EMDR EUROPE ACCREDITED PRACTITIONER COMPETENCY BASED FRAMEWORK

EMDR CLINICAL SUPERVISOR/ CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDR CLINICAL SUPERVISOR/ CONSULTANT COMMENTS KEY: BLUE = SATISFACTORY / RED = UNSATISFACTORY BLACK=NOT SEEN OR UNABLE TO ASSESS
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.	
PART B: THE BASIC EIGHT- PHASE PROTOCOL	
1. History Taking: **The Supervisee is able to ascertain an appropriate general history from the client incorporating the following elements:** • 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. •	

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: • 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	
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** • 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'	

6. Body Scan **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:** • 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'	
7. Closure **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:** • 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	
8. 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:** • 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	.