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TRANSLATING RESEARCH TO PRACTICE

Online Couples Therapy: Tips for Good Outcomes

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Disclosures/Conflicts of Interest

The presenter has no conflicts of interest.

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Learning Objectives

1. Describe the strengths and limitations of online couples therapy;
2. Identify potential benefits and pitfalls of teletherapy with couples;
3. Use teletherapy as a viable, sustainable component of one's clinical practice.

The Market for Online Couples Therapy

- Internet searches for relationship education and advice return hundreds of millions of hits (Barton, Hatch & Doss, 2020; Stewart et al. 2016).
- Web-based interventions are the most sought-after resource for individuals interested in improving their couple relationships.
- Online interventions have been developed for relationship distress (Doss et al., 2016) and initial evaluations of these programs support their efficacy, and couples are able to maintain their gains (Roddy et al., 2020).
- Online interventions are considered to have specific advantages over face-to-face programing such as greater accessibility, reduced cost, and higher potential for widespread dissemination (Bouma et al., 2015; Cicila et al., 2014; Northouse et al., 2014; Zulman et al., 2012).

The Market for Online Couples Therapy

Researchers have found teletherapy nearly as effective as in-person including for panic disorders, depression, anxiety, and substance use disorders (Godleski et al., 2012; Hilty et al., 2013; King et al., 2014; Rees & Maclaine, 2015).

Online interventions are considered to have specific advantages over face-to-face programing such as greater accessibility, reduced cost, and higher potential for widespread dissemination (Bouma et al., 2015; Cicila, Georgia, & Doss, 2014; Northouse et al., 2014).

When folks get over the initial panic and have stocked the pantry (and bomb shelter), a global pandemic with the calls for social distancing might precipitate a rise in couples seeking online therapy. It may depend on how well they're coping….

Build It, and Who Will Come? Promoting Your Services Online

- Website with strong search engine optimization, an effective pay-per-click advertising strategy, and targeted social media advertising.
- Potential participants are **six times more likely** to click on a search advertisement emphasizing promotion keywords (e.g., “improve communication”; “save marriage”) than a search advertisement emphasizing prevention keywords (e.g., “stop fighting”; “prevent divorce”; Mowle et al. 2014).

Promoting Your Services Online

- Barton, Hatch and Doss (2020) found that partner participation requirements reduced the potential sample for their online intervention **by more than half**.
- Participants lost due to the partner participation requirement were those ***most in need of services*** (i.e., partners characterized by greater levels of break-up potential, physical aggression, communication conflict, psychological distress, and anger).
- Identify effective strategies to assist help-seeking individuals recruit their partner into the intervention, particularly for those couples experiencing greater distress and for whom broaching this topic may be a daunting task for their relationship.

Update Your Informed Consent

- When it comes to issues of privacy and confidentiality, **informed consent is our friend** (Wrape & McGinn, 2018).
- At the start, state that **clients are the primary party responsible for protecting their own privacy within the home.**
- Help them to brainstorm ways of doing so.
- Remember that informed consent is an ongoing process, and follow-up conversations may be necessary.
- **Who are the clients?** Presence of a child or other individual may serve an avoidance function; brainstorm possible solutions to barriers to privacy (e.g., childcare options).

Couples Teletherapy Considerations

- Need for individual assessment for therapy contraindications and safety planning (IPV, severe substance abuse, etc.)
- Escalation occurs during session, and provider cannot ensure physical separation to facilitate de-escalation
- In-home sessions are interrupted by day-today activities
- Typical session nonverbal cues are missed via video
- Difficulties “joining” with the couple/family
- Collection of self-report measures, consent forms from different family members

Recommendations

- Same exclusions and contraindications as in-person couple therapy apply (severe IPV, untreated substance abuse or psychotic disorders in one or more family members, untreated high suicide risk in one or more family members).
- Couples may be not able to uphold the boundaries set by the clinician to ensure safety.
- If a partner refuses to allow for a confidential and private individual session to assess IPV, or refuses to call the clinician back after dropping hints about suicidal thoughts, online couples therapy may not be viable.

- Confidential treatment planning should one partner disclose IPV or endorse fear or intimidation from his or her partner.
- In-person, you can be assured that confidentiality can be protected. You can assess for safety without fear of being overheard.
- The setting of home-based care does not guarantee this, and though individual sessions can be held as part of the assessment process, you cannot ensure confidentiality. Though a partner may leave the room or view of the camera, there may be opportunity for them to hear the endorsements of the other person and subject them to retribution.

Recommendations

- Schedule an in-person session if safety is a major concern. This will allow safety planning with the victimized partner.
- Second, ask one partner to leave the room, and the remaining partner to utilize headphones to answer yes or no questions (‘garage’ sessions)
- Proactively and collaboratively agree to time-out signals for the clinician as part of the no-aggression contract. If the clinician makes the “T” signal with his or her hands, it means the couple must cease all communication in that moment.
- This recommendation is in service of the technological difficulties that occur with loud background noise; the couple may not hear or may not want to hear the clinician verbally signal a time-out.

Recommendations

- Initial in-office visit, if possible, to assess appropriateness of couples
- Use progressively more stringent guidelines to collect information given relative risk of case (e.g., partner can utilize headphones to answer clinician questions if there is concern for IPV)
- Proactively agree to a “time-out” signal at the beginning of therapy
- Problem solve how each member of the couple/family will “cool down” out of the presence of others (e.g., walk around the residence, deep breathing exercises)
- Discuss with the family the need to attend as if they are “in-office”, or create a space for therapy
- Discuss child-care, if needed
- Gently and assertively draw boundaries that coincide with informed consent discussion at initiation of services
- Return to this informed consent discussion should these boundaries not be upheld

Recommendations

- In session one discuss the ability of the participants to choose when they begin session, with a reminder that the session will end on time no matter when it begins.
- If this discussion occurs early, a gentle reminder may be all that is necessary when a situation arises.
- This is similar to client late arrival in-person; the applicable tenet is that the agreed upon session length (e.g., 1 hr, 90 minutes) is the couple's time to maximize, should they choose to do so.

Recommendations

- Utilize names more frequently to cue family members
- Solicit more verbal feedback than would be typical in-office
- Regarding **assessment**, visual or verbal collection of measures, in separate phone calls if needed (or by mail)
- Electronic collection, if regulations do not prohibit it (use a HIPAA-compliant system that protects individuals' medical records and other personal health information)
- **Brief measures** to avoid undue response burden: Brief Dyadic Adjustment Scale (7-item version) or Couple Satisfaction Index (CSI-16), Mental Health Inventory (MHI-5), a sexual desire inventory, a few items about safety, lethality, suicidality, etc.
- Gather resources for couples' local community
- Create a network with local providers, might include support groups

- A family member may wish to be included in treatment who is located in a different state than the location of your practice.
- A unique benefit of telehealth is that it can connect family members at a distance who may benefit from family therapy (e.g., long-distance relationships). **Consider the ethical/legal implications of practicing across state and country borders**.
- Use of body language to indicate the target of questions, or to "block" problematic interactions (e.g., moving your chair, waving arms) may be less effective, especially in heated situations.
- Head off potential blurred boundaries between the day-to-day operations of the household and the therapy session.

Couples Therapy

Couples seeking help online and couples seeking in-person couple therapy have **notable similarities**. Top two problems: Communication Problems, Lack of Emotional Intimacy.

Many of the approaches developed for in-person couple therapy such as empathic joining, communication training, and problem-solving techniques will likely be applicable for couples seeking online self-help.

But one size does not fit all. We may have a preference for how we want to approach couple work, and partners may have an idea of what they want to focus on. So ask them.

Partners often come to therapy with “briefs and griefs.” Each may want to “win”, and each wants you on their side.

And what does each partner want to focus on therapy?

First session tasks: You meet each partner, get to know something meaningful about each, something they are passionate about, something they enjoy, etc.

Model helping each of them to feel heard and held from the very first session. Show compassion. Humor.

The primary goal of session one? Make sure there’s a session two (Treadway, 2019).

“No problem can be solved by the same level of consciousness that created it.” Albert Einstein

Shift happens.
Your mission, should you choose to accept it, is to meet the challenges of directing the couple so their responses become part of a ***productive and constructive engagement***, rather than a reactive, defensive reenactment of their interactive patterns.

