



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Supporting Romantic Relationships During COVID-19 Using Virtual Couple Therapy

Maggie O'Reilly Treter, Laura M. River and Howard J. Markman, *University of Denver*

The novel coronavirus disease pandemic (COVID-19) has profoundly impacted people's lives, resulting in economic turmoil, death and suffering, and drastic changes to everyday life. The adjustment and strain of such challenges can spill over into couples' relationship processes, including how partners spend time together, talk to one another, and manage conflict. Drawing from our experiences conducting virtual couple therapy (VCT) in a university-based training clinic and community-based clinic, as well as themes from an informal survey of 29 couple therapy clinicians, the current paper discusses the unique challenges that couples face in therapy during COVID-19. Such challenges include renegotiating quality time together, navigating less personal space and time alone, experiencing individual anxiety and stress prompted by the pandemic, and increases in conflict. We discuss our clinical recommendations for addressing these challenges for couples and utilize clinical case examples to illustrate our points. Despite these challenges, we also comment on several positive aspects of COVID-19 on couple relationships. Guided by these considerations and recommendations, our observations suggest that clinicians can effectively support couples' growth and progress using VCT during COVID-19.

IN RESPONSE to the novel coronavirus disease pandemic (COVID-19), clinicians working with couples have needed to rapidly transition to delivering therapy via virtual platforms (e.g., phone, videoconferencing) in order to continue serving their clients. In addition, the life adjustments and external stressors brought about by COVID-19 suggest that clinicians delivering virtual couple therapy (VCT)¹ need to address changes in relationship processes transpiring during the pandemic (Pietromonaco & Overall, 2020). For example, couples must learn to navigate the amount and quality of time spent together while quarantined, changes in communication patterns (both positive and negative), and the general stress and anxiety evoked during these uncertain times (Stanley & Markman, 2020). This article outlines challenges faced by couple clients presenting to VCT during COVID-19, as well as positive effects of the crisis for couples' functioning, and provides recommen-

dations for clinicians in helping themselves and their couples cope.

What We Know About Virtual Couple Therapy

Although this article primarily focuses on considerations for providing couple therapy during COVID-19, we first highlight what is known about conducting VCT in general. Backhaus et al. (2012) conducted a systematic review of empirical (e.g., randomized controlled trials) and nonempirical (e.g., program descriptions) studies of videoconferencing for therapy.

Findings suggest that videoconferencing is not only feasible, but also efficacious for implementing a range of therapies (e.g., cognitive-behavioral therapy, family therapy), as well as treating myriad clinical presentations (trauma disorders, eating disorders, mood and anxiety disorders) and populations (e.g., adults, children, veterans; Backhaus et al., 2012). However, none of these studies examined the practice of couple therapy using virtual platforms. Luckily, in the past decade, several additional publications have surfaced that comment on the use of teletherapy in working with couples and families (see Borcsa & Pomini, 2018; Doss et al., 2017 for reviews). For example, VCT has been shown to be helpful in supporting couples navigate relation-

¹ "VCT" stands for virtual couple therapy and will be used throughout the paper to refer to the practice of couple therapy using videoconferencing or phone contact.

Keywords: couple therapy; telehealth; teletherapy; COVID-19

1077-7229/20/© 2021 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

ship difficulties while they are physically separated, such as during deployment (Farero et al., 2015) or due to a long-distance relationship (McCoy et al., 2013). However, with the rise of VCT brought about by COVID-19, it is necessary to build on this prior research and discover the ways in which clinicians can effectively deliver couple therapy virtually, including navigating logistical and ethical dilemmas.

The American Association for Marriage and Family Therapy has developed best practice guidelines for conducting online couple and family therapy, such as informing clients of the known risks and benefits of delivering VCT, planning in advance for technological failure, taking steps to maintain clients' privacy and security, and assessing the appropriateness of VCT for clients (Caldwell et al., 2017). Wrape and McGinn (2019) expand upon these guidelines using clinical examples and providing specific recommendations for practice. To name a few, they recommend separately interviewing both partners early in therapy to assess for safety, collaborating with clients at the outset of therapy on how to make VCT as similar to in-person therapy as possible (e.g., scheduling sessions while children are napping or occupied, beginning and ending therapy on time, minimizing distractions), and incorporating more direct communication to avoid missing clients' cues (e.g., referring to each partner by name rather than gesturing, incorporating more verbal feedback, such as "what is coming up for you right now?"; Wrape & McGinn, 2019). Although these recommendations are essential for navigating the practical challenges of conducting VCT in general, we now turn to unique clinical issues that couples face during COVID-19, as well as how clinicians can best address these challenges using VCT.

The Current Paper

In addition to the logistical challenges for conducting VCT, there is an added layer of complexity that COVID-19 brings to the couple relationship itself. The pandemic, as well as its associated stressors, such as unemployment, economic hardship, and strained parenting responsibilities, can spill over into relationship functioning (Pietromonaco & Overall, 2020). High-stress environments breed negative partner interactions (Pietromonaco & Overall, 2020), putting couples at higher risk of experiencing infidelity (Coop Gordon & Mitchell, 2020) and domestic violence (Bradbury-Jones & Isham, 2020; Taub, 2020). Clearly, clinicians must grapple with how to address these stressors and adapt their interventions in order to best serve their clients during this unprecedented time.

