Counseling and Family Therapy Scholarship Review

Manuscript 1050

Forged in the Fires of COVID-19: The Evolution of Systemic Therapy for Online Practice and Beyond

Lauren Skuba M.A., MFTC

Lindsay Edwards

Forged in the Fires of COVID-19: The Evolution of Systemic Therapy for Online Practice and Beyond

LAUREN SKUBA, M.A., MFTC
Positive Space Relationship Therapy, Private Practice, Lafayette, CO

LINDSAY L EDWARDS, Ph.D. LMFT
Department of Couple and Family Therapy, Division of Counseling and Family Therapy, Rueckert-Hartman College of Health Professions, Regis University, Thornton, CO

There has been a swift uptake in the use of teletherapy since the start of the COVID-19 pandemic, which has corresponded with an increase in clinical scholarship focused on conducting systemic therapy in an online format. A majority of this scholarship offers ideas for adapting therapeutic tasks developed around in-person contact for a remote format. The current article moves beyond adapting and offers ideas for remote systemic therapy that are born from our experiences of evolving through teletherapy. We begin by noting some of the significant differences between in-person therapy and teletherapy before describing how these differences can influence client presence and professionalism in session. Following this discussion, we offer ideas for how systemic therapists can enhance client presence, communicate the importance of the work, and inspire client initiative for change while working remotely.

KEYWORDS: marriage and family therapy, teletherapy, process oriented, relational therapy, telehealth, systemic therapy

The Evolution of Systemic Therapy for Online Practice and Beyond

On the heels of the COVID-19 pandemic, there has been a swift uptake in clinically focused scholarship meant to inform the provision of systemic therapy using an online format. In the *Journal of Marital and Family Therapy (JMFT)* alone, there have been 24 articles published on some aspect of systemic teletherapy, defined here as the practice of systemic therapy using an online video-conferencing system. This number is striking since it represents 19.05% (N = 126) of the total articles published in JMFT since the beginning of the pandemic. A look at these articles finds that a majority of them describe qualitative research projects that recount the experiences of therapists and clients who moved from in-person therapy to teletherapy during the pandemic (Eppler, 2021; Hardy et al., 2021; Heiden-Rootes et al., 2021; Maier et al., 2021; Morgan et al., 2021; Patterson et al., 2021; Springer et al., 2020). These articles offer first-hand accounts of the transition to teletherapy in order to highlight the unique benefits and challenges of conducting systemic teletherapy. What is most helpful about these articles, however, is that they offer pragmatic recommendations for therapists conducting systemic teletherapy with individuals, couples, and families.

Also helpful for family therapists, are recently published articles focused on adapting different therapy models and specific interventions for a remote format (Allan et al., 2021; Hogue et al., 2021; Robbins & Midouhas, 2021; Taylor et al., 2021). These articles can help systemic therapists maintain deliberate clinical practice as they work remotely with couples and families. In particular, Allen et al. (2021) offers detailed suggestions for Emotionally Focused Therapists needing to implement the tango, a core EFT intervention, when conducting teletherapy with couples. Taylor et al. (2021) offers suggestions for how to adapt prominent experiential interventions like family sculpture, sand tray, and couple de-escalation while working remotely. Finally, Robbins and Midouhas (2021) describe what they learned implementing Functional Family Therapy internationally during the pandemic. Collectively, these articles offer important recommendations for systemic therapists who are new to online practice.

Taking a macro view of clinical effectiveness, Hertlein, Drude, Hilty et al. (2021), Hertlein, Drude, and Jordan (2021), and Springer et al. (2021) define teletherapy competencies and clinical training

implications for systemic therapists. These competencies include, but are not limited to, ethical and legal considerations of teletherapy, skillful facilitation of clients' telepresence, and the ability to manage multiple environments (Hertlein, Drude, Hilty et al., 2021; Hertlein, Drude, & Jordan, 2021; Springer et al., 2021). Together these articles offer a collection of important clinical competencies that are specifically related to online systemic therapy and that originate from a wealth of knowledge and experience developed before the COVID-19 pandemic (see Pickens et al., 2020 for a pre-pandemic discussion of teletherapy).

