

# Telehealth With Couples

Jasara Hogan, PhD  
Medical University of South Carolina



## **Jasara Hogan, Ph.D.**

Dr. Jasara Hogan is a Research Assistant Professor at the Medical University of South Carolina in the Addiction Sciences Division. She completed her doctoral training at the University of Utah where she studied the etiology and treatment of romantic relationship distress with an emphasis on the efficacy of Integrative Behavioral Couple Therapy (IBCT). Today, her research focuses on the role of romantic relationship functioning in the etiology, course, and treatment of individual Alcohol Use Disorder.

# Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose

# Learning Objectives

1. Discuss best practices for working with couples via telehealth.
2. Explain differences between in person and telehealth couples treatment.
3. Identify common issues that arise during telehealth with couples.

# My Theoretical Orientation

- I practice Integrative Behavioral Couple Therapy (IBCT)
  - Assumes that major issue is emotional reactivity, not skill deficit
  - Focus on acceptance and displaying soft emotions
- 4 pre-treatment sessions
  - 1 with the couple
  - 1 with each partner
  - 1 to provide formulation
- The considerations we are discussing should apply broadly regardless of orientation

# Screening for Appropriateness

- Important to talk to each partner separately
- Always want to check
  - Intimate Partner Violence (IPV)
    - Anything in the last 6 months? Have police ever been called? Are there ongoing child protective service investigations?
  - Active SI/HI
  - Active psychosis/cognitive issues
  - Active AUD/SUD
    - Can both partners be sober in session? Is there an ongoing issue that will preclude using skills?

# Screening for Appropriateness

- Consider a lower threshold for tele exclusion
  - Less IPV, less conflict-prone, etc.
- Special considerations for telehealth:
- Deficits that would make tele difficult
  - Ex: visual impairment, hearing impairment
  - Language barriers-may be more difficult over telehealth

# Setting the Stage for Treatment (Therapist)

- Consider extra time to orient to telehealth
  - 15-minute tech check? 90-minute initial session?
- Basic telehealth best practices:
  - Neutral background
  - Headphones for privacy
  - Ring light, lume cube, etc.
  - White noise machine if needed for others in the house



# Setting the Stage for Treatment (Therapist)

- Consider options for measurement-based care
  - Platform that allows messaging, need separate charts for each partner
  - Email (not right before session)
- Self-care side note
  - May help to develop a practice to switch into "therapy" mode
  - Dress for the office (or not)
  - Read previous notes
  - Be creative

# Setting the Stage for Treatment (Client)

- Treat this like any other appointment
  - Dressed
  - Give full attention (no drinking, eating, screens off, phones put away)
  - Sit upright
- Troubleshoot possible privacy disruptors
  - Children may need a sitter or activity wearing headphones
    - Try to avoid anything streaming to preserve wifi speeds
  - Can sit in car outside house if not moving
  - Have a plan for pets

# Setting the Stage for Treatment (Client)

- Consider white noise machine for outside door or white noise app on phone
- Have a backup plan for technical difficulties
  - Preferred: phone call for audio, video on mute
- Have device with camera stable, not handheld
- Adjust camera so you can see both partners and assess non-verbal cues

# Safety Considerations

- Get a physical address for the couple (or each partner) for the session
  - No therapy while driving from one place to another
  - 911 will only be for your area, look up their local law enforcement
- Make sure to have contact information for both partners
- If record is in one partner's name, have signed release for the other
- Is there a family member they want contacted in case of emergency?
  - Ensure you have a signed release and contact information if so
- When in doubt, get an ethical consult

# Orienting Couple to Treatment

- Easier to set expectations now than manage behavioral issues later
- Have each partner talk to you, not each other
  - Biggest difference in telehealth: interrupting couple when needed
- Explain importance of listening when partner is talking
  - Not a time for doing other tasks
  - Session will be paused if both partners aren't present
- Interrupting is not allowed
  - If this is a consistent issue, couple may not be a fit for telehealth

# Altering Treatment for Telehealth

- Consider reviewing rules for good and bad communication first
- May use more tasks requiring joint participation
- Shorter talk turns
- Increased partner reflection
- Increased partner validation
  - Do this before you see it's needed, harder to follow nonverbal cues on video
- Consider pushing less on sensitive topics early in treatment
  - It is easier to close a laptop than walk out of a therapy session

# Adjustments for High-Conflict Couples

- You are less able to control a room when you aren't in it
- Consider a word/noise/signal to halt conversation if needed
- May be better for high-conflict couples to join from separate rooms
- Consider separate sessions/breaking session apart
  - Always balance time between partners (e.g., if you meet with one partner alone, you must meet with the other)
  - You are not a secret keeper, communicate this clearly
  - If you separate during a session, be intentional in choosing who to speak to first

# Final Thoughts

- Much of what you do in telehealth with couples is the same as in person
  - Common factors still apply!
  - Validation can work wonders
- Be creative and flexible in your adjustments for telehealth
  - Starting with more behavioral approaches may ease the couple into treatment
  - Interruptions may still happen, roll with them as best you can
  - Consider seeing partners separately if needed
- Be prepared for the worst-case scenario, but know that it's rare



# References

- Baucom, B. R., Atkins, D. C., Eldridge, K., McFarland, P., Sevier, M., & Christensen, A. (2011). The language of demand/withdraw: Verbal and vocal expression in dyadic interactions. *Journal of Family Psychology, 25*(4), 570
- Baucom, D. H., Epstein, N. B., Kirby, J. S., & LaTaillade, J. J. (2010). Cognitive-behavioral couple therapy. *Handbook of cognitive-behavioral therapies, 411*.
- Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. *Behavior therapy, 43*(1), 25-35.
- Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of Consulting and Clinical Psychology, 72*(2), 176.
- Cordova, J. V., Jacobson, N. S., & Christensen, A. (1998). Acceptance versus change interventions in behavioral couple therapy: Impact on couples' in-session communication. *Journal of Marital and Family Therapy, 24*(4), 437-455.

# Acknowledgments

- Thank you to Jenna Teves, Ph.D, Cameron Gordan, Ph.D., and Jessica Brower, M.A. for their help in the development of this content!

# Q&A



- Dr. Sammons will read 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.