

Internet Presencing Essentials V3.5

For Eye Movement Desensitization and Reprocessing (EMDR) Professionals

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March 18, 2020 (2013, 1994)

Introduction

The fields of counseling and psychology have focused on human contact as a vital element for providing healing experiences for clients. Meeting together in an office has been the basis for developing interpersonal connection, which ideally provides an environment which is trustworthy and safe.

The tremendous growth of electronic communications brings new options for meeting with clients. Technology enables more people to receive services through the ability to telecommunicate from a distance. However it challenges service providers to adapt to a less direct, possibly more impersonal way of connecting with people. The Internet brings advantages that are accompanied by the requirement to adjust to a new kind of relational experience in a virtual setting with electronically transmitted images and voices.

There are many reasons to embrace this change. Most recently we have had the spread of viruses, most notably the COVID-19, coronavirus. People have been forced to minimize their exposure to the public. Clinicians, many of whom previously resisted telehealth, are turning to online therapy to protect themselves from close contact with their clients.

Telecommunications also enables us to successfully reach a broader spectrum of people. Not everyone can meet the minimum qualifications for attending traditional, in-office psychotherapy sessions. Disabled people have been numbered in the underserved population. Physical limitations prohibit many who lack mobility or convenient transportation from accessing therapy offices. Others cannot regularly attend sessions because of the side-effects of the same issues of fear and anxiety that they need to address.

In addition, clients who previously may have attended regular sessions can develop illnesses or may travel frequently for work, preventing them from continuing their sessions for extended periods of time. New mothers with postpartum issues may be home-bound. There is also a long list of underserved population segments, which include people in unsafe or isolated locations making it challenging for clinicians to provide services. Military personnel are noteworthy for their need and their distance from providers.

Offering services to a broader world necessitates the use of newer forms of communications. Having the skills to use the Internet effectively can enable clinicians to reach out in new directions. To successfully address having Internet sessions in a *virtual office*, we must identify, study and learn how to provide the elements that make an office-centered relationship highly personal, supportive and restorative.

The Art of Presencing

The concept of therapeutic *presencing* is to offer the benefits of the personal environment of a clinician's office without meeting clients in person. My first opportunity to develop this was in the 1990's while working with *techies* in Silicon Valley, California who were either sleeping under their desks due to their long work hours or traveling for meetings. I discovered there were ways to help them continue their therapy by telephone since they frequently missed their sessions. They learned to feel connected to me and to delve into their issues as we had in my office. By identifying and understanding the healing elements of my in-office sessions, we were able to continue meeting in a warm and safe *virtual office* on the phone!

Consider what a client experiences when having a session in a counseling office. Their senses consciously and subconsciously take in bits of information that add up to their perceived experience. This is then augmented by their individual associations, conclusions and intuitions with regard to this input. When speaking on the phone, this same experience is limited because four of one's five senses are not overtly communicated, reducing a phone interaction to the single sense of hearing. With telecommunications the sense of sight is added. I have found that in whatever mode services are delivered, the success of a psychotherapy session largely depends on how well a counselor-counselee relationship is developed and nurtured in an environment of trust and safety, providing the vital backdrop and foundation for therapeutic healing.

In the following discussions, I focus on providing professional and healing online sessions using video telecommunications. However I will also include a few references to phone communications since these still challenge clinicians today. In this paper I am assuming you have or can acquire basic computer skills. You may need to find assistance to select and learn to use telecommunications software or applications [also called *apps*]. In addition courses may be recommended to you by your professional organization.

■ What is Presencing?

Presencing is the art of augmenting one's presence online so that clients can more closely experience a clinician's presence as they would in a physical office. It is an art form that should be natural and relatively transparent to clients. It is a skill set which enables a clinician to use their in-office therapeutic techniques more effectively online. It is foundational in providing deep healing while helping a client to stay safely within their window of tolerance.

In addition, presencing provides vital tools for dealing with online technical problems. Many initially-resistant online clients have been put at ease with both phone and Internet video sessions by the skills to be described.

