Evaluating the Effectiveness of IEMT for Spider Phobia: A Pilot Study Protocol

1- Purpose and Hypothesis

1.1 Purpose of the Study

This exploratory study aims to evaluate the effectiveness of Integral Eye Movement Therapy (IEMT) in reducing the symptoms of specific phobia (spiders) in adults. The study seeks to provide structured, quantitative data to support clinical observations and anecdotal reports of IEMT's success.

1.2 Hypothesis

It is hypothesised that participants receiving a standardised IEMT intervention will show a statistically significant reduction in their self-reported symptoms of spider phobia, as measured by the DSM-5 Severity Measure for Specific Phobia (Adult), from baseline to a 4-week follow-up.

2- Study Design and Oversight

2.1 Study Design

This study will use a single-group, exploratory, pre-post design with a 4-week follow-up period.

2.2 Research Team Responsibilities

The research team will:

- Coordinate the study design and communication
- Allocate anonymous Client Reference Numbers
- Provide standardised documentation:
    - **Form A** - Participant Consent and Eligibility Form
    - **Form B** - Initial Consultation Form
    - **Form C** – Case Report Form (CRF) (which includes DSM-5 severity measure for specific phobia)
- Ensure practitioners are trained in protocol adherence
- Collate and analyse all data.

2.3 Practitioner Criteria

- Must be a certified IEMT practitioner.
- Must be in good standing with the Association of IEMT Practitioners.
- Must carry valid professional indemnity insurance.
- Must offer the sessions FREE of charge to eliminate bias.

3- Participant Criteria.

3.1 Inclusion Criteria

- Adults aged 18 or over who can provide informed consent.
- Must have a self-reported fear or phobia of spiders causing significant distress.
- Must have a baseline **DSM-5 Severity Measure for Specific Phobia (Adult) score of ≥14**, indicating "Moderate" to "Severe" phobia.
- **Must have no previous experience with IEMT.**
- Must be sober and mentally competent at the time of all sessions.

3.2 Exclusion Criteria

- Currently receiving another form of psychological therapy for any anxiety disorder or phobia.
- Meeting the criteria for any contraindications to IEMT as listed on **Form A**.
- A current diagnosis of a severe comorbid psychiatric condition (e.g., schizophrenia, bipolar disorder, or postpartum psychosis).

4- Intervention Format

4.1 Session Structure

- Participants will attend **three IEMT sessions**, scheduled at least one week apart.
- A follow-up telephone call will occur **four weeks after the final session**.
- Sessions will be delivered either online or face-to-face, and the selected mode of delivery must remain consistent across all three sessions for each participant to ensure methodological standardisation.

4.2 Standardization of Intervention

- All participants **will receive** the **IEMT Kinaesthetic Pattern** as **the baseline intervention**.
- For the purposes of this study, **only the Kinaesthetic Pattern (K-Pattern)** will be used. **No other interventions** from the IEMT model (e.g., Lynchpin Pattern, Identity Pattern, Physiological State Accessing Cues, or other imprint work) are to be applied, in order to isolate and evaluate the specific effect of the K-Pattern.

- **Dose and delivery**: Within any session, practitioners may deliver **up to five (5) rounds** of the IEMT K-Pattern according to clinical judgement, client readiness, and SUD change.
- **Stimulus control: No external stimuli or exposure materials** (e.g., images, videos, objects, or verbal scripts related to the target phobia) are to be introduced as part of the intervention. The K-Pattern should be delivered in a **content-free format**, focusing solely on the participant's internal experience.

5- Study Procedure

5.1 Initial Consultation:

- Explain the purpose and process of the study to the participant
- Screen for inclusion and exclusion criteria
- Email **Forms A** and **B** to the participant to obtain informed consent and baseline information
- Schedule **three** IEMT appointments, each at least one week apart
- Schedule **a follow-up session** to be conducted **four weeks after the final appointment**
- Request a unique **Client Reference Number** from the research team

5.2 Appointment 1 (Baseline)

- Confirm that **Form A (Informed Consent)** is fully completed and signed.
- Confirm that **Form B (Initial Consultation Form)** is completed and securely retained in accordance with GDPR.
- Complete **Form C**, verifying correct entry of the **Client Reference Number**.
- Assess the **DSM-5 Severity Measure for Specific Phobia (Adult)** and the **pre-intervention SUD score.**
- Deliver the **Kinaesthetic Pattern** as the primary IEMT intervention (**up to five rounds as indicated**).
- **Do not introduce any external stimulus or exposure material** during the intervention.
- Reassess the **post-intervention SUD score**.
- Document all interventions and observations on **Form C**.
- Report any **abreactions** on **Form C**.
- Submit the **completed Form C** to the research team immediately following the session.