They may try to do the same old, business-as-usual toxic stuckness, or “ritual impasse fight” during or immediately after the online session.

So it’s wise to offer alternatives to ***that***, as well.
We seek to invite folks to be curious about and reflect on their challenges and frustrations (emotional reactivity) from a meta-position.

And we seek to position ***ourselves*** as separate from their patterns of interaction, to avoid mistakes and facilitate as much ease as possible.

Mindful Start for Couple Therapy Sessions

(Liz Brenner, 2019)

Grounding the session in each partner's intention for the relationship, and for the session.

"Before we get started, take a moment. Look down at a spot on the floor (or close your eyes if you feel comfortable). Place both feet on the floor, hands flat on your thighs.

Notice your breathing as you inhale and exhale through your nostrils. (pause)

Now, extend the exhalation longer than the inhalation. (pause)

Think about your intentions for being here. (pause)

Think about how you want to be in the session today to meet those intentions. (pause)

When you are ready, bring your attention back to the room.

Follow up on their intentions, and how they want to be here today to meet those intentions. Where does this experience take you in terms of starting the session? How would you like to talk about the dilemma that brings you to couple therapy in a way that is in keeping with your intention?

Model 1: “Today is the first day of the rest of your life.” (Treadway, 2019)
Focus on the present and trying to make things better. Today.
A skills-based, behavioral communications approach.
Do not go to the past.

Have them talk about “What do we do well?”
Talk about “How you communicate in this relationship?”
Talk about “How do you two handle conflict?” “What works, what doesn’t?”
Talk about “How do you do intimacy?”
“In what way does the current set of issues challenge or impact your intimacy and sexuality?”
Relational behavioral skills training: communication, decision making, nurturing skills, etc.

Model 2: "The Amends and Forgiveness Protocol" (Treadway, 2019)

Begin by calling a truce in this relationship.
Instead of trying to make things better, you help the partners to co-exist.

"How much each of you has been hurt in this relationship?"
"Make amends to each other for the harm you've done.
"Learn how to let go and forgive."

No re-fighting or relitigating old fights. No pure rehashes.
"This is a structured process focused on safe and compassionate way of helping you heal the wounds that have hurt over the entire history of this relationship."

Many couples need to find a way of dealing with hurt, sadness, anger and disappointment that can really work on changing it in the now.

Model 3: "The Start at the Beginning Protocol" (Treadway, 2019)

Ask "In what way does this relationship seem better or worse than your parents'?"

"When you're in love, it's euphoric. It's a 1-2 year sugar high.
But when you come down, there you are. Stuck with someone, a little like when you were a kid growing up with those weirdos you called a family."

"Let's talk about the impact on each of you of the family culture you grew up in."
"Nearly all of us have our expectations and yearnings about what we way we want in our adult relationship, and that's shaped to a degree by the issues and challenges of growing up in our particular families."
"Our childhood experiences, and sometimes wounds, impact what you've brought to this relationship, and going back and really understanding them better can lead to greater acceptance of differences that have divided you two from the beginning."
"We yearn for an experience of adult love that can heal our childhood hurts."

Model 3:

Talk about “How was love expressed?” (Love languages, Imago therapy, etc.).
There is often a connection between the frustrations experienced in adult relationships and the experiences partners had in early childhood.
Talk about “Back in the day, how was conflict handled?”

The key is to access the vulnerability and pain of their family of origin and their childhood, going beyond the standard “set pieces”, the canned stories and reaching down to some raw emotion and stuff that hasn’t been accessed, or processed, before (Treadway, 2019)

So, after presenting these three options, you say “Turn toward each other and talk about what you choose to do.” Over half of couples do not agree. So, some discussion, negotiation and compromise may be needed. All great skills to have.

Other Tips

Beware the siren song of **content**.
Content is like popcorn.
Content is ***what*** couples fight about, and the detailed, sometimes lengthy stories partners will tell any audience to get them on their side.

Process is ***how*** couples fight.

Are they fighting fair? Do they go below the belt?
Do they recognize when the things they are saying and doing are becoming dirty pool, or abusive, and pull back, engage in self-regulation, and subsequently apologize for being mean?
If so, great, and how do they do that? If not, why not?

