

Guidance for good practice in EMDR for clinicians working with children and adolescents in the UK and Ireland.

Purpose

The purpose of these guidelines is to help you as an EMDR practitioner to consider whether you have *already* the qualifications and experience to apply your EMDR skills to the child and adolescent population or whether *you require further training and supervision* before using EMDR with this client group.

This document:

- discusses the need for specialist EMDR Child training and the developments that have taken place over the past decade
- describes the requirements necessary to be eligible to attend specialist EMDR Europe accredited Core (Level 1) Child and Adolescent Training and additional requirements necessary to be eligible to attend specialist EMDR Europe accredited Advanced (level 2) Child Training
- discusses some of the key issues that are relevant to the application of EMDR with children and adolescents
- describes the minimum qualifications, training, supervision and support recommended for EMDR practitioners for the safe practice of EMDR with the child and adolescent population.

Standard EMDR Training (also referred to as basic or generic training)

In order to attend Core (Level 1) of EMDR Europe Accredited Child and Adolescent Training you must have, **as a minimum**, attended a Part 1 of a Standard EMDR Europe accredited course, or the old Level 1 EMDR Europe Accredited EMDR training. (*see below for further information on eligibility*). It is desirable and **highly recommended** that you attend a Core (Level 1) EMDR Europe Accredited Child and Adolescent Training course **as soon as possible** after attending Part 1 of a Standard EMDR Europe accredited course (or the old Level 1 EMDR Europe Accredited EMDR training).

The Need for Specialist Training

Acceptance onto the Standard EMDR training is recognition that you are qualified to work in the area of mental health. However, successful completion of the Standard training does not in itself equip you to apply your EMDR skills to children and adolescents. Regardless of your specific core professional training, whether it be in psychology, psychiatry, counselling, family therapy or nursing your relevant professional Code of Conduct expects you to work only within your area of competence. Thus, where your core profession trained you to work in the field of adult mental health your professional registration body will not consider you qualified to work with children and adolescents without further training.

In circumstances where your core professional training does entitle you to work with children and adolescents and you are experienced in this area of work then you are likely to recognise that the Standard EMDR training, while applicable to many adolescent clients, will not readily be applied to children and adolescents, especially young children, without some modification to the standard protocol to take into account the developmental needs of each child you work with.

Provision of Specialist training and Supervision

In the UK and Ireland, specialist EMDR Child and Adolescent training is now available from Europe

Accredited EMDR Child Trainers on a regular basis across the country. In addition, the EMDR Association provides regular CPD events with a child focus either at the Annual Conference or via workshops organised by the EMDR UK & Ireland Child Section and by Regional Groups. We now have *EMDR Europe Accredited Child & Adolescent Consultants* who are able to provide supervision to practitioners working with children and adolescents.

Eligibility to attend Core (Level 1) Child and Adolescent Training

In order to attend Core (Level 1) of EMDR child training you must have attended a Part 1 of a Standard EMDR accredited course, or the old Level 1 Accredited EMDR training. You must be working with children and adolescents in your workplace and have experience of working with children/adolescents.

*To meet the eligibility criteria for **Core** training it would be expected that applicants have:*

- worked full time with children/adolescents for minimum of one year or part-time equivalent

and

- a current case load which represents at least 40% working with children and adolescents.

Eligibility to attend Advanced (Level 2) Child and Adolescent training

In order to attend the Advanced (Level 2) EMDR child training you must have **completed** an EMDR Europe Accredited Standard training course in EMDR and have attended a Core (Level 1) EMDR Europe Accredited child training. Applicants are advised to check with the EMDR Europe Accredited Child and Adolescent Trainer providing the training to check for any additional eligibility criteria.

*The following situations meet the eligibility for **Advanced (Level 2) EMDR Child and Adolescent training**:*

To ensure that applicants are sufficiently experienced and at the appropriate stage of professional development to fully benefit from the Core and Advanced training curriculum

- there requires to be a minimum gap between completing Core training and starting Advanced training of 6 months

and

- applicants require to have used EMDR with a range of presenting issues and a number of children. As a minimum it is expected that EMDR processing will have been carried out with at least 3 children under the age of 18. At least 1 of these cases should be with a child aged 13 or under and must involve the use of one of the developmental protocols.

(In some cases where a therapist's case load is over 80% child/adolescent and they already have an accredited EMDR Child and Adolescent Consultant overseeing their clinical cases who is happy to vouch for their competence and experience, this may be reduced to a 4-month consolidation period between Core Child and Adolescent EMDR training and the Advanced Child & Adolescent training).

Applicants are advised to check with the EMDR Europe Accredited Child and Adolescent Trainer providing the training for any additional eligibility criteria.

Key Issues for EMDR practitioners working with children and adolescents

General EMDR training does not cover many of the areas of expertise that are necessary for clinicians working in the field of mental health. The training does **not** attempt to address these areas and relies on EMDR practitioners being fully qualified professionals in their core mental health discipline.

Where work with children and adolescents is involved, clinicians need to be experienced in a broad range of assessment and therapeutic skills which they are expected to have acquired during their child mental health training and in their clinical work. In particular, the EMDR training does not cover a number of important areas relevant to therapeutic work with children and adolescents, including the following:

Child-development and developmental issues: Children of different ages respond to trauma in a variety of ways, depending on their age, level of understanding and maturity. For this reason, children and adolescents require sensitive and individualized approaches which take account of the individual child's needs and capabilities. Assessment and therapeutic procedures with children and adolescents are therefore different from those used with adults. Clinicians who lack full professional training in child and adolescent mental health are likely to lack competency in the necessary assessment and therapeutic skills. This carries with it a risk both of missing important information and also of inadvertent re-traumatisation of the child/young person.