In the current paper, we describe considerations and recommendations for clinical practice based on our own experiences conducting VCT in two different treatment settings, as well as comment on themes from an informal online survey of 29 couple therapy clinicians, constituting graduate student trainees, licensed or unlicensed professionals, and/or clinical supervisors surveyed anonymously. Regarding our experiences with couples during COVID-19, we draw from our direct and supervisory experiences working with couples in a Clinical Psychology Ph.D. program training clinic in an urban setting of the Rocky Mountain region that uses a sliding scale fee structure. Couples presenting to the training clinic primarily identify as white and heterosexual but vary widely in socioeconomic status, age, and relationship status (dating, engaged, married). In addition, we describe our experiences working with couples receiving free counseling services at an urban community clinic for pregnant women and women with young children in the Rocky Mountain region. Couples presenting to this clinic are racially and ethnically diverse, and the majority have incomes below the federal poverty threshold.

Although we provide multiple case examples from our clinical practice in order to help illustrate relationship issues associated with, exacerbated by, and even helped by COVID-19, we focus on one couple in particular who has exemplified many challenges—and silver linings—of COVID-19 for relationship functioning and couple therapy. Todd and Natalie, a middle-income, college-educated couple, wherein both partners were 29 years old and identified as White, presented for couple therapy about three months before the COVID-19 crisis began. The couple had been dating for two years, were currently cohabiting, and struggled with communication, support, trust/jealousy, and intimacy at the time of intake. Todd and Natalie commonly disagreed about their social lives, use of substances, and division of household responsibilities. In response to conflict, Todd and Natalie alternately shut down and avoided their issues or escalated their issues through verbal aggression. Both Todd and Natalie had a history of depression, and they struggled to support each other while feeling depressed. The couple had low confidence in the relationship and frequently considered breaking up. Treatment primarily utilized Cognitive-Behavioral Couple Therapy, including the Prevention and Relationship Education Program (PREP) curriculum as applied to couple therapy (PACT; (Markman, Halford, & Hawkins, 2019)). In brief, PACT involves teaching couples communication and conflict management skills (e.g., the Speaker-Listener Technique; Markman et al., 2010) and utilizing therapy as a time to practice talking about key issues without fighting

under the guidance of the therapist. Techniques from Emotionally Focused Couple Therapy (EFT) were also utilized to enhance understanding and expression of emotions. After the COVID-19 crisis began, and the transition to VCT was made, we observed significant shifts in the relationship dynamics between Todd and Natalie, which presented equal challenges and opportunities for therapy.

Regarding the informal survey of other clinicians, surveys were sent to a listserv of couple therapy clinicians in July 2020 and included both qualitative and quantitative items regarding challenges and positive effects of COVID-19 for couples' functioning and progress in therapy. Example items included, "Since the COVID-19 crisis began, approximately what percent of the couples you work with (including those cases you supervise) have improved/stayed about the same/worsened?" and "What positive effects of the COVID-19 crisis have you observed for couples' functioning and/or progress in therapy?" We did not gather demographic information for clinicians or their couple clients. Although these data were not drawn from a representative sample and will not be published, we believe they help to illustrate the challenges and benefits to couples engaging in VCT during COVID-19.

Challenges and Recommendations for VCT During COVID-19

In the following sections, we describe specific challenges for couples and clinicians that we and the respondents from our informal survey have observed while conducting VCT during COVID-19, followed by our clinical recommendations for helping couples and clinicians overcome these challenges and succeed in VCT.

Shifts in Quality Time Together

One of the most common challenges for couples during COVID-19 is the shift in how they spend time together in order to foster connection and closeness in the relationship. For some couples, connecting pre-COVID meant "going out" for date nights. For others, it meant taking time for themselves without their children. However, with government- or self-imposed restrictions on where couples can go together, what the experience looks like when they get there (e.g., social distancing, wearing a mask), and with whom they can interact outside of their homes, couples may struggle to renegotiate what time together may look like. Many couples also experience increased financial strain as a result of COVID-19, making it difficult to afford some traditional date activities. Given that couples have fewer options for spending time

together outside of the home or having a family member or neighbor care for their children in order to promote time alone, it makes sense that couples may feel less able to prioritize positive connections. Further, couples in which both partners are home for the majority of the day may be spending more time together but not necessarily engaging in activities that foster closeness and connection. For example, as COVID-19 and stay-at-home orders continued, Todd and Natalie reported that they were not connecting or feeling close to each other, despite both partners spending all day together working from home, and the therapist discovered that they had not planned any activities together for over a month. Dedicated quality time together is critical for healthy romantic relationships. Thus, finding ways to preserve positive time together in the relationship is essential, even when it occurs within the confines of one's home.

Recommendations

1. Help couples pinpoint what felt meaningful about their positive time together prior to COVID-19 restrictions. For example, one couple noted that they typically went to dinner and a movie for date night. When asked what felt special about that type of date, the couple noted that they valued being alone together and paying attention to one another. The two of them discussed ways to re-create the sentiment of their date nights by carving out protected alone time and creating more space to focus on each other while at home (e.g., making dinner and watching a movie while the baby was asleep or parents babysat). Another example of renegotiating time together involves Natalie reflecting to Todd that she valued and missed when he would plan special outings for the two of them, prompting him to find new ways to do so, such as going rollerblading. If couples did not typically spend positive time together before COVID-19, we recommend exploring what could be meaningful about that time, and how it could be arranged to fit within couples' schedules and COVID-19 restrictions. This values-based approach may help promote couples' sense of consistency and personal control during a pandemic characterized by disruption of routines, constraints, unpredictability, and stress.
2. Brainstorm free and low-cost ways for the couple to spend time together. For example, the couple could create a "Date Deck," which involves writing activities on cards and partners taking turns selecting an activity to try that week (Markman et al., 2010). Todd and Natalie, when encouraged to find positive time to connect, decided to have a picnic in a public park where they could socially distance from others.

