

Running head: HOW DO YOU HOLD ME TIGHT

HOW DO YOU HOLD ME TIGHT: AN EXPLORATION OF WORKSHOP LEADERS'
ADAPTATIONS AND CONCEPTIONS OF SUCCESS OF AN EMOTIONALLY FOCUSED
COUPLES PSYCHOEDUCATIONAL PROGRAM

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Abstract

Since the 1960s, couple relationship educational (CRE) programs have become increasingly popular and offer a viable alternative to therapy by fostering satisfaction and connection between romantic partners in an efficient and less taboo format. Despite the proliferation of couples workshops around the world, limited research exists to help guide therapists in leading the most effective program for their participants as well as in creating a positive experience for themselves. This qualitative study aimed to explore workshop leaders' conceptions of the program's success, modifications implemented to the standard protocol, and the personal experiences of facilitating the Hold Me Tight program, a couples workshop based on the evidence-based treatment of emotionally focused couples therapy (EFT). Using a semi-structured interview developed by this author, the study found that overall, helping partners access primary emotions and communicate them to one another effectively is what makes the Hold Me Tight program therapeutic. While this is similar to the stages in EFT treatment, the power of the workshop is derived from the combination of didactic and experiential learning that is enhanced and reinforced by the dynamic of the group. Results also found that the flexibility of the leader and tailoring of the program to its participants was an important factor for success in the workshop. Lastly, workshop leaders concluded that facilitating the Hold Me Tight workshop was personally "nourishing" by increasing love in the world, connecting to colleagues in their field, and improving their own intimate relationships. Taken together, these study findings suggest that the HMT program shows promise as an effective method for helping couples reconnect and foster love in their relationship as well as a personally rewarding experience for the leader. Suggestions for implementing an optimal couples workshop are proposed, and limitations and implications for research are discussed.

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CHAPTER I

INTRODUCTION

The divorce rate in the United States has declined in the last several decades, but approximately half of people marrying for the first time still end up in divorce (Lebow & Gasbarrini, 2009). Of those couples that do stay together, many experience relationship distress that will require some form of counseling or intervention to restore satisfaction (Copen, Daniels, Vespa, & Mosher, 2012). Moreover, serious marital conflict is a significant risk factor for mental and physical health problems in adults as well as for children of distressed parents (Halford, Markman, Kline, & Stanley, 2003). Distressed relationships have been shown to increase work and social impairments as well as to induce personal distress, including suicidal ideation (Whisman & Uebelacker, 2006).

Growing awareness of these social and health concerns prompted the US government to invest in the development of numerous marriage initiative programs in the 1990's and early 2000's, such as *Building Strong Families* (2002) and *Supporting Healthy Marriage Project* (2003). At the same time, many couple therapies have been developed with different theoretical underpinnings and empirical research to support them. With this shift, there have been a growing number of couples relationship education (CRE) programs, offering condensed psychoeducation and treatment interventions over the course of two to four days (e.g. *Getting the Love You Want*, 1988; *Hold Me Tight*, 2008; *The Art and Science of Love*, 2011; *Couples Experiential* with Terry Real).

Broadly speaking, CRE programs provide the delivery of structured education to couples about knowledge, skills, and attitudes on healthy relationships and marriage (Cowan & Cowan, 2014; Halford, Markman, & Stanley, 2008). Also called marriage enrichment and healthy marriage initiatives, CRE is an umbrella term that includes all public and private programs varying in duration, content, and level of participation. Private mental health practitioners implement many of these programs, others are offered in the religious sector, while some aim to educate high school or college students on what it is to develop a successful relationship or marriage (e.g. *Marriage 101* at Northwestern University and *Psychology of Intimate Relationships* at Rutgers University). Generally, CRE can be conceptualized as falling in between self-help education and couples therapy, in that CRE is more active and supportive than self-help books and self-guided Internet courses, but not as interactive, long-term, or exploratory in scope as ongoing couples treatment. There are also many different models of CRE programs, from more academic and lecture oriented programs, to cognitive-behavioral and skill based, to workshops that are more experientially focused (Dion, 2005).

There is existing research examining CRE, including meta-analytic studies evaluating the efficacy of a range of CRE programs (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008), outcome studies of specific workshops with or without target population groups (Baldwin & Fawcett, 2009; Schmidt, Luquet, & Gehlert, 2015; Stavrianopoulos, 2015) and studies examining which elements of CRE programs are most therapeutic (Babcock, Gottman, Ryan, & Gottman, 2013; Hawkins, Stanley, Blanchard, & Albright, 2012). These studies are informative in shedding light onto which CRE programs are effective. Many programs, however, have yet to be tested (e.g. Terry Real's Couples Experiential and Relationship Boot Camp workshop), and some that lack a theoretical base or conceptual framework guiding their approach

(e.g. Debra Taylor and George Taylor's A Path for Couples workshop). For the programs that have been found to be empirically supported, more research designs are needed that include a control group with randomly assigned participants and follow-up assessments to determine the long-term effects (Doherty & Anderson, 2004). The field of CRE would also benefit from a better understanding of why programs are therapeutic and which components are most effective.

There also remains a gap in knowledge regarding which kinds of programs work best for whom. While there are several CRE programs that have been developed for low-income couples and specific marginalized groups (e.g. Building Strong Families, 2002; Culturally Sensitive PREP, 2011), more research is needed to determine which theoretical models, content, and formats are most effective with different racial, ethnic, economic, religious, and sexual minority groups. It would be also beneficial to examine how to tailor existing workshops to meet the needs of diverse participants. Given this gap in the research, many CRE program leaders use their own clinical knowledge and intuition to adjust their curriculum's content and organization in order to best serve their participants. Thus, to determine the efficacy of CRE programs, it is not only helpful to evaluate empirically standardized program protocols, but also to investigate how they are actually implemented in "real world" practice and what contributes to the success of couples workshops.

A review of the literature below provides a general overview of CRE programs, including the way the field has emerged in the last century, its different formats, the efficacy of CRE programs and what components makes them successful, and the literature on culturally-specific CRE programs. Next, the author will discuss the Hold Me Tight (HMT) program in greater depth, discussing how the EFT model forms the basis of the workshop, addressing issues of diversity within the EFT model, and finally, current research on HMT.

Review of the Literature

General Overview of Couple Relationship Education

Historical Perspectives

Although books offering marriage advice have been around for centuries and university marriage classes have existed since the 1930s, couple relationship education (CRE) only began to emerge as a field with theoretical and empirical underpinnings since the 1960s (Hunt, Hof, & DeMaria, 1998). Programs grew out of both faith-based concerns for the future of marriage and family institutions as well as out of the human potential movement that viewed marriage as an area in which individuals could grow beyond satisfaction and achieve self-actualization with themselves and their partners (Bowling, Hill, & Jencius, 2005). Early programs, such as Prevention and Relationship Enhancement Program (PREP) and the Conjugal Relationship Enhancement Program, were considered preventative approaches based on the belief that earlier treatment could prevent couples and families from greater dysfunction.

CRE programs increased in popularity in the 1970s and many of the workshops that developed during this time remain in existence today (e.g. PREP, Marriage Encounter, 1965). Some of these programs are local in scope and remain led by specific individuals and their associates (e.g. The Pairing Enrichment Program, 1975), while others are nationally disseminated, empirically tested, and include leadership training. A few of the earlier evidence based programs that remain active are Getting the Love You Want (1988), The Prevention and Relationship Enhancement Program (PREP) (1992), and Practical Application of Intimate Relationship Skills (PAIRS) (1984) (Hunt, et al., 1998). These programs are primarily education and skills based, designed to improve communication by having couples learn and practice new

ways of non-blaming communication during the workshop while receiving feedback from the workshop leaders.

Beginning in the late 1990s, the federal welfare reform legislation began funding government sponsored pilot programs to offer relationship and marriage education to its communities. The goals set forth were to increase the number of two-parent families by reducing divorce and children born out of wedlock. Attention to marriage education continued to increase during the Bush Administration's Healthy Marriage Initiative (2001), a pilot program teaching marriage skills as a part of welfare reauthorization. By 2002, \$1.5 billion was spent over the course of 5 years on marriage education and research (Cowan & Cowan, 2014). Government funded programs continued in 2005 when Congress allocated \$150 million a year to marriage and fatherhood education programs as part of the reauthorization of the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA) (Struening, 2007).

Government-directed marriage promotion policy has been controversial, raising issues of the appropriateness of government-controlled interventions on marriage, particularly around the imposition of traditional values on nontraditional families. Nevertheless, the Obama administration continued to support CRE through grants in 2010 (Cowan & Cowan, 2014). Given the possible imposition of values from CRE leadership upon specific populations, it is important to consider how to tailor programs to specific groups to make them culturally sensitive.

More recently, numerous CRE programs are run in the private sector and have developed out of emerging research on love and new models of couples therapy. These programs frequently run in intensive formats that are several full days of educational material as well as counseling or therapeutic components. The Hold Me Tight program, for example, was developed from Dr. Sue

Johnson's emotionally focused couples therapy (EFT), which is one of the few models of couples therapy that is recognized as empirically supported (Furrow & Bradley, 2011). Couples learn and experience how to be more emotionally engaged with their partner and how to address negative interaction patterns. During the workshop, program leaders or assistants often work with couples during dyadic exercises to implement EFT interventions that are similar to those used in ongoing couples therapy. Two studies to date have found that HMT workshops are effective at improving couples relationship satisfaction (Stavrianopoulos, 2015; Wong, Greenman & Beaudoin, 2017).

Another example is John Gottman's The Art and Science of Love weekend workshop, based on his four decades of research on love and marriage. In this 2-day workshop, couples hear presentations and engage in experiential activities designed to develop problem-solving skills, to build on existing strengths in the relationship, and to renew respect and care for one another. The workshop focuses on increasing friendship between partners and reducing conflict (Gottman & Gottman, 2006). In a study that assessed the moderators of treatment outcomes in the Art and Science of Love workshop, researchers found that workshops that included both the friendship enhancement and conflict management interventions were more effective than couples who received interventions in either category alone. The results suggest that assisting couples in both areas (friendship enhancement and conflict management) yield the greatest changes in marital satisfaction and greatest decreases in conflict (Babock, Gottman, Ryan, & Gottman, 2013).

Outcome Studies of CRE

A plethora of CRE programs exist in the US and to date there are hundreds of published studies and dissertations on specific CRE programs (Halford & Markman 1997; Stanley, 2001). A review of the research has found mixed results on the impact of CRE programs on relationship

satisfaction, but generally reveals that CRE improves relationship quality and communication skills, with diminishing effects over time. Notably, Hawkins has conducted five meta-analytic studies of CRE programs in the past ten years. His three largest meta-analytic studies focus primarily on young middle-class couples that have participated in different CRE programs (Baldwin & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins, Stanley, Blanchard, & Albright, 2012). In his meta-analytic study by Hawkins and colleagues (2008), researchers coded 86 different reports that evaluated the efficacy of CRE programs, producing over 500 effect sizes. Most studies examined outcomes based on relationship quality and communication skills. Results revealed moderate effect sizes for both outcomes. Relationship quality yielded effect sizes from .24 to .36 and communication skills revealed effect sizes from .36 to .54. These results indicate that couples improve their communications skills and relationship quality after attending a CRE program, with slightly greater changes in communication skills. Further research is needed to determine which CRE interventions are most helpful in improving relationship quality. Lastly, follow-up assessments found that the impact of CRE decreased over time, and that gains over the longer-term follow-up assessments (over six months), were no longer statistically significant.

More recently, Halford and Bodenmann (2013) reviewed 17 randomized control trial studies with follow-up assessments and similarly found that CRE programs showed small but statistically significant effects on marital quality. Carroll and Doherty (2003) conducted a meta-analytic study with a sample of premarital couples enrolled in CRE and found a large effect of CRE on measures of satisfaction and communication immediately after the intervention. Interestingly, couples continued to have moderate effect sizes (.59) in improvements for follow-

up assessments, indicating CRE programs may have a greater and more long lasting impact on couples before marriage.

CRE programs that have received substantial empirical support from a number of studies are PREP (1992), Relationship Enhancement (RE) (1970's), The Couple Communication Program (CC) (1970's), and Strategic Hope-Focused Enrichment (1985). These programs have found to have a positive impact on relationship quality, satisfaction, and communication (Jakubowski, Milne, Brunner, & Miller, 2004). While these programs have received funding for research, it remains unknown whether these programs are more efficacious than programs with fewer studies evaluating their efficacy.

In sum, results from CRE programs typically reveal small to medium statistically significant effect sizes on marital quality and communication. In meta-analyses where effect sizes for marital quality and communication are provided separately, the impact of CRE programs on communication is found to be greater than on marital quality. Additionally, it is difficult to determine whether CRE interventions produce long-term effects given the paucity of research on follow-up assessments over a six-month period, but it is likely that couples who attend CRE programs before marriage do better than couples who are already married. Lastly, the question of whether CRE intervention outcomes differ across income levels and ethnic groups is still undetermined. While low income participants from African-American and Latino samples have been examined more recently, more research is needed on comparing the impact of CRE on different ethnic groups and focusing on particularly neglected subgroups in CRE research, such as Asian or Middle Eastern populations (Cowan & Cowan, 2014).

Formats of CRE

CRE programs differ in how much emphasis they place on cognitive versus experiential learning. Most educators use a variety of teaching tactics, including didactic material, videotapes of couples modeling exercises, movie clips, group discussions, role playing, and experiential exercises that are integrated throughout the program. Workbook exercises and practice assignments are often implemented to apply the skills presented (Hawkins, Carroll, Doherty, & Brian, 2004). Interestingly, Dion and colleagues (2003) anecdotally observed that well-educated individuals were more comfortable to didactic and cognitive approaches to learning, typical in higher education, but may not be as effective for individuals with less formal education. Further research is required to narrow down which techniques work best for which populations.

When it comes to leadership, CRE programs are typically run by one or two leaders who have adopted a group format for their programs. This is partially due to cost effectiveness and larger dissemination, but also because group formats have been found to be therapeutic and effective (Neubeck, 1950; Yalom, 1995).

In terms of dosage, workshops can vary in duration from a few hours, to a weekend, to the administration of a program over the course of many weeks or even months (Hawkins, Carroll, Doherty, & Willoughby, 2004). McManus (1993) posited that longer CRE programs allow for more in-depth discussion of topics and the opportunity to explore personal issues at deeper levels with trained facilitators. Some researchers hypothesize that while more distressed couples benefit from higher dosage workshops, lower dosage might attract more couples (Dishion, 2003). As such, workshop leaders may need to weigh the benefits and costs between longer more effective programs versus less powerful programs that reach a larger audience. Weekend intensives usually are attended by both members of a couple compared to school-

affiliated CRE programs that enroll students who may or may not be in a relationship. Some programs also offer booster sessions, follow-ups, or encourage couples to become involved in the CRE community by mentoring other couples or becoming educators themselves (Doherty & Carroll, 2002).

Therapeutic Power of CRE Programs and Interventions

Few studies have examined why CRE programs are effective and what components make them therapeutic. In other words, *how* these programs work has been relatively unexplored. However, understanding the process of change is crucial for designing an optimal CRE program. Unfortunately, most studies have evaluated programs separately with varying format, goals, and content, making it difficult to determine the therapeutic components across CRE programs.

One factor that likely contributes to the efficacy of a program is the level of participation by participants. What distinguishes experiential workshops from other more didactic or behaviorally based programs is the emphasis on the process of reflection on felt emotions during interactive exercises to create new meaning (Elliott, Greenberg, Lietaer, 2004). Research has found that experiential interventions in couples therapy has a powerful effect (Johnson & Wittenborn, 2012). Experiential workshops also typically encourage more active participation between couples and amongst the group.

Numerous authors have written on the therapeutic aspects of groups (Bloch & Crouch, 1985; Neubeck, 1950; Yalom, 2005). One study conducted a CRE program that varied in format, and found that group discussion and instruction had a greater impact on couple satisfaction than instruction alone, indicating the therapeutic effects specific to the group format (Worthington, Buston, & Hammonds, 1989). Given that all CRE programs are in group format and most integrate group discussion as part of the process, it is worth discussing what makes groups

effective or attractive and how these factors may be contributing to the efficacy of couples workshops.

Yalom (1995) provides a theoretical framework for the power of group, describing eleven different therapeutic factors of groups, most of which can be applied to CRE programs. According to Yalom, groups provide the instillation of hope as members see where other members are on the continuum of personal struggle and development. Universality refers to the recognition that others experience similar challenges and they are not alone in their suffering. Psychoeducation from the leader and direct advice from other members are ways of learning and developing new perspectives on their issues at hand. Altruism involves members gaining through giving to others. In other words, through assisting and supporting others, members feel less demoralized and experience reinforcement for what they are already doing well. Finally, imitative behavior occurs when members can model from their therapist (e.g. self-disclosure, support) as well as from other group members who are engaging in positive and healthy behaviors.

When it comes to understanding what aspects of CRE programs are most helpful according to its participants, Williams and colleagues (1999) asked participants who had attended a variety of programs, which components they found most helpful to their relationship quality. Respondents reported that spending time and learning about their partner was most helpful. Learning more about marriage within the program content had the next highest rating. Participants also found that private meetings with clergy or church staff, workshops that run on the weekend, and meetings with other married couples were other helpful formats. Given that the subjects were primarily Christian Caucasian couples attending CRE programs affiliated with the church, results are not generalizable to secular programs or other non-Christian populations.

To determine which content areas of the program were associated with the highest levels of satisfaction for couples, Russell and Lyster (1992) asked their subjects to rate which topics they found most important for change processes in a 10-hour psychoeducation program. Topics included communication, conflict resolution, marital roles, children and parenting, relationship with family and friends, leisure, sexuality, and spirituality. For the workshop overall, global satisfaction ratings were found to be strongly positive. Regarding specific areas of content, participants found that understanding how family of origin issues influences their present relationship, finances, and communication styles were the most satisfying areas of program content. Notably, older couples rated communication as more important than younger couples. While this study does not directly explain mechanisms of change in the program, it suggests that certain topics may have a greater impact on relationship satisfaction and highlights the importance of considering life stages relative to the material presented. It also provides implications more generally for which dimensions of relationships cause the greatest distress and require the most attention in CRE programs.

Culturally Specific Interventions for CRE

Research has found that culturally-adapted interventions are four times more effective than interventions provided to groups of clients from varying cultural backgrounds (Griner & Smith, 2006). Thus, developing workshops that are both offered to specific marginalized groups as well as understanding how to tailor workshop interventions for specific couples is essential for success. While most studies of CRE programs have focused on white middle to upper class couples, there are several studies that have implemented programs tailored to low-income populations, such as Bringing Baby Home (Shapiro and Gottman, 2005) and Supporting Healthy Marriage (Lundquist, Hseuh, Lowenstein, Faucetta, Gubits, Michalopoulos, & Knox, 2014).

