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A CASE STUDY OF ONLINE FAMILY THERAPY: HOW INTERPLAY CLIENTS' EXPECTATIONS, THERAPEUTIC ALLIANCE, AND THERAPEUTIC CHANGE?

Dissertação no âmbito do Mestrado em Psicologia Clínica e da Saúde, área de especialização em Psicoterapia Sistémica e Familiar orientada pela Professora Doutora Luciana Sotero e apresentada à Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra.

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Estudo de caso de uma terapia familiar *online*: Como interagem as expectativas dos clientes, aliança terapêutica e mudança terapêutica?

Resumo: Embora alguns estudos mostrem que a terapia individual *online* é tão eficaz como a terapia individual presencial, não existe ainda evidência científica suficiente que permita corroborar este dado em relação à terapia familiar. Além disso, a perceção dos terapeutas é geralmente suspeita quanto à eficácia e adequação da terapia *online* no caso das terapias conjuntas. O presente estudo de caso tem como principal objetivo avaliar as expectativas dos clientes, a aliança e a mudança terapêutica numa terapia familiar *online.* Trata-se de um processo terapêutico, que integra uma família composta pelo par parental e pela filha adolescente e uma equipa terapêutica constituída por três mulheres (uma terapeuta sénior e duas estudantes em formação). O protocolo *online* de investigação incluiu um conjunto de instrumentos que foram administrados em diferentes momentos do processo terapêutico: antes da 1ª sessão foi aplicado um questionário sociodemográfico, a Escala de Expectativas para a Terapia Familiar (EEFT) e o *Systemic Clinical Outcome Routine Evaluation (*SCORE-15*)* e após as 1ª, 2ª, 3ª e 4ª sessões foram administrados o *System for Observing Family Therapy Alliances- self-report (*SOFTA-sR*),* e o *Systemic Clinical Outcome Routine Evaluation (*SCORE-15*).* Os resultados obtidos foram, na sua maioria, valores acima da média, reportando os clientes: (1) níveis elevados de expectativas em relação ao processo terapêutico (entre 7 e 14, numa escala de 0 a 15) (2) valores indicadores de uma boa aliança terapêutica (entre 35 e 54, numa escala de 0 a 60) e (3) uma perceção da utilidade das quatro sessões *online* quase sempre elevada (de 4 a 9, numa escala de 0 a 10). No que diz respeito à mudança terapêutica, avaliada através de alterações no funcionamento familiar, foram registadas apenas ligeiras mudanças ao longo das primeiras quatro sessões do processo terapêutico *online.* No caso analisado os resultados obtidos apontam para a viabilidade da terapia *online* com famílias e revelam algumas similitudes com os processos terapêuticos presenciais, resultando assim deste estudo diretrizes importantes a ter em conta na prática *online* de terapia familiar.

Palavras-chave: estudo de caso; terapia familiar *online*; expectativas dos clientes; aliança terapêutica; mudança terapêutica.

A case study of online family therapy: How do clients' expectations, therapeutic alliance, and therapeutic change interact?

Abstract: Although some studies show that individual online therapy is as effective as face-to-face individual therapy, there is insufficient scientific evidence to support this finding for family therapy. Moreover, therapists' perceptions are generally suspect about the effectiveness and appropriateness of online therapy in the case of group therapy. The main aim of the present case study is to assess client expectations, alliance, and therapeutic change in online family therapy. This therapeutic process integrates a family consisting of the parental couple and their teenage daughter and a therapy team composed of three women (one senior therapist and two students-in-training). The online research protocol included a set of instruments that were administered at different moments of the therapeutic process: before the 1st session, a sociodemographic questionnaire, the Expectations Scale for Family Therapy (EEFT), and the Systemic Routine Assessment of Clinical Outcomes (SCORE-15) were applied, and after the 1st, 2nd, 3rd and 4th sessions, the System for Observing Family Therapy Alliances - Self-Report (SOFTA-sR), and the Systemic Routine Assessment of Clinical Outcomes (SCORE-15) were administered. Outcomes mainly were above average, with clients reporting: (1) high levels of expectations regarding the therapeutic process (between 7 and 14, on a scale of 0 to 15) (2) values indicating a good therapeutic alliance (between 35 and 54, on a scale of 0 to 60) and (3) a perception of the usefulness of the four online sessions almost always high (from 4 to 9, on a scale of 0 to 10). Regarding therapeutic change, assessed through changes in family functioning, only slight changes were registered in the first four sessions of the online therapeutic process. In the case under analysis, the results obtained point to the viability of online therapy with families and reveal some similarities with face-to-face therapeutic processes, which are essential guidelines to be taken into account in the practice of online family therapy.

Key Words: case study; online family therapy; client expectations; therapeutic alliance; therapeutic change.

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Index

Introduction 6

I - Conceptual framework.. 7

1.1 Online psychotherapy and COVID-19 pandemic: Challenges and opportunities 7

1.1.1 Specificities of online family therapy.. 10

1.2 Process and outcome research in psychotherapy: What do we know?. 11

1.3 Clients' expectations, alliance, and therapeutic change in family therapy..13

II – Objectives 16

III – Methodology 17

3.1. Characterization of the sample.. 17

3.2. Therapeutic process conditions.. 18

3.3 Measures 19

3.3.1 Expectations Scale for Family Therapy (ESTF)......................... 19

3.3.2 Systemic Clinical Outcome Routine Evaluation (SCORE-15).... 20

3.3.4 System for Observing Family Therapy Alliances- self-report (SOFTA-sR) 21

3.3.5 Sociodemographic Questionnaire 21

3.3 Procedure 22

IV – Results.. 23

4.1 Pre-Session Analysis.. 23

4.1.1 Problem identification and severity 23

4.1.2 Clients' expectations towards the therapeutic process 25

4.2 Post-session analysis.. 26

4.2.2 Therapeutic Alliance.. 26

4.2.4 Usefulness of the session.. 32

4.3 Analysis of Therapeutic Change.. 33

V – Discussion 36

5.1 Limitations and suggestions for future studies 39

VI – Conclusion.. 40

References 41

Introduction

The end of 2019 was marked by COVID-19, which started in China and quickly spread throughout the world. On 18th March 2020, a state of emergency was decreed in Portugal, which enacted professional functions from home and the restriction of free circulation on public roads [Diário da República Eletrónico (DRE), 2020]. The pandemic scenario caused by COVID-19 had an impact on daily life in several domains. The impossibility of continuing with face-to-face consultations forced many psychotherapists to use online therapy, which gained space and notoriety, being considered by many as the future of mental health (Levy et al., 2021; Mc Kenny et al., 2021). Although this practice has gained much notoriety in recent times, most studies focused on the effectiveness of individual online psychotherapy (de Boer et al., 2021). This is a subject on which there is no consensus among authors, as some argue that there are no differences between an online and a face-to-face intervention (Hanley and Reynolds, 2009), and others demonstrate their reticence regarding the appropriateness of this service (Mallen et al., 2005).

Having in mind the scarce literature on the effectiveness of online family therapy (Hertlein & Earl, 2019), it is essential to study the components that may contribute to good therapeutic outcomes in this context. In this sense, research in psychotherapy has highlighted the importance of common factors that contribute to the success of the face-to-face intervention. The therapeutic alliance and client expectations are considered variables that influence the psychotherapeutic outcome, thus incorporating the theory of common factors (Sprenkle & Blow, 2004). Regarding expectations, the literature shows that patients with high expectations of psychotherapy are more engaged in the process and more hopeful about the outcomes (Tambling, 2012). The last 25 years of research on the therapeutic alliance proved that it is an essential variable for the success of psychotherapy among all intervention modalities (Escudero & Friedlander, 2017). Nowadays, researchers who study online psychotherapy try to understand whether the therapeutic alliance effectiveness is the same, both face-to-face or online (Kysely et al., 2020). Results from the different research in the area are not clear. Some research detect differences between online and face-to-face alliance building in individual therapy

(Farabee et al., 2016), while other studies report the opposite (Jasper et al., 2014; Wrzesien et al., 2013).

The present study arises from the need to investigate the online therapeutic process with families due to the exponential increase of online psychotherapy and the scarcity of literature about online family therapy. Hence, this study aims to understand how interplay clients' expectations, alliance, and therapeutic change, in different moments of online family therapy.

I - Conceptual framework

1.1 Online psychotherapy and COVID-19 pandemic: Challenges and opportunities

Psychotherapeutic interventions using the internet have been carried out for more than a decade using different terminologies to designate it, such as etherapy, online therapy, internet therapy, cybertherapy, e-health and telehealth (Barak et al., 2008). Although some attempts to find a general designation have been made, currently, professionals and laypersons use different denominations for this practice. According to Barak et al. (2008), several aspects differentiate the therapeutic practices conducted through the internet. One of them is associated with (1) the intervention method used: (1.1) if it is based on direct communication, it is called etherapy; (1.2) if it is a self-help therapy, based on websites, it is called web-based therapy. Another critical factor that differentiates online psychotherapeutic interventions is (2) the mode of communication used to provide the service, which can be conducted through the (2.1) text, (2.2) only audio, or using (2.3) video (Barak et al., 2008). Although there is a differentiated range of ways to conduct psychotherapy sessions online, the video call is the one that most closely resembles face-to-face psychotherapy (Shah, 2016). The author states that the psychotherapist and the client share visual and auditory signals, allowing for a two-way conversation accompanied by a video.

The pandemic crisis experienced last year affected psychotherapeutic practice and required changes, with an increase in online appointments, which allowed direct contact between psychotherapists and clients (Shadbolt, 2020). The pandemic scenario restricted the options for mental health service provision, and professionals were pushed to discontinue services or join online

consultations to ensure follow-up (Humer et al., 2020). This adaptation of psychotherapy to the online context was essential because it allowed for the follow-up of cases that had already started the therapeutic process and ensured support for clients who experienced symptoms associated with the effects of quarantine (Boldrini et al., 2020).

Due to this extraordinary situation, the therapeutic setting underwent a considerable change since it went from a physical to virtual space (Boldrini et al., 2020). This absence of physical interaction between psychotherapists and clients is one of the significant difficulties associated with the online intervention. The impossibility of sharing the same physical space makes it challenging to detect non-verbal cues, leading to miscommunication and misunderstandings between both parties (Springer et al., 2020).

One of the aspects that raises much controversy regarding online therapy is the establishment of the therapeutic alliance. Farabee et al. (2016) developed a study comparing the therapeutic alliance face-to-face to online sessions, the data revealed that patients who attended online sessions had a lower therapeutic alliance. However, some studies argue that the therapeutic relationship in online or face-to-face settings is identical (Jasper et al., 2014; Wrzesien et al., 2013). The results of these studies refer to individual therapy, which reinforces the importance of further research on the therapeutic alliance in conjoint therapies and in these two contexts (online and physical) to obtain more accurate conclusions.

In addition to this drawback, other particularities emphasize the vulnerabilities of online psychotherapy, namely privacy and confidentiality issues (Stoll et al., 2020). Without a private place at home, which is configured as a safe space, participating in online psychotherapy sessions is the main barrier to implementing this type of intervention from the clients' point of view (Boldrini et al., 2020). Not sharing the same physical space may be difficult to assess emergencies or crises experienced by the client and therefore put him/her at risk (Stoll et al., 2020). Thus, the studies based on this topic highlight the importance of adequate training of professionals, who should have clinical skills and knowledge that allow them to use digital devices to ensure the quality of sessions (Tullio et al., 2020). Therapists should develop therapeutic skills such as adapting their practice to the online context,

presenting a more creative stance, expressing interest, engagement, and interacting with clients via webcam (Mc Kenny et al., 2021).

