

The Association for IEMT Practitioners
Fontwell Close, Rustington, West Sussex, BN16 2LL

Informed Consent Form For _____

Principal Investigator: Joanna Harper

Organisation: Association for IEMT Practitioners

IEMT Practitioner: _____

This informed consent form has two parts:

- 1. Information Sheet** (to share information about the research with you)
- 2. Certificate of Consent** (for signatures if you agree to take part)

You will be given a copy of the full informed consent form.

PART 1: Information sheet

Introduction

Integral Eye Movement Therapy (IEMT) is a brief therapy technique that utilises eye movements to create changes in the way we remember certain events.

Purpose

This study is to establish whether IEMT treatment is beneficial to patients suffering from chronic dermal psoriasis.

Type of Research Intervention

IEMT involves a series of questions and some directed eye movements whilst the patient focusses on a particular aspect of memory as directed by the practitioner. The directions given to the patient are simple to follow and do not require any preliminary understandings or knowledge of the process.

Participants will be required to attend 4 brief therapy sessions lasting between 10 and 90 minutes over a 8-14 day period.

Participant Selection

Participants for this preliminary trial will meet the following criteria.

- Will be at least 18 years of age.
- Will have previously been assessed, diagnosed and treated by an orthodox medical practitioner.
- Will have experienced chronic psoriasis for at least the past 5 years.
- Will not have experienced any secondary skin infection in the previous 5 years.
- Will not be experiencing, or treated for, any psychiatric illness or other organic mental impairment.
- Will not have any functional or structural eye disorder or current eye infection, soreness or redness. Wearing glasses is acceptable. Any history of recent eye trauma, glaucoma or detached retina is a criteria for exclusion.
- Will be consenting to IEMT treatment and be aware that IEMT is primarily a psychotherapeutic procedure.
- Will not have received IEMT treatment previously.

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Voluntary Participation

Participation in this study is entirely voluntary and participation does not affect or change any existing treatment the participant may be receiving. Participants are free to withdraw from the study at any time without explanation or prejudice.

Participants will be required to consent to having specific areas of skin photographed so that changes to the skin can be measured. The identity of participants will remain strictly confidential at all stages and all data including photograph will be identity only by initials, date and the name of the practitioner. (See example #1)

Information on the Trial Procedure

Integral Eye Movement Therapy (IEMT) is a brief psychotherapeutic process developed by Andrew T. Austin that has some similarities to other more established treatment processes that utilise eye movement to create change in memory. The principle behind the therapy is that moving the eye in specific was whilst concentrating on a memory creates a change in the way we think about that memory.

IEMT was developed to utilise this effect for improving emotional welfare.

Most of the time emotional changes occur quickly and without negative effect, however it has been noted that “abreactions” can occasionally occur during the process. Abreactions are defined as a significant emotional reaction whereby afterwards the client feels that they have “released” something. With the abreaction comes emotional relief that many clients have reported to significantly improve their emotional welfare.

An observation has been made that such abreactions can be most beneficial in the treatment of psychosomatic related disorders (i.e. disorders of the body that originate from emotional or psychological processes).

Procedures and Protocol

You will be assigned to an approved and certified IEMT practitioner who is being supervised in their practice by an approved IEMT trainer.

There are no placebos or “double blinds” for this study. What this means is that all practitioners will be following an identical protocol and all participants will be treated in exactly the same way.

Duration

Your practitioner will have assigned 4 appointments with you over a 10-14 day period. Each of the sessions may be as brief as 10 minutes or at long at 90 minutes. This will vary according to participants' response to the procedures. The first session is likely to be the longest in order to allow for history taking.

Additional follow up will be requested at 2 month, 4 months and 6 months after the session. This can occur remotely by questionnaire and participants will be asked to send in photographs of the affected areas for measurements to be taken.

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Side Effects

IEMT is regarded as a safe procedure involving simple questions and directed eye movements. Some people experience an intense and usually unexpected release of emotions (an “abreaction”). From a therapeutic point of view, this is regarded as beneficial as it involves a “release” of emotions which can often be a “relief” to the participant. However, we are aware that not everyone participating in a trial expects to get emotional during the study's sessions.

Sometimes, following a session, participant can feel slightly disorientated and a little confused. This is common and quickly passes.

Risks, Discomforts and Problems.

Whilst we do not anticipate any problems, the most likely problems will be of an emotional or psychological nature. If by the end of the 4 study sessions these persist, the participant is encouraged to contact The Association for IEMT Practitioners for a suitable referral for a discounted therapy session.

Benefits

There are no cash incentives for either participant or practitioner for this study, i.e. there are no payments either way. It is hoped that the participant will benefit from the sessions with an improvement in their psoriasis.

Travel expenses and other expenses will be met by the participants themselves and will not be reimbursed.

Confidentiality

All data is anonymised and the identity of the participant will remain confidential unless they themselves choose otherwise. No participant will be asked by anyone at any time to identify themselves to anyone other than the IEMT practitioner working with them.

Sharing the Results

The results of the study will be made available to anyone upon request at the completion of the study.

Right to Refuse or Withdraw

All participant have the right to refuse or withdraw from the study at any time without explanation or prejudice.

Alternatives to Participating

Persons with psoriasis who wish to explore IEMT treatment but do not wish to participate in this study are invited to contact the Association for IEMT Practitioners for a referral to a suitable practitioner.

This proposal has been reviewed and approved by Joanna Harper (*Psoriasis study supervisor*), Sonia Richards (*International Chair for The Association for IEMT Practitioners*) and Andrew T. Austin (*International Director for The Association of IEMT Practitioners*) whose task it is to make sure that research participants are protected from harm.

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PART 2. Certificate of Consent

I have been invited to participate in research of Integral Eye Movement Therapy (IEMT) and its application to dermal psoriasis. I understand that it will involve participating in 4 brief therapy IEMT treatment sessions. I have been informed that the risks are minimal and may include psychological and emotional reactions. I am aware that there may be no benefit to me personally and that I will not be compensated for travel expenses. I have been provided with the name of a practitioner who can be easily contacted using the number and address I was given for that person.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research and understand that I have the right to withdraw from the research at any time without in any way affecting my medical care.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

I have accurately read or witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Researcher _____

Signature of Researcher _____

Date _____

Day/month/year

A copy of this Informed Consent Form has been provided to participant _____ (initialled by the researcher/assistant)