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Online group self-care seminar using thought field therapy for support workers affected by the 2026 Kumamoto earthquake

Submission date
06/10/2026

Recruitment status
Recruiting

Registration date
07/10/2026

Overall study status
Ongoing

Last Edited
05/11/2026

Condition category
Other

[X] Prospectively registered
[_] Protocol
[X] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
A large earthquake struck Kumamoto Prefecture, Japan, on 28 July 2026. After a disaster of this kind, support workers such as doctors, public health nurses, nurses, psychologists, care and welfare workers, local government staff, teachers and volunteers carry much of the work of helping the community recover. Many of them are affected by the disaster themselves while continuing to work long hours, and they are at risk of acute stress, burnout and secondary traumatic stress. If support workers cannot keep going, the whole support system for the affected community suffers.
This study looks at whether a short online self-care seminar can be delivered to these support workers in the months after a disaster. The seminar teaches a self-care technique called Thought Field Therapy (TFT), which uses tapping on points on the body and can be learned in a short time and used by the person whenever they need it. The study asks whether support workers can take part, whether it can be run safely, and whether they find it acceptable and useful. It is not designed to prove that TFT works.

Who can participate?
Adults aged 18 or over who work in human services or disaster response and whose work or daily life was affected by the 2026 Kumamoto earthquake. The main target is people working in the seven prefectures of the Kyushu region, but people who travelled from elsewhere to help, and people working elsewhere on support related to this earthquake, can also take part. Participants need to be able to take part in Japanese and to have the connection and equipment for an online seminar.

What does the study involve?
Participants apply through an online form and answer questions about themselves, their experience of the earthquake, their work, and how they have been feeling. They then wait about three to five weeks, during which nothing happens; this waiting period is used as a comparison for natural change. The day before the seminar they answer a short questionnaire. The seminar itself lasts about 60 minutes and is held online; participants choose one of five sessions held in the same week, all with the same content. During the seminar they note how distressing a

theme of their own choosing feels, before and after practising the technique. On the day of the seminar or the following day they answer a short questionnaire about how they found it and about any change in how they feel. About a month later they answer a final questionnaire. Taking part in the research is entirely voluntary, and people who do not want to take part in the research can still attend the seminar on exactly the same terms.

What are the possible benefits and risks of participating?
Participants have the opportunity to learn a self-care technique they can use themselves. There is no guarantee that taking part will improve their health, and there is no direct benefit from contributing data. Answering questions about the earthquake and about stress may bring back distressing memories, and the practice during the seminar may be temporarily upsetting. Each session has at least two qualified safety staff in addition to the trainer, participants can stop at any time, and individual support is available in a private breakout room. A list of places to seek help is provided with the seminar materials, and if answers suggest that someone needs urgent support, a qualified member of the team will contact them and point them to appropriate services.

Where is the study run from?
TFT Center Japan (Japan)

When is the study starting and how long is it expected to run for?
November 2026 to January 2027

Who is funding the study?
1. TFT Center Japan
2. Japanese Association for Thought Field Therapy (Japan)
3. Association for Comprehensive Energy Psychology (USA)

Who is the main contact?
Dr Ayame Morikawa, tftjp.4199@gmail.com

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Study information

Scientific Title
Feasibility, safety and acceptability of an online group thought field therapy (TFT) self-care seminar for disaster-affected support workers: a single-arm pre-post feasibility study using the pre-seminar waiting period as a within-person control

Study objectives
This study examines whether an online group self-care seminar based on Thought Field Therapy (TFT) can be delivered feasibly, safely and acceptably to support workers in the months following a major earthquake. It is not designed to demonstrate the efficacy of TFT.

The primary objectives are (1) feasibility, assessed through recruitment, retention, safety, operational feasibility and intervention fidelity, and (2) acceptability and perceived usefulness in the field. Secondary objectives are exploratory and descriptive: change in professional quality of life and psychological distress, and change in subjective distress for a theme the participant chooses.

