



EMDRIA Annual Conference  
2024

## Enhancing Competency in EMDR Therapy Using the Trident Model of Clinical Supervision

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## The Importance of EMDR Consultants

- The most crucial role in the journey toward a thriving EMDR community is that of the EMDR Consultant/ Clinical Supervisor.



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2

## Terms: Clinical Supervision & Consultant

- To this presentation
  - Acknowledge the distinctiveness between the two terms, internationally:
    - Accountability
    - Responsibility
  - However, I will be using these terms interchangeably purely as a 'competency' device
    - Triadic model: Formative/Normative/ Restorative
    - Key job description, purpose, and function
    - Lens of 'citizenship'
  - The term 'Consultant'
    - Role within trauma capacity building
    - Disadvantages: title, lived-experience, status, etc.,

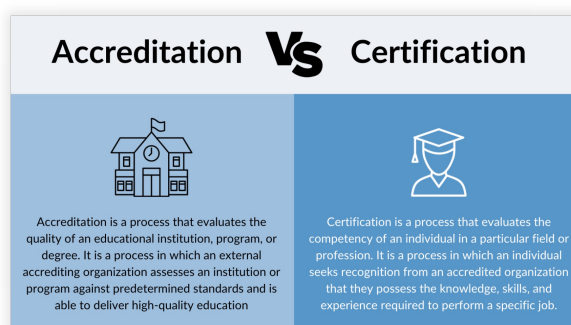
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## Terms: Certification & Accreditation

- For this presentation, these terms shall also be used interchangeably



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## EMDR therapy through a Broader Lens

- What is EMDR?
  - Techniques
  - Protocol Intervention
  - Psychotherapy
- What drives EMDR?
  - Evidence-Based Practice
  - Practice-Based Evidence
  - Politics
  - Policy & Resources

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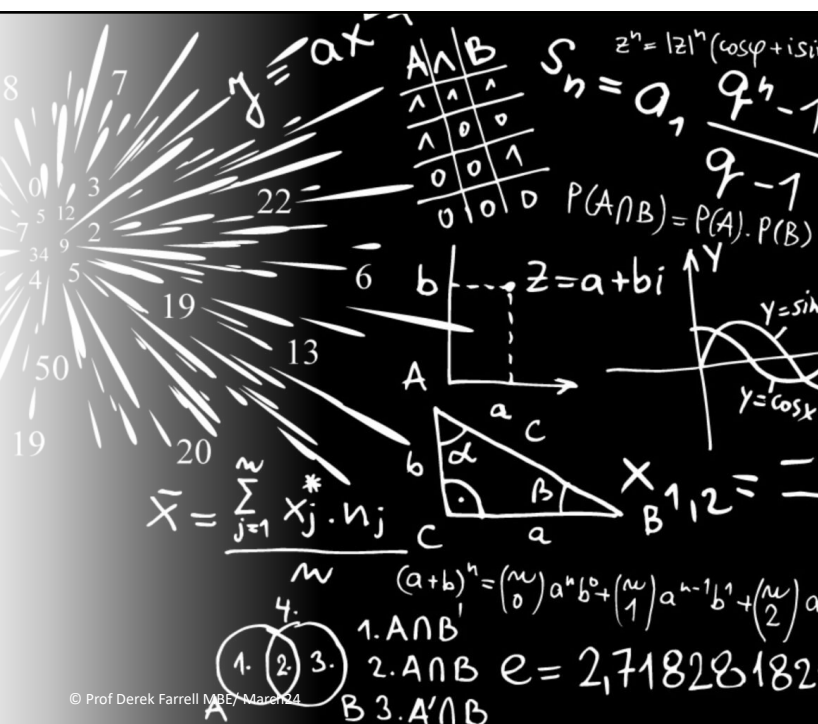


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## EMDR Therapy Trauma Activation & Confrontation

- EMDR Therapy is 'simple – but not easy'
- Relatively straightforward to learn – but difficult to truly master
- 'EMDR Therapy is about as easy as Mathematics'
- Carried out with 'detached compassion'



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6

## Four Attributes of EMDR therapy

### Set-Up

- Failure to prepare
- Prepare to fail
- Empowered Psycho-Ed
- Relational dynamic

### Activate



- Pathogenic memory
- Images, thoughts, emotions & sensations
- Live & present

### Stimulate

- Bi-focal, dual attention
- Working memory taxation
- Hierarchal & Bespoke

### Integrate


- Neurobiological
- Architecture
- Character - SUD
- Construct and meaning

7

## Key Aspects of EMDR Therapy(1)

- Comprehensive, Integrative psychotherapeutic approach
- AIP is its conceptual framework
  - Guides case conceptualisation
  - Informs treatment planning
  - **Formulation & Reformulation**
- Empirical evidence in support of AIP
- Targets insufficiently processed memories of trauma that are physiologically stored
- AIP Theoretical Framework and Adverse Life Events (ACE's) & Benevolent Childhood Experiences (BCE's)

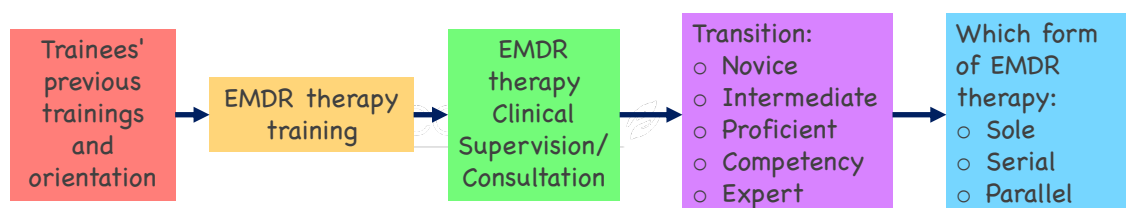


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## EMDR therapy Training Experience



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## EMDR therapy & Adaptive Information Processing

- Adaptive Information processing (AIP) is unique to the individual; therefore, in recognition of this intervention needs to be individualised
- However, this potentially creates eclecticism/ integrationism
- The goal of determining competency is to seek 'EMDR therapy solutions.'
- Clinical Supervision/ Consultation
- Recognising that we are now in a 'Post-Shapiro' era

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10

## Why Clinical Supervision is Important

- 'For us to be able to provide compassionate, safe, effective person-centred care in this increasingly complex environment and maintain our resilience, it is recognised that we need to take steps to ensure we care for ourselves and our colleagues. Clinical Supervision is a space where we can explore the effects of our work and make sense of the feelings our work evokes' (NHS Education for Scotland, 2018)

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11

## Current Model of Training in EMDR Therapy

- **T** + **A** = **C**
- **Training** + **Accreditation** = **Competency**

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12

## EMDR Clinical Supervision/ Consultation: Core components

- EMDR Therapy teaching & learning – theory into practice
- Wider clinical aspects of treatment
- Facilitation of professional development
- Coaching and peer support
- Mentoring and 'role modelling'
- Ethical Practice & Clinical Governance
- Individual reflection
- Group and Community reflection & integration
- Post-traumatic growth and resilience
- Ascertaining competency

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## 'WHO' is actually in the best position to assess competency in EMDR Therapy?

- EMDR Accredited Consultant
- or
- EMDR National Association/ Accreditation Committee

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So, what are some of the challenges?

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15


## EMDR Therapy Clinical Supervision & Professional Development Training: Models of Clinical Supervision

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Motivation for undertaking EMDR Therapy training initially


## EMDR Therapy – Phasic Development



'Dunning Kruger' & 'Portal Key' effect




Balance focusses upon complicated cases rather than 'straight-forward'




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"A good trauma-informed clinical supervisor enables you to soar to new heights, provides wind to your wings, a harness for if you fall, and a sturdy companion for the journey."



