

Research on EMDR for children and adolescents

Madrid, 27-1-24



Carlijn de Roos, clinical
psychologist/ researcher,
Level, Amsterdam
University Medical Center
EMDR Europe C & A trainer

1

Content presentation

- Empirical evidence EMDR for children and adolescents (8-18 year) with PTSD
- Results study EMDR for young children (1.5-8 years) with PTSD
- EMDR for parents
- EMDR for depressive adolescents
- EMDR for refugees
- EMDR for complex PTSD
- Conclusion

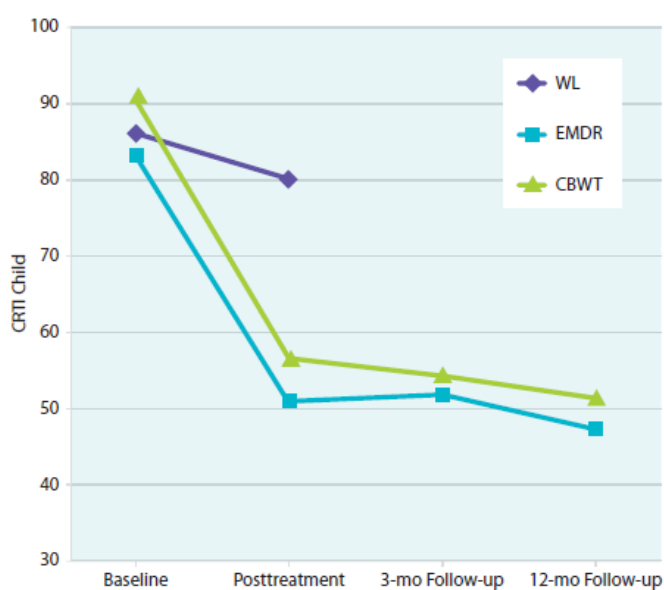
2

Effectiveness of EMDR in children (8-18 years) with PTSD

- EMDR and CBT are both effective in reducing PTSD, anxiety and depressive symptoms and behavioural problems
- Results maintained in the short term (3 months after treatment) and in the long term (1 year after treatment)
- EMDR is more efficient than CBT (same effect achieved in fewer sessions, range 25-50% faster)

Matthijssen et al. (2020). The current status of EMDR therapy, specific target areas, and goals for the future. *Journal of EMDR Practice and Research*, 14(4), 241-284.

3



Outcome for PTSD after single trauma



- Effect EMDR in 2 hours and 20 min, effect WRITEjunior in 3 hours and 47 min
- After treatment > 90% recovery for both treatments. After 1-year follow-up: EMDR 100%, WRITEjunior 92.1%