A randomised control group was judged ethically difficult in a population of disaster support workers, because it would require withholding support. Instead, the interval between application and the seminar, which varies between participants from about three to five weeks because people apply at different times, is used as a within-person control period. Change during this waiting period (T0 to T1) is compared with change after the intervention (T1 to T4), and the between-participant variation in waiting-period length is used to estimate the slope of natural change. Because there is no randomised control group, all analyses of change in state are exploratory; no hypothesis testing is performed to demonstrate efficacy, and change is described with point estimates and 95% confidence intervals.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 03/10/2026, Ethics Review Committee for Psychological Research and Experiments, IdeaLab Inc. (Close Point 2F, 3-29-1 Ebisu, Shibuya-ku, Tokyo, 150-0013, Japan; +81 3 6277 1213; rinri-jimu@idealab.co.jp), ref: IE 260731058

Primary study design
Interventional

Allocation
N/A: single arm study

Masking
Open (masking not used)

Control
Uncontrolled

Assignment
Single

Purpose
Health services research

Study type(s)

Health condition(s) or problem(s) studied
Occupational and traumatic stress in support workers (medical, public health, nursing, psychological, care and welfare, local government, education, childcare, fire and police, and volunteer personnel) affected by the 2026 Kumamoto earthquake, including psychological distress, burnout and secondary traumatic stress.

Interventions
A single online group self-care seminar lasting about 60 minutes, delivered over Zoom by one trainer (the principal investigator) following a standardised script. Five sessions with identical content are held within the same week (one weekday evening, two weekend mornings and two weekend evenings) so that support workers on different work patterns can attend and so that group size remains manageable. Each participant attends one session, and may transfer to another session if work prevents attendance.

The seminar comprises brief psychoeducation on stress reactions among disaster support workers, instruction in a TFT self-care tapping sequence, a guided practice in which each participant works on a theme of their own choosing, and closing guidance on using the technique during daily work. Participants record their subjective distress for that theme immediately before and immediately after the practice on their own individual form; distress is not reported aloud in the group. Sessions are not recorded, and turning the camera on is optional. At least two qualified safety staff are present in each session in addition to the trainer; participants may interrupt or leave the practice at any time, and individual support is available in a breakout room.

No intervention is delivered between application (T0) and the day before the seminar (T1). This interval is the within-person control period. Follow-up is about one month after the seminar.

Added 05/11/2026:
Primary outcomes are feasibility, acceptability, safety and practical utility, summarised using counts, proportions, descriptive statistics and 95% confidence intervals. K10 at T0, T1 and T4 will be analysed exploratorily using a segmented linear mixed-effects model based on actual elapsed days; the prespecified contrast is the difference between the T1–T4 and T0–T1 slopes. ProQOL subscales will be reported separately for T0–T4 change, and SUD will be described for T2–T3 and T4. Non-numeric recall responses will not be converted to SUD scores. No confirmatory test of TFT efficacy is planned. SAP v1.0 was finalised on 04/11/2026, after recruitment began but before the first seminar and before individual outcome data were reviewed.

Intervention Type
Behavioural

Primary outcome(s)

1. Recruitment feasibility measured using the number of applications received, and the proportion of applicants who attend a session at the start of recruitment to each of the five sessions

2. Retention measured using the attendance rate among applicants (including attendance after transfer to another session), number of transfer requests and attendance after transfer, response rate at each measurement point, and follow-up completion rate at T0 (application), T1 (day before or day of the seminar), T2 and T3 (within the session), immediately after the seminar (day of the seminar to the following day), and T4 (about 1 month after)

3. Safety measured using the incidence, content, severity, duration and outcome of adverse events, actively elicited by questionnaire with fixed-choice and free-text items at the day of the seminar to the following day, and T4 (about 1 month after)

4. Operational feasibility measured using the proportion of responses submitted through the individual personalised link, participant-ID completion rate where a reserve session link was used, agreement rate between participant ID and the session actually attended, proportion of participants who turned their camera on, and proportion of participants able to recall the theme they worked on at the day of the seminar, and T4 (about 1 month after)

