Guidelines for Dealing with Medical Emergency and Psychiatric Crisis

Practitioner Guidelines

Introduction

If a practitioner sees a sufficient number of clients then it is a reasonable probability that eventually an emergency or crisis of a medical nature will arise.

It is important that every practitioner is aware of how to respond should such a problem arise.

Realistically, the most common medical emergencies that may arise will involve one of the following: diabetes, epilepsy, asthma or other chronic respiratory disorder, and chest pain.

Less likely, a psychiatric emergency may arise such as threats of suicide, abreaction involving violence or threats of violence, psychosis and/or catatonia.

At the time of writing there is no evidence or suggestion that IEMT itself will trigger any of these problems, but where an individual has a history or disposition towards these problems, a situation may arise during the time the client is present with the practitioner.

In order for ongoing data-collection, research and development, it is requested that the International Director is informed of any problem such as these arising during an IEMT session.

Client anonymity should be maintained when reporting any arising situation.

Medical Emergencies

It is expected that every practitioner will have received suitable training and experience in basic first aid response and an awareness of diabetes, epilepsy, asthma or other chronic respiratory disorder, and chest pain.

Every client must be asked in pre-assessment for relevant medical and surgical history and for a list of any medication prescribed and taken.

Where there is a risk of instability in the client's symptoms, it is advisable to tell the client to bring any medication - i.e. asthma inhalers, angina medication.

When working remotely (i.e via Skype) or in a new setting, the practitioner *must* know of the full address of the client or office from which they are working in case medical help is to be summoned remotely.

It is up to each practitioner to decide on the policy of how they handle any potential emergency. Your legal and civil responsibilities are the same as any other citizen of your

country, and in the first instance you ought to call for emergency help without delay if you are concerned for the client's welfare.

Exceptions may occur. For example, if your client is frequently epileptic, and you are experienced, trained and qualified in this area and have been advised accordingly by the client and the client's treating physician.

Without exception, all instances of chest pain must be treated as potentially life threatening.

The guiding principle for all practitioners is that if you are concerned that a medical problem will arise, such as epilepsy, then the client ought not to be accepted for treatment.

Psychiatric Emergencies

A history of psychotic illness is a specific exclusion criteria for IEMT treatment unless the practitioner has specific training and experience in this area or is operating under direct supervision. However, psychiatric emergencies may arise such as psychosis, threats of suicide/self harm, and violence.

In such instances, it is wise for every practitioner to have to hand a variety of responses and to know to whom to either make a referral or who to call for assistance.

Thus it is advised that every practitioner already know the contact telephone numbers of the community mental health and mental health crisis teams, the police and each client's GP practice where appropriate.

It is appropriate for the practitioner to seek advice immediately in such a situation and not to try and deal with it alone.

Risk or Threats of Violence

It is sensible to have a zero tolerance approach to violence and to threats of violence and to involve the police where appropriate. All instances of actual physical assault must be reported both to the police and to the association.

It is the belief of the association that an intentionally violent or threatening client loses the right for blanket confidentiality, with ready and full disclosures being permissible to the police and relevant legal and medical agencies only. However, disclosure to the members of the general public is not permitted unless in exceptional circumstances. Any disclosure must be recorded and a copy of the disclosures must be given to the client at the first suitable opportunity including details of to whom, when, what specifically was disclosed and the rationale for doing so.

Suitable risk assessment must be carried out to include things such as medications kept on the premises (including "bathroom cabinet medicines"), working alone, layout of the treatment room for easy exit and objects in the treatment that may be used offensively.

If you feel threatened and/or at risk, it is sensible to not try to control the situation or ask the client to leave. Where possible, in the first instance, the practitioner should leave the situation and create a safe distance and call for appropriate help.

Objective for Pre-session Assessment

The objective for carrying out a pre-session assessment is to eliminate candidates who may be unsuitable for treatment or intervention via IEMT. It should be noted that suitability for treatment does not imply or suggest the actual efficacy of IEMT for any given client. Simply put, not finding any contra-indications does not necessarily mean that IEMT will be effective for the client.

IEMT practitioners may have suitable training and skills other than IEMT, so the exclusion of a client from the IEMT treatment protocols does not necessarily imply that the practitioner should not work with the client using other processes and therapeutic mediums.

Common Factors Affecting Suitability

Ocular Disease: Until there is sufficient medical evidence to suggest otherwise, eye movement work should not be be used with any individual who has any active or current ocular disease process. *There are no exceptions to this*. Such conditions include conjunctivitis, glaucoma, history of detached retina and recent trauma such as "a black eye." Problems such as a "lazy eye" and poor focal vision are not necessarily a contra-indication unless there is an active and concurrent disease process underlying it.

Psychiatric: A client may be unsuitable on grounds of mental health. Specifically, unless the practitioner is experienced and qualified to work with psychotic illnesses, or is operating with suitable direct supervision, then history of psychotic illness must be considered a specific criteria for exclusion for IEMT work.

Legal: If the client is a victim or witness of crime and is likely to be giving evidence in any legal process, then without exception, suitable and relevant legal advice must be sought prior to any IEMT treatment. IEMT is a process that directly affects memory recall and memory coding, and thus IEMT treatment may potentially be raised to question the validity of an IEMT recipient's testimony.

Avoidance and Appointment Substitution: Occasionally a client may seek out IEMT treatment in substitution for their regular medical or psychiatric intervention, treatment and/or support. In all instances, the practitioners should request and liaise with the client's existing treatment services prior to treatment.

Method of Assessment

All practitioners are expected to show good sense and judgement in pre-session assessment and are free to develop their own processes for assessment. Most commonly practitioners will use a written assessment form, often sent to the client prior to booking a session, or pre-assessment interview. It is up to each practitioner to decide whether this pre-assessment interview is without charge or not.

If retained, all assessment records must be stored according to international legal data protection criteria.

"Referring On"

There is no requirement for any practitioner to accept a client or to "refer on" any client that they decline to see. However, it shows good practice to have a suitable network of health care professionals to whom to refer some clients who may need support and advise for suitable treatment.