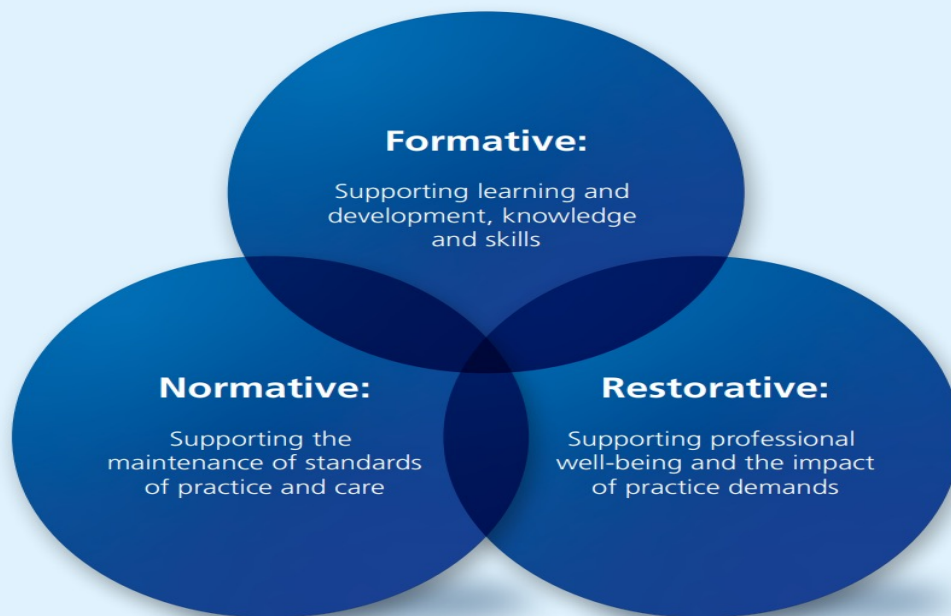


Farrell & Moran (In press) EMDR therapy & Clinical Supervision/ Consultation. Chapter in Oxford Handbook of EMDR therapy

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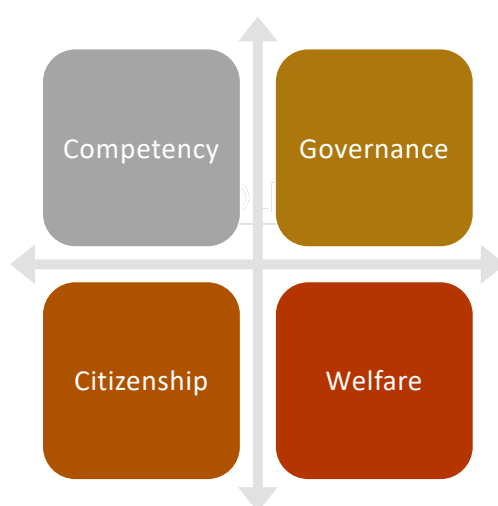
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### Proctor's (2001) model of supervision



19

### Primary Factors within Clinical Supervision/ Consultation



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## Purpose: Reflective Presentation



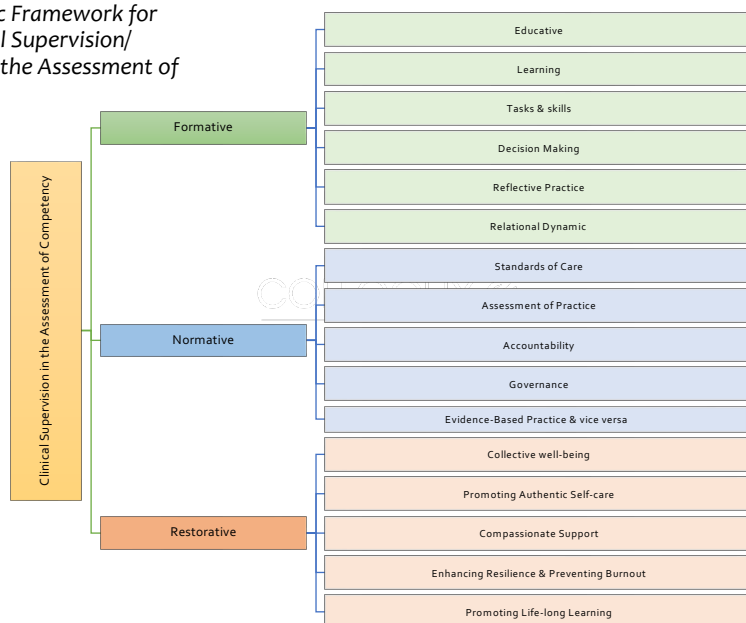
- Trauma citizenship: Our socio-anthropological position – **Inside, Outside, In-between**
- As trauma Therapists are we part of the solution, part of the problem, or both?
- Power, privilege, and positioning in the trauma field

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21

**Figure 2:** Triadic Framework for Effective Clinical Supervision/ Consultation in the Assessment of Competency



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## Formative/ Learning



- Learning is also referred to as the EDUCATIVE component. It enables participants to learn and continually develop their professional skills, fostering insightfulness through guided reflection. It focusses on the development of skills knowledge, attitudes, competencies and enhanced understanding

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23

## Formative and Normative Primary Areas in Determining Competency in EMDR Therapy

- Understanding EMDR therapy as an eight-phase protocol, the rationale of each phase, and its primary objective.
- Distinguishing between the mechanism, method, and methodology of EMDR therapy.
- A cogent understanding and assimilation of the adaptive information theoretical framework, how this is used for case conceptualization in better understanding the client's lived experience, how it is used as a transdiagnostic framework, and its centrality in planning, and carrying out an effective treatment planning.

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## Formative and Normative Primary Areas in Determining Competency in EMDR Therapy

- Understanding the core aspects of trauma, psychoeducation, resourcing, and trauma regulation strategies.
- Integrating EMDR therapy into clinical practice in a manner which is safe, relevant, effective, efficient, and informed by contemporary research.
- Familiarity with EMDR therapy as a passive intervention when trauma processing is naturally occurring, and an active intervention when processing is blocked and interweaves are necessary
- Working with more complex, vulnerable populations including enhanced skills and flexibility

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## Formative and Normative Primary Areas in Determining Competency in EMDR Therapy

- Managing powerful emotions, abreactions, and addressing transference and counter-transference issues.
- Knowledge, synthesis, and application related to the various scripted protocols in EMDR therapy which are empirically supported by the academic literature or underpinned by strong practice-based evidence.
- Determining when EMDR therapy is used as a sole intervention, or either serial or parallel, and being able to distinguish between each and have a rationale for this.

