

FPSA Closing Report: EMDR Child & Adolescent Training, Levels 1 and 2

I write to confirm that, thanks to the generous grant received from the FPSA, I was able to attend EMDR (Eye Movement Desensitisation and Reprocessing) Child and Adolescent Training: Levels 1 and 2:

- Level 1 comprised 4 sessions from 09:30-13:00 from 11-12 and 15-16 November 2021.
- Level 2 comprised 3 sessions from 09:30-14:30 from 30 March to 1 April 2022.

Both sets of training were delivered online via Zoom by Susan Darker-Smith (Consultant Clinical Psychologist and Accredited EMDR Child & Adolescent Trainer, Child Trauma Therapy Centre), who has continued to support my EMDR practice as my clinical supervisor. The training sessions attended are recognised by EMDR Europe and I received certificates following both levels, which required full attendance and the completion of an assessment at the end of each level.

Professionally, I am a clinical psychologist and BABCP-accredited CBT therapist, currently working across NHS, private and university settings delivering therapy to children and adolescents, and supervision to both trainee and qualified psychologists and CBT therapists. Having completed Adult EMDR training in May 2021, I was keen to specialise with the Child population, given my position as a clinical psychologist in CAMHS (Child & Adolescent Mental Health Services) where I work with moderate-to-severe, chronic and complex mental health difficulties in children up to the age of 18, many of whom meet criteria for a diagnosis of post-traumatic stress disorder (PTSD). EMDR is an evidence-based treatment for PTSD, which is recommended by NICE guidelines. It is a particularly relevant therapy option for the young people in our service who often come with additional issues, such as presenting as developmentally younger than their chronological age, and with comorbid complications, like neurodiversity, high levels of emotional dysregulation and issues with attachment and relationships.

The Level 1 Child and Adolescent training provided a reminder of the standard EMDR protocol with information about and opportunities to practise various modifications to this; this was with a view to more effectively adapting treatment to much younger children and those with a younger developmental age. These ideas were built upon in the Level 2 training, which focused more specifically on attachment, trauma, and loss wounds, which are especially relevant to the majority of young people in our service. I particularly enjoyed the use of narratives within EMDR, helping children to re-write their own story whilst processing trauma memories impacting on the way they see themselves and the world around them. Learning how to support young people to manage dissociation using CIPOS (Constant Installation of Present Orientation and Safety) and helping children with attachment wounds to develop coping resources through DNMS (Developmental Needs Meeting Strategy), were also especially useful, given the client group with whom I work.

All training sessions included the provision of slides and use of videos and clinical examples to demonstrate the adaptations covered. There were multiple opportunities to ask questions and benefit from group discussions and practicums observed by Susan and her colleague. Helpfully, Susan made the effort to pair attendees with other therapists working in a similar field and/or with a similar client base, so practice could be as relevant as possible to real-life. There was also space to think about systemic factors impacting on therapy, and to consider the use of EMDR with young people with neurodevelopmental needs in addition to their trauma.

By completing both levels of training, I have gained much greater knowledge about how to use EMDR with the young people in our service. I have been able to make adaptations, such as the use

of drawing and narratives, and utilising more creative approaches to the History Taking phase (e.g., through timelines) and methods used for Alternate Bilateral Stimulation. Since using EMDR with young people, I have observed positive effects in terms of PTSD symptom reduction and subsequent discharge from the service. The young people who have experienced this treatment have provided feedback regarding its positive effects and how they liked not having to verbalise their traumatic experiences if they didn't want to. As a result of completing Child EMDR training, I can now better tailor this therapy to our client group and extend this treatment option to our younger clients who were not previously able to benefit from EMDR in the same way as their older peers.