



EMDR ASSOCIATION UK & IRELAND

Application Form for Accreditation as an EMDR Europe Practitioner

- Section I:** Applicant's details
- Section II:** Criteria for Accreditation as an EMDR Europe Approved Practitioner
- Section III:** Record of Clinical Contacts
- Section IV:** **EMDR Consultants Reference Schedule [N.B. This section *MUST* be completed by an EMDR Europe Approved Consultant]**
- Section V:** Re-accreditation Criteria
- Section VI:** Application Information

SECTION I: Applicant Details

Name:	
Address:	
Tel No: Daytime:	
Tel No: Evening:	
Mobile:	
E-mail:	
Qualifications:	
Core Profession:	

Name & Contact Details of the EMDR Europe Approved Consultant supporting this application:

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SECTION II: IN ORDER TO MEET THE EMDR EUROPE REQUIREMENTS FOR ACCREDITATION AS A PRACTITIONER THE FOLLOWING CRITERIA NEED TO BE MET AND ANY SUPPORTING EVIDENCE INCLUDED IN YOUR APPLICATION TO THE EMDR UK & IRELAND ACCREDITATION COMMITTEE:

1. Member of the EMDR Association UK & Ireland?	YES	NO
2. Enclosed a copy of either your Level 2 or Part III EMDR Training Completion certificate?	YES	NO
3. Additionally have enclosed copies of your current license/verification/registration as a mental health professional recognised by EMDR UK & Ireland Association?	YES	NO
4. Completed two year's experience post qualification under (3)?	YES	NO
5. Please state the number of years experience since completing your EMDR Europe approved training? (N.B. At least one year is required post completion of either Level 2 or Part III EMDR training?)	Total =	
6. Please state how many EMDR sessions you have conducted (MINIMUM 50 POST COMPLETION OF EITHER LEVEL 2 OR PART III TRAINING - Corroborated by an Accredited EMDR Europe Consultant)? [Please provide details utilising the enclosed record form - Section III]	Total =	
7. Please state how many clients you have treated with EMDR (MINIMUM 25 POST COMPLETION OF EITHER LEVEL 2 OR PART III TRAINING - Corroborated by an Accredited EMDR Europe Consultant)? [Please provide details utilising the enclosed record form – Section III].	Total =	
8. Stated how many hours of Clinical Supervision you have received from an approved EMDR Europe Approved Consultant (MINIMUM 20 HOURS POST COMPLETION OF EITHER LEVEL 2 OR PART III TRAINING - - Corroborated by an Accredited EMDR Europe Consultant)?	Total =	
9. Enclosed a reference of recommendation from an Approved EMDR Europe Consultant regarding your professional utilisation of EMDR in practice, Clinical Supervision, Consultation, ethics in practice and professional character? (Please refer to Section IV)	YES	NO
10. Enclosed a second reference from a person who can comment upon your professional practice and standing	YES	NO
11. Have enclosed a cheque payment for £80 , made payable to 'EMDR Association UK & Ireland' (non refundable)?	YES	NO
12. Aware that Certification will be renewed and reviewed every 5 years. This will require documentation of CPD (continuing professional development). The current requirements for this as laid down by EMDR Association UK & Ireland are 'THE BIRMINGHAM CRITERIA' (Please refer to Section V).	YES	NO

SECTION IV: EMDR Consultants Reference Schedule



**EMDR EUROPE ACCREDITED PRACTITIONER
COMPETENCY BASED FRAMEWORK
EMDR EUROPE PRACTICE SUB-COMMITTEE - JANUARY 2008**

EMDR CLINICAL SUPERVISOR/ CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDR CLINICAL SUPERVISOR/ CONSULTANT COMMENTS ³
PART A:	
<p>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.</p>	
PART B: THE BASIC EIGHT- PHASE PROTOCOL	
<p>1. History Taking: The Supervisee is able to ascertain an appropriate general history from the client incorporating the following elements:</p> <ul style="list-style-type: none"> • 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 (were appropriate) the Dissociative Experience Scale (DES), Risk Assessment, Life Constraints, Ego Strength, and the availability of support structures • Demonstrates an ability to conceptualise the case utilising the AIP model • Clarifies the client's desired state following therapeutic intervention • That the client is able to effectively deal with high levels of physical and emotional levels of disturbance • To determine appropriate target selection and target sequencing in consideration to the past, present & future • In cases of multiple targets to utilise either prioritising or clustering • Identify a 'touchstone' event that relates to the client's issue. 	