■ The Critical Initial Connection

Starting a client's first telehealth session effectively impacts the building of a therapeutic relationship. When a new online client begins therapy with caution and defenses, they need to be welcomed into a professional, safe and inviting experience. Considerations include how initial paperwork is handled, making any immediate adjustments with your hardware interface and being ready to discuss technological issues going forward.

During the initial few minutes of a session presencing means inviting your client into your *virtual office*. A client may have just run in from a work meeting, a game of golf with friends or a parent-teacher conference for their child. They are without the sensate impact of a professional office to help them to center themselves in preparation for a therapeutic encounter. In fact they may be sitting at a desk, piled with bills or work, with their focus dominated by the sight, smell and feel of their daily activities. Their view of you and the sound of your voice may feel abstract and distant and therefore less inviting, safe or separated from everyday life.

Helping a client to feel comfortable from the start may require guidance to make mental focus changes. If they are not in a private setting, direct them to find a quiet, private place. Once there, some clients benefit from deep breathing or a brief meditation with their eyes closed. Others do well by answering simple questions, asked by your soothing voice to help them start journeying inward,

away from their day as they relate more personally. Clients with a visual learning style may easily slip into a guided visual. This can be especially useful when a client is more distractible, i.e. if they hear street noises.

Clients will learn to focus on the sound of your voice, inviting them to join you. You have thus opened the door to your virtual office! Many clients report that this evokes the feeling of being transported into their clinician's office, which feels very safe and connected.

This can also happen with phone therapy. Skillful presencing helps a person to rely more on their sense of you as they quiet their minds and turn inward. This focus allows many to settle into their counseling relationship, calling up their own inner image of being with you, sitting together. They are then freer to open up their inner world as they feel and sense you with them.

■ **Crafting Words**

Clinicians as a rule are skilled communicators, choosing words in session for effect as well as to minimize misunderstandings and to clarify meanings. The power in elegant word crafting becomes even more important with telehealth therapy. Presencing means choosing words that have the ability to help a client intuitively sense their clinician's presence, bridging the technology gap to make it possible to take in even subtle therapeutic nuances. Well-timed words can deepen psychological meaning.

Unfortunately an online client cannot focus fully on their own therapeutic processing if extra effort is needed to take in verbal as well as nonverbal input from their clinician. In the event of a weak Internet video link, a client may miss specific words, key phrases and important nonverbal communication from a clinician's facial expressions or body language. Well-timed clarifying, descriptive words from a clinician may ensure that the client can understand the information or support that the clinician is providing.

The power of crafting words may be used creatively, depending on whether your client has an auditory, visual or kinesthetic learning style. Being aware of this with your choice of adjectives or the feedback you give will improve your ability to have impact. This is may be more critical when providing phone therapy.

■ **Presencing Your Therapeutic Reactions**

A client may not catch the impact of your reactions to them and their processing because their computer screen may be small, their webcam may not be very good or their audio may be fuzzy. Using words to reinforce your responses, especially in places where subtlety or nonverbal reactions might be missed, can make a significant difference in a client's experience.

For example, a client may be excited to describe their success with a homework assignment. In a physical office, the sound of two enthusiastic voices might fill the air with the excitement of victory and seemingly raise the room temperature. On an online video call, words may feel hollow since electronic transmissions do not always provide for clear, full duplex (two-way) communication. That is, a client may not hear much of your supportive responses, expressed while they are telling you the exciting details of their story. If they also cannot clearly see your smiling, supportive face, or feel the temperature of the office rise from the positive energy, they may lose an important therapeutic moment. By reinforcing your reactions with brief verbal descriptions of your thoughts and feelings, they may benefit from your presencing skills and feel more clearly affirmed by your enthusiasm and your warmth.

■ **Non-verbals**

Silence is an important, meaningful form of communication that can be powerful in a traditional office. Unfortunately in a telehealth session, the silence can feel like a loss of connection, often evoking the question, "Are you still there?" It could exacerbate a client's loneliness issues.