3. As [Stanley and Markman \(2020\)](#) note, having more time together due to COVID-19 does not necessarily ensure that it is *quality* time together. We recommend that clinicians work with couples to differentiate between being around one another and spending positive time together. For example, one couple noted that they considered grocery shopping to be a date during COVID-19. On the one hand, getting out of the house and spending time together alone grocery shopping could indeed be seen as positive time together when partners are making a genuine effort to connect. On the other hand, when the act of grocery shopping is merely a means to an end that can be executed on autopilot, connection is not likely to occur between partners. Thus, it is important for clinicians to make the distinction between couples doing things simultaneously to get through the day (e.g., cleaning the house) or doing things next to each other (e.g., sitting on their phones) versus carving out time to foster positive connection (e.g., cooking dinner together, going for a walk while talking about events in each other's lives).
4. Finally, although making the time for positive connection is essential, it is also important to protect that time from conflict and negativity ([Markman et al., 2010](#)). Thus, we recommend that clinicians help couples commit to keeping difficult decisions and relationship issues outside the "bubble" of their positive time together in order to make room for relaxation, fun, and connection. Teaching couples skills such as practicing calling a Time Out ([Markman et al., 2010](#)) or teaching partners to regulate negative emotions are useful. In fact, as part of PACT, all couples come up with their own signal or phrase for calling a Time Out that is available to them should they need it (e.g., "we need a break").

Less Personal Time and Space

Along with less time together outside of the home, many couples must also navigate the increased time together *inside* of the home. Among those living together, the boundary lines of time together and time apart are blurred, which can present three important challenges to the relationship. First, less time apart can deny partners the opportunity to miss each other and have separate experiences that they then share with each other when they reunite. Without these separate experiences, it may be more difficult for partners to talk as friends (e.g., sharing good news, philosophies, stories), and build intimacy, connection, and security in the relationship ([Markman et al., 2010](#)).

Second, with more time together, it can be difficult for couples to draw boundaries around different types of conversations in their relationship. [Markman et al.](#)

(2010) outline four different types of talk in romantic relationships: Casual Talk (i.e., navigating daily responsibilities), Conflict Talk (i.e., handling disagreements), Friendship Talk (i.e., engaging in conversation that promotes connection and intimacy), and Support Talk (i.e., conveying to your partner that you are there for them). With increased overlap in partners' daily lives and stress, it can be difficult to make space for each type of talk, and even easier to slide from one type of talk to another (e.g., sliding from dreaming about how they will spend their time post-COVID to planning around household chores).

Third, more time together can create more opportunities for friction to occur in the relationship, especially for couples who live in confined or shared spaces. This is especially true for couples that already have high levels of negative communication patterns. For example, when spending all day together in a small shared apartment, Todd and Natalie grew tense and easily irritated with each other. Natalie became more upset by minor annoyances (e.g., Todd not holding the door open for her) but suppressed her frustration until it built up and prompted a big argument. Natalie and Todd also found that after working from home side by side all day, they had difficulty disengaging from work and the quality of their personal time together at night suffered.

Recommendations

1. Help couples establish boundaries around time spent together and time spent apart. For example, discuss how each partner could take time alone doing things they enjoy, as well as how they can express to one another when they need space. Some partners struggle with expressing their own needs, so role playing in-session how to be assertive and intentional about establishing boundaries and expressing one's own needs is important. Further, during a time when there may be considerable overlap between work/school, daily responsibilities, and personal time, couples will benefit from discussing how to transition into time together (e.g., taking a walk together to signal the end of the workday). Finally, help partners navigate *how and where* they will spend their time apart, especially for those living in small or shared spaces. For example, one couple lived in a room in the basement of a family member's house, so their options for time apart were limited. As a result, they used the communication skills they learned in therapy to negotiate different options for creating space, such as one partner taking a walk while the other stayed at home, or each partner using headphones on opposite sides of the room.

2. Similar to helping couples establish boundaries around time together, it is important that couples also delineate the types of conversations they have in order to make space for connection and intimacy. In particular, help couples make space for Friendship and Support Talk while protecting those conversations from conflict and discussions of daily responsibilities. Further, especially for couples with enmeshed lives during COVID-19, it may be more difficult for partners to identify unique experiences to discuss as part of Friendship Talk. Compared to before COVID-19, partners may have to “dig deeper” and reflect, or get more creative, in order to identify experiences to share with each other, such as sharing their reflections from videoconferencing with friends, books they are reading, or dreams for travel post-COVID.
3. If partners seem to have difficulty letting the “little things” go due to increases in time together, we recommend that the clinician teach the couple skills to help manage their feelings around daily annoyances. Learning to navigate these small but impactful moments in the relationship can help couples learn to coexist without constantly arguing over trivial matters. Examples of strategies include discussing coping statements individuals can say to themselves when they feel irritated, engaging partners in cognitive restructuring, and teaching deep breathing exercises.
4. Help couples understand that expecting their partner to know what they are thinking (i.e., mindreading) is an unrealistic expectation. Engage the couple in psychoeducation around increasing their own awareness of their personal needs and how to express them in a healthy manner, rather than relying on their partner to anticipate these needs or allowing resentment to build.

