Online EMDR therapy Association Guidance during Covid-19 outbreak

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Introduction

The EMDR Association of the UK is the lead organisation for promoting the safe and effective use of EMDR therapy in the UK. We recognise that in response to Covid-19 most psychological therapy, whether in the NHS 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

Many services have now moved over to a wholly remote-based therapy provision, so the EMDR Association feels it appropriate to offer guidance on Online EMDR therapy based on the experience of colleagues who have been using EMDR therapy online for 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.

The main thing is not to be afraid. 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.

As an Association we have already issued email guidance on this matter, and some of this we will include again here.

In the meantime, we would like to draw your attention to some resources we hope you will find helpful in addressing the issues around the provision of online therapy. The first document comes courtesy of our colleagues in BABCP. and outlines some general principles to keep in mind regardless of the type of therapy offered online.

https://www.babcp.com/Therapists/Remote-Therapy-Provision.aspx?dm_i=5J93,SB4,FF8DC,2NNK,1

The Association running a number of free webinars on Online EMDR therapy. You are free to watch these one-hour presentations by following this link.

https://emdruk-my.sharepoint.com/:f:/g/personal/m_wesson_emdrassociation_org_uk/ElfmcgX1H4lLhC-KUwDC6AoBhDdditzvt3H7uC4Z_pKBfg

Please pass the details and links on to colleagues, particularly NHS staff, who may not be members of the EMDR Association but are hoping to utilise Online EMDR in their clinical practice.

This folder also includes video demonstrations, online resources and another useful document called '**Guidelines for Using EMDR Online'** comes from one of our own members, Dr Naomi Fisher, independent clinical psychologist, EMDR Europe Consultant and Facilitator. Dr Fisher also leads on the webinars assisted by Matt Wesson, EMDR Senior Trainer and President Elect.

Fellow EMDR Europe Consultant Mark Brayne also has online guidance on his website here.

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, for example DCP Advice (written by Alesia Moulton-Perkins) on video use.

Platforms

Most therapists prefer Zoom, (www.zoom.us), as it is currently free for personal or one-to-one work and is relatively straightforward to use.

If you are unfamiliar with Zoom, you might want to watch an excellent video produced by Colin Clerkin, another of our members. Colin recorded a free video tutorial on his coaching business website about setting up Zoom for therapy work. It covers the various features of the software including how to make it more secure and will have obvious value for clinicians new to this modality.

In the press recently there have been concerns about Zoom, so we have put some security suggestions and further information about Zoom in Appendix A at the end of this document. There will be security consideration for any platform, but we are concentrating on Zoom advice because of its current popularity. Finally, there is no totally secure online platform and bearing this in mind we have to make a judgement call or follow your employer's own guidance.

https://www.yourpracticecoach.co.uk/zoom-training-video

Some NHS Trusts are using Attend Anywhere:

(https://staff.sussexpartnership.nhs.uk/services/training/attend-anywhere).

Others are using Microsoft Teams (previously Skype for Business):

https://products.office.com/en-gb/microsoft-teams/group-chat-software

Whatever you use, it's important that you make yourself familiar with it and make sure it is secure/encrypted. Most platforms allow you to activate this in Settings. We would suggest that you choose one platform and stick to that, as it can be difficult and confusing to learn different apps for different clients. However, that is your decision, and we acknowledge the importance of allowing clients an element of control over what they prefer.

Technical Setup:

- It is essential that therapist and client both have a good internet connection. You need to have a mobile 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.

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

- 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.

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

- 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.

- 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).

- 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 that this is enabled.).

- 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.

- 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 session for accreditation or clinical supervision purposes but remember to

save these securely so that you are meeting appropriate data protection / GDPR guidance.

<u>Bilateral stimulation</u>

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

- Online options for BLS
    - It is difficult, although not impossible, to do traditional EMs 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.

    - "Butterfly tapping" on the outer arm or the shoulder is simple and effective. The therapist models the tapping and the client imitates.

    - 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.

    - 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.

    - 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.

    - *Sleep Restore with EMDR* is one example and free. *BSDR Player* offers more local control of speed, length and pitch of beeps, and costs approximately £6. Clients then start and stop the BLS on signal/invitation from the therapist.

    - *RemotEMDR* is a free application / website that allows the client to view 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.

    - Headphones when worn by both client and therapist can generate a powerful and safely intimate therapeutic space, more so than listening to each other on the computer speaker

    - 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:

- Be aware that EMDR therapy online is not necessarily suitable for every client.

