

# EMDR versus Cognitive Behavioral Writing Therapy (CBWT): A RCT.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON21131

### Source

NTR

### Brief title

EMDR versus CBWT

### Health condition

Posttraumatic stress disorder (PTSD), post traumatic stress symptoms

## Sponsors and support

**Primary sponsor:** Psychotrauma Centre for Children and Youth, MHI Rivierduinen

Sandifortdreef 19

2301 CE Leiden

Tel: 071-8908400

Fax: 071-8908401

**Source(s) of monetary or material Support:** MHI Rivierduinen

## Intervention

## Outcome measures

### Primary outcome

Self-reported and parent-reported PTSD symptoms (SVLK and the ADIS/C).

## Secondary outcome

Secondary outcomes are anxiety, depression, somatic and behavioral symptoms, quality of life, posttraumatic cognitions, somatic symptoms, posttraumatic growth.

## Study description

### Background summary

The main objectives of the present study are: assessing the efficacy and efficiency of EMDR and TBWT in children aged 8-18 years with posttraumatic stress reactions following single-incident trauma.

### Study objective

Treatment of posttraumatic symptoms with EMDR as well as with CBWT will lead to symptom reduction in the short and long term. We hypothesize that EMDR will lead to faster improvements in PTSD symptoms and that the effects in the end will be equal.

### Study design

Assessment take place at four time points:

1. Pretreatment;
2. Post treatment;
3. Follow-up three months after treatment;
4. Follow-up 12 months after treatment.

### Intervention

Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioral Writing Therapy (CBWT). A Waiting List Group is included.

EMDR is a treatment for traumatic memories and their sequelae requiring the client to attend a distracting (or “dual attention”) stimulus typically the therapist’s fingers moving back and forth in front of client’s face while concentrating on the trauma memory (Shapiro, 2001). Briefly, EMDR treatment consists of (1) Taking history and planning treatment. (2) Explanation of and preparation for EMDR. (3) Preparation of the target memory. (4)

Desensitization of the memory. (5) Guiding the client to embrace a relevant positive belief regarding the event. (6) Identification and processing of any residual disturbing body sensations. (7) Closure of the session. (8) Re-evaluation.

For this study, a maximum number of six session is permitted.

CBWT is a trauma treatment (Van der Oord et al., 2009) where the child writes a report of the traumatic event(s) on the computer in the therapy room. The therapist helps the child with writing down a detailed account of the child's thoughts, feelings and behaviours during the traumatic event. The most important elements of CBWT are psycho-education, exposure, cognitive restructuring, promoting adequate coping and social sharing.

For this study, a maximum number of six sessions is permitted.

## Contacts

### **Public**

Department of Child and Adolescent Psychiatry, Amsterdam University Medical Centre, location AMC. Meibergdreef 5, 1105 AZ Amsterdam

Carlijn Roos, de  
Leiden 2301 CE  
The Netherlands  
+31 (0)20-8901000

### **Scientific**

Department of Child and Adolescent Psychiatry, Amsterdam University Medical Centre, location AMC. Meibergdreef 5, 1105 AZ Amsterdam

Carlijn Roos, de  
Leiden 2301 CE  
The Netherlands  
+31 (0)20-8901000

## Eligibility criteria

### **Inclusion criteria**

1. Age between 8 and 18 years;
2. Having experienced a single traumatic event;

3. Presence of 5 posttraumatic stress symptoms after 1 month;
4. Sufficient knowledge of the Dutch language.

## Exclusion criteria

1. Acute psychiatric problems (suicidality, psychosis);
2. IQ lower than 80.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-10-2010
Enrollment:	110
Type:	Actual

### IPD sharing statement

**Plan to share IPD:** Undecided

## Ethics review

Positive opinion	
Date:	22-02-2013
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL3699
NTR-old	NTR3870
Other	Commissie Ethiek, Afdeling Psychologie, UvA : 2009-KP-734
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

De Roos, C., van der Oord, S., Zijlstra, B. Lucassen, S., Perrin, S. Emmelkamp, P. de Jongh, A. (2017). Comparison of eye movement desensitization and reprocessing therapy, cognitive behavioral writing therapy, and waitlist in pediatric posttraumatic stress disorder following single-incident trauma: a multicenter randomized clinical trial. *Journal of Child Psychology and Psychiatry* 58:11 (2017), pp 1219-1228.