³ EMDR Europe Consultants must have directly witnessed the applicants EMDR work either through the use of video/DVD or In Vivo

<p>2. Preparation: The supervisee is able to establish an effective therapeutic relationship in conformance with National or Professional standards and Code of Conduct. The supervisee is effective in:</p> <ul style="list-style-type: none"> • Obtaining informed consent from clients • Testing Dual Attention Stimulus with clients • Teaches and checks client's ability to self-regulate including the utilisation of the safe/secure place and resource installation with clients • Makes client's aware of the 'Stop' signal • Demonstrates an effective ability in addressing client's concerns, fears, queries or anxieties • Utilisation of an effective metaphor 	
<p>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</p> <ul style="list-style-type: none"> • Selecting target image and worst aspect • Identifying the Negative & Positive Cognitions • Establishes 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 • Ensures cognitions are within same domain/ matched category • When necessary the supervisee effectively assists the client in ascertaining a pertinent NC & PC • 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 • Consistent use of the Subjective Units of Disturbance [SUD's] scale to evaluate the total disturbance • Identifying body sensations and location 	

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:

- Reminds clients to just 'notice' what ever comes up during processing whilst encouraging the client to not discard any information that might be generated.
- Changes during processing can relate to images, sounds, cognitions, emotions and physical sensations
- Competency in the provision of a Dual Attention Stimulus emphasising the importance of eye movements
- Post 'Set' interventions, and evidence of 'staying out of the way' as much as possible.
- Engages in the use of verbal & non-verbal reassurance to client's during each 'Set'
- Maintaining momentum throughout the desensitisation stage with minimalist intervention where possible
- Returning to target when appropriate
- When processing becomes block appropriate interventions are utilised including alteration in the Dual Attention Stimulus and/or the utilisation of Cognitive Interweaves
- Please specify examples of effective cognitive interweaves utilised during the Desensitisation Phase' when processing has become blocked
- Effectively manages client's heightened levels of affect utilising both accelerating and de-accelerating interventions.

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
- The Positive Cognition is checked for both applicability and current validity ensuring the PC chosen is the most meaningful to the client
- Utilisation of the Validity of Cognition scale to evaluate the Positive Cognition
- Addressing any blocks during the 'Installation Phase'.
- If new material emerges supervisee effectively returns to the most appropriate phase of the EMDR Protocol or the utilisation of an 'Incomplete Session'

<p>6. Body Scan</p> <p>During the 'Body Scan Phase' the supervisee considers the link between the client's original memory/event and the discernable physical resonance that this may generate:</p> <ul style="list-style-type: none"> • The supervisee enables client's to hold both the memory/ event and the positive cognition in mind whilst mentally scanning their entire body to identify and lingering tension, tightness or unusual sensation and apply DAS • 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' 	
<p>7. Closure</p> <p>The Supervisee should consistently close a session with proper instruction leaving the client in a positive frame of mind and able to safely return home:</p> <ul style="list-style-type: none"> • Allows time for closure • Utilisation of the debrief • Effective utilisation of the 'Incomplete Session' • Incorporates appropriate containment exercises and safety assessment • Encourages clients to maintain a log between sessions 	
<p>8. Re-evaluation of previous session</p> <p>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:</p> <ul style="list-style-type: none"> • Returning to previous targets • Identifying client evidence of re-adjustment • Has the individual target been resolved? • Has other material been activated that must be addressed? • Have all necessary targets been processed in relation to the past, present and future? • Utilisation, when necessary of a 'Future/ Positive Template' • Has client readjusted appropriately to within their social system? • The supervisee effectively terminates therapy 	

PART C:	
<ol style="list-style-type: none"> 1. Supervisee demonstrates an understanding of PTSD and traumatology 2. Supervisee demonstrates an understanding of using EMDR as part of a comprehensive therapy intervention 	
<ol style="list-style-type: none"> 3. 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. 	
PART D	
<ol style="list-style-type: none"> 1. Please specify the context within which the EMDR Consultation/ Clinical Supervision took place and the number of hours: <ul style="list-style-type: none"> • Face to face [individual] hours • Face to face [Group] hours • Telephone..... hours • Email..... hours • Other..... hours 	
<ol style="list-style-type: none"> 2. Please specify your reasons for recommending your supervisee's accreditation as an EMDR Europe Practitioner? 	



