Cognitive Therapy for PTSD (CT-PTSD): Guidance for Conducting Memory Work Remotely (Version 3)

CT-PTSD is a trauma-focused cognitive behaviour therapy (TF-CBT), recommended by the National Institute for Health and Care Excellence (NICE) as a treatment for PTSD (NICE, 2018). A key part of this treatment is use of techniques that are memory focused.

When working remotely with people with PTSD, using Skype, Zoom etc. you can use the same treatment components in their typical order. The technique used first most commonly is the updating memory procedure. This starts with accessing key meanings of the trauma, either through 'reliving' (i.e., revisiting the trauma by asking the person with PTSD to describe events in the sequence in which they happened and in an emotionally engaged way) or through writing out a detailed moment-by-moment account (narrative writing). The distressing meanings are then updated with what the patient knows now. Other memory focused techniques include using a timeline/lifeline, trigger discrimination (THEN vs. NOW) and a virtual or in vivo site visit. All of these can also be used in remote treatment, with similar considerations for their use as in direct face-to-face treatment. The memory focused techniques are the best way to identify key trauma-related meanings. The change in these meanings is the best predictor of PTSD symptom change.

As in face-to-face CT-PTSD, when working remotely always

- Assess for history of dissociation in response to trauma reminders. If present:
    - Work on dissociation first, identifying triggers for dissociation and introducing reminders of the here and now (objects, images, smells, physical movements ['grounding']). Be sure to have the person show you these reminders before you start reliving or narrative writing.
    - Introduce THEN vs NOW discrimination tools early on in treatment to help patients break the link between triggers in the present and the past trauma.
    - A written narrative of the trauma(s) will be the best initial memory focused work.
- Make sure you give a rationale and explain that therapy aims to update the most distressing moments so that they no longer feel as if they are happening **now.**
- Use reliving, a written account and description of the patient's intrusive memories to identify key meanings to address.
- Update the trauma memory with helpful information and new meanings as soon as possible (e.g. "I survived, I did not die"). Ensure patients can draw on this information after the phone or Skype session by capturing the meaning of the updates in a written flashcard or in a photo they can access on their phone.
- When re-experiencing symptoms are associated with multiple traumatic events it can be useful to draw a timeline of life events with the person prior to reliving or narrative writing. The timeline starts from birth and extends to the patient's current age. The patient indicates the age at which traumatic as well as positive life events occurred on the timeline. The therapist will also ask the patient to indicate which trauma are associated with re-experiencing symptoms in the present as this gives clues about the trauma to work on first.
- Complement updating memory work with the THEN versus NOW trigger discrimination.
- Be aware of avoidance. Patients may avoid engaging in memory work by holding back their feelings during reliving or if working remotely, by closing their eyes during stimulus discrimination practice or doodling during reliving. It is important to ask patients if they have been doing anything to avoid parts of the trauma story or the sounds or images you may be working with in trigger discrimination.
- Memory focused work is one part of CT-PTSD. Ensure you use other techniques such as reclaiming/rebuilding your life and behavioural experiments etc. Encourage clients to use

THEN versus NOW discrimination when reexperiencing is triggered during behavioural experiments.

Special considerations for remote memory focused work

- R**outinely give people the choice of reliving or writing a trauma narrative together in video sessions.**
- When using the telephone for sessions (rather than Skype etc.), we recommend developing a written narrative rather than imaginal reliving. The narrative can be written down in session, either by the patient or the therapist and shared by e-mail. Alternatively, the patient may start it as homework, if they feel able to do so. It can then be emailed to the therapist in advance of the call. Narrative writing is recommended for phone calls because we think it is important for the therapist to be able to see emotional reactions during reliving, which is not possible during a phone call.
- When writing a narrative in session, the therapist or client can write the narrative. Give your client the choice of who writes the narrative. You can use the **'share screen'** function while writing. Include updates to the worst meanings of the trauma, the hot spots, in the narrative in a different colour.
- If it is necessary to increase emotional engagement it can be helpful to ask the person to read the narrative out loud to you.
- When using images, audio files and videos sourced online to use as triggers in stimulus discrimination, email these to patients to access in your remote session or use screen share to work together on the same trigger.
- Use Google Street View to visit the site of the trauma. You can use the screen share function to do this in Zoom or on Skype.
- Extend the compassion you extend to clients to yourself. Take a break after speaking to clients and try to keep a clear distinction between your work and private life. Please be sure to put your remote therapy tools (laptop, images/other triggers you've sourced for clients) away after your calls, preferably in a different room.

Structure of the session

- Allocate enough time to set reliving or other memory-focused technique up properly, ensuring patients have reminders of the here and now (also called grounding objects) in their environment.
- Allocate enough time to finish reliving or narrative writing and ensure you do not finish at the worst moment of the trauma (unless this has been sufficiently updated and it is no longer maximally distressing to patients and no longer carries a heightened sense of nowness).
- Avoid conducting reliving just before the end of the session.
- Plan what activity (e.g., a reclaiming life or self-care activity) the person will do after the call
- Always ask for feedback at the end of a session, and especially about any memory focused techniques used.

Further Resources

For training videos on how to conduct CT-PTSD, including reliving and updating, narrative writing, Then vs Now, conducting a Site Visit and Virtual Site Visit, creating a trauma timeline, and working with dissociation, see the PTSD videos at https://oxcadatresources.com/. You will need to register as a therapist to access the videos. There is no charge. The videos and other materials on the OxCADAT website assume that therapists using the materials have already had general training in cognitive behaviour therapy.

The PTSD NICE guideline, including adaptations for complex presentations, is available at www.nice.org.uk/guidance/ng116.

Acknowledgements

This document was created by the team at the Oxford Centre for Anxiety Disorders and Trauma. The work was supported by the Wellcome Trust, NIHR Senior Fellowships and the Oxford Health NIHR Biomedical Research Centre. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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