Although there are challenges regarding the implementation of online psychotherapy, there are also associated advantages. Bischoff et al. (2017) highlight the accessibility of this service as one of the arguments justifying the implementation of this type of intervention since it is only necessary to have a computer with an internet connection. The authors refer that the widespread availability makes access to psychological treatments more homogeneous since it allows individuals in rural areas to enjoy these same services. In addition, the implementation of this type of intervention is seen as a solution to the shortage of mental health care providers in several regions of the world, especially in low-development countries (Baker & Ray, 2011; Stoll et al., 2020).

A study conducted by Barak et al. (2008) shows results that support the efficacy of individual psychotherapeutic interventions in an online context and reveals that, even if there are differences, the online psychotherapy processes are similar to face-to-face psychotherapy in many ways. Kysely et al. (2020) identify technical aspects, such as video and audio cuts as one of the differences pointed out by clients. However, some clients say that once they are used to this experience, they stop noticing that they were talking through a screen.

The literature reveals consistent data that prove the feasibility of individual online psychotherapy since it promotes an improvement in the symptomatology and quality of life of patients with different diagnoses and belonging to different demographic groups (Andersson & Cuijpers, 2009; Bashshur et al., 2016). In summary, although there is some empirical evidence to support this assumption, this topic needs further research to obtain more evidence on its effectiveness, adherence to treatment, therapeutic alliance, and patient satisfaction (Frueh et al., 2000). In general, most studies conducted in this area report on individual therapy, and there is little literature on online psychotherapy in conjoint therapy.

1.1.1 Specificities of online family therapy

Although there has been an increase in online psychotherapy in recent times, the literature shows a paucity of studies on the particularities of online psychotherapy with families compared to individual psychotherapy (Wrape & McGinn, 2019). Although much of the work examining the use of online therapy is focused on work with individuals, there is some evidence that online therapy would also be an effective treatment with couples and families (Hertlein & Earl, 2019).

Wrape and McGinn (2019) present a set of specificities for online psychotherapy with families particularly. Confidential individual interviews are a common practice in this modality to check for any contraindications that may prevent the continuity of the therapeutic process. In online psychotherapy, even if the participants leave the room where the session is taking place, the professional cannot guarantee total confidentiality of what is being shared. The authors also highlight the limitations of the psychotherapist's action in cases of high conflict, where it is common practice to separate the participants physically. Although the family therapist may ask to one of the members to leave the room, he/she has less control over the behaviour of this member. The management of multiple patients in online consultations can be an obstacle, as special attention needs to be paid to various technical aspects such as lighting, sound, and eye contact (Wrap & McGinn, 2019).

Hertlein and Earl (2019) also refer to the particularities of conducting psychotherapy online with couples and families. Establishing online contact between clients and psychotherapists can promote the participation of the various elements in the session. If a family member refuses to show up at the consultation, there may be a greater persuasion for the absent element to attend on the part of the remaining group. This situation is only reflected as an advantage for the therapeutic process if it does not reinforce the problematic patterns of the relationship. The authors state that online consultations also increase the probability of interruptions by members not invited to the session (Hertlein & Earl, 2019).

One of the challenges in family therapy is the need to reconcile the schedules of the different elements, enabling a meeting where everyone can

be together. Thus, online psychotherapy emerges as a viable option that allows the better use and management of time (Hertlein & Earl, 2019). In fact, the emergence of new technologies has changed the way we communicate with others and facilitated contact between family members in different geographical spaces. The proliferation of technological devices to establish contact between individuals has also impacted psychotherapy since many professionals use these resources to keep in touch with their clients (Hertlein et al., 2014). Thus, online family therapy is a way of adapting and making intervention practices more flexible, allowing for the participation of all family members (Springer et al., 2020).

A recent literature review conducted by de Boer et al. (2021) provides some contributions to understand the effectiveness of online psychotherapy. In this study, the authors highlight that little is known about the use of online therapy with families and couples. This research presents a synthesis based on studies conducted on the topic, some of which argue that there are no significant differences between online and face-to-face psychotherapy (Comer et al., 2017). Thus, it is necessary to deepen the study of this theme in order to obtain more information.

1.2 Process and outcome research in psychotherapy: What do we know?

Last years, considerable advances in psychotherapy research allow stating with confidence that many psychological interventions lead to significant therapeutic change (Corbella & Botella, 2004). According to Gelo et al. (2015), the study of psychotherapy can be divided into process research and outcome research. The first corresponds to investigations that focus on the psychotherapeutic process and, eventually, its relationship with the outcome. On the other hand outcome research aims to investigate whether a treatment produces the desired clinical results or not.

According to Hardy and Llewelyn (2015), the study of the therapeutic process has three main objectives: 1) to understand the inherent mechanisms in to treatment that result in a change in patients; 2) to improve the quality of psychotherapy by analysing which aspects most affect the change, and 3) to develop theories, which provide a foundation for clinical practice. According to the authors, the therapeutic process research allows psychotherapists to know and use forms of intervention that are more likely to translate into better

therapeutic results (Hardy & Llewelyn, 2015). The study of the therapeutic process seeks to understand what occurs during the psychotherapy sessions, examining the variables that contribute to therapeutic change, such as the therapist and client's behaviour and the relationship that both establish during the sessions (Lambert & Hill, 1994).

The research on therapeutic outcomes seeks to understand the causal relationship between treatment and outcome by identifying aspects that improve specific deficits and make psychotherapy useful (Wampold & Imael, 2015). The outcomes research provides evidence of treatment effectiveness and improves clinical practice by providing evidence of treatment effectiveness (Lambert & Ogles, 2016). Wampold and Imael (2015) highlight three pillars that explain how psychotherapy produces benefits and change: (1) the relationship established between therapist and client is highlighted as an essential pillar, where both actors assume a position of authenticity and honesty; (2) the clients' expectations influence their experience of psychotherapy, and (3) tasks and therapeutic goals are also important aspects that help adherence to treatment.

Concerning family therapy, the outcomes and process research conducted also provides a robust basis that constantly evolves and guides clinical practice (Sexto et al., 2013). According to the available literature, it was possible to identify a set of studies that show positive outcomes resulting from the implementation of family therapy, which is advantageous for the treatment of different problems, being in many cases more effective than individual treatment (e.g., Carr, 2009; Heatherington et al., 2015; Sexton et al., 2013). According to Vilaça and Relvas (2014), significant progress has been achieved in the empirical study of the effectiveness of family therapy over the past few years, however, there is a pressing need to seek answers to still existing questions. According to these authors, an unlimited number of variables are associated with change in therapy that needs to be and little theory and research have been related to the therapeutic change in the family context (Vilaça & Relvas, 2014). These assumptions are even more relevant if we consider online family therapy, of which very little is known.

1.3. Clients' expectations, alliance, and therapeutic change in family therapy

At the beginning of the last century, Rosenzweig (1936) published a critical and controversial study where he stated that there are common factors to the different therapeutic approaches that are responsible for the therapeutic change. The author stated that aspects such as the relationship between therapist and client or the opportunity for the client to express himself are factors that explain the psychotherapeutic outcome. This research is still cited as a milestone in psychotherapy research, and today there are diverse studies that support this theory (e.g., Lambert, 1992; Sprenkle & Blow, 2004;)

Lambert (1992) proposed a four-factor model of change constituted by: (1) extra-therapeutic change factors (i.e., changes that occur outside the therapeutic context) that contribute 40% to the variance in results (2) common factors (i.e., therapeutic alliance) is responsible for 30% of the variance in results (3) technique factors (i.e., theoretical orientation of the therapist) these are responsible for only 15% of the variance in the therapy results and (4) the placebo factor (i.e., client's expectations) is responsible for the remaining 15% of the variance in the results expectancy factors. In this way, and according to Sprenkle and Blow (2004), common factors influence therapeutic change and are not exclusive to a specific theoretical model.

Regarding the clients' expectations, the literature shows that expectation's influence on treatment has aroused the interest of clinicians and researchers since this construct was found as a predictor of therapeutic efficacy (Tambling, 2012). The literature shows that patients with high expectations regarding individual psychotherapy are more involved in the process and more hopeful about the results (Tambling, 2012). This effect is characterized as a phenomenon in which the expectations created about an event trigger certain cognitive and behavioral conditions that make this event happen, thus becoming self-fulfilling prophecies (Heafner et al., 2016).

According to Norberg et al. (2011), clients' expectations can be subdivided into two categories: (1) process expectations, which are associated with the beliefs that clients have about therapeutic procedures such as duration of the process, the therapist's behaviour, and the procedures used; and (2) outcome expectations, which refer to the usefulness of therapy and the possibility of improvement as a result of therapy. Greenberg and colleagues (2006) argue

that it is possible to divide studies on expectations into two main sections: (1) study of preintervention outcome expectations, which assess clients' expectations about the usefulness of psychotherapy before the first contact with the therapist; and (2) study of expectations after the beginning of the intervention, where the focus is on exploring expectations when the client has already had the opportunity to meet the therapist. One way or the other the study of the clients' expectations allows for a deeper understanding of the therapeutic process. This variable predicts therapeutic success since positive expectations are associated with persistence in continuing the intervention, while drop-out may be related to low expectations (Norberg et al., 2011; Tambling, 2012).

Although client expectations are crucial in developing the therapeutic process, their study has been underestimated, particularly in family therapy, where there is a lack of empirical studies on this topic (Heafner et al., 2016). As far as it was possible to see, there are no studies on the regarding the family's expectations in online therapy, and this is a topic that needs further investigation.

The therapeutic alliance is one of the most studied variables in family therapy (Blow & Sprenkle, 2001), being also considered a factor that consistently predicts psychotherapeutic success, regardless of the theoretical approach (Arnd-Caddigan, 2012; Messer & Wampold, 2002). The fact that the therapeutic alliance plays an important role, does not mean that its establishment is built in the same way in individual and conjoint therapies, although there are some similarities. In individual therapy, Bordin (1994, cited by Hanley, 2009) defined the therapeutic alliance as a strong emotional connection and agreement on the therapy goals and tasks between clients and therapists. In family therapy, several authors highlight the particularities of establishing and maintaining the therapeutic alliance with families (e.g., Pinsoft & Catherall,1986; Friedlander et al., 2006). These challenges include (1) the need to develop multiple alliances with different family members; (2) understand how the family members feel about the therapy and the therapist, (3) understand how the family, as a group, works together in therapy, (4) promote the safety felt by each member to openly express their feelings (Escudero & Friedlander, 2017; Friedlander et al., 2006, 2011). Thus, Friedlander et al., (2006) state that family therapists face a double challenge

since establishing the therapeutic alliance in cases of conjoint therapy requires a sensitivity to the feelings, beliefs, goals, and values of each family member. In addition, the different levels of involvement, secrets, conflicts, and misunderstandings interfere with the creation and maintenance of balanced therapeutic alliances with the different patients (Friedlander et al., 2006).

According to Metcalfe and colleagues (2021), one of the significant challenges in family psychotherapy is integrating several clients with different characteristics and whose perceptions of the problem may vary. According to these authors, this complexity of interactions makes the establishment of the therapeutic alliance in family therapy more challenging (Metcalfe et al., 2021).

Although the literature demonstrates the importance of the therapeutic alliance in conjoint therapies (i.e., Friedlander et al., 2011; Escudero & Friedlander., 2017) little is known about how this variable works in online family therapy, since most of the studies produced in this area focus on face-to-face psychotherapy.