To bridge silences, brief verbal comments can be reassuring. Non-verbal sounds, facial expressions and physical movement can provide strong presencing without interrupting a client's train of processing. Non-verbal sounds might include sighs, words such as "huh," "yeah," "good" or even clearing your throat. These are examples of things done very naturally in a physical office, but can be utilized more intentionally to build and maintain connection. In my opinion, this is

one of the most important, yet overlooked skills when providing phone therapy or simply having a quick administrative phone conversation with a client.

■ Visual Cues

An associated concept is to use visual cues to emphasize your presence with your client. Given the state of video transmissions, sitting too still as one might in a traditional office can appear as if the video line has frozen (which it frequently can do!) Using less subtle facial expressions, slowly moving your arm, head or body position or even adjusting one's chair is important presencing. This is especially helpful for those clients who are visual.

Visual cues can also be helpful in another way. When the audio portion of my Internet connection is weak or cut off, I use hand signals if I believe a person can't hear me. I signal them that I will call them with my smartphone to create an audio connection. I then mute my computer, allowing our session to continue smoothly. Presencing means being reassuring by calmly and clearly knowing what to do without hesitation, thus communicating that you are handling the situation. This demonstrates they can trust you and that it is important to you to stay connected with them; this is especially soothing for those with abandonment issues.

■ Adult to Adult Bridge

I use this term to describe a tracking tool which is an essential part of the artistry of presencing. If a clinician is out of sync or feels lost while a client is processing, not only is it hard to respond therapeutically but it also creates potentially damaging distance. Seeing a newscaster's view of our client, we are provided visually with only facial expressions and body movements to read. This may limit our having adequate moment-by-moment tracking with their processing.

The *adult to adult bridge* is used to facilitate smooth online therapy. It is an *aside* discussion to have when you:

- a) feel you are missing information, or
- b) need a brief discussion to resolve a technical issue or problem.

In the first case, asking effective questions briefly about a client's emotional reactions and physical experiences can be an important tool for getting a fuller therapeutic picture of a client's *processing state*. We may not be able to see tears starting to well up or their feet fidgeting. Sensitive probing helps us to stay in sync. A benefit is that as our clients respond to us, they are encouraged to open up their interior worlds while experiencing our protection, ongoing interest and positive regard. Sharing in the moment about this private processing helps many clients to feel *seen* as in a traditional office.

The second use of the *adult to adult bridge* involves having brief discussions to resolve technical issues that could occur at any time, but especially during the more sensitive processing phases of EMDR. There is more that could be said about this but I will address it further in the EMDR section below.

■ **Timing and Pacing**

The longer a client works with a clinician, the more trust they can build as they learn to believe in their clinician's ongoing interest and concern. Consistency is vital in building this trust. It may be shown through careful scheduling, good boundaries with time management and the consistent use of artful presencing.

Therapeutic timing is subtly different online. But with comfortable and natural presencing you will likely find that your pacing will more closely match your in-office skills. For example, you can learn to handle technical problems in the way you might handle a client who has spilled their tea on their lap.

Success with online therapy depends on knowing when and how much your presencing skills might be more needed at any point in a client's therapy. One example is that clients often drop their voices when they are upset or are re-experiencing traumatic memories. This is a time when they probably need a closer sense of your presence and, in a physical office, leaning forward would be natural. Unfortunately, if you move your head toward your webcam, it may look more odd than helpful. This is an example of the benefits of using your webcam professionally as described below.

■ Your Approach

One of the best ways to understand how effective your approach might be with your clients is to experience being a client, rather than a clinician. Practicing with your colleagues is essential. Find what works for you and what doesn't...notice what you like and don't like. Some therapeutic techniques lend themselves more readily to telehealth than others. For example, I believe that CBT, EMDR and visualizations can work very well with online and phone therapy. At this time, hands-on approaches such as Reichian therapy or the use of equipment such as Sand tray or Bio-Feedback probably will not work outside a traditional office. However, technology continues to make the impossible, possible!

■ Awareness!

