Single Subject Research to Evaluate the Efficacy of Energy Psychology Techniques

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The first part of this article covers theory and overview of SSD Research. At the end of the article is a suggested protocol for conducting Single Subject Design studies.

I. THEORY AND OVERVIEW

In order for Energy Psychology techniques to gain credibility in the scientific psychological community, it is imperative that we as clinicians conduct research that validates our use of these techniques. Experimental designs using random assignment of subjects to experimental and control groups are the 'gold standard' for clinical research. However, most clinicians do not have the resources to conduct such group experiments. An alternative experimental method that is well suited to clinical practice is the Single Subject Design (SSD). Because SSD studies do not have a control group, it attempts to rule out alternative explanations for client improvement by *comparing assessments of the same subject to her/himself over time.* This is done by taking repeated assessments before and after the EP intervention is conducted.

In 1995, the American Psychological Association Division 12 Task Force on Promotion and Dissemination of Psychological Procedures published a list of empirically-validated treatments. To make the list of "well-established treatments", two independent series of more than nine SSD (Single Subject Design) experiments were required, which demonstrated the efficacy of one treatment method compared with other methods. To make the list of "probably efficacious treatments", a series of four or more single study design experiments which demonstrated efficacy were required (Chambless et al., 1966). This guideline established by the APA opened the door for single-subject designs done by clinicians in their own settings.

It is helpful also to remember that the field of clinical psychology, going back to Freud, began with single subject case studies, i.e. careful clinical observation of single patients, and writing these up as case studies.

ACEP
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Data Collection

A) CHOOSING RESEARCH ASSESSMENTS

At this time, we are recommending that clinicians focus on one of the following issues for SSD studies: anxiety (social anxiety, test anxiety, performance anxiety, panic attacks); depression; trauma/PTSD; or chronic pain.

B) DATA COLLECTION

Simply taking measures/questionnaires of the target symptoms before and after the EP therapy will not rule out alternative explanations for client improvement. Alternative explanations need to be controlled for.

- **Passage of Time:** One alternative explanation is that the mere passage of time accounted for the decrease in symptoms. The way to control for this possibility is to *take at least two and preferably three assessments at one-week intervals before having any treatment sessions with the client.* If there is little or no decrease in the symptoms from the first to the second or third test administrations, this reduces the possibility that subsequent improvements that occur during the therapeutic intervention are a result of the passage of time.

  This series of pretests can be conducted by sending the client the self-administered questionnaires and by collecting information for the clinician-administered test instruments over the telephone, or online. If the pretests are done in this remote manner, it is important that the client fill out the questionnaires and that the clinician administer the over-the-phone measures at a consistent day, time and place. It is probably a good idea for the client to send in the self administered questionnaires by mail or e-mail immediately after they fill them out, to insure consistency of administration.

- **Therapeutic Contact:** A second, more likely alternative explanation for the client's improvement is therapeutic contact/rapport. Our goal as EP clinicians/researchers is to demonstrate that the EP techniques result in significant symptom improvement above and beyond the personal contact with an empathic and insightful therapist. The way to accomplish this is *to have two or more sessions with the client before beginning the intervention***.** The questionnaires should be administered before each of these therapy sessions. If there is no significant improvement during these initial sessions prior to initiating EP, then you know that any improvements following EP intervention are likely caused by the intervention.

- **Initiating EP Treatment:** You are now ready to begin the EP intervention. Continue to collect the questionnaire data in the waiting room prior to each treatment session. Although you may adapt your use of EP techniques to fit your own treatment style in your clinical practice, YOU MUST USE STANDARDIZED PROTOCOLS FOR THE PARTICULAR MODALITY YOU ARE USING while conducting SSD research (to ensure validity and replicability of your findings). (Standardized research protocols for TFT and EFT may be found on the ACEP website: www.energypsych.org/research)

Once the intervention has been initiated, take followup assessments after the series of treatments is over (= 'post'), and again at three and/or six-month intervals. These can be filled out by the client at home or online. It is recommended that you provide a reward of some kind, to increase the likelihood of actually getting the followup assessment.

Reporting Your Results

Data is usually collected on spreadsheets or tables, and then reported using tables and graphs. You should have a separate table/graph for each assessment you use, and within that graph there will be three phases:

1. The initial, pre-treatment phase.
2. The EP-treatment phase.
3. The post-treatment or followup phase.

Please contact the ACEP Research Committee at research_committee@energypsych.org for feedback and suggestions before you begin your SSD study, and before you attempt to analyze your results; as well as for suggestions re: where your study may be published.

