

**Research Protocol Review**

**Main title: EMDR as video-conference psychotherapy**

* **Stage 1:** Pilot Cohort exploring the use of EMDR therapy as a Video-Conference Psychotherapy during Covid-19 – A proof of concept study utilising a Virtual Blind 2 Therapist (VB2T) Protocol using N=24 research participants
* **Stage 2:** Participants experience of EMDR therapy (VB2T) delivered as a video-conference psychotherapy – A Qualitative Study using thematic analysis involving the same N=24 research participants from stage 1
* **Stage 3:** Meta-analysis comparing ‘in-person’ EMDR therapy VB2T (Iraq) with videoconference EMDR VB2T (UK). This paper will explore the differences and similarities between the data set from the stage 1 study and compare it with the original data set from the Iraq (Farrell et al, 2020) research study.
* **Stage 4:** A multi-site RCT study utilising a treatment versus delayed treatment design using EMDR therapy VB2T as an intervention with an ICD 11 PTSD (6B40) clinical population study

**Ethical Approval** granted by University of Worcester (UK)

**Clinical Trail Registration ID:** ISRCTN12099530

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**Primary Partner:** Associate Professor Matt Kiernan, Northumbria University, Mental Health & Veterans Studies, Northern Hub for Veteran and Military Families’ Research. Email: matt.kiernan@northumbria.ac.uk

**Rationale for the Research Project:**

The purpose of the study is to investigate the potential effectiveness of using EMDR therapy as a video-conference psychotherapy. This is particularly important during the current COVID-19 pandemic when many EMDR Therapists have moved to online working. The intention of the research is to ascertain that engaging in EMDR therapy as a VCP is (1) fit for purpose, (2) distinct, (3) clinically relevant and safe, (4) efficient as an intervention. Stage 1 is a pilot study to determine proof of concept, before moving towards stage 4 a multi-site RCT study with a PTSD clinical population. Central to the study is testing an EMDR therapy scripted protocol – Blind 2 therapist (B2T), which involves non-disclosure of a trauma memory experience. The clinical benefits of this are particularly helpful well clients experience either shame-based, or ‘fear of disclosure’ traumatic experiences. Historically, this EMDR B2T protocol has been tested in Iraq with Yezidi survivors – the data has been subsequently published in the academic literature.

* Farrell D, Kiernan MD, de Jongh A, Miller PW, Bumke P, Ahmad S, Knibbs L, Mattheß C, Keenan P, Mattheß H. Treating implicit trauma: a quasi-experimental study comparing the EMDR Therapy Standard Protocol with a ‘Blind 2 Therapist’ version within a trauma capacity building project in Northern Iraq. Journal of International Humanitarian Action. 2020 Dec;5(1):1-3.

Measures used within the research – tested at pre, post, 1-mth and 6-mth FU, include: Adverse Childhood Experiences Questionnaire (ACE’s), Benevolent Childhood Experiences Scale (BCE’s), Subjective Unit of Disturbance (SUD), Validity of Cognition Scale (VOC), Memory Vividness (MV), Memory Emotionality (ME), Memory Intensity (MI), and time (minutes).

**Study design:** This stage 1 pilot study used a pre-test/post-test design taking measures before and after a one-session treatment using the EMDR VB2T protocol, including 1-month and 6-month follow-up to determine the impact of the treatment intervention on the pilot cohort. The rationale for an experimental design as a stage 1 research project was to determine proof of concept before proceeding to stage 2 involving a quasi-experimental design utilising a distinct control group. The longer-term strategy is for phases 1 and 2 to support a more significant funding application utilising a randomised control design incorporating a delayed treatment paradigm.

**Statistical analysis:** Statistical analysis utilised the Statistical Package for Social Sciences (SPSS version 26.0; Chicago, IL, USA) to include means and standard deviations calculated for SUD, VOC, MV, ME, and MI before treatment, post-treatment, and at 1- and 6-months follow-up (Table 3). Data sets included skewness and kurtosis, calculated to estimate the normality of the outcome measures, frequencies of total and individual scores for ACEs and BCEs. This detailed examination and alpha testing, which included generalised estimating equations (GEE) to compare before/after the intervention, and follow-up changes in SUD, VOC, MV, ME, and MI. Added were ACEs and BCEs as the covariates in the modelling exercise. The GEE model accounts for time variations and correlations among repeated measurements and does not require the dependent variable to be normally distributed (106,107). Gamma with log link was selected as the outcome variables were skewed. The presence of negative values for SUD, MV, ME, and MI measures was handled by adding a constant value to the data before the analysis. As for descriptive statistics, we used mean ± standard deviation (±SD) for numerical variables and percentage (%) for categoric variables. *p*-Values of <.05 were considered significant. An overall effect size using Hedges g was calculated. Statistical analysis for the research was carried out by University of Worcester and University of Northumbria.

**Project duration:** Stage 1 – June 2020 to April 2021; Stages 2 & 3 – complete December 2022

**Project Management, data management, and quality assurance:** University of Worcester

**Budget:** currently unfunded

**Technological partners:** Neta Gazit, remotEMDR

For further information please contact: **Dr Derek Farrell MBE** – d.farrell@worc.ac.uk

**Brief CV of Principal Investigator**

* Principal Lecturer in Psychology – University of Worcester
* Chartered Psychologist, Chartered Scientist, and Associate Fellow with the British Psychological Society
* EMDR Europe Accredited Trainer & Consultant
* Accredited Cognitive Behavioural Therapist with BABCP
* President of Trauma Aid Europe & Trauma Response Network Ireland
* Scientific Advisor to the Board of Trauma Aid Germany
* Director of Research & Development at Mirabilis Health Institute, Northern Ireland
* Chair Training & Accreditation Committee – EMDRIA Council of Scholars & EMDR Europe Practice Committee
* Independent Practitioner in Clinical Practice: **Trauma Psychologist & Psychotherapist**
* Awards: Member of the (Most Excellent Order of the) British Empire (2020) for services to Trauma & Psychology