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26

## Restorative aspects of EMDR Clinical Supervision

- Managing trauma toxicity and stress
- Promoting authentic self-care
- Enhancing resilience and preventing burnout
- Nurturing life-long learning
- Creating an environment of safety & trust:
  - Internal
  - External
  - Relational
  - Consistent
  - Authentic

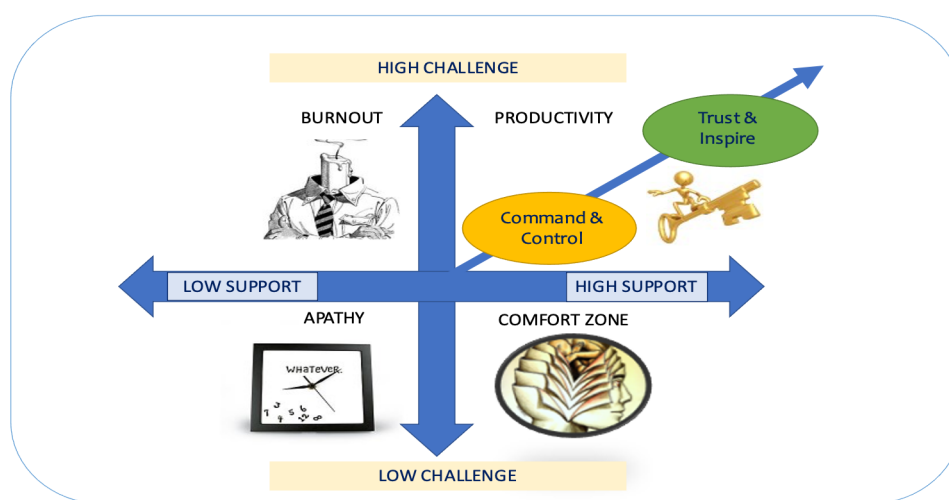
The absence of these five characteristics of safety creates censorship and filtering

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## EMDR Clinical Supervision Performance and Functioning Framework (adapted from Sanford, 1962, 1966)



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## Triadic Model of Clinical Supervision

Formative: Teaching & Learning	Restorative: Support	Normative: Governance & Accountability
EMDR Therapy as an 8 Phase Treatment Intervention	Obtaining feedback on clinical practice – content and process	Safe and ethical Practice
AIP Case Conceptualisation and Treatment Planning	Managing Transference and counter-transference	Ensuring quality of clinical activity, consultation and clinical supervision
Reflecting upon content and process of clinical activity	Preventing burnout, compassion fatigue and vicarious trauma	Utilisation of personal and professional resources
EMDR Therapy as 'sole' treatment (seeking EMDR/AIP solutions) or integrative approaches ( + rationale)	Receive validation as an individual and as a therapist	Managing risk assessment and triage
Enhancing knowledge exchange and understanding	Nurturing how to make effective use of EMDR clinical supervision	Adherence to pertinent policies, procedures and guidelines
Keeping 'up-to-date' & life-long learning	EMDR/Trauma citizenship and community building	Exploring collaboration and potential referring on

29

## Development of the EMDR Consultation & Clinical Supervision Scale (ECS-40)

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EMDRIA Conference  
Seattle, USA  
April 2024



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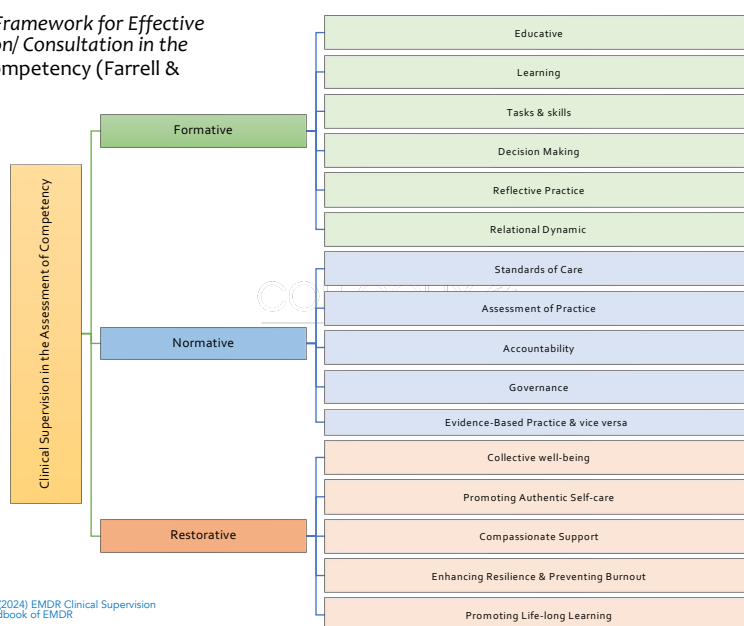


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**Figure 2: Triadic Framework for Effective Clinical Supervision/ Consultation in the Assessment of Competency (Farrell & Moran, 2024)**



Citation: Farrell, D; & Moran, J. (2024) EMDR Clinical Supervision & Consultation – in Oxford Handbook of EMDR

(Editors: Farrell, Schubert, Kieman) Oxford University Press

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31

## Stages in the development ECS-40

- Narrative review of the academic literature to develop the initial concourse
- 42 statements generated matched onto the Triad model of Formative, Restorative, & Normative, using a 5-point Likert scale
- Survey Monkey to international audience of EMDR therapist
- N=355 replies, subjected to analysis
- Base concourse for the ECS-42

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32



### EMDR therapy Consultation/ Clinical Supervision Scale (ECS-40)<sup>1</sup>

Key to rating		Key to factors	
Strongly Disagree	1	FORMATIVE = F	
Disagree	2	RESTORATIVE = R	
No opinion	3	NORMATIVE = N	
Agree	4		
Strongly Agree	5		

Item number	Item Statement	Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree	Factor Loading
1.	EMDR consultation/ clinical supervision plays an important role in both supporting and maintaining my clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
2.	My EMDR Consultant thoroughly supervises my clinical skills as an EMDR therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
3.	My EMDR Consultant largely relies on self-reporting rather than direct observation of my EMDR clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
4.	Work pressures often make it challenging to access EMDR Consultation regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
5.	I am always willing to fully disclose as accurately as possible to ensure that my EMDR Consultant has a complete picture of the issue in hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
6.	My EMDR Consultant always assumes a hierarchical position in our supervision relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
7.	Sometimes I withhold information from my EMDR Consultant for fear that I may experience negative feelings, guilt, shame, disapproval or disappointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
8.	My experience of EMDR Consultation suggests cultural awareness and sensitivity informs the supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
9.	Within EMDR Consultation I feel secure to disclose my vulnerability within EMDR Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
10.	My experience of EMDR Consultation is that it is primarily outcome focused, rather than relational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F

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11.	My EMDR Consultant evokes a collaborative approach to the consultation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
12.	My experience of EMDR Consultation includes mutual respect, sensitivity, and compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
13.	My experience of EMDR Consultation is the establishment of mutually agreeable goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
14.	Support within EMDR Consultation is essential in providing compassion satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
15.	My EMDR Consultant is always mindful of counter-transference issues, burnout, compassion fatigue, and vicarious trauma, and regularly monitors this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
16.	My EMDR Consultant is mindful of their own cultural awareness of privilege	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
17.	My EMDR Consultant allows me ample opportunities for crucial reflection within our consultation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
18.	EMDR Consultation is primarily an opportunity to enhance the teaching and learning of EMDR therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
19.	My EMDR Consultant is always available for urgent case consultation matters in relation to my clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
20.	My EMDR Consultant helps me organise my knowledge in such a way as to influence my clinical practice more effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
21.	My EMDR Consultant effectively highlights the organisational context of where my EMDR therapy practice takes place with regards to policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
22.	It is clear to me that my EMDR Consultant is using a model of consultation/ clinical supervision to underpin their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
23.	My EMDR consultant demonstrates flexibility within our consultation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
24.	My EMDR Consultant models the behaviours that they want to see in their supervisees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
25.	My EMDR Consultant utilises a "strength based" approach rather than a "mistake management" one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
26.	My EMDR Consultant is effective in managing conflict and reducing tensions within consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
27.	During EMDR Consultation my consultant demonstrates humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F