De Roos et al., 2017

TIME LIMITED TRAUMA-FOCUSED TREATMENT for children and adolescents

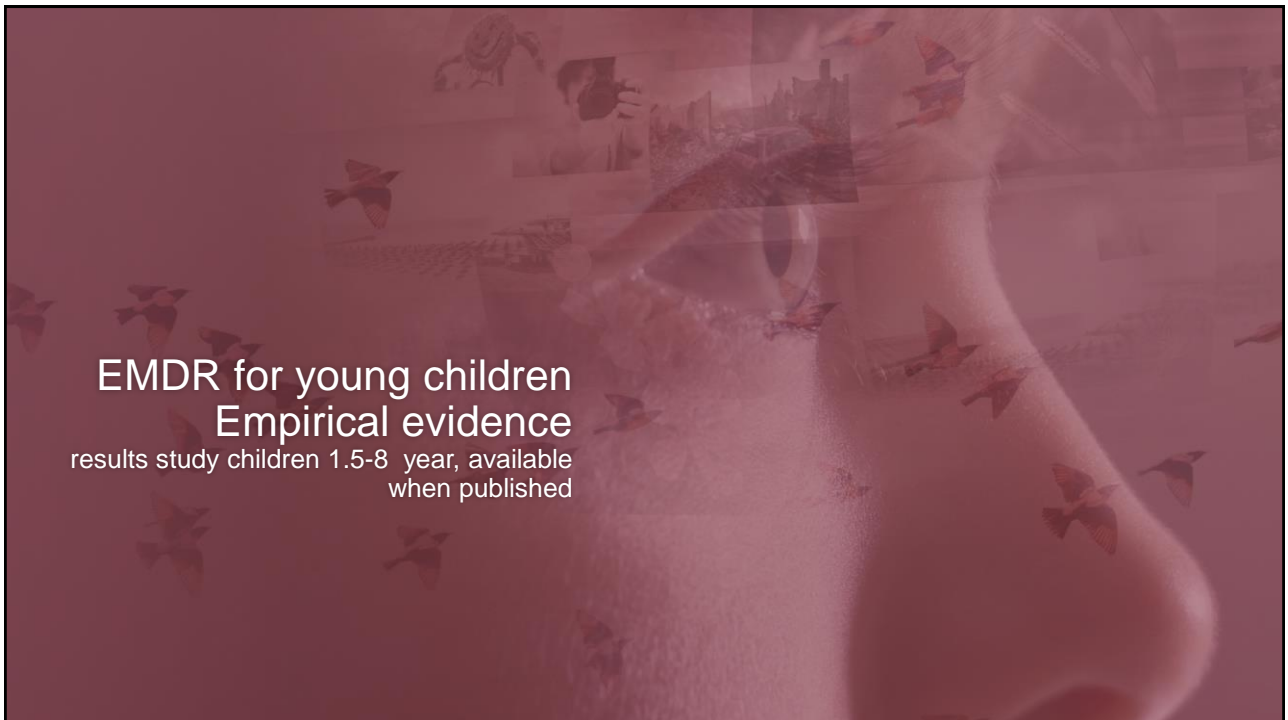
4

Table 6.2: Summary of guideline recommendations on treatment for pediatric PTSD

ISTSS (2019)	NICE (2018)	APA (2017)	WHO (2013)
Strong recommendations for TF-CBT and EMDR	Recommendation for TF-CBT, conditional recommendation for EMDR	Not assessed	Individual or group cognitive behavioral therapy (CBT) with a trauma focus or EMDR should be considered

Note. APA, American Psychological Association; ISTSS, International Society for Traumatic Stress Studies; NICE, National Institute for Health Care Excellence; TF-CBT, trauma-focused cognitive behavioral therapy; WHO, World Health Organization.

Thesis C. de Roos, 2021



Effectiveness of trauma treatment for young children (< 8 years)

- Hardly any empirical research data available on treatment of traumatic memories in young children
- However, studies focused on improvement of parent-child relationship or emotion regulation do exist

7

Trauma treatment in young children < 8 years old

- TF-CBT: RCT Scheeringa et al., 2011. Effective (N=64, 12 sessions) in reducing PTSD, emotional and behavioral problems compared to WL, treatment gains maintained 6 months after treatment
- EMDR: kk of 4-8 years with (partial) PTSD in an RCT as part of larger sample (de Roos et al., 2011, Meentken et al., 2020)



8



Eye Movement Desensitization and Reprocessing in Young Children (Ages 4–8) with Posttraumatic Stress Disorder: A Multiple-Baseline Evaluation

Eline Olivier^{1,4} · Carlijn de Roos² · Anika Bexkens^{1,3}

Accepted: 23 August 2021

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021

- Children aged 4-8 years (N=9), chronically traumatized
- 85.7% PTSD free after 6 sessions of EMDR
- Significant reduction in PTSD symptoms, emotional and behavioral problems
- Results maintained at 3 months FU
- 0% dropout (treatment), no adverse events

First evidence EMDR treatment effective in children (4-8 jaar) with PTSD after preverbal trauma

Table 1 Sample characteristics

Participant	Sex	Age	Trauma type	Frequency (duration)
1	Male	4.5	Medical trauma	Multiple (2.0–3.6)
2	Male	5.1	Domestic violence	Chronic (prenatal–4.1)
3 ^a	Male	5.3	Medical trauma	Multiple (0–4.0)
4	Female	7.5	Domestic violence	Multiple (0–4.0)
5	Male	5.4	Medical trauma, domestic violence	Multiple (prenatal–4.6)
6 ^b	Female	6.0	Domestic violence	Chronic (0.3–5.6)
7	Female	7.9	Traumatic grief after death of sibling	Multiple (7.6–7.7)
8 ^a	Male	5.5	Domestic violence, medical trauma	Chronic (prenatal–5.1)
9	Female	5.11	Domestic violence	Multiple (0–5.4)

Chronic trauma is defined as ongoing domestic violence, constant threat and escalation

^aWas diagnosed with ADHD after 3-month follow-up and received medication

^bReceived family treatment after 3-month follow-up and trauma treatment was offered to the mother (primary caretaker)



Parental PTSD

- Parents are at risk of developing PTSD following their child's trauma whether or not they are involved in the incident themselves (Hiller et al., 2016). Traumatic responses must be understood within the context of secondary trauma and through the nature of the dyadic parent-child relationship
- PTSD in parents is associated with poorer functioning in their children (Parsons et al., 2018)
- If offered appropriate treatment, reduction of likelihood of long term adverse impact for both parents and children.