Researchers evaluating Supporting Healthy Marriage (2003), a skill based program implemented over the course of the year, found that addressing external stressors such as financial stress and neighborhood crime were especially important for low-income couples because these factors likely contributed to greater difficulties in maintaining healthy relationships. The study also found that implementing the program at convenient times and locations, providing childcare and transportations, offering monetary or other incentives for attendance, and creating informal environments for the course helped engage couples and lower drop-out (Lundquist, et. al., 2014).

In an attempt to compare well-educated versus less-educated couples, Hawkins and colleagues (2004) spent many years studying and facilitating couples workshops. In their anecdotal observations, they found that well-educated couples seem to prefer more cognitive and didactic approaches in comparison to individuals without extensive formal education who prefer more active, experientially learning methods. They also noticed that many couples from non-Western cultures were less comfortable sharing their personal lives and emotions with a group. While more empirical data is needed to support these observations, it is evident that workshop leaders should be guided in their decisions in program implementation by knowledge and experience with their participant demographics.

The identity and training background of workshop leaders may also impact outcomes. A study by Laurenceau and colleagues (2004) studied premarital couples recruited from religious organizations and randomly assigned them to a university-based Premarital Relationship Enhancement Program (PREP), delivered by clergy, and a no-treatment control. Researchers found there was no effect on self-reported marital satisfaction in any of the groups over the course of 14 months after they entered the study. There was, however, better observed

communication and positive behaviors reported by only the female partners in the clergy-led PREP program ($d = .73$) in comparison with the university-based PREP program and the no-treatment control group. The study's implications reveal that the cultural background and identity of a leader has an impact on the outcome of their participants. Specifically, female religious attendees of CRE programs may benefit more from CRE programs led by members of their church, synagogue, mosque, etc.

The Hold Me Tight Program

Research on Hold Me Tight

While there are numerous studies currently being conducted on the Hold Me Tight (HMT) program, this writer is aware of only two published studies to date. Stavrianopoulos (2015) studied 14 college couples who participated in HMT over the course of eight weeks for 2-hour sessions per week. Participants were asked to complete a demographic questionnaire and three self-report measures before the first session and after the last session of HMT. The measures evaluated relationship satisfaction (Dyadic Adjustment Scale), level of trust in the relationship (Relationship Trust Scale), and a depression scale (Beck Depression Inventory). Participants were also asked to provide feedback to two open-ended questions: what was most helpful about the sessions? What would you recommend for improving the program? The results of the study revealed a significant improvement over time on all three scales for women ($F(3,11) = 27.67, p < .001$). Men also displayed a smaller but statistically significant change over time ($F(3,11) = 6.31, p = .01$), with improvements in trust and depression, but not in relationship satisfaction. Of note, male participants tended to score higher on the Dyadic Adjustment Scale at pre-assessment, indicating greater satisfaction and less room for improvement in their

relationship satisfaction than women. Additionally, two of the four couples that rated themselves as distressed at pre-testing improved to become non-distressed at post-testing.

When asked to provide feedback, participants reported that the program's curriculum and delivery methods were the most helpful. Frequently mentioned positive responses included the HMT book, DVD demonstrations of couples having HMT conversations, and experiential exercises with their partner. In terms of suggestions for improvement, participants expressed that more time be devoted to the experiential exercises, fewer homework assignments, that the group should be run longer than 8 weeks and at alternative times to accommodate student schedules, and to have an additional facilitator to assist with HMT conversations during the dyadic exercises.

A second study conducted by Wong, Greenman, and Beaudoin (2017) evaluated the effects of a Chinese-language version of the HMT workshop in a sample of 23 Chinese Canadian couples. Couples completed the program in 90-minute sessions on Sundays over a 9-month period. Measures were administered pre and post intervention and measured relationship satisfaction (Dyadic Adjustment Scale and Relationship Satisfaction Questionnaire), level of attachment (Experiences in Close Relationships Scale-Short Form), and family functioning (Family Assessment Instrument: Chinese). Results revealed statistically significant improvements with small effect sizes in couples satisfaction in their relationship ($t(45) = 5.75, p < .0001$), decrease in attachment avoidance ($t(45) = 4.36, p = .0001$), and greater family harmony ($t(43) = 2.46, p = .02$). The study's findings not only suggest the efficacy of the HMT program on improvement in couples' relationships, but also that that the HMT program has applicability to couples of Chinese descent. More research is needed evaluating the efficacy of HMT, using

larger sample sizes and with a control group to determine whether changes in couples are the result of HMT or simply naturally occurring changes overtime.

What is Emotionally Focused Couples Therapy?

Given that the HMT psychoeducational workshop came out of the model and research of emotionally focused couples therapy (EFT), a review of EFT is necessary to understand the content and interventions of the workshop. EFT is a short-term treatment approach to couples developed in the 1980s by Dr. Sue Johnson. Using principles of attachment theory, the goals of EFT are to reduce conflict and distance in a couples' relationship so that they can develop a more secure and loving bond to one another. EFT focuses less on the problems themselves and more on the way couples deal with conflict. Emotional communication is the central process of treatment. According to Johnson and colleagues (1999), "EFT assumes that the key factors in marital distress are the ongoing construction of absorbing states of distressed affect and the constrained, destructive interactional patterns that arise from, reflect, and then in turn prime this affect" (p. 68). As such, the negative interaction cycle is framed as the problem in the relationship and the goal of treatment is to create new and more positive interactional patterns, where both partners are emotionally accessible and responsive to one another.

In EFT, change for the couple occurs in three stages. In stage one, the couple engages in cycle de-escalation. Secondary emotional reactions are identified and understood in the context of the cycle and understood as creating emotional disconnection. Stage two seeks to engage withdrawers and soften blamers by accessing primary attachment-related emotions and needs. Partners express these primary emotions and underlying needs to one another, and respond with care and compassion, thus developing new positive cycles. Finally, in stage three, couples consolidate and integrate their new positive cycles into their behavior (Johnson, 2004).

Clinicians use experiential interventions such as empathic reflections, validations, heightening of affect, reflecting process, and reframing partners' experiences in the negative cycle to achieve the goals of these three stages (Zuccarini, Johnson, Dalglish, & Makinen, 2013).

Research has found that EFT is an empirically supported model and has been found to have greater effects on marital enhancement and intimacy in comparison to wait-list controls and standard behavioral couple therapy (Johnson & Wittenborn, 2012). The therapeutic components of EFT have been found to be identifying primary emotions and communicating them in effective ways to their partner (Greenberg, James, & Conry, 1988; Johnson, Hunsley, Greenberg, Schindler, 1999; Makinen & Johnson, 2006). For example, Greenberg and colleagues (1988) studied interviews of couples who had completed 8 sessions of EFT therapy and found that couples reported five major change processes in the relationship: the expression of underlying feelings that led to their partner's change in interpersonal perception, expressing feelings and needs to their partner, an improved intellectual and emotional understanding of the relationship, taking responsibility for one's own experience, and receiving validation from their partner. Unlike behavioral interventions, this study found that the expression of underlying feelings leads to changes in relationship quality rather than attempting to change the behaviors themselves. Specifically, clients reported that when they saw their spouses expressing primary emotions they were more understanding, accepting, and felt closer to their partner, leading to changes in their behaviors and overall satisfaction in the relationship. While these reports of change are not objective ratings from an outside observer or the therapist, the client's perspective is valuable data in understanding couples' perceptions of what therapeutic in treatment.

Similarly, in another study by Makinen and Johnson (2006), researchers used self-report measures and researcher ratings of transcribed treatment session segments and found that

the level of experiential involvement in the couple leads to the respective level of change in the relationship. In other words, deeper levels of engagement and access of the couples' primary emotions through experiential interventions in EFT were again associated with more positive outcomes and success in treatment.

While there are not many studies that compare different content areas of EFT, Zuccarini and colleagues (2013) found that the EFT process related to forgiveness and reconciliation over attachment injuries deeply engaged the couple emotionally and led to reshaping couple interactions and emotional responsiveness to one another. An attachment injury occurs when one partner feels betrayed or abandoned by their partner, and trust in the relationship is threatened. By addressing and exploring these injuries in treatment, couples can regulate negative emotions, explore its impact on the relationship, and develop new interactions where the offending partner's emotional responsiveness results in emotional connection and repair of trust (Johnson, 2004). Although this study provides rich data on the process and the utility of the process around forgiving injuries between partners, it did not compare forgiveness with other interventions in EFT, making it difficult to compare this area with other content areas in EFT as they contribute to relationship quality.

In sum, most of the research on therapeutic components of EFT point to the experiential exploration of emotion as the primary agent of change. When partners' experiential involvement in treatment deepens, partners are able to access more internal emotional experiences that are associated with more positive and successful outcomes for couples in EFT (Makinen & Johnson, 2006). Specifically, important shifts in treatment occur when the client transitions from secondary to more vulnerable primary emotional processing and can express it in a way that their partner can respond to. Unlike primary emotional responses, secondary emotional responses

contribute to negative relational cycles and prevent partners from engaging in more positive and intimate interactions.

How EFT is Adapted into the HMT Workshop

The HMT workshop is based on the theory and practice of EFT. While the HMT workshop varies significantly from ongoing couples therapy in format, the theories, goals, and specific interventions used are all pulled from EFT. The structure of HMT is organized around seven types of conversations to improve relationships that Dr. Johnson lays out in her book, *Hold Me Tight, Seven Conversations for a Lifetime of Love* (2008). While EFT is typically 8-20 sessions with the couple and their therapist, the HMT program is usually an intensive workshop over the course of several days or over eight sessions and in a group format. As a result, couples can learn from other participants in the workshop and may produce faster changes within a shorter period of time than EFT administered on a once a week basis.

Ultimately, the goals of the program are the same as EFT: to deepen an understanding of romantic love, identify the negative interactional cycle between partners, explore each partner's primary emotional responses and needs, and develop new positive ways of communicating to establish a more secure bond (Johnson, 2010).

The program materials can be purchased online by the public and includes a copy of the book *Hold Me Tight*, a facilitator's guide to the program, a DVD that includes a slideshow, handouts, release form, flyer template, and a DVD that displays clips of three couples led through the seven types of conversation. While the program materials provide a specific model and structure for the program, there is no requirement for leaders to follow the program exactly. Group discussions are emphasized as part of each conversation, but are left up to the leaders to determine how to best process the program content and respond to the questions of their

participants. The program materials also can include *A Facilitator's Guide to Leading Your Best Hold Me Tight Workshop* (2015) that videotapes four experienced HMT workshop leaders describing the reasons they run the workshop, specific exercises that they have added to the workshop, and the unique benefits of the workshop for couples. The present study similarly explores these topics and expands on these questions by providing more in-depth interviews of workshop leaders' personal experiences as well as their conceptualization of factors thought to contribute to the success of the HMT program.

The standard protocol is organized around eight, two-hour sessions; however, most HMT workshops in practice run as intensive weekend retreats and leaders often select a portion of the seven conversations, DVD clips, and exercises to form their own program package. As such, the program manual describes the standard protocol, but does not necessarily give an accurate portrayal of how HMT is run in practice.

Format

HMT is run over the course of 8 sessions (two hours each session) and follows a similar sequence structure every session. For descriptions of session summaries, see Appendix F. Each session opens with a short didactic presentation by the facilitator, providing examples to explain the main points of the session. Participants then view DVD segments of one or more couples engaged in the conversation being taught. Afterwards, the facilitator presents an in-class exercise and participants break out into their couple dyads and practice the exercise with their partner. Finally, a review of the session is given along with a homework assignment to be discussed the following week. Between each activity, group sharing and discussion are encouraged among participants. Size of the group may vary, but are encouraged to stay between 4 and 30 couples. In larger groups, the manual recommends that sessions be longer and that more than one leader or

assistants should be available to support couples, particularly during the in-session exercises. The protocol states that the program is not limited to age, stage of relationship, or sexual orientation and can be offered to couples or a single person.

Cultural Considerations and Modifications in EFT

While there is little literature on the ways that HMT can be modified for culturally specific groups and diverse couples, information can be gleaned from the ways EFT has been tailored to address cultural differences and how issues of diversity can be explored using interventions that are inherent to the model.

Liu and Wittenborn (2011) discuss how EFT can be applied generally to diverse couples as well as specific interventions that can be tailored to the treatment. The authors explain that while EFT lends itself well to cultural competence by validating each client's culturally based way of expressing their needs, they also encourage clinicians to carefully observe culturally specific rules and roles within their couple's relationship and monitor their own biases and assumptions. Clinicians are also encouraged to use their clients' words and metaphors because different words or emotions may have different meanings for the client and therapist.

A dissertation conducted by Maynigo (2015) interviewed EFT therapists to understand how practitioners work with intercultural couples and how their cultural differences are navigated within the model. Like Liu and Wittenborn (2011), Maynigo (2015) found that subjects reported EFT interventions were innately effective at exploring cultural differences because of its focus on unconditional positive regard and empathy. This stance allows therapists to understand their client's emotional world and validate their client's culturally based way of expressing attachment needs. While EFT can address cultural differences within the model, subjects also reported that they often needed to explicitly address cultural differences and modify

EFT interventions to openly explore these issues. Therapists noted that identifying and discussing cultural differences in the treatment deepens the therapeutic alliance and the exploration of partners' experience of attachment and emotion. Based on her findings, Maynigo developed a culturally sensitive model of EFT (EFT-CS). The model is based on EFT, but includes modifications to address issues that arise between intercultural couples. These modifications include a more thorough assessment of cultural backgrounds of each partner, attending to cultural variations in attachment and emotion, integrating cultural influences into attachment style, and then creating new cycles that are culturally appropriate.

Summary and Implications for Current Study

Given this review, it is apparent that CRE programs have been discussed and studied; however, there is need for more systematic research and elaboration on some remaining key issues. While there are several books that provide overviews of CRE programs (Hof, 1981; Otto, 1976) and a few short articles that offer a framework for marriage education (Hawkins and colleagues, 2004), the field would benefit from an updated and more thorough practical guideline with theoretical underpinnings on how to conduct optimally effective and culturally sensitive programs.

The current study attempts to fill this void by exploring how leaders define and measure the success of their program as well as ways they adapt the established HMT workshop to best address the specific problems raised by their couples. Nine licensed psychotherapists who have led the HMT workshops were interviewed about the way they conceptualize the program's efficacy and tailor the content and/or format to make it more helpful and culturally relevant to their participants. It is expected that the study will shed light on the leaders' guiding conception and implementation of their HMT program as well as open up a number of new research

questions and areas for future study on this topic. In addition, this study is expected to have a practical impact for clinicians running CRE programs and provide strategies to modify or develop their own workshops in order best serve couples and to meet the diverse needs of their participants.

A qualitative study design using McCracken's (1988) five-stage analysis will be used to examine common themes and differences experienced by HMT workshop leaders. The proposed study will explore the following questions to understand how leaders conceptualize and measure success and how they adapt the HMT program to optimize the workshop's power:

- 1) What are the expectations of change from the workshop?
- 2) What makes the program efficacious?
- 3) What are the modifications and/or additions made to the standard workshop protocol and why did leaders choose these changes?
- 4) What do workshop leaders enjoy and find challenging about running HMT?

CHAPTER II

METHODOLOGY

The purpose of this study was to understand the experiences of clinicians implementing the HMT workshop to couples. A qualitative approach that emphasized hypothesis exploration rather than hypothesis testing (Strauss & Corbin, 2014) was utilized. Given the dearth of research on the HMT workshop as well as the minimal data on the personal experiences and therapeutic power of couples workshops, the methodology of gathering subjective data was crucial as it allowed for unexpected themes and questions to emerge and be further explored. The qualitative nature of the study was aimed at gaining a deeper and more nuanced understanding of how workshop leaders derive meaning from their experiences of leadership as well as their conceptualization of the program's effectiveness.

Participants

Subjects of the study consisted of nine HMT workshop leaders who had a history of and were currently conducting the HMT workshop. To qualify for participation, subjects must have had experience conducting the HMT program for at least one year in any type of setting (e.g. university, private clinic, hospital), at least a master's degree, and could adhere to any orientation (e.g. psychodynamic, cognitive-behavioral, family systems).

Recruitment

Workshop leaders were recruited directly by the interviewer through a networked sample associated with several EFT-affiliated organizations in the US, online listservs, internet searches for HMT leaders, and word of mouth through professional colleagues. The principal investigator sent individual e-mails to HMT leaders providing information on the purposes and procedures of

the study. The emails also notified potential subjects that they would not be offered compensation for participation. When an individual agreed to participate and was deemed eligible, the principal investigator arranged an interview via Skype or by phone. The principal investigator also offered to email workshop leaders with the final dissertation manuscript.

Measures

A demographic questionnaire (see Appendix D) was emailed and completed before the scheduled interview. This questionnaire requested information on workshop leaders' demographics (age, race, ethnicity, marital status, religion), their professional training (including graduate, post-graduate, and training in EFT), and their current psychotherapy practice (including treatment specialty and clinical orientation).

A semi-structured interview (see Appendix E) developed by this investigator was used to gather data related to the purpose of this study. The questions in the interview were designed to elicit information relevant to the questions targeted in the study, but also open-ended to allow for unique and distinctive responses from the subjects. The interview included a series of open-ended questions related to the following primary areas: 1) how leaders define success for HMT, 2) factors that contribute to the success of the workshop, 3) modifications made to optimize the power of the workshop, 4) potential cultural adaptations to the program, and 5) experiences of HMT leadership.

Procedures

Potential subjects were initially contacted via email by the principal investigator, who provided information regarding the purpose and procedure of the study. Once the workshop leader agreed to participate in the study, a telephone or Skype interview was arranged based on their availability. Each workshop leader was required to review and sign a consent form (see

Appendix B) before the interview along with a completed demographic form. They were then provided with a copy of their signed consent form for their personal records.

Participants were interviewed by the principal investigator using a semi-structured interview (developed by the principal investigator). The phone or Skype interview lasted approximately 90 minutes in duration. The primary investigator informed the participants of the importance of finding a setting that ensured comfort, privacy, and confidentiality. Workshop leaders' confidentiality was ensured in that each participant's name was not audio-recorded and each recording was identified by a corresponding code. The audio recordings were transcribed by the principal investigator as well as an academic transcription service specializing in human subject research, that guaranteed the confidentiality of the participants. The transcription data was coded and securely stored.

Data Analysis

The data collected from the survey and interview was primarily analyzed using McCracken's (1988) five stage qualitative model of interpretation. Straus and Corbin's (2014) Grounded Theory Methodology was also used as a supplemental aid to distinguish core variables and their relationship to one another. The primary goal of data analysis was to identify common themes among participants being interviewed. Based on the administration of the semi-structured interviews, the data collected was qualitative in nature and described the experiences of HMT leaders. Thus, McCracken's five-stage model, with the assistance of grounded theory methodology, were utilized to identify core variables and themes to develop a theory of critical therapeutic factors of the HMT program and to see how leaders are modifying the program from the standard protocol.