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pg. 2



33

28.	Adaptive Information Processing (AIP) case conceptualisation plays a crucial part in my experience of EMDR Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
29.	My EMDR Consultant always orientates the sessions mindful of EMDR therapy as an eight-phase treatment intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
30.	My EMDR consultant encourages my integration of EMDR with other clinical paradigms/ psychotherapy approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
31.	My EMDR Consultant frequently provides me with constructive feedback on my EMDR clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
32.	My EMDR Consultant is useful in validating me both individually and as an EMDR therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
33.	My EMDR Consultant assists me in effectively managing our consultation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
34.	My EMDR Consultant monitors my clinical work to ensure I practice safely, ethically, and within my range of expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
35.	My EMDR Consultant requires that I operate risk assessment and setting clinical priorities appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
36.	My EMDR consultant considers the effective utilisation of EMDR with different clinical and cultural populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
37.	My EMDR Consultant actively reviews video or in vivo evidence of my EMDR clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
38.	My EMDR Consultant uses our consultation sessions for role play enactment regarding some of the technical aspects of EMDR therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
39.	In determining my competency in EMDR therapy my EMDR Consultant sees me as the central part of the process in becoming a better EMDR therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
40.	My EMDR Consultant assists me in my commitment to life long learning, professional development, including self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R

Reverse score Q's: 3, 4, 6, &amp; 7

Cumulative Score for FORMATIVE

Cumulative Score for RESTORATIVE

Cumulative Score for NORMATIVE

Scoring:  
 Formative - Total score x 1 = ( /100)  
 Restorative - Total score x 2 = ( /100)  
 Normative - Total score x 2 = ( /100)

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pg. 3

Reverse score Q's: 3, 4, 6, &amp; 7

Cumulative Score for FORMATIVE

Cumulative Score for RESTORATIVE

Cumulative Score for NORMATIVE

Scoring:  
 Formative - Total score x 1 = ( /100)  
 Restorative - Total score x 2 = ( /100)  
 Normative - Total score x 2 = ( /100)

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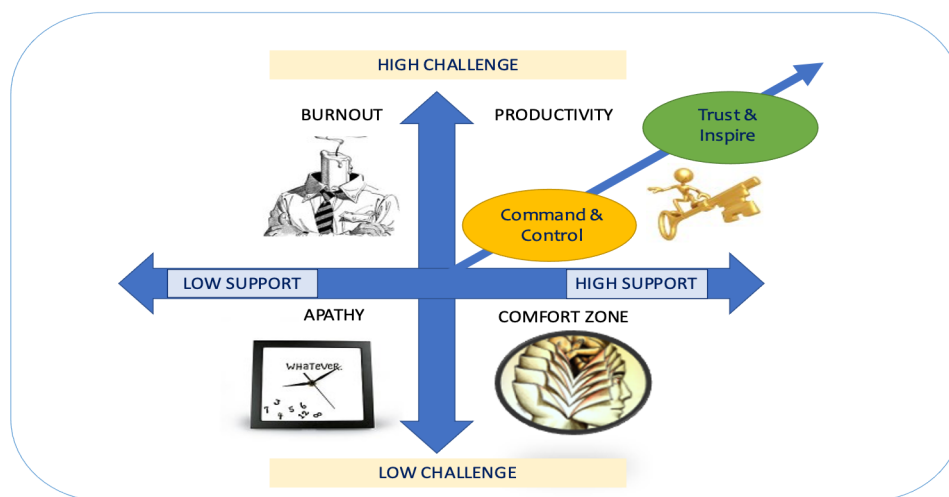
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34

## EMDR Clinical Supervision Performance and Functioning Framework (adapted from Sanford, 1962, 1966)



35

## Various Models of Clinical Supervision

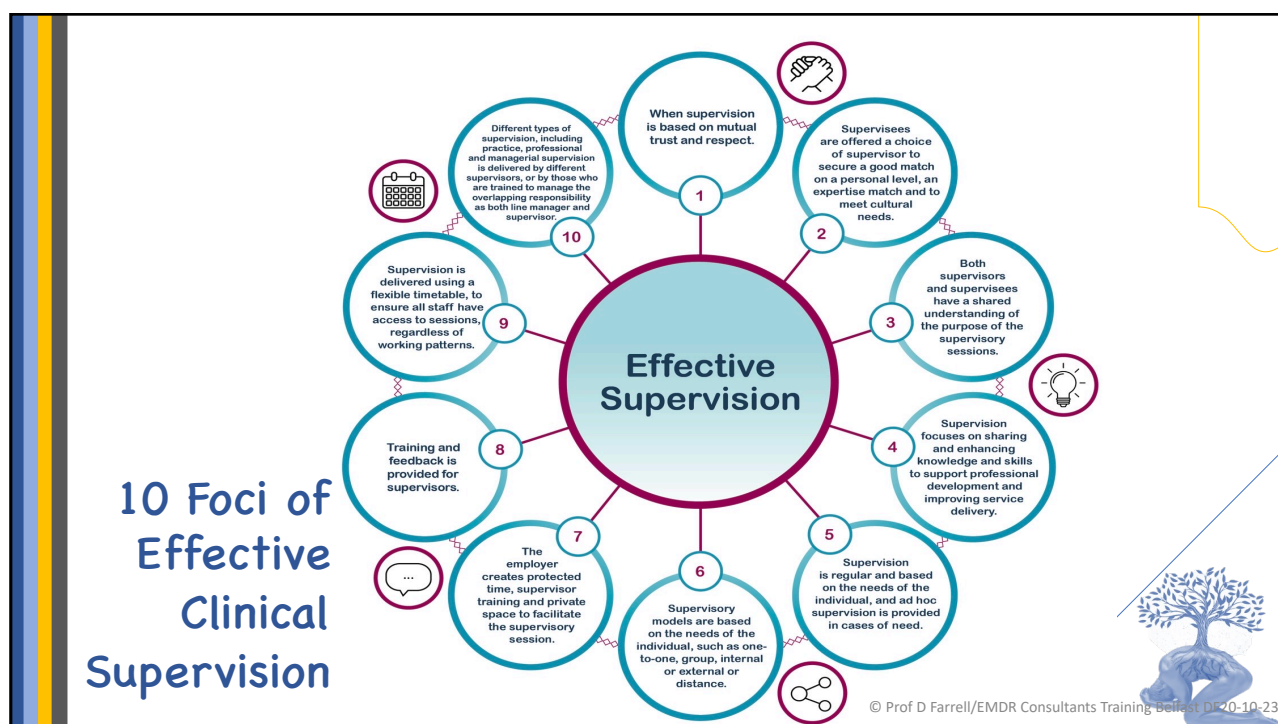
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36



37



38

## Anderson's (1988) Continuum Model of Clinical Supervision

<b>Stages</b>	<b>Evaluation &amp; Feedback</b>	<b>Transitional</b>								<b>Self-Supervision</b>
<b>Styles</b>	<b>Direct &amp; Active</b>	<b>Collaborative</b>								<b>Consultative</b>

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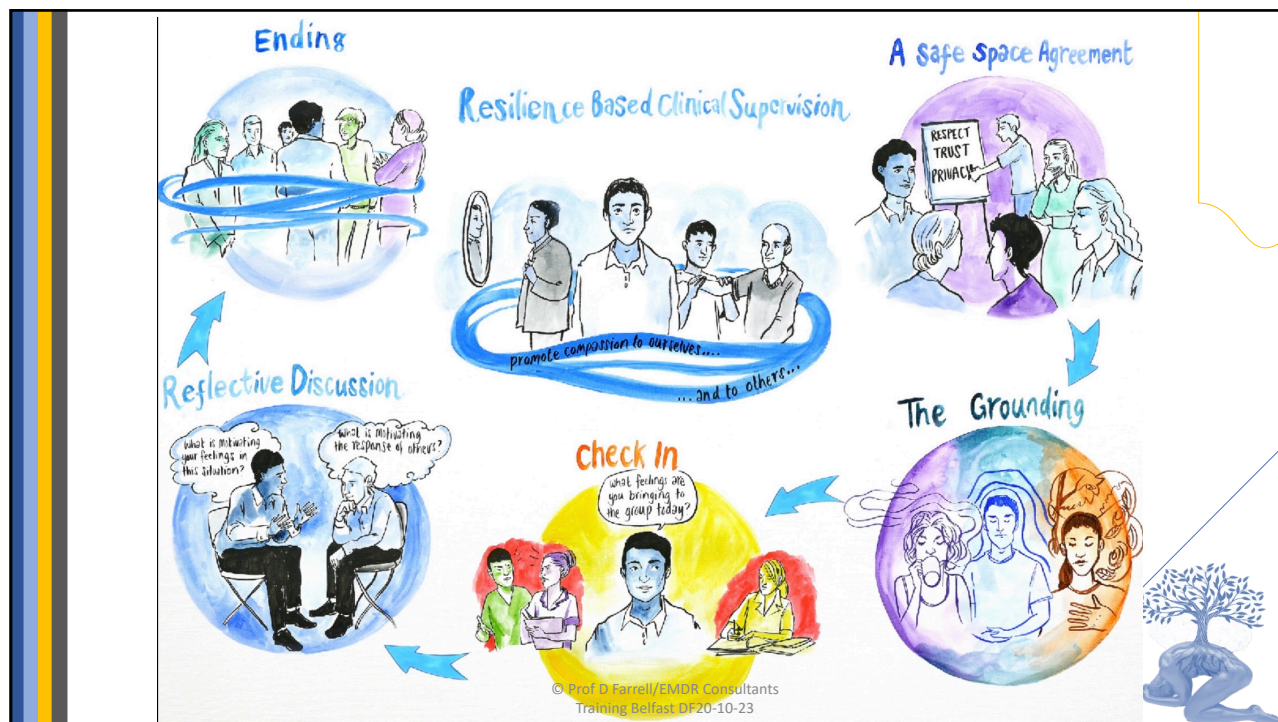
# A Resilience Model of Clinical Supervision: Mini Role Play

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40



41

## Broader Aspects of Clinical Supervision

- Attunement
- Intuition
- Empathy
- Self-awareness
- Mindfulness
- Multicultural awareness
- Perspective taking

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## Clinical Supervision within EMDR therapy

- More than a meeting
- Process that looks very different from supervisee to supervisee
- Supervision itself looks different throughout the supervisee's professional development
- Clinical supervision is a complex exchange between supervisor and supervisee, where different models/theories are utilised – **Transtheoretical**

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43

## Transtheoretical Clinical Supervision in EMDR therapy

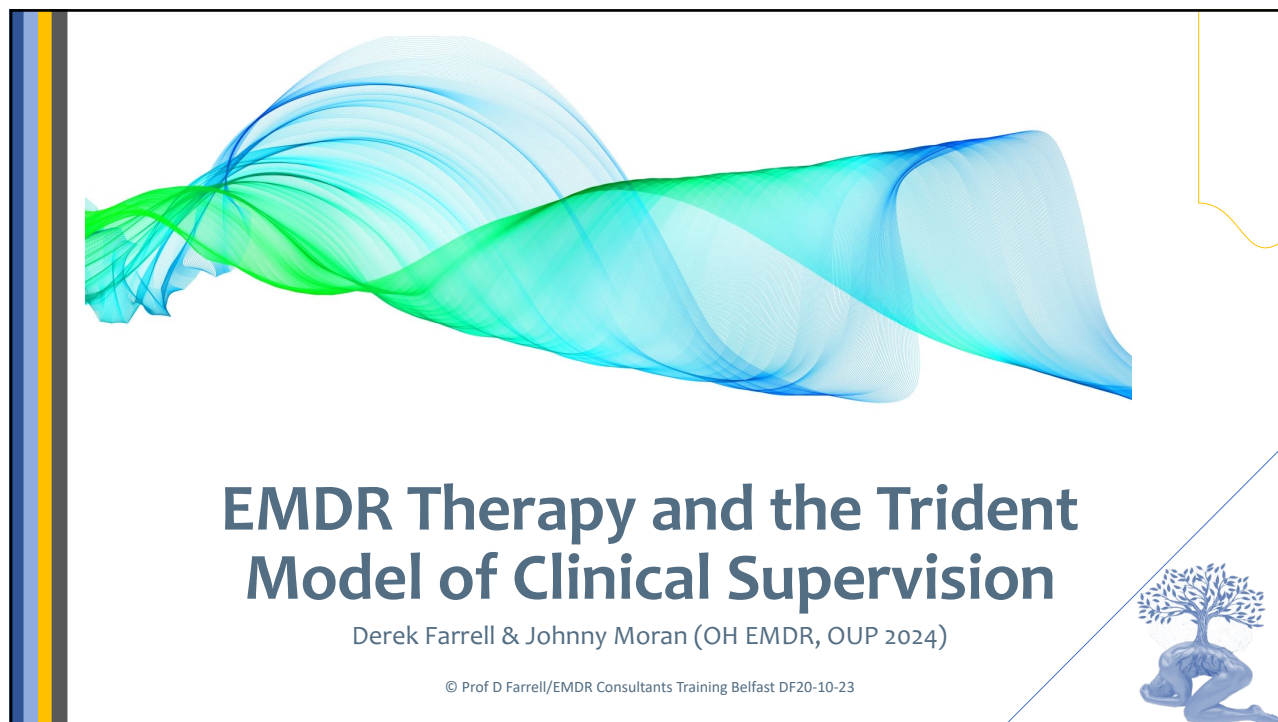
- Addressing clinical complexity (norm)
- Managing different degrees of fear and anxiety
- Empowering confidence, competence, resilience, and growth
- Recognising that no one model can cover all the nuances of the clinical supervisory process
- Addressing the power imbalance that exists within some clinical supervision relationships

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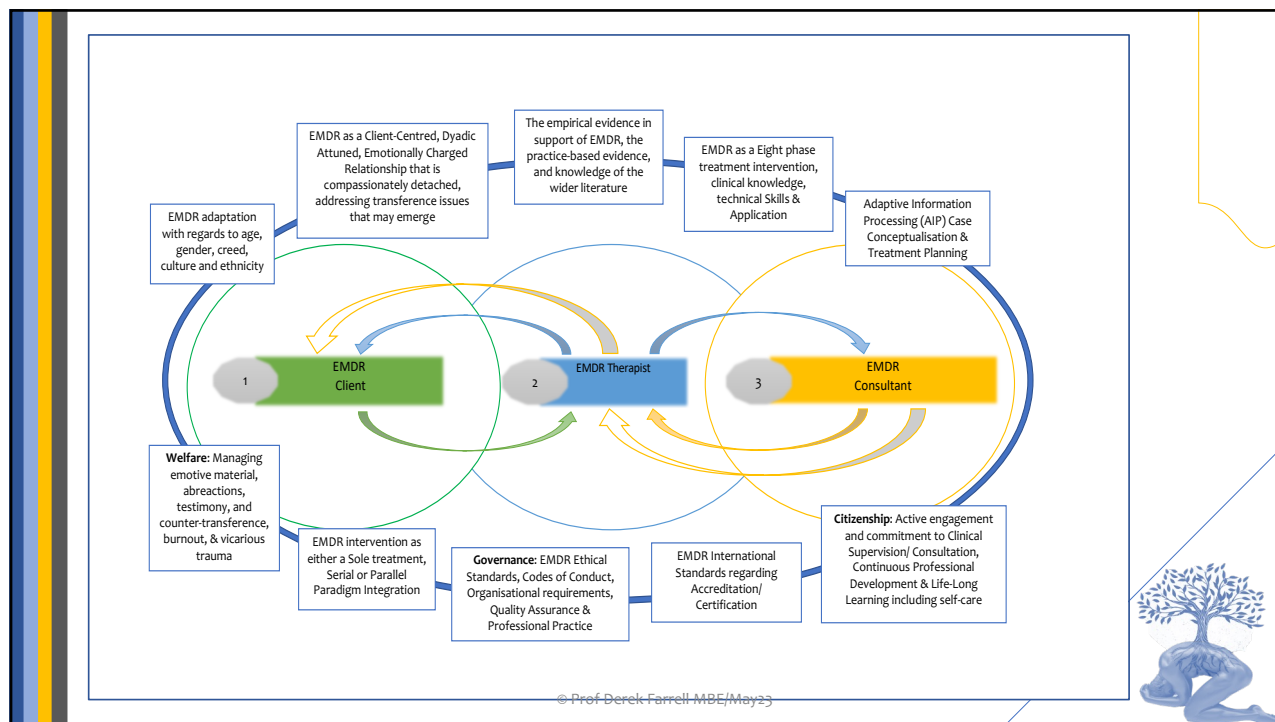
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## EMDR Therapy Trident Model: Summary