The following journals accept SSD case studies for publication:

Energy Psychology Journal: www.energypsychologyjournal.com

Explore: http://ees.elsevier.com/explore/

Psychotherapy: Theory, Practice, Research, Training
http://www.apa.org/pubs/journals/pst/evidence-based-case-study.aspx

Journal of Counseling and Development

http://www.counseling.org/publications/journalguidelines/jcd.pdf

International Journal of Healing and Caring (online):

http://www.wholistichealingresearch.com/aboutijhc.html

Journal of Counseling Outcome Research and Evaluation
http://www.tandfonline.com/toc/uore20/current

II. SUGGESTED PROTOCOL FOR SSD STUDIES

Select a specific condition and one treatment modality you will be studying. Whichever one you choose, you must use only ONE modality and treat only ONE condition during your treatment interventions. (Note that this is very different from normal clinical practice!)

This six-intervention protocol calls for eight repeated assessments, in which the subject is repeatedly measured against him/herself. (*You may use fewer or more than 6 interventions; if so, adapt the schedule accordingly*. What is important is to *do 3 non-treatment sessions first, before starting your EP intervention*, as described below, to create a baseline). The first three assessments are completed before and at the time of the first intervention. The fourth assessment is completed one week later, and just before the second intervention; the fifth assessment is completed before the last (sixth) intervention. The sixth assessment is completed one week after the last (sixth) intervention. The seventh and eighth assessments are completed 90 and/or 180 days after the final intervention.

This protocol is an A - B - A design, where A = the non-treatment phase, and B = experimental treatment (experimental variable) phase.

Charting

IF the subject's condition you are studying has an observable behavior(s), please have them monitor and chart this behavior, on a daily/weekly basis. (Observable behaviors can include panic attacks, anxiety attacks, stuttering episodes, nightmares, flashbacks, anger outbursts, # hours slept, etc.) If the subject has a partner, you may have the partner do the monitoring and charting for the subject.

Assessments

It is recommended that each subject complete one or two assessments for each condition (pain, anxiety or PTSD) being studied. There are psychological assessments for virtually all human behaviors. (See article re: CRITERIA AND ASSESSMENTS on our website).

Suggested 6-Month Protocol

Week One: Subject comes in for first interview, discuss study details, answer questions. Subject signs informed consent; completes first round of assessments. Begins charting daily behaviors (if daily charting is part of the study). (This interview can be 30 minutes, + time for assessments). There is no treatment yet.

Week Two: Subject comes in for second interview/case history. Completes second round of assessments, continues daily charting of behaviors (and will continue on through the 180 day followup). Therapist takes case history (after assessments). There is no treatment yet.

Week Three: Subject comes in, takes third round of assessments. (*These three initial assessments form the baseline against which all future changes are compared*). Therapist conducts first intervention after assessments are completed.

Week Four: Subject comes in, takes fourth round of assessments. Therapist conducts second intervention.

Weeks Five – Eight: subject comes in for third – sixth interventions.

Week Nine: Subject completes fifth round of assessments (online, or in office); one week after last intervention.

90 or 180 day followup: Subject takes sixth (final) round of assessments (online, or in office).

SSD Research Criteria and Assessments

Inclusion/Exclusion Criteria: The four conditions we are most interested at this time are: anxiety (generalized anxiety disorder, test anxiety, public speaking anxiety, panic attacks); chronic pain; depression; and PTSD. Prospective participants will need to have observable symptoms of these conditions for inclusion in the study.

Exclusion criteria:

1. Suicidal thoughts, ideation or behaviors.
2. Excessive use of alcohol, prescription or recreational drugs (to be determined by the investigator). The basic criterion is: is this individual able to follow instructions, come

in for treatment, and 'follow the program' for the length of the study? If they are not able to do this, or if their alcohol/drug use will impair their ability to participate in and complete the study, then they should be excluded. However, mild alcohol use or prescription drug use, in itself, would not necessarily disqualify them from the study.

Recommended Assessments:

- ***Pain assessments:*** Brief Pain Inventory; McGill Pain Inventory; P3 (Pain Personality Profile).
- ***Anxiety Assessments:*** Beck Anxiety Index (BAI), DASS (Depression Anxiety Stress Scale); State Trait Anxiety Inventory; Liebowitz Social Anxiety Scale; Zung Anxiety Scale; Hospital Anxiety and Depression Scale; Insomnia Severity Index (if sleep is an issue); SA-45.
- ***Depression Assessments:*** Beck Depression Inventory (BDI); DASS (Depression Anxiety Stress Scale); Hospital and Anxiety Depression Scale; Inventory of Depressive Symptoms (IDS).
- ***PTSD Assessments:*** PCL-C (PTSD checklist for civilians), PCL-M (for vets and members of the military), SA-45; IES (Impact of Events Scale); Insomnia Severity Index (if sleep is an issue); CAPS (Clinician Administered PTSD Scale); CPSS (Child PTSD Symptom Scale).
- ***Multi-Symptom Assessments:*** Symptom Checklist 90 (SCL-90); SA-45 (Symptom Assessment 45); POMS (Profile of Mood States).

Questions and/or Suggestions?

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