

SUPERVISION ASSESSMENT FORM FOR THE EMDR 2.0 STANDARD PROTOCOL

This form is intended to assess the extent to which a therapist has mastered the EMDR 2.0 protocol. The form consists of a checklist of the most important steps in applying this protocol. The checklist can be used to detect learning points and provide targeted feedback on areas that need to be improved, and is used as part of the pathway to become an EMDR 2.0 therapist. The supervisor can assess well-rated components. A fully completed form with a tick next to all the relevant parts is a condition signing off for. The form must be signed by an EMDR 2.0 supervisor.

Supervisee name:

Consultation dates:

The requirements for becoming an EMDR 2.0 therapist are as follows:

- Completed EMDR Basic Training that is recognized by an official EMDR association (for example, EMDRAA, EMDRIA, and EMDR Europe).
- Completed an official EMDR 2.0 basic training and an EMDR 2.0 special techniques training (FLASH 1.0, titration techniques, EMD bomb, Flashforward & Mental Video Check). (www.enhancingtraumatreatment.com)
- At least 30 sessions were performed using EMDR 2.0, with at least five patients.
- Have a signed-off supervision assessment form (this form).

Competencies:

1. Assessment phase:

Supervisee is able to:

- formulate the goal of the therapy (i.e. what should have been achieved by the end of the session/therapy in terms of observable/ measurable behaviour/reduction of complaints).

2. Preparation phase:

Supervisee is able to:

- Explain the rationale for EMDR therapy based on the working memory theory (WMT).
- Properly explain the concept/pillar of the motivational component of EMDR 2.0 and support this with examples.
- Properly explain the concept/pillar of the activation component of EMDR 2.0 and support this with examples.
- Properly explain the concept/pillar of the working memory component of EMDR and support this with examples.

3. EMDR assessment:

Supervisee is able to:

- Get the patient to talk about the adverse event (no additional questions (other than “and how does the memory continue...?” and “Did, before or after -on the same day – other things happen, that you feel are part of it?”). Alternatively, if the person is unable to tell about the event introduce the Blind2Therapist procedure.
- Make an adequate target selection (a still image, and a proper consideration of whether or not the patient is in the image) by using the film or photobook metaphor.
- Use the domain of “control” or select the right cognitive domain if the patient feels the domain of control is not creating enough disturbance/does not fit the image.
- If another domain is used; determine the PC and VOC appropriately . Otherwise skip this.
- Check for the disturbance related to the image, emotion, SUD-level, and location where tension is felt.
- Show how a memory can be activated with a trigger (VAKOG)

4. Desensitization phase:

Supervisee is able to:

- Explain the concept of crucial competition between memory activation and working memory taxation (WMT) when starting the desensitization phase.
- Startup adequately (target image, NC/PC, SUD, body location).
- Offer optimal WMT.
- Show five different types of WMT (‘tasks’).
- Maintain a correct duration of the sets (24 times/30-45 seconds).
- Place the patient in a “working position” and deal with the patient's reactions in the right way (not to be distracted and start conversation).
- Go back to the target at the right time (at the end of an association chain–no change or after 5-10 min) and check for the SUD in relation to the target image and without using the NC.

- Assess the most disturbing aspect of the target image in the back to target (BTT) procedure.
- To assess whether any other images are in the memory that provoke disturbance once the target image is SUD= 0 and to desensitize these other images.
- If an 'abreaction' occurs, deal with it correctly by continuing with stimulation/sets and adding more WMT.
- Apply EMDR 2.0 using 'Blind to therapist' mode correctly.
- Apply the EMD Bomb correctly.
- Apply the Flash (1.0 version) correctly.

5. Installation phase:

Supervisee is able to:

- Install the PC at the right time.
- Install the PC correctly (in relation to the target, not opening a new chain of association, etc.).
- Continue installing until the highest level of credibility is reached (VoC=7).

6. Body Scan:

Supervisee is able to:

- Perform the body scan (target + PC) correctly.

7. Positive Closure:

Supervisee is able to:

- Show the Positive Closure procedure.

8. Flashforward:

Supervisee is able to:

- In case of anticipation anxiety, correctly carry out the Flashforward procedure (desensitization of the disaster scenario).

9. Mental Video Check & Future template:

Supervisee is able to:

- Correctly perform the Mental Video Check (desensitizing triggers in a movie about the future without a disaster scenario occurring).

- Install a Future Template (future image + standard PC 'I can handle doing this too') in the right way.

10. Re-evaluation:

Supervisee is able to:

- Start up a new session with BTT procedure.

General:

- Demonstrates sufficient conceptual understanding of the EMDR 2.0 protocol.
- Follows the steps of the protocol in the correct order or can argue why a modified order was used, or a certain step is omitted (e.g. target group or course of events during the session).
- Uses the literal text of the protocol or can argue why a modified wording has been used (e.g. target group).

I hereby declare that the above-mentioned therapist has shown the ability to apply the EMDR 2.0 protocol to a sufficient extent.

Date:

Supervisor Name:

Signature: