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“Telehealth Stabilization Skills for Complex Trauma” *Please Feel Free to Share*

1. Create a “**Shared Space.**” This is a shared moment, by finding anchors in both locations, to create one shared space. Start every session with this.

Therapist, first, identify and label for the client two – three objects that *you* can see in your client’s location that you can “orient” to.

Next, ask the client to identify 2-3 objects that the client can see in *your* location online and can orient to.

Therapist: “Even though we are in two different locations, we can create one shared space and moment together.”

If this is phone only, please ask the client to describe the objects(s) and you do the same.

2. Use the “**Dial of Distress**” to help make the distinction between how much volume is dialed up from the *now* “stuff” and how much is dialed up from *past*.

Picture a dial with the numbers 0-10. With the current trigger (especially if COVID 19 related) rate the disturbance about that trigger on that scale.

Now, if you were to subtract the numbers on that scale you rated, that were perhaps also from old, healed “then” stuff that dials UP the volume on this current stuff, what might that actual “now” number be instead?

This is not to diminish the impact of current experiences, but is designed to help you to separate “then from now” and to distinguish where the volume might be dialing up from, but without having to get into content.

3. Therapists, remember that the key for clients is to feel felt by *your* presence, no matter what the technology. We can also stay attuned to how their *experience of* “here” may not be the same as ours and that their perspectives on “here” come from past, often conflicting, viewpoint(s).

4. EMDRT’s: Resources that were usually accessed in your client’s external world may not be readily available because of social distancing. Create a reminder that the “feel” of those resources can be *internally* available. Install them as symbolic, relational, or mastery resources that can be *internally* accessed.

5. A helpful reminder for clients. “You have *internally* what you have learned, your skills, and the knowledge that our relationship still exists even though if *externally* things look different in *how* we meet.”

6. Therapists, welcome to being provided with the exquisite opportunity to bring your client’s beloved animal into session, via your “**Shared Space.**”

There are some foundational principles from Equilateral: The Equine-Assisted EMDR Protocol™ that you can borrow from, and can apply to the utilization of client’s pets during tele-health sessions.

Questions we can ask to support time-orientation and the increasing of adaptive information:

Can you ask your client to bring your pet into our shared space today?

Could you still be in those past circumstances and also know (Pet’s Name)?

Does (Pet’s Name) have the same perspective that you do on _____?

How might you explain that (Pet’s Name) is *not* in distress right now? If there was an internal or external danger, is it plausible that (Pet’s Name) would be giving us a true alert to that?

7. “Dead air” can be a highly triggering experience for those with insecure attachment, just as in equal measure for those who are affect phobic, sometimes telehealth can actually feel better to them.

There may be an opportunity here for you to explore your client’s internal, often conflicting, perspectives on attachment through the process of conflicting perspectives on tele-health.

8. Therapists –Are YOU using your calming skills? Don’t just try to teach it; *Be a model for calm.* Clients will, and can, feel the difference in you if you are *not*.

9. EMDRT’s: Don’t forget recent event protocol.

10. EMDRT’s: When doing sets of DAS, especially in Phase 4, don’t forget those minimal encouragers that serve as a reminder of your attunement. With some clients, even a cue that “I am right here with you” can be a helpful reminder before commencing the set.

Be Healthy. Be Calm. Be Kind.