General Anxiety and Stress

General anxiety and stress during COVID-19 were by far the most frequently endorsed challenges that clinicians from our informal survey noted among couples. In general, many couples present to therapy with anxiety and stress in their lives that trickle into their relationship, and relationship problems fuel individual distress (Baucom et al., 2008). However, with COVID-19, the added impact of uncertainty, restrictions, isolation, illness and death, and utter lack of normalcy can take a toll on relationships. As a result, COVID-19 may increase the risk of developing or exacerbating individual mental health problems (Holmes et al., 2020). With more time spent together, it is possible that mental health problems are more noticeable to partners or play a more central role in relationship functioning. For example, Natalie’s depression worsened over the

few months after COVID-19 began and her distress was more apparent to Todd because they were together much of the time. However, Natalie did not talk about what she was going through and Todd did not know what was wrong or how to help.

Recommendations

1. Engage partners in regular check-ins during VCT to assess couple functioning, as well as individual functioning that could be affecting the couple relationship. For example, incorporate a question about individual functioning into the clinician’s preferred check-in method, such as the Weekly Questionnaire utilized as part of Integrated Behavioral Couple Therapy (Christensen, 2010), or while asking the couple to describe positive and negative events from the past week.
2. Encourage partners to share their own worries and struggles and facilitate discussions about when and how to support each other’s individual needs during these challenging times. Especially during times of uncertainty, help partners understand that it is not required that they “fix” their partner’s problems; rather, it can be even more powerful for individuals to give their partner space to feel what they are feeling and demonstrate that they hear and support them. Such interactions can help promote closeness and intimacy among partners, even in the context of feeling heavy emotions and stress (Stanley & Markman, 2020). For example, Natalie told Todd that it was difficult for her to share her feelings when he reached out while she was still highly distressed, so they agreed that Todd would check in with her later, when she was in a calmer state, to provide emotional support.
3. Although being responsive and caring is paramount to partners supporting one another in times of stress (Balzarini et al., 2020; Stanley & Markman, 2020), too much dependence on one another for support can actually have negative effects on the relationship (Petruccelli et al., 2014). Given that, for many, one’s partner is the primary source of adult support during this pandemic, it is important for clinicians to help couples find outlets of support other than the relationship. For example, engaging in self-care is a useful way to help maintain boundaries for personal time alone. Discussing self-care in therapy also reinforces the idea that partners should not solely rely on one another for coping during these stressful times and that taking care of one’s own well-being is beneficial for the couple relationship. Examples of self-care could include individual or joint activities, as well as teaching partners relaxation strategies, such as deep breathing and progressive muscle relaxation. In the case of Todd and

Natalie, the therapist at times assigned each partner the homework of doing a specific self-care activity in addition to or instead of couple-oriented homework assignments (e.g., to practice a communication technique). Finally, encourage partners to reach out to family and friends for connection and support, such as establishing regular phone check-ins or videoconferencing activities (e.g., coffee time, game nights).

4. As noted earlier, with the rise in mental health concerns during this pandemic (Holmes et al., 2020), it is important to consider the type of support that partners require both within and outside of the relationship. Couple therapy can be effective in treating co-occurring mental health symptoms and relationship distress (Fischer & Baucom, 2018); however, we recommend that clinicians normalize and encourage individual therapy in addition to couple therapy, when feasible. At the beginning of couple therapy, we encouraged Todd and Natalie to each pursue individual therapy: Natalie followed this recommendation and occasionally mentioned useful coping skills that she was learning in individual therapy, making it more possible to focus on communication at the couple level in our sessions.
5. Help partners discuss and problem solve regarding sources of stress. For example, many couples, especially those who are socioeconomically disadvantaged, are grappling with the direct consequences of COVID-19, including job loss and family illness. Other couples may include partners who are essential workers and are at heightened risk for infection or are living in confined spaces that create difficult dynamics when under quarantine. Such scenarios may require a shift in therapeutic interventions from focusing on relationship-based issues (e.g., intimacy, trust) to stress-related issues (e.g., managing finances after job loss). When this is the case, we recommend putting a hold on discussing relationship-based issues, so couples can feel safe and have more mental space and energy to jointly address the acute stressors in their lives as a team.

Focus on Communication Given More Opportunity for Issues and Conflict

COVID-19-related stress is associated with greater negative communication and conflict in romantic relationships (Balzarini et al., 2020). Couples may experience conflict around renegotiating the “new normal” under COVID-19-related restrictions and uncertainties. Furthermore, when couples are around each other more of the time, issues that couples may have previously been able to ignore can become more pressing, such as dividing responsibility for household tasks. For example, after COVID-19 began, Todd and Natalie

started to report far more frequent conflicts about who should cook and clean the house. This issue had come up before in therapy on occasion, but heightened stress levels—and sharing a space all of the time—elevated this minor issue to a major source of disagreement that required more direct effective communication.