Although these recently published articles offer important recommendations for systemic teletherapy, their focus is often on adapting what is typically done in-person to an online format. This is not, in and of itself problematic, but such an undertaking is confined by its own objective - to simply adapt. To adapt is to make something suitable for new conditions. In the case of teletherapy, this involves adjusting therapeutic tasks developed around in-person contact for a context that by its very nature undercuts some of the essential elements of these therapeutic tasks. For example, a core element of an experiential intervention involves the purposeful use of a therapist's body position and proximity to communicate therapeutic presence, but it is nearly impossible for online cameras to capture a therapist's entire body while also maintaining proximity. It is not surprising to find that recent research on systemic teletherapy describes the inability to perceive body language and disrupt escalating conflict as important limitations of teletherapy (Burgoyne & Cohn, 2020; Drieves, 2021). The nature of an online format makes a direct adaptation of traditional therapeutic tasks very difficult. Additionally, the objective to simply adapt in-person work overlooks the potential for growth through the experience of conducting teletherapy. The goal of adapting in-person therapeutic tasks for an online format was an important initial step during the early days of the COVID-19 pandemic. Nearly three years into the pandemic, we now offer recommendations born, not from the perspective of adapting to teletherapy, but from the experience of evolving through teletherapy. Our ideas come from an evolved systemic practice that emerged during our experiences with systemic teletherapy during the COVID-19 pandemic. In this way, we hope to present ideas that not only enhance the delivery of systemic therapy online, but that can be used to inform in-person practice through a reconnection to the core principles of systemic therapy. In this vein, we are taking what we view as unanticipated benefits of teletherapy back to in-person work, for a more sophisticated and process-oriented practice in-person and online.

Our Experience with Teletherapy

The ideas discussed in this article were born from our joint conversations about important differences between in-person and teletherapy sessions. These conversations began with a focus on translating what we do in-person to an online format. As we encountered the limitations of teletherapy, however, these conversations quickly evolved to discussions of *why* we do what we do in-person. For us, the online format of teletherapy prohibited us from carrying out therapeutic tasks like we would if we were in-person. What felt organic and integrated in-person was cumbersome online. Facing these barriers, we would often revisit the theory that underpinned our in-person efforts. As therapists trained in the systemic ideas of Bateson (1972), Watzlawick et al. (1967), and Keeney's (1983) second-order cybernetics, we soon found ourselves discussing the fundamentals of systems and cybernetics theories. What we found was that the new context of teletherapy functioned as a sieve, allowing us to distill the core elements of systemic practice. Having reconnected to our core assumptions of systemic change, we were no longer attached to what we would have done in-person. We stopped comparing what was occurring in our sessions to what we might have done if we were in-person and instead considered our understanding of systemic change in this new context. We were focused on what was new and interesting about the current work. This allowed us to view, with a clear eye, the structural differences between in-person therapy and teletherapy in order to stay focused on the intent of the therapeutic tasks without being limited by the confinements of the online format. As a result, we developed strategies for teletherapy that benefited from increased intentionality and informed in-person clinical work. In this article we begin by describing our core assumptions of change, before then articulating the differences we discovered between in-person therapy and teletherapy.

DOI: 10.53309/2576-926X.1050

Core Assumptions of Systemic Change

A majority of human communication occurs at the edges of our consciousness, and yet such communication is intricately linked to the meaning of behavior, and correspondingly, includes information about relationships. As Watzlawick et al. (1967) writes, a person's behaviors are "observational manifestations of [the] relationship" between members of a system and communication is "the vehicle of these manifestations" (p. 21). There are two aspects of human communication described by Watzlawick et al. (1967), the *report* component, which are the actual words said by a person, and the *command* component, which is a message about interpreting the spoken word. In an interaction, the command component occurs through nonverbal actions like the tapping of a foot on the ground and the rolling of eyes as well as variations in pitch and rhythm when speaking. This is often referred to as meta-communication. In addition to these two aspects of human communication, the context within which something occurs provides a frame for interpreting the encounter for meaning. Context, as a set of interrelated conditions, includes environmental stimuli and sequencing. As such, context is also an important element of meta-communication.

