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A monthly newsletter keeping you informed.

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This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR therapy and its use with a variety of populations.

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This month we are sharing with you current research focused on children, trauma and EMDR therapy. We are hoping you find it useful and informative.

As the EMDR Research Foundation Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

Donate Now

Sincerely,
Wendy Freitag, Ph.D.
EMDR Research Foundation

Children, Trauma and EMDR therapy

["Right now, I am 12 years old and I fight. When I get older, I'd like to be a child."
- Alfonso, boy soldier, Nicaragua](#)



In the [UNESCO](#) report: "Over the last decade alone, armed conflict has claimed the lives of over two million children. Another six million have been left wounded or disabled for life. One million have become orphans. It is estimated today that more than 300,000 children have been enrolled in militia groups and armies and been forced to carry a gun. Half of those they kill are other children."



Similar to natural disasters, the first to suffer from a lack of sanitation, infrastructure, and order after a catastrophe are the most vulnerable: children. Outbreaks of disease following natural disasters hit children the hardest. Over the last decade alone, armed conflict has claimed the lives of over two million children. Another six million have been left wounded or disabled for life. "In the United States, almost half of the nation's children have experienced one or more [adverse childhood experiences](#) as determined by the [National Survey of Children's Health](#)." An ACE score (or an adverse childhood experience) is a count of different types of childhood abuse, neglect, and other examples of a difficult childhood (e.g., parent alcoholism). This translates into almost 35 million children nationwide. The statistics indicated that about a third of adolescents between the ages of 12-17 have experienced two or more such experiences. The implications for mental and physical health are staggering. [As your ACE score increases, so does the risk of disease, social, and emotional problems.](#) With an ACE score of 4 or more, things start getting serious. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; suicide, 1,220 percent.

What does the research in EMDR therapy with children have to offer, given the incredible incidence and impact of trauma on children, their development and the future of our world?

Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G. J. (2009). [Efficacy of EMDR in children: A meta-analysis](#). (2009). *Clinical Psychology Review*,599-606.

The efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic stress symptoms was meta-analytically examined from the perspective of incremental efficacy. Overall post-treatment effect size for EMDR was medium and significant ($d = .56$). Results indicate efficacy of EMDR when effect sizes are based on comparisons between the EMDR and the non-established trauma treatment or the no-treatment control groups, and the incremental efficacy when effect sizes are based on comparisons between the EMDR and the established (CBT) trauma treatment. The discussion focuses on the future replication of EMDR findings and further research on post-traumatic stress in children.

Kemp, M., Drummond, P., & McDermott, B. (2010). [A wait-list controlled pilot study of eye movement desensitization and reprocessing \(EMDR\) for children with post-traumatic stress disorder \(PTSD\) symptoms from motor vehicle accidents.](#) *Clinical Child Psychology and Psychiatry*, 15, 5-25.

The present study investigated the efficacy of four EMDR sessions in comparison to a six-week wait-list control condition in the treatment of 27 children (aged 6 to 12 years) suffering from persistent PTSD symptoms after a motor vehicle accident. An effect for EMDR was identified on primary outcome and process measures including the Child Post-Traumatic Stress - Reaction Index, clinician rated diagnostic criteria for PTSD, Subjective Units of Disturbance and Validity of Cognition scales. All participants initially met two or more PTSD criteria. After EMDR treatment, this decreased to 25% in the EMDR group but remained at 100% in the wait-list group. Parent ratings of their child's PTSD symptoms showed no improvement, nor did a range of non-trauma child self-report and parent-reported symptoms. Treatment gains were maintained at three and 12 month follow-up. These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison studies are required.

Fleming, J. (2012). [The effectiveness of eye movement desensitization and reprocessing in the treatment of traumatized children and youth.](#) *Journal of EMDR Practice and Research*, 6(1), 16-26.