A client's growing distance is a key indication that they need more of a sense of you and your presence. There are many more things to be learned and studied about these skills that will evolve as technology changes.

Presencing and Your Virtual Office

One of the keys to the art of presencing is to be able to create a virtual office with the look-and-feel of a traditional, professional office. I will address some physical aspects of setting up and using your equipment.

■ You're on Camera!

It is vital to be aware of your visual presence on camera. This is what your clients will see. The issue is, will they be able to trust this person whose image appears on their screen?

To begin with, it is best to be natural and relaxed to bridge the physical distance and create a more personal appearance. While doing this, be aware that feeling too comfortable and casual can appear sloppy and unprofessional.

Movement should appear calm. Extraneous, rapid or sudden motion can be distracting, especially if the Internet line speed is a little slow. A client may see erratic, jerking movements on their screen.

Professional clothing is important, especially on your upper body. I also keep a jacket near my desk in case I have an unplanned video meeting with a client or another professional. I prefer comfortable, casual slacks for sitting at my computers, but I stay with dark colors in case I need to stand up to adjust my lighting or other equipment. I have a colleague who stood up to reach for a book and was caught on camera wearing his PJ bottoms!

I use a high quality webcam, external to my computer, to provide the clearest picture possible for my clients. I adjust it to show my face and part of my shoulders and arms so clients have a sense of my in-office presence. My personal style is to appear with an attentive face yet a relaxed body position to put my clients at ease. Some people sit too closely to their cameras, which can look unnaturally stiff and intimidating. I call this the "Oz head" effect. In the movie, *The Wizard of Oz*¹, Oz appears initially as a frightening giant head, creating the opposite image of what we would want to project. Telecommunications software apps provide a small image of your face when you are online, allowing you to monitor how close you are to your webcam during your meetings. You will also be

able to view your facial expressions and body positions. Be aware not to let your clients catch you watching yourself!

If you use items on your desk or look away from your webcam, it can give a client the uneasy feeling that other unseen activity is absorbing your attention. This can disrupt a client's concentration and trust of the safety and comfort of your virtual office. I may lightly comment when I am grabbing a pen, adjusting my chair or looking away. I have another small computer that I use for typing my clinical notes; in their first online session I tell my clients of my second keyboard so they don't wonder what I am doing if I briefly glance down at my hands. I don't suggest typing during sessions unless you are a touch typist.

Before you meet with clients, learn if your webcam is calibrated so that your gaze at your clients on your screen will appear to them that you are looking directly at them. Many webcams at this time will show you looking downward which creates emotional distance. Do a test with another person to find out where your webcam shows the direction of your gaze. If your eyes are not aligned correctly, try to create a direct gaze by physically moving your webcam or the app window on your computer screen to be close with each other. Often this will successfully fix this problem. [Note that if all else fails, there are rudimentary ways to move a webcam i.e. it can be propped up on something tall or suspended by using masking tape.]

■ Office Appearance

Another aspect of presencing is that the visible background which shows on your webcam should complement the professional image you want to present. Depending on your personal style, type of clients or therapeutic approach, your background should be consistent with what you would want a client to see in your physical office. Note that uncluttered is best since it may be more relaxing. Many people make the mistake of putting the attractive aspects of their offices in front of themselves and leaving the client to look at a plain wall! Be sure to check your setup by viewing your own background from another computer.

By providing bright but diffuse lighting, your virtual office may be more pleasing to the eye. A mistake people make is to forget to test this out at various times of the day or during different seasons. Poor lighting can cause unpleasant

shadows or streaks of light. Another mistake is to arrange your setup so that your client sees a window behind you. Although this can be appealing, it may also create problems with changing lighting or unwanted visitors.

Also important is the consistency of a professional appearance. I have an attractive backdrop cloth which is portable and can be easily set up in other locations when I travel. It allows me to provide my telehealth clients with a cleaner look by blocking out unsightly items in a temporary office. This gives me more freedom to see clients while traveling - one of the advantages of using the Internet!