McCracken's (1988) model includes five stages of qualitative analysis. After a verbatim transcription of the interview testimony was created, the first stage identified and highlighted useful terms or observations without consideration of the relationship it bore to other statements. The second stage further examined observations from the first stage and began to find similarities or relationships to other parts of the transcript as well as to information gathered from the literature review. Grounded theory was used to assist with systematically examining the data by labeling similar concepts, phrases, and words together. Through this system of open coding, new data was continually compared to the existing categories while developing new categories until more themes could be identified.

McCracken's third stage examined the interconnection between observations from different subjects. It is at this point that patterns and themes began to emerge from the data. The fourth stage used observations identified at various levels and examined them in a collective form by identifying more general thematic patterns of consistency or contradiction. Themes were then organized in a hierarchy according to importance, while others that were not useful were discarded. During this stage, axial and selective coding methods were pulled from grounded theory to help identify relationships between categories and were compared against the overall data to help begin generating theories. Lastly, the fifth stage examined the patterns and themes within the collection of interviews and went through a final process of organizing the themes into analytic categories and developed into an overall thesis.

CHAPTER III

RESULTS

This chapter will discuss the findings derived from the areas of study developed in the research design. Specifically, the results were extracted from the workshop leaders' responses to the interview examining the following the questions: 1) What are expectations of change from the workshop? 2) What makes the program efficacious? 3) What are the modifications and/or additions made to the standard workshop protocol? 4) What are the personal joys and challenges of running the workshop? A summary of the themes that emerged from the data is offered.

Demographic Questionnaire

Below are the findings from the demographic questionnaire, developed by the author to capture information regarding the demographic background of each workshop leader, clinical focus, academic and training completed, and experience in EFT and leading the HMT workshop.

Workshop leader demographics. Workshop leaders were asked questions regarding their gender, sexual orientation, race, ethnicity, religion, marital status, and number of children. They were asked to self-identify rather than choose from predetermined categories. The table below (Table 1) summarizes the demographic information provided by workshop leaders.

*Table 1***Workshop Leader Demographics**

Subject Number	Age	Gender	Sexual Orientation	Race	Ethnicity	Religion	Marital status	# of Children
1	42	M	Straight	Latino	Mexican-American	Christian	Married 1 divorce	1
2	58	F	Straight	White	Western Euro-American	Muslim	Married 1X 37 years	5
3	61	F	Straight	Caucasian	Caucasian	Jewish	Married 1X for 35 years	3
4	61	M	Straight	Caucasian	Italian-American	Spiritual	Married 1X	2
5	52	F	Lesbian	White	White-European	Jewish	Married 1X	1
6	59	F	Straight	White	Caucasian	Not Religious	Married 3X Currently married	2
7	59	F	Straight	Caucasian	American	Latter Day Saints /Christian	Currently married Married 3X 2 divorces	8
8	67	F	Straight	Caucasian	American	Christian	Married 1X	2
9	54	M	Straight	Caucasian	Mexican-American	Jewish	Married 1X	1

Workshop Leader academic and training background. Workshop leaders were also asked about their professional and clinical training background, including number of years in licensed practice, current clinical practice, experience leading other psychoeducational workshops, couples training, and any other clinical certifications they had received. The below table (Table 2) summarizes information provided by the nine workshop leaders.

Table 2

Workshop Leader Academic and Training Background

Subject Number	Degree(s) Attained	Year in Licensed Practice	Current Practice	Other Psychoeducational Workshops Led	Other Couples Training	Other Clinical Certifications
1	M.A. Clinical Mental Health Counseling	8	Group private practice	Men's Communication classes, PREPARE-ENRICH couple classes	CBT couples training, PREPARE-ENRICH program	Certified Addiction Counselor, Certified Sexual Addiction Therapist, National certified counselor, Approved Clinical Supervisor, Certified Body-Centered Psychotherapist
2	B.A. Psychology, Special Education M.A. in Counseling	3	Private Practice	Anger and Conflict Management, Youth Anger Management, Parenting Classes, Teen Parenting Classes, Inclusion Classes	Focus in masters degree	None
3	Psy.D.	33	Private Practice and Academic Department	Relationship and You, Workshops on Acquaintance Rape, Identifying Depression, Living Like You Mean It.	Gottman training, PACT, systems training	Licensed Psychologist
4	M.A. in Counseling Psychology	7	Private Practice	None	Gottman Training	None
5	Psy.D.	17	Private Practice	Social and Emotional Learning workshop, Social Skills, Girls Empowerment, many workshops for teachers and clinical staff	Family Systems, workshops led by Harville Hendricks, Terry Real, Gottman, David Snarch and Esther Perel	EMDR, AEDP
6	M.Ed. in Counseling Psychology, LMFT in 1989	38	Private Practice	None	Bowen Theory, Structural and Strategic Family Therapy,	EMDR Consultant

Table 2 – Continued

					Narrative Therapy	
7	B.S. M.S. in Psychology Ph.D.	24	Private Practice	Couples Communication, DBT, Success, Career, Stepfamily, Divorce, Adults Molested as Children, Parenting, Study Skills, Anger Management, Sexuality, Addiction Recover, Resiliency, Stress Management, etc.	Gottman	DBT
8	M.S. and M.A. in Psychology	17	Private Practice, Health Center	STEP, parenting education	AEDP for couples	Post Combat Mental Health
9	M.A. in Psychology Ph.D.	22	Private Practice	None	Gottman: Behavioral Marital Therapy (Neil Jacobson); Object Relations Marital Therapy;	Certified as an EMDR Level I and II therapist

Workshop leader treatment focus and EFT/HMT experience. Workshop leaders were also asked questions regarding their current treatment focus, theoretical orientation, training in EFT, and experience leading the HMT workshops. The table below (Table 3) summarizes information provided by the nine workshop leaders regarding their current focus and background in EFT and HMT.

Table 3

Workshop Leader Treatment Focus and EFT/HMT Experience

Subject Number	Theoretical Orientation	Treatment Focus	EFT Training	EFT Supervision Experience	Years ICEEFT-certified	# Times leading HMT Workshops	Avg # of Couples Attending
1	EFT, CBT	Relationships, Depression, Anxiety, Addiction	Basic Externship, Core Skills	Seeking supervision to become certified	6	22 alone/2 with partner	6-12
2	EFT	Couples	Basic Externship, Core Skills, Advanced Training	Current Individual supervision and group supervision	Not certified but 3 years as EFCT	7 alone	2-4
3	Integrated, EFT, AEDP	Individual and Couples	Basic Externship, Core Skills, Advanced Training, ongoing trainings as they relate to clinical practice	Certified EFT Supervisor, supervisor of doctoral students in the EFT training group, and supervisor to therapists working toward EFT certification	9	14 with partner	12-14
4	EFT, Modern attachment theory	EFT with individual and couples	Basic Externship, Core Skills, Advanced Training, 5-8 additional EFT workshops	Past individual supervision with EFT certified supervisor	2	11 with a partner	8
5	EFT, systems with couples and families, attachment-focused	Couples and families	Basic Externship, Core Skills, Advanced Training, many other EFT workshops, Summits, seminars, etc.	ICEEFT approved supervisor candidate	2	20 with a partner	12-18
6	EFT	Couples	Basic Externship, Core Skills, Advanced Training, groups	Trained with 3 supervisors, 1 to become certified, 2 to become a supervisor	6	4 alone	15

Table 3 - Continued

			assisted as trainings				
7	Attachment Theory	Couples	Basic Externship, Core Skills, Advanced Training	EFT supervisor, trainer for 10 years	15+	40+ alone/7 with partner	20-25
8	EFT and AEDP	Couples	Basic Externship, Core Skills, Advanced training, other workshops	3 EFT supervisors	7	4 alone/1 with partner	5-10
9	Attachment-Theory, Humanistic, Rogerian, and Strategic	EFT with couples	Externship, Core Skills, Advanced Training,	Certified as supervisor	11	30	20-40

Demographic backgrounds represented in current caseload. Workshop leaders were also asked about their current client caseload, by rating an approximate percentage of couples, individuals and groups seen in their practice. Additionally, they were asked to identify the percentage of their clients seen in numerous categories regarding age and race.

Table 4

Demographic Backgrounds Represented in Current Caseload

Subject Number	Couples	Individuals	Groups	0-18 y/o	18-64 y/o	65+ y/o	Race of patients seen
1	60%	35%	5%	5%	90%	5%	90% Caucasian 5% African American 5% Latino
2	60%	40%	0%	X	X	X	*did not respond
3	50%	50%	0%	15%	80%	5%	65% Caucasian 10% African American 15% Arab/Middle Eastern 10% Asian/Indian
4	50%	50%	0%	15%	80%	5%	90% Caucasian 5% African American 5% Asian/Indian
5	50%	50%	0%	30%	70%	5%	75% Caucasian 15% Latino 10% Asian/Indian 5% Arab/Middle Eastern
6	60%	25%	0%	0%	70%	30%	85% Caucasian 5% African American 5% Asian/Indian 5% Arab/Middle Eastern
7	30%	0%	70%	0%	80%	20%	50% Caucasian 40% European 10% Native American, Hawaiian, or Pacific Islander
8	80%	20%	10%	0%	100%	0%	97% Caucasian 1% African American 1% Asian/Indian
9	60%	40%	0%	0%	99%	1%	80% Caucasian 10% Latino 5% African American 3% Asian/Indian 2% Native American, Hawaiian, or Pacific Islander

Thematic Analysis

The workshop leaders interviewed for this study spoke at length about their conceptions of success and modifications for the HMT workshop. In the course of data analysis, a number of common themes emerged in the therapists' responses. The 30 themes that were identified were concepts that emerged from at least one-third of the subjects (i.e. at least three of nine of the

subjects). Table 5 presents and specifies the percent response for each of the 30 themes identified, which are reviewed in further detail thereafter.

Table 5

Themes

Therapist Expectations of change	<i>Theme 1: Identify negative cycles and raw spots</i>	7 of 9 (77.8%)
	<i>Theme 2: Increase vulnerability</i>	4 of 9 (44.4%)
	<i>Theme 3: Short-term impact</i>	3 of 9 (33.3%)
Power of the Workshop	<i>Theme 4: "Science behind EFT"</i>	6 of 9 (66.7%)
	<i>Theme 5: Leadership self-disclosure</i>	6 of 9 (66.7%)
	<i>Theme 6: The group dynamic</i>	5 of 9 (55.6%)
	<i>Theme 7: Forgiving Injuries conversation</i>	5 of 9 (55.6%)
	<i>Theme 8: Confidence and experience of the leader</i>	3 of 9 (33.3%)
	<i>Theme 9: Psychoeducation</i>	3 of 9 (33.3%)
Adaptations Made to HMT	<i>Theme 10: Personalized PowerPoint presentations</i>	9 of 9 (100%)
	<i>Theme 11: Additional exercises</i>	8 of 9 (88.9%)
	<i>Theme 12: "Attuning to pace, rhythm, and timing"</i>	6 of 9 (66.7%)
	<i>Theme 13: "Sex gets the least emphasis"</i>	4 of 9 (44.4%)
Cultural Adaptations to HMT	<i>Theme 14: Videos and images of diverse populations</i>	6 of 9 (66.7%)
	<i>Theme 15: Integrate into group discussion</i>	6 of 9 (66.7%)
	<i>Theme 16: Attachment is universal</i>	5 of 9 (55.6%)
Leadership	<i>Theme 17: Collaborative teamwork</i>	6 of 9 (66.7%)
	<i>Theme 18: Independence of running the workshop alone</i>	3 of 9 (33.3%)
	<i>Theme 19: Value of the assistants</i>	5 of 9 (55.6%)
Joys of Running HMT	<i>Theme 20: Increasing love in the world</i>	9 of 9 (100%)
	<i>Theme 21: Teaching and disseminating relationship education</i>	7 of 9 (77.8%)
	<i>Theme 22: Diversification and collegiality in profession</i>	7 of 9 (77.8%)
Challenge of Running HMT	<i>Theme 23: Recruitment</i>	9 of 9 (100%)
	<i>Theme 24: Increased workload</i>	6 of 9 (66.7%)
	<i>Theme 25: Clinical stamina</i>	5 of 9 (55.6%)
Personal Growth Leading HMT	<i>Theme 26: "Helped my own relationships"</i>	4 of 9 (44.4%)
	<i>Theme 27: Confidence in presenting</i>	4 of 9 (44.4%)
Follow-up and Future Considerations of the Workshop	<i>Theme 28: Follow-up with participants</i>	3 of 9 (33.3%)
	<i>Theme 29: Separate workshop on sex</i>	3 of 9 (33.3%)
	<i>Theme 30: Accessibility</i>	3 of 9 (33.3%)

Success of HMT

Subjects were asked about the efficacy of the HMT program across several domains, including leaders' expectation for change for the couples attending their workshop, prioritized content in

the program materials, and process-oriented therapeutic components that contribute to the power of the workshop.

Therapist Expectations of Change

Theme 1: Identify negative cycles and raw spots. Seven of the nine workshop leaders (77.8%) responded that helping couples to understand their negative cycles and raw spots was the primary goal of the workshop. One workshop leader stated that she hopes to help couples understand that it is not their partner, but rather their negative cycle, that is the enemy:

I want them to leave just having a sense of what is their pattern, what is their dance, and what is their part in that dance? My expectation is that at the end, if they're not going, 'it's because of her or him,' 'if she would only,' 'if he should only,' the relationship is going to get better. My expectation is that they understand it's because of the cycle. It's the cycle's fault. The reasons that we step into the cycle are really good reasons. It's really logical why we step into the cycle. It's because we're protecting ourselves, and that we both want connection.

Another workshop leader emphasized the same point by noting that “people walk away knowing it's not the person. It's how we relate, and how we know ourselves and our cycle.” One workshop leader reported that identifying the cycle helps couples consider new ways of stepping outside of their patterns. The workshop leader went on to explain that although couples may not continue to practice this new way of relating to one another outside the workshop, having them be merely aware that there are alternative means of communicating through the workshop is a success:

I have very high expectations that couples will at a minimum learn that they have a cycle and how that cycle is and how it happens. At a minimum, I have an expectation that they will develop an ability to identify what's wrong. I also really have an expectation that they can see it. I don't know whether they'll be successful at pausing their cycle and have a different kind of outcome next time they have conflict after the workshops is over.

Similarly, another workshop leader expressed that helping couples to understand their cycle and triggers provided couples with “a new language and set of tools to come back to as they get into trouble. It's like a roadmap so that they can come back there afterwards.” The workshop leader elaborated by stating “they might not stay there when they leave, and they're going to spiral out

again, but my goal is to have them know that there's a way back.” Several subjects also reported receiving positive feedback for successfully teaching couples from their workshop to step out of their negative cycles. One workshop leader claimed that “people tell us, ‘I feel so much more hopeful. I feel like there's a path now. We have a way to proceed where we felt so stuck before.’”

Theme 2: Increase vulnerability. Four out of nine workshop leaders (44.4%) reported their expectation for couples by the end of the workshop as the reduction of defensiveness and the fostering of vulnerability in a relationship. Workshop leaders explained that the ability to be vulnerable not only allowed partners to share their emotions and underlying needs in the relationship, but also was a way to feel connected and develop empathy for their partner. One workshop leader reported that his aim for the workshop was to help foster vulnerability so that couples could connect to each other:

The one expectation for change that I do have is that sometime in two days that they're with us they realize that the moment they experience their partner vulnerable with them, they feel a desire to approach and get close to them.

This workshop leader reported that he played a video by Brené Brown on vulnerability in the beginning of the workshop to help “prime the pump” for couples to open up to one another and lower their defenses. Another workshop leader measured lowered defensiveness in couples by her observations of partner interaction:

People's level of guardedness and defensiveness with their partner typically really go down during the workshop. The difference from Friday to Sunday...you can see it in body language. You can see it by how close they're sitting in their chairs. You can see it in how they're touching each other - arm, hand holding, things like that. You can really see a great decrease in guardedness and defensiveness with each other.

When defenses are lowered, a third workshop leader explained, couples can “identify their needs and their longings and be able to ask for them without getting into the damaging negative cycles.”

Theme 3: Short-term impact. When asked to describe their expectations of change, three of the nine workshop leaders (33.3%) spoke to the power of the workshop, as well as the realistic impact a two-day workshop can have on the long-term future of a couple's relationship. One workshop leader described that although his expectation for couples was to have breakthrough moments during the workshop, he also recognized the challenge of maintaining these gains without practice:

You know, we're believers in the power of EFT but we're also realists. We have been told by many of our participants they have had breakthrough moments, and we expect breakthrough moments to occur, but we do not expect one workshop to be forever life altering. We significantly highlight that this work is experiential, this work is life changing, this work is about changing long-term patterns that have been embedded in your life based on your attachment histories, styles, and wounds. And undoing those attachment histories and styles and wounds takes significant repeated exposure. At its core, EFT is exposure therapy. It's a new way of growing awareness, a new way of becoming mindful, a new way of emotionally regulating, when one of your attachment wounds is lit up. So we're very clear with people that we have heard amazing reportage of breakthroughs. And we tell people many of them will need and want follow-up.

Another workshop leader discussed HMT as a powerful introduction to the EFT, which gets results faster than ongoing couples treatment. While the workshop helps couples communicate more effectively and express their emotions in the short-term, this workshop leader explained that without any support after the workshop, old patterns re-emerge:

My sense is that the impact is significant in the first few months after the workshop, and often significantly positive - that is, less fighting, more emotional talk between them, more expression of needs and wants with less blaming or retreat kind of behaviors. But, it's hard for them to hold without any additional support. The old dynamics and the old cycles do creep back in. It seems to be usually between about 60 and 90 days post workshop. What they need is to be able to go deeper with it. The workshop is an awesome, awesome substantial introduction. I wish that everybody entering couples therapy could go through HMT first. I truly do. It advances you so much further. We spend 14 hours with these couples minus dinners, breaks and all that. It's 14 hours of training. It would take you 14 weeks to get to where these couples are at the end of the weekend. I also feel like it is in terms of the amelioration of stress in a quicker format. But it really is the beginning of something.

The Power of the Workshop

Theme 4: “Science behind EFT.” Six of the nine workshop leaders (66.7%) discussed how the mechanisms of change behind the EFT model is the force contributing to the power of HMT. Given that the HMT program is based on the principles and techniques of EFT, one workshop leader responded that “the science behind EFT and the science behind the code of love, sets this workshop up for success because all of that is in the workshop.” Another workshop leader’s experience running the HMT workshop led him to realize the power of EFT, stating, “I’m so much more convinced about the power of this model. I trust this model.” For several workshop leaders, other models of couples therapy or psychoeducation on relationships were not as effective as EFT:

There are so many different books and theories out there. Even if you've read a few self-help books or something, they don't have the coherence and the power I think that the EFT approach does. There's been all these various and sundry approaches that people who are eager to repair their relationships try, but don't necessarily have the real capacity to really alter their fundamental relationship the way EFT does.

Similarly, another workshop leader explained that EFT also brought positive changes to couples in ways that other models of couples therapy did not:

It was very difficult working with couples before I learned EFT. As most therapists have done in the past, I would teach them skills and try to help them problem solve and it might work for a short period of time and then it would always fail. Or almost always fail because it was not a deep enough change and we weren't really getting to the core of the issues. And then once I learned EFT and found the map and began to gain skills in utilizing it, it just transformed my practice with couples. In fact, I went from dreading seeing couples to actually only wanting to see couples. So it really transformed my therapeutic work.

