ISRCTN12099530 https://doi.org/10.1186/ISRCTN12099530

Eye movement desensitization and reprocessing therapy as video-conference psychotherapy

Submission date
30/06/2021

Recruitment status
No longer recruiting

Registration date
13/07/2021

Overall study status
Completed

Last Edited
26/07/2022

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
As a consequence of the COVID-19 pandemic many psychological treatments have moved to online delivery. This is what is referred to as video-conference psychotherapy (VCP), using platforms such as Zoom, Google Meet, FaceTime and Skype. The aim of this study is to explore how a specific trauma treatment (eye movement desensitization and reprocessing [EMDR]) could be delivered in this way. The researchers want to test whether delivering EMDR as a VCP is relevant, safe, effective, and efficient as a psychological treatment intervention. They also want to explore whether treatment delivered this way would be useful for a trauma memory that the research participant would be invited to not disclose. The reason for this is to test whether working in this particular way could be helpful for shame-based memories. This first study is a pilot to test out what actually occurs during a one-session treatment intervention known as EMDR Blind 2 Therapist.

Who can participate?
As this is a pilot study the researchers want to test it on frontline mental health workers. Testing it on experienced mental health workers would then provide a stronger understanding of what happens when using EMDR therapy as a VCP, before testing it with a distinct clinical population.

What does the study involve?
Participants are asked to work on a trauma memory of an adverse life event that causes them upset in the present. They are reminded that they are under no obligation to reveal anything about the memory itself. The one-session treatment involves trauma processing of this difficult memory. The study tests how the memory itself changes in regards to disturbance, believability, intensity, vividness, and emotionality. This helps to better understanding in more detail what changes are occurring, or not, during the treatment session.

What are the potential benefits or risks in participating?
As this part of the study is testing the treatment on experienced mental health workers the risks

are extremely low. Working with a difficult memory can sometimes be upsetting, but the participants recruited to the study have the opportunity of working with international experts in this approach, and are offered additional help and support after the session if required.

Where is the study run from?
The University of Worcester (UK)

When is the study starting and when is it expected to finish?
July 2020 to April 2021

Who is funding the study?
Colloquy Psychological Trauma Interventions (UK)

Who is the mina contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
CBPS19200031-R2

Study information

Scientific Title
A Stage 1 pilot cohort exploring the use of eye movement desensitization and reprocessing therapy as video-conference psychotherapy during COVID-19 for frontline mental health workers – a proof of concept study utilising a virtual blind 2 therapist protocol

Acronym
VB2T

Study objectives
This stage 1 pilot study used a pre-test/post-test design taking measures before and after a one-session treatment using the Eye Movement Desensitization and Reprocessing (EMDR) virtual blind 2 therapist (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.

Hypothesis 1: EMDR's fitness for purpose as a video-conference psychotherapy (VCP) - safety
Hypothesis 2: EMDR's distinctiveness as a VCP - treating trauma memories
Hypothesis 3: EMDR as a VCP is relevant as a clinical intervention in treating trauma
Hypothesis 4: EMDR as a VCP is efficient in comparison with 'in-person' treatment

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 07/07/2020, College of Health, Life and Environmental Sciences Research Ethics Panel (Research Office, St John’s Campus, University of Worcester, UK; +44 (0)1905 54 2767; ethics@worc.ac.uk); ref: CBPS19200031-R2

Study design
Interventional non-randomized study

Primary study design
Interventional

Secondary study design
Non randomised study

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet
See additional files

Health condition(s) or problem(s) studied
A memory of an adverse life event that causes a disturbing memory trace measured by Subjective Unit of Distress (SUD)

Interventions
One session treatment intervention using an EMDR therapy Blind 2 therapist treatment intervention delivered as video-conference psychotherapy (VCP)

EMDR is an evidence-based treatment for PTSD and complex PTSD. The treatment involves activating a memory of an adverse life event that causes a level of distress in the here and now. EMDR involves the use of bi-focal stimulation, which puts a loading on working memory in the brain, which then helps to help process the memory so that the memory is remembered, rather than re-experienced. This trial is firstly testing the use of this intervention remotely as video-conference psychotherapy, and secondly, by working on a memory of an adverse life event that the research participant does not disclose. Follow-up is provided at both 1 month and 6 months.

