

An innovative EMDR online application: Tested for you!

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Background

Due to the onset of the corona crisis, the continuity of evidence-based trauma treatments became compromised (Organization, 2013, Zorgstandaard, 2020). As safe and secure answer to this, an EMDR online tool was developed. In a systematic review of Turgoose, Ashwick, & Murphy (2018) was proposed that trauma-focused tele-therapies to veterans provide a viable alternative to in-person therapies and have the potential to increase access to therapy for veterans. Similarly, the study of Bongaerts, Voorendonk, van Minnen & de Jongh (2021) suggests that intensive, trauma-focused tele-therapy of severe or complex PTSD is feasible, safe and effective, and may be a viable alternative to face-to-face treatments.

Aim

The aim of the present study was to investigate the implementation of an innovative EMDR online tool. The tool was tested by clients and therapists on feasibility and utility.

Methods

Therapists and patients of Mondriaan, a mental health institute in the Netherlands, were asked to participate in this study. Before and after the EMDR online treatment therapists filled in an attitude questionnaire. After the treatment, therapists and patients were asked about the feasibility and utility of the tool. Also, before and after treatment the PTSD checklist for DSM 5 (PCL-5), the Quality of life (WHOQOL-brief) and the Client Satisfaction Questionnaire (CSI-8) were administered. Twenty-one therapists filled in the pre-attitude questionnaire and 11 therapists (Active Therapists) went on to test the tool. The mean age of the Active Therapists was 41.8 years (SD of 6,46; 81,78 % female). Although 26 patients tested the EMDR online tool, complete data were obtained for 18 patients. The mean age of these patients was 41,72 years (SD of 12,4; 77,8% female). 83,3 % had a diagnosis of PTSD with a mean duration of 9,8 years, 73,3 % had experienced multiple interpersonal childhood trauma's. Other main diagnoses were panic disorder (5,6%), borderline personality disorder (5,6%) and misophonia (5,6%).