In addition, several workshop leaders described the experiential components of EFT to be the powerful factor for both the EFT model as well as the HMT program. One workshop leader noted that the workshop exercises are “similar to EFT couples sessions” and also claimed that what makes the program a “success is the support of the couple during the exercise experience

and the one-on-one attention that the couples get to help guide them through the workshop.”

Another workshop leader explained that “at its core, EFT is not talk therapy, it's felt therapy.

When you're doing it right, it's not talk therapy. In the core change moments, it's not talk. It's experiential.” This workshop leader emphasized the power of the experiential exercises to help couples “drop into” their emotions:

Couples break off into their own exercises and are starting to be much more in their core feelings, or be able to drop there even if it's not there for long. To drop there and grab it, and turn toward a partner. So it's very moving to watch people hold on to and be compassionate with themselves and their partners.

Theme 5: Leadership self-disclosure. Six of the nine workshop leaders (66.7%) said that their own self-disclosures during the workshop contributed to the success of the program. One workshop leader responded that sharing with the group “models vulnerability and definitely creates safety.” He went on to say that one of the most important therapeutic factors of the workshop is “creating safety” and that safety begins to occur through “leadership exposure.” Another workshop leader also discovered that self-disclosure is powerful for the group because it not only creates safety, but also normalizes the challenges that couples struggle with in their relationship:

Something I've learned is, in so much of our training, we were taught to use self-disclosure hardly ever and, if at all, for such a particular purpose. And I have found that in the teaching of the workshops, a really selective amount of self-disclosure helps make participants feel so much safer. I have come to share more bits and pieces. I never go into big stories or anything, but I share little bits and pieces - struggles I've had in my relationship, a big learning I had to have going through EFT - in some way that is relevant to the conversation in the workshop and to the couples that are struggling right then... The feedback has been that that is so powerful for people when the “expert” is saying, ‘oh, yeah. I struggle, too, with this,’ or, ‘I have struggled, and look, I've been able to, you know, really move through it in a different way.’ That is incredibly powerful to people. They really appreciate it.

Similarly, another workshop leader did not initially talk about her personal experiences during HMT, but when she started to, she realized the positive impact it had on her participants:

It started gradually. But this last workshop I told a story about (my husband) and I when we were first together. You know, a terrible fight we had. And I talked about how you can get dysregulated when you don't have the cues. And I thought I would never share that. But you know, hey, we're all human and it is helpful I think to know that everybody enters into those dances.

One workshop leader discussed his role as a male leader modeling vulnerability to the other men in the group and how participants internalize these messages. He explained that change occurs when participants observe vulnerability in their leader and participants respond by having an emotional experience practicing new ways of relating:

Many of the men feel permission by seeing a male do the work of emotional vulnerability. So when I think about it, social learning theory is huge and it's embedded in the workshop. Attachment theory borrows from social learning theory, but it's not only modeling, it's the felt experience. I mean I guess felt experience would be inside of modeling, right? It's not like I'm going to just parrot what you do. I feel my limbic system, my emotional attunement system, and I can sense how I feel different when I experience that attunement - male to male.

Theme 6: Group dynamic. Five out of the nine workshop leaders (55.6%) described the power of the group in the workshop as a factor contributing to the success of the HMT program. Workshop leaders said that the group dynamic helped to normalize the issues that are so common in relationships, and couples begin to realize they are not the only ones struggling with their relationship. One workshop leader said that hearing other participants in the group share the challenges in their relationship helped to normalize and validate other participant's experiences, particularly for men:

There is a really powerful normalization aspect for everybody being there together and realizing that they're not broken, that they struggle with the same things as everybody else and, I want to say, particularly so for men. I think there is a great normalization and validation for men's struggles to be emotionally expressive, responsive in their relationships, when that has so not been their socialization or their training in their families of origin. With their wives or partners, they may feel very defective in that area. But then, when they come together, they realize, "No, this isn't just me. This is, in part, male socialization and our culture, but this is also, you know, we're all in this together. And, so, maybe I just need to learn some stuff. But perhaps I'm not broken."

Similarly, another workshop leader explained the impact of the group means that there's a "peer influence" and when "you see couples who jump in and start talking and start working through their issues, then others start doing it." For another workshop leader, it was also about normalizing the idea of needing help, and being able to accept the help provided in the workshop:

The normalizing really helps. We all need this help. We all need this framework. That's where I see the biggest light bulbs go off. When people feel normal in the room, where like, "hey, I screw up, too," and, "I don't have it all figured out," and, "I have failed marriages." People haven't been sharing about their struggles, and then they start to share as a group.

Theme 7: Forgiving Injuries conversation. Five out of the nine workshop leaders (55.6%) emphasized the importance of the Forgiving Injuries module, including its presentation material and the break out exercise between couples. Several workshop leaders described prioritizing this section of the workshop because of its power to evoke changes in a couple's relationship. Thus, some leaders reported spending more time with the Forgiving Injuries break out exercise in comparison to other conversations in the workshop. One workshop leader explained what happens during the Forgiving Injuries module and why it is so important for the relationship as well as helpful for conversations later in the workshop:

The Forgiving Injuries really helps the partners to articulate what it is they wanted or needed from the person who injured them. The partner gets a chance to hear firsthand what their partner needed and that just sets them both up to better be able to do the HMT conversation because now the partner knows what the other one needs. So they have a little bit of a roadmap.

Another workshop leader also emphasized the importance of the Forgiving Injury conversation:

It requires the person that's sharing an injury to think about it. And maybe for the first time think about not just the hurt, but what was it I needed? What was it that would have helped me in that moment not to feel so out of sorts. And that I could re-connect with the other person. I mean how many people stop really to, I mean, we persevere on our hurt and our anger right? We don't actually do the work underneath. So that's why I think it's so important and it telegraphs to the partner what their partner needs and longs for. How they can receive, you know what it does to them, and it tells them how their partner can receive them.

Theme 8: Confidence and experience of the leader. Three of the nine workshop leaders (33.3%) described that the confidence and experience of the leader(s) lays the groundwork for the success of the workshop. One workshop leader felt “the success of the workshop is setup by the confidence and experience of the leader. It’s the confidence in the model and the experience with the model that the leader has.” Two workshop leaders expressed that their workshop had strengthened over time due to their comfort with the material and the modifications that have evolved in their workshop to improve the program. One of these workshop leaders stated the workshop has “gotten better, it’s gotten more powerful. We keep honing it, we always modify it, we always adapt it, we always add new images or change things. We’re constantly thinking about ways of improving it.”

Theme 9: Psychoeducation. Three out of the nine workshop leaders (33.3%) found that providing psychoeducation to participants (in the form of lecture, the visuals, and the videos from the presentation) set a foundation to spark change and emotional shifts amongst couples. One workshop leader explained that the power of HMT comes from providing a coherent education on relationship and attachment theory:

The powerful aspect of it is, I think, making this information about how relationships work and what it is that builds connections and closeness up front, and hand it to people. Give them the information up front, because most of us have never learned this stuff. Even if you’ve read a few self-help books or something, they don’t have the coherence and the power I think that the EFT approach does.

Another workshop leader found that it was the multiple levels of learning (i.e. spoken, visual, and experiential) in the workshop that contributes to the success of the program. This workshop leader stated that learning that occurred through varied presentation material evoked greater emotional engagement:

The power of the workshop, if I was going to attempt to really synthesize it down, it would be the multiple levels of learning that occur. It is the spoken, it is visual, and it is experiential. So the power of the workshop really manifests itself inside of the breakout sessions where the couples are able to privately process with each other, with the assistants, and of the trained facilitator. So it's not only a talking head workshop, or death by PowerPoint - it's nowhere near a death by PowerPoint workshop - but it is the way people learn. I heard Dan Siegel in a presentation say I'm not going to give you a PowerPoint, because what we know about the human brain, is that it learns on multiple levels, and that we particularly learn kinetically. He says I want you take notes. We do not give participants a booklet of the slides. We give them info related to the slides, but they are not the slides. Because we don't want to people just being talked at, we want involvement. We want emotional experiencing going on.

In regards to the presentation component of the workshop, another workshop explained that “the exercises following the videos gives people a chance to dive into the work, with the necessary structure to able to do that.” Notably, all three workshop leaders discussed the experiential breakout exercises as crucial for change processes amongst the couples; however, the psychoeducation piece helps set the stage and primes couples to have more successful and effective HMT conversations.

Adaptations to HMT

Workshop leaders were asked to discuss modifications and additions made to the HMT workshop that were not included in the standard HMT protocol. Once purchased, workshop leaders are not required to follow the exact format of the program protocol and can adapt the workshop as they deem appropriate. Participants described both consistent changes across all their workshops as well as in the moment tailoring to adjust to the larger group or a specific couple.

General Modifications to HMT

Theme 10: Personalized PowerPoint presentations. Nine out of nine workshop leaders (100%) reported modifying the PowerPoint slides and workshop materials provided by Dr. Sue Johnson to make it their own presentation. For one workshop leader, the content of HMT

remained the same, but the presentation evolved to look very different than the original workshop materials:

I have over the years let go of the slides that were originally Sue's that she offered. Those were sort of a springboard if you will. I include a lot of graphics, I include a lot of videos, I do include one of the conversation videos that she offers of the three couples in my workshop. So you know it sticks very true to HMT and yet it probably isn't like any other HMT in that it has my personality, my videos, my graphics, my working, that kind of stuff. I'm sure it's true for everyone.

When asked why she decided to change the presentation materials, the same workshop leader replied:

Well I needed to make it my own so that it would flow, otherwise I would have had to memorize all Sue's words and develop a British accent I guess (laughs). You know, I needed to make it on my own, I needed to feel it in my bones so that I'm living, breathing, and eating it when I'm doing the workshop.

Another workshop leader also described significantly changing the presentation while retaining the content of the workshop. For this workshop leader, changing the presentation offered different ways of accessing the material to enhance learning for different learning styles in the group:

I wouldn't say that we've substantially changed the content. We keep the content, but what's in the manual is really bare bones. We have greatly elaborated on the way it gets taught. We've integrated a lot of media, images, music, movies. We use more story telling. The way we teach is greatly enhanced from what's in the manual. To be honest, I think that makes a lot of difference. We have a couple of helpers who have been with us and been with other people who teach HMT. The feedback that we've gotten is that the amount of enrichment that we put into the teaching of it really makes a difference in the impact of it, because people have multiple ways to access the material. I can tell that there are people who just tune out when we're talking, but they totally tune in when we're showing a video clip. I think we just have enough variety in the way that we teach it and make the points that people can really get it wherever they are.

For another workshop leader, he described the presentation material was catered to the population served in the workshop:

We've adopted the content to the community, and we have images, we use some poetry, some music, some photography. We do what we feel would be most inspiring for couples to really understand attachment theory, for example. In addition, we show examples of what securely attached couples look like. We have examples from media of really

wonderful sweet connections. Not only focusing on couples that are fighting, but also couples that are not.

Several workshop leaders emphasized the importance of adding YouTube videos to enhance the impact of the messages expressed in the presentation. One workshop leader used a “video of a guy who’s a city official in NYC and he does weddings and we show him marrying people on Saturday morning – just for kind of like an icebreaker moment.” The same workshop leader showed a video of a trailer to a documentary, “The Mask You Live In,” about how masculine emotional expression is shaped in society. Another workshop leader stated that she used “funny videos to get people to laugh at ourselves and what we do” as well as videos “that are sort of more poignant and deep,” such as Brené Brown videos talking about sympathy versus empathy as well as her Ted Talk on vulnerability.

Theme 11: Additional exercises. Eight of the nine workshop leaders (88.9%) reported adding their own additional exercises to the workshop to help teach skills, connect participants emotionally, and create humor and levity to the workshop. Workshop leaders described numerous exercises included throughout the workshop from brief relaxation exercises to more elaborate and in depth conversations. Shorter exercises included meditation, yoga, gazing at your partner for one minute, and a ball toss for affect regulation. Longer format activities included creating a psychodrama in which participants acted out their negative cycle or writing a letter to their partner at the end of the workshop that the leader sent out to each respective partner three months after the end of the workshop. One workshop leader described an exercise that examined emotions and displays of love in their family of origin that she described as building a “scaffolding” that fostered empathy between partners for the rest of the workshop:

We did a family emotion exercise where they can look at the climate in their family, how affection was dealt with, who they went to for comfort, emotions - good, bad. Like whether it was okay to have emotions, not have emotions, what emotions were okay, how was shame used, what was discipline, who did they go to for comfort, and a whole range

of other things. So that has been a huge help since we started to implement that. The workshop got deeper and people were able to access their emotions in a much more rapid way. Because then the messages that you want to be compassionate about the things that we learn and the way we come to our partner make sense. And so it was the way we wanted to validate everybody's emotional felt sense. Sometimes when we don't have access to it, we have to stick it in compartments and then we miss out on a whole range of things with our partners. And so that becomes the scaffolding on which we build the next and the rest of the exercises.

Another workshop leader described an exercise at the end of both workshop days that was added to foster love and appreciation between partners:

The other adaptation that we do consistently is, at the end of each day, we have couples turn to each other and, we do something from Rick Hanson, taking in the good where we take time to have them express gratitude and appreciation for each other. We turn on some music and we have them express three gratitudes that they have for each other and they have to express it to each other nice and slow, one at a time, really soak it in. Because according to Rick Hanson, neurons that fire together, wire together.

For two workshop leaders, the Revisiting A Rocky Moment conversation was challenging and often escalated couples into arguments that were difficult to contain during the workshop. For one workshop leader, the formal conversation exercise was replaced with a guided meditation to allow for a smoother exercise:

I utilize a guided meditation for the rocky moments conversations because people just got stuck there consistently, and I saw Sue skip that conversation when she does it. I knew that that's just a trouble spot. People can't revisit a rocky moment and bring themselves back from being triggered. I use a guided meditation that is them getting through it.

Theme 12: "Attuning to pace, rhythm, and timing." Six of the nine workshop leaders (66.7%) spoke about the importance of adjusting their leadership in the moment to meet the needs of the group. Given that there are not explicit guidelines in the HMT program protocol on leading the group discussion or processing the content, workshop leaders described flexibility, reading the room, and the ability to improvise as attributes that help effectively process the workshop material. One workshop leader described the importance of adjusting the presentation based on the responses of the couples:

I think what a competent workshop leader does, is get a feel of the group, and try to attune to pace, and rhythm, and time. I will standardly change which videos I show of the couples in conversation. So of the three that are provided in HMT program, I'll try to get a sense of...I just pay attention to...what do they respond to most when I do the interventions with the couples?

A second workshop leader similarly found that she had to make “modifications on the fly” such as integrating specific video clips that were appropriate in the moment, but also stated that “a lot of it is processing and we just really go with it. We might take out a video, we might add a video, we might spend more time processing. We'll always process, process, process.” The same workshop leader went on to compare how the dynamic of different groups impact the presentation:

If you have a very talkative group, you can't show everything. If they're doing the work by processing, we don't have to demo it. If they're quiet and they're stuck, then we might have to show more or do more. So it really depends on who the group is and how it functions.

Another workshop leader explained the importance of spending more time on certain topics, particularly if it is more relevant to the couples in the group:

As often happens when you're facilitating, sometimes a group just needs more time on a particular point than another group. So we're constantly making agenda shifts. This group really needed to talk a lot more about injuries, whereas this group didn't need that so much, so we had less time for this other exercise. We're constantly making those kind of in-the-moment adjustments, but that's really just leadership skills. That's not really so much about the content being changed.

Theme 13: “Sex gets the least emphasis.” Four out of the nine workshop leaders (44.4%) reported that they either leave out the conversation Tender Touch and Synchrony Sex or place less emphasis on the topic than other areas. One workshop leader explained the topic of sex was left out of the workshop because of the limits of time and the importance placed on other topics:

The sex one we left out because of two reasons. One, we were looking at the listserv and seeing what other people were doing. And a lot of people take out sex because it can be a big topic and take a lot of time. And so we really wanted them to be able to unpack their cycle. We really wanted them to be able to grab hold of the underlying attachment needs and longings so that we get through stage one. We really wanted them to be able to do a

HMT conversation and ask for their needs, they're unmet needs to be met. And we really wanted to do the forgiving injuries because it's such a huge thing. There are always going to be injuries in a relationship. I mean sex is there but we had to figure out what to take out and what not to.... so we wanted to be able to give people as many tools as possible and get through something with the tools so that they can keep working. Sex was such a big conversation, we didn't think they would be able to get through it, is really the bottom line.

Notably, several workshop leaders expressed their interest in providing a follow-up workshop that focused on sex, as described in greater detail under theme 28.

Culturally Sensitive Adaptations to HMT

Workshop leaders were asked to discuss whether issues around diversity arose during the workshop, and if so, how they addressed these issues and ways they needed to make the program more culturally appropriate.

Theme 14: Videos and images of diverse populations. Six out of the nine workshop leaders (66.7%) reported that they added videos and imagery of people from diverse backgrounds and sexualities into their presentations to make the workshop feel more inclusive. For one workshop leader, it was important to convey the message that all HMT participants from different backgrounds were accepted, regardless of whom registered for the workshop:

Initially, if we didn't have a gay or lesbian couple we wouldn't necessarily have gay and lesbian clips. And I said, you know what I'm not comfortable with that, I want them in there all the time and I want clips where there are African Americans...you know I want us to be embracing. So I think that it's really important and then whoever comes to the workshop is welcome and feels like they see a little of themselves in there.

Another workshop leader described the powerful impact of presenting gay and lesbian clips to gay and lesbian participants:

When we put images of same sex couples into workshops that are predominantly straight but there may be one couple or two couples that are gay there, we have had people come up to us crying after saying, "Thank you so much for putting up an image that lets me see myself and my relationship in all of this." Mostly gay and lesbian couples are invisible. It's been a very powerful impact to people to just see themselves represented.

While most workshop leaders reported playing video clips of same sex or racially diverse couples from movies, TV shows, or YouTube, one workshop leader reported filming a lesbian couple being treated in her private practice going through two HMT conversation exercises. With the couples' consent, the videos are now played regularly at her workshops:

When we wanted to run the HMT workshop for just gay and lesbian couples, we were aware that all of the video tapes showing the couples doing the exercises were straight couples. We just thought, "That's not OK. That's not going to fly if we are doing a whole workshop on gay and lesbian couples." So, at great expense to ourselves, we also created several videos of a lesbian couple who was willing to work with us. We weren't able to get a gay male couple. We just had a lesbian couple who had been my clients actually, and were doing really well. It was clinically appropriate and safe. They were willing to do this. We made some professionally done videos of them doing these exercises. In the end, we only were able to use two of them. I think we do the Demon Dialogue and Raw Spots. But, we have video clips of non-straight couples doing the exercises. That was a big thing.

