Setting Standards Using the Core Competency Model – An Example

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History Of Credentialing

- In 1999 – Established two levels of credentialing: Certification & Approved Consultants (ACs)
- Faculty of the EMDR training organizations were grandfathered in as ACs.
- ACs did the consultation necessary to certify therapists who completed EMDR basic training.
- The requirements for both credential levels were & still are “hours” based requirements, not proficiency based.

Problems With Current System

- There is no “standard” criteria defined by EMDRIA for each level
- There is no consistency among ACs regarding requirements to recommend someone for Certification or to be an AC
- There is no consistency regarding assessment procedures (e.g., requires videotaping)
- ACs have expressed a difficulty being both consultant & evaluator
Potential Ramification of Current System

- The lack of specific requirements undermines legitimacy of credentialing
- The lack of standardization in criteria & process calls into question the meaning of credentialing
- Possible liability issues exist (i.e., if the candidate takes issue with the AC’s assessment of their skills & abilities) given there are no stated standards or requirements

What Is The Solution?

- Establish a developmental yet comprehensive “standard” which spans from training to trainers
- This will establish minimal standard of EMDR practice as well as training
- Define specific competency thresholds for each credentialing levels (i.e., trained, Certified, Approved Consultant, & Trainer)

A Positive Side-Effect?

- Range of quality & experience of MH professionals entering EMDR training varies tremendously.
- MH professional who lacks the skills, knowledge & attitude of highly effective therapists are often unaware of their shortcomings.
- Although the goal or function of EMDR training & consultation is not to teach a therapist to be better therapist, setting specific criteria & requirements may benefit less effective therapists—and possibly create some awareness
Basic Principles

- Assessment of competence will require a “culture shift” in EMDRIA Providers of training, ACs & potential certification candidates.
- The culture shift to an institutionalized definition & assessment of competence needs to be infused throughout all aspects of EMDR training, consultation & practice.
- A developmental perspective underlies all definition & assessment of the necessary competencies at each credentialing level.

Basic Principles (cont.)

- A minimum level of competence (knowledge/skills/attitudes) will define a “threshold” at each credentialing level
- Each additional credential level will build on the previous level & a new set of minimum knowledge, skills & attitudes will reflect the “threshold” for that level
- Competency at each level will be assessed & must be met before the candidate can move to the next level

Basic Principles (cont.)

- Competency based evaluation should include measurable indicators of knowledge, skills, & attitudes.
- Assessment of the knowledge, skills & attitudes needs to be done in an integrative approach not just a set of competencies singly assessed.
Basic Principles (cont.)

- Evaluation will be done in a variety of ways including assessments & behavioral samples (e.g., through direct observation).
- Use of multiple perspectives including ACs, the candidate & EMDRIA’s panel of evaluators.
- “Self-assessment” will be a vital part of the assessment.

Basic Principles (cont.)

- Assessment “tools” & procedures must be developed that offer standards of validity, reliability, & fairness with consistency across raters.
- These methods will offer a consistent & perhaps, improved method of evaluation.
- Is cost-effective for candidates.

Basic Principles (cont.)

- Defining competence in the credentialing process & explicitly outline the assessment & evaluation of the competencies will increase accountability:
  - to ourselves as professionals;
  - to our trainees & consultees;
  - to the professionalism of EMDR practice, &
  - to the mental health consumers, & perhaps, the public at large.
Rationale For Core Competency Model

- Years of consideration to determine what would be the best process to standardize EMDRIA’s credentialing process
- Hours of internet & literature searches revealed numerous approaches or competency models which are discipline specific (i.e., medicine, psychology, & marriage & family therapy)

Rationale For Core Competency Model (cont.)

- A “movement” over the 8 to 10 years to establish competencies for psychotherapy training & practice
- This movement is happening in the 5 MH disciplines
- This is not another approach or training method, but rather a paradigm shift in training & practice.
  - Competency standards replacing requirement standards
  - Core competencies are replacing core curriculums
  - Competency-based licensure is not far off

Rationale For Core Competency Model (cont.)

