

## **FPSA grant: Eye Movement Desensitisation and Reprocessing (EMDR), Child and Adolescent Training, Levels 1 and 2**

I am writing with a closing report following completion of the above training, which was generously funded using a grant awarded by the FPSA.

The completed training included Level 1 Child and Adolescent EMDR (delivered online via Zoom over four sessions from 09:30 to 13:00 on November 11, 12, 15, and 16, 2021) and Level 2 Child and Adolescent EMDR (delivered online via Zoom over three sessions from 09:30 to 14:30 on May 25, 26, and 27, 2022). Both trainings were delivered by Susan Darker-Smith of the Child Trauma Therapy Centre. Susan is an Accredited EMDR Child & Adolescent Trainer and the trainings attended are recognised by EMDR Europe. I have received certificates following both levels of the training, which required full attendance at all sessions and the completion of an assessment at the end of each level.

Following my core EMDR training (which I had previously undertaken in December 2020) I began to incorporate EMDR into my clinical practice under the supervision of Susan Darker-Smith (as a recognised Child and Adolescent EMDR Consultant). The standard EMDR protocol was incredibly effective for some older adolescents, however most of my clinical work is within a service for 0-to-19-year-olds who are in local authority care or adopted. Not only are there children in our service of younger chronological age, many of the adolescents I work with have difficulties associated with high levels of emotional dysregulation, usually understood in the context of their attachment and developmental trauma history, and therefore a much younger developmental age to consider. It was therefore necessary to complete the relevant EMDR trainings for children and adolescents.

The Level 1 Child and Adolescent training provided clinicians with information about, and opportunities to practice, a number of modifications to the EMDR protocols to enable EMDR therapy to be used effectively with very young children and those who are chronologically older but have a developmentally younger age that warrants an adapted approach. For some of the young people I have worked with since the Level 1 training, I have been able to make adaptations such as the use of drawing and timelines as part of their History Taking phase or taking a more creative approach to their Alternate Bilateral Stimulation.

This was built on further in the Level 2 training, which enabled me to apply EMDR specifically in relation to the attachment, trauma, and loss wounds that our service is designed to work therapeutically with. By completing both Levels of the training, I have been provided with much greater knowledge about how to use EMDR with the population of young people we meet in our service. Being able to use the CIPOS protocol and write narratives with carers and young people that help to resolve attachment, trauma, or loss wounds, is incredibly beneficial. Similarly, the training in relation to Developmental Needs Meeting is highly relevant to this group of young people and is already helping me to offer a more effective version of EMDR in some cases.

The trainings with Susan Darker-Smith included the provision of slides and use of videos and clinical examples to demonstrate the adaptations to the EMDR therapy in practice. There were multiple opportunities to ask questions and benefit from group discussions as well as practicums that were observed by Susan and her colleague. It was helpful to be paired or grouped with other therapists working with similar groups of clients. There was space to think about systemic factors that can impact on the therapy more broadly, and to consider adaptations to EMDR protocols for those who have neurodevelopmental needs in addition to their trauma (again this is relatively common in our population). Overall, this has been an incredibly valuable training that enables EMDR to be offered across our wider CAMHS service and to be tailored and adapted appropriately for the most vulnerable young people we see who may struggle with other models of trauma-focussed therapy. These trainings would not have been able to be accessed without the financial assistance of the FPSA grant, and so for that I am very grateful.