The need to prove the effectiveness of family therapy led to creating an instrument that allowed to assess the therapeutic change based on family functioning (Stratton, 2006). The development and adaptation of the Systemic Clinical Outcome and Routine Evaluation (SCORE-15) scale bridged this gap and became a sensitive instrument to evaluate the therapeutic change (Vilaça, 2015).

According to Relvas (2000), therapeutic change processes are linked to the outcome of psychotherapy since they translate into a measurable improvement of the problems presented. The therapeutic change promotes an evolution to a new stage, which allows for the adequate and effective resolution of the problematic situation (Relvas, 2000). Therefore, therapeutic changes generally occur during and after the sessions and are noticeable in the individuals and their relationships (Heatherington et al., 2005).

In the study developed by Carr and Stratton (2017), the authors refer that therapeutic change in systemic family therapy occurs more often after the 3rd session, which are corroborated in other studies (Car & Stratton, 2017; Krause et al., 2007; Sotero et al., 2018; Stratton et al., 2014; Vilaça, 2015). These previous studies also reveal the importance of deepening the study of indicators of therapeutic change to analyse the evolution of therapeutic

processes. Furthermore, that future studies also constitute a helpful knowledge for professionals to monitor the course of therapies, providing feedback on the evolution of change (Krause et al., 2007).

Summing it up, it is possible to verify the scarcity of studies regarding the expectations and the establishment of the therapeutic alliance in online family therapy. The development of studies to explore the online therapeutic process and therapeutic outcomes is needed urgently. We will likely continue to witness an increase in online therapies, which justifies a greater investment in the production of scientific knowledge in this area to provide therapists with guidelines to clinical practice.

II – Objectives

Following a case study design, the main objective of this work is to contribute to the understanding of the therapeutic process in online family therapy. Based on the analysis of a clinical case of family therapy that took place online, it was analysed in different therapeutic moments the perception of each family member on expectations, therapeutic alliance, and therapeutic change.

The assessment of the variables was divided into two distinct moments: (a) expectations and family functioning were assessed in a pre-session moment, before the beginning of the intervention, (b) the therapeutic alliance, the usefulness of the session and therapeutic change were measured in the first four sessions, right after the end of the appointment.

More specifically, this study aims to:

a) Explore the perceptions of each family member, before the beginning of the intervention in terms of i) problem identification and severity and ii) expectations regarding the therapy;
b) Describe the evolution of the following variables in the first four sessions: i) therapeutic alliance; ii) usefulness of the session;
c) Evaluate therapeutic change by analysing the results obtained in family functioning between sessions (pre, 1st and 4th session).

III – Methodology

In the present research, a case study was carried out, focusing on exploring a process of systemic family therapy. According to Yin (2001), the case study is one of many ways of conducting social science research. Generally, this type of study is conducted when (1) questions of the "how" and "why" type are asked (2) when researchers have little control over events and when (3) the focus is on contemporary phenomena embedded in a real-life context. According to the author, this method aims to understand complex social phenomena, preserving holistic and meaningful characteristics to real-life events (Yin, 2001). With this case study analysis we intend to capture on how the therapeutic process takes place online, based on the perspectives of each element of the family.

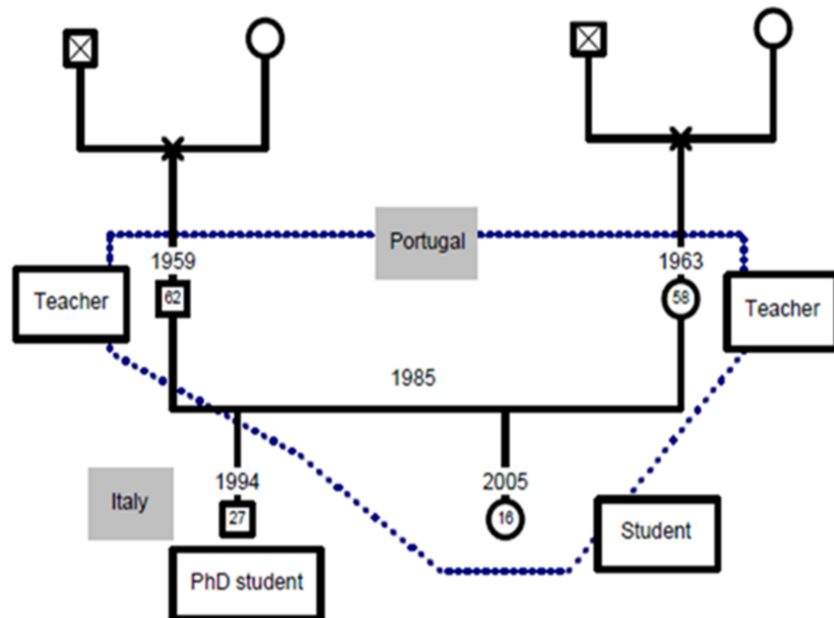
This section presents the characterization of the sample, the instruments that comprise the research protocol, and a description of the research procedures.

3.1. Characterization of the sample

The sample of this study comprises a family of four elements (cf., Figure 1): the father (62 years old), the mother (58 years old), the eldest son (27 years old) and the youngest daughter (16 years old). The eldest son is studying abroad and has not lived with the rest of the family since he was 18 years. This member has been diagnosed with Asperger's syndrome. The youngest member of the family has been followed by a child psychiatrist since the age of 14 and has individual psychological counselling. This member of the family has a history of self-mutilation behaviours and eating disorders.

Figure 1

Family Genogram



3.2. Therapeutic process conditions

The mother asked for family therapy appointment, (via e-mail), following the recommendation by the child psychiatrist who is following her daughter. The family was followed by a therapeutic team from the Community Services Provision Centre (CPSC), namely in the consultation of Family and Couple Therapy, in the Faculty of Psychology and Educational Sciences of Coimbra University.

The reason why the mother asked for these appointments was the difficulty in establishing assertive relationships with the daughter, and the differences in terms of parenting style. According to the mother, she has a more directive attitude with her daughter compared to the father.

The information presented in the consultation request was analysed and afterwards the therapeutic team was constituted, based on the therapists' availability, the characteristics of the case and the clinical experience.

The therapeutic team was composed of two co-therapists and an observer therapist. One of the co-therapists is 56 years old and has 36 years of experience, a doctorate in Psychology, and a specialization in Systemic

Family Therapy. The other two team members (co-therapist and observer therapist) are both 23 years old and are doing their curricular training and finishing their Master’s degree in Clinical and Health Psychology - Systemic and Family Psychotherapy.

The therapeutic process followed an integrative model of brief therapy (Relvas, 2000), where a therapeutic contract of seven sessions, spaced between three or four weeks, was established in the first session. The two hours consultations took place online through the Zoom platform, with a break of 15 minutes in all sessions. The end of the session culminated in a debriefing by the two co-therapists. It is important to mention that both family members and therapists participated in the sessions from home and four computers were used for this purpose. The family members were also present in the session, using the same personal computer, while each therapist watched the session through their private computer. The first four sessions analysed in this study count with the presence of the mother, father and daughter.

3.3 Measures

The research protocol used consists of three self-report scales and a sociodemographic questionnaire that will be described below.

3.3.1 Expectations Scale for Family Therapy (ESTF; Lopes, 2020)

The ESTF is an instrument that allows to assess clients’ expectations in family therapy (Lopes, 2020). This instrument is composed of nine items that are answered on a likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). This instrument is composed of three subscales, composed of three items each: (1) Expectations of Outcome, which assesses clients' expectations of the outcome of family therapy, in terms of improvement/change; (2) Expectations about Self, which assesses clients' expectations of their behaviour in therapy (3) Expectations about Others, which assesses clients' expectations of the behaviour of other family members. The ESTF allows score the three subscales, with higher scores representing more favourable clients’ expectations regarding outcomes, self and others in family therapy.

In terms of psychometric properties, the results obtained in the pioneer study to develop and validated the ESFT showed that the scale has a factor structure composed of three factors and internal consistency indicators ranging from good to acceptable: Outcome α = .85, Self α = .70 and Others α = .67 (Lopes, 2020).

3.3.2 Systemic Clinical Outcome Routine Evaluation (SCORE-15; Stratton et al., 2014; Portuguese version of Vilaça, Silva, & Relvas, 2014)

The SCORE-15 is a self-report measure that assesses family functioning and is sensitive to therapeutic change. This instrument is composed of 15 items divided by the following three subscales: (1) Family Strengths, which refers to the family's resources and adaptation capacities (2) Family Communication, which assesses the communication of the family system (3) Family Difficulties, which refers to the burden of difficulties of the family system. The higher scores obtained in this instrument correspond to more significant difficulties in the family system.

The instrument includes also additional questions: (1) two open questions, where clients are asked to briefly describe the family and identify the problem/difficulty that led to the consultation request; (2) three questions to reply in a Visual Analogue Scale (VAS) format of 0 to 10 about (2.1) the family management (0= *very well*; 10= *very badly*); (2.2) severity of the problem (0- *does not affect us much*; 10- *impairs our life immensely*); (2.3) usefulness of the session (0- *not at all useful;* 10- *very useful*). Only the last two questions (i.e., severity of the problem and usefulness of the session) were integrated into the protocol of this research.

The original study of the Portuguese version showed a good internal consistency for the total score (α = .84) and the dimensions, namely: Family Resources (α = .85), Family Communication (α = .83) and Family Difficulties (α =. 82) (Vilaça et al., 2014).

3.3.4 System for Observing Family Therapy Alliances- self-report (SOFTA-sR; Alvarez et al., 2020; Portuguese version of Sotero et al. 2021)

SOFTA-sR is scale to assess the therapeutic alliance in family or group psychotherapy but that can be also applied to individual therapy retaining some items. There one version to clients and other to therapist. The SOFTA-sR version to applied to conjoint therapies is composed of 12 items, distributed in four subscales: (1) Engagement in the Therapeutic Process , which refers to the clients' cooperation and involvement in therapy; (2) Emotional Connection, which relates to the client's perception of the therapist's genuine concern; (3) Safety within the Therapeutic System, which represents the client's safety to take risks and speak openly in therapy; (4) Shared Sense of Purpose, which reflects the feeling of unity and collaboration within the family regarding the goals and purpose of therapy. The SOFTA-sR has only one inverted item: *There are some topics that I am afraid to talk about in therapy* (item 10). The items of the SOFTA-sR are rated according to a likert scale ranging from 1 (*Not at all*) to 5 (*Very much*), and it is possible to calculate the total score of the alliance and for each dimension; higher scores revealed more strong alliances.

The original study on the Spanish version SOFTA-sR shows good internal consistency, both for the total scale (α = .90), and for each dimensions, Engagement (α =.78), Emotional Connection (α = .81), Safety (α = .61) and Shared Sense of Purpose (α = .83). The Portuguese version of the scale is under study and a preliminary version of the scale was used in this study (Sotero et al. 2021).

3.3.5 Sociodemographic Questionnaire

The sociodemographic questionnaire was built for this study to collect participants' data. It included questions regarding age, sex, district of residence, area of residence, level of education, profession, relational situation and household.

3.3 Procedure

In a preparatory phase, the measure to assess the study variables were selected and, after authorization from the authors of the scales, the research protocol was built using the LimeSurvey software. The administration was exclusively online so each participant received a link to access the survey. Before data collection, a pilot study was also conducted to assess the protocols' comprehensibility, which was answered by nine individuals. Three individuals answered the pre-session questionnaire, and another three answered the post-session version, and the remaining participants answered the therapists' protocol. The therapeutic process selected for this study was chosen from a sample composed by three therapeutic cases, considering the following inclusion criteria: a) monitoring in systemic family therapy; b) consultations carried out online; c) systematic completion of the protocol in the first four sessions.

