

## Working with Veteran Couples Via Telehealth

### **Leveraging Benefits of EFT via Telehealth:**

- Increases accessibility
  - Can provide EFT to couples in areas of the country that don't have access to this service
  - Can provide services even if a couple is away from home, such as on vacation
  - Can provide services to couples for whom childcare responsibilities or differing work schedules would otherwise prohibit them from attending an in-person appointment
  - Telehealth appointments to the couples' home addresses additional barriers like:
    - Childcare
    - Work schedules
    - Weather
    - Transportation
    - Physical/health limitations
- Enhances comfort
  - Couples can be seen in their homes
  - Addresses privacy/anonymity concerns
  - Feedback from veterans suggests that some veterans feel more comfortable seeing providers over telehealth, noting that they can share more vulnerably without the provider in their immediate space.
- Having sessions to couples' home means:
  - Couple can control the environment of the session (sit on couch, at kitchen table)
  - The home becomes a therapeutic space and the site of change
    - E.g., doing enactments in their own home may help them generalize the experience outside of session
  - Therapist gains additional insight into the couple's lives
    - E.g., is it calm or chaotic, who gets up to let the dog out, how do they sit together on the couch, how do they handle interruptions by their kids?
  - The therapeutic alliance can be strengthened by allowing the therapist into the couple's home
    - E.g., when a couple bought their first home they took the therapist on a tour of the house and another couple made it a game to see the therapist in a different part of their home for every session

### **Addressing Challenges of EFT via Telehealth:**

#### **Challenge 1: Fewer sensory cues**

- Depending on how the couple is sitting, it may be hard to see their faces and/or see their entire body, so the therapist may miss certain interactions, such as one member of the couple taking the other's hand. Additionally, one member of the couple may be off screen at various points during the session attending to other things in the home, etc.

- Can ask the couple to move how they're seated or move the camera to try to capture the most salient visual details, such as close enough to see their faces but far enough to capture most of their body.
- Therapist is less attuned to body language because of partial view of couple. Couple may be less attuned to one another because they are facing the screen.
  - The therapist can use their distance to bring the couple closer by fostering attunement between them.
    - ⇒ E.g., Ask one member of the couple to describe the other's posture or ask them to clue the therapist into changes in their partner's body language during session.
    - ⇒ E.g., Ask one partner to give the other a tissue if they are crying.
  - The therapist can use this to have each member of the couple practice verbalizing their internal experiences more explicitly.
    - ⇒ E.g., Reflect that it may be harder for the therapist to notice when they're tearing up, so asking each member of the couple to verbally identify their emotional experiences, "I'm noticing that I'm starting to cry right now because I'm sad about the state of our relationship."
- It is more difficult for therapist to communicate non-verbally
  - The therapist has to be more verbal and say all the things they might convey in-person with a look or by leaning in to one partner.
    - ⇒ Therapist should verbalize their empathy which can help model for the couple how to talk about feelings.
    - ⇒ Make it clear which member of the couple the therapist is addressing
    - ⇒ There will be missed moments of connection when a therapist may choose not to interrupt with a verbal communication of empathy or understanding during a time when the other partner is speaking. These moments can be addressed explicitly by the therapist afterwards as related to the limits of telehealth, e.g., "While your husband was speaking, I noticed how much his words affected you. If I was there in the room with you, I would have given you a look to show I understood what you were feeling but can you tell us now what was going on inside when he said that?"
- Technical difficulties can make it difficult to see/hear the couple clearly
  - ⇒ In case of audio difficulties, therapist can use the phone for audio as back up.
  - ⇒ In case of video difficulties, the therapist should be explicit that they cannot see the couple clearly or miss moments in the session. Again, the therapist can ask the couple to describe what is going on between them.
  - ⇒ In some cases, technical problems can be used in service of furthering the treatment. For example, in the event of lapse in audio reception during an enactment with a withdrawer, the clinician would ask the withdrawer to repeat what s/he said, thereby heightening vulnerability.