Recommendations

1. Teach couples evidence-based strategies for discussing and managing their issues in a safe and effective manner. For example, two useful tools are the Speaker-Listener Technique, wherein partners take turns speaking and paraphrasing to check for understanding, and Time Outs to cool down (Markman et al., 2010). These can be helpful ways to navigate disagreements and prevent conflict. Further, Pietromonaco and Overall (2020) suggest that teaching couples problem solving strategies to help them directly manage issues related to COVID-19 (e.g., economic hardship), rather than solely minimizing conflict, can help prevent existing or new problems from damaging the relationship. We agree with this point; however, we also want to note that it can be especially beneficial for couples to separate problem discussion from problem solving in order to ensure that each partner fully understands the issue at hand before attempting to solve it. Therefore, we recommend that clinicians facilitate discussion of each partner’s views and feelings around the issue before engaging them in problem solving (Markman et al., 2010).
2. Indicate to couples that when a certain event or topic is a recurring trigger for arguments, that might be a sign of a deeper issue that needs to be discussed further in VCT or using healthy communication strategies at home. In our training clinic, we teach couples that small events often trigger unresolved everyday or deeper issues, and that many couples only talk about issues in the context of events (Markman et al., 2010). We recommend that clinicians help partners learn to let events be events and instead utilize regular couple meetings or therapy to talk about their deeper issues in a safe, predetermined setting. In therapy, Todd and Natalie explored deeper issues underlying their squabbles about the division of household tasks: Natalie was able to express her need to know that she was taken care of, and Todd was able to express his need to be appreciated for his contributions. Once they gained an understanding of the strong emotions that sparked their arguments, Todd and Natalie were able to approach these discussions with more compassion and to more fully engage in problem solving.

Challenges for Clinicians Employing VCT During COVID-19

Although others have thoughtfully unpacked issues related to providing VCT in general, as well as offered key recommendations (see [Wrape & McGinn, 2019](#), and [Caldwell et al., 2017](#), for detailed ethical and clinical considerations when conducting VCT), we would be remiss if we did not also comment on challenges for clinicians employing VCT during COVID-19. As such, we will highlight a few key areas that we believe are particularly relevant to VCT during this global pandemic: conflict management and safety, VCT fatigue, and practical issues that arise due to COVID-19.

Conflict Management and Safety

As previously noted, COVID-19 has been linked to greater stress, relationship conflict ([Pietromonaco & Overall, 2020](#)), and domestic violence ([Bradbury-Jones & Isham, 2020](#); [Taub, 2020](#)). Thus, it is possible that couples presenting to VCT experience higher levels of escalation within and outside of the “therapy room.” In addition, it is uniquely challenging for therapists to monitor and manage conflict virtually rather than in person.

Recommendations

1. In line with the recommendations of [Wrape and McGinn \(2019\)](#), we suggest assessing for destructive conflict and safety in the relationship early on in therapy. One strategy is to separate partners during a therapy session in order to confidentially assess for safety. This option is possible for VCT but requires additional planning, such as the clinician previewing for couples that they plan to spend time with each partner individually at the next session and brainstorming where each partner will be during that time. Further, [Wrape and McGinn \(2019\)](#) provide strategies for ensuring privacy (e.g., one partner leaves the room while the other uses headphones and answers yes/no questions). In addition, be aware that conflict levels may have changed since initial assessments at the start of therapy due to the stresses of COVID-19. Therefore, it is important to ask about conflict and monitor for safety on an ongoing basis (e.g., “If I were a fly on the wall, what would I see when you two were arguing?”).
2. When couples engage in conflict during VCT sessions, it can be especially challenging for clinicians to intervene over a computer or phone screen. We echo the recommendation of [Wrape and McGinn \(2019\)](#) to establish a Time Out protocol for couples to use in session (and outside of session), such as creating a hand signal or phrase to declare a “stop

action” and establishing how each partner will spend their time cooling down (e.g., listening to calming music; taking deep breaths). For example, when the female partner in a couple became intensely angry and was having difficulty calming herself down, the clinician recommended that the couple take a Time Out in which the male partner cared for their crying baby (one source of stress for the female partner) and the female partner stepped outside for a few moments to cool down. As previously noted, as part of PACT, it is recommended that clinicians teach Time Out to couples at the outset of therapy should a break be needed during a high-conflict scenario in VCT.

3. Escalation in relationships can lead to arguments that get physical (e.g., throwing objects, pushing, shoving; as discussed in [Stanley et al., 2020](#)); see ([Johnson, 2001](#); [Johnson & Ferraro, 2000](#)). If the couple continuously resists the boundaries the clinician puts in place in order to manage such aggression during VCT, or there are signs of intimate terrorism (e.g., controlling behaviors, threat of harm or actual harm; [Johnson & Ferraro, 2000](#); [Stanley et al., 2020](#)), it is recommended that the clinician provide referrals for other resources better suited to address intimate partner violence. See [Wrape and McGinn \(2019\)](#) for additional recommendations regarding relationship and personal safety.