The family members were informed about the purpose of this study by a telephone call when scheduling the first session, where they were asked about their permission to participate in it. Complying with the deontological and ethical principles associated with scientific research, all participants read the description of the study and gave informed consent. They were also given the possibility to withdraw at any time, with no need to justify it, and this decision did not interfere with the therapeutic process.

In order to study the therapeutic process, a protocol was drawn up for clients and therapists. Because the present study does not integrate the analysis of the therapists' perspective, its' only described below the procedures for the clients' application protocol.

The application of the clients' protocol was carried out in two distinct moments of the therapeutic process: (1) firstly, participants answered to a pre-session version, which was provided (by e-mail) to them one day before starting the intervention. This version integrated the ESTF (Lopes, 2020), the SCORE-15 (Vilaça, 2015) with the two self-answer questions, one to identifying the family's problem and a VAS type question allusive to the severity of the problem (Vilaça, 2015), and the sociodemographic questionnaire. (2) then, clients answered the post-session version protocol, right after the end of the session, in the first four sessions and included the

SOFTA-sR (Sotero et al., 2021) and the SCORE-15, with a self-report VAS type question regarding the usefulness of the session (Vilaça, 2015). The first four sessions were chosen to obtain data from the initial and middle phase of family therapy.

Each participant received a code (e.g., CPSC01TFM1), which enabled the research team to monitor the answers, having in mind the place where the family was being followed (*Centro de Prestação de Serviços à Comunidade*), the number of the associated process (01), the therapeutic modality (TF), the corresponding family member (M- *mãe* P- *pai*; F2-*filha mais nova*) and finally the number of the session in which they were participating (1-1st session). The access code and link were sent at the end of each session by e-mail and this code allowed each element to access the questionnaire and was used as consent regarding the participation in the study.

IV – Results

4.1 Pre-Session Analysis

4.1.1 Problem identification and severity

To evaluate each family member's perspective on the problem, an open question from SCORE-15 was used. The mother describes it as follows: "*communication with my daughter and the parents' agreement on how to react to her less appropriate behaviours*". In turn, the father mentions that the problem focuses on "*balance between personalities in a difficult context for the health and happiness of our daughter*". Finally, the daughter mentions "*lack of communication and mutual understanding*".

In terms of the severity of the problem, evaluated in a VAS question from 0 to 10, all the members obtained above average results, considering it as something that affects them in daily life. The mother and the daughter rated the problem with 8, while the father answered 7.

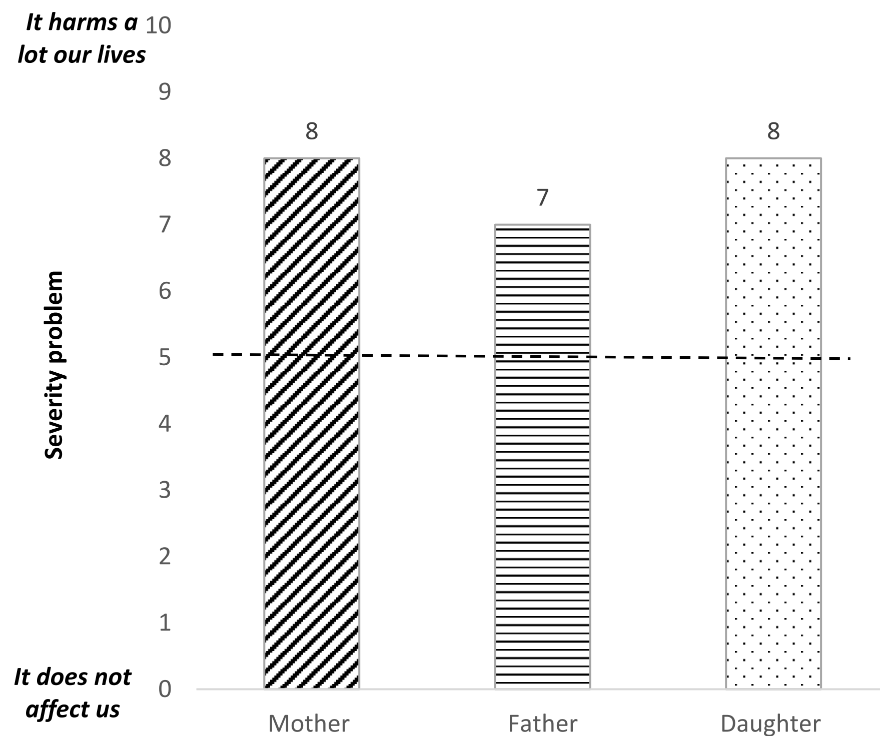
Table1

Problem Identification

Problem identification	Family Member
"*Communication with my daughter and the parents' agreement on how to react to her less appropriate behaviours".*	Mother
"*Balance between personalities in a difficult context for the health and happiness of our daughter".*	Father
"Lack of communication and mutual understanding".	Daughter

Figure 2

Severity Problem



4.1.2 Clients' expectations towards the therapeutic process

By analysing figure 3, it is possible to observe that the family member's has high expectations of therapy, all scores are above average scale score (7.5), except for the daughter who has a slightly lower score for the Outcome Expectations (7). The remaining scores range between 9 and 14.

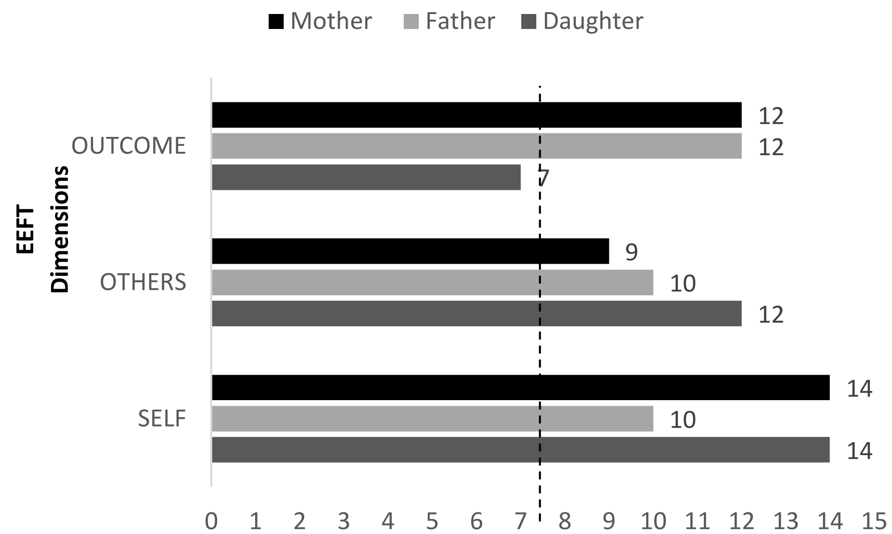
Regarding the Outcome Expectations, it is possible to observe that the daughter has lower expectations regarding the impact that therapy can have in improving the relationship between the family members. In turn, the parental subsystem presents relatively high expectations (12), showing greater confidence concerning the benefits of the process. Based on the analysis of the items which compose this dimension, it is possible to observe that the lower score obtained by the daughter in this dimension is associated with item (5) *"*I expect that my family members and I will feel better about our relationship as a result of family therapy", where she responds, "*I disagree*".

In terms of the Others' Expectations, it's observed that the daughter is the one who scores highest (12), followed by the results obtained by the father (10). The lowest score achieved in this dimension corresponds to the answers given by the mother, who obtained 9. Although this result is above the average, it shows a certain reserve with the openness of the other family members to share and discuss personal matters in therapy. Looking for the items in this dimension, the mother evidence some fears regarding the possible accusatory posture of her husband and daughter in the therapeutic context, this can be seen through the agreement with the item (7) "I expect that my family will blame me*"*.

Concerning the Self Expectations dimension, the mother and the daughter present the highest score (14), while the father scored 10. When exploring the answers given to the items that compose this dimension, it is possible to highlight that the father disagrees with the item (3*) "*I expect to bring my concerns into the discussion*"*.

Figure 3

Clients' Expectations



4.2 Post-session analysis

4.2.2 Therapeutic Alliance

As shown in figure 4 therapeutic alliance fluctuates throughout the sessions but is always above average. The daughter is the family member who consistently perceives a weaker alliance compared to the parents. In the first session of the therapeutic process, the father was the family member who reported the highest alliance (47), followed by the mother and the daughter with 44 and 41, respectively. In terms of the dimensions of the therapeutic alliance, it can be seen from figure 6 that in the first session all the family members scored 11 in the Engagement dimension. The value of the daughter in terms of Emotional Connection (7) stands out. This score can be explained by the answer to item 10 "There are some issues that I am afraid to talk about in therapy" and the answer was "a lot". The score obtained by the mother in

the dimension Shared Sense of Purpose (9) also stands out from the other family members since it was the lowest score.

In the second session, the mother and daughter registered an increase in the therapeutic alliance, as they scored 54 and 42, respectively, while the father maintained the same score from the first session (47). As shown in figure 5, the increase in the mothers' alliance score is 10, while the daughter reports only a rise of 1. The analysis of the scores obtained in the dimension of the alliance in the second session (c.f., Figure 7) shows high values for the mother in the Engagement, Emotional Connection, and Shared Sense of Purpose. In addition, the score of 6 reported by the daughter in the Emotional Connection dimension is a value below the average (7.5), which was seen from the first session.

In the third session, there is a decrease in the therapeutic alliance reported by all family members. The youngest member of the family scored the worst over the first four sessions and showed the most significant decrease (7). The mother shows a reduction of 4 between the second and third session, and the father scores 1 less value (c.f., Figure 5). Observing figure 8 it is possible to verify that the daughter is the one who presents the lowest score in the four dimensions of the Therapeutic Alliance in this session.

In the fourth session, the father is the family member who presents a higher alliance, maintaining the score obtained in the third session (46). The mother reports a decrease of 9 concerning the previous session, scoring 41. The daughter's score stands out from the results obtained by the parents since it shows an increase of 4 from the third to the fourth session, obtaining a total of 39.

The analysis of the therapeutic alliance dimensions in the fourth session shows that it was the first time that all the family members obtained scores above the average (c.f., Figure 9).

