

Eye Movement Desensitisation and Reprocessing (EMDR)

Children and Adolescent's Mental Health Service





What is EMDR?

EMDR is a relatively new psychological therapy, developed within the past 20 years, that is used to treat children (and adults) who have experienced some type of trauma in their lives.

Traumatic experiences might include:

- car, train or other accident
- abuse (physical, emotional or sexual)
- witnessing domestic abuse
- bullying
- assault or rape
- natural disasters (fire, flood, earthquake)
- death or suicide of a family member/friend

Sometimes the trauma is obvious, as in the above examples, but sometimes it is not so obvious, or the trauma has taken place so early in a child's life that they do not remember, or have pushed it out of their mind. However, it can still have an impact on the way they think, feel or behave, resulting in symptoms such as anxiety, depression, irritability, anger, guilt, low self-esteem and behavioural problems.

The impact of trauma

The brain processes traumatic experiences and memories in a different way to normal ones. With normal



experiences the information flows from the senses to the brain, where it is registered and processed into a memory. This is basically a mix of facts, impressions and interpretations.

In the case of experiences involving intense fear, helplessness or life-threatening situations the body and brain respond in a different way. The original disturbing images, thoughts, sounds, and feelings are registered in a raw, unprocessed form and become 'stuck' in the mind and body.

When these memories are recalled they can be very upsetting. Sometimes they can be triggered by reminders (sounds, images, smells, situations) or sometimes they might seem to appear 'out of the blue', causing flashbacks, nightmares and overwhelming feelings.

How can EMDR help?

EMDR can be used with children and young people of all ages. It helps resolve the troubling thoughts, feelings and behaviours related to the distressing memories and can also help to strengthen feelings of confidence, calmness and mastery.

EMDR assists the brain in completing the normal processing of information, enabling traumatic memories



to become ordinary ones, without the upsetting feelings previously associated with them.

The good thing about EMDR is that it works relatively quickly. A child that has had a single, bad experience is likely to only need between 4 – 6 sessions. If the trauma has been ongoing over a long period then it is likely to take more time to resolve, possibly 8 – 12 sessions and may involve additional help too.

The EMDR process is different for each child. Some report that EMDR is relaxing and they have an immediate positive response. Others may feel tired at the end of a session and the benefit from the treatment comes in the next couple of days.

What does EMDR involve?

When a therapist is working with you on upsetting memories and feelings, it is very important that you feel safe and in control. The therapist will therefore set up a 'safe place' with you which involves you visualising a place where you feel safe and happy and using eye movements to 'install' a strong image of this. This can be used to help you relax at the end of an EMDR session, or at home between sessions. A 'stop signal' will also be agreed in order to give you some control over the process.



EMDR involves asking you to think about the upsetting event and the feelings and thoughts associated with it. As you do this you will then be asked to watch the therapist's hand as it moves back and forth fairly rapidly in front of your eyes. If this is difficult for you to do then another form of right-left stimulation, such as hand taps is used. This stimulates the right and left sides of your brain which will enable the processing to begin.

Every now and then the therapist will ask what you are noticing or what has changed for you. Typically something shifts and you will be aware of a new image, thought, emotion or physical sensation. If something upsetting comes into your mind you do not have to describe it in great detail but just say that something has changed. You will then be asked to concentrate on this and follow another set of eye movements. This continues until the distressing events or memories gradually become less intense and less upsetting and become more like ordinary memories.

Younger children may find it easier to draw a picture of the distressing incident and concentrate on this, whilst others may need their parents to be part of the process and tell the story of what has happened for them.



What other children and young people have said about EMDR

"The first time I thought is this going to help me? But the second time I knew for sure because it gave me a nice, safe feeling. I'm not afraid to do things like before and I'm really happy now" **Sophie (9)**

"Everything just seems to fly out when you're tapping. It's like 'zap' - it just flies out of your head in tiny pieces. And once it's gone it never comes back" **Jamie (5)**

"When I started those eye movements, lots of things started happening straight away. Pictures, thoughts, feelings. Sometimes it was stuff that seemed to have nothing to do with it. There were loads of things that just flashed past and all you have to do is say whatever you're feeling or what's changing... you don't have to control or hold on to anything" **Jay (13)**

"At first I thought this stuff is weird. EMDR is very different to what they call 'talk therapy' ... I didn't have to do a lot of talking, which I liked. We processed the things I'd been through bit by bit, until we'd dealt with the lot. It was really tough having to concentrate on a memory that I'd always tried to put as far at the back of mind as I could. But you start to think differently and your bad feelings change and fade away. I felt less and less scared, tense and guilty. Now I can look back on it without it turning my whole life upside down all the time" **Kelly (15)**



Who will attend the EMDR sessions?

Whether a child or young person is seen on their own or with a parent or carer is largely dependent on both their age and wishes but generally:

- **Children (1-5 years)** The younger a child is, the more important that a parent or carer is present so that they feel safe. The therapist will probably actively involve you in the treatment.
- **Children (6-12 years)** are usually able to attend sessions on their own. They may find it more difficult to be open about their feelings or concentrate on the therapy if a parent or carer is present. Your role will be to offer support to your child and observe any changes in their behaviours or emotions between sessions.
- **Teenagers (12-18 years)** would normally attend therapy sessions on their own. A parent or carer's role would be to offer support if needed and listen to them if they want to talk. However, some young people prefer not to talk about the therapy in great detail and this should be respected.

If you would like a copy of any letter written about you between one health professional and another, eg between the hospital doctor and your GP, please ask the person who is treating you.

Help us prevent the spread of infection.

- Make sure your hands are clean. Wash and dry them thoroughly and/or use the gel provided.
- Observe infection control notices around the hospital.

Please ask if you need this information in large print, Braille or an audio version.

Help is available for people who require this information in a language other than English.

Please contact the Patient Advice and Liaison Service (PALS) on 01934 647216.

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