



Narrative Exposure Therapy (NET): Online by video calling

Introduction

Conducting trauma therapy online is a challenge. But there are now great examples of conducting CBT (Cognitive Behavioral Therapy), PE (Prolonged Exposure) and EMDR online. What about NET?

The first experiences with NET online using video calling are good.

There are of course preconditions, because you are remote. But then NET is probably ideally suited: with NET you are very "directive-coaching-following" and that is possible with video calling. You stay very close to the patients and their story, and you follow their tension carefully; the patient's eyes are open, so in this way you also keep in touch. You bring a lot of context information into the patient's story, which helps stabilize.

Only apply NET online if you are a educated NET therapist (training and supervision followed). Important: look for a safe platform for video calling: ensure a safe way of communication in connection with the privacy of the patient.

Practical issues to start with

- The patient's house and room must provide sufficient options and privacy for the patient. Regarding the sound, for example (if the walls are noisy, then housemates can listen in), regarding delimited space (no people who can walk in, such as partner or children), unexpected visitors.
- Other environmental needs like, for example: enough light in the room, not too warm, good background and light on the screen (so that you can see the patient well), glass of water.
- Sufficient technical facilities: good PC and WIFI connection; sufficient knowledge of the systems.
- Discuss whether the patient has experience with video calling. Discuss the situation may feel a bit awkward and strange. Discuss what you will do if the connection is lost: who will contact again? Possibly: on which telephone number can the patient be reached?
- Video calling at which you can see the patient very well is essential; only telephone contact is insufficient. Try to have the patient sit at some distance from the screen: in this way you can also see the body language (tension/ relaxation, other emotions) better.
- Estimate the motivation for trauma therapy for this moment. Estimate: is there a good working relationship and does the patient understand the intentions and conditions of NET? Are there not too many current stress factors or situational factors that make trauma treatment difficult to execute?
- Check the psychological status; including current suicidality, severe depression, psychotic phenomena and estimate dissociation tendency.
- Provide good psycho-education, preferably in the presence of a near person concerned.
- Prepare a crisis plan in advance which, in addition to suicidality and dissociation, also includes a plan for when the tension rises too much.
- Ask for the telephone number of a housemate, so that you can ask him or her to provide support if something is going wrong (with the patient's permission, of course).

Bezoekadres

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1112 XE Diemen

Receptie: 020 - 840 76 40

Locatie Oegstgeest

Rijnzichtweg 35

2342 AX Oegstgeest

Receptie: 071 - 519 15 00

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088 - 330 55 11





Make agreements with the patient, such as: when the tension rises too much, what do you do?
What can you do to reduce the tension? (such as anti-dissociation measures); when is the housemate called in?

Concerning NET:

a. The lifeline

After thorough diagnostics and psychoeducation the lifeline can be laid in several ways:

- The therapist can lay the lifeline; the patient can draw it at the same time. In this way you work well together.
- The therapist can also draw the lifeline on a flipchart, with the patient observing (and possibly drawing on a sheet of paper himself).
- The lifeline can also be made digitally in, e.g. MS Word, with pictures of stones and flowers (can be found on the internet). If desired, photos can be searched for by the patient (for example from the internet, but perhaps also from the own photo collection).
- You can also have the patient draw the lifeline on a large sheet of paper with colored markers / pencils, provided that you can watch closely.

b. The exposure

- Start the follow-up session with a flower and observe how the patient responds.
- Now continue the NET procedure.
- Plan the session in the morning, especially in case of rather significant stones; and give advice in advance what to do if tension rises after the session. Make an appointment to call back in the afternoon.
- During the exposure: keep closely in touch with the patient; and ask (even) more often questions about physical signals during the session compared to face to face treatment. In addition, ask the patient (in case of familiarity with dissociation) what helps to reduce the increasing tension/ dissociation. Instruct and practice this in advance, such as paying particular attention to neutral here-and-now

matters. With a tendency to dissociation intervene more frequently from hot to cold memories and from the past to here-and-now. So: dose the exposure.

- With a tendency to dissociation: motor activation works well against dissociation (for example: squeezing the chair back, stamping on the floor, squeezing a ball). Walking around the room can help; but be aware of fainting and: it is essential that the therapist keeps in contact with the patient while walking! You can place a number of objects next to your computer and when the tension, fear or dissociation occurs, ask the patient: 'what do you see in your room', how does the picture look like, 'what time is it' (show the clock), or 'what is this' (neutral object).

c. The document



- When reading the report aloud, do not forget to pay attention to the patient's reactions. So here too: ask the patient to keep some distance from the screen.
- To keep the patient active during the reading it is advised to share the written part on the screen so the patient can read with you; if necessary, the patient may read short parts as well.
- During the last session with the reading of the document, it works well to read parts of the report together, so it will not be too passive for the patient. For example, reading a part of the text alternately, checking carefully whether the patient is processing the text (and not 'runs through' it without emotions). And of course: keep monitoring the regular things like increasing fear and dissociation.

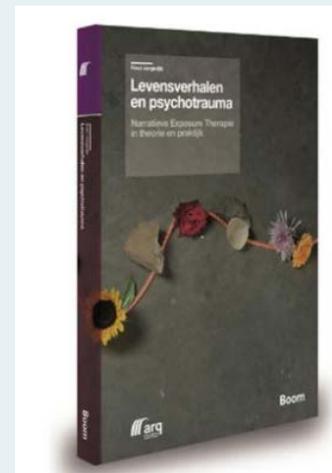


d. Before/ after the sessions

- Provide a clear starting moment for the session. Ask if the patient is sitting comfortably. Not too warm in the room. Glass of water.
- If he / she is too tensioned, do a short relaxation exercise.
Check all technical matters: is the image and sound sufficient, etc. (see also under Practical issues to start with).
- Indicate clearly when you will start with the NET.
“Shall we start with the NET now?
Last time we stayed with... .. I will now read the report from last time; then we continue along the lifeline”.
- After the treatment: it is important for the patient to relax. Ask explicitly how he/ she is doing; what he/ she will do first after the session and what plans he/ she has for the rest of the day.
- After the treatment: you can do a relaxation exercise. You can possibly watch a short, pleasant video together on YouTube, listen to a short piece of music or ask the patient to show something nice from the direct environment to calm down again, if he/ she wants to, such as a pet, a picture, part of the living room, the view outside or some nice photos.

More information about Narrative Exposure Therapy

<https://www.centrum45.nl/en/psychotrauma/treatment-programmes>



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ARQ Centrum'45 is *the* Dutch centre for specialist diagnostics and treatment for people with complex Psychotrauma complaints.

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