VCT Fatigue

Although VCT during COVID-19 presents immense opportunity to provide therapy services to couples who may not receive them otherwise, for many clinicians, the shift to VCT was likely abrupt and involuntary. Clinicians without formal training in providing telehealth services needed to adapt their practices in order to continue providing therapy during COVID-19. The pandemic has been longstanding, and although there are glimmers of hope in sight for a return to normal, clinicians have been working for an extended period of time in a capacity that few were actually prepared for. In this context of prolonged use of VCT, clinicians may face strain and fatigue due to increased screen time, blurring of personal and professional lives, and isolation from fellow clinicians and other social supports. In addition, many clinicians have likely experienced stressful changes in their personal lives as a result of COVID-19. As a result, not only do the couples we serve face the stressors of COVID-19, but so do the clinicians. Self-care is not a new concept for those in the mental health field, but nevertheless we wanted to outline some recommendations for clinicians managing the stress of VCT during COVID-19.

Recommendations

1. Take breaks from screens whenever possible. Increased screen time for work and leisure during COVID-19 is associated with a host of mental and physical health issues (Sultana et al., 2020). Therefore, limiting screen time in areas where it is possible, such as conducting meetings over the phone but therapy sessions over videoconferencing, or taking screen breaks in between sessions (even for a couple of minutes), is important.
2. Travel for clinicians has likely shifted, from no longer commuting to their workplace to staying home instead of traveling during time off. As a result, it may be tempting to use the extra time gained from not traveling to complete work-related tasks. Similar to our recommendations above for couples, we recommend that clinicians find ways to demarcate the end of the work day and transition into personal time (e.g., changing from work clothes to casual clothes, going for a walk). Further, we recommend that, when feasible, clinicians protect their time off from work-related responsibilities, regardless of whether or not they are actually traveling, in order to promote rest and rejuvenation.
3. Increased social support is linked to lower levels of anxiety (Labrague & Santos, 2020) and lower levels of stress (Xiao et al., 2020) among healthcare workers. In addition to leaning on available personal supports, such as friends and family, we recommend that clinicians find ways to connect with one another, such as engaging in virtual group supervision or forming virtual consultation groups. Such groups provide opportunities to process clinical issues, including those related to COVID-19, and work collaboratively to navigate the challenges of engaging in virtual therapy during this pandemic. Further, virtual meetings create a platform to connect with others in a professional setting and mitigate feelings of isolation. Many clinicians are likely experiencing similar stressors and complicating factors associated with COVID-19 within and outside of therapy; therefore, having a group to engage with is essential during these isolating times.
4. Although there are clear disparities in the impact of COVID-19, this pandemic affects everyone. Therefore, clinicians must also grapple with how to manage their own stress related to the pandemic while also supporting clients' stress. Further, for many clinicians, the shift to seeing multiple clients per day virtually compounded with an increase in screen time likely results in increased exhaustion. We recommend clinicians engage in activities that promote their own mental well-being, including engaging in

their own virtual individual therapy and stress-reduction activities, such as mindfulness, meditation, and exercise.

Practical Issues Related to COVID-19

The global pandemic has presented several practical challenges to VCT that require specific attention, including shifts in couples' ability to pay for services and increased likelihood of children in the home during therapy sessions. Although many clinicians and trainees will have varying resources and levels of comfort with addressing these challenges, we feel they are still important to highlight.

Recommendations

1. Acknowledge changes in couples' ability to pay for therapy services as a result of COVID-19. Many couples are facing changes in their financial situations and ability to pay for therapy services compared to before the pandemic. In this case, when financially feasible, we recommend that clinicians consider modifying their fee structure for a set number of sessions (primarily for providers who do not accept insurance) or pausing services until the couple feels financially able to resume therapy. For couples who wish to take a break from therapy, provide them with resources to help bridge the gap, such as free or low-cost online programs (e.g., ePREP and OurRelationship; Braithwaite & Fincham, 2007; Doss et al., 2016) and couple therapy readings. However, we also acknowledge that clinicians are also likely experiencing financial hardships due to COVID-19; therefore, this recommendation may not be applicable to everyone.
2. Although children's presence in the home is a common issue for VCT in general (Wrape & McGinn, 2019), COVID-19 and associated daycare closures, home-based learning, and lack of social support (e.g., neighbors to watch the children) increases the likelihood that, for couples who have children, they will be present during VCT sessions. We recommend brainstorming with couples prior to VCT potential options for navigating this issue in order to maintain some level of privacy and minimize disruptions. Some examples include: being strategic and flexible about the timing of sessions (e.g., scheduling during nap time), planning for interruptions (e.g., deciding which partner will be responsible for handling child-related disruptions during the session), adjusting the length of therapy to fit the children's needs (e.g., 30-minute sessions instead of 45–50 minutes), and planning ahead of time for how children will spend the session (e.g.,

in the “therapy room” with headphones on, reading a book or engaging in screen time in the other room with the door cracked for parents to listen).

Positive Influences of COVID-19 on Couples and VCT

Though seemingly counterintuitive, we have observed several ways in which COVID-19 has initiated positive changes in couples’ relationships. First and foremost, couples have more time together. As previously noted, this increase in time spent around one another certainly reduces individuals’ personal time and space, but it also creates more room for partners to (a) practice skills learned in therapy, (b) learn new or forgotten things about each other, (c) interact more as friends, and, most important, (d) practice flexibility and forgiveness around the “little things” in service of the larger picture of maintaining their relationship. Indeed, one couple with communication issues noted how being quarantined together forced them to learn how to coexist and not dwell on the cumulating moments of miscommunication and tension that led them to seek therapy in the first place. In addition, when partners understand the source of each other’s stress (in this case, the direct or indirect effects of COVID-19), it can be easier to practice forgiveness and act from a place of understanding and appreciation for their partner.

