

**EMDR ASSOCIATION OF AUSTRALIA (EMDRAA)
ACCREDITED CONSULTANT
COMPETENCY BASED FRAMEWORK**

APPLICATION FORM TO BE RETURNED TO:
Email Address: 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 Therapy Clinical Contacts
- Part E:** Supervising and Teaching Skills & Consultation
- Part F:** Second Reference in Support of the application
- Part G:** Re-accreditation Criteria

Part A: 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:

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 \$AUD150. Payment can be made by Clicking on this link . (<i>non-refundable</i>)	Yes	No

**EMDRAA ACCREDITED CONSULTANT
COMPETENCY BASED FRAMEWORK**



	Yes	No
To your knowledge the Applicant adheres to the Professional and Ethical Standards as defined by both the applicant's professional registration body and EMDRAA and consistently promotes integrity in the science, teaching and clinical practice of psychotherapy and in particular that of EMDR	Yes	No
As a Consultant you have seen copies of the applicant's professional registration certificates and where necessary evidence of their indemnity insurance?	Yes	No
The applicant has a minimum of 3 years' experience of being an EMDRAA Practitioner.	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 consultancy and of their clinical work and have engaged in a minimum of 20 hours consultancy with an EMDRAA Accredited Consultant	Yes	No
You have seen the second reference in support of the applicant's application	Yes	No
Can confirm that since becoming an EMDRAA Accredited Practitioner the applicant has undertaken a minimum of 24 hours EMDR related Continuing Professional Development (CPD) and aware of current EMDR research	Yes	No
That you have 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

PART C: EMDR THERAPY CLINICAL PRACTICE

PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY

<p>Section A:</p> <p>Standard EMDR-protocol and procedure</p> <ol style="list-style-type: none"> 1. History Taking – Past, Present & Future, AIP Case conceptualisation, target sequencing plan 2. Preparation 3. Assessment <ul style="list-style-type: none"> o Image o Negative cognition o Positive cognition o Validity of Cognition (VoC) o Emotions o SUD o Body location 4. Processing (Desensitisation) <ol style="list-style-type: none"> i. Strategies for blocked processing/ Acceleration/ Deceleration ii. Blocking Beliefs iii. Cognitive Interweaves 5. Installation of positive cognition 6. Body scan 7. Closing techniques <ul style="list-style-type: none"> o Complete session o Incomplete session 8. Re-evaluation 	
<p>Section B:</p> <p>Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:</p> <ol style="list-style-type: none"> 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 	

Part D: 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
Total =			Total =	

Name and Signature of EMDRAA Consultant	Name and signature of Applicant	Date

[Please duplicate this page as necessary]

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:

- Development of a co-operative clinical consultancy alliance with applicants
- Demonstration of a high level of professional attitude and competence

Rapport building with Applicants

- Create a safe atmosphere within clinical consultancy
- Providing adequate and constructive feedback to applicants
- Developing an effective attunement and adequate coaching style

Ability to transfer of knowledge effectively

- Psychotraumatology

Focuses in consultancy on following issues:

- Practice of the Standard EMDR Protocol
- Correct application of the protocol
- Acknowledge recognition to other approaches or treatment plans and interventions
- Demonstrate an ability to answer applicants questions effectively, considering the following:
 - a. Explore and clarify the question
 - b. Answer from a theoretical background
 - c. Answer on a practical level
 - d. Give specific hints and suggestions for specific case
 - e. Teach about differential diagnosis and / or alternative treatments

Identify and effectively manage group processes

Signature of EMDRAA Approved Consultant/ Trainer:

.....

Printed Name:

Date:

EMDRAA BOARD

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

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

**Part G: RE-ACCREDITATION CRITERIA FOR EMDRAA ACCREDITED PRACTITIONERS
AND CONSULTANTS**

[BIRMINGHAM CRITERIA – RATIFIED VERSION NOVEMBER 2006/ UP-DATED VERSION NOVEMBER 2010]

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 surrounding 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 Clinical 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 Clinical Consultancy
 - g. EMDR Case Consultation
 - h. Relevant publications relating to EMDR
 - i. EMDR research focused activity
 - j. Contribution to raising the profile of EMDR
5. Made payment of \$150 to EMDRAA by [Clicking on this link](#) (non-refundable).
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.**

Phil Nottingham for EMDRAA Accreditation Committee

Email: accred@emdraa.org

AUGUST 2016