Moving Prolonged Exposure 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, particularly 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 PE is effective via telehealth, are there other reasons to forgo this effective treatment, or is your own anxiety playing a role? Remember that needlessly avoiding anxiety producing, but safe situations leads to short-term relief, but the long-term cost is increased anxiety and more avoidance. Exposure principles work for us too!

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 PE. If your treatment plan includes PE, 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.
  PE 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. 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.

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- **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 session recording**
  Just because you are using new technology, don't let recording sessions fall to the wayside. Plan out how sessions will be recorded in advance, so your client will have a recording of the session and the imaginal exposures for between-session homework. Some telehealth platforms include HIPAA compliant features to record sessions. If not, make sure the tech you choose captures both your voice and the client's voice.

- **It's OK to modify, but make sure your mods are theoretically consistent**
  A theoretical refresher!

  Recovery processes in PE are:
  - **Activation** of the trauma memory,
  - **Articulation** of the trauma memory, and
  - **Disconfirmation of unhelpful beliefs** about the trauma.

  Activation and disconfirmation occur via **confronting trauma reminders** (e.g., thinking about, and contact with, trauma reminders). **Repeated activation** of the trauma memory (emotional engagement) gradually articulates and organizes the memory. An important element of disconfirmation is the **absence of anticipated harm** during exposures, but also includes contextual variations that are incorporated into the trauma memory and serve to revise/clarify the meaning associated with avoided stimuli.

Imaginal Exposure Considerations

- Make extra sure the client has privacy and is not worried about being suddenly interrupted by sheltering-in-place family members. This is true for any telehealth, but imaginal exposure requires more concentration and perhaps more of a sense of personal vulnerability than some other treatments, so checking in on this again, before beginning imaginal, is not a bad idea.

- Like in-person PE, under engagement is much more likely than over engagement, and the distance inherent in telemedicine may accentuate under engagement. Be patient with your client and yourself. Follow standard engagement procedures, prompt as needed, encourage the client to go slow and report as many details as they can.

- For many therapists, voice tone is very quiet during imaginal, and those supportive "uh huhs," and "great jobs," may not be audible on the client's device. Check prior to starting that you can be heard, and modify your voice and speech patterns accordingly if you need to do so.

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In Vivo Exposure Considerations

- ## Include temporarily inaccessible activities on the hierarchy.
  Getting out and about is usually part of the in vivo hierarchy, and there are bound to be some things off limits during shelter-in-place restrictions. As you create the hierarchy, don't be afraid to include activities that involve being in public or in close proximity to others. The restrictive measures won't be in place forever, and your client can work toward those items. Just because the client can't do them right now, is no reason to exclude them.

  Do not despair in advance that all in vivos will require social contact or even leaving the house. See what you get, then consult with a colleague to brainstorm how to construct exercises related to the core fears you uncover.

- ## Start with what is accessible.
  When choosing what to practice, ask your client what is accessible from home. Check out CDP's *In Vivo Exposure While Sheltering in Place* handout's sample hierarchies for some examples. Look for activities that don't require other people. Photos, videos, movies, podcasts, sound recordings, and internet-based searches or exposures are often entry points to more distress-producing activities the client will do later in treatment, or that can be varied/graded as they move up their ladder. Technology is your ally for these situations.

- ## Get your client to move and be active.
  Behavioral activation items may be on your client's in vivo hierarchy list and also quite accessible. For example, exercising using their home gym equipment or doing sit-ups; practicing a hobby like guitar, woodworking, cooking or martial arts; or doing things with family members they would normally avoid, like playing board games, sitting together to watch TV, or helping a child with homework.

- ## Recalibrate if necessary
  Predicted distress (SUDs) may shift if circumstances have changed or if you have modified the item to do at home, so recheck that before making the assignment.

Get consultation for general telehealth, and PE 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. We also hold an open consultation meeting on Thursdays. If you would like a calendar invite, send us an email at peclc-ggg@usuhs.edu.

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