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

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

- The assessment and stabilisation phase can serve act as an extended assessment of whether the client is able to work in this way. As ever, check their capacity to access a calm place, and install/tap in good resources with every client, introducing them also early in the process to the container exercise.

- If you judge that the client is not ready, then do not move on to processing.

- Essential to safe online therapy are:
    o A good-enough therapeutic relationship
    o An ability on the part of the client to self-soothe
    o Sufficient confidence that any risk of self-harm is manageable
    o 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.

- 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.

- Check out what device they are using. One of the advantages of Zoom (www.zoom.us) 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.

- 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.

- 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 home.

- 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.

- 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 of that Amazon parcel, and then on reconnecting with the client calmly check in again and if appropriate, return to the target memory.

- 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.

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

- 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.

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

Dissociation

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

- 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, etc.

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

- 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.

- 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.

- 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.

- 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 who 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.

- 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.

- 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.

<u>Working online can remove barriers to participation</u>

- Even in normal, non-Corona virus 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.

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

- 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.

- 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 Association 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.

APPENDIX A

Zoom Online Platform Security Considerations

The reality is that nothing can be guaranteed to be 100% secure, that includes your phones, computers, tablets, landlines, voice mail, electronic mail, post, office spaces, cars, smart speakers etc. All we can do is enable as much security as we can, share good practices, keep in line with your own data protection / GDPR policies and if you are an employed follow their direction.

There are vulnerabilities in ALL internet connections but at a time of crisis, and looking at all the alternatives, many clinicians have found Zoom the preferred option due to its ease of use, efficient, professional, and very well received by clients, and colleagues. However, what platform you choose is either your individual or your organisations choice.

Here are some additional security considerations. Obviously, it is your choice if you incorporate them all. Many will lead to more work your end, as is often the case with additional security arrangements, but it will give you enhanced security of the platform and deal with many concerns people are anxious about

How to stay more secure on Zoom

- Do not share the link or the meeting ID on public platforms (and if you share photos of the meeting make sure the ID is not visible)

- If you use the personal meeting ID clients or other people can enter wrong session. It is more secure to allow Zoom to create a random number for each meeting.

- Add a meeting password and consider sending the password and meeting link in separate emails to the client.

- Set screen sharing to "host only"

- Disable file transfer

- Disable "join before host"

- Disable "allow removed participants to re-join"

- Enable "waiting room" feature in the 'in meeting (advanced)' section near the bottom of that is the Waiting Room option. Select All Participants, and this will mean that no-one can enter your meeting without you actively admitting them by clicking on their name in the sidebar.

- Enable the encryption feature in settings. For more details on what 'end-to-end' encryption means https://blog.zoom.us/wordpress/2020/04/01/facts-around-zoom-encryption-for-meetings-webinars/

- Set the notification to ring at your end only, so that you're alerted if someone does come into the waiting room, and can go to the manage attendees option at the bottom of the Zoom page, bringing up a list on the right of anyone in said waiting room, whence you can remove them with a click.

- If recording the session save it on your own computer instead of the Zoom cloud unless you are content with the security of the Cloud storage option.

- 'Lock' the room once your all participants have arrived.

- Review all your settings in basic and advanced of the app or on the zoom website under your account to see how your security can be enhanced.

- Consider both using headphones for increased confidentiality and intimacy.

- All updates and patches are applied

- Anti-virus and malware detection software is implemented

- The therapist always schedules the call

- For further advice and photographs of how to change settings, this is a useful article: https://www.bleepingcomputer.com/news/software/how-to-secure-your-zoom-meetings-from-zoom-bombing-attacks/

And finally, a statement from Zoom related to this:

"Zoom takes its users' privacy extremely seriously. Zoom only collects data from individuals using the Zoom platform as needed to provide the service and ensure it is delivered as effectively as possible. Zoom must collect basic technical information like users' IP address, OS details and device details in order for the service to function properly.

Zoom has layered safeguards in place to protect our users' privacy, which includes preventing anyone, including Zoom employees, from directly accessing any data that users share during meetings, including – but not limited to – the video, audio and chat content of those meetings. Importantly, Zoom does not mine user data or sell user data of any kind to anyone."

Meanwhile, Zoom says its attention tracking feature is "built for training purposes."

This is *"so hosts can tell if participants have the app open and active when the screen-sharing feature is in use,"* the spokesperson says, adding that the feature is off by default and only the account admin can enable it.

"It is important to note the attention tracking feature only tracks if a participant's Zoom video window is open and in focus when the host is sharing their screen. It does not track any aspects of the audio or video content of a call, and it also does not track any other applications or activity on your device."