

A Case Report on the Effectiveness of Virtual Eye Movement Desensitization and Reprocessing Therapy in Childhood OCD

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ABSTRACT

OCD is a very common mental illness that frequently manifests as an obsession with cleanliness, doubts, fear of harming oneself or others, religious, and sexual concerns. Eye movement desensitization and reprocessing (EMDR) therapy uses a standardized three-pronged method to address the past, present, and future aspects of a person's traumatic memories. A fifth-grade student in an urban nuclear family aged 10 who has never had a history of psychiatric illness reported experiencing recurrent intrusive thoughts and witnessing his parents being fatally slashed. After speaking with the child's mother, it was decided not to give the youngster any medication. At the beginning of treatment, the patient's CYBOCS score was 24, which is regarded as severe. A score of two was obtained in the last session. EMDR therapy is well established to be an effective treatment for post-traumatic stress disorder, despite the lack of research on its usage for OCD.

Keywords: OCD, EMDR, Psychiatric illness, Obsession.

1. INTRODUCTION

Obsessive-compulsive disorder (OCD) is a fairly common disorder that typically expresses as an obsession with cleanliness, doubts, fear of harm coming to oneself or others, religious, and sexual thoughts. Compulsive behaviours include excessive washing and cleaning, checking, counting, seeking reassurance, and maintaining order. [1] Obsessive-compulsive disorder is thought to affect 1% to 3% of children and adolescents, according to data. [2] The most popular treatment options for OCD include cognitive behavioural therapy (CBT) and serotonergic medications like clomipramine and selective serotonin reuptake inhibitors (SSRIs). [3]

A standardised three-pronged approach called eye movement desensitisation and reprocessing (EMDR) therapy is used to address the past, present, and future components of a person's traumatic memories. Based on Francine Shapiro's adaptive information processing (AIP) model, which interprets mental diseases as a result of unresolved traumatic experiences, it describes how the brain processes information. It corresponds to a typical eight-phase process. [4]. (Table 1)

AIP-informed history-taking, client preparation and stabilizing, and target memory assessment all come first in the course of treatment. The patient is then instructed to focus on the selected target while concurrently attending to a bilateral visual, audio, or tactile stimuli (BLS). He is asked to record whatever that arises, usually memories, ideas, or sensations, after a set of BLS. The repetition of this procedure ends when the memory is no longer upsetting. The approach focuses on strengthening a chosen positive cognition, as measured by the Validity of Cognition (VOC) scale, when the memory is desensitized (reflected in a value of 0–10 on the Subjective Units of Disturbance [SUD] scale).

Eight-phase EMDR4 method (Table 1)

Phase 1	History Taking
Phase 2	Preparation
Phase 3	Assessment
Phase 4	Desensitization
Phase 5	Installation
Phase 6	Body Scan
Phase 7	Closure
Phase 8	Reevaluation

Finally, if there are any troubling bodily feelings, they are processed.[4] After addressing the recollections of the past, present-day issues and worries about the future are similarly handled. In our experience, we used EMDR therapy in virtual mode as the only form of treatment for an OCD youngster, adhering to a trauma-based approach.

Case Report

A 10-year-old kid from an urban nuclear family who is in fifth grade and has no prior history of a psychiatric disease, reported having recurrent intrusive thoughts and seeing his parents being stabbed to death. He had seen his parents fighting, which had sparked it. At first, the thoughts and pictures were infrequent, only occurring when he saw a knife, and he had little trouble diverting himself.

However, over the course of 3–4 months, they increased in frequency, occurring multiple times each day even without a prompt. His daily functioning would be affected by the worry these thoughts would induce. The youngster would repeatedly pray to banish them because he knew they were his own unreasonable notions. Nothing in the past suggested a history of depression, psychosis, or any other organic problem. No one in the family has a history of a psychiatric condition.

The decision was made not to give the youngster any medication after talking with his mother. Due to the COVID-19 lockdown, he was unable to visit the hospital, thus online EMDR sessions were organised. The BLS was designed using the butterfly hug. His parents are arguing and threatening to murder each other was chosen as the upsetting image to be processed during the EMDR sessions. In contrast to his positive belief, which was "I am a decent boy," his negative belief was "I am a bad boy." He claimed that when he thought of the unsettling image and unfavourable belief, he experienced panic and heaviness in his chest. The SUD score was 9 at the start of the first EMDR session, while the VOC score was 2. He decided to draw his experience after each set of BLS because he was unable to describe it in words. The SUD score decreased to 0 as the sessions went on, the VOC score increased to 7 for "I am a good boy," and he reported feeling at ease with no unsettling physical

sensations. The boy's present triggers—his parents fighting and seeing and using a knife—were addressed in the following phase of therapy before moving on to his future template, in which he envisioned himself successfully overcoming any potential problems. He underwent a total of six EMDR treatments.

The Children's Yale-Brown Obsessive Compulsive Scale was used to evaluate his symptoms (CY-BOCS). [5] The patient's CYBOCS score at the start of treatment was 24, which is considered severe. The final session resulted in a score of 2. With a CY-BOCS score of 1, the treatment effect sustained at the one-month and six-month follow-ups (subclinical).

2. DISCUSSION

This instance demonstrates how in certain people, painful experiences in the past may be directly related to the development of OCD. Although there isn't much data on EMDR therapy's use for OCD, it is well known to be an effective treatment for post-traumatic stress disorder. Our case study adds to the body of knowledge about EMDR's effectiveness in treating childhood OCD.

Notably, the boy received treatment without the use of any psychiatric drugs, which supports the efficacy of EMDR in this demographic. To the best of our knowledge, this is the first instance when EMDR sessions have been conducted online, underscoring the significance of digitalizing psychological services, which is now very necessary.

3. REFERENCES

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