Technical Presencing

The skills discussed in this section focus on maintaining technically smooth online sessions. They provide guidance for keeping clients within their window of tolerance when technical issues arise.

The most important skill is to stay calm as you utilize your *adult to adult bridge* when your telecommunications software isn't working properly. Maintaining a stance as a confident and protective clinician will provide clients with a sense of safety in your virtual office. Trust is built as they experience how you respond when facing surprises and challenges. Whether you have answers or not is less important than being able to confidently guide clients through steps that will lead to a definitive course of action.

I recommend keeping basic information about each client's hardware in their file. For example are they using a desktop, laptop or smartphone; Windows, Android or Apple's OS X? Even if they can't tell you much, having any kind of information which can be referenced later could be helpful as you or your advisors deal with any ongoing technical difficulties.

In order to be confident it is vital for a clinician to practice using their audiovisual equipment. This will not insure that sessions will be trouble-free, but it may eliminate many potential problems and subtle issues that can frustrate a client who might already feel unsure of online therapy. When problems occur, they may unfortunately feel their clinician's distraction and loss of focus on them. Practicing with others can help clinicians learn to smoothly handle computer glitches and hiccups using the *adult to adult bridge*, which should be developed early in therapy. I recently found myself changing the batteries in my speakers while talking a couple through an intense argument. They simply noted that I was tracking with them while attending to a side problem with my hands so that I didn't lose connection with them. They had a productive session and ignored my extra activity! This highlights the importance of your presencing and familiarity with your equipment.

Since technology is imperfect, do periodic checkups between sessions such as testing cable connections if they get moved, rebooting your computer, adjusting speaker volume or lighting and testing software options and settings. Computers now standardly have higher quality, more reliable microphones, speakers and

webcams. However it might be good to upgrade them every few years since computer components continue to improve.

A clinician's voice should be loud enough yet natural sounding to a client. It is important to be able to see a client, but absolutely necessary that a client have the clearest picture of their clinician possible. *Technical presencing* means being vigilant about maintain this clarity. Therefore, clinicians need to respond to and maybe guide clients in checking basic hardware or software issues in a timely manner when computer glitches occur. You don't have to be a *techie* to use the following skills which any prepared clinician can use, even with a Luddite. I recommend that you memorize these steps so you can be ready to take immediate action when your technical transmission starts to become questionable; this will enable you to always land on some kind of solution under pressure:

1. When the sound or video is unclear, one of the first things to try is to warn your client and then hang up and re-call them to see if the problem clears up,
2. Check any hardware or software settings you are familiar with... or skip to the next step. The kind of problem you are having may point to which items to check i.e. software, speakers, webcam, computer, batteries or cables; your abilities with step 2 will grow with time and experience,
3. If an audio problem persists, suggest or signal to your client to use smartphones so you will be able to hear each other while continuing to use the video portion of your telecommunications apps. This can be helpful if your voice and image are not in sync or the audio fades in and out,
4. If steps 1-3 don't help, the last resort may be to switch completely to a phone session.

As you become more comfortable with software or hardware you might consider turning off and restarting software apps or completely rebooting your system if you recognize the symptoms. But you can always fall back on the four steps above if this feels "above your pay-grade."

Note that many clients are so engrossed with their inner processing, they barely notice any inconvenience. Although rare, if they are too bothered to continue it may be necessary to reschedule an appointment; but make sure you

bring adequate closure to the current session. I extend sessions or offer extra time later to make up for any time lost due to technical interruptions. I try not to pack my day too tightly to allow for minor time adjustments and I try to make rescheduling convenient and timely.

Again, it is important to hear clients, but *vital* for them to hear you. If you do not get a clear picture and sound, you need to consider the tradeoffs of continuing with a less than clear connection or rescheduling. Sometimes it is more important to proceed, possibly switching to phone and using very strong presencing techniques. If a client does not get clear contact with you, it may impede their progress. Many people interpret this as feeling distant from you or having had a boring or ineffective session. This interferes with the sense of connectedness and trust that you have worked so hard to build.

