

Eye Movement Desensitization and Reprocessing Therapy in Childhood Obsessive Compulsive Disorder: A Trauma Based Approach

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INTRODUCTION

•Childhood Obsessive Compulsive Disorder (OCD) is a common neuropsychiatric condition affecting about 1-3% of children and adolescents.¹ Evidence based treatments of childhood OCD includes cognitive behavioural therapy (CBT) and pharmacotherapy.

•Eye movement desensitization and reprocessing (EMDR) therapy is recognized as an effective treatment for trauma related disorders.²

OBJECTIVE

In the current study, we followed a trauma based approach using EMDR therapy as the sole treatment modality for a child with obsessive compulsive disorder (OCD).

METHOD

•A 10-year-old boy presented with repetitive intrusive thoughts and images of killing his parents with a knife since six months. The thoughts would cause anxiety, and he would pray multiple times in order to get rid of it (ego dystonic). He could not focus on his studies or any other activities due to these thoughts.

•The symptoms started after witnessing a fight between his parents.

•There was no history suggestive of depression, psychosis or any organic condition.

•Family history of depression was there in mother.

•The work with EMDR focused his memories of parents fighting. After taking history, explaining EMDR and identifying the most distressing memories of parents fighting (i.e., target selection), the child was asked to apply bilateral stimulation (BLS) on his shoulders alternately (butterfly hug) for around twenty times. He was then asked to briefly report what comes to mind. The procedure is repeated until the original target is no longer disturbing. After processing his past memories, he was asked to imagine a future situation where he is coping effectively.

•He received a total of 6 EMDR sessions, after which he reported that thoughts were no longer disturbing him.

•He was assessed with the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS)³ before beginning EMDR sessions, after completion of 6 sessions, at 1 month and 6 months follow ups.

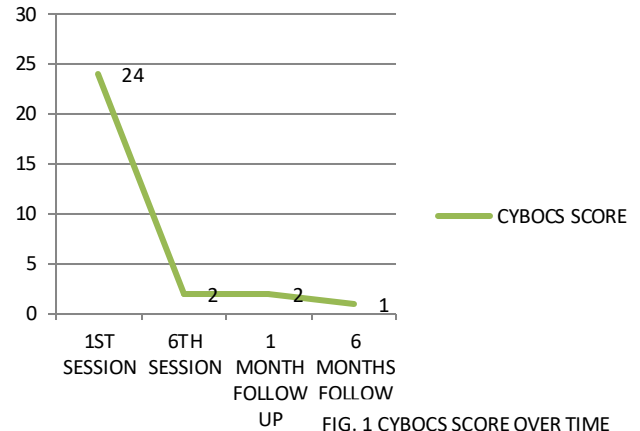


FIG. 1 CYBOCS SCORE OVER TIME

RESULTS

•The scores on CYBOCS before starting treatment was 24 which was in the severe range.

•The boy showed substantial clinical improvement in the course of the treatment which corresponded with consistently decreasing CYBOCS score. (Fig. 1)

•The treatment effects persisted at 6 month follow up with CYBOCS score of 1 (subclinical).

CONCLUSION

•Our results suggest that EMDR may be successfully used in patients with OCD, specially in the subpopulation where symptoms follow a traumatic experience.

•It is noteworthy that that the child was not on any medication.

•Additional studies investigating the application of these therapies in a larger population are necessary.

REFERENCES

1. Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's comprehensive textbook of psychiatry. 10th ed. Vol. 2. Philadelphia: Wolters Kluwer; 2017.
2. Shapiro F. The role of eye movement desensitization and reprocessing (EMDR) therapy in medicine: addressing the psychological and physical symptoms stemming from adverse life experiences. Perm J. 2014;18(1):71-7
3. [Internet]. Projectteachny.org. 2021 [cited 20 December 2021]. Available from: <https://projectteachny.org/wp-content/uploads/2017/09/CYBOCS.pdf>

**The authors declare no conflict of interest.