- The Trident Competency Model of EMDR Therapy focuses on three essential actors central to EMDR Therapy Clinical Supervision: The client, the EMDR Therapist and the EMDR Therapy Consultant/ Clinical Supervisor.
- As the primary role is determining competency, it is the EMDR Therapist, rather than the client, that is at the centre of this proposed model.

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46



47

## Most common occurring 'mistakes' identified in EMDR Therapy Clinical Supervision

- Insufficient History Taking
- Deficient AIP Case conceptualisation
- Lack of a robust Target Treatment Plan
- Not enough Preparation: Stabilisation and Resource Installation
- Too much Preparation

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Areas of focus for the EMDR Consultant/ Clinical Supervisor

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48

## Main Areas of Focus within EMDR Clinical Supervision (1)

- EMDR in context – Evidence based practice & Practice based evidence
- EMDR – mechanism, method and methodology
- EMDR/ AIP & Integrating EMDR into clinical practice
- EMDR as a Three Pronged Psychotherapeutic Approach
- EMDR as an Eight Phase Protocol
- EMDR Target Treatment Planning
- EMDR – sole, serial, & parallel

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## Main Areas of Focus within EMDR Clinical Supervision (2)

- Comprehensive treatment plan versus Symptom reduction  
– Telescopic processing - EMD, EMDr & EMDR
- Blocked processing & Cognitive (therapeutic) Interweaves
- EMDR scripted protocols
- Assessment of EMDR competency/ accreditation processes

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50

# International Dimensions in seeking Accreditation/ Certification in EMDR therapy


Medium Narratives

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51

## Evidence to determine competency in EMDR therapy

Medium	Description	Advantages	Disadvantages
Verbal Reporting 	<ul style="list-style-type: none"> <li>Supervisee provides verbal reports of the EMDR session</li> <li>Group discussion about clinical situation</li> </ul>	<ul style="list-style-type: none"> <li>Informal</li> <li>Efficient use of time</li> <li>Greater spontaneity</li> <li>Affect, awareness, insight, perspective</li> <li>Supervisee controls the narrative</li> </ul>	<ul style="list-style-type: none"> <li>The EMDR Session is seen through the 'eyes' of the supervisee</li> <li>Absence of non-verbal components</li> <li>Vital context may be missed</li> <li>Can often become crisis or case management</li> </ul>

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52

## Evidence to determine competency in EMDR therapy

Medium	Description	Advantages	Disadvantages
Verbatim Report/ Transcripts	<ul style="list-style-type: none"> <li>Written transcript of clinical sessions including both therapist and client</li> </ul>	<ul style="list-style-type: none"> <li>See the flow and structure of the EMDR clinical session</li> <li>Helps track process and orientation to the EMDR protocol</li> <li>Enhances AIP case conceptualisation – mapping exercise</li> <li>Enhances recall to provide greater context</li> <li>Enhances reflection</li> <li>Provides accurate documentation of the EMDR session(s)</li> </ul>	<ul style="list-style-type: none"> <li>Can be very time consuming</li> <li>Often context maybe compromised</li> </ul>



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53

## Evidence to determine competency in EMDR therapy

Medium	Description	Advantages	Disadvantages
Written/ Case File Documentation Review	<ul style="list-style-type: none"> <li>Review of ALL the clinical documentation relating to the client, including psychometrics, other professional inputs, etc.,</li> </ul>	<ul style="list-style-type: none"> <li>Provides a more comprehensive and broader reach in understanding the client</li> <li>Useful in determining compliance, safe and effective practice</li> <li>Effective quality control</li> <li>Ensures consistency in clinical documentation</li> </ul>	<ul style="list-style-type: none"> <li>May not be possible or even feasible</li> <li>Documentation often misses vital context</li> <li>Documentation maybe 'sanitised' and potentially differ what what 'actually' may have occurred</li> <li>Essence of clinical supervision may get lost</li> <li>Can very easily become 'case management' rather than competency development</li> </ul>




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54

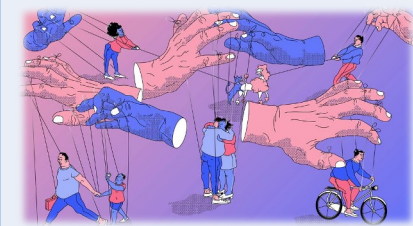
## Evidence to determine competency in EMDR therapy

Medium	Description	Advantages	Disadvantages
Video Recording	<ul style="list-style-type: none"> <li>Providing a digital recording of the EMDR clinical session</li> </ul> 	<ul style="list-style-type: none"> <li>Clearly see both verbal and non-verbal exchange between the EMDR therapist and the client</li> <li>Can focus on specific EMDR skills and practice</li> <li>Provides a richer context of what occurred 'real time'</li> <li>Potentially highlights a difference between what is 'declared' and what is 'evidenced'</li> </ul>	<ul style="list-style-type: none"> <li>Need to equipment and resources</li> <li>Not possible to record various client groups</li> <li>Organisations/ Institutions may not grant permission for video recording</li> <li>Requires 'client compliance'</li> <li>Clarification of 'ownership' of the video</li> <li>Anxiety provoking/ performance</li> </ul>

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55

## Evidence to determine competency in EMDR therapy

Medium	Description	Advantages	Disadvantages
Simulation	<ul style="list-style-type: none"> <li>Role play re-enactment</li> </ul> 	<ul style="list-style-type: none"> <li>Focus of the role play can be easily determined</li> <li>Ability to highlight essential EMDR skills and professional development</li> <li>Can be 'stopped' in real time to emphasise a specific teaching and learning</li> <li>Removes the organisational and technical dilemmas</li> </ul>	<ul style="list-style-type: none"> <li>Potentially too reductionist</li> <li>Absence of a 'real life' or 'client context'</li> <li>Significant divergence in EMDR therapist participant engagement – performance anxiety</li> </ul>

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56



## International Issues in EMDR therapy

- Accreditation/ Certification rates are approx. 20-25%
- Obtaining video-recording evidence is proving problematic (GDPR, organisational aspects, technical, etc)
- Lack of support/ recognition/ limited value of being accredited/ certified
- There are different ways of 'knowledge checking'
- Status of EMDR training certificates: attendance, versus competency

