

## TRAUMA RELATED RANDOMIZED CONTROLLED TRIALS--CHILDREN

- **Ahmad A, Larsson B, & Sundelin-Wahlsten V. (2007).** EMDR treatment for children with PTSD: Results of a randomized controlled trial. *Nord J Psychiatry*, 61, 349-54.

“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.”

- **Chemtob, C.M., Nakashima, J., & Carlson, J.G. (2002).** Brief-treatment for elementary school children with disaster-related PTSD: A field study. *Journal of Clinical Psychology*, 58, 99-112.

*EMDR was found to be an effective treatment for children with disaster-related PTSD who had not responded to another intervention.*

- **de Roos, C., Greenwald, R., den Hollander-Gijsman, M, Noorthoorn, E., van Buuren, S. & de Jongh, A. (2011).** A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) in disaster exposed children. *European Journal of Psychotraumatology*, 2: 5694 - DOI: 10.3402/ejpt.v2i0.5694

“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. . . 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.”

- **de Roos, C., van der Oord, S., Zijlstra, B., Lucassen, S., Perrin, S., Emmelkamp, P. & de Jongh, A. (in press).** Comparison of EMDR therapy, Cognitive Behavioral Writing Therapy, and Waitlist in pediatric PTSD following single-incident trauma: A multi-center randomized clinical trial.

“[Participants] received up to six sessions of EMDR or CBWT lasting maximally 45 minutes each. . . At post-treatment 92.5% of EMDR, and 90.2 % of CWBT no longer met the diagnostic criteria for PTSD. All gains were maintained at follow-up. Gains were attained with significantly less therapist contact time for EMDR than CBWT.”

- **Diehle, J., Opmeer, B. C., Boer, F., Mannarino, A. P., & Lindauer, R. J. (2014).** Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: What works in children with posttraumatic stress symptoms? A randomized controlled trial. *European Child & Adolescent Psychiatry*, 226, 227-236.

*A mixed sample of full and partial PTSD was evaluated. “[B]oth treatments are effective in children with PTSS in an outpatient setting. Results on both child and parent measures support this conclusion.”*

- **Jaberghaderi, N., Greenwald, R., Rubin, A., Dolatabadim S., & Zand, S.O. (2004).** A comparison of CBT and EMDR for sexually abused Iranian girls. *Clinical Psychology and Psychotherapy*, 11, 358-368.

*Both EMDR and CBT produced significant reduction in PTSD and behavior problems. EMDR was significantly more efficient, using approximately half the number of sessions to achieve results.*

- **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.

*“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.”*

- **Soberman, G. B., Greenwald, R., & Rule, D. L. (2002).** A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *Journal of Aggression, Maltreatment, and Trauma*, 6, 217-236.

*The addition of three sessions of EMDR resulted in large and significant reductions of memory-related distress, and problem behaviors at 2-month follow-up.*

- **Wanders, F., Serra, M., & de Jongh, A. (2008).** EMDR Versus CBT for children with self-esteem and behavioral problems: A randomized controlled trial. *Journal of EMDR Practice and Research*, 2, 180-189.

*Twenty-six children (average age 10.4 years) with behavioral problems were randomly assigned to receive either 4 sessions of EMDR or CBT. Both were found to have significant positive effects on behavioral and self-esteem problems, with the EMDR group showing significantly larger changes in target behaviors.*