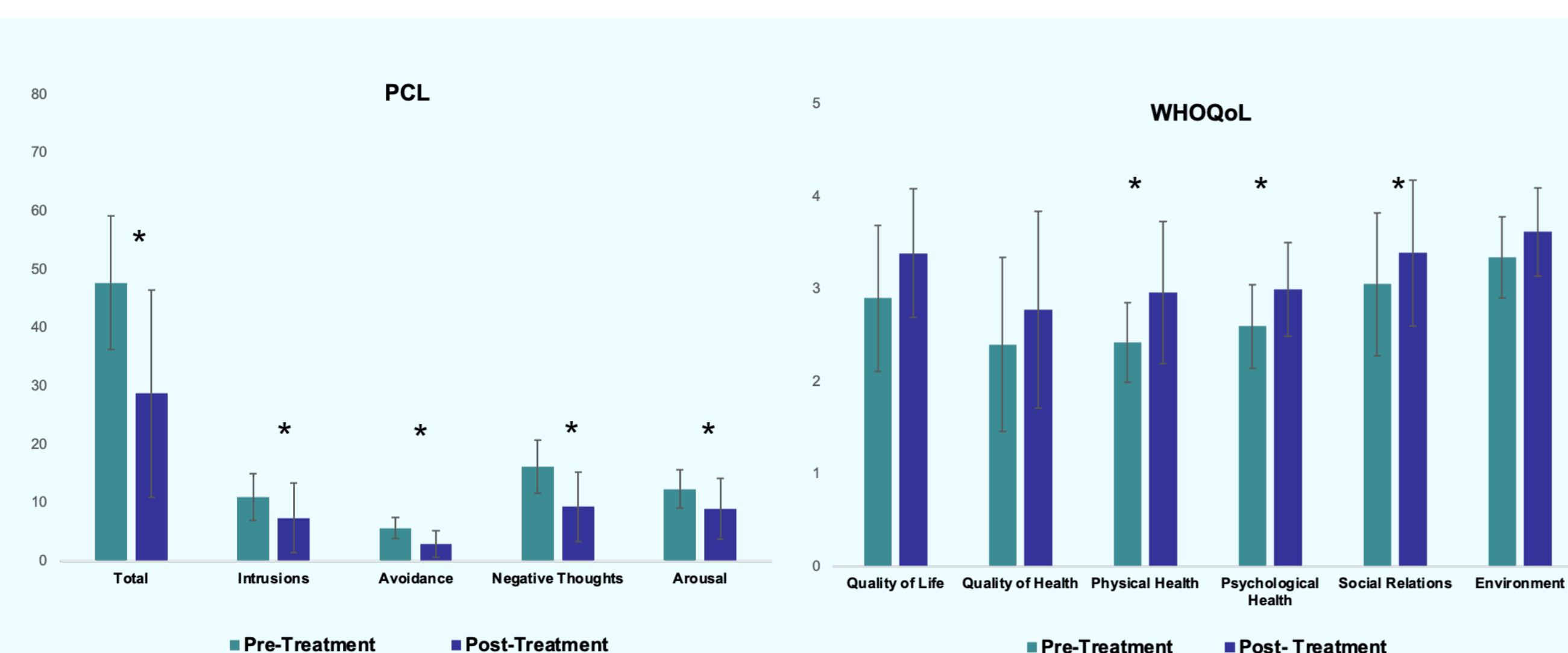


Figure 5.

Figure 6.

* p<.05

Results

Interesting significant differences in attitude were found between therapists who tested the tool (Active Therapists) and those who did not (Non-Active Therapists), Fig. 1. Namely, therapists who had a positive attitude towards the innovation and to their own competence and who did not expect communication problems actually tested the tool. In comparison to the Non-Active therapists, the Active therapists were significantly older and more experienced with online treatment. After testing the tool, the attitude of the Active therapists was still very positive and they were especially more convinced of the effectiveness of the tool, Fig. 2. Both patients as therapists found the tool feasible and user friendly, Fig. 3&4. The greatest advantage of EMDR online was found in the accessibility, flexibility and better continuity of care. Patients were very pleased with the treatment (mean CSI-8: 3,55; SD: 0,55; range: 1-4) and showed a significant decrease in PCL-5 symptoms and a higher quality of life after the online treatment, Fig. 5&6.