- Needed a specific model as a framework
- Model needs to generic & adaptable to fit EMDR practice & those professionals who practice EMDR
- Rich & wise mixture of highly effective EMDR therapists with excellent, important, yet often diverse opinions, they hold with conviction
Core Competency Model

- The Core Competency Model as put forth by Len Sperry (2010 a & b)
  - Highly Effective Therapy: Developing Essential Clinical Competences in Counseling & Psychotherapy
  - Core Competencies in Counseling & Psychotherapy: Becoming a Highly Competent & Effective Therapist.

When Someone is Competent...

- They consistently & judiciously use their knowledge, technical skills, clinical reasoning, emotions, values & reflection in clinical practice.
- They have capacity for critical thinking, analysis, & use professional judgment to assess a situation & make clinical decisions based on that assessment
- In addition they have the ability to evaluate & modify one’s decision, as appropriate, through reflective practice

State of Sufficiency

- Sufficiency refers to adequacy & quality of one’s performance relative to an external standard
- It is the minimum threshold of competence
- It is assumed that competence can always be enhanced
What Are Competencies?

- Broad spectrum of personal & professional capacities relative to a given external standard or requirement
- Composed of three interrelated components, knowledge, skills & attitudes
- Interactive clusters of integrative knowledge of concepts & procedures, skills & abilities, behaviors & strategies, attitudes/beliefs/values, dispositions & personal characteristics, self-perceptions & motivations

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Developing Competencies

- Interaction of 3 types of learning is required to develop & master a competency
  - Declarative (Knowledge)
  - Procedural (Skill)
  - Reflective (Attitude)
- Three-pronged view clarifies the difference between a skill & a competency
- Skill learning involves primarily procedural learning, with some declarative learning

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Developing Competencies (cont.)

- Reflective learning is essential to becoming a highly proficient & effective therapist
- Effectiveness of psychotherapy practice is not simply a matter of the extent of the therapist’s knowledge base & skill sets
- Because effectiveness is a function of competency, the attitudinal component is as basic a consideration in determining effectiveness as the knowledge & skills components

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**Knowledge - Declarative Learning**

- Knowledge is gained through declarative learning.
- Involves conceptual, technical & interpersonal knowledge.
- This type of learning is largely facilitated by lectures, presentation, discussion & reading.

**Skills - Procedural Learning**

- This type of learning is essentially skill-based, clinical learning.
- The application of knowledge to the clinical practice.
- Largely facilitated by clinical experiences & supervision.
- It occurs when declarative knowledge becomes actualized in practice & refined.

**Attitudes - Reflective Learning**

- Differs markedly from declarative & procedural learning.
- It involves reflecting on declarative & procedural knowledge & coming to a decision about a course of action.
- This is essential to becoming a highly proficient therapist or an expert.
**Attitudes - Reflective Learning (cont.)**

- Various processes are involved:
  - Analyze experience
  - Comparison with other experiences
  - Identify a plan of action, as needed
  - Possibly changes the understanding of previous information
  - Provides insight in the light of the analysis

**Highly Effective Therapy**

- Is defined based on how an expert therapist practices
- Need to develop the competencies that highly effective therapists utilize
  - Didactic instruction along with clinical experience & consultation
  - A structured approach seems most effective
- “Highly effective therapists think, act, & reflect differently than less effective therapists

**Think Differently**

- Their grasp of declarative knowledge is more differentiated
- Quickly & intuitively know if they are connecting with clients
- Quickly & intuitively know if their case conceptualization is accurate
- Has the ability to incisively assess, conceptualize, & plan therapeutic interventions
- Engage in more nonlinear thinking than linear thinking
**Act Differently**

- Procedural knowledge & skills is better developed
- Easily develop & maintain effective therapeutic alliances
- Focuses & implements treatment interventions
- Continually seek feedback by observation & questioning
- More likely to assess progress with outcome measures
- Quickly know if treatment is on target & modify it
- Easily & effortlessly are able to improvise & change therapeutic direction & methods as necessary

**Reflect Differently**

- They reflect differently on clinical situations & dilemmas including ethical ones, because of their capacity & experience as effective, reflective practitioners
- Reflection may seem subtler & more difficult to observe than thinking & action
- However, it may what actually inspires, drives & gives direction to how these master therapists think & act