5.3 Appointments 2 & 3.

- At the beginning of each session, repeat the process of completing a new **Form C** to record the participant's current **DSM-5 score** and **pre-intervention SUD score**.
- Deliver the IEMT Kinaesthetic Pattern as the sole intervention **(up to five rounds as indicated).**
- Do not introduce **any external stimuli or exposure materials** during the intervention.
- Record **the number** of **K-Pattern rounds** delivered (0–5)
- Reassess and record the **Post-intervention SUD score** on **Form C.**
- Submit the **completed Form C** to the research team immediately following each session.

5.4 Follow-up Call & Final Submission

- Conduct the follow-up telephone consultation four weeks after the final appointment.
- During the call, reassess the **DSM-5 Severity Measure** and the **Subjective Unit of Distress (SUD) Score**.
- Collect anecdotal data regarding real-world changes and general well-being.
- Complete and submit the final **Form C** with this follow-up data immediately after the call.

6- Measurement Tools:

6.1 Primary Outcome Measure: DSM-5 Severity Measure for Specific Phobia (Adult)

A validated 10-item self-report questionnaire assessing the frequency of phobia-related symptoms over the past 7 days.

- **Scoring:** Each of the 10 items is rated on a scale from 0 (Never) to 4 (All of the time).
- **Total Score:** The total score is calculated by summing all items, resulting in a range from 0 to 40.
- **Severity Levels:**
  - 0–13 = Mild
  - 14–26 = Moderate
  - 27–40 = Severe
- **Administration:** This measure will be administered at the start of Session 1 (Baseline), Session 2, Session 3, and at the 4-week follow-up.

6.2 Secondary In-Session Measure: Subjective Unit of Distress (SUD) Score

This tool is used to measure immediate, in-the-moment emotional changes during the therapy sessions.

- **Scoring:** A subjective scale from 0 (no distress) to 10 (maximum possible distress).
- **Administration:** This measure will be administered immediately before and after the delivery of the IEMT intervention within each of the three therapy sessions.

7- Forms

- **Form A:** Participant Consent and Eligibility Form.
- **Form B:** Initial Consultation Form (retained by practitioner).
- **Form C:** Case Report Form (CRF) (for all session data).

8- Sample Size and Power

- The **primary analysis** will assess the overall effectiveness of the IEMT Kinaesthetic Pattern (K-Pattern) on the entire cohort.
- For this exploratory study, a target sample size of **30 participants** is required to detect a moderate-to-large effect with 80% statistical power.

9- Data Analysis Plan

9.1 Primary Analysis

A repeated-measures ANOVA will be used to analyse changes in DSM-5 scores across the four assessment points (Baseline, Session 2, Session 3, and Follow-Up).

Paired-samples t-tests will also be used to compare pre- and post-intervention SUD scores within each session.

9.2 Missing Data:

The study will primarily use a **per-protocol analysis** (including only participants who complete the full study) and may also report an **Intention-to-Treat** (ITT) analysis for transparency.

9.3 Qualitative Data Collection and Analysis:

- To supplement the quantitative scores, qualitative data will be collected during the 4-week follow-up call and noted by practitioners in the "Client Comments" and "Practitioner Comments" fields of Form C.

- Practitioners are encouraged to capture and note the following information:
  - Client self-reports of any real-world encounters with spiders and how they responded.
  - Observed or reported changes in the client's general anxiety or stress levels.
  - Reports of any additional shifts, such as a reduced fear in other areas of life.
- This anecdotal data will undergo **thematic analysis** to identify common themes related to the real-world impact of the intervention.

10- Ethics and Data Protection

10.1 Ethical Oversight:

The study follows ethical guidelines aligned with the Declaration of Helsinki. All participants must provide written informed consent and are free to withdraw at any time without penalty.

10.2 Data Protection and Confidentiality:

All identifiable client data remains with the practitioner and must be stored securely according to GDPR standards. Only anonymised data, linked to a Client Reference Number, will be sent to the Research Team for analysis.

10.3 Adverse Event Reporting:

Any significant adverse psychological or physical reactions reported by a participant must be documented and reported to the Research Team within 24 hours.

11- Acknowledged Limitations

- Lack of a control group or randomisation.
- Reliance on self-report measures, which can introduce bias.
- No long-term follow-up beyond the 4-week period.
- Generalisability of findings is limited to adults with a specific phobia of spiders.

End of Protocol