Figure 4

Therapeutic Alliance (global score) over the Four Sessions

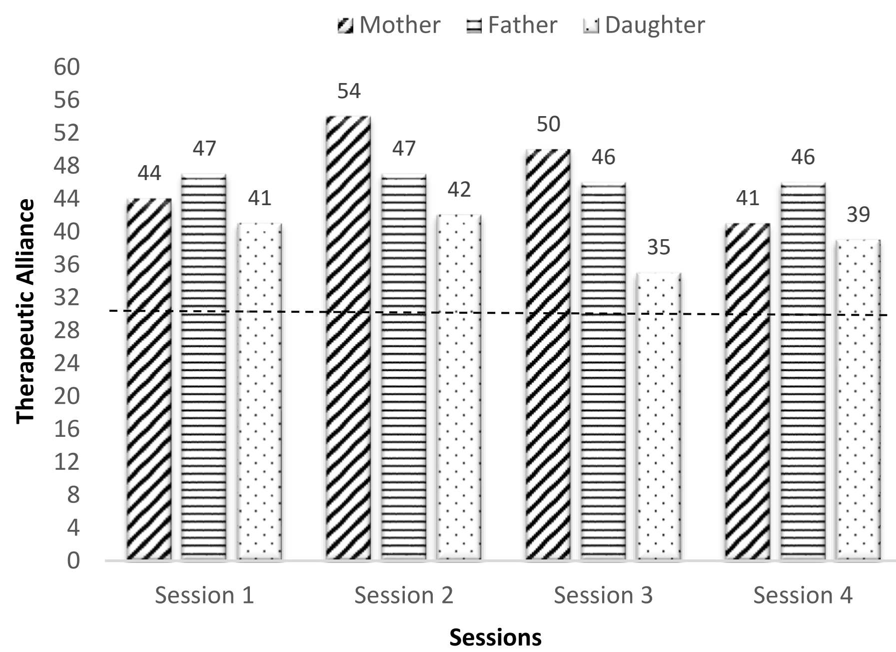


Figure 5

Therapeutic Alliance Evolution between Sessions

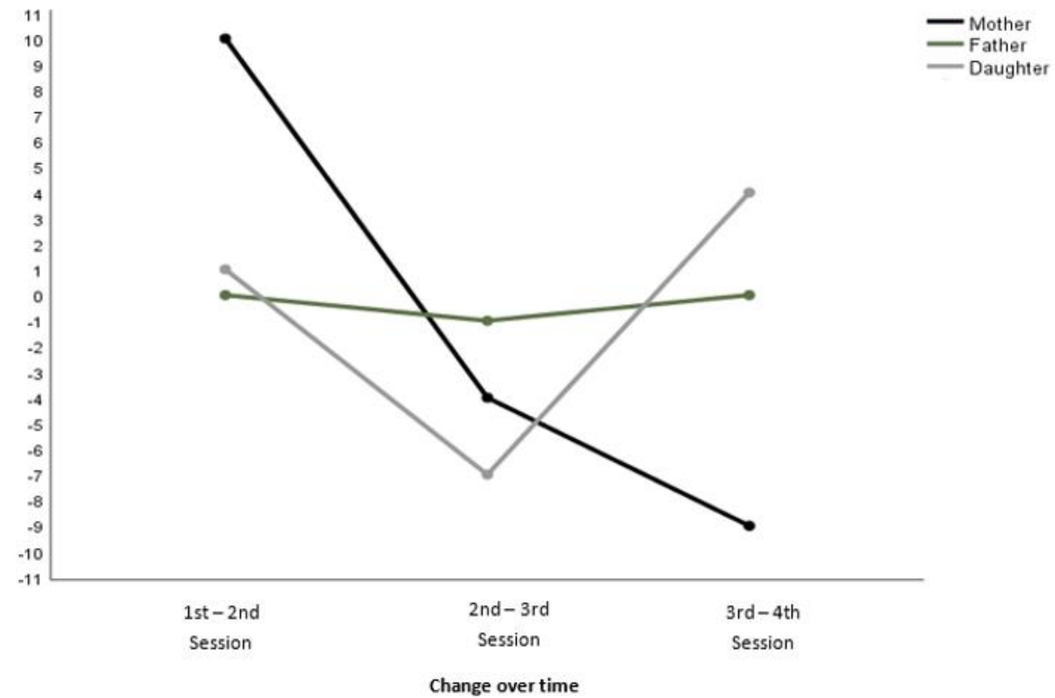
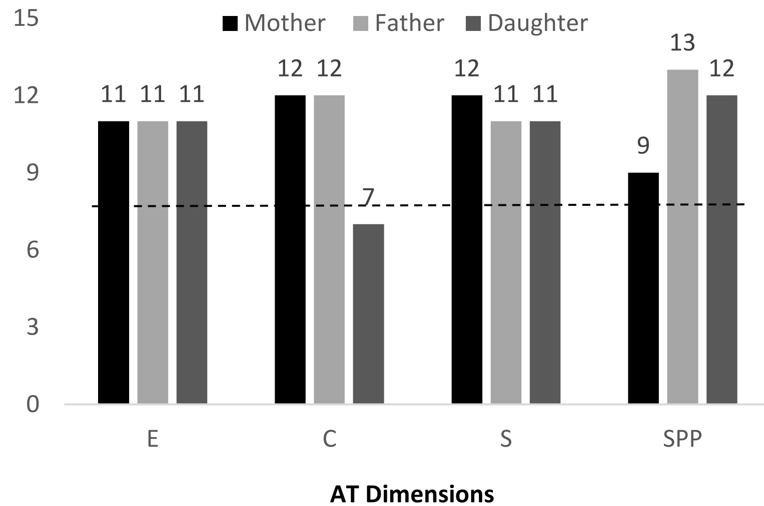


Figure 6

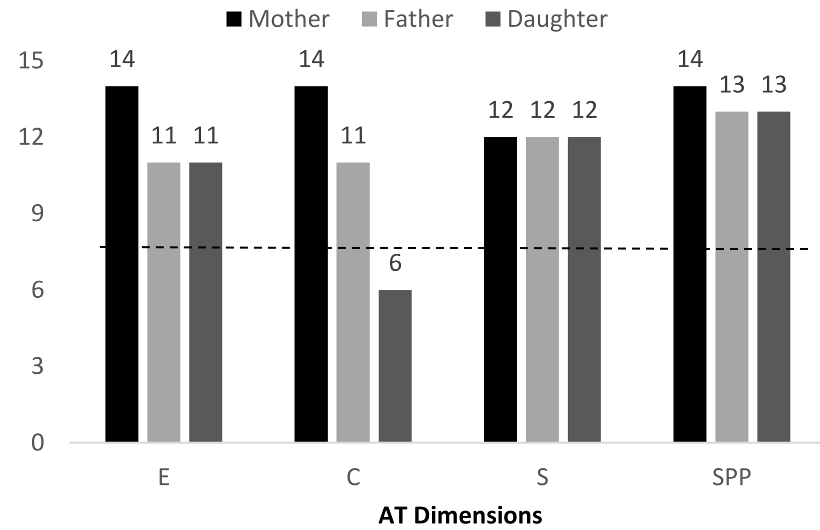
1[st]Session- Therapeutic Alliance



NOTE. E = Engagement in The Therapeutic Process; C = Emotional Connection to the Therapist; S = Safety Within the Therapeutic System; SPP = Shared Sense of Purpose.

Figure 7

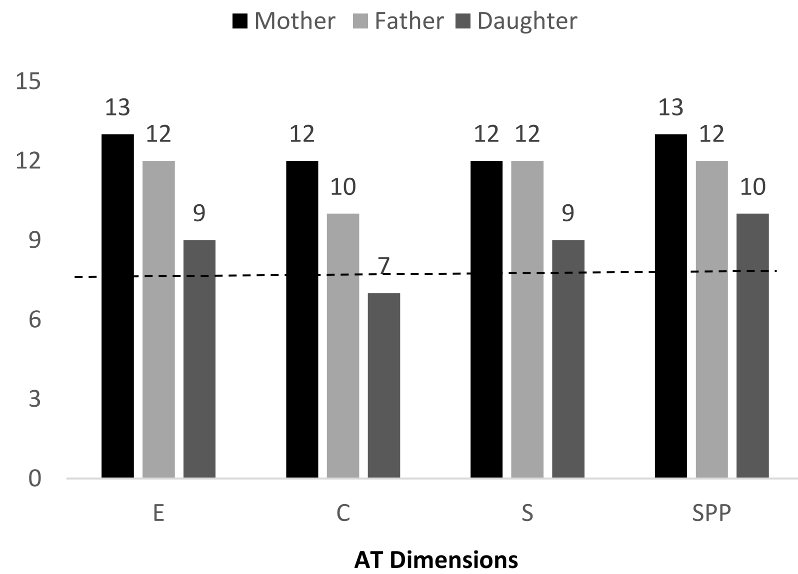
2nd Session- Therapeutic Alliance



NOTE. E = Engagement in The Therapeutic Process; C=Emotional Connection to the Therapist; S = Safety Within the Therapeutic System; SPP = Shared Sense of Purpose.

Figure 8

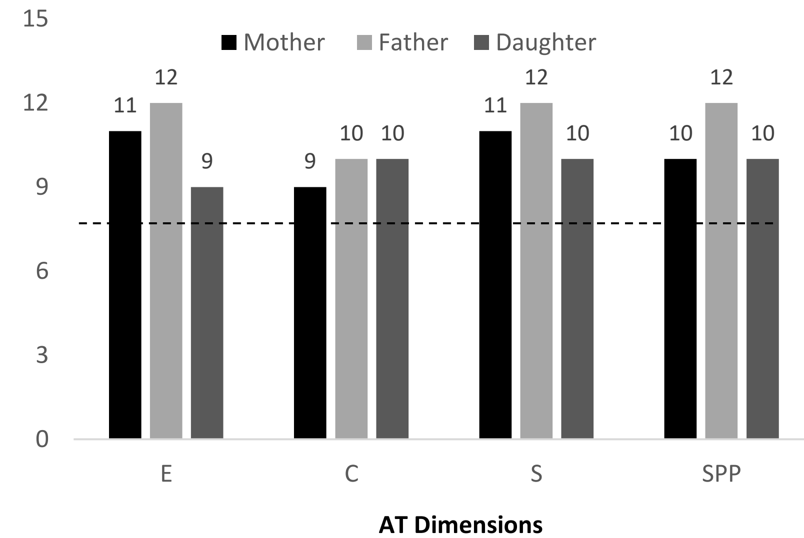
3rd Session- Therapeutic Alliance



NOTE. E = Engagement in The Therapeutic Process; C = Emotional Connection to the Therapist; S = Safety Within the Therapeutic System; SPP = Shared Sense of Purpose.

Figure 9

4th Session- Therapeutic Alliance



NOTE. E = Engagement in The Therapeutic Process; C = Emotional Connection to the Therapist; S = Safety Within the Therapeutic System; SPP = Shared Sense of Purpose.

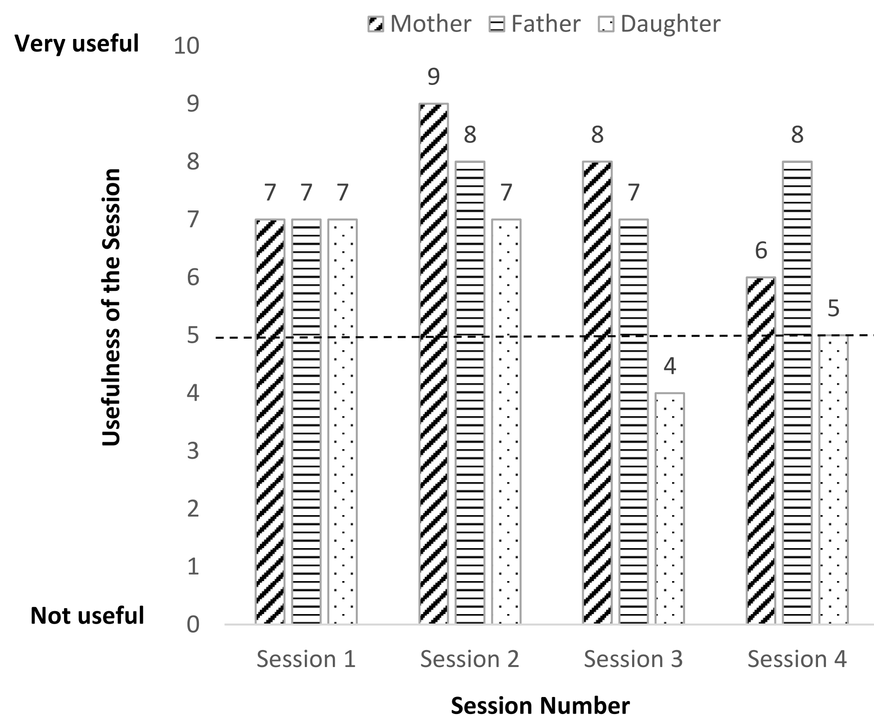
4.2.4 Sessions Usefulness

Although the clients sometimes perceive the usefulness of the sessions differently, it can be seen from figure 10 that family members consider that online session was useful scoring above the average (5).

