**EMDR guidance for working with CHILDREN**

EMDR Association, A constituent member of EMDR Europe  
Interim guidance for good practice in EMDR for clinicians working with children and adolescents.

As EMDR has become better known, the demand for EMDR treatment has increased in the adult and child population. At the same time, members of the Association have reported a number of concerns in relation to the provision of EMDR for children and adolescents. Briefly, these include: a perceived shortage of EMDR-trained clinicians who are suitably qualified to provide EMDR to children and adolescents, long waiting time or lack of access to treatment, a perceived shortage of opportunities for members to access EMDR Europe accredited training in EMDR with Children and Adolescents.

The Committee of the Child & Adolescent Section of the Association have also been made aware of instances where some EMDR practitioners are offering treatment to children and adolescents, notwithstanding lack of training and experience in the field of child and adolescent mental health or EMDR with this population. An argument put forward to support this practice is that this is necessary in order to meet the demands for EMDR for children and adolescents.

Further, it is also claimed that the general EMDR training equips clinicians to practice EMDR with children and adolescents even if clinicians do not have training and experience in working with this population.

The EMDR Child & Adolescent Committee are keenly aware of the need to increase EMDR resources for children and adolescents nationally and are actively involved in developing measures to address this. However, the Committee also has serious concerns about the risks to both clients and clinicians in cases where EMDR treatment is offered to children and adolescents by clinicians who are not professionally trained and accredited to work with this population. The Child and Adolescent Committee of EMDR UK and Ireland have therefore developed this guidance for good practice.

The document: discusses key issues that are relevant to this area of EMDR practice outlines training requirements for the safe practice of EMDR with the child and adolescent population describes the minimum qualifications recommended for EMDR practitioners who wish to work 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 diagnostic 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. Diagnostic and therapeutic procedures with children are therefore different from those used with adults.
* Age-related manifestations of a child's response to trauma: Because children respond to trauma in ways that are different from adults and determined by their age and developmental level, clinicians who lack full professional training in child and adolescent mental health are likely to lack competency in the necessary diagnostic 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 diagnostic 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, requiring a range of interventions in addition to EMDR. For this reason it is important that the EMDR clinician is able to integrate and interface EMDR within this 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.
* Criminal Records Bureau 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 CRB, Disclosure Scotland, or equivalent.
* 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.
* Probity and professional indemnity. Because of the complexity of work with children and families in cases where trauma is a salient feature, there are 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.
* What kind of specialist training is necessary for clinicians offering EMDR to children and adolescents? In order to work safely and effectively with children and adolescents, clinicians need to have appropriate training and experience to address the issues raised above. This is particularly crucial when dealing with children who have experienced trauma and are suffering from posttraumatic conditions.
* The view of the Child & Adolescent Section Committee is that clinicians need to have a full professional training in mental health, as well as full subspeciality training and accreditation in mental health work with children and adolescents. The Health Professionals Council (2008 , p11, para 6) stipulates the following:
* You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner. You must keep within your scope of practice. This means that you should only practise in the areas in which you have appropriate education, training and experience.
* In relation to work with children, the General Medical Council in its pamphlet entitled 0-18 years: guidance for all doctors, gives the following advice:
* Children are not miniature adults. Good clinical care for children relies on a specially trained clinical staff together with equipment, facilities and an environment appropriate to children's needs. If you have children and young people as patients, you should make sure you have the appropriate training and experience in the clinical care of children in your specialty… (para 73, p. 31).
* Organisations such as the British Psychological Society and the Royal College of Psychiatrists which offer specialist trainings to clinicians working with children and adolescents provide ethical guidance to practitioners and also stress the importance of professional competence. The UKCP, in its code of Ethics, states that :- All psychotherapists on the UKCP Register are required to adhere to the code of ethics and practices of their own organizations.

Qualifications, T raining, Supervision, Support  
The EMDR UK and Ireland Child & Adolescent Committee recommend that clinicians working with children and adolescents should have as a minimum standard, the following training and experience:

* Be qualified professionals in a core mental health discipline, such as psychology or psychiatry
* Have subspecialty training to 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 skilled in psychotherapeutic work with children and adolescents
* Be trained in EMDR with children by a Europe Accredited EMDR Child Trainer to Level 1 at least