

# What is eye movement desensitization and reprocessing? And can EMDR help children recover from trauma?

November 2 2023, by Peta Stapleton and Cher McGillivray

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Childhood traumatic experiences are common. Almost one in three [\(32%\)](#) Australians reported being physically abused as a child, 31% experienced emotional abuse, 28.5% were victims of sexual abuse and

9% were neglected. Some 40% of Australians were exposed to domestic violence against a parent.

Untreated childhood [trauma](#) is [associated](#) with an increased risk of mental health disorders. These [children](#) are more likely to become teens and adults who binge drink, attempt suicide and [self-harm](#).

To reduce the chance of these [long-term negative effects](#), it's important to understand what [treatments](#) work for trauma in children. One option is eye movement desensitization and reprocessing, or EMDR, a therapy which aims to reduce distress and [traumatic memories](#).

So how does EMDR work? And how strong is its evidence base?

## **What is EMDR?**

EMDR first emerged in the late 1980s and is now [recognized](#) as a [suitable](#) approach for adults and [children](#).

In EMDR, clients are first assisted to gain insight into what is causing their distress.

In a subsequent phase of the therapy, the client holds the traumatic memory in their mind, while moving their eyes backwards and forward, tracking the therapist's hand.

Their [eye movements](#) are complemented by a tapping technique (tapping the knees one at a time) or an auditory tone played in each ear.

The client then focuses on a preferred positive belief to replace the trauma they have processed.

## How does EMDR work? The two main theories

It is [suggested](#) eye movements decrease the physical distress sensations by activating the parasympathetic nervous system, associated with a restful and calm state. Moving the eyes backwards and forward is also [thought to assist](#) with accessing earlier memories.

Another theory to explain why EMDR is effective centers on the different activities the client is doing all at once, and how this impacts working memory. By moving the eyes, holding the distressing memory front of mind, tapping on the knees and/or listening to auditory tones in each ear, it is [thought](#) the [working memory](#) is disrupted, and therefore open to being changed.

## How does EMDR compare with CBT for children?

The small number of studies conducted so far suggests EMDR can [help children](#) with [post-traumatic stress disorder](#) to [reduce symptoms](#) of emotional upset, depression, [anxiety](#) and behavioral issues such as sleeping.

These [outcomes are similar](#) to [trauma-focused](#) cognitive behavior therapy.

EMDR has also been [beneficial](#) (and as effective as other therapies) for children who experienced natural disasters.

Generally, six to 12 sessions is [sufficient](#) for EMDR treatment, compared to 12 to 15 for [trauma-focused cognitive behavior therapy](#).

However, EMDR cannot be used with clients unless the therapist is appropriately [trained and qualified](#).

## How does EMDR compare with other 'exposure' therapies?

An American Psychological Association review [concluded](#) the effectiveness of EMDR for adults and children is still [inconsistent](#).

While EMDR appears [more efficient](#) than [trauma-focused cognitive behavior therapy](#), with fewer sessions required, the outcomes are equivalent to other exposure therapies (which use the same process to work through trauma) *without* eye movements.

The [true mechanism](#) of the eye movements in EMDR is still unclear. [Research suggests](#) the benefits of EMDR may come from other factors that assist with behavior-change or reducing distress, such as the relationship between the therapist and client or the client's motivation to change.

So overall, the research on EMDR is still mixed. Studies conducted on children with trauma and larger sample sizes are needed for more conclusive results.

## What really matters in trauma therapy for kids?

If children view themselves as being responsible for the traumatic event, in order to cope they will distance themselves from ongoing trauma by disowning that bad or wounded part of themselves. This alienation of themselves helps them survive but maintains their trauma symptoms.

Shame and suppression of self [can lead to](#) behavioral outbursts or shut-down coping strategies. This leaves the [child](#) easily triggered, living in their survival brain and oscillating between their fight, flight, freeze or fawn (people-pleasing) states.

Helping children [restore their sense of self](#), assisting them to learn to cope with big emotions is important and we can do that in safe relationships.

It's also crucial to help parents understand the impact of their well-being on the their child's recovery. Improving parents' well-being and feelings of competence can help heal themselves and their children.

Physician and trauma expert Gabor Mate rightly said children don't get traumatized because they are hurt. They get traumatized because they're [alone with the hurt](#).

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