We have also observed greater motivation among couples to work through their issues as a result of COVID-19, which could stem from a few different sources. First, more time together means that couples’ issues are front and center. There is no hiding. Avoiding having difficult discussions or addressing important sources of disagreement is far more difficult without the escape of work, school, or other activities outside of the home. Thus, partners are likely more motivated to work through their issues in order to reduce the stress of COVID-19 and help them to move forward. In the case of Todd and Natalie, COVID-19 and the local stay-at-home order certainly brought their relationship issues to a head and required them to work through these issues in order to make living together tolerable. Their motivation and engagement, particularly with out-of-session homework assignments, increased significantly after the pandemic began.

Second, with a global pandemic, partners may join together in order to protect their family and help them weather the storm. Part of this joining requires both partners deciding to put their issues aside, or actively work through them, in order to feel unified in managing the stress that COVID-19 brings to their family.

Finally, along with the observed increase in motivation to work on the relationship, there is also more

time and flexibility to engage in therapy. Some couples may have a renewed commitment to therapy given the challenges that they are experiencing during COVID-19, while others may simply have more time to devote to working on the relationship than before. In either case, we have seen many couples actively engage in VCT during COVID-19.

It is important to note, however, that some couples decide not to prioritize couple therapy during COVID-19 due to other stressors and needs taking precedence. Although certain factors outside of the relationship, such as having children in the home (Günther-Bel et al., 2020), as well as contextual (e.g., socioeconomic status, race/ethnicity, age) and individual vulnerabilities (e.g., depression; Pietromonaco & Overall, 2020) put couples at higher risk of experiencing relationship difficulties, it is possible that these elements can impede couples’ desire or ability to seek help. For couples who are unable to commit to regular VCT sessions, short-term skills-based treatments (e.g., relationship education) and online programs (e.g., ePREP and OurRelationship; Braithwaite & Fincham, 2007; Doss et al., 2016) could be one such avenue for reaching couples in need who have limited time and resources.

Overall, however, clinicians have observed that couples’ relationship quality has largely stayed the same or improved since the onset of COVID-19 (Stanley & Markman, 2020). Of note, one could view “staying the same” in their relationship as a positive outcome given that they are navigating the additional stressors that COVID-19 may bring to the relationship. Todd and Natalie have made great strides since COVID-19, particularly in terms of their ability to connect, discuss areas of disagreement, and work as a team.

Conclusion

Although times are uncertain, and we as a field are continuing to contemplate the ways to best support our clients in the face of COVID-19, our observations demonstrate that clinicians can effectively support couples’ relationships through VCT during COVID-19. In addition, the increase in VCT can be used to help inform clinical practice beyond this pandemic, including continuing to find opportunities to reach more couples in need of our services and responding to the unique difficulties that couples experience during unexpected times of stress. Although the issues presented in this paper are based on a limited sample of VCT in practice, we hope that our experiences can inform future research and clinical practice, and serve as a reference for couple clinicians during these unprecedented times.

