

Eye Movement Desensitization and Reprocessing (EMDR) for child trauma

Children's Mental Health: Trauma

Benefit-cost estimates updated December 2016. Literature review updated April 2012.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Program Description: During this individual-based treatment, clients focus on a traumatic memory for 30 seconds at a time while the therapist provides a stimulus. For most clients, the therapist moves his hand slowly back and forth in front of the client (eye movement); for younger children, the therapist may, instead, tap the child's hand. The client reports on what thoughts come to mind and clients are guided to refocus on that thought in the next stimulus session. During therapy visits, clients report on the level of distress they feel. In later phases, a positive thought is emphasized during the stimulus sessions. Afterward, clients are asked to focus on residual physical tensions they may feel in order to enhance relaxation. The intervention is brief, typically one to two months of weekly or biweekly sessions. A more complete description of this therapy is available at: <http://www.emdrnetwork.org/description.html>.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	\$2,776	Benefit to cost ratio	n/a
Participants	\$5,058	Benefits minus costs	\$8,979
Others	\$631	Chance the program will produce	
Indirect	\$351	benefits greater than the costs	81 %
Total benefits	\$8,816		
Net program cost	\$163		
Benefits minus cost	\$8,979		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2015). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

Detailed Monetary Benefit Estimates Per Participant

Benefits from changes to: ¹	Benefits to:				
	Participants	Taxpayers	Others ²	Indirect ³	Total
Crime	\$0	\$17	\$41	\$9	\$67
K-12 grade repetition	\$0	\$6	\$0	\$3	\$8
K-12 special education	\$0	\$51	\$0	\$25	\$76
Labor market earnings associated with anxiety disorder	\$4,922	\$2,235	\$0	\$0	\$7,158
Health care associated with PTSD	\$157	\$482	\$596	\$240	\$1,475
Costs of higher education	(\$22)	(\$14)	(\$7)	(\$7)	(\$50)
Adjustment for deadweight cost of program	\$0	\$0	\$0	\$81	\$82
Totals	\$5,058	\$2,776	\$631	\$351	\$8,816

¹In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

²"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

³"Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

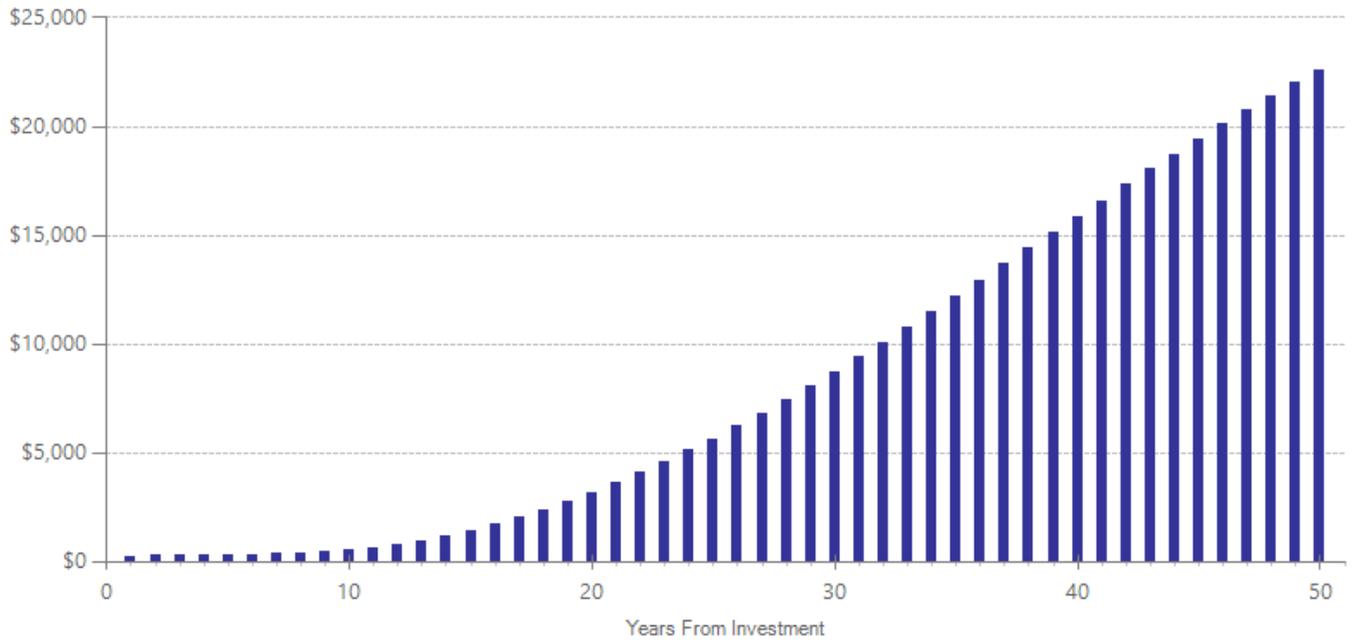
Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$886	2009	Present value of net program costs (in 2015 dollars)	\$163
Comparison costs	\$1,035	2009		Cost range (+ or -)

This intervention typically takes place over one to two months. We estimated the per-participant cost by computing the average hours of therapy reported in the studies multiplied by the average Regional Support Network costs (for 2009) for individual therapy for child PTSD.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our [Technical Documentation](#).

Detailed Annual Cost Estimates Per Participant



The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in non-discounted dollars to simplify the “break-even” point from a budgeting perspective. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
			First time ES is estimated			Second time ES is estimated			ES	p-value
			ES	SE	Age	ES	SE	Age		
Major depressive disorder	2	29	-0.228	0.269	11	0.000	0.029	12	-0.192	0.476
Anxiety disorder	2	29	-0.226	0.269	11	-0.104	0.129	12	-0.184	0.521
Externalizing behavior symptoms	1	14	-0.512	0.378	11	-0.244	0.221	14	-0.512	0.175
Post-traumatic stress	4	60	-0.356	0.277	11	-0.356	0.277	12	-0.510	0.134

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

- Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: results of a randomized controlled trial. *Nordic Journal of Psychiatry, 6*(5), 349-54.
- Chemtob, C.M., Nakashima, J., & Carlson, J.G. (2002). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: A field study. *Journal of Clinical Psychology, 58*(1), 99-112.
- 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*(1), 5-25.
- Soberman, G.B., Greenwald, R., & Rule, D.M. (2002). A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *Journal of Aggression, Maltreatment, and Trauma 6*(1), 217-236.

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