

## EMDR AUSTRALIA ACCREDITED PRACTITIONER COMPETENCY BASED FRAMEWORK

**APPLICATION FORM TO BE RETURNED TO:  
EMDR Association of Australia  
Email Address [accred@emdraa.org](mailto: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
- Section VI:** Re-accreditation Criteria

**SECTION I: Applicant's Details**

**Name:**.....

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

**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.  
PLEASE CIRCLE**

1. Are you a member of the EMDR Association of Australia?	YES	NO
2. Have you enclosed evidence of your completion of EMDR Basic Training? Certificate or letter from trainer? Must include date of completion.	YES	NO
3. <b>Have you enclosed copies of your current AHPRA registration? If from NZ a current practicing certificate. Members not eligible for AHPRA (counsellors, social workers, psychotherapists need to provide evidence of membership to PACFA or ACA.</b>	YES	NO
4. Have you completed a minimum of two year's experience post professional qualification under criteria (3)? Year qualified _____	YES	NO
5. Please indicate how many years experience you have had after completing EMDR Basic Training? <b>At least one year is required after completion of EMDR Basic Training.</b>	Total =	
6. Please indicate how many EMDR sessions you have conducted <b>(MINIMUM 50 POST COMMENCING EMDR BASIC TRAINING - Corroborated by Approved EMDRAA Consultant) [Please provide details utilising the enclosed record form - Section III]</b>	Total =	
7. Please indicate how many clients you have treated with EMDR <b>(MINIMUM 25 POST COMMENCING EMDR BASIC TRAINING - Corroborated by Approved EMDRAA Consultant) [Please provide details utilising the enclosed record form – Section III].</b>	Total =	
8. Number of hours of EMDRAA Consultancy (to continue until the applicant has demonstrated competency in all areas of Parts A, B & C of the Competency Framework). <b>It is estimated that this would require no less than 10 and up to 20 hours consultancy from an EMDRAA Approved Consultant.</b>	Total =	
9. The EMDRAA Consultant has directly witnessed the applicant's EMDR work either through the use of video/DVD or In Vivo?	YES	NO
10. You have enclosed a reference of recommendation from an Approved EMDRAA Consultant regarding your professional utilisation of EMDR in practice, clinical supervision, consultation, ethics in practice and professional character? <b>(Please refer to Section IV)</b>	YES	NO
11. 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?	YES	NO

<p>12. You have made payment for <b>\$AUD150</b>, payment can be made by <b>Clicking on this link</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>13. That you are aware that your EMDRAA Certificate is for <b>5 years duration</b>. After which to continue being an EMDRAA accredited practitioner your accreditation will need to be reviewed. This will require documentation of CPD (continuing professional development) activity.</p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>14. Signature of the applicant:</p> <p style="text-align: right;">Date:</p>		


**SECTION III: RECORD OF CLINICAL CONTACTS**

[Form to be used for both EMDRAA Practitioners and Consultants]

CLIENT'S NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	NUMBER OF SESSIONS	PROTOCOLS USED
<b>Total =</b>			Total =	
Name and Signature of EMDRAA Consultant		Name and signature of Applicant		Date

[Please duplicate this page as necessary]

## Section IV: EMDRAA Consultant's Reference for the EMDRAA Practitioner Competency Based Framework

EMDRAA CONSULTANT ACCREDITATION REFERENCE GUIDELINE AND CHECKLIST	EMDRAA CONSULTANT COMMENTS PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY
<b>PART A:</b>	
<p>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.</p>	
<b>PART B: THE BASIC EIGHT- PHASE PROTOCOL</b>	
<p><b>1. History Taking:</b> The applicant is able to ascertain an appropriate general history from the client incorporating the following elements:</p> <ul style="list-style-type: none"> <li>• Obtain a history of the origins of the disorder informed by the AIP model including dysfunctional behaviour and symptoms</li> <li>• Determine if the client is appropriate for EMDR selection? Identifies 'red flags' including screening for Dissociative Disorders.</li> <li>• Is able to identify appropriate safety factors including the utilisation (were appropriate) the Dissociative Experience Scale II (DES), Risk Assessment, Life Constraints, Ego Strength, and the availability of support structures</li> <li>• Demonstrates an ability to conceptualise the case utilising the AIP model</li> <li>• Clarifies the client's desired state following therapeutic intervention</li> <li>• That the client is able to effectively deal with high levels of physical and emotional levels of disturbance</li> <li>• To determine appropriate target selection and target sequencing in consideration to the past, present &amp; future</li> <li>• In cases of multiple targets to utilise either prioritising or clustering</li> <li>• Identify a 'touchstone' event that relates to the client's issue.</li> </ul>	

