Online EMDR Therapy - EMDRAA Guidance During Covid-19

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Introduction[i]

The EMDR Association of Australia is the lead organisation for promoting the safe and effective use of EMDR therapy in Australia and elsewhere, where members reside.

We recognise that in response to Covid-19 most psychological therapy, whether Government funded or independently provided, needs for the foreseeable future to be done remotely, on either video call platform or telephone. This includes the provision of EMDR therapy.

Background

With Medicare and private health insurance companies in Australia referring to 'Telehealth', the EMDR Association of Australia feels it appropriate to endorse guidance in this area from relevant peak professional organisations: the American Psychological Association, Australian Psychological Society (APS), and the Allied Health Aotearoa New Zealand Best Practice Guide for Telehealth.

Telehealth is the practice of healthcare, education and consultation through telecommunications technology. This may include telephone, text, app-based systems and video conferencing. Telehealth is also referred to as telepractice, telemedicine and telerehabilitation. This practice is well recognised internationally and nationally. While there are many benefits to the use of telehealth, care must be taken to ensure client/patient safety[ii].

This guidance on Online EMDR therapy is based on the experience of colleagues in Australia and globally who have been using EMDR therapy online for many years already, and very effectively so. There has been little published research yet on the effectiveness of Internet-delivered EMDR, but one study for the treatment of PTSD in 2013 did show promising results (Spence et al, 2013). Importantly, EMDR therapy IS EMDR, whether delivered online or in person, and all of us know how powerful and transformational this approach can be for clients. With some courage and a willingness to learn, Online EMDR can work very well, and especially at this time of great uncertainty in all our lives, be a rewarding experience for both therapist and client.

But please only attempt Online EMDR with clients once you have completed a minimum of Level 1 Basic Training and preferably with supervision support from an EMDR Consultant.

As EMDRAA, we would like to draw your attention a host of resources we hope you will find helpful in addressing the issues around the provision of online therapy. Many more resources are listed on the EMDRAA website.

They include the recording EMDRAA's free webinar on doing Online EMDR therapy with Mark Brayne and EMDRAA Trainer Sarah Schubert's useful 30 minute YouTube video with tips for working online.

Each resource together with the guidance below will be helpful in enabling all of us to come to a decision about how we wish to proceed in our clinical work. But ultimately, as individual EMDR therapists, we must exercise our clinical judgement in these matters, alongside considering the individual needs, preferences and values of patients or those using our services. Of course, if in doubt, we should consult with colleagues or seek clinical supervision.

Online EMDR Guidance

This guidance is specifically for EMDR therapy and is not meant to cover all wider issues that can arise when doing online therapy. These can be read about elsewhere.

Platforms

EMDRAA does not recommend any particular platform. Skype, Facetime and WhatsApp have also been used effectively for video calls. However, a number of experienced on-line therapists have recommended Zoom, due to its reliability and relative ease of use for clients and therapists (www.zoom.us). It appears recent security concerns have been addressed, however, there is no totally secure online platform and therapists must make a judgement call or follow employer's guidance. It is the responsibility of the individual practitioner to ensure any platform meets security requirements, including requirements of other licensing bodies.

Technical Setup

1. It is essential that therapist and client both have a good internet connection. You need to have a mobile phone on hand to call the client should the connection go down. Things can and do go wrong with any platform. If an internet connection cannot be re-established, processing can even continue on the phone, with the client continuing with butterfly hugs, or the session can be brought to a close with affect regulation strategies such as the Calm/Safe Place.

2. It is helpful to ask clients to position their laptops/computers/smartphones high enough to allow eye contact at more or less normal levels.

3. Sit far enough back from the screen, so that the client can see most of your upper body, and not just a close-up of your face.

4. Make sure that neither of you has a light source behind you, as this darkens the face.

5. Clients should be asked to ensure that doors are closed, that they have tissues and water at hand, and that they will not be disturbed for the hour/90 minutes. Online work, although virtual, is still in effect face-to-face, and can be just as powerful as therapy done in-person.