Notably, for one of the workshop leaders who had not yet used racially or sexually diverse media in her presentation, she expressed an interest in including more diverse content into her presentation:

So I need to proactively change up some of my graphics to be more inclusive and I recognize that. It's just I've been focused on other things like marketing. But I do want to do that more and also to be inclusive of the LGBT community.

Theme 15: Integrate into group discussion. Six out of the nine workshop leaders (66.7%) reported initiating conversations or responding to issues of diversity or differences between participant backgrounds within the group discussion. Workshop leaders described both exploring with the group how culture and ethnicity impacts relationships to ourselves and to others. One workshop leader reported the importance of “just acknowledging the impact of any kind of feeling of being rejected or unwanted that the larger culture does” and being able to explore in a group discussion how “those larger cultural factors can impact couples at the very personal, individual level.” Another workshop leader felt that the group discussion was as an effective way to process and help ease objections or fears related to cultural differences:

I try to talk about it, and the same thing for race. Sometimes it's an almost all Caucasian group, other times there's a huge diversity. Either way, you always talk about it, just to bring it up, and to notice and normalize it, and say that what we're trying to do is get each couple as its own culture. Of course our cultural heritage, and our ethnicity impacts how we feel about ourselves and others, and that we're looking at the couple as the culture, and what they're creating within, and between each couple. When it comes to group process, the more transparent we are, and the more we bring up potential objections or fears, the easier it is to neutralize them.

One workshop leader encouraged participants in the workshop to share when she said or did anything offensive:

I let them help me know cultural appropriate things. I try to be open so that they can let me know if I'm being culturally inappropriate. Like the first time I did one in New Zealand, I leaned up against a table. I didn't sit on it, but I leaned up against the table. Somebody said, "Oh, in New Zealand we don't put our butts on tables, lean on tables. None of us are going to listen to you when you're doing that." I just try to say, "I don't necessarily know, so let me know." I try to be open and create enough rapport and alliance with them that they can tell me if I'm doing something that would distract them from the material.

Theme 16: Attachment is universal. Five of the nine workshop leaders (55.6%) reported that regardless of cultural or ethnic background, attachment is universal. When asked whether they had to make changes in the workshop to make the program more culturally appropriate, one subject reported “all around the world the issues across cultures, across languages we see people dealing with attachment issues in the same way. Attachment is universal.” Similarly, another workshop leader described attachment and basic human emotions as going below cultural constructs in a way that makes the workshop powerful for anyone who attends:

Attachment just cuts across everything. At core emotional levels, they are the same. Because we are focusing on emotion, and not culture, you know, we get below those constructs. We have a video on our presentation site of a lesbian couple speaking of their experience. And when you listen to them, if somehow you didn't see the fact that it was two women talking, and somehow you messed their voices to make it non-gendered, you would just hear them talking about experiences that are across the gender platform, that are across the sexual identity platform, that are across the sexual orientation platform.

Leadership

Workshop leaders were asked to discuss their subjective experience of running HMT workshops in areas of co-leadership, running it independently, and the use of assistants as well as the joys and challenges of conducting the HMT workshop.

Theme 17: Collaborative teamwork. Six out of the nine workshop leaders (66.7%) described co-leading the HMT workshop as a collaborative effort that helps alleviate some of the workload for each leader as well as assists with the efficacy of the program by providing participants different sets of skills and the ability for leaders to consult with a colleague on challenging cases. One workshop leader described co-leadership as “getting two for the price of one.” Another workshop leader described the program as “a lot to do over a long weekend and a lot of people’s pain to hold by yourself.” Several workshop leaders spoke to sharing the workload with a colleague helped relieve some of the pressure of the weekend program and breaks up the time presenting. Workshop leaders also described the co-leadership as being a valuable partnership that is deeply rewarding on a personal level as well as helpful for the couples to witness a model of a healthy dyadic relationship. One workshop leader described the positive supportive relationship with her co-leader provided a model of a healthy relationship for the workshop participants:

It never even occurred to me to teach it alone. My sense is that the reason why I decided that I wanted to do this is because I wanted to do it with someone that I have a good relationship with and who I would have fun teaching it with. Someone who I felt like we share enough of a sense of each other that it would be easy to smoothly develop a program and then feel a real comfort in sharing the teaching of it. The other thing that I think is really helpful is, she and I have a very safe relationship with each other. We're very close, we respect each other a lot, we're clearly not in any kind of competition with each other at all. Because of that, it's super smooth. It works really well. In some ways, we're modeling a very good relationship for couples.

Theme 18: Independence of running the workshop alone. Three of the nine workshop leaders (33.3%) discussed their preference for leading the workshop alone, primarily because of the ability to be more independent and flexible in their leadership and decisions organizing the workshop. One workshop leader explained, “I don’t have to check in on somebody. I like having the flexibility that we’re going to go in this direction.” Another workshop leader similarly described the advantages of running the workshop independently is that it is more “efficient in that I can make the decision and I don’t have to phone or shoot an email and wait for a response.” The same workshop leader reported that the disadvantage is that it often requires more work during the workshop and planning for it. In addition to practicality, one workshop leader reported they had never found a co-partner that would be a good fit:

I've gotten a lot of experience and it is more work for me to try to coordinate with someone else who doesn't have as much experience. There's lot of trainers that I do training with, externships and that sort of thing that it's easy to do that with, but there's not that many trainers that are doing what I do and not that many people if anyone that have as much experience as I do. It's just more work for me. It's more difficult. You have to split the pay. It's not worth the extra work. I'm busy enough that it takes enough extra work to coordinate it, to let someone else have their own voice come through or to change the slides up or to have them have some ownership in it. If I had one partner and we could do it all the time that'd be a lot of fun. I've never found that fit.

Theme 19: Value of the assistants. Seven out of the nine workshop leaders (77.8%) reported that the use of assistants in the workshops was an important factor in the program’s success. Several workshop leaders even stated that having assistants “is one of the most helpful aspects of this model.” All but one workshop leader reported using helpers in their workshop to assist with the workshop set-up, engage in group discussions, and assist couples during the break-out exercises. All workshop leaders reported that assistants had some degree of experience with EFT; however, different leaders varied in their perspective with the level of training assistants should have. One workshop leader discussed the importance of having well-trained

EFT clinicians to help in the workshop, given the specificity of what is required of couples during the break out exercises:

I do think that the facilitators, the people running the program, do have to choose carefully. I think it has to be somebody who has enough EFT training. I don't think it's a great idea to have people who are just really, really green and new to EFT. The reason I say that is that I think what's required of an effective helper in the HMT workshop is a bit different than what's required of a therapist. You're not there to do a therapy session with the couple. You have to be able to dive in, see where they fell off the exercise, see what got in the way that they got derailed from doing the exercise. Unknot that, resolve that, and get them back on to the exercise. It's more targeted than a therapy session. A therapy session, you can sit down and open up a wide range of things...I think to be effective at that in an EFT context, you have to know EFT fairly well. I'm not saying you have to be certified. I'm not saying you have to be all the way through all your training and supervision and everything. I'm not saying that, but I'm saying you really have to get the model and you have to really understand – ‘what is this step about right here?’ You have to understand, because to be succinct and focused on anything, you have to know it well.

Similarly, another workshop leader expressed that the role of assistants were not supposed to conduct therapy sessions, but rather help them understand the instructions and re-direct couples to the exercise they are engaging in:

I don't really need helpers to facilitate these conversations. I actually don't want a helper to come in and start doing therapy with a couple that gets stuck. I want a helper who can come in and say, "Where did you get stuck in the exercise?" and redirect them back to the exercise. I want the couple to be able to do that at home instead of going to the workshop.

In contrast, other workshop leaders reported that assistants may work with a couple in a similar fashion to a therapy session. One workshop leader stated that couples may “end up spending 40 minutes or an hour with a helper, and they end up having a therapy session that is related to whatever conversation or subject we were covering.”

Workshop leaders also discussed using debriefings in between exercises or at the end of both days to help the assistants troubleshoot or discuss challenges they experienced with specific participants. One workshop leader explained that “at the end of each day, we process the day. We all circle up at the end of the day and we talk about who they worked with, any concerns

they have, specifically about the couples, and/or any difficulties they had themselves in engaging as helpers in some of these conversations.”

Joys of Running HMT

Theme 20: Increasing love in the world. Nine out of nine workshop leaders (100%) described helping couples increase their love and intimacy with one another was touching and energizing, both personally and professionally. One workshop leader stated that it is the participants’ “eagerness and their desire that is so exciting and energizing for me.” Furthermore, workshop leaders discussed that witnessing changes in couples’ connection over the weekend displayed in body language and the subjective reports of the couples, was incredibly rewarding. One workshop leader stated that “to feel as if I’ve had some small part in that is exhilarating for me.” Similarly, another workshop leader also described feeling moved by the transformation couples made over the course of the weekend:

It really brings joy to me and energy, kind of vitality to see couples come in. I mean if you had a slow motion picture of the couples, you’d see them come in and they’re all kind of like “Hi, hi” and we do this icebreaker at the start and people are kind of chatty. And then when we drop into the work, you get a look, they’re looking like this, this like “oh my, we’re getting into our stuff” and then as it unfolds, you can actually see the physical manifestation of their emotional connection emerging. You’ll see hugs and tears for some couples for sure. You’re really hitting core attachment wounds and you see them kind of in their position, in their cycle. They’re kind of withdrawing, and then you’ll see a breakthrough. So I like to see and experience emotional change occurring across the workshop.

Several workshop leaders also described feeling an initial weariness about working over a weekend that shifted by the end of the workshop:

Sometimes you’re busy, and I just think, “Oh, no. It’s going to be another long weekend,” or “I’m not going to have a day off for a week or two.” Every time I get there, right when I start, I’m just recharged and reminded why I do it.

For one workshop leader, connecting partners to one another in the workshop as well as individuals to the larger group or subgroups had a “nourishing” effect:

We used to be nervous at the beginning because we thought what have we gotten ourselves into. What have we agreed to do this time. But it always turned into such an incredible process and people made movement. And when you can bear witness and join other people as they move into being with other people, it's really powerful. I was just writing up the last workshop because I usually write up a little blurb after each one. And one of the things that was so wonderful is that all the withdrawers in the workshop found each other. And all the pursuers found each other. And both sets felt validated and vindicated and okay and de-pathologized. And when they didn't feel bad about their position, they could turn towards their partners in such a bigger way. And so often times when couples can't connect with each other, they feel lonely. And not only do they feel less lonely as they turn towards their partner, but they also felt less lonely in the world. Because all around them were other people in similar positions and taking those leaps of faith with each other. So it's very nourishing to be able to do that. You know, I'm at the point in my life where it's generativity. You want to pay it forward. You want to see people take steps and move towards each other.

Theme 21: Teaching and disseminating relationship education. Seven out of nine workshop leaders (77.8%) reported one of the greatest joys of running HMT was teaching relationship education. Several workshop leaders described their belief in the model helped inspire them to teach and spread EFT. One workshop leader stated that it was important for her to teach relationship education on a larger scope because she was able to make a greater impact on more couples:

The idea of being able to disseminate this beyond just the couples who come to your office for therapy is really important to me. This is great stuff. People really need to have access to this.

Another workshop leader described her joy of teaching and that leading HMT workshops provided her with the opportunity to be a teacher:

I enjoy teaching. There are little didactic parts of each segment of the workshop. I do enjoy teaching. I enjoy sharing information with people and watching it have impact for them. I enjoy the interaction. I enjoy the dialogue amongst the group with us as the facilitators.

Similarly, another workshop leader described himself as “kind of an actor. I like getting up and being on stage. I mean that's at the core of it from a personality standpoint. I like imparting information.”

Theme 22: Diversification and collegiality in profession. Seven out of nine workshop leaders (77.8%) reported that leading HMT workshops created diversification and collegiality in their professional practice. For most of the leaders, their primary professional role was in private practice. Thus, one workshop leader stated that she enjoyed leading workshops because it “offers a different activity from a professional point of view. I like changing it up, doing something different. It's not just therapy all the time.” Similarly, another workshop leader expressed her interest in having a diverse practice, in addition to preventing burnout from isolation in private practice:

I have also, in the past, done a lot of other different kinds of training, workshops, group facilitation and I loved it. It was a good opportunity for me to do more than just therapy. Also, it was an opportunity for me to do it with my friend and colleague so that we were...kind of as an antidote to some of that private practice isolation.

All workshop leaders who currently co-lead HMT, described working with a partner as an enriching and rewarding experience. One workshop leader described how special the quality of her relationship was to her co-leader:

So we've had a professional/collegial friendship for thirty-nine years and we are very much like an old married couple. We can finish each other's sentences. I know what she does well, she knows what I do well. We never even said, okay you're going to do this part and I'm going to do this part. We planned it all together, we figured it out. What are you thinking? Should we add this or should we add that? We've added it all together and then when we do the workshop, we just take turns and it just kind of works.

In addition to the collegiality of working alongside a co-facilitator, several workshop leaders described their appreciation working with assistants because it provided them with the opportunity to engage in group discussions to process the clinical work involved in the HMT workshops. Several workshop leaders spoke to being touched that assistants would volunteer

their time to assist in the workshop. One subject stated she felt “honored and moved that they’re willing to do this.”

Challenges of Running HMT

Theme 23: Recruitment. Nine out of nine workshop leaders (100%) spoke to the challenges of participant recruitment, particularly in the earlier stages of running the HMT workshop. Several workshop leaders reported feeling untrained and underprepared for marketing their business. One workshop leader stated that marketing was difficult “because none of us were trained as business people or marketers, and had no idea what we were doing.” Another workshop leader discussed still struggling to fill the workshop and at times feeling lost around marketing:

The toughest part is the marketing. And will the workshop fill. Because sometimes they don't fill. You scratch your head and think, why didn't it fill? What's wrong with my marketing? How different should I be marketing? What else can I be doing? Because there are those on the listserv, whose workshop are filled months before the day and I marvel at that because how the heck did they do that? I want some of that.

One workshop leader reported that marketing the workshop was an initial challenge that got better over time:

It was very slow to build. We're really fortunate that now we're at the point when we open registration for a workshop, we get people just coming in right away. We don't have to worry so much about filling them anymore.

For another workshop leader, her dislike and disinterest in marketing made it challenging to deal with the business aspect of the workshop. While this workshop leader tended to have fewer couples at her workshop, she described preferring fewer numbers to spending more time advertising:

I don't want to do it. I don't want to know how to do it. I hate it. If I did say, "I don't know how to do it," then I'm released from having to do it. I know that I could learn, but I don't want to spend my time doing it.

While all nine workshop leaders reported using the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) listserv and website to post their workshops and many reported using blogs and social media platforms to advertise the workshop (e.g. Facebook, YouTube, LinkedIn, and Twitter), according to workshop leaders, the most successful method of recruitment was “through word of mouth.” Most workshop leaders (six out of nine) stated that the majority of their participants signed up because of recommendations from others that heard about or had taken their workshop. One workshop leader explained that “word of mouth” was the most reliable incentive for couples who were going to spend a significant amount of time and money on the workshop. She also added that part of the marketing process was building a strong reputation so that couples who had experienced the workshop themselves would recommend it to others:

Most of all these workshops, no matter what advertising you're doing, it's going to come down to word of mouth and whether people feel like they can trust giving you hundreds of dollars, and coming. Setting aside time and money, and doing all the arrangements they have to do to show up. Reliably doing a good job. Sometimes you have to do that three or four times with a small group for your reputation. You keep being there and people have good things to say about you after they go.

Similarly, for another workshop leader, recruitment depended almost solely on the reputation she had developed through the positive experience of other couples who had attended the workshop:

A lot of times, it's people that have gone. Now they're referring their parents, or their children, or their friends, which is always a good sign to see that. They were so impacted by it that they want people to experience it. That's about all we do right now to get the word out.

In contrast, another subject found that notifying people in the community was not enough for successful recruitment:

I let friends obviously know what I'm doing, and physicians that I see are very wonderful and open to my workshops and hopefully we will refer and they've told me that they've shared the information. But you know, it's a long way. The gal that does my nails has my card, the dry cleaners have my card. I've tried to think of everything that is reasonable and affordable.

Theme 24: Increased workload (6/9). Six of the nine workshop leaders (66.7%) reported that one of the greatest of challenge of running HMT was the amount of work it takes to both prepare and run a workshop. Workshop leaders spoke to the administrative components of the workshop being the most difficult and least rewarding. Several workshop leaders described running a workshop for an entire weekend and then going back to work the next day was energizing but also exhausting:

Well, it's energizing to do that for a whole weekend. It's also draining. It's hard to work a whole week, do a weekend, go back to a full week of work. Just in terms of professional time management, that's hard.

Similarly, another workshop leader stated “It’s stressful. When I do a weekend, I go to work on Monday. So I then do my workweek. So its a little wild sometimes.” She went on to explain it was hard “finding enough time in the day. The challenging part is all of the details and actually there are a lot of moving parts. So keeping all those moving parts together.”

Theme 25: Clinical stamina (4/9). Four out of nine workshop leaders (44.4%) felt “needing to be on” for the entirety of the weekend was a challenging component of their leadership experience. One workshop leader reflected on the different roles that HMT leaders are required to accomplish, including assisting the private exercises and then shifting to teaching, both of which require energy, performance, and multitasking:

We're trying to contain the space for them, and validate, and trying to keep them on track. When we have to get into therapy mode for a little bit and just try to contain or deescalate something, and then we go back, and we're teaching, we're on all day.

Similarly, another workshop leader described the required leadership duties leading a HMT workshop is a lot to manage. She recommended starting with a four-hour introductory workshop for first time leaders:

It's a lot of work to prepare for and to be on for the whole time, when people say to me, "Well, I'd like to try doing it." Some of the helpers are helping because they wanted to do it themselves. I also feel I'm able to support them or coach them to how to do it themselves. At this point, I'm recommending that people start with a four-hour intro. That's a way to get their feet wet, because it is a lot of work to review all the materials for the whole weekend, especially if you've never done it before.

Personal Growth Leading HMT

Theme 26: "Helped my own relationships." Four out of the workshop leaders (44.4%) reported leading HMT had developed insight into their own attachment patterns and helped their relationships. One workshop leader explained that facilitating the workshops "has helped me be a better partner, better father, better son, better sibling, better friend, and a way better therapist." Another workshop leader described his constant process of self-reflection and applying the EFT work to himself and with his relationships:

I've learned viscerally my position in the couple dyad. I have been able to explore the behaviors that are outside of the infinity cycle that I show, and the behaviors that I sometimes am less than forthright of sharing because of some trauma that's in my background. I've learned through my clinical practice and through my workshop practice, it keeps me teaching me and doing my men's work. It keeps teaching that this is where I'm coming from. I just keep on applying the theory of attachment to myself and it has helped me immensely - in my clinical practice, in my workshop practice, and in my life with my wife, my sons.

For another workshop leader, the workshop helped him to constantly reflect upon on his relationships and be more in touch with his feelings and needs:

Since I'm doing them about every three months, it definitely helps me stay in tune with what I'm feeling. I usually use different stories of myself that come up along the way in life. It's helped me really examine myself along the way, to be aware and in tune with my feelings, my needs, my own marriage.