Focus on parents/system

- Parental functioning is most consistent predictor for outcome of child trauma treatment
- Screening of psychopathology parents and offering necessary (trauma) treatment. Especially when there has been interpersonal trauma within a family

13

Research EMDR for parents

Conijn et al. *Orphanet J Rare Dis* (2021) 16:126
<https://doi.org/10.1186/s13023-021-01768-7>

Orphanet Journal of
Rare Diseases

LETTER TO THE EDITOR

Open Access

Reducing posttraumatic stress in parents of patients with a rare inherited metabolic disorder using eye movement desensitization and reprocessing therapy: a case study

Thirsa Conijn^{1,2}, Lotte Haverman², Frits A. Wijburg^{1*} and Carlijn DeRoos³



14

Insert > Header & footer

31-Jan-24

14

Research EMDR for parental PTSD

Parents with 'parental' PTSD

RCT EMDR vs waitlist: 4 sessions of EMDR (1.5 hours per session) offered in 2 half-day sessions

Significant decrease (post) of post-traumatic stress and symptoms of psychological stress, parental stress after treatment

maintained at 3 months-FU

Conijn et al.
Orphanet Journal of Rare Diseases (2022) 17:328
<https://doi.org/10.1186/s13023-022-02500-9>

Orphanet Journal of
Rare Diseases

RESEARCH

Open Access

Effectiveness of time-limited eye movement desensitization reprocessing therapy for parents of children with a rare life-limiting illness: a randomized clinical trial

T. Conijn^{1,2}, C. De Roos³, H. J. I. Vreugdenhil¹, E. M. Van Dijk-Lokkart¹, F. A. Wijburg^{2*} and L. Haverman¹

Table 1 Most stressful memories and flash forwards related to the IEM of their child

Case 1 (father)	Case 2 (mother)
<i>Stressful memories</i>	
Comforted the child in the hospital, saying that everything would be okay after a minor ENT operation (grommets). Now the diagnosis MPS III is known, it became clear that 'everything would not be okay at all' (failure as parent, SUD 7)	The pediatrician communicated the diagnosis MPS III to the parents (SUD 9)
The pediatrician communicated the diagnosis MPS III to the parents (SUD 6)	Termination of a subsequent pregnancy because the fetus was diagnosed with MPS III (SUD 8)
	Announcement from the hospital that the clinical trial (enzyme replacement therapy [30]), in which the child participated, was prematurely terminated (loss of hope, SUD 7)
	Attending the funeral of another MPS III patient (SUD 6)
<i>Flash forwards</i>	
Funeral of their child with MPS III (SUD 9)	Her child in a vegetative state with palliative care by deep sedation and withholding of fluids (SUD 10)
Image of the child in a special disability-inclusive transport necessitating a lot of medical equipment (tubes) and making repetitive movements and screaming sounds (SUD 8)	Her child in a wheelchair, no longer able to communicate by laughing, eye contact or movements (SUD 8)
	Sudden death of the child (SUD 7)


SUD subjective units of disturbance score

STUDY PROTOCOL

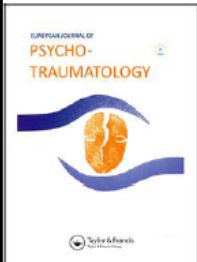
Open Access



Testing an attachment- and trauma-informed intervention approach for parents and young children after interparental violence: protocol for a randomized controlled trial

Sabine van der Asdonk^{1*} , Ashwina R. Kesarlal¹, Carlo Schuengel², Nina Draaisma^{1,3}, Carlijn de Roos⁴, Karine Zuidgeest³, Ralph C. A. Rippe¹ and Lenneke R. A. Alink¹

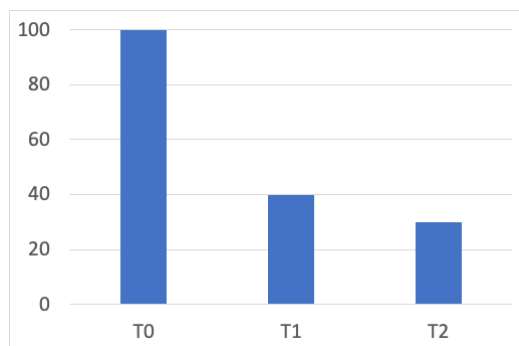




Effectiveness of trauma-focused treatment for adolescents with major depressive disorder