Guidelines for Accreditation as an EMDR Europe Approved Practitioner

- No. of EMDR Sessions to be completed by applicant - Minimum 50
- No, of clients to be treated with EMDR by the applicant - Minimum 25
- No. of hours 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 20 hours consultation from an EMDR Europe Approved Consultant
- The EMDR Consultant supervising the applicant needs to have directly witnessed the applicants EMDR work either through the use of video/DVD or In Vivo
- No. References to support Application - Two references are required, one from an EMDR Europe Approved Consultant and the second from a person who can comment upon the applicants professional practice and standing.
- Applicants are required to be members of their National Organisation

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

To be completed by EMDR Europe Approved Consultant	
<ul style="list-style-type: none"> • I confirm that the Applicant seeking Accreditation for EMDR Europe Approved Practitioner has completed a minimum of 20 Hours Clinical Supervision/ Consultation • I confirm that I have directly witnessed the applicant's EMDR work through the use of either video/DVD or In Vivo 	
EMDR Europe Consultant Signature:	
Date	
Supervisee's Signature	
Date	

**SECTION V: RE-ACCREDITATION CRITERIA FOR
EMDR EUROPE APPROVED PRACTITIONERS & CONSULTANTS
[BIRMINGHAM CRITERIA – RATIFIED VERSION NOVEMBER 2006]**

1. In order to seek re-accreditation with EMDR Europe applicants must be paid up members of their National Association.
2. Individual practitioners are responsible for their own continuing professional development (CPD) throughout their entire five-year registration period and must provide evidence of a minimum of **25 HOURS** of continual education relating to EMDR.
3. Re-accreditation applicants will be subjected to peer-review providing two letters of recommendation from EMDR UK & Ireland Consultants surrounding the applicants standing and contribution within the field of EMDR. However one of the Consultants must be in a position to comment upon the applicants ability as an EMDR practitioner and if applicable their role as a Consultant in offering Clinical Supervision to other EMDR practitioners.
4. Applicants must provide evidence of **at least three** of the following activities to cover the previous five year registration period:
 - a. Attendance and/or participation in EMDR trainings
 - b. Attendance and/or participation in area related trainings
 - c. Attendance and/or participation in conferences
 - d. Attendance and/or participation in EMDR focussed workshops
 - e. Attendance and/or participation in area related workshops
 - f. Involvement in both the provision and receipt of EMDR Clinical Supervision
 - g. EMDR Case Consultation
 - h. Relevant publications relating to EMDR
 - i. EMDR research focused activity
 - j. Contribution to raising the profile of EMDR
5. **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.**

**DR DEREK P. FARRELL
CHAIR EMDR UK & IRELAND ACCREDITATION COMMITTEE
NOVEMBER 2006**

SECTION VI: APPLICATION INFORMATION

PLEASE RETURN FORMS TO:

**EMDR ASSOCIATION UK & Ireland
P.O.Box 3356
Swindon
SN2 9EE**

Email: emdrassociation@hotmail.com

NOTE TO APPLICANTS

- **EMDR ASSOCIATION UK & IRELAND WOULD LIKE APPLICANTS TO SUBMIT AS MUCH OF THEIR DOCUMENTATION IN AN ELECTRONIC FORMAT AS POSSIBLE**
- **PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANTS. IT IS ESSENTIAL THAT IN ORDER FOR THE EMDR ASSOCIATION UK & IRELAND ACCREDITATION COMMITTEE TO CONSIDER YOUR APPLICATION THOROUGHLY YOU MUST ENSURE THAT ALL NECESSARY INFORMATION IS PROVIDED AND ALL SIGNATORYYS ARE IN PLACE.**
- **IF YOU WOULD LIKE ANY ADVISE OR FURTHER CLARIFICATION SURROUNDING ANY OF THE ACCREDITATION DOCUMENTS THEN PLEASE CONTACT:**

Chair EMDR Association UK & Ireland Accreditation Committee

Dr Derek FARRELL

EMAIL: DerekPFarrell@gmail.com

Thank you for your application.