients of varying  diagnoses and complexity | **Yes** | **No** |
| The applicant has conducted a minimum of 300 EMDR sessions since becoming an EMDRAA Accredited Practitioner | **Yes** | **No** |
| The applicant has treated a minimum of 75 clients utilising EMDR since becoming an EMDRAA Accredited Practitioner | **Yes** | **No** |
| The applicant has demonstrated competency in both their provision of consultation and their clinical work and have engaged in a minimum of 20 hours of consultation with an EMDRAA Accredited Consultant | **Yes** | **No** |
| The applicant has provided a Second Reference from a person who is in a position to comment on the applicant’s professional practice, clinical experience of providing EMDR Therapy and Consultation | **Yes** | **No** |
| Since becoming an EMDRAA Accredited Practitioner the applicant has undertaken a minimum of 30 hours EMDR related Continuing Professional Development (CPD) and aware of current EMDR research | **Yes** | **No** |
| The consultant has witnessed a minimum of three DVD’s, or in-vivo sessions, of the applicant’s professional practice of which one must be clinical, the second of them providing individual EMDR consultancy and the third of them providing Group EMDR consultancy? (Minimum of 6 hours to meet the standard) | **Yes** | **No** |

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| **Part C: EMDR Therapy Clinical Practice** | |
| **Please provide Detailed Comments in support of each competency** | |
| **Section A:**  Standard EMDR-protocol and procedure   * 1. History Taking – Past, Present & Future, AIP Case conceptualisation, target sequencing plan   2. Preparation   3. Assessment      + Image      + Negative cognition      + Positive cognition      + Validity of Cognition (VoC)      + Emotions      + SUD      + Body location   4. Processing (Desensitisation)      1. Strategies for blocked processing/ Acceleration/ Deceleration      2. Blocking Beliefs      3. Cognitive Interweaves   5. Installation of positive cognition   6. Body scan   7. Closing techniques      + Complete session      + Incomplete session   8. Re-evaluation |  |
| **Section B:**   1. **Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:**   **Please indicate which of the following you have knowledge and experience of:**   * 1. EMDR, dissociation and Complex Post Traumatic Stress Disorder (C-PTSD)   2. EMDR with phobias   3. EMDR and clients with addictive behaviours   4. EMDR and client’s with pain   5. EMDR protocols for acute trauma (Recent Events Protocol)   6. EMDR & traumatic bereavement, grief & mourning  1. **Sufficient knowledge to be able to teach additional models to support EMDR Therapy.**  * Roy Kiessling: Processing continuum. * Robbie Adler-Tapia: Reverse protocol * Philip Manfield: Dyadic resourcing. The Flash Technique * Jim Knipe: Constant Installation of Present Orientation and Safety (CIPOS) * Ego state therapy (“parts”) approach:   e.g. Internal Family Systems (Schwartz)  Ego-State Therapy (Watkins & Watkins)  Schema Mode Therapy (Young)  Structural Dissociation Model (Steele, van der Hart, Nijenhuis)  Developmental Needs Meeting Strategy (Schmidt). |  |

**Part D: 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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| **Part E: Supervising and teaching skills & Consultation of Consultation (20 hours)** | |
| **Please provide Detailed Comments in support of each competency** | |
| **Basic approach and attitude towards applicants, duties and responsibilities:**   * Demonstrates a high level of professional attitude and competence in assessing the knowledge and skill level of the trainee and supporting their development as an EMDR therapist. * The role of the consultant can include:   + - * + Tutoring in the basics of EMDR practice as per 10 hours basic requirement         + Assessment of applicants for accreditation.         + Facilitation at basic training         + Provision of specialist training         + Establishment of consultancy groups         + Development of local networks   **Rapport building with Applicants**   * Creates a safe atmosphere within clinical consultancy * Provides adequate and constructive feedback to applicants * Develops an effective attunement and adequate coaching style   **Ability to transfer knowledge effectively**   * Psychotraumatology   **Focuses in consultancy on the following issues:**   * Practices the Standard EMDR Protocol * Correctly applies the protocol * Acknowledges recognition of other approaches or treatment plans and interventions * Demonstrates an ability to answer applicants questions effectively, considering the following:   1. Explore and clarify the question   2. Answer from a theoretical background   3. Answer on a practical level   4. Give specific hints and suggestions for specific case   5. Teach about differential diagnosis and / or alternative treatments   **Identify and effectively manage group processes** |  |

## Signature of Applicant……………………………………

## Printed Name…………………………………………………

**Date……………………………………………**

## Signature of EMDRAA Approved Consultant/ Trainer: ……………………………………………

## Printed Name: ……………….……………….……...

**Date: ……………………………………………………….**

**Part F: Second Reference in Support of an Application for EMDRAA Accreditation**

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

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

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

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

**Please Tick**

|  |  |
| --- | --- |
|  | Head of Service/ Clinical Manager |
|  | Professional Colleague |
|  | Academic Colleague |
|  | Clinical Consultancy 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.

In addition, it will be helpful if you could provide details and examples of the following:

* How the applicant has integrated EMDR therapy into their clinical practice.
* 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 and Consultation
* 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:..............................................................................................................**