**Reflective Practice**

- Continuous process & involves the therapist to consider critical incidents in their own experiences
- Involves thoughtfully considering one’s own experiences in applying knowledge to practice
- Process by which therapists reflect on their own therapeutic methods to fully understand the client & the optimal strategies & tactics for achieve goals & client growth
- Threefold process for the therapist
**Supervisory Reflection**

- Highly involved in the consultation process
- Consider it essential to their development as effective therapist
- Carefully prepare case material to discuss
- Eager to receive the feedback
- Is receptivity to expert & peer's feedback

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**Self-Reflection**

- Can be done with or without a written account, such a journal.
- They are also likely to ponder client issues between sessions & prepare for subsequent sessions
- Tend to regularly reflect on the details of their performance with a client
- Likely to identify specific actions & alternate strategies for reaching their goals
- Self-reflection often translates into improved therapeutic alliance & clinical outcomes

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**Reflection Involving Clients**

- Seeking feedback from clients on the therapy process & progress as well as the relationship
- Seems to improve therapeutic alliance as well as treatment outcomes
- Likelihood of premature termination decreases significantly
Define Competence in EMDR Practice

- Delineating the Core & Essential Competences that reflect quality EMDR practice & clinical performance
- This becomes the professional standards by which clinical practice is evaluated
- Developed & enhanced through professional training, consultation & reflection
- Training (Basic & Specialty) is integrated learning experience where knowledge, skills, & attitudes interact to become clinical competencies.

Sperry’s Core Competences

I. Conceptual Foundation
II. Relationship Building & Maintenance
III. Intervention Planning
IV. Intervention Implementation
V. Intervention Evaluation & Termination
VI. Cultural & Ethical Sensitivity

Essential Competencies

- Are a subset of competencies, within each of the Core Competence, which are more descriptive
- Within these, specific EMDR-related knowledge, skills & attitudes are delineated
I. Conceptual Foundation

- The “theoretical framework” is one requisite clinical competency to which all other clinical competencies are anchored
  - Guides what & how a therapist observes & collects client information,
  - Guides how the case is conceptualized
  - Based on conceptualization, interventions are planned, implemented & evaluated.

II. Relationship Building & Maintenance

- Five Essential Competencies:
  - Establish effective therapeutic alliance
  - Assess readiness & foster treatment promoting factors
  - Recognize & resolve resistance & ambivalence
  - Recognize therapeutic alliance rupture
  - Recognize & resolve transference-countertransference enactment

EMDR Approach

- Identify the client’s motivation & readiness for change is two-fold
- Develops resources to foster & strengthen the client’s internal mechanisms for reprocessing
- Education about the EMDR process
- Secondary gain issues
- Client or therapist’s affect intolerance
- Dealing with unresolved past issues
- Therapist’s history is triggered
III. Intervention Planning

Five Essential Competencies:
- Comprehensive assessment anchored by case conceptualization
- Diagnostic formulations
- Clinical formulations
- Treatment formulations
- Clinical case report

EMDR Approach

- Theory-focused & client (pattern)-focused types of conceptualization
- No DSM diagnosis in EMDR intervention planning
- Personal & relational problems or symptom result from maladaptive/dysfunctional memory networks
- Develop treatment strategy which includes treatment plans (3-pronged)
- Use research to guide clinical decision making
- Recognize & manage obstacles & challenges

IV. Intervention Implementation

Three Essential Competencies:
- Establish interventions to implement the treatment plan developed
- Maintain a treatment focus
- Manage treatment-interfering factors
EMDR Approach

- Implementing the treatment plans
- Specific phase-related knowledge & skills to be demonstrated
- Maintain treatment focus in ALL phases
- Manage treatment-interfering factors in ALL phases

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V. Intervention Evaluation & Termination

- Four Essential Competencies:
  - Monitor progress, modified as needed
  - Utilizes consultation, includes self-supervision to monitor progress
  - Sustaining treatment goals
  - Preparing for termination

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EMDR Approach

- Evaluating treatment progress in ALL phases
- Specific phase-related knowledge & skills to be demonstrated
- Identify when modification is needed & how to proceed

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VI. Cultural & Ethical Sensitivity

- Two Essential Competencies:
  - Practice in a culturally sensitive & culturally competent manner.
  - Practice in an ethically sensitive manner

Limitation of Sperry’s Core Competency Model

- The consultation/training competencies – necessary credentialing requirements for ACs
  - Description of the knowledge, skill & attitudinal components necessary in conducting consultation;
  - Provide a guide for training therapists to become consultants;
  - Provide a basis to evaluate Approved Consultants.