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57



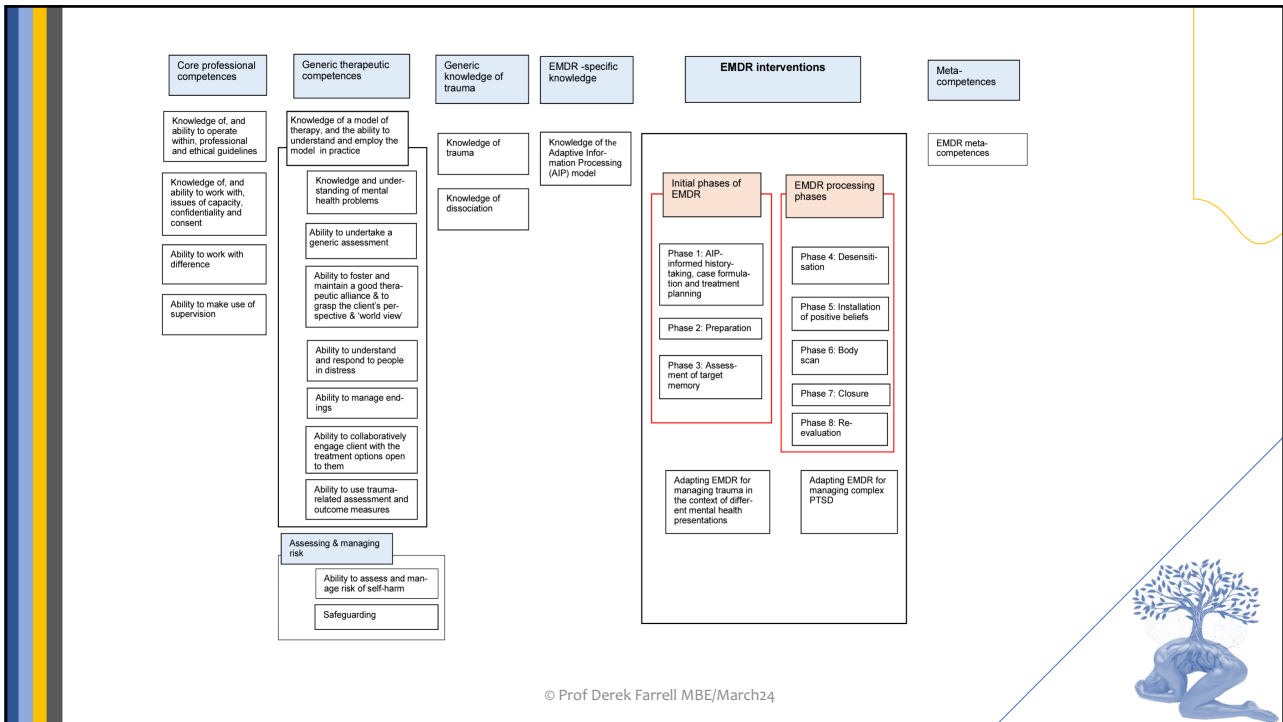
## A Competence Framework for Eye Movement Desensitisation and Reprocessing (EMDR) Therapy

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-18>

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58



59

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# Meta-Review of Competencies in EMDR therapy: Nine Principles



60

## Nine Primary Objectives in Ascertaining EMDR therapy Competency

1. Understand the core elements of the Adaptative Information Processing [AIP] model as a theoretical framework, and an ability to apply this paradigm for case conceptualisation and subsequent management of a treatment care plan

2. Demonstrate contemporary knowledge, understanding, and assimilation, of EMDR Therapy as an eight-phase treatment intervention demonstrating technical understanding and clinical application that is safe, effective, efficient, relevant, and empirically informed by academic literature

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61

## Nine Primary Objectives in Ascertaining EMDR therapy Competency

3. Differentiate the implementation of EMDR therapy either as a 'sole treatment' intervention or as a 'serial approach' – using EMDR therapy before proceeding to another paradigm, for example, trauma-Focussed cognitive behavioural therapy (TF-CBT), Prolonged Exposure therapy (PET), Dialectic Behaviour Therapy (DBT), Schema-Focused Therapy, etc.; or parallel integration – for example using the AIP case conceptual framework alongside other theoretical models such as internal family systems, attachment theory, theory of structural dissociation, adverse child experiences (ACEs), pre-conditions of child Sexual abuse, offender profiling, risk assessment, etc., - and can provide a cogent rationale for doing so.

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62

## Nine Primary Objectives in Ascertaining EMDR therapy Competency

4. Exemplify an ability to adapt EMDR therapy treatment respectful to age, gender, culture, creed, and ethnicity
5. Demonstrate strategic knowledge and assimilation that EMDR therapy is practiced in such a way that the client is central to the whole process, and that the client is informed and empowered.

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63

## Nine Primary Objectives in Ascertaining EMDR therapy Competency

6. Implement diligence, due care, and attention is given towards the relational dynamic, and that this is regulated, authentic, collaborative, respect to boundaries, attuned, and carried out with 'detached compassion', to prevent the EMDR therapist from becoming overwhelmed, vicariously traumatised or burnout by the nature of the work.
7. Execute EMDR therapy clinical practice in a manner consistent with defined ethical standards, governance procedures, organisational expectations, rules, regulations, and requirements congruent with quality assurance and sound professional practice.

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64

## Nine Primary Objectives in Ascertaining EMDR therapy Competency

8. Actively engage in the EMDR therapy clinical supervision process, making a commitment towards life-long learning and professional development including self-care – which may involve experiencing EMDR therapy as a client.



9. Ensure that their clinical practice meets the EMDR International/ Regional Bodies/UCL<sup>a</sup> requirements for Accreditation/Certification.

<sup>a</sup> Roth et al. (2021) A competence framework for eye movement desensitisation and reprocessing (EMDR) therapy (accessed at <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-18>)

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65



## EMDR therapy Personal Development Plan (EMDR PDP – III; OUP Edition)

Farrell & Moran (2024) – Oxford Handbook on EMDR

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66



## EMDR therapy Personal Development Plan (PDP) III

(OUP Handbook of EMDR – EMDR Clinical Supervision & Consultation: Farrell & Moran, 2024)

The purpose of this EMDR Therapy Personal Development Plan III (EMDR Therapy PDP III) is to enable you to reflect upon your current knowledge, understanding, and clinical application of EMDR Therapy. It also provides insight into areas of your EMDR Therapy practice that may require further development and skills enhancement. This tool can be used both as a structured means of subjective/ self-assessment or in conjunction with your EMDR Therapy Clinical Supervisor/ Consultant as part of Clinical Supervision.

This EMDR Therapy PDP III is in five sections:

- Section 1: The Adaptive Information Processing Theoretical Framework, Neurobiology of Trauma & Psycho-traumatology
- Section 2: EMDR Therapy as an Eight-Phase Treatment Approach
- Section 3: Further Skills in EMDR Therapy & Wider Applications
- Section 4: EMDR Therapy Clinical Supervision & Consultation Skills
- Section 5: EMDR Therapy Personal Development Plan – Strategic Action

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67



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(OUP Handbook of EMDR – EMDR Clinical Supervision & Consultation: Farrell & Moran, 2024)

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- Section 5: EMDR Therapy Personal Development Plan – Strategic Action

For Sections 1 and 2 the following 6-point proficiency scale has been adopted to assess knowledge and competency

0 = None; 1 = Limited; 2 = Basic; 3 = Proficient; 4 = Advanced; 5 = Expert

### Section 1: The Adaptive Information Processing Theoretical Framework, Neurobiology of Trauma and Psycho-traumatology

1.1 Understanding of the Adaptive Information Processing (AIP) Paradigm as a Theoretical Model					
0	1	2	3	4	5

1.2 Adaptive Information Processing Case Conceptualisation & Treatment Planning					
0	1	2	3	4	5

1.3 Neurobiological Mechanisms of Psychological Trauma					
0	1	2	3	4	5

### Section 5: EMDR Therapy Personal Development Plan – Strategic Action

In relation to the above areas, consider what action is needed to develop your EMDR therapy PDP III plan both as an EMDR therapy clinician and an EMDR therapy Clinical Supervisor/ Consultant.