5. Intervention fidelity measured using the proportion of fidelity-checklist items delivered, with the content of and reason for any deviation described at each of the five sessions

6. Acceptability of the seminar measured using satisfaction, ease of understanding, perceived acquisition of the technique, intention to recommend it to others, perceived burden, and expectation of continuing, measured with items developed for this study at the day of the seminar to the following day

7. Self-care practice and perceived usefulness in the field measured using the frequency of self-care practice, change in perceived need, reasons for not practising, where the technique was practised, and participants' rating of how useful it was and whether it helped them continue in their work at T4 (about 1 month after the seminar)

Key secondary outcome(s)

1. Professional quality of life measured using the Professional Quality of Life scale (ProQOL): compassion satisfaction, burnout, and secondary traumatic stress subscales at T0 (application) and T4 (about 1 month after the seminar)

2. Psychological distress measured using the Kessler Psychological Distress Scale (K10) at T0 (application), T1 (day before or day of the seminar, before the TFT experience begins), and T4

3. Change during the no-intervention waiting period compared with change after the intervention measured using a within-person comparison of change from T0 to T1 with change from T1 to T4, using the K10 and ProQOL scores, together with estimation of the slope of natural change from the between-participant variation in waiting-period length at T0, T1 and T4

4. Subjective distress for the theme worked on measured using Subjective Units of Distress (SUD) scale, 0 to 10, for the theme the participant chose at immediately before the practice (T2), immediately after the practice (T3), and T4

5. Participants' experience of taking part measured using a qualitative description of free-text responses covering the experience of taking part, what was useful, difficulties encountered, and

facilitators of and barriers to continuing, integrated with the quantitative data in a convergent mixed-methods design at T4

Completion date
31/01/2027

Eligibility

Key inclusion criteria
1. Engaged in human-services or disaster-response work or activity and affected by the 2026 Kumamoto earthquake of 28 July 2026. Those working in the seven prefectures of the Kyushu region (Fukuoka, Saga, Nagasaki, Kumamoto, Oita, Miyazaki and Kagoshima; Okinawa is not included) are the main target population, but people who came from outside Kyushu to assist, and people working outside Kyushu on support related to this earthquake, are also included.
2. Aged 18 years or over at the time of consent
3. Able to take part and to respond in Japanese
4. Has the internet connection and equipment needed to join an online seminar
5. Has received the study information and has given written consent (including by electronic means)

“Affected” means that the earthquake caused some change in, or burden on, the person’s work or daily life. This covers effects on work (engagement in disaster response or support work, an increase in the volume of response work, occupational exposure, covering colleagues’ duties, changes in working hours or place of work, restrictions on the working environment) and effects on daily life (damage to the person or their family, experience of strong shaking or anxiety about aftershocks, effects on housing or utilities, constraints on work arising from family circumstances, and the impact of events in the local community). Eligibility is determined by self-report. Neither the nature or degree of the effect, nor whether the person was personally affected, nor the type of employer, nor whether the person was assigned to earthquake-related duties, is an eligibility requirement; these are collected as descriptive variables. Scale scores are not used to determine eligibility. Occupation is not restricted, and employment status, paid or unpaid, is not restricted.

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
18 Years

Upper age limit
120 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Does not give consent to take part in the study. Consent to the study is not a condition of attending the seminar: people who do not consent may attend the seminar on exactly the same terms, and their data are not used for research.

Date of first enrolment
04/11/2026

Date of final enrolment
12/12/2026

Locations

Countries of recruitment
Japan

Study participating centre
TFT Center Japan
Manoa Tamagawa No.3 Building, Room 501, 3-20-2 Tamagawa
Setagaya-ku, Tokyo
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158-0094

Sponsor information

Organisation
TFT Center Japan

Funder(s)

Funder type

Funder Name
TFT Center Japan

Funder Name
Japanese Association for Thought Field Therapy

Funder Name
Association for Comprehensive Energy Psychology

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Statistical Analysis Plan	version 1.0		05/11/2026	No	No