

Recommendations for the use of online EMDR therapy during the Covid-19 pandemic

Introduction

As the Covid-19 continues to develop rapidly and more of our member countries are in lockdown, it is necessary to update the previously issued guidelines for online EMDR therapy. We will continually review and update this information as needed in light of future developments.

As EMDR therapists, we are facing a new challenge which we have not encountered before. It will not be possible for many of us to offer face-to-face consultation or therapy to clients in need. However, there is a substantial amount of existing information from practitioners who have used online EMDR therapy for many years. During the present circumstances in which it is impossible to work face-to-face, these experiences need to be acknowledged.

Use of EMDR online therapy

Research

There is no existing evidence to show whether there is a difference between online and face-to-face EMDR therapy. There are some small, uncontrolled studies not using EMDR which indicate there is no difference. For statistical reasons, undertaking controlled research on the difference between face-to-face and online EMDR therapy would be a vast undertaking, requiring a considerable number of participants. Such research is unlikely to happen soon.

• It is therefore impossible to conclude from existing research whether or not there are any differences between face to face and online EMDR therapy.

Anecdotal evidence

There is a substantial body of anecdotal information from experienced EMDR practitioners throughout Europe which appears to show online EMDR treatment to be as effective as face-to-face EMDR therapy. The anecdotal evidence seems to be just as strong for online EMDR treatment with children as it seems to be with adults. Given the lack of available research and the fact that the crisis will continue for some time, it is reasonable to rely more heavily on the anecdotal information and to recommend the use of EMDR online therapy for any **appropriately assessed client**, both ongoing clients and new clients. Indeed, there is a distinct advantage in using online EMDR therapy in the present crisis because it will allow EMDR therapy to be offered to many clients who would otherwise not be able to receive it.



- During the present coronavirus crisis, online EMDR therapy which follows the standard EMDR therapy protocol is therefore recommended for all clients who are appropriately assessed.
- In addition, we want to stress the following
 - We support the use of EMD, EMDr, and Recent Events Protocols, as well as stabilization and grounding, psychoeducation, Safe Place and Resource Installation and enhancement.
 - There is a need for caution when working with complex clients.
 - There is a need for therapists to follow their national regulations and insurance policies regarding online therapy.
 - The importance of adhering to the base of our practice, which is our EMDR Europe Code of Ethics, especially when we lack experience and knowledge.

Treatment skills and risks

Are special treatment skills required in applying the EMDR protocol online? Again, research cannot help us. We must still rely on the anecdotal evidence and practical experiences, and this appears to show that the standard protocol works well; there is no need to alter it. The most critical issues are that clinicians should only work with clients who are within their present level of competence, and that they are appropriately supervised, as would be standard practice with face-to-face clients.

Any risks from online EMDR therapy appear to be similar to those experienced by clinicians working
face-to-face. Nevertheless the actions that a therapist can undertake in online therapy to adjust to
several risks are limited.

Technical and practical skills involved in running an online session

There is a range of technical and practical skills that a therapist will require to run a productive online EMDR session. Most EMDR clinicians are unlikely to have worked online and will need help. There is a substantial amount of existing information from practitioners who have used this method for many years. Some national associations are already collecting this information to share with their members and are running skill-sharing webinars on how to operate an online session.

• The Executive Committee, in collaboration with the Standards and Practice Committees, is in the process of approaching those national associations who have already compiled information from clinicians who are experienced in working online. We will be issuing further recommendations on the technical and practical skills required to work online to all national associations as soon as possible.