FPSA Funding Report

I completed Eye Movement Desensitisation and Reprocessing (EMDR) training for Children and Adolescents thanks to the generous funding from the FPSA. Level 1, the core training, was completed in November 2021 (11th, 12th, 15th and 16th) and Level 2, advanced training, was completed in May 2022 (25th, 26th and 27th). The training was delivered online by Susan Darker-Smith, a Europe Accredited EMDR Child and Adolescent Trainer.

I work as a Clinical Psychologist with young people and their carers/ families in an Outreach Team for Children and Adolescents within as NHS CAMH Service. This service sits within the Attachment and Vulnerable People CAMHS Pathway and comprises a multi-disciplinary team aiming to improve outcomes for young people who are experiencing complex mental health needs and who are unable to engage in traditional models of service delivery, therefore requiring an outreach approach to build trust and engagement.

Many of the young people I work with have experienced significant or complex early trauma, which both compounds the distress and functional difficulties they are referred for and impacts on their relationship to help. As a result, many meet diagnostic criteria for post-traumatic stress disorder (PTSD) or Complex Post-Traumatic Stress Disorder (cPTSD), alongside other mental health difficulties.

EMDR is an evidence-based treatment for trauma and has recently been included in NICE guidance as a second-line psychological therapy for PTSD and cPTSD for children and adolescents aged 7-17. The majority of the young people who are referred to our service have already accessed psychological therapy, and it is therefore more likely that a second-line treatment would be required. It is also a particularly relevant therapy option for the young people in our service who often have significant wider difficulties including attachment difficulties, high levels of emotional dysregulation, and can present as developmentally younger than their chronological age.

The training focused on teaching interventions that help children and adolescents heal from attachment wounds, trauma wounds, and loss wounds. Learning about the theory behind the development of these difficulties and how to intervene to effect change and having the opportunity to practice implementing these during the training was invaluable. Particularly relevant to my work is the use of narratives within EMDR, helping children to re-write their own story whilst processing trauma memories that have impacted on the way they see themselves and the world around them. Learning how to support young people to manage dissociation using the Constant Installation of Present Orientation and Safety (CIPOS) protocol, and to help children with attachment wounds to develop resources to manage using the Developmental Needs Meeting Strategy (DNMS), will also be particularly useful, given the client group I work with.

I have already put my training into use, and recently had the opportunity to work with a young person with a history of sexual abuse and exploitation. I was able to draw upon the knowledge I gained through the training to support this young man through an intense therapeutic journey in order to process past trauma, overcome the difficulties this had led to

and develop a stronger sense of himself as capable and worthwhile. He gave consent for me to share his experience of the therapy:

“EMDR is the only therapy that I truly believe made an impact on me for the good. Whilst the beginning sessions made day to day life harder due to the specific recall of the traumatic events, by continuing the therapy i found that each subsequent session affected me less and less, which i calculated by whether the session made me tearful. By the last few sessions i was able to recall the events without crying and without the session impacting my day. EMDR truly helped me control not only emotions but my anxiety and benefited my mental health immensely.”

Furthermore, therapeutic change was also evidenced by a change in his scores on the Impact of Events Scale, a measure of trauma symptomatology, which suggested he no longer met criteria for cPTSD at the end of our work.

I hope this gives some indication of the value of the training I have completed; I look forward to being able to support other young people who have experienced adverse events in their lives, and who are often marginalised or misunderstood. Thank you again for the opportunity to continue this work.