6. Make sure the client sees a background behind you that does not disturb the work, is neutral and contains nothing inappropriately personal. Some platforms, especially Zoom, allow you to choose a virtual background. Some clients like an outdoor scene, though most prefer something closer to what they might see behind you if meeting in person indoors, for example a bookcase. (Appropriate images can be found online and uploaded to the platform).

7. Some platforms allow you to share your own screen easily, for example to show a document (e.g. ITQ or PCL5) or play a video or sound (check the platform's advanced Settings to make sure this is enabled.).

8. Make sure to check microphone input and headphone output through the Mic icon, and that the platform has access to both mic and camera. You might also need to coach your client through this process. Headphones, when worn by both client and therapist, can increase a sense of intimacy as well as assist privacy.

9. Most platforms have the option to record a session. Establish with your client at the outset of online therapy that this will be done only by explicit agreement either by yourself or by them. A few clients do like to have sessions recorded, with the file uploaded to the Cloud, Dropbox, Google Drive or OneDrive, for example, from where a download link can be shared. For most they prefer to 'leave' the content in the session until next week and to just be reassured with the usual EMDR post-processing debrief. With the client's consent, this may be an ideal opportunity to record the session for accreditation or clinical supervision purposes but remember to save these securely so that you are meeting appropriate data protection requirements.

Bilateral Stimulation (BLS) and Eye-movements (EMs)

As always, use the preparation phase to work out which EMs and BLS work best for your client.

Online options for BLS

1. It is difficult, although not impossible, to do traditional eye-movements online with your hand and arm. Images can blur with buffering, and eye movements do not work well for the client on a small screen.

2. Tapping on the outer arm or the shoulder is simple and effective. The Butterfly hug developed by Artigas and Jarero can also be used and is often experienced positively by clients. The therapist models the tapping and the client imitates.

3. Tapping gently with fists on the left and right side of the chest, the 'gorilla beats' is also effective. The therapist models the tapping and the client imitates.

4. Tapping Together. Some therapists experienced in online work visibly tap their own knees or table, and the client imitates them (similar to the Flash technique

for those who have done this training). The two parties can together tap on a cushion, the table or knees. This way, the therapist can control the speed of the BLS.

5. As ever, it is helpful to include an explicit and agreed stop signal, such as saying 'And Pause', holding the hands up or making an agreed gesture.

6. Many experienced EMDR online therapists invite clients to download an app with BLS onto their smart phone and then, with headphones, generate their own auditory BLS locally.

7. One example of an app with BLS is the Sleep Restore app which has a BLS option and can be downloaded for free from the Apple App Store.

8. There are many commercially available apps with BLS – look for those that offer more local control of speed, length and pitch of beeps, and that clients can start and stop the BLS on a signal/invitation from the therapist

9. RemotEMDR is a free application / website that allows the client to view a dot back and forward across a screen but controlled by the therapist remotely: https://www.remotemdr.com. It does require a log on for the therapist. It also asks for client details, but these can be anonymous including 'dummy' emails where asked, therefore, no client data needs to be shared. Some clinicians have reported that it does require some practice and technical skill to get this working well.

10. There are EMDR apps and YouTube videos of BLS, both auditory and visual. These are evolving and being rolled out rapidly at the moment, but can at present require more complicated screen sharing, and a level of technical skill which clients (and therapists) do not always have. If you want to try this, experiment first with a colleague to sort out the technical issues. In addition, check out screen size, since many clients use their phones.

Therapeutic Considerations

1. Be aware that EMDR therapy online is not necessarily suitable for every client. Phase one involves an assessment as to the suitability of the client in the circumstances.

2. As with in-person therapy, psychometrics such as the DES and the IES are particularly useful for highlighting client vulnerability. Risk assess as normal and discuss any concerns in supervision.

