



**EMDR**  
RESEARCH FOUNDATION

CLINICAL NEWSLETTER

EMDR THERAPY WITH CHILDREN | VOLUME 5, ISSUE 2

## Resources

[JOIN THE VISIONARY ALLIANCE](#)
[APPLY FOR A GRANT](#)
[VISIT OUR WEBSITE](#)


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.

This month we are sharing with you current research focused on EMDR therapy with Children. 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.

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

## EMDR Therapy with Children

In March 2016, the EMDR Research Foundation devoted an issue of their newsletter to [Children, Trauma and EMDR therapy](#). We discussed the impact of armed conflict, natural disasters, and Adverse Childhood Experiences on children, our most vulnerable population. In that issue, we cited statistics emphasizing the extraordinary influence of all these events on children both at the time as well as the consequences on their future mental and physical health. The conclusions were pretty clear -- trauma in children is a significant contributor to poor mental and physical health in adults. Research was cited indicating that EMDR therapy with children was very promising but more was needed.

In 2011, an article [A Randomised Comparison of Cognitive Behavioural Therapy \(CBT\) and Eye Movement Desensitisation and Reprocessing \(EMDR\) in Disaster Exposed Children](#), by Carlijn de Roos, Ricky Greenwald, Margien den Hollander-Gijsman, Eric Noorthoorn, Stef van Buuren and Ad de Jongh was published.

### Abstract

**Background:** Building on previous research with disaster-exposed children and adolescents, a randomized clinical trial was performed in the treatment of trauma-related symptoms. In the current study two active treatments were compared among children in a broad age range and from a wide diversity of ethnic populations.

**Objective:** The primary aim was to compare the effectiveness and efficiency of Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).

**Design:** Children (n=52, aged 4-18) were randomly allocated to either CBT (n=26) or EMDR (n=26) in a disaster mental health after-care setting after an explosion of a fireworks factory. All children received up to four individual treatment sessions over a 4-8 week period along with up

to four sessions of parent guidance. Blind assessment took place pre- and post-treatment and at 3 months follow-up on a variety of parent-rated and self-report measures of post-traumatic stress disorder symptomatology, depression, anxiety, and behaviour problems. Analyses of variance (general linear model repeated measures) were conducted on the intention-to-treat sample and the completers.

**Results:** Both treatment approaches produced significant reductions on all measures and results were maintained at follow-up. Treatment gains of EMDR were reached in fewer sessions.

**Conclusion:** Standardised CBT and EMDR interventions can significantly improve functioning of disaster exposed children.

-----

In 2015, [Diehle J, Opmeer BC, Boer F, Mannarino AP, Lindauer RJ. Trauma-Focused Cognitive Behavioral Therapy or Eye Movement Desensitization and Reprocessing: What Works in Children with Posttraumatic Stress Symptoms? A Randomized Controlled Trial. \*Eur Child Adolesc Psychiatry.\* 2015 Feb;24\(2\):227-36. doi: 10.1007/s00787-014-0572-5. Epub 2014 Jun 26](#) was published.

### Abstract

To prevent adverse long-term effects, children who suffer from posttraumatic stress symptoms (PTSS) need treatment. Trauma-focused cognitive behavioral therapy (TF-CBT) is an established treatment for children with PTSS. However, alternatives are important for non-responders or if TF-CBT trained therapists are unavailable. Eye movement desensitization and reprocessing (EMDR) is a promising treatment for which sound comparative evidence is lacking. The current randomized controlled trial investigates the effectiveness and efficiency of both treatments. Forty-eight children (8-18 years) were randomly assigned to eight sessions of TF-CBT or EMDR. The primary outcome was PTSS as measured with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Secondary outcomes included parental report of child PTSD diagnosis status and questionnaires on comorbid problems. The Children's Revised Impact of Event Scale was administered during the course of treatment. TF-CBT and EMDR showed large reductions from pre- to post-treatment on the CAPS-CA (-20.2; 95% CI -12.2 to -28.1 and -20.9; 95% CI -32.7 to -9.1). The difference in reduction was small and not statistically significant (mean difference of 0.69, 95% CI -13.4 to 14.8). Treatment duration was not significantly shorter for EMDR ( $p = 0.09$ ). Mixed model analysis of monitored PTSS during treatment showed a significant effect for time ( $p < 0.001$ ) but not for treatment ( $p = 0.44$ ) or the interaction of time by treatment ( $p = 0.74$ ). Parents of children treated with TF-CBT reported a significant reduction of comorbid depressive and hyperactive symptoms. TF-CBT and EMDR are effective and efficient in reducing PTSS in children.

-----

Alder-Tapia. R., & Settle, C. (2009, November) [Evidence of the Efficacy of EMDR with Children and Adolescents in Individual Psychotherapy: A Review of the Research Published in Peer-Reviewed Journals. \*Journal of EMDR Practice and Research,\* 3\(4\), 232-247. doi:10.1891/1933-3196.3.4.232.](#)

### Abstract

Research on psychotherapy with children is generally underrepresented in the empirical literature. Currently, there are four randomized clinical trials (RCT) evaluating EMDR in individual psychotherapy with traumatized children—two for children diagnosed with PTSD and two for children presenting with symptoms of posttraumatic stress. Since the first case studies of EMDR with children were published in 1993, 19 studies were identified that met the inclusion criteria for this review. The gold standards identified by Foa and Meadows (1997) to assess the methodology of studies designed to treat trauma were applied to the research on EMDR with children. This analysis discusses the challenges to conducting research on psychotherapy with children including the debate regarding the assessment and diagnosis of PTSD in children. Recommendations for future studies designed with methodological rigor are suggested to investigate the efficacy of EMDR with children who have experienced trauma and other mental health symptoms and diagnoses.

-----

Clearly more research is needed with children.

In the fall of 2016, a new Memorial Fund was established at the EMDR Research Foundation, **The Carol York Memorial Fund: Hope for Children**. This fund was established in Carol's name by her colleagues to mark her untimely and tragic death and to honor her lifelong commitment to children. Ms York was a unique individual with remarkable clinical skills. You

have the opportunity to **donate** in her name and support research with children and advancing the future of both EMDR therapy and the healing of the world's children.

-----  
For a complete list of Clinical Newsletter Archives, [click here](#).

CONNECT WITH THE EMDR RESEARCH FOUNDATION:



EMDR Research Foundation, 401 W. 15th Street, Ste. 695, Austin, TX 78701

[SafeUnsubscribe™ {recipient's email}](#)

[Forward this email](#) | [Update Profile](#) | [About our service provider](#)

Sent by [info@emdrresearchfoundation.org](mailto:info@emdrresearchfoundation.org)