The generic clinical skills needed for effective assessment and therapeutic work with children and adolescents: The generic EMDR training provides opportunities to develop a particular range of therapeutic skills and to learn specific protocols. In relation to children and adolescents these are best applied by practitioners who have a good general training in child mental health and a broad range of therapeutic skills. Many children and adolescents have complex needs as well as developmental and attachment difficulties, requiring a range of interventions in addition to EMDR. For this reason, it is important that the EMDR clinician is able to integrate EMDR within this broader context. This is generally not part of the training of practitioners who work with adults.

Working with the child/adolescent within the context of family and other systems: In many cases, successful therapeutic work with children and adolescents suffering from the effects of trauma requires the clinician to adopt a systemic approach involving the family and enabling the effective involvement of other services. On its own EMDR training does not meet the full range of training needs for a systemic approach to work with children and adolescents.

The law relating to work with children and families: The law, in relation to mental health work with children and families, is very different from the law relating to adult mental health work. When working in the field of trauma, it is not uncommon for the clinician to find her/himself confronting issues of child abuse, child protection and a context in which familiarity with the law relating to these areas is crucial.

The management of child protection issues: Clinicians working in the field of child trauma will need to be well briefed about child protection procedures and the law in relation to child protection.

Ethical issues relating to work with children/adolescents and parents: There are particular ethical issues relating to work with children/adolescents and parents which are different from those

pertaining to work with adult patients with mental health needs. This particularly affects issues relating to working in partnership with parents, parental responsibility and parents' ability to meet their child or adolescent's needs.

Issues relating to a child's capacity to give informed consent. There are both practical and ethical issues relating to this issue. Obtaining informed consent from young children, in particular, raises complex issues which clinicians may find problematic if they lack training and experience in work with children/adolescents.

Confidentiality: Issues of confidentiality are different, and in some ways more complex, than those pertaining to work in the field of adult mental health.

Safeguards for working with vulnerable children/adolescents: In cases where children or adolescents have experienced severe trauma, such as abuse, it is important that clinicians are well briefed about the risks of working with children/adolescents where reliving of abusive experiences may result in allegations of malpractice.

Disclosure and Barring Service (DBS)/Protection of Vulnerable Groups (PVG) checks. In many organisations involved in work with children and adolescents it is currently mandatory for adults working in the field to have a police check by the DBS (England, Wales and Northern Ireland). In Scotland adults working with children and adolescents require enhanced disclosure checks via the service.

Access to support in cases involving severe abreactions and physical and adolescents and mental health emergencies.: It is very important that clinicians working with children and adolescents who have been abused or traumatised are well briefed about the risks of severe abreactions, such as suicidal behaviour, dissociative states, psychotic reactions and epileptic or asthmatic emergencies and non-epileptic attack disorder.

Probity and professional indemnity: Because of the complexity of work with children/adolescents and families in cases where trauma is a salient feature, there can be special risks for clinicians working in the field. This is particularly the case where clinicians are working without the support of a multi-disciplinary team, and at the limits of their professional competence. The possibility of complaints leading to legal action needs to be considered, as does the possibility that professional Indemnity Insurance may not provide adequate cover.

Recommendations

Qualifications, Training, Supervision, Support

The EMDR UK and Ireland Child & Adolescent Committee recommend that clinicians working or intending to work with children and adolescents using EMDR should have as a minimum standard, the following training and experience:

- Be qualified professionals with experience in a core mental health discipline, such as psychology, counselling, psychiatry, psychotherapy, family therapy or have completed further post-qualification specialty training to work with children and adolescents
- Be skilled in psychotherapeutic work with children and adolescents
- Have at least 1 year of current clinical experience working in the field of child and adolescent mental health
- Be trained in EMDR with children and adolescents by an EMDR Europe Accredited Child Trainer to Core (Level 1) at a minimum

- Be in receipt of supervision from an EMDR Europe Accredited Child & Adolescent Consultant or an EMDR Consultant who predominantly works with Children and Adolescents
- Have regular access to support from child and adolescent peers who are trained in EMDR
- Consult your appropriate Code of Ethics and Code of Professional Conduct (see below).

References

- EMDR Europe Code of Ethics (2010)
- British Association for Counselling and Psychotherapy (BACP): Ethical Framework for the Counselling Professions (2018)
- United Kingdom Council for Psychotherapy (UKCP): Ethical Principles and Code of Professional Conduct (2009)
- British Psychological Society (2009) Code of Ethics and Conduct.
- British Psychological Society (2017) Practice Guidelines 3rd edition
- General Medical Council. (2007). 0-18 years: guidance for all doctors
- Health Care and Professions Council. (2016) Standards of Conduct, Performance and Ethics
- Royal College of Psychiatrists (2014). Good Psychiatric Practice: Code of Ethics
- Nursing and Midwifery Council: The Code for Nurses and Midwives (2016)
- Disclosure and Barring Service (DBS) England, Wales and Northern Ireland
- Protection of Vulnerable Groups Scheme (PVG), Scotland.

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