## **Challenge 2: Environmental Issues**

- The therapist has less control over the therapeutic space.

- If the couple is seen to a clinic, it may be a medical examining room or a conference room where the couple cannot sit comfortably together. It may not have tissues.
  - ⇒ Therapists can ask the staff at the clinic to try to set up the room in a way that is most conducive to EFT and ask for tissues to be provided.
  - ⇒ Therapists can be proactive in asking members of the couple to move their chairs in a way that will best facilitate closeness, such as move them closer together.
- If the couple is seen to home, there may be interruptions from children, pets, deliveries, work...
  - ⇒ In some cases, these interruptions can be utilized in service of furthering the treatment. For example, interruptions by children often precipitate emotional responses in the couple, which can serve as an entry way to the couple's interactional cycle.
- Therapists provide feedback to the couple on how to shape their space to minimize distractions and maximize therapeutic value.
- There is a potential loss of integrity or specialness of the therapeutic space (in terms of a professional environment) and couples may be less likely to take it seriously getting distracted by things that need to be done in the home or being more likely to walk out of session when emotionally activated.
  - ⇒ Therapists decide with the couple on the terms of telehealth treatment. Therapists may have to ask them to imagine they are setting aside this time as if they were going into a therapist's office so not doing other things that can be avoided like putting laundry in the dryer during session (can give them an information sheet at the outset of treatment delineating recommendations about how to best maintain therapeutic space).

### **Challenge 3: Difficulties De-escalating**

- It is easier to ignore the therapist over telehealth
  - De-escalating a couple in person is challenging but over telehealth many of the physical cues that a therapist could rely on like standing up, getting between the couple, making physical movements to get their attention are not available over telehealth.
    - ⇒ Therapists need to take a more directive approach with structure, explanation of interruptions and value of de-escalating up front. Therapists can emphasize the importance of stopping when they hear us say stop, as well as the importance of trying not to jump in when the other is sharing in order to create safety.
    - ⇒ We all know that the longer you allow a couple to escalate, the longer it will take to de-escalate so make it clear to the couple that when the therapist sees them going down this path we may interrupt them so that we can work against the full cycle taking off in session.
    - ⇒ Early in treatment it is helpful to ask the couple to name the escalation process/cycle that doesn't feel good for them (one couple identified with the "runaway train" or "tornado" to represent their cycle) and try to join

- with them on how bad this feels. Then use this term to help them stop it during sessions.
- If a member of the couple leaves the room mid-session, we cannot follow them out or assess their safety/emotional state outside of the room.
    - ⇒ If the couple is being seen to a CBOC/VAMC, can enlist the help of a telehealth technician to ensure that the member of the couple who walked out is safe and encourage them to return to the room, if appropriate.
    - ⇒ If the couple is being seen to home, can explicitly discuss a plan for managing this situation, such as identifying a space in their home where they can take a brief break and then return to the session.
  - It feels harder over telehealth to end a session mid-fight or when there's not resolution than it might be in person when you have a more concrete start/end ritual to the session vs. just hanging up. There is no transition time as there is in an office when the couple is getting up, gathering their things. We just press a button.
    - ⇒ Therapists can be more explicit about managing the transition to the end of the session by starting to wrap up session 10 mins early to take a step back and reflect on what's been happening in the session.
  - Managing safety concerns can feel more challenging over telehealth.
    - ⇒ When sessions feel unsafe or the couple cannot de-escalate, they can be in the same session but on different devices in different locations– either different rooms in their home or further apart, if needed.
    - ⇒ Risk should be assessed to determine whether couples therapy over telehealth or couples therapy in general is not indicated. When sessions feel unsafe for the couple, it might be best for them to seek an in-person provider or work on individual issues separately prior to engaging in couples therapy either in-person or via telehealth.

Citation for APA presentation

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