

Moving Cognitive Processing Therapy to Telehealth

We know that many providers and clients are trying telehealth for the first time due to COVID-19 restrictions. Our CDP experts have posted some <https://deploymentpsych.org/covid19-bhresources> as well as links to national, state, and professional organizations offering online quick-start courses and guidelines. But for many providers and clients, telehealth can feel intimidating all by itself, let alone adding trauma processing and exposure exercises to the mix.

It may be tempting to postpone doing a PTSD intake or to reconsider starting or continuing trauma-focused therapy, like CPT or PE. Ask yourself if you are delaying the steps you would have taken if your client had come to see you in person this week? Is your own avoidance playing a role in that decision? Since we know these treatments are effective via telehealth, are there other reasons to forgo this effective treatment, or is your own anxiety playing a role? Are you stuck on a particular belief about your own or your client's ability to manage via telehealth?

Don't let the fact that you are switching to telehealth be a reason for you and your client to avoid doing good, trauma-focused treatment like CPT. If your treatment plan includes CPT, once you have connected to your client over a secure, HIPPA-compliant, telehealth platform, these tips can help you implement the protocol with fidelity.

General Considerations

- **Expect to feel strange at first**

If you are new to telehealth, there is likely to be some additional anxiety and awkwardness. Anticipate it, acknowledge it openly, congratulate yourself (silently) and your client (aloud) for your can-do attitude, and for doing what needs to be done as we fight this virus together. This can help build your alliance rather than harming it. You are in this together!

To minimize your own and your client's anxiety, be prepared by becoming familiar with the platform you have chosen and the telehealth best practices linked above.

- **Set realistic expectations for what can be accomplished**

Related to technical glitches and awkward feelings, expect some delays and distractions. You might not get everything done that you planned in each session. CPT is a protocol, and the learning is somewhat scaffolded. You should follow the session outlines for introducing each topic, but you might find that it takes longer, especially at first, so allow yourself and your client some flexibility. Extend the duration of sessions by a few minutes if you're able. Ultimately, accomplish a few things well rather than rushing to finish each session just to stay on schedule.

- **Slow down and check in more often to be sure your client is engaged.**

It's more important than ever to make sure you are having a conversation rather than delivering a monologue. Even if you can see each other on screen, it is more difficult to read facial expressions, body language, and barely audible verbal cues, and there are distractions on both sides of the screen that can divide attention and interfere with information processing.

- **Allow for therapeutic silence**

Silence in face-to-face sessions is common as you attentively wait for your client to formulate a response, process information, or even struggle with avoidance. On video, it can seem like you need to fill up that silence, but you don't. Take a relaxed breath and let things develop as you normally would.

- **Know your options for sharing information**

Just because you are using new technology, don't let your worksheets and homework assignments fall to the wayside. Plan out how you can share screens to review worksheets. Ensuring that your patient has access to the worksheets may be your biggest challenge. The CPT Coach app enables patients to access the PCL-5 and worksheets. Many patients find it easier to access on a tablet vs smartphone due to screen size. If your patient does not have access to the CPT Coach, you might share a copy of the worksheets with your patient if you can communicate via email or fax. The patient handouts are downloadable in a PDF file for therapists who own the manual. Instructions for accessing those handouts are available at the end of the Table of Contents in the manual. If there are no other options, be patient and let your client read the worksheet to you if necessary. It will take a bit longer but you can still communicate and get work done. In fact, some clinicians have noted that these more thoughtful discussions have actually led patients to understand the cognitive interventions at a deeper level. "Slower" is not necessarily bad!

Emotional processing remains a cornerstone of CPT, but may be challenging to assess due to lack of visual cues. As noted above, the therapist may need to ask more directly about the patient's emotional experience during sessions. Especially in the earlier phases of treatment, you'll need to allow space for therapeutic silence so that emotions can be processed. You may wish to let the patient know directly that you may stay silent or offer minimal encouragement as you sit with their emotions. It can be helpful to refer to the stage of treatment that you're in and how the patient is practicing new, unfamiliar skills. For example, "as you know, we've been spending time identifying and processing emotions. That means we might be sitting silently for a while. Although that may feel awkward over video, it probably would feel new and different even if we were sitting in the same room."

Get consultation for general telehealth, and CPT specific barriers you encounter.

Consultation is much more important when you are doing something new, so talk to other providers who can help you examine novel situations and talk through options to preserve treatment fidelity and stay on track. In addition to trusted colleagues who may have valuable insights and experience, you can consult with us. At CDP we are available by email, telephone or video-conference.