Intervention Type
Other

Primary outcome measure
Measured at pre and post-treatment sessions, and at 1- and 6-month follow-up:
1. Distress or disturbance measured using the Subjective Unit of Disturbance (SUD) scale
2. Cognitive structure assessed using the Validity of Cognition Scale (VOC)
3. Vividness of the target memory measured using the Memory Vividness (MV) and Emotionality (ME) scale
4. Intensity of the target memory measured using the Memory Intensity (MI) scale
5. Adversity during childhood measured using the Adverse Childhood Experiences Scale (ACE)
6. Positive early life experiences measured using the Benevolent Childhood Experiences (BCEs)
7. Time (minutes) using the metric period recommended by EMDRIA sessions (60–90 minutes) from the commencement of Phase 3 – Assessment, to the completion of Phase 7 – Closure (including debrief)
8. Cost per session measured using economic modeling from the University of Worcester

Secondary outcome measures
Qualitative data collected via semi-structured interviews at 1-month follow up:
1. Research participant's experience of the trauma memory currently
2. Experience of EMDR as a video-conference psychotherapy
3. Experience of the remotEMDR software
4. Evaluation on the part of the therapist in the treatment session
5. Subjective views on any potential risk factors and benefits of the intervention
6. Integration into clinical practice

Overall study start date
07/07/2020

Completion date
30/04/2021

Eligibility

Key inclusion criteria
Current inclusion criteria as of 22/03/2022:
1. Frontline mental health workers
2. Currently clinically active and practising
3. Encountered an adverse life event that generated a presently held, subjective level of disturbance
4. Willingness to be a client for a one-session intervention using the EMDR therapy B2T protocol as a VCP, using the remotEMDR platform

Previous inclusion criteria:
1. EMDR Europe Accredited Consultant working within the UK
2. Currently clinically active and practising EMDR therapy
3. Encountered an adverse life event that generated a presently held, subjective level of disturbance
4. Willingness to be a client for a one-session intervention using the EMDR therapy B2T protocol as a VCP, using the remotEMDR platform

Participant type(s)
Health professional

Age group
Adult

Sex
Both

Target number of participants
17

Total final enrolment
24

Key exclusion criteria
Current exclusion criteria as of 22/03/2022:
1. Not in active clinical service as a frontline worker
2. Currently in receipt of psychiatric or psychological services
3. Suicidal ideation

Previous exclusion criteria:
1. EMDR Europe Accredited Consultant not in active service
2. Currently in receipt of psychiatric or psychological services
3. Suicidal ideation

Date of first enrolment
08/07/2020

Date of final enrolment
16/08/2020

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
University of Worcester
Henwick Grove
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United Kingdom
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Sponsor information

Organisation
University of Worcester

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Sponsor type
University/education

Website
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ROR
https://ror.org/00v6s9648

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Colloquy Psychological Trauma Interventions

Results and Publications

Publication and dissemination plan
Paper 1: Pilot project data (quantitative data set only)
Paper 2: Meta-analysis of the data set comparing with previous EMDR blind 2 therapist published study
Paper 3: Qualitative data set from the study
Conference submission to EMDRIA International Conference 2022 & EMDR Europe Conference 2022 (updated 22/03/2022: EMDR Europe Conference 2023)

Intention to publish date
01/09/2022

Individual participant data (IPD) sharing plan
All the raw data for the study has been placed in the Open Source Repository at https://osf.io/ty7xe/

IPD sharing plan summary
Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet			03/08/2021	No	Yes
Results article		06/07/2022	26/07/2022	Yes	No