



**Application for EMDRAA Consultant Accreditation in EMDR Therapy**

Please ensure this form is completed in printed format and NOT hand written

Name:

Address:

Email Address:

Current work setting and position:

Have you provided your consultant with:

Your registration/ practicing certificate or professional membership

Log of consultation hours

Please attach:

The reference from your consultant

A second reference from a supervisor or colleague in your profession.

A current CV

Copy of payment for application from emdraa.org website

Fee for application:

EMDRAA Member: \$150 (for 5 years)

Supporting consultant's name:

Supporting consultant's email address:

**EMDR ASSOCIATION OF AUSTRALIA (EMDRAA)**  
**Application for EMDRAA Consultant Accreditation in EMDR Therapy**



**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: .....

.....

.....

PREFERRED TELEPHONE CONTACT: .....

E-mail Address: .....

Core Profession: .....

**Name of EMDRAA Consultant supporting this application:**

.....

**Please provide your EMDRAA Consultant's e-mail address:**

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



<b>EMDRAA Consultant Evidence Checklist Part B: EMDRAA Minimum Requirements</b>	<b>Please tick appropriate box</b>	
The applicant is a member of EMDRAA?  The applicant has made payment for <b>\$AUD150</b> . Payment can be made by <a href="http://www.emdraa.org">www.emdraa.org</a> on the <b>Accreditation page</b> . ( <i>non-refundable</i> )	Yes	No
The applicant is registered with a professional body as required, and where relevant has shown evidence of appropriate Professional Indemnity Insurance.	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 the EMDR Association of Australia and consistently promotes integrity in the science, teaching and clinical practice of psychotherapy and in particular that of EMDR therapy.	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 <u>since becoming</u> 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 completed 20 hours of consultation since becoming an EMDRAA Accredited Practitioner.	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 and, 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 of EMDR related Continuing Professional Development (CPD) and is aware of current EMDR research.	Yes	No
The applicant meets the criteria to be an Accredited Consultant but is waiting to attend the Consultants Training. Full accreditation will be granted upon successfully completion of the Consultants Training.	Yes	No
You have observed at least 3 sessions (in vivo or recorded) of the applicant's professional practice, of which one must be clinical, one providing individual EMDR consultancy and one providing Group EMDR consultancy?	Yes	No

**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)
  - Strategies for blocked processing/ Acceleration/ Deceleration
  - Blocking Beliefs
  - Cognitive Interweaves
  
5. Installation of positive cognition

**PART C: EMDR THERAPY CLINICAL PRACTICE**

**PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY**

6. Body can

7. Closing techniques
- Complete session
  - Incomplete session

8. Re-evaluation

# EMDR ASSOCIATION OF AUSTRALIA (EMDRAA)

## ACCREDITED CONSULTANT COMPETENCY BASED FRAMEWORK



### Section B:

Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research:

1. EMDR, dissociation and Complex Post Traumatic Stress Disorder (C-PTSD)

2. EMDR with phobias and other anxiety presentations

3. EMDR and clients with addictive behaviours

4. EMDR and client's with pain

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



5. EMDR protocols for acute trauma  
(Recent Events Protocols)

6. EMDR & traumatic bereavement,  
grief & mourning

7. EMDR and Depression

8. EMDR and psychosis

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

CLIENT NUMBER	PRESENTING PROBLEM	DATE FIRST SEEN	# OF EMDR THERAPY SESSIONS	WHICH OF THE 8 PHASES OF STANDARD PROTOCOL WERE USED?	PROTOCOLS USED-standard or those applied to special situations	OUTCOMES / COMMENTS



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

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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

**PART E: SUPERVISING AND TEACHING SKILLS & CONSULTATION OF CONSULTATION (20 HOURS)**

PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY

**Ability to transfer of knowledge effectively**

- Psychotraumatology

**Focuses in consultancy on 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:
  - 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



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



Identify and effectively manage group processes	
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**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:

Professional Colleague

Clinical Consultancy Group member

Head of Service/ Clinical Manager

Academic Colleague

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:**.....