Knowledge of a model of therapy, and the ability to understand and employ the model in practice

> Core professional training in a psychological therapy and experience of delivering the therapy is a prerequisite for entry into EMDR training. This is in line with the training and background of EMDR therapists participating in the clinical trials that have demonstrated the efficacy of EMDR.

An ability to draw on knowledge of factors common to all therapeutic approaches, e.g.:

supportive factors:

a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust

the active participation of the client

therapist expertise

opportunities for the client to discuss matters of concern and to express their feelings

learning factors:

advice

correctional emotional experience

feedback

exploration of internal frame of reference

changing expectations of personal effectiveness

assimilation of problematic experiences

action factors:

behavioural regulation

cognitive mastery

encouragement to face fears and to take risks

reality testing

experience of successful coping

An ability to draw on knowledge of the principles that underlie the model of therapy being applied, and using this:

to inform the application of the specific techniques which characterise the model

to implement therapy in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included

Knowledge and understanding of mental health presentations

Basic knowledge about mental health

An ability to draw on knowledge that mental health problems can affect people of any age, class, ethnicity, religion or socio-economic status
An ability to draw on knowledge that mental health problems and substance misuse (including alcohol) are a leading cause of disability
An ability to draw on knowledge that mental health problems are important risk factors for physical illnesses, as well as unintentional and intentional injury
An ability to draw on knowledge that mental health problems can disrupt a person's thinking, feeling, mood, ability to relate to others, daily functioning and quality of life
An ability to draw on basic knowledge of the prevalence of mental health problems, for example that:
every year, about one in four people experience a mental health problem (most frequently depression and anxiety disorders (with mixed anxiety and depression the commonest presentation)
bipolar disorder and psychosis are relatively uncommon presentations, but can be associated with significant additional health problems (especially if a person is not receiving treatment)
An ability to draw on basic knowledge of the symptoms and difficulties in functioning that characterise common mental health problems
An ability to draw on knowledge of the distinction between mental health problems and learning disabilities (the former affects a person's thinking, mood and behaviour, whereas people with learning disabilities experience limitations in intellectual function and difficulties with certain skills)

Knowledge of mental health presentations

During assessment and when carrying out interventions, an ability to draw on knowledge of common mental health problems and their presentation
An ability to draw on knowledge of the factors associated with the development and maintenance of mental health problems
An ability to draw on knowledge of the usual symptoms associated with common mental health problems
An ability to draw on knowledge of the ways in which mental health problems can impact on functioning (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study)
An ability to draw on knowledge of the impact of impairments in functioning on mental health
An ability to draw on knowledge of mental health problems to avoid escalating or compounding the client's condition when their behaviour leads to interpersonal difficulties that are directly attributable to their mental health problem

Help-seeking and treatment

An ability to draw on knowledge that fear (and sometimes experience) of stigma and discrimination can prevent people from seeking mental health care, and:
an ability to draw on knowledge that only about one in eight people experiencing mental health problems receive active treatment
An ability to draw on knowledge that for most people experiencing mental health problems or suicidal feelings, the initial acknowledgement that they have a problem (and seeking help) is a major life event/transition

An ability to draw on knowledge that treatments for mental health problems are effective and help to reduce symptoms and improve quality of life
An ability to draw on knowledge that there are a range of psychological, psychosocial and medical interventions for mental health problems, and that:
treatments may be offered independently, sequentially or in combination
access to treatments in all modalities may be limited by availability and local service provision

Ability to undertake a generic assessment

An ability to obtain a general understanding of the nature of the client's problem
An ability to elicit information about the client's psychological problems, diagnosis, past history, present life situation, attitude towards and motivation for therapy
An ability to gain an overview of the client's current life situation, specific stressors and social support
An ability to assess the client's coping mechanisms, stress tolerance and level of functioning
An ability to help the client identify and select target symptoms or problems, and to help them identify which are the most distressing and which the most amenable to intervention
An ability to help the client translate vague or abstract complaints into more concrete and discrete problems
An ability to assess and act on indicators of risk of harm to self or others (and the ability to know when to seek advice)

An ability to gauge the extent to which the client can reflect on themselves psychologically (e.g. their capacity to think about their circumstances or be reasonably objective about themselves)
An ability to gauge the client's motivation for a psychological intervention