At first session, all clients score the usefulness of the session as 7. After that first meeting the perception from family members regarding the session usefulness tends to vary between them. At second session, the mother rated the usefulness of the session at 9, the highest score obtained over the four sessions. The father scored one point higher than the previous session (8), while the daughter maintained the same score (7). Compared to the previous one, the third session was considered less useful. The daughter reported a score below the average (4), translating into a decrease of 3 from the previous session and the mother and the father scored 8 and 7 respectively (both diminished 1). In the fourth session, the father and daughter showed an increase, as they obtained 8 and 5, in that order, but the mother reported a decrease in terms of the usefulness of the session, scoring 6 (diminished 2).

Figure 10

Usefulness of the Session



4.3 Therapeutic Change

From figure 11 it is possible to observe that the mother and the daughter show stable results, concerning the perception of family functioning. For both, mother and daughter, family functioning remains unchanged between the pre-session, first and fourth sessions. In turn, the father reports two fluctuations in your perspective of family functioning: a slight improvement in family functioning from the pre-session to the first session and a more accentuated deterioration from the first to the fourth session.

In the pre-session, all the clients showed agreement regarding the functioning of the family, scoring 3. Looking for the SCORE-15 dimensions, and considering that lower scores represent fewer difficulties, the mother reported a more positive family communication (scoring 2), a result that is maintained in the first and fourth sessions (cf., Figure 12). The daughter reported a more negative perception of family strengths (scoring 4), which is maintained throughout the first and fourth sessions.

As stated, from pre to first session, it is possible to observe through figure 6 that the father is the only family member that shows an improvement in family functioning, scoring 2. The analysis of the family functioning dimensions shows that the father perceived fewer family difficulties and an improvement in family communication at the end of the first online session. Besides, stands out the improvement reported by the daughter in family communication, registering a decrease of 1 in this dimension (scoring 2).

In fourth session, although mother and daughter kept the same score, global evaluation of family functioning, the father reports worse results. From figure 1, it is possible to verify a regression in family difficulties and family communication, obtaining a score of 4. Regarding family communication, the daughter also reports a regression, in comparison with the first session, once she registers the same value obtained in the pre-session (3).

Figure 11

Family Functioning (Pré, 1st and 4th Session)

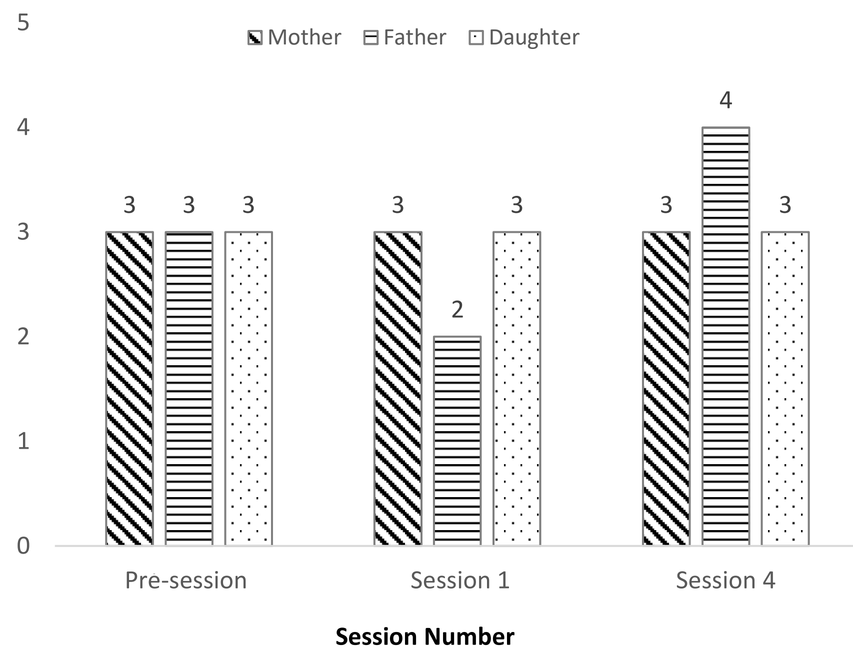
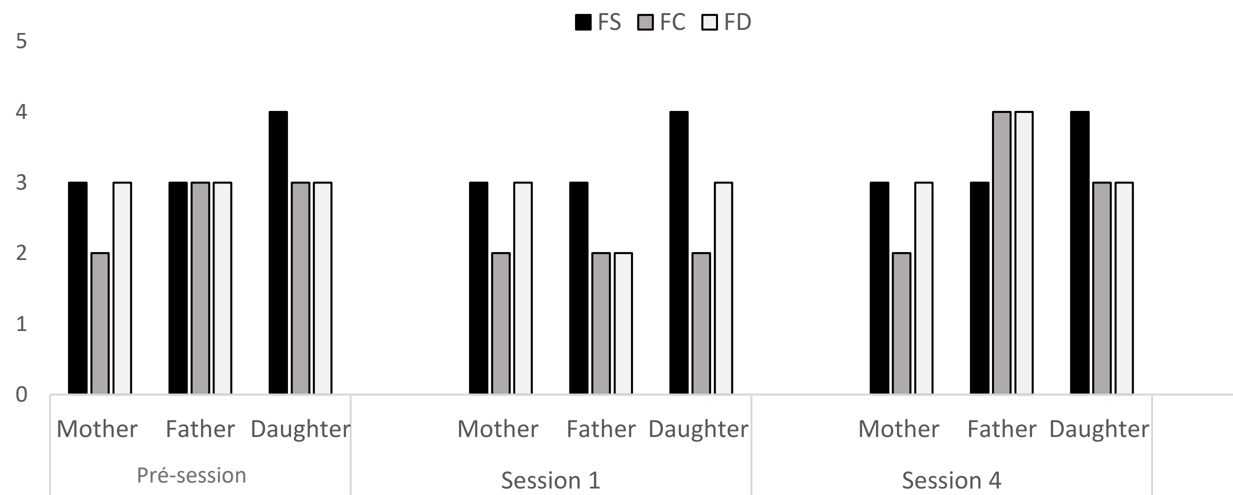


Figure 12

Dimensions of Family Functioning (Pré, 1st and 4th Session



NOTE. FS = Family Strengths; FC = Family Communication; FD = Family Difficulties.

V – Discussion

Based on a case study of online family therapy this research aims to contribute to the understanding of the therapeutic process (expectations and therapeutic alliance), outcomes (family functioning) and the online sessions usefulness. In general, the results of this study showed that clients (1) had higher expectations for online family therapy, (2) registered mostly good scores of therapeutic alliance, (3) recognized the usefulness of online sessions and (4) reported slight therapeutic changes in the first four sessions of the therapeutic process. In this sense, the obtain results seems to support the hypothesis, raised by Hertlein and Earl (2019), about the possibility of online therapy being a viable option in cases of conjoint therapy.

The results obtained before the beginning of the online therapy allow us to verify that the three family members have a very similar perspective on severity of the problem. Regarding the problem identification, the mother and the daughter present very similar descriptions, since both highlight communication difficulties as the main problem. From the father's point of view, the problem lies in the management of different personalities. Thus, it is possible to conclude that the fathers' definition differs from the other elements of the family. This difference in the problem definition is in line with what is reported in the literature, since in conjoint therapies, it is common for clients to present diversified definitions of the problem (Friedlander & Heatherington, 1998; Wu et al., 2020).

Concerning clients' expectations, it was possible to observe that the family members were positively expectant before starting the therapeutic process, even knowing that the sessions would occur online. The daughters' expectations about the therapeutic outcomes it has the only score below the mean, showing a lower expectation of family therapy's' impact on problem-solving. The literature shows that most adolescents have a clear idea of the goal of therapy, although they are less involved, which translates into more hesitant expectations about the outcome of the therapeutic process (Sigelman & Mansfield, 1992; Weitkamp et al., 2017). However, although presenting low outcomes expectation, in the present study the daughter has high expectations of her behaviour during therapy. Furthermore, all the other

expectations scores are above average, which allows us to conclude that the family members have similarly high expectations. This data constituting a good prognosis since high levels of expectations are associated with greater adherence to therapy (Norberg et al., 2011; Tambling, 2012). According to Escudero et al. (2008), understanding the different levels of expectations by the family members its' very important to the establishment of a robust therapeutic alliances. Also in face-to-face individual therapy, high outcome expectations are associated with higher levels of therapeutic alliance (Patterso et al., 2008; et Vîslă al., 2016).

According to the analysis of the therapeutic alliance, the results obtained in this case study allowed us to highlight three relevant aspects: (1) the daughter is the one who always presents the lowest alliance score, in comparison with her parents, (2) the therapeutic alliance fluctuates throughout the four sessions, registering increases and decreases and (3) there is a pattern of alliance that changes from the third session, in which there was a decrease in alliance strength.

The daughter's lower therapeutic alliance scores may be explained by the fact that it is challenging to establish a therapeutic alliance with adolescents, as they are more resistant to engage in therapy (Higham et al., 2011). Several authors highlight the complexity of establishing alliances in conjoint therapy and the importance of promoting a balance when conducting family therapy with adolescents (Friedlander et al., 2012; Robbins et al., 2003). Previous research also describes a pattern regarding parents' and adolescents' perspectives on the therapeutic alliance, when adolescents have more robust alliance perspectives, parents tend to consider lower levels of the alliance (Friedlander et al., 2012; Robbins et al., 2003). This pattern of results was also found in the present study, namely in the fourth session, when the mother reported a decrease in alliance and the daughter an increase.

Although it is possible to reflect about the progression of psychotherapy from the evolution of the therapeutic alliance, the results obtained in this study corroborate the ideas advocated by other researchers (e.g Ardito & Rebellino, 2011; Friedlander et al., 2008; Horvath and Symonds1991; Escudero et al., 2008; Rait, 2000; Sotero et al., 2018) that refer that this process is not characterized by a linear growth pattern, where the ratings of the alliance obtained in the early stages are weaker than those obtained at the end of

therapy. In this way, the high alliance score reported by the mother in the first session can be explained because therapists and clients develop high levels of collaboration and trust in the first moment, translating into stronger alliances (Friedlander et al., 2006; Horvath & Symonds, 1991). However, as the therapeutic process progresses, it is usual for the therapists to begin to challenge the clients' thoughts and beliefs and this may be interpreted by the patients as a reduction in support and empathy, translating into a reduction in the alliance (Friedlander et al., 2006; Horvath & Symonds, 1991). Most of the studies found in the literature refer that the establishment of the therapeutic alliance is a dynamic process that changes throughout the therapeutic process (e.g., Ardito & Rebellino, 2011; Friedlander et al., 2008; Horvath and Symonds1991; Escudero et al., 2008; Relvas & Sotero, 2018). Although these studies refer to face-to-face therapy the results of this study point in the same direction in relation to online therapy. In addition, in the present study it was also found one decrease on the therapeutic alliance in the third session, as showed in previous study conducted by Escudero et al. (2008), revealing a regression of the therapeutic alliance in the third session.

In general, the family perceived the online therapeutic sessions as useful, reporting high scores, excepting the daughter, who reported a score below the mean in the third session. This session seems to be a critical moment in the therapeutic process since all family members reported a decrease in the usefulness of the session and in the therapeutic alliance. As far as it was possible to verify, no studies were found in the literature that explored the relationship between the alliance and session usefulness. This is an interesting and innovative result of the present study, revealing a trend towards an association between these variables.

