

Guidance for good practice in EMDR for clinicians working with children and adolescents in 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 Child Training Level 1 (Core) and additional requirements necessary to be eligible to attend specialist EMDR Europe accredited Level 2 (Advanced) 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 Part 1 of EMDR Europe Accredited Child 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 Part 1 of EMDR Europe Accredited Child Training **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, especially young children, without some modification to the standard protocol to take into account the developmental needs of each child you work with.

Eligibility to attend Level 1 Child Training

In order to attend Part 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 in your workplace and have experience of working with children.

Eligibility to attend Level 2 Child training

In order to attend Level 2 of EMDR child training you must have **completed** an EMDR Europe Accredited Standard training course in EMDR and have attended a Level 1 EMDR Europe Accredited child training. Applicants are advised to check with the EMDR Europe Accredited Child Trainer providing the training to check 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 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 require sensitive and individualised approaches which take account of the individual child's needs and capabilities. Assessment and therapeutic procedures with children 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: The generic EMDR training provides opportunities to develop a particular range of therapeutic skills and to learn specific protocols. In relation to children 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 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 within the context of family and other systems: In many cases, successful therapeutic work with children 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 and parents: There are particular ethical issues relating to work with children 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'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.

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

Disclosure and Barring Service (DBS) checks. In many organisations involved in work with children it is currently mandatory for adults working in the field to have a police check by the DBS (England, Wales and Northern Ireland or undergo Garda vetting in Republic of Ireland).

Access to support in cases involving severe abreactions and physical and mental health emergencies.: It is very important that clinicians working with children 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 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 All-Ireland Association recommends 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 speciality 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 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 C & A 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 (2016)
- 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