Try and consider the following questions:

1. What do you need to achieve your EMDR therapy PDP in the short, medium, and long term both as an EMDR therapy Clinician and an EMDR therapy Clinical Supervisor/ Consultant?
2. What blocks or obstacles do you envisage you may encounter along the way?
3. Consider what strategies might be necessary to try and overcome these.
4. Is there a mentor (s) you could approach for guidance & support? And if so, who might this person be?
5. How will you know when you have met the targets within your EMDR PDP II?

#### Possible areas to consider:

- More EMDR Clinical Experience in general
- More Specific EMDR Therapy clinical experience
- EMDR Therapy Micro skills
- EMDR Therapy Clinical Supervision & Consultation Skills
- Integrating EMDR Therapy into your existing clinical practice
- EMDR Therapy Research & Development
- EMDRIA/ EMDR Europe Accreditation
- EMDR Continuous Professional Development
- EMDR Therapy Academic Writing & Publication
- Wider reading of EMDR Therapy Literature
- Presenting at EMDR Conferences



68

## Main features of the EMDR PDP III (OUP edition)

- First published 2013
- Both a formative and summative document
- Used as an evaluation tool for Northumbria University PGCert students as part of their summative assessment
- Also used 'pre and post' EMDR Consultant training
- Used at the start of any new EMDR clinical supervision/consultation contract
- Tool for structuring EMDR CPD activity and enhanced learning

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69

## In Summary

COLLOQUY  
Trauma Centre

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70



## Trident Model Summary

Understanding the core elements of the Adaptative Information Processing [AIP] model as a theoretical framework, and an ability to apply this paradigm for the purpose of case conceptualisation and subsequent management of a treatment care plan

Knowledge of EMDR Therapy as an eight-phase treatment intervention demonstrating technical understanding and clinical application that is safe, effective, efficient, relevant and empirically informed by academic literature

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71

## Trident Model Summary

3. Implements EMDR Therapy either as a 'sole treatment' intervention, or as a 'serial approach' – using EMDR Therapy before proceeding to another paradigm, for example CBT, PET, DBT, Schema-Focused Therapy, etc., or 'parallel integration' – for example using the AIP case conceptual framework alongside other models such as internal family systems, Attachment Theory, Theory of Structural Dissociation, ACE's, pre-conditions of Child Sexual Abuse, Offender profiling, risk assessment, etc., - and is able to provide a cogent rationale for doing so

4. Demonstrate an ability to adapt EMDR Therapy treatment respectful to age, gender, culture, creed and ethnicity

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72

## Trident Model Summary

5. Ensure the EMDR Therapy is practiced in such a way that the client is central to the whole process in a manner that is informed, empowered and truly collaborative, that the emotionally charged therapeutic relationship is regulated, boundaried and attuned, and carried out with 'detached compassion', so as to prevent the EMDR Therapist from becoming overwhelmed, vicariously traumatised or burnout by the nature of the work.

6. Practices in a manner consistent with defined ethical standards, organisational expectations, rules, regulations and requirements congruent with quality assurance and sound professional practice.

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73

## Trident Model Summary

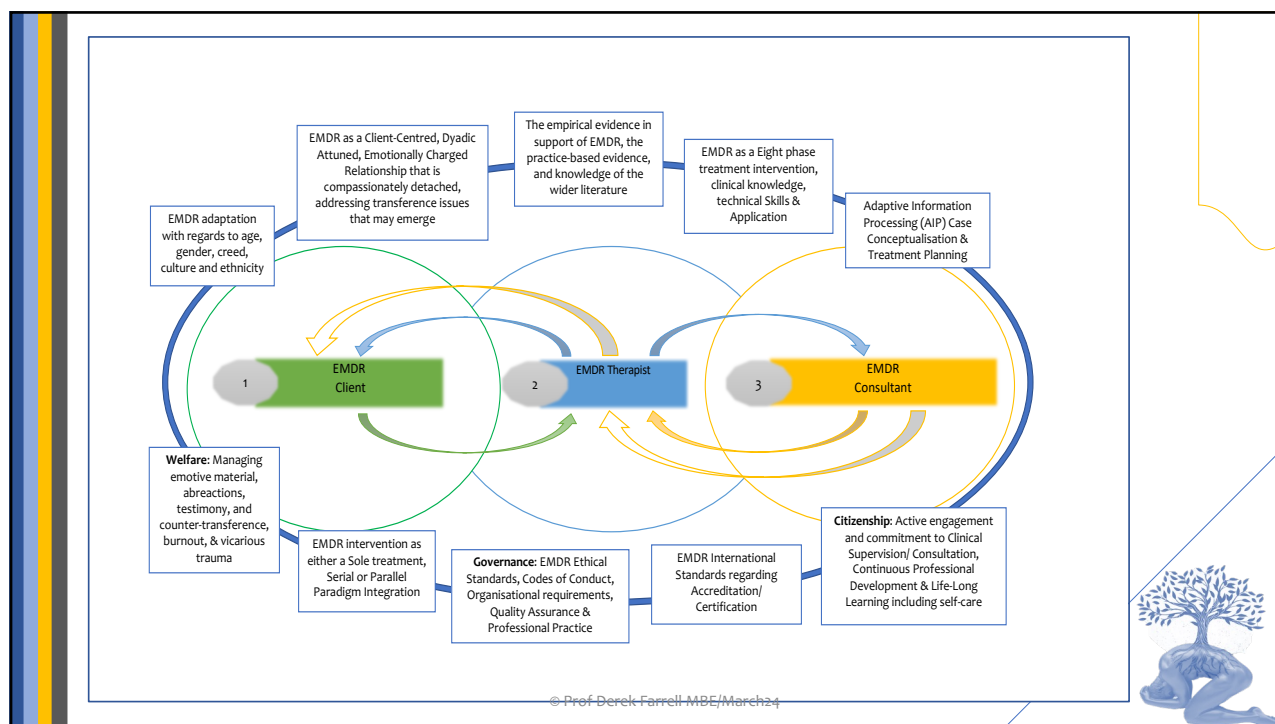
7. Actively engages in the EMDR Therapy clinical supervision process making a commitment towards life-long learning and professional development including self-care – which may involve experiencing EMDR Therapy as a client

8. That the EMDR Therapist meets the EMDRIA/ Europe requirements for Certification/ Accreditation as either Certified/Practitioner or Consultant

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74



75

## Future Topics

- Various models of clinical supervision/ consultation/ mentorship/ coaching
- Trident-Model of EMDR Clinical Supervision
- Resilience-based clinical supervision
- Different strategies for ascertaining competency
- EMDR Europe documentation and procedures
- EMDRIA Council of Scholars Project – next generation of EMDR

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76

## Final Comments

- Personal life influences professional functioning – and vice versa
- Interpersonal factors impact professional development than impersonal ones do
  - An example of this: ‘People leave people, not organisations’
- Trauma Therapy involves constant exposure to toxic stress and trauma. Dose levels need to be constantly monitored for both:
  - Supervisee
  - Supervisor
- New EMDR Therapy trainees view ‘elders’ with strong affective reactions – this must be managed and addressed sensitively and carefully
- Remember we are living in the ‘Post-Shapiro’ era, the future of EMDR rests in our hands.

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77

**When you finally  
learn that a  
person's behavior  
has more to do  
with their own  
internal struggle  
than you, you  
learn grace**

Allison Aars



78

Many thanks for your time

Contact details:

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