According to the literature, clients are expected to show levels of improvement in family functioning throughout treatment (Carr, 2009; Heatherington et al., 2015; Sexton et al., 2013). Moreover, this therapeutic progress is usually accompanied by positive and strong therapeutic alliances (Escudero et al., 2008). The results obtained in this case online study show changes in the therapeutic alliance, although the changes in terms of family functioning were slight. Stratton et al. (2014) advocate the importance of the first three sessions for the achievement of positive progress. The literature also highlights the third and fourth sessions as important moments from which

changes occur (Car & Stratton, 2017; Sotero et al., 2018; Stratton et al., 2014; Vilaça, 2015). According to the clients' perspective, the present study results didn't seem to corroborate this evidence, since doesn't point to the importance of these sessions to the therapeutic change. Although mother and daughter didn't report changes on family functioning over the first four sessions, the fathers' perceived some changes in the period before the beginning of therapy and the end of the first session and from first to fourth session. According to these observations, it is possible to assume that family changes are constituted as a temporal process, which derives from micro-changes that promote more significant mutations (Vilaça, 2015). Thus, we can conjecture that the slight changes detected in these early sessions are part of a more prominent change.

5.1 Limitations and suggestions for future studies

This research includes some limitations that should be considered such as the fact that this research is a case study and therefore it is not possible to generalise the data. Also, the fact that only analyse data from the first four online sessions of the therapeutic process is a significant limitation since it is impossible to understand the whole therapeutic process. Thus, it would be essential to deepen the study of expectations, therapeutic alliance, and family functioning in all online sessions of the process to carry out a complete analysis.

Considering that this study did not explore the therapists' perspective, this constitutes a vulnerability of this study. Comparing the different perspectives of clients and therapists allows us to build hypotheses about the therapeutic process, complementing and enriching the study of the online therapeutic process.

The importance of cross-referencing the data with the session contents is another aspect that can be considered in future research, carrying out mixed research, integrating quantitative and qualitative data to provide a broader range of information. Following this idea, it would also be essential to compare online and face-to-face therapies to find out which aspects are similar and different in these two contexts of intervention.

In addition, it would be interesting to understand how the clients' perspectives regarding the severity of the problem changes throughout the

therapeutic process. Thus, future studies should assess this component in all online sessions.

The fact that the research protocol included a preliminary version of the SOFTA-sR scale is also a limitation of the present study. Further research is needed about this instrument's psychometric properties.

The results of the present study point to the possibility of an association between the therapeutic alliance and the clients' perception of the session's usefulness. This finding is curious and requires further exploration to understand the relationship between these two variables.

VI – Conclusion

Due to the need of a deepen knowledge about online family therapy, the present study, based on a case study, aim to contribute to the research regarding the process and outcomes on online family therapy. Overall, the results obtained allows to conclude: (1) clients reported high levels of expectation about psychotherapy, even knowing that it would occur in an online context; (2) it was possible to establish a therapeutic good therapeutic alliances in the first four sessions; (3) it was found characteristics in the pattern of alliances similar to those reported in face-to-face family therapies (i.e., adolescents with lower alliances and a decrease in the alliance at the third session); (4) family members rated the online sessions as helpful, and (5) slightly fluctuations were observe in therapeutic change thorough the online session, regarding the family functioning perceived by the family member.

It is important to stress the importance, actuality and innovation of the results obtained, which leads us to believe that it is possible to conduct a family therapy process in an online context. Although these conclusions are relevant, it is essential to reinforce the need to carry out further studies that complement and/or sustain these data and answer the unanswered questions regarding the applicability of online therapy with families.

References

Alvarez, I., Herrero, M., Martínez-Pampliega, A., & Escudero, V. (2021). Measuring perceptions of the therapeutic alliance in individual, family, and group therapy from a systemic perspective: structural validity of the SOFTA-s. *Family Process, 60*(2), 302–315. https://doi.org/10.1111/famp.12565

Andersson, G., & Cuijpers, P. (2009). Internet-Based and other computerized psychological treatments for adult depression: A meta-analysis. *Cognitive Behaviour Therapy, 38*(4), 196–205. https://doi.org/10.1080/16506070903318960

Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology, 2,* 1–11. https://doi.org/10.3389/fpsyg.2011.00270

Arnd-Caddigan, M. (2012). The therapeutic alliance: Implications for therapeutic process and therapeutic goals. *Journal of Contemporary Psychotherapy, 42*(2), 77-85. doi:10.1007/s10879-011-9183-3

Baker, K. D., & Ray, M. (2011). Online counseling: The good, the bad, and the possibilities. *Counselling Psychology Quarterly, 24*(4), 341–346. https://doi.org/10.1080/09515070.2011.632875

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet- based psychotherapeutic interventions. *Journal of Technology in Human Services, 26*, 109–160. https://doi.org/10.1080/15228830802094429

Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and E-Health, 22*(2), 87–113. https://doi.org/10.1089/tmj.2015.0206

Bischoff, R. J., Springer, P. R., & Taylor, N. (2017). Global mental health in action: Reducing disparities one community at a time. *Journal of Marital and Family Therapy, 43*(2), 276–290. https://doi.org/10.1111/jmft.12202

Blow, A. J., & Sprenkle, D. H. (2001). Common factors across theories of marriage and family therapy: A modified Delphi study. *Journal of Marital and Family Therapy, 27*(3), 385-401.

Boldrini, T., Schiano Lomoriello, A., Del Corno, F., Lingiardi, V., & Salcuni, S. (2020). Psychotherapy during COVID-19: How the clinical practice of italian psychotherapists changed during the pandemic. *Frontiers in Psychology, 11*, 1-9. https://doi.org/10.3389/fpsyg.2020.591170

Carr, A. (2009). The effectiveness of family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy, 31*(1), 46–74. https://doi.org/10.1111/j.1467-6427.2008.00452.x

Carr, A., & Stratton, P. (2017). The Score Family Assessment Questionnaire: A Decade of Progress. *Family Process, 56*(2), 285-301. https://doi.org/10.1111/famp.12280

Comer, J., Furr, J., Kerns, C. E., Miguel, E., Coxe, S., Elkins, R. M., Carpenter, A. L., Cornacchio, D., Cooper-Vince, C. E., DeSerisy, M., Chou, T., Sanchez, A. L., Khanna, M., Franklin, M. E., Garcia, A. M., & Freeman, J. B. (2017). Internet-delivered, family-based treatment for early-onset OCD: A pilot randomized trial. *Journal of Consulting and Clinical Psychology, 85*(2), 178–186. https://doi.org/10.1037/ccp0000155

Corbella, S., & Botella, L. (2004). *Investigación en psicoterapia: proceso, resultado y factores comunes*. Vision Net.

de Boer, K., Muir, S. D., Silva, S. S. M., Nedeljkovic, M., Seabrook, E., Thomas, N., & Meyer, D. (2021). Videoconferencing psychotherapy for couples and families: A systematic review. Journal of Marital and Family Therapy, 47(2), 259–288. https://doi.org/10.1111/jmft.12518

Decreto n.º 2-A/2020 - Diário da República n.º 57/2020, 1º Suplemento, Série I de 2020-03-20 https://www.portugal.gov.pt/downloadficheiros/ficheiro.aspx?v=%3d%3dBAAAAB%2bLCAAAAAAABACzNDW2AADikq5SBAAAAA%3d%3d

Escudero, V., Friedlander, M., Varela, N., & Abascal, A. (2008). Observing the therapeutic alliance in family therapy: Associations with participants' perceptions and therapeutic outcomes. *Journal of Family Therapy, 30*(2), 194-214. https://doi.org/10.1111/j.1467-6427.2008.00425.x

Escudero, V., & Friedlander, M. (2017). Therapeutic Alliances with Families Empowering Clients in Challenging. In V. Escudero & M. Friedlander (Coords.), *Therapeutic Alliances with Families* (pp. 1-33). Springer.

Farabee, D., Calhoun, S., & Veliz, R. (2016). An experimental comparison of telepsychiatry and conventional psychiatry for parolees. *Psychiatric Services, 67*(5), 562–565. https://doi.org/10.1176/appi.ps.20150 0025.

Friedlander, M. L., & Heatherington, L. (1998). Assessing clients' constructions of their problems in family therapy discourse. *Journal of Marital and Family Therapy, 24*(3), 289-303. https://doi.org/10.1111/j.1752-0606.1998.tb01086.x

Friedlander, M. L., Escudero, V., Horvath, A. O., Heatherington, L., Cabero, A., & Martens, M. P. (2006). System for observing family therapy alliances: A tool for research and practice. *Journal of Counseling Psychology, 53*(2), 214–224. https://doi.org/10.1037/0022-0167.53.2.214.

Friedlander, M. L., Escudero, V., Heatherington, L., & Diamond, G. M. (2011). Alliance in Couple and Family Therapy. *Psychotherapy, 48*(1), 25–33. https://doi.org/10.1037/a0022060

Friedlander, M. L., Kivlighan, D. M., Jr., & Shaffer, K. S. (2012). Exploring actor–partner interdependence in family therapy: Whose view (parent or adolescent) best predicts treatment progress? *Journal of Counseling Psychology, 59*(1), 168–175. https://doi.org/10.1037/a0024199

Frueh, B. C., Deitsch, S. E., Santos, A. B., Gold, P. B., Johnson, M. R., Meisler, N., Magruder, K. M., & Ballenger, J. C. (2000). Procedural and methodological issues in telepsychiatry research and program development. *Psychiatric Services, 51*, 1522–1527. doi:10.1176/appi.ps.51 .12.1522

Gelo, O., & Manzo, S. (2015). Quantitative approaches to treatment process, change process, and process-outcome research. In O. Gelo, A. Pritz & B. Rieken (Coords.), *Psychotherapy Research Foundations, Process, and Outcome* (p.247-277). Springer.

Glueckauf, R. L., Fritz, S. P., Ecklund-Johnson, E. P., Liss, H. J., Dages, P., & Carney, P. (2002). Videoconferencing-based family counseling for rural teenagers with epilepsy: Phase 1 findings. Rehabilitation Psychology, 47(1), 49–72. https://doi.org/10.1037/0090-5550.47.1.49

Greenberg, R. P., Constantino, M. J., & Bruce, N. (2006). Are patient expectations still relevant for psychotherapy process and outcome? *Clinical Psychology Review, 26*(6), 657–678. https://doi.org/10.1016/j.cpr.2005.03.002

Hanley, T. (2009). The working alliance in online therapy with young people: preliminary findings. British *Journal of Guidance & Counselling, 37*(3), 257–269. https://doi.org/10.1080/03069880902956991

Hanley, T., and Reynolds, D. (2009). Counselling Psychology and the internet: a review of the quantitative research into online outcomes and alliances within text-based therapy. Counselling Psychology Review,.24, 4–13. https://www.researchgate.net/publication/234791042_Counselling_Psychology_and_the_internet_A_review_of_the_quantitative_research_into_online_outcomes_and_alliances_within_text-based_therapy

Hardy, G., & Llewelyn, S. (2015). Introduction to psychotherapy process research. In O. Gelo, A. Pritz & B. Rieken (Coords.), *Psychotherapy Research Foundations, Process, and Outcome* (p. 183-193). Springer.