Some of my clients' best sessions have happened in less-than-ideal situations because of my confidence and augmented presencing. Most clients are aware that unavoidable technical difficulties can happen. I find that my clients thrive on my efforts to respect and protect their therapeutic time with me.

EMDR and Presencing

EMDR, Francine Shapiro's therapy system which offers deep healing with built in safeguards can be provided online if properly used. It offers healing at many levels, providing ways for a clinician to stay relationally connected and in sync while working with clients. In particular, EMDR therapy depends upon measurements such as the SUDs (subjective units of distress scale) and the VoC (validity of cognition) scale which monitor a client throughout their EMDR session. Tracking and attunement while using the 8 phases of EMDR require adequate, ongoing training and the skillful use of EMDR. Studies are needed to understand optimal ways to administer its protocols online.

■ Preparation

Special attention during the History and Treatment Planning and Preparation phases is vital to success online. There are many techniques used by members of the EMDR International Association (EMDRIA) that work well online for preparing and resourcing clients during and after these phases. In addition, building an *adult to adult bridge* in the early phases enhances the ability to access a client's executive function when needed. This assists in the development of deeply attuned relationships by facilitating the handling of technical problems and/or clarifying missed or confusing processing cues and clues, allowing clinicians to more effectively respond to clients who begin to dissociate or abreact during an EMDR session.

A clinician can develop and practice this skill by briefly checking in with a client regarding the clarity of their Internet transmissions (i.e. audio volume or adequate lighting) during early EMDR phases. Ideally this will not throw them off their train of thought. Developing familiarity with this bridge will go a long way in assisting your client, for example, to stay within their window of tolerance during the EMDR Desensitization phase when technical problems occur.

■ Dual Attention Stimulus (DAS) Methods

In the future, technology should be able to produce effects that will replicate all aspects of the in-office delivery of EMDR therapy. For example, we may be able to have holographic experiences of each other. Until then, online EMDR therapy will be supported as well as limited by the prevailing state of technology.

The *Guidelines for Virtual EMDR Therapy*² report from EMDRIA specifies:

- Dual Attention Stimulus methods are ideally administered by the clinician
- Dual Attention Stimulus methods are delivered in discrete sets
- Screen size should allow for full breadth of eye movements across the midline (the central plane of vision from left to right) as research has shown this to be efficacious.
- Clinicians should take appropriate measures to establish adequate attunement/safety as addressed below:
 - As with any interactive therapy where strong emotion can be triggered, clients with affect phobia or with underdeveloped affect tolerance skills may dissociate or have abreactions. Clinicians should consider making additional effort during the phases of History and Preparation to establish attunement, develop resources, and build affect tolerance skills in order to provide additional support and safety for the EMDR client.
 - Clinicians can establish added safety by being diligent to build trust by graduating targets, monitoring SUDs levels and ego state changes, and staying highly attuned throughout the process. Clinicians may allow extra time for session closure and perform consistent follow up on the effects of EMDR from session to session to provide more safety and stability for the virtual client. Clinicians may also want to give additional follow up instructions and resourcing homework to be done between sessions. While these are all normal parts of EMDR therapy, we may need to be more consistent in our use of them and conservative when it comes to providing safety for the virtual client.

Planning is needed in how to provide Dual Attention Stimulus (DAS) in a way that is effective for your clients. Clinicians need to choose DAS methods that are capable of being supported by *both* the clinician's and client's computers. In addition, the transmissions between computers need broadband speed that is reliable and powerful enough at both ends to administer the desired effect smoothly.

Unfortunately the feedback view that video conferencing apps provide gives a clinician incomplete information on what a client is seeing or hearing with any DAS method being used. For example, a client may be using a different screen size, have poor quality speakers or is having problems with their broadband speed or transmission reliability. These and other unforeseeable problems should be addressed as described in the technology section. I also suggest that you have another clinician view your methods online so that you can receive feedback on the effectiveness of your delivery.

1) DAS involving guided eye movements may be provided with manual methods, electronic devices or software.