Integrity

The root of the word is featured in other terms: integration, integral. Let's look at these words first.

integral

1. being an essential part of something or any of the parts that make up a whole
2. composed of parts that together make a whole
3. without missing parts or elements

integration

1. the process of opening a group, community, place, or organization to all, regardless of race, ethnicity, religion, gender, or social class
2. a combination of parts or objects that work together well
3. the process of coordinating separate personality elements into a balanced whole

integrity

1. the quality of possessing and steadfastly adhering to high ethical standard or professional standards
2. the state of being complete or undivided
3. the state of being sound or undamaged

Integrity Challenges in Intimate Relationships

Integrity issues are about "What are you going to ***do***?" not simply "What are you feeling?" or "How do you feel about that?"
How to tackle integrity issues?
Couples therapy is often about dropping partners into crucibles of self-confrontation (Schnarch). Sometimes we have to step back to get close.

Two balancing forces in life: Attachment and Communion, and Autonomy and Self-regulation (Murray Bowen).
True intimacy requires us to be complete and intact unto ourselves, know what makes ourselves tick, be in tune with our own emotional core, know what we like, etc. We need to know what is going on with us, what part of problems starts with ourselves.

Do we have the capacity for self-reflection?
Can we look at our part in our intimate problems?

We encourage clients to engage in self-confrontation.
Good couples therapy helps them move away from "How could you do this to me?" to a new question: "How could I do this to myself?"

“Zoom Fatigue”

It’s real.

- Poor wi-fi, frozen screens and software crashes are more than technical nuisances; they disrupt meaning making, and can be exhausting
- In a face to face meeting we “read the room” and adjust our own behaviors accordingly. In virtual rooms, many nonverbal cues that we typically rely upon during in-person conversations—eye contact, subtle shifts that indicate someone is about to speak—are out the window.
- Laura Dudley, behavioral analyst and professor at Northeastern University, says “We used to take breaks from people by spending time on our gadgets. Now, we take breaks from our gadgets by seeking out real, live human connection.”
- Don’t schedule back-to-back sessions; stick to the classic “50 minute hour.”
- Give your brain a chance to switch gears between sessions.

Managing “Zoom Fatigue”

- Take a break away from the screen between meetings and get fresh air, a glass of water, and move for a few minutes.
- Establish daily routines. Your day should be different from your evening, and your weekday should be different from your weekend.
- Figure out what you need in that moment and do that. If you need time alone, take it.
- Have compassion for yourself; ask yourself what you need, and do that.
- If you need time with a real, live person, seek out the opportunity while keeping safe. If you just need to move around a bit, do that.
- Practice mindfulness. Meditate. Do yoga.
- Disconnect when you can.

Professional Standards and Guidelines

- Accreditation boards for professional counselors and social work address educational standards concerning technology-assisted clinical services (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016; Reamer, 2019).
- The Commission on Accreditation for Marriage and Family Therapy Education has not yet provided recommendations for core competencies on teletherapy practices.
- COAMFTE's standard 12 definition of clinical and alternative hours includes explicit requirements (i.e., "in the same physical location") that prevent trainees from counting teletherapy services as part of their required clinical hours during their degree (COAMFTE, 2017; Pickens, Morris & Johnson, 2019).
- Graduate students in recent years have not learned about online technologies during their training (Blumer et al., 2015). Yet, students report a high degree of interest and support for graduate programs developing such curriculum.

Professional Standards and Guidelines

- Researchers have begun to identify competencies related to online practice for couple and family therapists (Pickens, Morris & Johnson, 2019).
- AAMFT has produced a best practice guide, focusing on nine different areas that couple and family therapists should consider when providing teletherapy, including areas such as infrastructure, advertising and marketing, crisis management, and failures and breaches (Caldwell et al., 2017).
- Existing research focuses on individual and not relational constellations of services, so further research on effectiveness is needed.
- Specific foci in training programs would include: legal and ethical concerns, technological competence, logistics of starting a teletherapy practice, building the therapeutic relationship through online mediums, using teletherapy platforms, self-of-therapist development, and integrating teletherapy in students' theory of change (Labanowski et al., 2019; Pickens, Morris & Johnson, 2020).

Q&A

- Dr. Sammons will ask Dr. Killian select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.