

PTSD in children quickly and effectively treatable within hours

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Children and adolescents with posttraumatic stress disorder (PTSD) can be successfully treated with only a few hours of EMDR or cognitive behavioral writing therapy (CBWT). This is the finding of a new

research paper by the University of Amsterdam (UvA) and GGZ Rivierduinen (Trauma Center for Children and Youth). The paper was published on Thursday, 29 June in the *Journal of Child Psychology and Psychiatry*.

PTSD is a psychiatric disorder which can develop after exposure to a traumatic event such as a terrorist attack, a [road traffic accident](#), sexual or physical abuse. Previous research shows that PTSD can be treated effectively in adults with Eye Movement Desensitization and Reprocessing (EMDR) or trauma-focused cognitive behavioral therapy/imaginary exposure. Until now, however, strong evidence for the efficacy of EMDR in children has been lacking.

For their study, Carlijn de Roos, a clinical psychologist and UvA researcher, and her fellow researchers compared the effect of EMDR with that of Cognitive Behavioral Writing Therapy (WRITEjunior) in children and adolescents in the age group 8 to 18 who had experienced a single traumatic event like a [traffic accident](#), rape, physical assault or traumatic loss. Both forms of treatment confront the traumatic memory without any preparatory sessions. In EMDR the traumatic memory is activated while at the same time the child's working memory is taxed with an external task (following the fingers of the therapist with the eyes). In writing therapy, the child writes a story on a computer, together with the therapist, about the event and the consequences, including all the horrid aspects of the memory. In the last session, the child shares the story of what happened to him or her with important others.

A total of 103 children and adolescents took part in the study. On average, four sessions were sufficient for successful treatment. 'EMDR and writing therapy were equally effective in reducing posttraumatic stress reactions, anxiety and depression, and behavioral problems. What's more, both proved to be brief and therefore cost effective', says De Roos. 'We literally used a stopwatch to time the length of both trauma

treatments. This showed that EMDR reaches positive effects fastest (2 hours and 20 minutes on average) compared to the writing therapy (3 hours and 47 minutes on average). The most important thing, of course, was that the results were lasting, as shown during a follow-up measurement one year later.'

About 16% of children who are exposed to trauma develop PTSD. 'Children who do not get the right treatment suffer unnecessarily and are at risk of developing further problems and being re-traumatized', says De Roos. 'The challenge for health professionals is to identify symptoms of PTSD as quickly as possible and immediately refer for trauma treatment.' According to De Roos, screening for PTSD should become standard practice within the field of childcare for all disorders. 'When PTSD is determined, a brief trauma-focused treatment can significantly diminish symptoms. A brief [treatment](#) will not only reduce suffering by child and family, but also lead to tremendous healthcare savings.'

It is important to conduct follow-up research into the effects of EMDR and writing [therapy](#) in children with PTSD symptoms who have suffered from multiple traumatic experiences and in [children](#) younger than eight, De Roos adds.

More information: Carlijn de Roos et al. Comparison of eye movement desensitization and reprocessing therapy, cognitive behavioral writing therapy, and wait-list in pediatric posttraumatic stress disorder following single-incident trauma: a multicenter randomized clinical trial, *Journal of Child Psychology and Psychiatry* (2017). [DOI: 10.1111/jcpp.12768](#)

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