From a systemic framework, trouble in families can often occur when the spoken word and the meta-communication about an encounter are conflicting. As a result, family members find themselves in conflict as they hear and interpret messages from each other without awareness of meta-communication. This is because meta-communication is where relational content emerges and defines the meaning an individual makes of themselves, others, and the relationships (Ray et al., 2019). For this reason, meta-communication is where systemic family therapists intervene with clients by addressing the relational content of their encounters. In addition to conceptualizing and addressing client concerns with meta-communication in mind, systemic therapists also use the context element of meta-communication to maximize the likelihood of client change. Consider the standard practice of systemic therapists to purposefully structure time by starting and ending at predetermined times. Having therapy occur during a set window communicates through meta-communication that the clients are visiting with a professional who is working with purpose. Also, consider how systemic therapists organize environmental stimuli with thoughtful placement and arrangement of office furniture. Therapists intentionally situate chairs so clients are prominent in the room and can face each other directly without any obstacles between them. Together these efforts foster trustworthiness and build therapeutic alliance, which sets the stage for clients' vulnerability.

Therapy offices are typically neutral and professionally decorated in a way that is initially unfamiliar but welcoming to clients. This environmental context communicates the professionalism of the encounter and neutrality of the therapist. In particular, a lack of familiarity establishes the therapist's office as neutral territory where clients are invited equally to engage in the experience. Although clients eventually become familiar with the office space, this initial neutrality allows the therapist to join with the entire system rather than the individuals of the system. Therapists may also rearrange furniture or resituate clients in an office to increase the unfamiliarity of the space for clients who have become accustomed to the office environment. This decision is informed by the therapist's understanding of how familiarity is impeding client progress in therapy. Such an intervention occurs on the meta-communication level at the edges of clients' consciousness. Furthermore, indistinct decorations eliminate opportunities for distraction in an office space and communicate the professional nature of the experience. Limiting distractions in an office space facilitates clients' focus on the immediate moment and the work at hand. With minimal decorations, there is nothing in the room that might be used for sleeping, eating, or entertainment. This implies, on the meta-communication level, that the space is for the work of therapy and nothing else. Subsequently, clients are more present with their current experiences and the relationships in the room.

It is also typical for a therapist to have a waiting room when seeing clients in-person. This waiting room supports clients' preparation for therapy by providing a space and time for settling. The time a client spends sitting in a waiting room enhances the stillness of their mind and body through the purposeful use of environment and sequencing. The physical boundaries of the waiting room also communicate the professional nature of the experience by leaning on the social norms of a waiting room. These social norms

for professional settings include strong physical boundaries and limited casual conversation with other clients receiving services. As an example, clients' often whisper and avoid eye contact in the waiting room, despite not receiving explicit requests to do so. Thus, the social norms of a waiting room reinforce the professionalism of the experience which helps clients connect to the value and significance of what will happen in the therapy room. Together these factors inspire clients' initiative by orienting them toward change and what is to come in session. Each of these efforts is in the interest of enhancing presence, communicating the importance of the work, and inspiring client initiative for change - ultimately setting clients up for success.

Differences in Meta-Communication for In-person Therapy and Teletherapy

Although differences between in-person therapy and teletherapy might seem obvious, it is important to consider these differences with an eye toward meta-communication and the therapist's efforts to enhance presence, communicate the importance of the work, and effect change. From our experiences conducting systemic therapy using both a teletherapy and in-person format, we have discovered important differences between these formats related to the accessibility of sessions, the therapist's control of the therapy space, the presence of a self-view during therapy, and the therapist's environmental context. In subtle ways, each of these differences between in-person therapy and teletherapy have direct implications for the purposeful use of environmental context as meta-communication. Most notably, these differences impact clients' ability to stay present during therapy sessions. We understand presence, in a therapeutic encounter, to be a state in which participants of the encounter are singularly focused on synchronous meaning-making conversations and conscious of their own thinking and experience. Presence, as defined here, is a crucial component of the exploration of relational content as it emerges among members of a system.