3. Assess capacity to engage in therapy, and clients' capacity to self-soothe between sessions.

4. The assessment and preparation phases can serve as an extended assessment of whether the client is able to work in this way. The client must be able to access a calm place, and regulate arousal. These can be practiced and installed in Phase 2. Additional strategies such as container can be taught.

5. As with all EMDR therapy, if the client is unable to maintain dual awareness and regulate arousal, do not move on to processing.

6. Things can and do go wrong with any platform. If an internet connection cannot be re-established, processing can continue on the phone, with the client continuing with butterfly hugs, or the session can be brought to a close with affect regulation strategies such as the Calm/Safe Place and container exercise.

7. Essential to safe online therapy are:

   - A good-enough therapeutic relationship
   - An ability on the part of the client to self-soothe
   - Sufficient confidence that any risk of self-harm is manageable
   - That the client is functioning to a sufficient degree outside of sessions, with a significant other or social support.

The Therapeutic "Space"

Clients can be anxious about meeting online. So, for your part, be confident that this can be a good option for them and that with practice it will not be difficult.

Clients need to have access to a quiet, uninterrupted space with a good internet connection (close enough to their wireless router), and to make sure someone else is looking after any young children.

It is up to you whether you send out written guidelines in advance. A long list of instructions can give the impression that this will be complicated, and they might get it wrong. You know your client group best, so adjust what you send out to them.

1. Use the first session to sort out technical issues and create the space. Online therapy is not the same as someone coming to your clinical room, but half-way perhaps to a home visit.

2. Check out what device they are using. One of the advantages of Zoom or Skype is that clients can use it on smartphones, tablets and computers. The device they are using needs to be hands-free in some way, or they need to prop it up against a cushion or book. Check with them that their battery (and yours too) will not run out half-way through.

3. Assess the environment that someone is in and together work out a way to do therapy. The first session is often about engagement and sorting the technology.

4. Check who else is in the room. People interpret 'a quiet uninterrupted space' in all sorts of ways. You might be in the corner of someone's front room. This can be to your advantage. You get to see their life. However, you need to problem-solve with them how they might find a private space where they will not be overheard, and this might require some creativity right now when everyone is at home.

5. Make a buffer zone between therapy and home life. When clients come to see us, they have to travel, creating a space between their life and the session. When they meet us online, there is no such space.

6. The unexpected will happen (e.g., children bursting in, grocery deliveries during the session – both theirs and yours – and phones going off). Make sure beforehand that landlines are on silent at both ends, but if there are interruptions, acknowledge and normalise them, allow the client (and yourself) to take delivery, and then on reconnecting with the client calmly check in again and if appropriate, return to the target memory.

7. Online sessions need to be well structured, and it is particularly important online that that each session ends well, in a planned way. Allow enough time to close down the session, if appropriate do a calm place, container, re-orient to present day, etc.

8. Make sure clients are well grounded at the end of the session.

9. You can encourage your client to take ten minutes after the end of a session before opening the door, particularly if they are caring for children. They can use that time to write down reflections, do a breathing exercise, or perhaps listen to a visualisation.

10. Online work is very intense. You may find that clients can only tolerate shorter sessions.

11. Cultural considerations are of particular importance for countries such as Australia and New Zealand, including acknowledging the First Peoples. Therapists should demonstrate cultural competence in all their work, and should adhere to the principle outlined earlier, that it is not appropriate to provide EMDR online with clients if they are not equipped to do so. Therapists should be mindful and respectful of cultural preferences or requirements including who should be present, the role of families, strategies to ensure privacy and safety.

12. The principle of protection for the client and their family has to be addressed by recognising their difficulties and ensuring the privacy and confidentiality of the sensitive material in a respectful manner.

Dissociation

Therapists are often concerned about dissociation and what to do when/if this happens online.