Theme 27: Confidence in presenting. Four out of nine workshop leaders (44.4%) felt that leading HMT has developed their confidence in presenting in front of a large group of people. For one workshop leader, conducting workshops had fostered a more relaxed leadership style

where she could improvise more fluidly. She went on to describe the energizing impact teaching a group of people has had on her:

It's certainly built my confidence in presenting, because I feel like I've developed a style that people seem to respond to. I feel like I can be more relaxed when I do it than I used to. It's a process of becoming a workshop leader. I'm trying to move from reading notes to being more spontaneous and conversational. That's a process. It also, it's very energizing to help a whole bunch of people simultaneously.

Another workshop leader simultaneously developed a confidence and humbleness in the context of the group:

I've learned to trust myself. I've learned that it's okay to get up in front of people and just be who I am. That here I am helping people to come into their own from that place and be seen. And it's just been very permission giving. And as I go, it just feels like more and more comfort of we're in this together.

Follow-Up and Future Considerations to the Workshop

Workshop leaders were asked if they currently provided any follow-up for their participants who had attended the HMT workshop as well as their thoughts related to additions or future workshops related to HMT.

Theme 28: Follow-up with participants. Three out of the nine workshop leaders (33.3%) expressed the wish to conduct a follow-up HMT workshop for couples who had already completed the program. One workshop leader explained the gains of the workshop were difficult to maintain without reinforcing the skills learned. It was for this reason that she felt follow-up for couples in some capacity would be beneficial:

Just the idea of anything to follow-up, to just reinforce the skillset. To just reinforce it, and that they can come back. Because they will fall out, but they have a roadmap, and we so want to grab the roadmap again. It's like riding a bike and you haven't ridden in a long time and you can get back on there. It's a little shaky in the beginning, but you know how to.

For another workshop leader, while it was difficult for her to practically implement a second workshop, she reported receiving consistent feedback from participants that they wanted a follow-up workshop:

It'd really be nice to have some form of follow-up refresher workshop format. It's consistently on my surveys that people would like that. That's not a need I've yet found a way to fill successfully because I'm in too many places around the world.

One workshop leader did in fact offer a free follow-up couples therapy session to any couple who had attended the workshop. He explained that for couples who were distressed during the workshop, a follow-up is particularly helpful and that couples that attend the session typically benefit:

Because change in EFT is experiential, and because we are attempting to shift core aspects of personality that are created by attachment and attachment history, and style, and affected by traumatic events that are either of singular aversive nature or chronic of a development nature, following-up is really helpful for certain clients that perhaps have more relational chronic trauma in their lives. Experiencing EFT as it is practiced in the setting of a private practice room is going to further their opportunity to actually drive the model into their body. So those follow-ups generally result in good experiences.

Another workshop leader explained that follow-up often happens indirectly when participants are already involved in ongoing going couples therapy. He reported receiving feedback from participants' ongoing couples therapists, saying, "By the way, this really worked or this really helped, or this conversation was really helpful."

Theme 29: Separate workshop on sex. Three out of the workshop leaders (33.3%) felt the need to develop a separate HMT workshop on sexuality. All three workshop leaders reported that the workshop did not have enough time dedicated to addressing issues around sex. Given that several workshop leaders took out conversation six on Tender Touch and Synchrony Sex because there was not enough time for the other conversations in the workshop, two workshop leaders expressed their disappointment that their workshop did not cover sexuality adequately. One workshop leader stated "if I ever decided to make it longer, I would add the conversation

six. Or I would add another day on sexuality, another as a separate, standalone thing.” For another workshop leader, it was clear how important issues around sexuality were after running the HMT workshop for a period of time. Thus, she not only pursued sex therapy training, but also developed a separate program dedicated to sex and touch that couples could attend after completing the standard HMT workshop:

What was happening is that solely out of a lack of time, on the last day we'd have a half hour or 45 minutes for the sex conversation. People were always telling us afterwards, "That is not enough. We are finally connected, and open, and ready to talk about this, and now there's no time to talk about it." People were always saying, "This should be an extra day." We were like, "No, we can't do a four-day workshop, it's too much." We struggled and struggled with this because we were always trying to figure out if we could get more time in the workshop for the sex conversation. But the truth is that they really do need to come through this progression first. You can't get to talk about sex - which can be so reactive and so raw - without having done all this other work first. You can't just rush through that other stuff to get to the sex conversations. We realized we really do literally need a separate time to do the sex workshop. We spent a couple of years, really, researching, doing our own self-study, attending trainings and really much more deeply trained in sex therapy stuff. All of us had a smattering of it in school, but not much at all, not enough to consider ourselves properly prepared for leading a whole weekend on sex. We did that. We did really intensive, in-depth training for two, two-and-a-half years, and then built this other workshop, which we just only rolled out for our second time.

Theme 30: *Accessibility*. Three out of the nine workshop leaders (33.3%) expressed their desire to make the program more accessible to different populations. One workshop leader discussed the possibility of developing a HMT program that was more affordable to lower socioeconomic status groups as well as providing a more efficient opportunity for couples with younger children who were unable to find childcare. He suggested a HMT webinar might be one method of increasing access to these populations:

Here's what we need to change - we need to figure out how to drive these workshops into communities of lower socioeconomic status capabilities. We need to figure out how to get them down into people that have less economic resource. Our workshop is an \$800 workshop. That takes resource. And that excludes people that need it most. This is one of the reasons why (my partner) and I want to take this to the web. Because on the web, it's a 99 dollar program perhaps. Yep, we need to figure out how to deliver it in less time intensive manners. And we need to figure out how to deliver it at less cost.

For another workshop leader, she was also interested in determining how to deliver the program in shorter but effective time frames to reach special populations that might be unable to attend a two or three day workshop:

I'd be curious as to whether there is a better short-term model... and about applications to special populations like the cancer survivor group that I'm going to be working with. I'm doing it as a four-hour thing because it's being sponsored by a non-profit here in my area that doesn't think that anything longer than four hours would be doable for people who are ill.

CHAPTER IV

DISCUSSION

This study explored therapists' experiences of leading the Hold Me Tight (HMT) couples workshop. Nine licensed clinicians with histories of leading the HMT workshops for at least one year were interviewed about their experiences facilitating the program. Therapists were asked to discuss their expectations for outcomes from the workshop, contributing factors to the program's success, adaptations they had made to the standard protocol to make it more effective and culturally appropriate, and their personal experience of leading the workshop.

Overall, results from the study demonstrate that the HMT workshop is successful at improving connection and intimacy for couples when workshop leaders are flexible and responsive to the needs of the group, while balancing the program's agenda and essential content. The power of the workshop appears to come from the combination of didactics and experiential learning, enhanced by the presence and dynamic of the group format. More specifically, psychoeducation provides a scaffold on which partners can apply what they have learned into the breakout exercises with their partner. The study's findings also suggest that there is a multidirectional effect occurring between all people involved in the workshop. Workshop participants learn from their leaders as well as from other couples in the group, leaders feel nourished from the work of the couples over the weekend, and leaders feel energized and learn from their co-leaders and workshop assistants. This section summarizes the results, discusses how the findings answer the study's initial questions, and connects the study's findings to the existing literature on CRE programs. Recommendations for clinicians leading couples

workshops are provided, followed by limitations of the present study and implications for future research.

Outcomes of the Hold Me Tight program. The study found that the HMT workshop helps couples improve their relationship, and results indicate that couples leave the workshop with a roadmap for continued change. Workshop leaders found that the workshop instills hope in previously distressed couples and helps motivate partners to put work into their relationship in a new way. Several workshop leaders described the program as an introduction to couples therapy, inspiring partners that may not have otherwise pursued psychotherapy to accept help. This study is in line with outcome research on the HMT program that found that couples who attend the HMT program feel closer and more connected to each other (Stavrianopoulos, 2015; Wong, Greenman, & Beaudoin, 2017). Other CRE programs have also found that couples improve their relationship quality and communication skills upon completion of the program (Baldwin & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins, Stanley, Blanchard, & Albright, 2012).

Workshop leaders also expressed the belief that that improvements made from the workshop likely diminish over time if couples do not continue to practice the new ways of relating to one another gained from the workshop. The existing research supports this claim for married couples and suggests that gains made immediately after the program decreased to non-significant levels of improvement after six months (Hawkins, Blanchard, Baldwin, & Fawcett, 2008). In contrast, Carroll and Doherty (2003) found that pre-marital couples who participate in CRE programs maintain their gains at six months follow-up, implying that couples who attend CRE programs prior to marriage or earlier in their relationship may experience more lasting changes. These findings also highlight the importance of early intervention for couples.

The HMT workshop may also benefit couples in inadvertent ways. Findings from this study suggest that couples who attend the workshop may be more likely to pursue ongoing EFT couples treatment, on which the HMT program is based, which does not show a loss of gains at follow-up (Cloutier, Manion, Gordeon Walker & Johnson, 2002). The HMT workshop may also carry fewer stigmas and be more accessible to couples over conventional couples therapy, making the long term diminished gains better than no treatment at all. Furthermore, findings suggest that couples who are already engaged in EFT couples therapy may experience breakthrough moments and expedited changes that they might not have experienced at all or that would have taken longer to obtain in ongoing couples therapy. Taken together, these findings suggest couples workshops are helpful, but that workshop leaders need to emphasize the importance of continuing the work over time through couples therapy or consciously practicing the new ways of relating to their partner. While this concept is embedded into the HMT workshop's last topic, *Keeping Your Love Alive*, in which couples are provided with suggestions on how to preserve positive changes (Johnson, 2008), it is possible that the workshop would benefit from more time dedicated to helping couples maintain their improvements from the workshop. To address this issue, workshop leaders also expressed a desire to or had already implemented follow-up workshops or booster couples therapy sessions to help sustain changes from HMT.

Meta-analyses of CRE programs have consistently shown that couples have greater improvement in communication skills than relationship satisfaction (Carroll & Doherty, 2003; Fawcett et al., 2006). Specifically, in their meta-analyses, Carroll and Doherty (2003) found that the rate of improvement in communication was 70% versus 30% in controls, whereas rate of improvement in relationship quality was 58% for workshop group and 42% for controls. Given

that most CRE programs are primarily skill based, it follows that couples improve the way they speak to one another. However, these findings indicate that improvements in communication is not necessarily associated with improvements in relationship satisfaction following a CRE program. In comparison, this study found that workshop leaders do not categorize HMT as a skill-based program. Unlike many other CRE outcome studies, HMT research has not measured communication skills as a distinct construct. Rather, workshop leaders describe the HMT program as rooted in attachment theory and experiential in nature. HMT research shows that relationship satisfaction, trust, and levels of attachment between partners improve over the course of the program (Stavrianopoulos, 2015; Wong, Green, & Beaudoin, 2017). This is consistent with the stated goals of HMT workshop leaders from this study, which are to increase vulnerability between partners and help couples understand their negative patterns and raw spots. These findings suggest that the HMT program may be a promising alternative to other skill-based CRE programs, as the HMT program may produce greater relationship satisfaction.

Factors That Contribute to the Success of the Workshop. The study found that the success of the HMT workshop was significantly related to the efficacy of EFT-oriented treatment. All workshop leaders had training in EFT and implemented the model with the couples they treated in their private practice. Workshop leaders felt that accessing underlying emotions and sharing them with their partner was a powerful way to bring couples closer together. This view supports the process research on EFT indicating a link between greater therapeutic efficacy and the depth of emotional expression within a session (Greenberg, James, & Conry, 1988; Makinen & Johnson, 2006). In trying to understand the mechanisms by which this is true, Makinen and Johnson (2006) posited that when a person witnesses their partner express primary emotions, it fosters empathy, acceptance, and connection with them.

Workshop leaders in this study also observed that greater change for couples occurs during the Forgiving Injuries exercise in comparison to other conversations during the workshop. Several workshop leaders reported giving more time to this module due the significant impact it had on couples. Similarly, Zuccarini and colleagues (2013) posited that the forgiving attachment injuries process in EFT deeply engaged the couple, fostering repair and contributing significantly to relationship quality. While there may be factors specific to the process of forgiving injuries in EFT, it is likely that the Forgiving Injuries module produces deeper affect during the workshop, which consequentially leads to greater therapeutic changes in couples.

The findings suggest that the HMT program parallels the three stages of EFT. The first stage of EFT identifies the negative cycle, which is the first conversation of the HMT workshop in which partners recognize their “demon dialogues.” Finding the Raw Spots, Revisiting a Rocky Moment, and Forgiving Injuries pushes the couples into the second stage of EFT, in which couples access underlying primary emotions and begin to have a more accessible, emotionally responsive dialogue. Finally, the third stage of EFT helps couples consolidate their gains and integrate them into new positive cycles, instructed in the HMT module on Keeping Your Love Alive.

While there are many similarities between the process of EFT couples therapy and the HMT workshop, one aspect that distinguishes the HMT workshop from ongoing EFT couples therapy is the didactic component. This study found that psychoeducation helps to prime participants for the experiential exercises throughout the workshop. In fact, several workshop leaders found that couples who were already in ongoing EFT treatment made breakthrough changes during the workshop that they were unable to make in their couples treatment, indicating the power of therapeutic factors, such as psychoeducation, that are specific to the workshop.

Another therapeutic factor that characterizes the HMT workshop and is distinct from EFT couples therapy was the power of the group dynamic. Workshop leaders felt that the group not only normalized issues between couples, but also that couples could learn from each other and push themselves in ways that may not be possible in ongoing couples treatment. Yalom (1995) theorizes there are many group therapeutic factors. Importantly, that members learn from and help others, both of which increase connectivity and offer an inspiration for change.

These findings support the literature that CRE programs using a group format with discussion in addition to instruction result in higher ratings of couple satisfaction, as compared with programs that include than instruction alone (Worthington, Buston, & Hammonds, 1989). Taken together, the group and didactic portions of the workshop help expedite change in couples through teaching them more explicitly how to behave in the relationship as well as intensifying the experience through their dynamic in the group.

Additionally, workshop leaders reported that their own skills and leadership abilities as the facilitators (i.e. themselves) were a major contributing factor to the success of the workshop. Specifically, having mastery over the program's materials, confidence in running the workshop, and flexibility in administering the workshop all played a significant role in the impact the program had on its participants. Workshop leaders felt they could be more flexible and more themselves (let their personality emerge and self-disclose appropriately) through greater experience running the workshop and mastery over the material. Workshop leaders explained that flexibility helped leaders attune to the group and address specific needs during discussions and exercises. While there is little research to date on the impact of leadership flexibility on CRE programs, current literature on flexibility when using manualized treatments demonstrate better outcomes in comparison to less flexibility with interventions at the individual client level (e.g.

Galovski, Blain, Mott, Elwood & Houle, 2012; Owen & Hilsenroth, 2014). This may be due to the here-and-now process of therapists who adapt their interventions to fit the needs of the client, helping clients achieve their own goals of treatment and in turn, increasing therapeutic alliance (Owen and Hilsenroth, 2014).

Self-disclosure was also an important aspect of leadership quality for HMT leaders. Workshop leaders from this study reported that self-disclosure not only helped to normalize issues that arise in relationships, but it also modeled vulnerability for the group, a primary goal of the workshop. Existing literature on therapists who self-disclose appropriately in individual treatment indicate that self-disclosure increases rapport with the client, strengthens alliance, and elicits client disclosure (e.g. Hanson, 2005; Henretty, Currier, Berman, & Levitt, 2014). These findings suggest that CRE programs are most successful when workshop leaders are flexible and can adjust their style and the content they provide based on the group dynamic and their needs, while at the same time following the program's core content.

Lastly, most workshop leaders found that having helpers assist the workshop was incredibly powerful for the participants, as it provided couples with individualized attention during the break-out exercises. Given the efficacy of EFT couples treatment (Johnson, et al., 1999; Makinen & Johnson, 2006), couples are provided a similar experience to couples therapy when assistants implement interventions used in EFT and can push couples to go deeper into their work and feelings. It should be noted that while most workshop leaders found the break-out exercises with helpers to be similar to couples therapy sessions, two workshop leaders argued that a helper's role should be focused more on re-directing the couple back to the exercise in order to help them develop the skills to practice the exercises on their own. Also notable are the varying levels of expertise of the HMT helpers, ranging from graduate students training in EFT

to licensed EFT clinicians. While it is not in this study's scope to determine the optimal amount of training a helper should have or the level of involvement helpers and leaders should provide to their participants during the breakout exercises, workshop leaders should consider these varying factors when implementing their program.

Cultural Adaptations to HMT. When asked to describe whether workshop leaders adapted the HMT program to make it more culturally sensitive, most workshop leaders expressed the concept that attachment is universal to all cultures. Specifically, workshop leaders found that the HMT program was intrinsically helpful in addressing cultural differences between partners because of its emphasis on attachment, vulnerability, openness, and curiosity. Thus, the study found that there were not significant changes related to content or the workshop's interventions. This is consistent with the literature indicating that curiosity, openness, and acceptance are essential when working with intercultural couples regardless of treatment used (Biever, Bobele, & North, 1998). Liu and Wittenborn (2011) also argue that EFT can be implemented with diverse couples because the model emphasizes validating different experiences and ways of expressing needs.

This study did find, however, that integrating diversity into the presentations media (i.e. images and videos of couples of different racial and sexual backgrounds) helped communicate inclusivity. Additionally, several workshop leaders noted they used language in their flyers' promotional descriptions that implied couples from all backgrounds were welcome. Given that the couples displayed in the HMT program's DVD clips are all heterosexual Caucasian couples, it was important for most workshop leaders to include other media that portrayed couples of different racial, ethnic, and sexual identity backgrounds so that all participants could directly relate to the couples portrayed in the presentation. In fact, with the consent of the couple, one

workshop leader supplemented video clips of a lesbian couple from her practice engaging in conversations that modeled exercises practiced in the HMT workshop.

Most workshop leaders also described addressing issues of diversity during the group discussion portions of the workshop. Numerous workshop leaders explained they welcomed conversations around diversity by disclosing aspects of their own cultural identity, raising issues related to differences between genders and cultural groups, as well as encouraging their participants to share when they felt they had said something offensive or culturally inappropriate. Workshop leaders also felt that issues of diversity raised by a specific couple were often addressed in the break out experiential exercises and leaders or helpers used openness, curiosity, and validation embedded in the EFT model to explore how cultural differences might be contributing to the couple's negative cycle.

While these findings support the literature that EFT interventions lend themselves well to exploring cultural differences, Maynigo (2015) in her dissertation developed a culturally sensitive model of EFT (EFT-CS) to address issues of diversity more adequately. She found that EFT clinicians often modify their interventions so that they can attend to differences in expression of attachment and emotion, identify cycles and relational patterns that are more culturally appropriate, and consider differences in expressions of emotion. Her model emphasized that EFT clinicians should attend to cultural variations in attachment and emotion, incorporate these cultural influences into the negative cycle, and restructure the interactions in culturally sensitive ways. Taken together, these findings suggest that conversations around diversity should not only be introduced into the group discussion by the workshop leader early in the workshop, but also leaders should modify interventions when necessary during the break out exercises to address how cultural differences might be impacting couples' negative cycles.