References

- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., Rice-Thorp, N. M., Lohr, J., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services, 9*(2), 111–131. <https://doi.org/10.1037/a0027924>.
- Baucom, D. H., Epstein, N. B., LaTaillade, J. J., & Kirby, J. S. (2008). Cognitive-behavioral couple therapy. In *Clinical handbook of couple therapy*, pp. 23–60. The Guilford Press.
- Borcsa, M., & Pomini, V. (2018). Couple and family therapy in the digital era. In J. Lebow, A. Chambers, & D. C. Breunlin (Eds.), *Encyclopedia of couple and family therapy* (pp. 1–9). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-15877-8_1069-1.
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing, 29*(13-14), 2047–2049. <https://doi.org/10.1111/jocn.v29.13-14.1111/jocn.15296>.
- Braithwaite, S. R., & Fincham, F. D. (2007). ePREP: Computer based prevention of relationship dysfunction, depression and anxiety. *Journal of Social and Clinical Psychology, 26*(5), 609–622. <https://doi.org/10.1521/jscp.2007.26.5.609>.
- Balzarini, R. N., Muise, A., Zoppolat, G., Di Bartolomeo, A., Rodrigues, D. L., Alonso-Ferres, M., Urganci, B., Debrot, A., Pichayothin, N. B., & Dharma, C. (2020). Love in the time of covid: Perceived partner responsiveness buffers people from lower relationship quality associated with covid-related stressors. *PsyArXiv* <http://dx.doi.org/10.31234/osf.io/e3fh4>.
- Caldwell, B. E., Bischoff, R. J., Derigg-Palumbo, K. A., & Liebert, J. D. (2017). Best practices in the online practice of couple and family therapy: Report of the online therapy workgroup. American Association for Marriage and Family Therapy (AAMFT). Retrieved September, 1, 2017.
- Christensen, A. (2010). Weekly questionnaire. Unpublished Questionnaire. Retrieved from <http://lbct.Psych.Ucla.Edu>.
- Coop Gordon, K., & Mitchell, E. A. (2020). Infidelity in the time of COVID-19. *Family Process, 59*(3), 956–966. <https://doi.org/10.1111/famp.v59.3.10.1111/famp.12576>.
- Doss, B. D., Cicila, L. N., Georgia, E. J., Roddy, M. K., Nowlan, K. M., Benson, L. A., & Christensen, A. (2016). A randomized controlled trial of the web-based OurRelationship program: Effects on relationship and individual functioning. *Journal of Consulting and Clinical Psychology, 84*(4), 285–296. <https://doi.org/10.1037/ccp0000063>.
- Doss, B. D., Feinberg, L. K., Rothman, K., Roddy, M. K., & Comer, J. S. (2017). Using technology to enhance and expand interventions for couples and families: Conceptual and methodological considerations. *Journal of Family Psychology, 31*(8), 983–993. <https://doi.org/10.1037/fam0000349>.
- Farero, A. M., Springer, P., Hollist, C., & Bischoff, R. (2015). Crisis management and conflict resolution: Using technology to support couples throughout deployment. *Contemporary Family Therapy, 37*(3), 281–290. <https://doi.org/10.1007/s10591-015-9343-9>.
- Fischer, M. S., & Baucom, D. H. (2018). Cognitive-behavioral couples-based interventions for relationship distress and psychopathology. In J. N. Butcher & J. M. Hooley (Eds.). *APA handbook of psychopathology: Psychopathology: Understanding, assessing, and treating adult mental disorders* (Vol. 1, pp. 661–686). American Psychological Association. <https://doi.org/10.1037/0000064-027>.
- Günther-Bel, C., Vilaregut, A., Carratala, E., Torras-Garat, S., & Pérez-Testor, C. (2020). A mixed-method study of individual, couple and parental functioning during the state-regulated COVID-19 lockdown in Spain. *Family Process, 59*(3), 1060–1079. <https://doi.org/10.1111/famp.v59.3.10.1111/famp.12585>.
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry, 7*(6), 547–560. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1).
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family, 62*, 948–963. <https://doi.org/10.1111/j.1741-3737.2000.00948.x>.
- Johnson, M. P. (2001). Conflict and control: Symmetry and asymmetry in domestic violence. In A. Booth, A. C. Crouter, & M. Clements (Eds.), *Couples in conflict* (pp. 95–104). Mahwah, NJ: Lawrence Erlbaum.
- Labrague, L. J., & Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management, 28*(7), 1653–1661. <https://doi.org/10.1111/jonm.v28.7.10.1111/jonm.13121>.
- Markman, H. J., Stanley, S. M., & Blumberg, S. L. (2010). *Fighting for your marriage: A deluxe revised edition of the classic best-seller for enhancing marriage and preventing divorce*. John Wiley & Sons.
- Markman, H. J., Halford, W. K., & Hawkins, A. J. (2019). Couple and relationship education. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *Handbook of contemporary family psychology: Family therapy and training* (pp. 307–324). American Psychological Association <https://doi.org/10.1037/0000101-019>.
- McCoy, M., Hjelmstad, L. R., & Stinson, M. (2013). The role of telemental health in therapy for couples in long-distance relationships. *Journal of Couple & Relationship Therapy, 12*(4), 339–358. <https://doi.org/10.1080/15332691.2013.836053>.
- Petrucelli, F., Diotaiuti, P., Verrastro, V., Petrucelli, I., Federico, R., Martinotti, G., Fossati, A., Di Giannantonio, M., & Janiri, L. (2014). Affective dependence and aggression: An exploratory study. *BioMed Research International, 2014*, 1–11. <https://doi.org/10.1155/2014/805469>.
- Pietromonaco, P. R., & Overall, N. C. (2020). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist, 75*(10), 1241–1249. <https://doi.org/10.1037/amp0000714>.
- Stanley, S. M., & Markman, H. J. (2020). Helping couples in the shadow of COVID-19. *Family Process, 59*(3), 937–955. <https://doi.org/10.1111/famp.v59.3.10.1111/famp.12575>.
- Sultana, A., Tasnim, S., Bhattacharya, S., Hossain, M. M., & Purohit, N. (2020). Digital screen time during COVID-19 pandemic: A public health concern. *SocArXiv*. <https://doi.org/10.31235/osf.io/e8sg7>.
- Stanley, S. M., Carlson, R. G., Rhoades, G. K., Markman, H. J., Ritchie, L. L., & Hawkins, A. J. (2020). Best practices in relationship education focused on intimate relationships. *Family Relations, 69*, 497–519. <https://doi.org/10.1111/fare.12419>.
- Taub, A. (2020). A new Covid-19 crisis: Domestic abuse rises worldwide. *The New York Times, 6*.
- Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of Marital and Family Therapy, 45*(2), 296–308. <https://doi.org/10.1111/jmft.12319>.
- Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January

and February 2020 in China. *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, 26. <https://doi.org/10.12659/MSM.923549> e923549.

We would like to thank the clinicians who completed our survey and aided in our understanding of couples' experiences of COVID-19.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Howard Markman co-owns a business that develops and sells relationship education curricula and has published books and

produced other materials that are mentioned in this paper. There are no other conflicts of interest.

Address correspondence to Maggie O'Reilly Treter, Department of Psychology, University of Denver, 2155 S. Race St, Denver, CO 80208 e-mail: maggie.oreilly-treter@du.edu.

Received: September 3, 2020

Accepted: February 8, 2021

Available online 29 March 2021