In our work, we have noticed that presence can be disrupted by the accessibility of teletherapy. This is because teletherapy allows clients to join therapy from any location and without any required travel time. This can be a benefit of teletherapy in that it creates greater access to services for those unable to travel. Simultaneously, the immediate availability of sessions can disrupt the transition between daily life and therapy. This transition typically exists for in-person therapy because clients must travel to the therapist's office, creating a structured time between what they had previously been engaged in and the upcoming therapy session. With the use of teletherapy, it is possible for clients to leave a work meeting and immediately join their therapy session from the same chair. The sequencing of events, with no time between daily life and therapy, blur the boundaries between these two experiences. As a result, there is often carryover from the previous activity so that clients need additional time to be present in the therapeutic experience. Because of the accessibility of the sessions, clients might also be inclined to attend from separate locations. Remoting into therapy from separate locations, however, can undercut presence in the therapy by minimizing the client's access to each other's meta-communication and emotional experience during therapy.

Furthermore, since the therapist cannot directly influence the environment from which clients attend teletherapy sessions, there is a greater likelihood for disruption. Typically, clients who attend in-person therapy are in the therapist's office, which has been curated to limit distractions. Attending teletherapy sessions from their own spaces, clients are more likely to encounter distractions. For example, a client joining a teletherapy session from their living room may have a family pet wander in and out of the room and seek their attention. The frequency and ease of momentary distractions present in the teletherapy context creates opportunities for clients to move out of the therapeutic exchange and make themselves more comfortable when asked to sit in and stay with discomfort. Additionally, teletherapy sessions are often done using software formats that include a self-view. Self-view is often a default setting on video platforms, which can cause fatigue and increase self-focus (Bailenson, 2021). In this way, meeting by video can inhibit client presence by introducing a new source of distraction that is not present for in-person therapy.

Meeting remotely can also diminish the professionalism of the therapeutic exchange in that the therapy can occur in environments that are often familiar and personal for the clients. There are a number

of implications for decreased professionalism that are often unanticipated and uniquely impact the therapeutic change process during teletherapy. Most notably, clients often meet from spaces in their home that have personal meaning associated with them. These personal environments provide an unintentional contextual frame for interpreting the therapeutic encounter. For instance, a bedroom carries meaning related to romantic relationships, sexual experiences, conflict, and rest. If therapy occurs in an environment that is relationally salient, for instance on a couple's bed, the relational residue of the space can overtake the therapeutic experience and undercut partners' abilities to be vulnerable.

In a similar way, a therapist's video background can carry meta-communication about the professionalism of the exchange depending on what is in the background. Joining sessions remotely can unintentionally disclose personal information about the therapist. Any unanticipated disclosure about the therapist can move the relationship from the professional domain to the personal domain, which impacts the therapist's ability to conduct therapeutic interventions. For instance, this might impact the therapist's ability to enforce boundaries, address the elephant in the room, require the clients do the work of therapy, or ask uncomfortable questions of the clients. This shift from professional to personal can be read, at the meta-communication level, as a shift from a therapeutic encounter to a personal encounter, which destabilizes the therapeutic alliance. Therapists, in anticipation of this risk, might be inclined to use a blank wall or an artificial background to prevent personal disclosures. Interestingly, Zandan and Lynch (2020) found that people seen in an actual room, rather than with an artificial scenic background or a solid-color wall, were perceived as more trustworthy, authentic, and as an expert. These results make sense given the significance of environmental context for framing an encounter and the systemic principle that you cannot not communicate.