Competency at Beginner Stage

- Limited knowledge & understanding in analyzing problems & intervening
- Rely on ‘technique’ & basic principles
- Rule bound
- Too inexperienced to flexibly use these principles & applications
EMDR Trainees

- Possess limited knowledge of the Model
- Possess limited knowledge of 8 phases & flow
- Bound to manual
- Some skill in Phase 2 Activities
- Often apprehensive to move beyond Phase 2
- Very basic skill in performing Phases 3-5
- Think of EMDR as a technique rather than an approach

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Competency at Advanced Beginner Stage

- Possess a limited capacity for pattern recognition & application of interventions
- Often has difficulty generalizing this capacity to different clients & new situations.
- Learning to use rules & principles as guidelines

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Trained EMDR Therapists

- Adequately use EMDR method for obvious trauma conditions
- Greater understanding of flow due to more knowledge & experience
- More skillful in carrying out phases, specifically Phases 3-5
- Often not able to think “outside the box” or to generalize beyond trauma

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Training - Core Competencies

- The desired level of competence is aspirational & will not be evaluated or assessed
- At this level, it would provide a stated expectation of the learning to take place during EMDRIA Approved basic training & consultation
- Trainees will be made aware of the desired knowledge & skills expected at the end of training

Training - Core Competencies (cont.)

- The aspirational nature also benefit the ACs who conduct consultation during basic training
  - Identifies the basics to be covered
  - Identifies when additional teaching or remedial training is necessary due to trainee's lack of certain knowledge & skills.
  - Can create a feedback loop if a specific trainer/training program consistently does not provide the basic knowledge & skills expected by EMDRIA, during training

Competency at Competent Stage

- Functioning independently -
  - Minimal level of competence
- Adequately develops treatment goals and plan
  - Adapt as clinically needed
- They recognize patterns more easily and begin to tailor interventions.
**Competency at Competent Stage**

- Feeling of mastery & able to cope with & handle crises or other problems.
- Able to integrate theory & research into every aspect of their practice applications.

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**EMDR Therapist Starting Certification Process**

- Incorporate knowledge of Model to guide clinical work to some extent.
- Adept skills at all phases to some extent.
- Use EMDR with straightforward cases successfully.
- Ability to use cognitive interweaves appropriately.
- May be less sure of appropriate intervention with tougher cases or when stuck.

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**Competency at Proficient Stage**

- Has a more integrative understanding of clients.
- Guided by flexibility & a clear understanding of the nuances of interventions.
- Aware of the impact of the intervention of the client.
- Evidence of readiness to advance to a teaching or consulting status may be emerging.
**Certification Candidate**

- Effectively integrates EMDR knowledge, skills & attitude
- Employs appropriate problem solving strategies
  - Resourcing & CIs
  - Alternative Protocols
- Emerging interest in the CIT track towards becoming AC

**Competency at Expert Stage**

- Possess an intuitive grasp of clinical situation
- Can rapidly assess problems & design appropriate interventions
- Quickly recognizes when an intervention is not working & is able to modify the treatment accordingly

**Approved Consultant**

- Engages in reflective practice
- Effectively teaches & consults with consultee
- Immediately identify problems & provide alternative interventions
- Facilitates/requires consultee towards reflective practice
- Appropriately conduct self in both coaching/consulting & evaluative roles
Assessment Tools

- Consultation done by ACs
- Utilize consultation activities & strategies to enhance competency
- Self-Assessment by Candidate
- Submit behavioral samples
- Evaluated & recommended by a panel of experts

Scope of Work

- Define Core, Essential & Clinical Competencies specific to EMDR
- Define Consultation Goals
- Develop & Formalize Tools
  - Self-Assessment
  - Consultation Activities
  - Rating Scales