An ability to discuss treatment options with the client, making sure that they are aware of the options available to them and helping them consider which of these options they wish to follow
An ability to identify when psychological treatment might not be appropriate or the best option and to discuss this with the client, for example where:

the client's difficulties are not primarily psychological or the client does not wish to consider psychological issues)
, or to identify where the client indicates a preference for an alternative approach (e.g. a clear preference for medication rather than psychological therapy)

Ability to foster and maintain a good working alliance, and to grasp the client's perspective and 'world view'

Understanding the concept of the working alliance

An ability to draw on knowledge that the working alliance is usually seen as having three components:
(a) the relationship or bond between practitioner and client
(b) consensus between practitioner and client regarding the techniques/methods employed
(c) consensus between practitioner and client regarding the goals of the intervention
An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

Knowledge of practitioner factors associated with the alliance

An ability to draw on knowledge of practitioner factors that increase the probability of forming a positive alliance, e.g.:
being flexible and allowing the client to discuss issues that are important to them
being respectful
being warm, friendly and affirming
being open
being alert and active
being able to show honesty through self-reflection
being trustworthy
Knowledge of practitioner factors that reduce the probability of forming a positive alliance, e.g.:
being rigid
being critical
being distant
being aloof
being distracted
making inappropriate use of silence

Knowledge of client factors associated with the alliance

An ability to draw on knowledge of client factors that affect the probability of forming a positive alliance, e.g.:
interpersonal issues (e.g. assuming the practitioner will disbelieve the client's perspective on events)
involuntary attendance (e.g. attending only because of external pressures)
service-related issues (e.g. previous negative experiences)
influence of family and peers (e.g. families who encourage or discourage the client from maintaining contact with services, or peers who stigmatise the client for receiving of an intervention)

Capacity to develop the alliance

An ability to listen to the client's concerns in a way that is non-judgmental, supportive and sensitive, and that conveys an accepting attitude when the client describes their experiences and beliefs
An ability to validate the client's concerns and experiences
An ability to gauge whether the client understands, has questions or is sceptical about the rationale for EMDR, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
An ability to help the client express any concerns or doubts they have about EMDR and/or the practitioner, especially related to mistrust or scepticism
An ability to help the client form and articulate their goals for the intervention, and to gauge the degree of congruence between the aims of the client and practitioner

Capacity to grasp the client's perspective and 'world view'

An ability to perceive and understand how the client understands themselves and the world around them
An ability to hold the client's world view in mind throughout the course of an intervention and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
An ability to establish the client's point of view by exploring their position in an open and accepting manner, taking their concerns at face value and suspending any tendency to disbelief
An ability to hold the client's perspective in mind while gathering all relevant information in a sensitive manner
An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against collusion with the client

Capacity to maintain the alliance

Capacity to recognise and to address threats to the therapeutic alliance ('alliance ruptures')

An ability to recognise when strains in the alliance threaten the progress of EMDR
An ability to deploy appropriate interventions in response to disagreements about tasks and goals, and:
to review the client's understanding of the rationale for EMDR and clarify any misunderstandings
to judge when it is best to refocus on tasks and goals that are seen as relevant or manageable by the client (rather than to keep exploring issues about which there is disagreement)
An ability to deploy appropriate interventions in response to strains in the bond between practitioner and client, for example:
for the practitioner to give and ask for feedback about what is happening in the here-and-now interaction, in a manner that invites exploration with the client
for the practitioner to acknowledge and accept responsibility for their contribution to any strains in the alliance
where the client recognises and acknowledges that the alliance is under strain, an ability (when appropriate) to help the client make links between the rupture and their usual style of relating to others
to allow the client to assert any negative feelings about the relationship

between the practitioner and themselves
to help the client explore any fears they have about expressing negative feelings about the relationship between the practitioner and themselves

Ability to understand and respond to people in distress

An ability to draw on knowledge that people who have experienced trauma will often experience high levels of emotional arousal and distress, and that acknowledging and addressing this is important, and:
an ability to listen to, maintain contact with and respond to people who are expressing strong emotions, including:
an ability to 'bear witness' to the client's trauma
an ability to attune to the client and respond empathically and non-judgmentally, both verbally and through body language

Eliciting emotions that facilitate change

An ability to help the clients access, differentiate and experience their emotions in a manner which best facilitates change