<p><b>2. Preparation:</b>  <b>The applicant is able to establish an effective therapeutic relationship in conformance with Professional standards and Code of Conduct.</b>          The applicant is effective in:</p> <ul style="list-style-type: none"> <li>• Obtaining informed consent from clients</li> <li>• Testing Bilateral Stimulation (BLS) with clients</li> <li>• Teaches and checks client’s ability to self-regulate including the utilisation of the safe/secure place and resource installation with clients</li> <li>• Makes client’s aware of the ‘Stop’ signal</li> <li>• Demonstrates an effective ability in addressing client’s concerns, fears, queries or anxieties</li> <li>• Utilisation of an effective metaphor</li> </ul>	
<p><b>3. Assessment</b>  <b>During the ‘Assessment Phase’ the applicant determines the components of the target memory and establishes baseline measures for the client’s reactions to the process</b></p> <ul style="list-style-type: none"> <li>• Selecting target image and worst aspect</li> <li>• Identifying the Negative &amp; Positive Cognitions</li> <li>• 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</li> <li>• Ensures cognitions are within same domain/ matched category</li> <li>• When necessary the applicant effectively assists the client in ascertaining a pertinent NC &amp; PC</li> <li>• Utilises the Validity of Cognition (VOC) scale at an emotional level and in direct relation to the target</li> <li>• Identifies emotions generated from the target issue or event</li> <li>• Consistent use of the Subjective Units of Disturbance [SUD’s] scale to evaluate the total disturbance</li> <li>• Identifying body sensations and location</li> </ul>	

<p><b>4. Desensitisation</b></p> <p><b>During the ‘Desensitisation Phase’ the applicant processes the dysfunctional material stored in all channels associated with the target event and any ancillary channels:</b></p> <ul style="list-style-type: none"> <li>• Reminds clients to just ‘notice’ whatever comes up during processing whilst encouraging the client to not discard any information that might be generated.</li> <li>• Changes during processing can relate to images, sounds, cognitions, emotions and physical sensations</li> <li>• Competency in the provision of Bilateral Stimulation emphasising the importance of eye movements</li> <li>• Post ‘Set’ interventions, and evidence of ‘staying out of the way’ as much as possible.</li> <li>• Engages in the use of verbal &amp; non-verbal reassurance to client’s during each ‘Set’</li> <li>• Maintaining momentum throughout the desensitisation stage with minimalist intervention where possible</li> <li>• Returning to target when appropriate</li> <li>• When processing becomes blocked, uses appropriate interventions including alteration in the Bilateral Simulation and/or the utilisation of Cognitive Interweaves</li> <li>• Please specify examples of effective cognitive interweaves utilised during the Desensitisation Phase’ when processing has become blocked</li> <li>• Effectively manages client’s heightened levels of affect utilising both accelerating and de-accelerating interventions.</li> </ul>	
<p><b>5. Installation</b></p> <p><b>During the ‘Installation Phase’ the applicant concentrates primarily upon the full integration of a positive self-assessment with the targeted information:</b></p> <ul style="list-style-type: none"> <li>• The applicant enhances the Positive Cognition (PC) linked specifically with the target issue or event</li> <li>• The Positive Cognition is checked for both applicability and current validity ensuring the PC chosen is the most meaningful to the client</li> <li>• Utilisation of the Validity of Cognition scale to evaluate the Positive Cognition</li> <li>• Addressing any blocks during the ‘Installation Phase’.</li> <li>• If new material emerges the applicant effectively returns to the most appropriate phase of the EMDR Protocol or the utilisation of an ‘Incomplete Session’</li> </ul>	

