

Eye movement desensitization and reprocessing improves PTSD symptoms in children

By Dr. Jessica K Edwards

Practice guidelines for childhood post-traumatic stress disorder (PTSD) recommend trauma-focused psychological therapies as the first-line treatment. The primary approach is trauma-focused cognitive behavioural therapies, which have a large evidence base.

Another approach is a brief, trauma-focused treatment based on eye movement desensitisation and reprocessing (EMDR). Here, the patient visualises a disturbing image from the trauma in their memory while engaging in sets of saccadic eye movements (looking side to side).¹ While this approach is recommended in the 2005 NICE guidelines² for use in adults, there is limited evidence for its efficacy in youths. Now, researchers have conducted a single-blind, multi-centre, randomised trial involving 103 youths aged 8-18 years allocated to one of three study arms: EMDR, cognitive behaviour writing therapy (CBWT) or wait-list (WL). The WL participants were assigned to one of the other two groups after a 6-week delay. EMDR and CBWT comprised of up to six sessions lasting 45 minutes each. Both treatments were well tolerated, and intention-to-treat analyses yielded large effect sizes for the primary outcomes at post-treatment, relative to WL.

Overall, 92.5% EMDR and 90.2% CBWT participants no longer met the criteria for PTSD, compared to 52.9% WL participants. This improvement was maintained at the 3-month and 12-month post-treatment follow ups. The researchers thus consider that a brief trauma treatment for youths with PTSD that requires minimal parental involvement and no training in coping skills can be highly effective.

Referring to:

De Roos, C., van der Oord, S., Zijlstra, B., Lucassen, S., Perrin, S., Emmelkamp, P. & de Jongh, A. (2017), Comparison of eye movement desensitization and reprocessing therapy, cognitive behavioral writing therapy and wait-list in pediatric post-traumatic stress disorder following single-incident trauma: a multicentre randomized clinical trial. *J. Child. Psychol. Psychiatr.* 58: 1219-1228. doi: 10.1111/jcpp.12768.

Further reading:

¹ Shapiro, F. (2001), *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*, 2nd ed. New York: Guildford Press.

² NICE (2005), *Post-traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care*. NICE clinical guideline 26. Available from <http://guidance.nice.org.uk/CG26> [NICE guideline].