Corine Paauw, Carlijn de Roos, Judith Tummers, Ad de Jongh & Alexandra Dingemans

EMDR for adolescents with MDD (N=32; Paauw et al., 2019)



- 61% no longer met DSM-IV criteria for MDD post treatment and 70% at 3 month FU (completers) after 6 weekly 60 minute individual sessions
- Significant reduction of depressive symptoms (CDI Cohen's $d=0.72$), comorbid posttraumatic stress, anxiety and somatic symptoms. Overall social-emotional functioning improved
- Gains maintained at 3-month FU (CDI Cohen's $d=1.11$)

Paauw et al., 2019. Effectiveness of trauma-focused treatment for adolescents with MDD. *European Journal of Psychotraumatology*, 10 (1).



EMDR for adolescents with MDD

- RCT EMDR vs waitlist (N=64)
- 6 EMDR sessions (1 hour per session)
- Severe depressive disorder also included
- Follow-up (3 and 6 months after treatment)
- Do family functioning and having experienced emotional abuse or neglect predict post-treatment outcome

Pauw et al., 2023. EMDR for adolescents with major depressive disorder: study protocol for a multi site RCT. *Trials*, 24(1), 1-14.

21

Case conceptualization and treatment plan EMDR for depressive adolescents

- Timeline strategy (depressive mood)
- Depressive and suicidal states
- (suicidal) flash forward
- Negative core beliefs about self, others or the world



22



EMDR for refugee children

results available when published



Velu et al. *Trials* (2022) 23:347
<https://doi.org/10.1186/s13063-022-06178-z>

Trials

STUDY PROTOCOL **Open Access**

Trauma-focused treatments for refugee children: study protocol for a randomized controlled trial of the effectiveness of KIDNET versus EMDR therapy versus a waitlist control group (KIEM)

Merele E. Velu^{1,2*}, Irene Martens³, Mona Shahab^{4,5,6}, Carlijn de Roos⁷, Ruud A. Jongedijk¹, Michaela Schok^{1,2} and T. Mooren^{1,2}



EMDR for complex PTSD

25

Intensive trauma treatment for adolescents

- More and more MH institutions offer intensive treatment for adolescents
- Variation in trauma methods and elements, EMDR as one of the trauma methods
- Variation in number of days/weeks of intensive treatment/ Therapist rotation
- EMDR: desensitisation of several memories per session

26

Intensive treatment for adolescents

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2021, VOL. 12, NO. 1, 1–9
<https://doi.org/10.1080/20008198.2021.1917876>



EUROPEAN JOURNAL OF
**PSYCHO-
TRAUMATOLOGY**
INTERNATIONAL JOURNAL OF PSYCHOTRAUMATOLOGY



CLINICAL RESEARCH ARTICLE

OPEN ACCESS



Effectiveness of an intensive treatment programme combining prolonged exposure and EMDR therapy for adolescents suffering from severe post-traumatic stress disorder

Ytje van Pelt^a, Petra Fokkema^b, Carlijn de Roos^c and Ad de Jongh^{d,e,f,g,h}

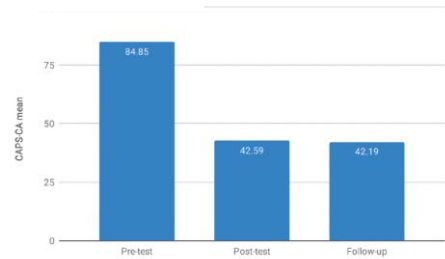


Figure 1. Total mean scores from the CAPS-CA IV (ITT; N = 27) at pre-test, post-test and at FU.

27

Intensive treatment



Psyflix Trauma
Tapes Kids

DR. CARLIJN DE ROOS - EMDR
PROF. DR. RAMÓN LINDAUER - TF-CBT
DR. LOTTE HENDRIKS - IE
DRS. ELSELINE SCHERPENISSE - KIDNET



28



More
Research
Needed

Conclusion

EMDR is effective and efficient for children and adolescents with PTSD

Trauma-focused approach for children with disorders beyond PTSD promising

Screening for PTSD crucial, also for disorders beyond PTSD (Child and Adolescent Trauma Screen, CATS)

Assessing parental psychopathology important and if indicated, offering interventions for parents (f.e. EMDR) necessary

Thank you for your attention
Questions?

c.deroos@level.nl