<p><b>6. Body Scan</b>  <b>During the ‘Body Scan Phase’ the applicant considers the link between the client’s original memory/event and the discernable physical resonance that this may generate:</b></p> <ul style="list-style-type: none"> <li>• The applicant enables clients 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 Bilateral Stimulation (BLS)</li> <li>• The applicant 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’</li> </ul>	
<p><b>7. Closure</b>  <b>The applicant should consistently close a session with proper instruction leaving the client in a positive frame of mind and able to safely return home:</b></p> <ul style="list-style-type: none"> <li>• Allows time for closure</li> <li>• Utilisation of the debrief</li> <li>• Effective utilisation of the ‘Incomplete Session’</li> <li>• Incorporates appropriate containment exercises and safety assessment</li> <li>• Encourages clients to maintain a log between sessions</li> </ul>	
<p><b>8. Re-evaluation of previous session</b>  <b>During the ‘Re-evaluation Phase’ the applicant consistently assesses how well the previously targeted material has been resolved and determines if new processing is necessary. The applicant actively integrates the targeting session within an overall treatment plan:</b></p> <ul style="list-style-type: none"> <li>• Returning to previous targets</li> <li>• Identifying client evidence of re-adjustment</li> <li>• Has the individual target been resolved?</li> <li>• Has other material been activated that must be addressed?</li> <li>• Have all necessary targets been processed in relation to the past, present and future?</li> <li>• Utilisation, when necessary of a ‘Future/ Positive Template’</li> <li>• Has client readjusted appropriately to within their social system?</li> <li>• The supervisee effectively terminates therapy</li> </ul>	



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.	
3. The applicant 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	
1. Please specify the context within which the EMDR Consultation took place and the number of hours: <ul style="list-style-type: none"> <li>• Face to face [individual] ..... hours</li> <li>• Face to face [Group] ..... hours</li> <li>• Telephone..... hours</li> <li>• Email..... hours</li> <li>• Other..... hours</li> </ul>	
2. Please specify your reasons for recommending your applicant's accreditation as an EMDR Practitioner?	

**EMDRAA Consultant's Signature:** .....

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

**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 Signature:.....**

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

**Applicant's Signature: ..... Date:.....**

PLEASE NOTE THAT ONLY ELECTRONICALLY COMPLETED DOCUMENTATION WILL BE CONSIDERED. IT IS ESSENTIAL THAT IN ORDER TO CONSIDER YOUR APPLICATION THOROUGHLY PLEASE ENSURE THAT ALL NECESSARY INFORMATION IS PROVIDED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANTS.  
THANK YOU FOR YOUR APPLICATION.

**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

<input type="checkbox"/>	Head of Service/ Clinical Manager
<input type="checkbox"/>	Professional Colleague
<input type="checkbox"/>	Academic Colleague
<input type="checkbox"/>	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 for 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:**.....

## SECTION VI: RE-ACCREDITATION CRITERIA FOR EMDR ASSOCIATION OF AUSTRALIA ACCREDITED PRACTITIONERS AND CONSULTANTS

1. In order to seek re-accreditation with EMDRAA, applicants must be paid up members of EMDRAA.
2. 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 HOURS** of continual education relating to EMDR.
3. Re-accreditation applicants will be subjected to peer-review providing two letters of recommendation from EMDRAA Consultant addressing the applicant's standing and contribution within the field of EMDR. However one of the Consultants must be in a position to comment upon the applicant's ability as an EMDR clinician and if applicable their role as an EMDRAA Consultant in offering consultancy to other EMDR practitioners/ clinicians.
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 Consultation
  - g. EMDR Case Consultation
  - h. Relevant publications relating to EMDR
  - i. EMDR research focused activity
  - j. Contribution to raising the profile of EMDR
5. Have you made payment for **\$AUD90**? Payment can be made by clicking on this link: [Clicking on this link](#)
6. **ALL APPLICATIONS WILL THEN BE CONSIDERED THROUGH THE EMDRAA ACCREDITATION COMMITTEE.**
7. **IF SUCCESSFUL THE PERIOD OF RENEWAL WILL BE FOR A FURTHER FIVE-YEAR PERIOD.**