An Evidence-Conscious Parent Guide

Understand the role of EMDR and the role of this resource hub.

What EMDR is

Eye Movement Desensitization and Reprocessing (EMDR) is a structured psychotherapy delivered by qualified mental-health professionals. Child treatment requires assessment and developmentally appropriate care. A website cannot determine whether EMDR is suitable for a particular child.

What this hub provides

Everyday emotional vocabulary, family communication, printable choice cards and practical preparation for appointments. These resources do not treat trauma and do not teach bilateral stimulation, trauma recall or reprocessing.

What to ask before beginning

Ask about the clinician’s professional license, child and adolescent experience, EMDR training and consultation, treatment goals, how progress is reviewed, caregiver participation, and how the child can communicate discomfort or request a pause.

Myths & Facts: Read With Care

Common misconceptions explained without guarantees.

Myth: EMDR is a set of eye movements anyone can copy

Fact: Eye movements or other bilateral stimulation are only one element of a structured treatment. Self-guided videos or tapping are not substitutes for a qualified clinician.

Myth: Every child needs to explain every upsetting detail

Fact: Communication methods and disclosure needs vary. A treating clinician assesses and plans carefully; do not pressure a child to rehearse difficult experiences at home.

Myth: The same technique works for every child

Fact: Age, development, clinical presentation, preferences, safety and family context matter. Suitability and adaptations belong to individualized assessment.

Myth: A worksheet shows whether a child has PTSD

Fact: These materials cannot diagnose PTSD, measure treatment response, or replace clinical evaluation.

Prepare, Support, and Follow Up

A practical checklist for families.

Before the visit

Confirm logistics, costs, accessibility, who attends, and ways to contact the clinician. Offer one practical child-led choice, such as an item to bring or a question to ask.

During and after

Follow the clinician’s guidance about caregiver involvement and communication. Do not pressure the child to disclose what happened in the session; offer ordinary routine and a chance to raise concerns.

If support is urgently needed

Seek help from local emergency services if there is immediate danger. In the United States, call 911 for emergencies and call or text 988 for crisis support; outside the U.S., use local services.

Sources for further reading

EMDR International Association (emdria.org); Newcastle Hospitals NHS: EMDR for children and young people (newcastle-hospitals.nhs.uk). This publication has not yet undergone an independent clinical review.