Management of strong emotions that interfere with effective change

An ability to help clients to recognise and accurately label emotions
An ability to help clients process emotions, by acknowledging and/or containing emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy)
An ability to deal effectively with emotional issues that interfere with effective change (e.g. excessive levels of anxiety, anger or hostility, or avoidance of strong affect)
An ability to help clients express their emotions while monitoring their capacity to tolerate emotional expression, and to deploy in-session strategies that help to manage any difficulties that emerge, for example by:
ensuring that discussion moves at the client's pace (i.e. according to their readiness and capacity to discuss an issue)
'pulling back' if areas appear to be too difficult and returning to them at a later stage
helping the client stay with the emotion without escalating it
An ability to introduce techniques designed to manage unhelpfully strong emotions (such as aggressive behaviour or extreme fear), e.g.:
helping the client to name emotions and the 'messages' that they convey
indicating what behaviour is appropriate in the session (setting limits)
When significant others take part in a session, an ability to help them:
support the client's capacity to express emotion in an appropriate manner (in the session)
express emotion in an appropriate manner

Ability to reflect on the expression of behaviours and emotions

An ability to understand that the client's emotional expression (including aggressive behaviour) is a form of communication
An ability to reflect on the meaning of the behaviour/emotional expression and its relation to the current and past context

An ability to describe the emotion/behaviour and elicit the client's interpretation of its meaning, and:
an ability to discuss any such interpretations with clients

An ability for the clinician to reflect on their own reaction to the emotional/behavioural expression and their influence on the client's behaviour
an ability for the clinician to make use of supervision to reflect (and, where necessary, act) on these issues

Ability to manage endings

Working with planned endings

Where the 'contact' will be of a fixed duration, an ability to work collaboratively with the client to manage termination and set in place any future support

An ability to prepare clients for endings by explicitly referring to the limits of the intervention at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss)
An ability to assess any risks to clients that may arise during or after termination of contact with the service
An ability to help the client express feelings about termination, including any feelings of hostility and disappointment with the limitations of the intervention and of the therapist
An ability to help clients make connections between their feelings about the therapy ending and other losses/separations
An ability to help clients explore any feelings of anxiety about managing without the clinician
An ability to help clients reflect on the process of the intervention as well as what they have learnt and gained from it
Where there is a planned transition to another service, an ability to prepare clients appropriately (e.g. by providing them with information about what the service offers and its style of working, or arranging joint appointments with the new service)

Working with premature or unplanned terminations

Knowledge

An ability to draw on knowledge of national and local guidance on the assessment of risk relating to a client ending contact with a service, including policies, procedures and standards in relation to:
risk assessment and management
consent, confidentiality and information sharing
An ability to draw on knowledge of local procedures in response to 'failure to attend' appointments
An ability to draw on knowledge of local services to which the client may be referred at the end of contact with local services

Working with unplanned endings

Where possible, an ability to explore with clients why they wish to terminate contact with the service early
An ability to explore with clients whether their concerns about the intervention or service can be addressed
An ability to assess any risk arising from early termination with the service
An ability to contact relevant agencies regarding early termination
An ability to review contact with clients verbally or through a discharge letter

When working with families, an ability to establish which members wish to terminate contact early (i.e. the extent to which it is a consensual family decision or a view held by some, but not all, family members)

Ability to collaboratively engage the client in an intervention plan

An ability to engage the client in a collaborative discussion of the treatment options open to them, informed by the information gathered through assessment, the formulation emerging from the assessment, and the client's aims and goals
An ability to convey information about treatment options in a manner that is tailored to the client's capacities and that encourages them to raise and discuss queries and/or concerns
An ability to provide the client with sufficient information about the treatment and intervention options open to them, so that they are:
aware of the options available to them
in a position to make an informed choice from the options

An ability to ensure that clients have a clear understanding of the approach being offered to them (e.g. its broad content and the way it usually progresses)
While maintaining a positive stance, an ability to convey to the client (and significant others) a realistic sense of:
the effectiveness and scope of the intervention if the client engages fully with it
the limitations of the intervention (i.e. what may change and what is unlikely to change as a consequence of the intervention)
any challenges associated with the intervention

An ability to use clinical judgement to determine whether the client's agreement to pursue an intervention is based on a collaborative choice (rather than passive agreement, or an agreement that they experience as imposed on them), and:
an ability to identify when the client's understanding of their condition is at odds with the proposed intervention model, and to maintain a collaborative discussion in order to reach agreement over how to proceed

Ability to select and use measures

An ability to draw on knowledge that measures and scales should be used as an adjunct to assessment

An ability to engage clients in the use of measures so that it is a participative exercise (e.g. explaining how measures can be useful, and discussing the meaning and significance of the results)