1. While working with dissociation online, all the usual precautions apply – Use the usual assessment and preparation techniques such as Healing place, Container, Light Stream, Diaphragmatic Breathing, Resources, Flash Technique, CIPOS (Jim Knipe's Constant Installation of Present Orientation & Safety), etc.

2. Encourage client to have a ball or an orange, then get them to throw the ball from hand to hand or to ground (as they cannot throw it to you!).

3. If you have a child's party bubble tube, you can blow bubbles at the screen which the client can pretend to "pop" with their hand.

4. Clients can be encouraged – you can both do this – to stand up, stretch, look around, notice and describe colours and objects and bring themselves back into the here and how, just as you would in-session.

5. You can invite particularly dissociative clients not to close their eyes. Online, we have only two channels of communication – sound and sight. So, if the sound cuts out when their eyes are closed, the communication between you can go down as well. For more straightforward clients, this is rarely a problem.

6. You can enlist a 'co-therapist'. If you are concerned someone will dissociate and that you might not be able to bring them back, you may still be able to do the work if there is a supportive person in the house with whom you can talk in advance about grounding techniques. For young people this could be a parent. You need to have their contact details and they should be in the house but not in the session.

7. If your client dissociates, you have the option then of calling or texting the other person, and invite them in with you, to talk the client through physical grounding techniques. Again, this is not necessary for more straightforward clients or for those who can bring themselves back if they dissociate.

8. We would suggest discussing the suitability of such new clients with your supervisor; clients with whom you have an established therapeutic relationship are easier to continue to work with.

Working online can remove barriers to participation

1. Even in normal, non-Coronavirus times, Online EMDR can bring therapy to those who could not otherwise access it, for example people who live far from a therapist, those who are agoraphobic, or who find meeting people in person so anxiety-provoking that they cannot get to a clinic. It is also often easier for children and young people to access therapy online.

2. It enables us to be very flexible, and sessions can be varied in length. You can offer very short sessions for children.

3. Working online can also take the pressure off having to travel to the clinic. Not being in a clinical room means that some people can be more present in the session with less pressure. When working with children they can be present whilst their parents/ caregivers talk but they don't have to be sitting next to them listening. Parents can be around whilst their children are processing, but again, without sitting right next to them.

4. If it's a choice between no EMDR and EMDR online, then EMDR online is the better option.

If you are still unsure or anxious, do try this out with an EMDR colleague before you "go live". Please discuss any concerns with your EMDR supervisor, and do not feel compelled to do EMDR with clients if you are not comfortable.

These guidance *notes will remain a work-in-progress*, and the EMDR Association of Australia will be pleased to hear from colleagues of their experience working this way, updating these notes as we go along.

We hope to learn much from this opportunity and look forward, post-crisis, to EMDR therapy becoming available to far more people across the globe.

Many thanks for continuing to work with clients and do not forget your own self-care using EMDR.

Self-care

We've added an extra reminder to walk, laugh, do mindfulness, yoga, exercise, whatever you enjoy to wind down from seeing clients. Virtual therapy can be much more tiring as it often requires more attunement with fewer visual cues from clients: body language, energy etc. I'm sure you don't need reminding to please put self-care in your schedule.

EMDR and Psychological First Aid

Although Psychological First Aid is not EMDR - specific, (see this document) we can incorporate EMDR-based suggestions in its five components. Examples of different options are:

1. *Promote Safety*: use stabilisation strategies for symptom reduction, early intervention protocol/s such as EMD, EMDr, R-TEP, container exercise.

2. *Promote calm*: special place, nightmare protocol, butterfly hug, combined strategy such as 4 elements exercise, dual resourcing, Loving eyes etc.

3. *Promote Connectedness*: maintain therapeutic relationship, acknowledge culture, identify external resources, symptom reduction.

4. *Promote Self-efficacy*: internal resourcing, container exercise, recent event protocol, etc.

5. *Promote hope*: psycho-education, symptom reduction, future template.

[i] Compiled from EMDR Association UK Guidance during Covid-19