A final difference to note between in-person therapy and teletherapy is the occasional inability of clients to control their own environments. This can occur when a therapist is working with a subsystem from a space that is shared by the larger family system. What can occur are unwanted intrusions during therapy which blur the boundaries around who is and who is not in the therapy. For instance, when working with a couple with young children, children who are otherwise unsupervised, might interrupt the session. Although there are times when interruptions might be circumstantial, it is most often the case that these unwanted disruptions are the manifestation of relational process. We see these manifestations of process occurring in two primary ways. The first includes circumstances where a symptom bearer, who is responsible for the homeostasis of a system but does not have power to influence the second order change, disrupts the moment of opportunity for change. An example of this could be a situation where a young child disrupts an emotional exchange between two parents by entering the room to ask for help. The second includes circumstances where a family member in the system, who is not actively involved in the therapy process, disrupts the therapy in order to dictate the direction of the therapy without responsibility for the change process. For instance, a resident grandparent who is not involved in family therapy enters the room to share their perspective on the presenting problem. Each of these are uniquely difficult for therapists who are working remotely with clients since they do not have control over the clients' environment.

Ideas for Process Informed Systemic Teletherapy

In the previous section we have described many ways teletherapy is different from in-person therapy given its remote format. Although some may interpret these differences as limitations of teletherapy, we do not necessarily believe this to be the case if therapists are working intentionally at the process level. Based on our own experience of having conducted process informed teletherapy, we have developed ideas for intentionally enhancing client presence, communicating the importance of the work, and inspiring client initiative for change. Our recommendations offer some, but not all of the possible strategies for addressing presence and professionalism in teletherapy, so readers should consider the specific circumstances of their practice.

In the interest of enhancing client presence and professionalism, we have found it is helpful to request that clients designate a specific location for therapy that is, either used only for therapy, or that has been rearranged specifically for attending therapy. An example of this rearrangement could include turning

a couch or chair(s) around to face a different direction. This rearrangement changes the clients' perspective from their seat so that the use of the space feels novel. This newness in their perspectives creates neutrality and decouples the space from any relational residue. The therapy space should also be confidential and have limited distractions, including shutting off the self-view setting in a video platform. If clients do not have access to a confidential location that prevents unwelcome intrusions, we recommend that a therapist refer the clients for in-person work or require all members of a system living in the home participate in the therapy. Furthermore, all members of a system that are participating in therapy should attend from the same room so that the clients can perceive each other's meta-communication and emotional experience. Therapists will also want to be intentional in the location from which they attend therapy. Specifically, therapists will want to use a real room as a background while also limiting distractions and personal disclosures. Finally, we have found it is helpful for clients to purposefully enter the session by scheduling time ahead of the session to transition between daily life and therapy. During this time, clients might sit still in a quiet environment, go for a brief walk around the block, or rearrange their furniture for therapy.

Conclusions

Teletherapy has been front and center as one of the main contexts for providing systemic therapy since the beginning of the COVID-19 pandemic. This represents an evolution in the standard delivery of therapy, which was largely done in-person. Although teletherapy itself is not new, the frequency of its use certainly is. With the start of the pandemic, many therapists made the abrupt transition to providing teletherapy and now, years later, most continue to offer teletherapy services as an option. Our work is occurring in a strikingly new context where innovative ideas for clinical practice will continue to emerge. We have offered our thoughts on this emergent clinical practice, but we hope other practitioner-scholars will continue to ask and answer the question of *why* we therapists do what we do whether remote or in-person.

References

Allan, R., Wiebe, S. A., Johnson, S. M., Piaseckyj, O., & Campbell, T. L. (2021). Practicing emotionally focused therapy online: Calling all relationships. *Journal of Marital and Family Therapy, 47*(2), 424-439. doi:10.1111/jmft.12507

Bailenson, J. N. (2021). Nonverbal overload: A theoretical argument for the causes of zoom fatigue. *Technology, Mind, and Behavior, 2*(1). doi:10.1037/tmb0000030

Bateson, G. (1972). *Steps to an ecology of the mind.* University of Chicago Press.

Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family Process, 59*(3), 974-988. doi:10.1111/famp.12589

Drieves, A. A. (2021). Case examples and process-oriented questions in teletherapy with couples and families. *Family Process, 60*(3), 1048-1061. doi:10.1111/famp.12680

Eppler, C. (2021). Systemic teletherapists' meaningful experiences during the first months of the coronavirus pandemic. *Journal of Marital and Family Therapy, 47*(2), 244-258. doi:10.1111/jmft.12515

Hardy, N. R., Maier, C. A., & Gregson, T. J. (2021). Couple teletherapy in the era of COVID-19: Experiences and recommendations. *Journal of Marital and Family Therapy, 47*(2), 225-243. doi:10.1111/jmft.12501

Heiden-Rootes, K., Ferber, M., Meyer, D., Zubatsky, M., & Wittenborn, A. (2021). Relational teletherapy experiences of couple and family therapy trainees: "Reading the room," exhaustion, and the comforts of home. *Journal of Marital and Family Therapy, 47*(2), 342-358. doi:10.1111/jmft.12486

Hertlein, K. M., Drude, K. P., Hilty, D. M., & Maheu, M. M. (2021). Toward proficiency in telebehavioral health: Applying interprofessional competencies in couple and family therapy. *Journal of Marital and Family Therapy, 47*(2), 359-374. doi:10.1111/jmft.12496

Hertlein, K. M., Drude, K. P., & Jordan, S. S. (2021). "What Next?": Toward telebehavioral health sustainability in couple and family therapy. *Journal of Marital and Family Therapy, 47*(3), 551-565. doi:10.1111/jmft.12510

Hogue, A., Bobek, M., Levy, S., Henderson, C. E., Fishman, M., Becker, S. J., ... & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. *Journal of Marital and Family Therapy, 47*(2), 501-514. doi:10.1111/jmft.12499

Keeney, B. P. (1983). *Aesthetics of change*. Guilford Publications.

Maier, C. A., Riger, D., & Morgan-Sowada, H. (2021). "It's splendid once you grow into it:" Client experiences of relational teletherapy in the era of COVID-19. *Journal of Marital and Family Therapy, 47*(2), 304-319. doi:10.1111/jmft.12508

Morgan, A. A., Landers, A. L., Simpson, J. E., Russon, J. M., Case Pease, J., Dolbin-MacNab, M. L., ... & Jackson, J. B. (2021). The transition to teletherapy in marriage and family therapy training settings during COVID-19: What do the data tell us?. *Journal of marital and family therapy, 47*(2), 320-341. doi:10.1111/jmft.12502

Patterson, J. E., Edwards, T. M., Griffith, J. L., & Wright, S. (2021). Moral distress of medical family therapists and their physician colleagues during the transition to COVID-19. *Journal of Marital and Family Therapy, 47*(2), 289-303. doi:10.1111/jmft.12504

Pickens, J. C., Morris, N., & Johnson, D. J. (2020). The digital divide: Couple and family therapy programs' integration of teletherapy training and education. *Journal of Marital and Family Therapy, 46*(2), 186-200. doi:10.1111/jmft.12417

Ray, W. A., Trappeniers, E., & Hale, D. (2019). Point of view matters: Seeing, hearing and acting in systemic practice. *Journal of Family Psychotherapy, 30*(2), 61-75. doi:10.1080/08975353.2019.1593769

Robbins, M. S., & Midouhas, H. (2021). Adapting the delivery of functional family therapy around the world during a global pandemic. *Global Implementation Research and Applications, 1*(2), 109-121. doi:10.1007/s43477-021-00009-0

Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of Marital and Family Therapy, 46*(2), 201-217. doi:10.1111/jmft.12431

Springer, P. R., Bischoff, R. J., Taylor, N. C., Neuhaus, V., & Leow, C. (2021). Competency-based training in the supervision of relational telemental supervision. *Journal of Marital and Family Therapy, 47*(2), 375-391. doi:10.1111/jmft.12513

Taylor, N. C., Springer, P. R., Bischoff, R. J., & Smith, J. P. (2021). Experiential family therapy interventions delivered via telemental health: A qualitative implementation study. *Journal of Marital and Family Therapy, 47*(2), 455-472. doi:10.1111/jmft.12520

Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes.* W.W. Norton & Company Inc.

Zandan, N. & Lynch, H. (2020). Dress for the (remote) job you want. *Harvard Business School Publishing.* https://hbr.org/2020/06/dress-for-the-remote-job-you-want