Unfortunately, the HMT workshop is often conducted in private practice settings and is expensive to attend. Thus, several workshop leaders expressed the desire to make the workshop accessible for low-income or special population communities. While most research on CRE programs have focused on middle to upper class couples, a study by Lundquist and colleagues (2014) examined the effect of the Supporting Healthy Marriage program, a federally funded year-long skill-based course offered free to low income populations. Results found small but positive effects for couples who participated and gains were maintained at a 12-month follow-up. Regarding more efficient access to the program, they found that offering the program in convenient locations within couples' communities during evenings and weekends, providing transportation and childcare, and creating a space that is warm and welcoming were all factors that helped with recruitment and prevented couples from dropping out. Thus, CRE workshop leaders should consider methods of creating more accessible programs through webinars, convenient times and locations, sliding scale fees, and offering childcare.

Personal Experience of HMT Leadership. The study found that all workshop leaders experienced facilitating the HMT program as energizing and rewarding. They spoke to a deep sense of connection with the people around them that had a “nourishing” effect. The ability to help foster love in the room and deepen connection between partners as well as between group members established a feeling of community and togetherness. Workshop leaders also found that running the workshop helped their own personal relationships by applying the principles taught in the workshop to their relationships with family and friends.

Most of the workshop leaders worked primarily in private settings, which they reported could be a lonely experience. Thus, being able to address a larger range of couples as well as work alongside a group of colleagues (co-leader and assistants) offered an antidote to isolation.

While most workshop leaders enjoyed sharing the workload and fostering a professional relationship with a co-leader, several workshop leaders found that they preferred to run the workshop independently and avoid constantly coordinating with another person. These findings suggest that the decision to co-lead is dependent on the personality and preferences of the specific workshop leader. In the *Facilitator's Guide to Leading Your Best Hold Me Tight Workshop* (2015) that can be purchased with the program's materials, four experienced workshop leaders described their experience running the workshop. Similarly, they reported that helping couples transform their relationship had an inspiring impact on them personally and helped as a reminder to practice the same skills in their own relationship. They also explained that the workshop provided an opportunity to work with a partner, learn the model better, and help a greater number of couples. These results contribute to the field and suggest that leading a CRE workshop is a worthwhile investment for clinicians looking to energize their work, expand their roles, and collaborate with other professionals.

When it came to aspects related to business, all workshop leaders found marketing and recruitment to be the least exciting component of running the workshop, a skill they had not been trained in during school. Most workshop leaders had difficulty recruiting initially, but found that after time, their workshop would fill more easily due to "word of mouth." Building a positive reputation that was shared by their workshop participants or therapists from the community was crucial to filling future workshops. While all workshop leaders engaged in other methods of marketing (social media, posting to listservs, distributing flyers), results suggest that workshop leaders should focus on implementing a strong and effective workshop so that their reputation builds from their participants, helpers, and other therapists in the community who would recommend the workshop to future participants. Although workshop leaders complained of the

work required to run a HMT workshop, they found it was a worthwhile practice for them, in which the benefits far outweighed the costs.

Limitations of the Study

While the qualitative nature of the study provides a rich and in depth description of the experiences of HMT workshop leaders, it was at the cost of a larger sample that would have provided a greater breadth of responses. The small sample size of nine subjects is limiting in the range of experiences and demographics. Seven of the nine workshop leaders identified as white, eight identified as heterosexual, and all were seeing patients in private practice. Thus, results should be interpreted with caution and not applied to the larger population of workshop leaders facilitating HMT workshop or other CRE programs. Additionally, workshop leaders varied in the number of workshops conducted, training in EFT, and level of experience running psychoeducation workshops prior to the HMT workshop, making it difficult to understand specific factors that might be impacting the success of the workshop. As this was an exploratory study, it also meant there was no control group or comparison CRE program, limiting conclusions that can be drawn together regarding how the HMT workshop compares to no treatment or other evidence based couples workshops.

In addition, workshop leaders who agreed to participate in the study were all currently implementing HMT workshops and thus may have had more positive experiences than leaders who decided to stop leading the workshops or who declined to participate in this study. As such, data should be interpreted cautiously as it may be skewed more positively.

Finally, implementing a semi-structured interview posed possible limitations regarding the validity of the study. As is expected, the investigator sometimes asked questions in a different order depending on the responses of the workshop leaders, or rephrased questions to

clarify or to help engage workshop leaders in lengthier in-depth narratives. Although all attempts were made not to influence the workshop leaders' interpretations of the information being presented, by reason of participating, the investigator likely affects the process and possible bias in the results (McCracken, 1988).

Implications for Research

The present study explored the experiences of therapists leading HMT workshops and their conceptions of the program's success and ways they have adapted the program to make it an optimal experience for themselves and more therapeutically effective for participants. There is currently limited research on the HMT workshop, and no other studies that exist to date examining the workshop's mechanisms of change or ways the program is modified in real world practice to make the workshop more effective for its participants. Although the present study found specific themes related to the power of the HMT program and its modifications, the limitations of the study suggest that further research is needed to fully understand why the HMT workshop is successful.

In order to further examine what factors contribute to the efficacy of the HMT workshop and what makes HMT different than other CRE programs, future research should implement randomized control trials that compare different CRE programs, including the HMT workshop, that vary in content and level of skill-based versus experiential-oriented learning. In addition, given that this study found that the competency of the workshop leader and mastery of the material contributed to the success of the HMT workshop, future studies should also examine leadership qualities and level of experience as it relates to the outcomes of participants attending HMT. Furthermore, further research should examine the role of assistants, and compare workshops with and without the use of assistants as well as their degree of engagement in the

experiential exercises to determine the significance of the assistants' work and their optimal level of involvement in the break out exercises.

This study focused on HMT workshops led for the general population. Future studies should examine and compare workshops led for specific populations to better understand how effective the HMT program is for different cultural or ethnic groups and what adaptations need to be made in order to best serve these populations. Given that previous research has found that CRE programs for pre-marital couples have more sustained impact for married couples (Carroll & Doherty, 2003), studies comparing the outcomes of marital and pre-marital couples completing the HMT program would also be helpful in understanding which populations benefit most from HMT.

Future research should also conduct long-term follow-up assessments of couples that have completed the HMT workshop to determine the long-term impact of the program. Given that most participants eventually lose their gains from CRE programs (Hawkins, Blanchard, Baldwin, & Fawcett, 2008), it would be useful to examine different interventions implemented within the workshop that might help couples maintain their improvements from the workshop. Given that this study's results found that follow-up workshops or private booster sessions were helpful in deepening the work and maintaining workshop gains, future studies should compare different approaches to follow-up with HMT participants to determine the most effective methods for sustained improvement.

Conclusion

Couples workshops have been found to be effective in providing positive short-term changes to relationships (Baldwin & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins, Stanley, Blanchard, & Albright, 2012; Stanley, 2001; Stavrianopoulos, 2015).

While many couples struggle with distress and dissatisfaction in their relationship (Copen, Daniels, Vespa, & Mosher, 2012), many refuse to seek out couples therapy. Couples workshops are a viable, efficient, and less stigmatizing format of addressing problems in relationships. Furthermore, many couples report the desire for relationship enhancement or are seeking more preventative approaches to relationship distress (Giblin, Sprenkle, & Sheehan, 1985), suggesting that alternative, briefer forms of couples treatment may be warranted. Despite the many couples workshops that are being implemented, limited research exists to help guide therapists in understanding why couples workshops are effective and ways to modify existing programs in order to optimize their impact and meet the needs of their participant populations.

This research study investigated the experiences of workshop leaders who had facilitated the HMT program, a couples workshop that is intended to increase satisfaction and improve intimacy between partners. The research sought to answer questions around efficacy of the program, what contributes to the success of the program, and why therapists personally choose to facilitate HMT workshops. Prior to this study, limited research has been conducted on the HMT program and no study to date has examined the personal experiences of HMT workshop leaders or ways that the workshop is implemented in “real world” practice. Thus, this research sought to add to the information base on HMT workshops as well as CRE programs more generally by offering a descriptive, exploratory study of the perspectives and experiences of workshop leaders.

In providing rich responses to the research questions, several major themes emerged from the study. The study found that the HMT program is effective in improving intimacy and connection between couples, measured through leaders’ observations and verbal feedback from their participants. The success of the program was based on the integration of psychoeducational

and experiential learning that was intensified by the power of the group. Through teaching participants new ways of relating to their partner on the front end, couples could then deepen their emotions and engage in more effective ways of communicating during the experiential exercises.

The study also found that the confidence and flexibility of the facilitator were important for the optimal success of the program as well as for cultural competence. More specifically, the mastery of the program's material allowed for workshop leaders to adapt to the needs of the group, use self-disclosure as a way of modeling vulnerability, and modify discussions based on the needs and issues of diversity within the group.

Finally, workshop leaders shared their joys at implementing the program, describing it as energizing and a positive supplement to their professional life. Leading workshops created a sense of community in their often isolating experience of private practice. A multidirectional effect between workshop leaders, participants, and assistants contributed to the "nourishing" feeling described at the end of the workshop by the leaders. Taken together, the study's findings suggest that the HMT workshops shows promise as an effective program for helping couples to improve their relationship. The workshop also requires leadership flexibility, not only to meet the needs of their participants, but also to personalize the workshop so that it caters to their own personality and preferences. The study's results provide an overall encouraging and positive reflection of the workshop that likely benefits most couples as well as the personal and professional life of the workshop leader.

REFERENCES

- Babcock, J. C., Gottman, J. M., Ryan, K. D., & Gottman, J. S. (2013). A component analysis of a brief psycho-education couples' workshop: one-year follow-up results. *Journal of Family Therapy, 35*, 252-280.
- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T.R. (1998). Empirically supported couple and family interventions for marital distress and adult. *Journal of Consulting and Clinical Psychology, 66*, 53-88.
- Biever, J. L., Bobele, M., & North, M. W. (1998). Therapy with intercultural couples: A postmodern approach. *The Counseling Psychology Quarterly, 11*, 181-188.
- Blanchard, V. L., Hawkins, A. J., Baldwin, S. A., & Fawcett, E. B. (2009). Investigating the effects of marriage and relationship education on couples' communication skills: A meta-analytic study. *Journal of Family Psychology, 23*, 203-214.
- Bowling, T. K., Hill, C. M., & Jencius, M. (2005). An overview of marriage enrichment. *The Family Journal: Counseling and Therapy for Couples and Families, 13*, 87-94.
- Carroll, J. S., & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*, 105–118.
- Cloutier, P. F., Manion, I. G., Walker, J. G., & Johnson, S. M. (2002). Emotionally Focused Interventions for couples with chronically ill children: A 2-year follow-up. *Journal of Marital and Family Therapy, 28*, 391-398.
- Cowan, P. A. & Cowan, C. P. (2014). Controversies in couple relationship education (CRE): Overlooked evidence and implication for research and policy. *Psychology, Public Policy and Law, 20*, 361-383.

- Copen, C. E., Daniels, K., Vespa, J., & Mosher, W. D. (2012). *First marriages in the United States: Data from the 2006-2010 national survey of family growth* (National Health Statistics Report No. 49). Hyattville, MD: National Center for Health Statistics.
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory: 4th edition*. Los Angeles: Sage Publications Inc.
- DeMaria, R. M. (2005). Distressed couples & marriage education. *Family Relations*, 54, 242-253.
- Dion, M. R., Devaney, B., McConnell, S., Ford, M., Hill, H., & Winston, P. (2003). *Helping unwed parents build strong and healthy marriages: A conceptual framework for intervention, final report*. Washington, DC: US. Department of Health and Human Services, Administration for Children and Families.
- Dision, T. J. (2003). *Intervening in adolescent problem behavior*. New York: Guilford.
- Doherty, W. J. & Anderson, J. R. (2004). Community marriage initiatives. *Family Relations*, 53, 425-432.
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal of Personality and Social Psychology*, 96, 601–619.
- Elliott, R., Greenberg, L. S., & Lietaer, G. (2004). Research on experiential psychotherapies. In M.J. Lambert (Ed.), *Bergin & Garfield's Handbook of psychotherapy and behavior change* (5th ed.) (pp. 493-539), New York: Wiley.
- Furrow, J. L., & Bradley, B. (2011). Emotionally focused couple therapy: Making the

- case for effective couple therapy. In Furrow, J. L., Johnson, S. M., & Bradley, B. (Eds.) *The emotionally focused casebook: New directions in treating couples*. (pp. 3-29). London, England: Routledge
- Galovski, T. E., Blain, L. M., Mott, J. M., Elwood, L., & Houle, T. (2012). Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy. *Journal of Consulting and Clinical Psychology, 80*, 968-981.
- Giblin, P., Sprenkle, D. H., & Sheehan, R. (1985). Enrichment outcomes research: A meta-analysis of premarital, marital and family interventions. *Journal of Marital and Family Therapy, 11*, 257-271.
- Gottman, J., & Gottman, J. (2006). The Art and Science of Love. *Marriage retreat in Seattle, Washington*.
- Griner, D. & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy, Theory, Research, Practice Training, 43*, 531-548.
- Halford, W. K. & Markman, H. J. (Eds.) (1997). *Clinical handbook of marriage and couples interventions*. New York: Wiley.
- Halford, W. K., Markman, H. J., Kline, G.H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of Marital and Family Therapy, 29*, 385-406.
- Hanson, J. (2005). Should your lips be zipped? How therapist self-disclosure and non-disclosure affects clients. *Counseling & Psychotherapy Research, 5*, 96-104.
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? *Journal of Consulting and Clinical Psychology, 76*, 723-734.
- Hawkins, A. J., Carroll, J. S., Doherty, & W. J., Willoughy, B. (2004). A comprehensive

- framework for marriage education. *Family Relations*, 53, 547-558.
- Hawkins, A. J., Stanley, S. M., Blanchard, V. L., Albright, M. (2012). Exploring programmatic moderators of the effectiveness of marriage and relationship education programs: a meta-analytic study. *Behavioral Therapy*, 43, 77-87.
- Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The impact of counselor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research. *Journal of Counseling Psychology*, 61, 191-207.
- Hoff, L. & Miller, R. M. (1981). *Marriage enrichment: Philosophy, process & program*. Bowie, MD: R. J. Brady Co.
- Hunt, R. A., Hof, L., & DeMaria, R. (1998). *Marriage enrichment: Preparation, mentoring, and outreach*. Ann Arbor, MI: Edward Brothers.
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.
- Johnson, S. M. (2008). *Hold me tight: Seven conversations for a lifetime of love*. New York, NY: Little, Brown & Co.
- Johnson, S. M. (2010). *The hold me tight program: Conversations for connection: Facilitator's guide for small groups*. Ottawa: ICEEFT.
- Johnson, S. M., Hunsley, J., Greenberg, L., Schindler, D. (1999). Emotionally focused couples therapy: status and challenges. *American Psychological Association*, 6, 67-79.
- Johnson, S. M. & Wittenborn, A. K. (2012). New research findings on emotionally focused therapy: Introduction to special section. *Journal of Marital & Family Therapy*, 38, 18-22.
- Laurenceau, J. P., Stanley, S. M., Olmos-Gallo, A., Baucom, B., & Mark- man, H. J. (2004). Community-based prevention of marital dysfunction: multilevel modeling of a

- randomized effectiveness study. *Journal of Consulting Clinical Psychology*, 72, 933–943
- Larson, J. H. (2004). Innovations in marriage education: Introduction and challenges. *Family Relations*, 53, 421-424.
- Lebow, J. L. & Gasbarrini, M. F. (2009). Couples therapy. In G. O. Gabbard (Ed.), *Textbook of psychotherapeutic treatments* (pp. 533-552). Arlington, VA: American Psychiatric Publishing.
- Lundquist, E., Hseuh, J., Lowenstein, A. E., Faucetta, K., Gubits, D., Michalopoulos, C., & Knox, V. (2014). *A family-strengthening program for low-income families: Final impacts from the supporting healthy marriage evaluation*. OPRE Report 2013-49A. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.
- Mace, D. R., & Mace, V. C. (1986). The history and present status of marriage and family enrichment movement. *Journal of Psychotherapy and the Family*, 2, 7-17.
- Makinen, J. D., & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology*, 74, 1055-1064.
- Markman, H. J., Rhoades, G. K., Stanley, S. M., Ragan, E. P., & Whitton, S. W. (2010). The premarital communication roots of marital distress and divorce: The first five years of marriage. *Journal of Family Psychology*, 24, 289–298.
- McCracken, G. (1988). *The long interview: Qualitative research methods*. Newbury Park, California: Sage Publications, Inc.
- Neubeck, G. (1950). Group therapeutic aspects of marriage education. *Marriage and Family Living*, 12, 142-143.

- Otto, H. A. (Eds.) (1976). *Marriage and family enrichment: New perspectives and programs*. Nashville, TN: Abingdon Press.
- Owen, J. & Hilsenroth, M. J. Treatment adherence: The importance of therapist flexibility in relation to therapy outcomes. *Journal of Counseling Psychology*, 61, 280-288.
- Rauer, A. J., Adler-Baeder, F., Lucier-Greer, M., Skuban, E., Ketring, S. A., & Smith, T. (2014). Exploring process of change in couple relationship education: Predictors of change in relationship quality. *Journal of Family Psychology*, 28, 65-76.
- Riehlmede, A., & Willi, J. (1993). Ambivalence of psychotherapists towards the prevention of marital conflicts. *System Famili-Forschung Und Therapie*, 6, 79-88.
- Russell, M. N. & Lyster, R. F. (1992). Marriage preparation: Factors associated with consumer satisfaction. *Family Relations*, 41, 446-451.
- Schmidt, C. D., Luquet, W., & Gehlert, N. C. (2015). Evaluating the impact of the “Getting The Love You Want” couples workshop on relational satisfaction and communication patterns. *Journal of Couple & Relationship Therapy*, 15, 1-18.
- Shapiro, A. F. & Gottman, J. M. Effects on marriage of a psycho-communicative-educational intervention with couples undergoing the transition to parenthood: Evaluation at 1-year post intervention. *Journal of Family Communication*, 5, 1-24.
- Stanley, S. M. (2001). Making the case for premarital training. *Family Relations*, 50 272-280.
- Stavrianopoulos, K. (2015). Enhancing relationship satisfaction among college student couples: An emotionally focused therapy (EFT) approach. *Journal of Couple & Relationship Therapy*, 14, 1-16.