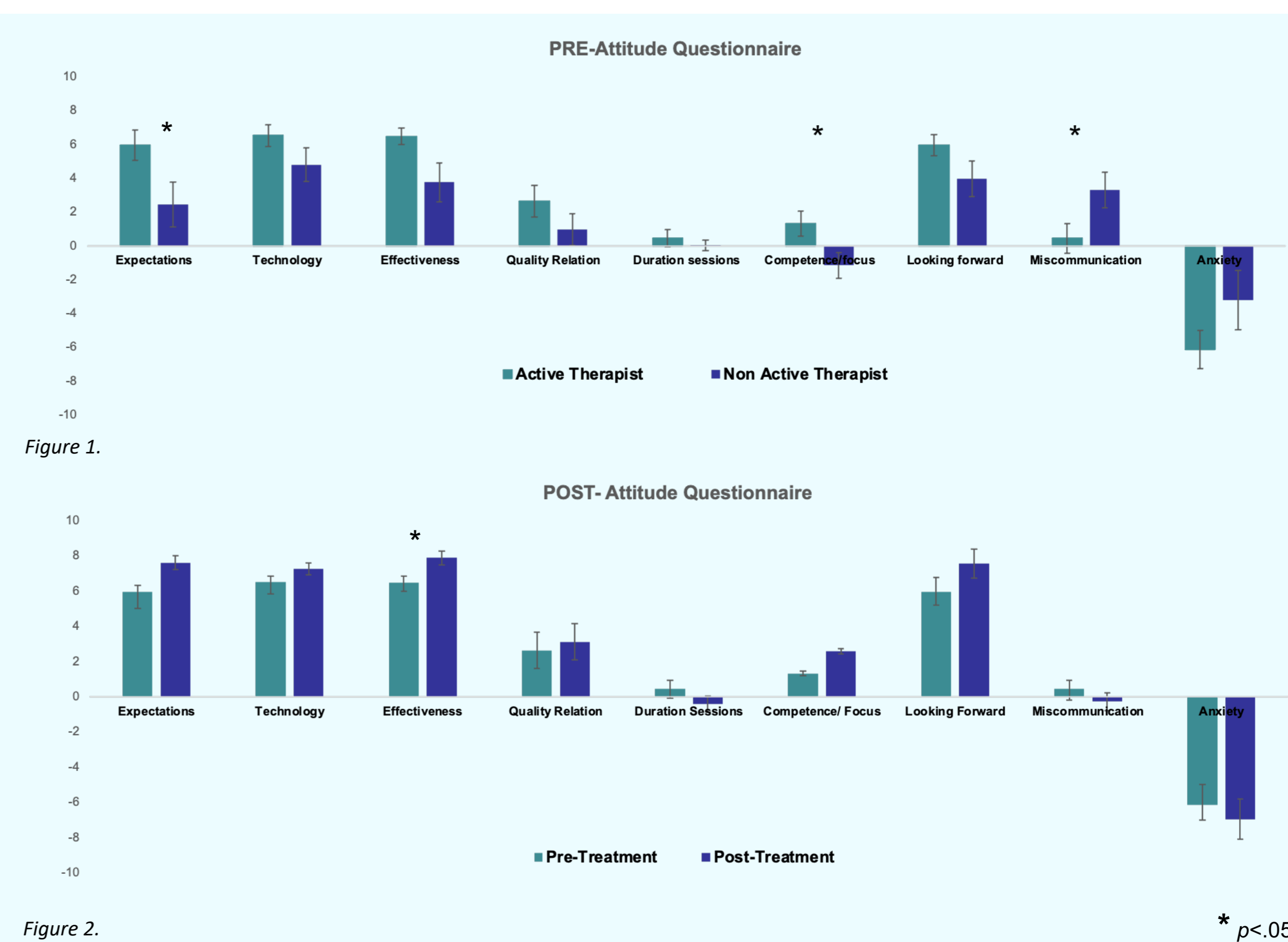


Figure 1.

Figure 2.

* p<.05

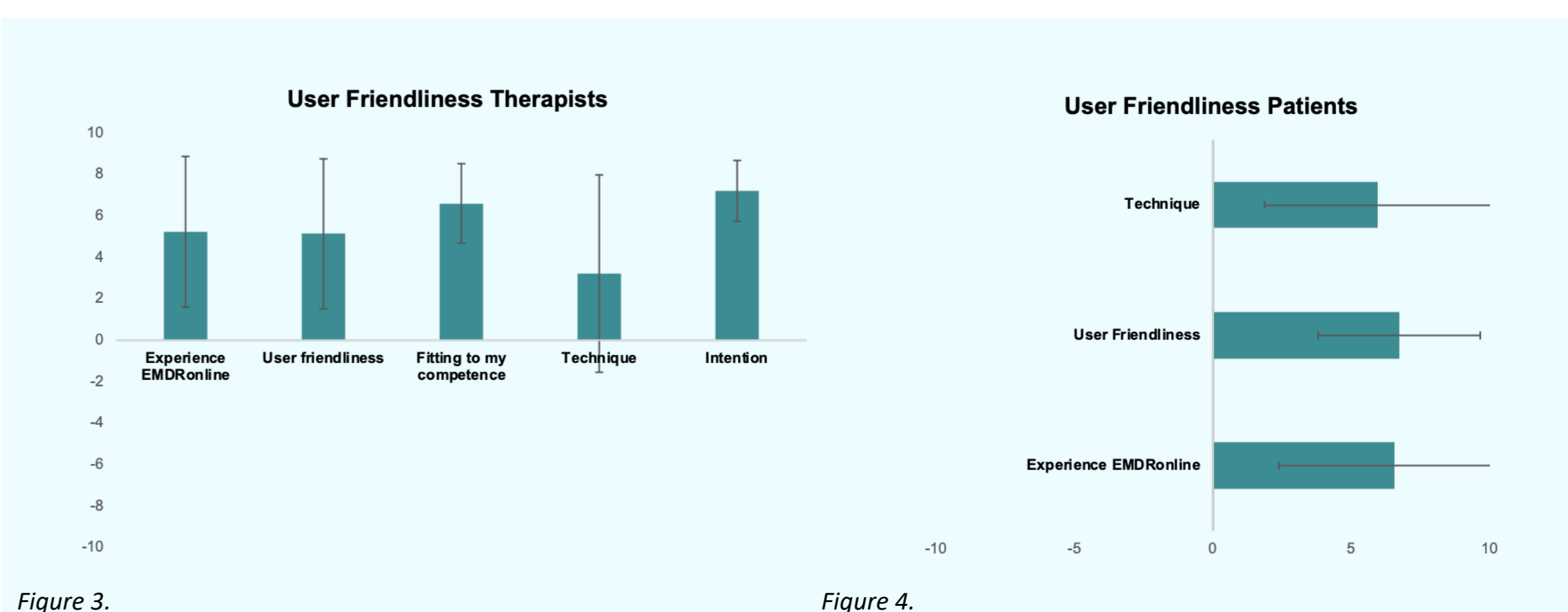


Figure 3.

Figure 4.

Conclusions

The results suggest that EMDR online is feasible, and user friendly for both patients and therapists. Moreover, it gives opportunities to ensure the continuity of health care. Finally, this study emphasizes the importance of increasing therapists' attitude in implementation and innovation processes.

References

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