Higham, J. E., Friedlander, M. L., Escudero, V., & Diamond, G. (2011). Engaging reluctant adolescents in family therapy: An exploratory study of in-session processes of change. *Journal of Family Therapy, 34*(1), 24-52. https://doi.org/10.1111/j.1467-6427.2011.00571.x

Heafner, J., Kang, H., Ki, P., & Tambling, R. B. (2016). *Exploring Client Expectations in Marriage and Family Therapy, 24*(3), 256-262. Family Journal. https://doi.org/10.1177/1066480716628582

Heatherington, L., Friedlander, M. L., Diamond, G. M., Escudero, V., & Pinsof, W. M. (2015). 25 years of systemic therapies research: Progress and promise. *Psychotherapy Research, 25*(3), 348-364. https://doi.org/10.1080/10503307.2014.983208

Heatherington, Laune, Friedlander, M. L., & Greenberg, L. (2005). Change process research in couple and family therapy: Methodological challenges and opportunities. *Journal of Family Psychology, 19*(1), 18–27. https://doi.org/10.1037/0893-3200.19.1.18

Hertlein, K. M., Blumer, M. L. C., & Smith, J. M. (2014). Marriage and family therapists' use and comfort with online communication with clients. *Contemporary Family Therapy, 36*(1), 58–69. https://doi.org/10.1007/s10591-013-9284-0

Hertlein, K. M., & Earl, R. M. (2019). Internet-delivered therapy in couple and family work. In H. Weinberg, & A. Rolnick (Coords.), *Theory and practice of online therapy* (pp.123-136). Routledge

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139–149. https://doi.org/10.1037/0022-0167.38.2.139

Humer, E., Pieh, C., Kuska, M., Barke, A., Doering, B. K., Gossmann, K., Trnka, R., Meier, Z., Kascakova, N., Tavel, P., & Probst, T. (2020). Provision of Psychotherapy during the COVID-19 Pandemic among Czech, German and Slovak Psychotherapists. *International Journal of Environmental Research and Public Health, 17*(13), 4811. https://doi.org/10.3390/ijerph17134811

Jasper, K., Weise, C., Conrad, I., Andersson, G., Hiller, W., & Kleinstäuber, M. (2014). The working alliance in a randomized controlled trial comparing Internet-based self-help and face-to-face cognitive behavior

therapy for chronic tinnitus. *Internet Interventions, 1*(2), 49–57. https://doi.org/10.1016/j.invent.2014.04.002

Krause, M., de la Parra, G., Arístegui, R., Dagnino, P., Tomicic, A., & Valdés, N. et al. (2007). The evolution of therapeutic change studied through generic change indicators. *Psychotherapy Research, 17(*6), 673-689. https://doi.org/10.1080/10503300601158814

Kysely, A., Bishop, B., Kane, R., Cheng, M., De Palma, M., & Rooney, R. (2020). Expectations and Experiences of Couples Receiving Therapy Through Videoconferencing: *A Qualitative Study. Frontiers in Psychology, 10*. https://doi.org/10.3389/fpsyg.2019.02992

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and ecletic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94-129). Basic

Lambert, M. J., & Hill, C. E. (1994). Assessing psychotherapy outcomes and processes. In M. J. Lambert (Coords.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., p. 72–113). Wiley.

Lambert, M. J., & Ogles, B. M. (2016). Treatment outcome studies. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & B. O. Olatunji (Eds.), *APA handbook of clinical psychology: Theory and research* (pp. 465-477). American Psychological Association.

Levy, S., Mason, S., Russon, J., & Diamond, G. (2021). Attachment-based family therapy in the age of telehealth and COVID-19. *Journal of Marital and Family Therapy, 47*(2), 440-454. https://doi.org/10.1111/jmft.12509

Lopes, G. S. (2020). *Expectations scale for family therapy (ESFT): development and psychometric properties* [Unpublished master's thesis]. Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Coimbra.

Mallen, M. J., Vogel, D. L., Rochlen, A. B., & Day, S. X. (2005). Online counseling: Reviewing the literature from a counseling psychology framework. *The Counseling Psychologist, 33* (6), 819-871. https://doi.org/10.1177/0011000005278624

Mc Kenny, R., Galloghly, E., Porter, C. M., & Burbach, F. R. (2021).‘Living in a Zoom world’: Survey mapping how COVID-19 is changing family therapy practice in the UK. *Journal of Family Therapy, 43*(2), 272–294. https://doi.org/10.1111/1467-6427.12332

Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice, 9*(1), 21–25. https://doi.org/10.1093/clipsy.9.1.21

Metcalfe, R. E., Matulis, J. M., Cheng, Y., & Stormshak, E. A. (2021). Therapeutic alliance as a predictor of behavioral outcomes in a relationally focused, family-centered telehealth intervention. *Journal of Marital and Family Therapy, 47*(2) 473–484. https://doi.org/10.1111/jmft.12517

Norberg, M. M., Wetterneck, C. T., Sass, D. A., & Kanter, J. W. (2011). Development and psychometric evaluation of the Milwaukee Psychotherapy Expectations Questionnaire. *Journal of Clinical Psychology, 67*(6), 574–590. https://doi.org/10.1002/jclp.20781

Patterson, C. L., Uhlin, B., & Anderson, T. (2008). Clients’pre-treatment counseling expectations as predictors of the working alliance. *Journal of Counseling Psychology,55*, 528–534.doi:10.1037/a001328

Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple and individual therapy scales. *Journal of Marital and Family Therapy, 12*(2), 137–151. https://doi.org/10.1111/j.1752-0606.1986.tb01631.x

Rait, D. (2000). The therapeutic alliance in couples and family therapy. *Journal Of Clinical Psychology, 56*(2), 211-224. https://doi.org/10.1002/(SICI)1097-4679(200002)56:2<211::AID-JCLP7>3.0.CO;2-H

Relvas, A. P. (2000). *Por detrás do espelho: da teoria à prática com a família*. Quarteto.

Relvas, A. P. & Sotero, L. (2018). Family therapy with involuntary clients. The therapeutic alliance as a major key to therapy success. In R. Pereira

and L. Linares (Eds.) *Practical Interventions in Systemic Couple and Family Therapy* (pp. 178-189). NY: Springer. doi: 10.1037/cfp0000099

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6*(3), 412-415. https://doi.org/10.1111/j.1939-0025.1936.tb05248.x

Sexton, T., Datchi, C., Evans, L., Lafollette, J., & Wright, L. (2013). The effectiveness of couple and family-based clinical interventions. In M. Lambert (Ed.), *Bergin and Garfiels's Handbook of Psychotherapy and Behavior Change* (6th ed., pp. 587-639). Wiley.

Shadbolt, C. (2020). Psychotherapy in the time of COVID-19 (psychotherapy changes shape and steps forward). *Psychotherapy and Politics International, 18*(3), 1–13. https://doi.org/10.1002/ppi.1552

Shah, P. (2016). *Ethical online therapy: A review of treatment guidelines* (Publication No. 10016581) [Doctoral dissertation, University of Hartford]. ProQuest Dissertations Theses Global.

Sigelman, C. K., & Mansfield, K. A. (1992). Knowledge of and receptivity to psychological treatment in childhood and adolescence. *Journal of Clinical Child and Adolescent Psychology,21*(1),2–9. doi:10.1207/s15374424jccp2101_1

Sotero, L., Moura-Ramos, M., Escudero, V., & Relvas, A. (2018). When the family is opposed to coming to therapy: A study on outcomes and therapeutic alliance with involuntary and voluntary clients. *Couple And Family Psychology: Research and Practice, 7*(1), 47-61. https://doi.org/10.1037/cfp0000099

Sotero, L., Brasil, D., & Barreira, M (2021). *Escala de Avaliação da Aliança Terapêutica em Terapia Familiar - Versão revista (SOFTA-s-R).* [Instrumento não publicado] Faculdade de Psicologia e de Ciências da Educação, Universidade de Coimbra.

Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*(2), 113–129. https://doi.org/10.1111/j.1752-0606.2004.tb01228.x

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. https://doi.org/10.1111/jmft.12431

Stoll, J., Müller, J. A., & Trachsel, M. (2020). Ethical issues in online psychotherapy: A narrative review. *Frontiers in Psychiatry, 10*, 1–16. https://doi.org/10.3389/fpsyt.2019.00993

Stratton, P., McGovern, M., Wetherell, A., & Farrington, C. (2006). Family therapy practitioners researching the reactions of practitioners to an outcome measure. *Australian and New Zealand Journal of Family Therapy, 27*(4), 199–207. https://doi.org/10.1002/j.1467-8438.2006.tb00722.x

Stratton, P., Lask, J., Bland, J., Nowotny, E., Evans, C., Singh, R., Janes, E., & Peppiatt, A. (2014). Detecting therapeutic improvement early in therapy: Validation of the SCORE-15 Index of Family Functioning and Change. *Journal of Family Therapy, 36*(1), 3-19. doi:10.1111/1467-6427.12022

Tambling, R. B. (2012). A Literature Review of Therapeutic Expectancy Effects. *Contemporary Family Therapy, 34*(3), 402–415. https://doi.org/10.1007/s10591-012-9201-y

Tullio, V., Perrone, G., Bilotta, C., Lanzarone, A., & Argo, A. (2020). Psychological support and psychotherapy via digital devices in Covid-19 emergency time: Some critical issues. *Medico-Legal Journal, 88*(2), 73–76. https://doi.org/10.1177/0025817220926942

Vilaça, M., & Relvas, A. P. (2014). The State of the Art in Family Therapy Research: What Works? How it Works? *International Journal of Social Science Studies, 2*(2), 10–19. https://doi.org/10.11114/ijsss.v2i2.281

Vilaça, M., Silva, J., & Relvas, A. (2014). Systemic clinical outcome routine evaluation (SCORE-15). In A. Relvas & S. Major (Eds.), *Avaliação*

familiar: Funcionamento e intervenção, 2, 23–41. Coimbra: Imprensa da Universidade de Coimbra.

Vilaça, A. M. (2015). *Resultados e evolução do processo terapêutico em terapia familiar. Adaptação de uma medida de avaliação (SCORE-15)* [Unpublished doctoral dissertation]. Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Coimbra.

Vîslă, A., Constantino, M. J., Newkirk, K., Ogrodniczuk, J. S., & Söchting, I. (2016). The relation between outcome expectation, therapeutic alliance, and outcome among depressed patients in group cognitive-behavioral therapy. *Psychotherapy Research, 28*(3), 446-456. https://doi.org/10.1080/10503307.2016.1218089

Wampold, B. E., & Imel, Z. E. (2015). *The Great Psychotherapy Debate.* (2ª ed.). Routledge.

Weitkamp, K., Klein, E., Hofmann, H., Wiegand-Grefe, S., & Midgley, N. (2017). Therapy expectations of adolescents with depression entering psychodynamic psychotherapy: A qualitative study. *Journal of Infant, Child, and Adolescent Psychotherapy, 16*(1), 93-105. https://doi.org/10.1080/15289168.2016.1268883

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

Wrzesien et al., Wrzesien, M., Bretón-López, J., Botella, C., Burkhardt, J.-M., Alcañiz, M., Pérez-Ara, M. Á., & del Amo, A. R. (2013). How Technology Influences the Therapeutic Process: Evaluation of the Patient-Therapist Relationship in Augmented Reality Exposure Therapy and In Vivo Exposure Therapy. *Behavioural and Cognitive Psychotherapy, 41*(4), 505–509. https://doi.org/10.1017/S1352465813000088

Wu, Q., McWey, L. M., & Ledermann, T. (2020). Clients' attributions of the presenting problem and the therapeutic alliance in couple therapy: Systemic versus Intrapersonal perspectives. *Journal of Marital and Family Therapy, 46*(4), 661-673. https://doi.org/10.1111/jmft.12432

Yin, R. (2001). *Estudo de caso: Planejamento e métodos* (2nd ed.). Bookman.