- Struening, K. (2007). Do government sponsored marriage promotion policies place undue pressure on individual rights? *Policy Sciences*, 40, 241-259.
- Williams, L. M., Riley, L. A., Risch, G. S., & Van Dyke, D. T. (1999). An empirical approach to designing marriage preparation programs. *The American Journal of Family Therapy*, 27, 271-283.
- Whisman, M. A., & Uebelacker, L. A. (2006). Distress and impairment associated with relationship discord in a national sample of married or cohabiting adults. *Journal of Family Psychology*, 20, 369-377.
- Wong, T., Greenman, P. S., & Beaudoin, V. (2017). “Hold Me Tight”: The generalizability of an attachment-based group intervention to Chinese Canadian couples. *Journal of Couple & Relationship Therapy*, 0, 1-19.
- Worthington, E. L., Buston, B. G., & Hammonds, T. M. (1989). A component analysis of marriage enrichment: Information and treatment modality. *Journal of Counseling and Development*, 67, 555-550.
- Yalom, I. (1995). *The theory and practice of group psychotherapy*, 4th edition. New York: Basic Books.
- Zuccarini, D., Johnson, S. M., Dalgleish, T. L., Makinen, J. A. (2013). Forgiveness and reconciliation in emotionally focused therapy for couples: The client change process and therapist interventions. *Journal of Marital and Family Therapy*, 39, 148-162.

Appendices

Appendix A Individual E-mail to Subjects

Subject: Seeking *Hold Me Tight* Workshop Leaders for Study on Reflections and Adaptations to the Established Program

My name is Simone Humphrey, Psy.M. and I am doctoral candidate in the department of clinical psychology at the Graduate School of Applied and Professional Psychology at Rutgers University, and I am conducting interviews for dissertation studying the experiences of *Hold Me Tight* workshop leaders. I found your name and contact information on the ICEEFT website, and thought you would be perfect for this study.

The study focuses on the personal experiences of workshop leaders and what they believe contributes to the program's success, ways that they have modified or added to the program to meet the needs of their participants, and how their own identity and training impacts their leadership. Results obtained will be used to inform clinicians on the development and practice of running Hold Me Tight workshops as well as other relationship education programs with diverse populations.

To participate, you will complete one short questionnaire and an interview conducted by person, telephone, or Skype that will last approximately 90 minutes. All interviews will be audiotaped to ensure accuracy in transcription. Confidentiality of all data obtained is ensured. Participants will not be compensated for this study.

If you are interested in participating or learning more about the study please contact Simone Humphrey, Psy.M at 917-957-3844 or at simonehumphrey@gmail.com for more information.

Study on Leaders' Experience of the Hold Me Tight Workshop
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Appendix B

Consent to Participate in an Interview

How Do You Hold Me Tight: An Exploration of Workshop Leaders' Adaptations to an Emotion Focused Couples Psychoeducational Program

You are invited to participate in a research study. Before you agree to participate it is important that you know enough about the study in order to make an informed decision. If you have any questions about the nature of this study, please ask the principal investigator (PI). You should be satisfied with the answers you received from the PI before you agree to participate in this study.

Purpose of the Study

This study examines the experiences of *Hold Me Tight* workshop leaders working in different contexts and with diverse populations. The study seeks to understand therapists' guiding conception of their program and ways that their program is adapted to meet the needs of their participants. This research is expected to provide unique insight regarding the therapeutic aspects of the workshop as well as the conception and implementation of their program. The study is intended to have a practical impact for practitioners running or developing their own relationship education programs.

The principal investigator (PI) is a doctoral student at the Graduate School of Applied and Professional Psychology at Rutgers University and is conducting this study as a fulfillment of dissertation and doctoral requirements. It is anticipated that 8-10 individuals will participate in this study. If you wish to be provided with the general results of this study, you should notify the PI, and this information will be shared with you at the completion of the study.

Study Procedures: You will be provided with a short questionnaire and interviewed about your conceptualization, experiences, and modifications to leading the *Hold Me Tight* workshops. The interview will take about 90 minutes.

Interviews will be audio taped in order to ensure accurate transcription and authenticity of the data obtained. Interviews will be transcribed and tapes will be destroyed after transcription. The PI will maintain any tape recordings, transcripts of interviews, or other data collected from you in confidence in a locked file cabinet. Once it is clear that all research on these data has ceased, all paper data will be shredded and all electronic data will be erased.

Risks: The risks of the study are minimal, as you will be interviewed about your clinical experiences and will not be physically harmed, but it is possible that the questions will disturb you emotionally or produce stress or anxiety. If you are assessed to be exhibiting or experiencing psychological distress or convey that you are in need of psychological assistance, the interviewer will provide you with referrals to mental health professionals. If for any reason, at any time, you wish to stop the interview, you may do so without having to give an explanation.

Benefits: Your experience and knowledge have tremendous value in helping the field of relationship education. Results obtained could also be used to better inform the training and development of future practitioners who are interested in leading couples workshops with diverse populations.

Additionally, the opportunity to share your own clinical experiences on this topic may be valuable to your own reflection and practice. There is no compensation for participating in this study.

Confidentiality: All records will be stored in locked files and will be kept **confidential** to the extent permitted by law. The data obtained from your interview will be stored on an electronic data file in the PI's password protected personal computer in order to keep it confidential.

The data will be available only to the research team and no identifying information will be disclosed. Audiotapes and other paper work will be assigned a case number. Your responses will be grouped with other participants' responses and analyzed collectively. All common identifying information will be disguised to protect your confidentiality. This will include changing your name and other demographic information (i.e. age, occupation).

Research Standards and Rights of Participants: Your participation in this research is **VOLUNTARY**. If you decide not to participate, or if you decide later to stop participating at any time during the interview, you will not lose any benefits to which you are otherwise entitled. Also, if you refer other individuals for participation in this study, your name may be used as the referral source only with your permission.

I understand that I may contact the investigator or the investigator's dissertation chairperson at any time at the addresses, telephone numbers or emails listed below if I have any questions, concerns or comments regarding my participation in this study.

Simone Humphrey, Psy.M. (Investigator)
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If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:
Rutgers University, the State University of New Jersey
Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza

New Brunswick, NJ 08901-8559

Tel: 848.932.4058

Email: humansubjects@orsp.rutgers.edu

I have read and understood the contents of this consent form and have received a copy of it for my files. I consent to participate in this research project.

Participant Name (Print) _____

Participant Signature _____ Date _____

Investigator Signature _____ Date _____

Appendix C
Audiotape Addendum to Consent Form

You have already agreed to participate in a research study entitled, *How Do You Hold Me Tight: An Exploration of Workshop Leaders' Adaptations to an Emotion Focused Couples Psychoeducational Program* conducted by Simone Humphrey, Psy.M. This form requests your permission to allow the Principal Investigator (Simone Humphrey) to make a sound recording (audiotape) of your interview as a part of this research study.

You must agree to be recorded in order to participate in this study.

If you do agree to audio-taping, the recording(s) will be used for analysis by the primary investigator (Mrs. Humphrey).

The recording(s) will be distinguished from one another by an identifying case number. Your name will not be used or linked in any way to the recording except through a case number held by the Principal Investigator.

The recording(s) will be stored in a locked file cabinet by identifying number not by name or other information that might disclose your identity. The tapes will be retained until the project is completed and the dissertation has been successfully defended. It is expected that the tape will be destroyed within four years after your interview.

Your signature on this form grants the Principal Investigator permission to record you during your participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Participant Name (Print) _____

Participant Signature _____

Principal Investigator Signature _____

Date _____

Date _____

Appendix D
Demographic Questionnaire

QUESTIONNAIRE

Age: _____ Gender: _____
 Racial Identity: _____ Sexual Orientation: _____
 Ethnicity: _____ Religion/Faith: _____
 Marital History (current status, # marriages, # divorces): _____

Number of Children: _____

1. Professional/Academic degree(s) & Year(s) Attained: _____

2. Year in licensed clinical practice: _____

3. Professional settings worked in career the last **TWO** years (hospital, community health center, college counseling, high school, private practice, academic department, etc.): _____

4. EFT Training:

Have you completed: Basic Externship? ____ Core Skills? ____ Advanced Training? ____

Please describe your EFT Supervisee/Supervisor experience: _____

Other EFT training: _____

Number of years practicing EFT as certified by ICEEFT: _____

5. Number times leading Hold Me Tight workshops alone: _____ with a partner: _____

6. Other Clinical

Certifications: _____

7. In the last **TWO** years what is your:

- Theoretical Orientation:

- Treatment specialty/focus:

- Treatment experience with:

Percentage couples: _____ Percentage individuals: _____

Percentage groups: _____

Percentage individuals aged: (0-18) _____ (18-64) _____ (65+) _____

Percentage Caucasian: _____

Percentage Black or African American: _____

Percentage American Indian or Alaskan: _____

Percentage Native American Hawaiian or Pacific Islander: _____

Percentage Asian/Indian: _____

Percentage Arab/Middle Eastern: _____

Percentage Other (please specify): _____

8. What other couples training do you have? _____

9. Have you ever run other psychoeducation workshops? (If so, Please specify): _____

Appendix E

Semi-Structured Interview

Introduction to Hold Me Tight

- 1) How were you introduced to EFT?
- 2) What drew you to EFT?
- 3) How were you introduced to HMT?
- 4) What compelled you about the HMT program enough to become a workshop leader?
- 5) Have you ever taken HMT?
 - a. What was most helpful to you?
 - b. What did your partner share as most helpful to him/her?
 - c. Did that help you with leading HMT workshops? How?
- 6) Have you run other types of educational workshops?
 - a. If yes: How were they similar to HMT? Different? Were there experiential components?

Leadership

- 7) Where and in what context do you conduct the HMT workshops? (e.g. location, type of space, affiliated with any institution)
- 8) Do you run the workshop alone?
 - a. If yes: Why?
 - b. If no: Who co-leads and/or assists the workshop?
 - c. How do you know your co-leader and what is your personal/professional history with them?
 - d. How would you describe your relationship as co-leaders of HMT?
 - e. How are your leadership styles the same/different?
- 9) What types of participants typically attend your workshop?
 - f. Prompt: Target population, race, ethnic background, sexual orientation, socio-economic status, age, relationship status
- 10) How do you advertise your workshop?
- 11) Do you make any efforts to recruit diversity amongst your participants? How so?

Success of Program

- 12) What do you look forward to and enjoy about leading the HMT workshop?
- 13) What has been challenging about leading the HMT workshop?
- 14) How do you define success in HMT?
- 15) How do you measure success?
- 16) What components contribute to the success of your program?
- 17) Are there any “conversations” you choose not to include in your workshop? Why?

Modifications to HMT and catering to the needs of the participants

- 18) Do you have modifications or additions to your HMT workshops that are not included in the standard HMT protocol?
 - a. If yes, why did you choose to make these modifications or additions?
- 19) Is there anything you learned over time from leading HMT that informed your adjustments or tweaks to the workshop?

- 20) Do you have any follow-up with the couples that attend your workshop?
 - a. If yes: What do you do for FUP? What do couples report after the workshop?
- 21) Is there anything you would adjust or add to HMT that you do not already?

Issues of cultural diversity and identity

- 22) Have issues of diversity (e.g. race, ethnicity, sexual orientation, SES, non traditional couples, religion) come up during a HMT workshop?
 - b. If yes, who brings up the topic? When is it brought up? How is the issue addressed?
- 23) In what ways have you needed to adapt the workshop or adjust working with a couple to make the program culturally appropriate?
- 24) In what ways could you make the program more culturally sensitive?
- 25) Does your own cultural identity influence your role and work in the HMT workshops? How?
- 26) Does your theoretical orientation impact the way you lead HMT? How?

Closing Questions

- 27) What have you learned about yourself from leading the HMT workshops?
- 28) Is there anything I should have asked about HMT that I didn't think to ask?
- 29) What has been your experience of participating in this interview?
- 30) Has this interview impacted the way you think about HMT or provided you with any new ideas about running the workshop?

Appendix F

Summaries of the Eight Sessions in HMT Program Protocol

Session 1: Understanding Love and Attachment

The first session opens with introductions and orients the participants to the HMT program. Participants are then asked to share what they would like to gain from the program. During the lecture component, EFT is presented as an evidence based treatment aimed at helping foster and understanding love. Biological underpinnings of love and intimacy are explored, such as the way humans are hard-wired to seek emotional connection and security with one another. Benefits of secure attachment, including mental and physical health are presented. The leader explains that once feelings of safety and love are established, partners can deal with problems and differences collaboratively, rather than fight with one another. The in-class exercise asks partners to share what initially attracted them to one another and qualities they like about their partner. Homework is to list the strengths of their relationship.

Session 2: *The Demon Dialogues* (Conversation 1)

Recognizing Demon Dialogues is the first conversation of HMT. This session provides a roadmap for negative spirals that occur in relationships. Rather than blaming either partner, these cycles of conflict are reframed as the “enemy” for both partners. Three types of negative interaction styles are discussed. These include “Find the Bad Guy” (both partners blame the other), the “Protest Polka” (one partner criticizes and complains, while the other avoids and withdraws), and “Freeze and Flee” (both partners withdraw). Participants then watch DVD segments of couples describing their “demon dialogues” and are encouraged to discuss as a group whether they can relate to the DVD clips. The in-class exercise asks couples to identify the steps in their own negative cycle and work together to give their cycle a name. Afterwards, group members are encouraged to share their experience of the exercise. Homework is assigned for couples to try and catch their “demon dialogue” as it is happening during the week.

Session 3: *Finding the Raw Spots* (Conversation 2)

The second conversation of HMT educates couples that when a partner shifts into attachment anxiety, they experience feelings of deprivation in care and connection in the relationship. *Finding the Raw Spots* identifies underlying, more vulnerable feelings within the “demon dialogue” and how these underlying feelings can generate negative behaviors (e.g. blaming, withdrawing). Raw spots are sensitivities that derive from the relationship, but also from temperament and attachment histories. Universal raw spots underneath of reactive anger or withdrawal are feelings of abandonment, rejection, or shame. The goal is to create a more secure bond between partners so they can help soothe these vulnerable feelings instead of entering their negative cycle. After watching a DVD clip of couples modeling how they share their raw spots with their partner, couples break down into dyads to identify and share moments when they became more vulnerable or guarded in the relationship. Homework is for couples to name triggers or underlying feelings with their partner.

Session 4: *Fixing Mistakes and Creating a Secure Base* (Conversation 3)

This conversation focuses on using the first two conversations in an integrated way to establish greater connection in moments of conflict. In other words, participants are taught ways to repair ruptures in their relationship. By taking the perspectives from Conversation 1 and Conversation 2, couples become more aware of underlying feelings and rise above their negative

cycle to see how their pattern hurts both partners. Instead, couples are encouraged to engage in more heartfelt discussions. By inquiring and sharing deeper emotions, couples can connect and troubleshoot the problem together. To demonstrate this conversation, the group reads through a transcript of a couple discussing and navigating their “demon dialogue.” Lastly, couples identify a time when they became stuck in their negative cycle and use the steps from conversation 3 to create a safe base with one another by identifying more tender feelings and sharing them appropriately. Couples are assigned to read two stories of couples from the book *Hold Me Tight* and asked to reflect on the excerpt with their partner as well as identify how attachment fears impact their own relationship.

Session 5: *The Hold Me Tight Conversation* (Conversation 4)

Conversation 4 is based on developing intimacy and safety in the relationship by using what EFT labels an “A.R.E.” conversation (accessible, responsible, and engaging). Couples are asked to share their fears and deeper needs with one another and to communicate them in a way where their partner can respond non-defensively. The PowerPoint presentation teaches couples that speaking in the language of attachment to one another develops trust, the ability to problem-solve, recovery from distress, play in sex, and assertion within the relationship. Couples are then shown a 45-minute DVD segment of a couple modeling the HMT conversation. The group is encouraged to reflect on the fears and longings of the couple displayed in the video clip, and to discuss the difficulty each has in asking their partner for what they need. Couples break into dyads for the experiential exercise. Each partner is asked to choose a past significant relationship and share the deeper attachment feelings and needs/longings associated with this person. Afterwards, couples move into an attempt at the HMT conversation with one another, reminding their partner of their deeper feelings from conversation 2 and then trying to identify the attachment fears that are at the core of this feeling. Finally, each partner asks for what he or she needs in terms of reassurance, comfort, and caring when this fear is triggered. Couples are given a worksheet that provides examples and various ways of describing these attachment fears and needs. Homework is to practice the HMT conversation, followed by each partner sharing what it was like to hear this disclosure from his or her partner.

Session 6: *Forgiving Injuries and Trusting Again* (Conversation 5)

Conversation 5 educates couples on the inevitability of hurting their partner. Significant injuries are typically relational traumas that involve disconnection during moments of high fragility, loss, need, and uncertainty. These injuries can destroy safety and trust, creating new negative cycles or making pre-existing negative cycles worse. The leader describes steps to forgiving and healing these emotional wounds. The first step is for the wounded partner to communicate their pain. The other partner accepts the wounded one’s hurt and explores how the infliction of this hurt occurred and evolved. Next, the wounded partner discusses the core of this hurt and their partner apologizes by expressing that their loved one’s pain also hurts them. The wounded partner can now ask for the comfort and connection they missed and still need. Both partners end by establishing a narrative of the injury and the healing. The group watches a DVD segment of a couple engaging in this conversation, discuss the video, and then practice the conversation within their own dyad. In the exercise, partners also share how difficult it is to apologize and why it is difficult. Couples are asked to try the *Forgiving Injuries* conversation at home and to use a specific incident rather than a vague or general emotional pain.

Session 7: *Tender Touch and Synchrony Sex* (Conversation 6)

Psychoeducation on healthy bonding through sex is the topic of conversation 6. Couples are taught that safe emotional connection fosters satisfying sex, and enjoyable sex creates deeper connection and intimacy. Real-life sex is compared to myths and skewed media portrayals of sex. Instead, the group is taught that satisfying sex for both partners should be deliberately considered and actively discussed in the relationship. Different approaches to sex are explored with an emphasis on “secure synchrony sex” - when partners are tuned in, communicative, and flexible. A DVD clip models a couple discussing their negative cycle as it relates to sex and how their discussion fosters emotional connection and sexual desire. Couples participate in an exercise sharing the best and most uncomfortable sexual relations with their partner. Partners are also asked to provide tips for their partners and explore how they navigate sexual disconnection in their relationship. Reading is assigned from the *Hold Me Tight* book as well as to engage in a discussion exploring each partner’s main anxiety and wishes in their sexual life.

Session 8: *Keeping Your Love Alive* (Conversation 7)

The last session of the program consolidates everything the couples have learned and emphasizes how engaging in HMT conversations maintains positive changes and avoids escalating distress in the relationship. Ways to care for the relationship are outlined by the leader, including navigating and avoiding triggers for raw spots, creating safety during contentious moments, and developing bonding rituals. In addition, couples are encouraged to develop a resilient relationship story about the times when both partners worked together to overcome disconnection, as well as a future love story about what their relationship will look like in years to come. The group watches a DVD segment of a couple engaging in a conversation about how they care for their relationship. Afterwards, couples break into their own dyad to plan a daily ritual of intimacy, discuss past moments of connection, and create past and future narratives to describe their relationship. Couples are encouraged to finish the book, *Hold Me Tight*, and to continue practicing all the conversations learned in the HMT program. Finally, the workshop ends by the leader sharing his or her closing comments (summarizing the main messages of the program) and inviting couples to share their comments and experiences of the process.