Attachment-Informed EMDR: a pilot feasibility trial

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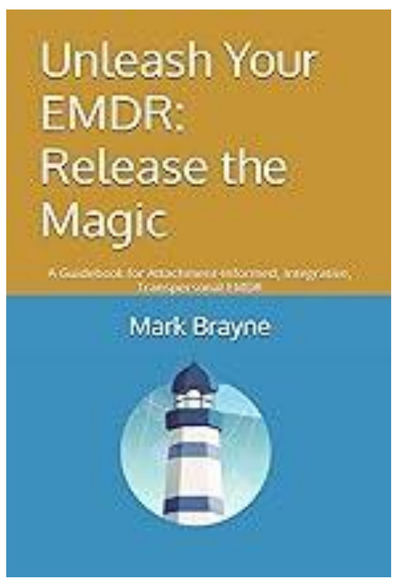
AIM

- **To test the feasibility of a research study design for a future RCT examining the efficacy of AI-EMDR vs Standard Protocol (SP) for clients with attachment-informed complexity**

1) WHAT DID WE DO?

- A team of private EMDR therapists and supervisors was recruited to act as co-researchers to 3 roles: trial therapists, supervisors and independent assessors.
- Participants were invited to 10 sessions of subsidised private online EMDR, and randomly allocated to receive either AI-EMDR or SP EMDR.
- The design involved the use of the EMDR Fidelity Rating Scale to monitor adherence to protocol through the assessment of a random selection of session recordings. An amended version of the EFRS specific to AI-EMDR was drafted for the trial.



2) WHY DID WE DO IT?

- Clinical experience indicates that a simplified, relational and creative approach can enable a rapid and deep connection to adverse attachment experiences in childhood, allowing the repair of events which may be key to the development of the client's current way of being in the world and their difficulties.
- AI-EMDR is a widely delivered EMDR-Europe and EMDRIA recognized training, including through NHS commissions. Clinical trials which clearly set out the AI-EMDR protocol and which monitor treatment fidelity are now required.

3) WHAT DID WE FIND?

- Level of interest in the study was good and indicated that an 8-month recruitment period and a 10-month data collection period would have been sufficient to reach our target pilot sample size of 40 – 45.
- Cost was a barrier for participants. At the same time, fully subsidised therapy might be perceived as coercive by some research ethical committees.
- The data collection method and system was fully tested and functioned well.
- Qualitative feedback from the case study was also positive and did not indicate any significant design changes.
- The case study showed significant improvement pre to post under research conditions.
- **<u>Recommendations:</u>**
  - Future researchers should allow for an extended recruitment and data collection period, with adequately funded research support.
  - Adequate funding will also be required to compensate and retain private clinical co-researchers, as well as time to negotiate all contractual requirements. Compensation could include more creative tokens of appreciation, such as CPD certificates or free conference places.
  - Working with trauma-focused charity partners to support recruitment and retention could help balance trial accessibility with budgetary constraints and potential pressure on participants.
  - The selected outcome measures should be reviewed, particularly regarding eligibility criteria.
  - Additional sessions may be requested after data collection is complete, even with good outcomes and recovery, for sound therapeutic reasons; future trial designs will need to account for this.
  - Further work is also required to continue to develop an AI-EMDR fidelity rating scale system.
- **<u>Conclusion:</u>**
  - A modified version of this trial design could work for a future, multi-site, RCT of AI-EMDR vs SP EMDR, if adequate funding is provided for the research team and private co-researchers, and if adequate time is allocated to contracting, recruitment and data collection.
- **<u>Next steps:</u>**
  - A full feasibility report and AI-EMDR case study paper are currently in preparation.

AUTHOR POSITIONALITY STATEMENT

Study designed in collaboration with protocol author. Study subsequently conducted independently. Researcher has no financial connection to protocol author or EMDR Focus. No conflicts of interest to report.