- Manual guidance may be done in a traditional way with hands, wands or other devices
- Be aware that eye movement guidance may be less than ideal because the accurate measures of spatial distance due to varying screen sizes are hard to predict. Clinicians should remember to note if clients switch computers or choose to meet via their smart phones, indicating that DAS methods may need to change.
- The clinician needs to be aware of potential problems in administering consistently smooth guidance for eye movements. Uneven movements may occur during peak data traffic times on the Internet or be caused by glitches that can occur anywhere in the complex network that connects any two computers.
- Client-controlled apps or other electronic methods currently may resolve eye movement guidance issues. However, this may be more awkward because it requires clients to use executive focusing i.e. to start, stop or adjust their own apps and DAS speed. It can be problematic that clients are also responsible to have their equipment or apps ready to be used when needed.

- Reliable eye guidance methods will not be an issue for clients who only process with their eyes closed. Clinicians may guide the speed of eye movements audibly by producing tones through the use of apps, electronic or manual methods (i.e. a metronome with variable speeds).
- If clinicians use a constant DAS speed during EMDR sets, clients may move their eyes bilaterally between the two points, using two static points on the wall or on the outside edges of their computer. As noted above, EMDRIA guidelines² suggest that eye movements should move “across the midline (the central plane of vision from left to right)”. Clinicians may guide the DAS speed audibly by producing tones through the use of apps, electronic or manual methods.

2) DAS involving client-controlled tactile methods such as body tapping and butterfly hug may be guided by clinicians audibly by producing tones through the use of apps, electronic or manual methods.

- Body tapping is easily controlled by the client. It is important to have them tap in a body area that you can see on your webcam. It is awkward and problematic to have them tell you when they start or stop. The butterfly hug, for example, works well if their hands don’t drop below your visual range.
- Client-controlled tactile methods produced by electronic devices are more awkward but may be helpful or preferred by certain clients, i.e. providing consistency for clients who meet both in-office and online. These tactile methods require clients to use executive focusing i.e. to start, stop or adjust their DAS speed. It can be problematic that clients are also responsible to have their methods ready for use when needed

3) DAS auditory-only methods may be produced by software, apps or devices to create a bilateral affect.

- Auditory methods require a stereo-capability. Until this method can be offered and controlled by clinicians, clients will need to provide their own methods.
- Client-controlled auditory methods produced by software, apps or electronic devices are more awkward unless helpful or preferred by

certain clients, i.e. providing consistency for clients who meet both in-office and online. These auditory methods require clients to use executive focusing to start, stop or adjust DAS speed. It can be problematic that clients are also responsible to have their methods ready for use when needed.

- 4) Visual, tactile and auditory may be used in combination to provide or enhance Dual Attention Stimulus methods.

There is current research being done on the efficacy of this approach and other aspects of DAS. Stay tuned!

In Conclusion

The effective online delivery of Telehealth requires important safety and security considerations. This is beyond the scope of this paper. Each clinician should seek the training recommended by their professional organization.

Telehealth is bringing tremendous new potential to the fields of psychotherapy. We are in an era of explosive technological growth. For us to take advantage of the new tools being offered us, we may need to take risks outside of our comfort zones.

I trust that by developing the art and awareness of presencing, you will be better prepared to experience the rich potential that telehealth has to offer. Clinicians use tremendously powerful methods in their offices; now we can take these gifts into new frontiers.

¹Metro-Goldwyn-Mayer (Producer). Fleming, V., Cukor, G., LeRoy, M. (Directors). (1939).

²Rollins, S., Hughes, T., Cordes, G., Cohen-Peck, M., Watson-Wong, J., *Guidelines for Virtual EMDR Therapy*, A Report of the Virtual Training and Therapy Task Group (EMDRIA, EMDR International Association, 2020)

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JoAnna did her basic training in EMDR in 2003 and later became a Certified EMDR therapist. Her poster presentation, *EMDR Internet Therapy*, was awarded first place at the 2013 EMDRIA annual conference, “Where Science & Research Meet Practice”.