This article provides a summary of all the studies that have investigated eye movement desensitization and reprocessing (EMDR) treatment of traumatized children and adolescents. The effectiveness of the treatment is revealed in more than 15 studies. This article considers the differences between Type I and Type II traumas and specifically examines the effects of EMDR on traumatic stress experienced by children and youth following Type I and Type II traumas.

There is a considerable body of research evaluating EMDR treatment of Type I traumas, showing strong evidence for its efficacy, but there are few studies that have specifically investigated EMDR treatment of Type II traumas. The effect of EMDR on various symptoms and problem areas is also examined. Recommendations are made for the clinical application of EMDR and for further research.

Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). [EMDR treatment for children with PTSD: Results of a randomized controlled trial.](#) *Nordic Journal of Psychiatry*, 61(5), 349-354. doi:10.1080/08039480701643464.

The objective of the study was to examine the efficacy of EMDR treatment for children with post-traumatic stress disorder (PTSD) compared with untreated children in a waiting list control group (WLC) participating in a randomized controlled superiority trial (RCT). Thirty-three 6-16-year-old children with a DSM-IV diagnosis of PTSD were randomly assigned to eight weekly EMDR sessions or the WLC group. The Posttraumatic Stress Symptom Scale for Children (PTSS-C scale) was used in interviews with children to evaluate their symptoms and outcome. Post-treatment scores of the EMDR group were significantly lower than the WLC indicating improvement in total PTSS-C scores, PTSD-related symptom scale, and the subscales re-experiencing and avoidance among subjects in the EMDR group, while untreated children improved in PTSD-non-related symptom scale. The improvement in re-experiencing symptoms proved to be the most significant between-group difference over time. The results of the present exploratory study including a limited number of children with PTSD are encouraging and warrant further controlled studies of larger samples of children suffering from PTSD.

A summary of research in EMDR with children is provided in the book [EMDR and The](#)

Art of Psychotherapy with Children. In this book the authors present an overview of how therapists can get started in conceptualizing psychotherapy with Eye Movement Desensitization and Reprocessing (EMDR) methodology through Adaptive Information Processing (AIP) theory. The focus of the book is to teach therapists to effectively use the entire EMDR protocol with young children. Source: Springer Publishing Company Author(s): Adler-Tapia, Robbie; Settle, Carolyn, 2008.

"The first chapter provides a comprehensive overview of how to get started with EMDR after completing basic training. The book continues with chapters that detail the basic skills in using EMDR with children and then transitions to more advanced skills in using EMDR with children with specific diagnosis and presenting issues. They follow with a chapter summarizing the published evidence to date supporting the practice of EMDR with children. Data is then incorporated into a chapter summarizing their research on EMDR with young children in order to provide evidence of therapists' ability to adhere to the EMDR protocol with children, and to document their research findings about training therapists to use EMDR with children."

There is a great need for more research with more children with more diversity of symptoms. The research is promising but insufficient. YOU have a vital role to play in this crucial journey.

EMDR Research Foundation Announces the AmazonSmile Program

<https://smile.amazon.com/ch/72-1601034>



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For more information about the program, including frequently asked questions, please go to: <http://emdrresearchfoundation.org/get-involved/amazon-smile-program>.

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The EMDR Research Foundation is the only funding agency dedicated solely to supporting EMDR research worldwide. With the support of our donors and dedicated researchers throughout the world, we hope to expand the appropriate applications of EMDR therapy.

Get Involved!

At the 2011 EMDRIA Conference, the Foundation initiated the "[Visionary Alliance](#)." This program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. An effective way to "pay back" for all the benefits received due to EMDR therapy is to "pay it forward" by your ongoing contribution to EMDR therapy research.

"What does it mean to be a member of the "[Visionary Alliance](#)?"

Your monthly donations of \$15 or more will provide a predictable, continuous stream of income that will give the Foundation leverage when pursuing funding from larger organizations, granting agencies and foundations. It also allows us to predict the amount we can distribute to support research proposals. Please consider becoming a "give as you earn" donor by donating one EMDR therapy session or a portion of a session per month to support EMDR therapy research.

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