Knowledge of commonly used measures

An ability to draw on knowledge of measures commonly used in an assessment of trauma
An ability to draw on knowledge relevant to the application of a measure, e.g.:

its psychometric properties (including norms, validity, reliability, specificity and sensitivity)
any training needed by the practitioner to administer the measure
scoring and interpretation of procedures
characteristics of the measure that may influence its use (e.g. brevity or 'user friendliness')

An ability to select and make use of outcome measures

An ability to integrate outcome measurement into an assessment and any intervention

An ability to draw on knowledge that a single measure of progress will not capture the complexities of progress across domains of symptoms (e.g. affect, cognition and behaviour) and functioning in various areas of their life
An ability to select measurement instruments that are clinically relevant and designed to detect changes in the aspects of functioning that are targeted by the intervention
An ability to draw on knowledge that concurrent measures are a more rigorous test of improvement than the use of retrospective ratings

Ability to administer measures

An ability to judge when a client may need help to complete a scale
An ability to take into account a client's attitude to the scale, and their behaviours while completing it, when interpreting the results
An ability to score and interpret the measure using the scale manual guidelines
An ability to interpret information obtained from the scale in the context of assessment and evaluation information obtained by other means

Ability to assess and manage risk of self-harm

Knowledge

An ability to draw on knowledge that assessment of risk:
is more likely to be helpful (both to the client and the assessor) if it focuses on engaging the individual in a clinically meaningful dialogue
is less effective (and useful) if carried out as a 'checklist' that attempts to cover all bases, whether or not they are relevant to the client

An ability to draw on knowledge that because it is difficult to predict future suicide attempts accurately, even comprehensive risk assessments can only yield a poor estimate of risk
An ability to draw on knowledge that although many factors have been identified as associated with risk:
they cannot be relied on to predict risk with any certainty
they are subject to change, meaning that assessments of risk are only relevant to the short-term outlook

An ability to draw on knowledge that talking about suicide does not increase the likelihood of suicide attempts, and that it is helpful to maintain an open and frank stance when discussing it
An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress, and serve different functions for different people (and for the same person, at different times)
An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right

Engagement

An ability to conduct an assessment in a compassionate and collaborative manner
An ability to help the client manage the potential distress associated with discussing difficult material

Assessment

An ability to work with the client to identify behaviours (both currently and in the past) that relate to suicidal intent (e.g. preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

An ability to discuss with the client the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, the function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts
An ability to help the client identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living

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Assessing cognitive factors associated with self-harm and/or suicide

An ability to work with the client to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die):
currently
at their most severe, in the immediate past and previously

Assessing interpersonal factors associated with self-harm and/or suicide

An ability to assess a sense of social isolation
An ability to assess a sense of being a burden on significant others
An ability to assess 'markers' that indicate the development of a capability to carry out suicide or self-harm (usually experiences that foster a diminished fear of pain and self-inflicted injury) e.g.:
current markers, e.g.:
fearlessness about injury or death
prolonged ideation and/or preoccupation about suicide
highly detailed and concrete plans for suicide
a specified time and place for suicide
if self-harm has taken place, an intent to die at the time of injury
current and past experiences, e.g.:
previous suicide attempts (especially multiple suicide attempts)
regret at surviving attempts
self-harming behaviours
exposure to childhood physical and/or sexual violence

Developing a risk management plan

An ability to develop a risk management plan that balances the need for safety with the need for autonomy and agency in the client's life
An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and:
an ability to recognise when the risk is going to be difficult to contain safely in the context of the therapist's resources and to refer appropriately

Ability to recognise and respond to concerns about safeguarding

An ability to draw on knowledge that safeguarding concerns can arise in relation to people of any age
An ability to draw on knowledge of factors that make adults vulnerable (e.g. mental or physical health problems, communication difficulties or dependence on others)
An ability to draw on knowledge of types of abuse and neglect that could trigger a safeguarding concern, e.g.:

	physical abuse
	domestic violence
	psychological abuse
	financial or material abuse or exploitation
	sexual abuse or exploitation
	neglect
	abuse in an organisational context

An ability to identify signs or indicators that could flag the need to institute safeguarding procedures
An ability to draw on knowledge of national guidance and legal frameworks regarding responsibility for acting on safeguarding concerns
An ability to act on knowledge of local agencies and local procedures for invoking, investigating and acting on safeguarding concerns

An ability to approach the management of safeguarding procedures in a way that protects the safety of the individual in a manner that is compassionate, empathic and supportive