

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

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

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



EMDRAA Consultant Evidence Checklist Part B: EMDRAA Minimum Requirements		se tick riate box
The applicant is a member of EMDRAA?	Yes	No
The applicant has made payment for <b>\$AUD150</b> . Payment can be made by <b>www.emdraa.org on the</b> <b>Accreditation page.</b> ( <i>non-refundable</i> )		
The applicant is registered with a professional body as required, and where relevant has shown evidence of appropriate Professional Indemnity Insurance.	Yes	Νο
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	Νο
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 consultation and their clinical work and completed 20 hours of consultation (minimum 10 individual) 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
You have observed at least 3 sessions (in vivo (with consultant as observer) 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

# EMDR Association of Australia (EMDRAA) Accredited Consultant Competency Based Framework



PART C: EMDR THERAPY CLINICAL PRACTICE								
PLEASE PROVIDE DETAILED COMMENTS IN SUPPORT OF EACH COMPETENCY								
Section A: Standard EMDR-protocol and procedure								
<ol> <li>History Taking – Past, Present &amp; Future, AIP Case conceptualisation, target sequencing plan</li> </ol>								
2. Preparation								
<ul> <li>3. Assessment <ul> <li>Image</li> <li>Negative cognition</li> <li>Positive cognition</li> <li>Validity of Cognition (VoC)</li> <li>Emotions</li> <li>SUD</li> <li>Body location</li> </ul> </li> </ul>								
<ul> <li>4. Processing (Desensitisation) <ul> <li>Strategies for blocked processing/</li> <li>Acceleration/ Deceleration</li> <li>Blocking Beliefs</li> <li>Cognitive Interweaves</li> </ul> </li> </ul>								
5. Installation of positive cognition								



PART C: EMDR THERAPY CLINICAL PRACTICE						
PLEASE PROVIDE DETAILED C	OMMENTS IN SUPPORT OF EACH COMPETENCY					
6 Podycon						
6. Body can						
7. Closing techniques						
<ul> <li>Complete session</li> <li>Incomplete session</li> </ul>						
8. Re-evaluation						

Section B:



# Evidence of knowledge and experience of scripted protocols for specified populations and knowledge of research: EMDR, dissociation and Complex ١. Post Traumatic Stress Disorder (C-PTSD) EMDR with phobias and other 2. anxiety presentations EMDR and clients with addictive 3. behaviours 4. EMDR and client's with pain Last updated May 2022



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						
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						
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						
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 & C	ONSULTATION OF CONSULTATION (20 HOURS)						
D							
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.							
<ul> <li>The role of the consultant can include:</li> <li>Tutoring in the basics of EMDR practice as per 10</li> </ul>							
<ul><li>hours basic requirement</li><li>Assessment of applicants for accreditation.</li></ul>							
<ul><li>Facilitation at basic training</li><li>Provision of specialist training</li></ul>							
<ul><li>Establishment of consultancy groups</li><li>Development of local networks</li></ul>							
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					
<ul> <li>Psychotraumatology</li> </ul> Focuses in consultancy on following issues: <ul> <li>Practices the Standard EMDR Protocol</li> <li>Correctly applies the protocol</li> <li>Correctly applies the protocol</li> <li>Acknowledges recognition of other approaches or treatment plans and interventions</li> <li>Demonstrates an ability to answer applicants questions effectively, considering the following: <ul> <li>Explore and clarify the question</li> <li>Answer from a theoretical background</li> </ul> </li></ul>					
<ul> <li>c. Answer on a practical level</li> <li>d. Give specific hints and suggestions for specific case</li> <li>e. Teach about differential diagnosis and / or alternative treatments</li> </ul>					



Identify and effectively manage group processes

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:	 	 