Solicitud de informe sobre aspectos éticos que afectan a las investigaciones con seres humanos

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Título:	Efficacy of Emotionally Focused Therapy among Spanish Speaking couples: a randomized clinical trial.
Fecha inicio:	Febrero 2020

Solicitud de informe sobre aspectos éticos que afectan a las investigaciones con seres humanos

INVESTIGADOR PRINCIPAL(1)

Nombre :

Centro/Facultad (2): Instituto Cultura y Sociedad (ICS) Grupo de Investigación:

DOCUMENTOS QUE SE ADJUNTAN*			
1.	**La presente SOLICITUD con todos los apartados cumplimentados**	X	Obligatorio
2.	**COPIA DEL PROYECTO** **(Indicar el número de la VERSIÓN)**	X	Obligatorio
3.	**MEMORIA ECONÓMICA**	X	
4.	**HOJA DE INFORMACIÓN al sujeto y CONSENTIMIENTO INFORMADO para cada técnica aplicada y grupo participante** (3) (6)	X	
5	**CUESTIONARIOS, ANUNCIOS, etc. que vayan a ser utilizados en el proyecto**	X	
6.	**En el caso de utilizar una base de datos ya disponible:** Autorización para su uso firmada por un responsable y/o política de privacidad de la misma		X N/A - Justificar: No se va a usar una base de datos ya disponible
7.	**En el caso de realizar el estudio en una institución (centro de estudios, hospital, etc.):** Documento de presentación del estudio para solicitar la participación del centro		X N/A - Justificar: La recogida de datos no va a tener lugar en otros centros
8.	**Otros** (especificar)		

* Se recuerda que aquellas solicitudes que presenten documentación incompleta no justificada no serán evaluadas.

DATOS DEL PROYECTO

Título: Efficacy of Emotionally Focused Therapy among Spanish Speaking couples: a randomized clinical trial

Fecha inicio: Febrero 2020

☐ Aprobado por otro CEI. En caso afirmativo adjuntar certificados. – **Está en proceso de evaluación por el CEI de la Brigham Young University, y lo estará por parte de los CEIs de la University of Ottawa y la Université du Québec en Outaouais. Se informará al CEI de la UNAV en cuanto se obtuviera aprobación por parte de cualquiera de estas 3 instituciones.*

¿Existe conflicto de interés? X No ☐ Sí (declarar):

FINALIDAD DEL INFORME DEL CEI

☐ Modificación de proyecto aprobado (indicar código)

☐ Trabajo fin de grado (TFG) ☐ Trabajo fin de máster (TFM) ☐ Tesis doctoral

Director/a del Trabajo o Tesis (nombre y dos apellidos): Centro de Trabajo:

☐ Presentación de proyecto a financiación: Agencia : Convocatoria :

☐ Proyecto financiado en ejecución Agencia :

X - Autorización de actividad o experimentación sin entidad financiadora

☐ Otros (Publicación, etc.). Especificar

Declaración de compromisos:

a) Toda información que figura en este documento es veraz.
b) Me comprometo a tomar en consideración todas las modificaciones sustanciales que para este proyecto sean propuestas por el Comité.
c) Me comprometo a informar de cualquier modificación relevante [(*)], acontecimiento adverso o incidente que pudiese producirse durante el período de estudio y que afecte a la decisión final del Comité.
d) No comenzaré ningún protocolo experimental contenido en este proyecto hasta su completo y definitivo informe favorable por parte del Comité.
e) Se mantendrán, bajo mi directa supervisión, registros del proceso experimental a disposición de los miembros del Comité que así lo soliciten.

Si cualquiera de las anteriores condiciones se viese incumplida, entiendo que el Comité puede paralizar o modificar el proyecto en curso.

Fecha: 17 julio 2019
v.2-10 septiembre 2019

Firma Investigador Principal
(requisito imprescindible)

Fdo.:

[(*)] Modificación relevante:
- cambio del responsable del proyecto
- cambio en alguno de los objetivos del proyecto
- cambio en el riesgo al que se somete al paciente
- cambio en la política de privacidad o de protección de datos

APARTADOS DE LA PRESENTE SOLICITUD

1. DATOS DEL PROYECTO
2. PROCEDENCIA Y CARACTERÍSTICAS DE LA INFORMACIÓN
3. GRUPOS DE PERSONAS QUE VAN A INCLUIRSE EN EL ESTUDIO
4. INVESTIGACIÓN QUE IMPLIQUE INTERVENCIÓN
5. INCLUSIÓN DE DATOS PERSONALES
Notas aclaratorias

1. DATOS DEL PROYECTO

Título:	Efficacy of Emotionally Focused Therapy among Spanish Speaking couples: a randomized clinical trial

Resumen:

Se va a realizar un ensayo clínico aleatorizado, que busca testar un modelo de terapia de pareja denominado “terapia focalizada en las emociones” en países de habla hispana. En concreto, se trata de un ensayo clínico aleatorizado de tipo grupos paralelos, fase II, y aleatorización en bloques (parallel group, phase II, and cluster randomization). Se pretende evaluar la superioridad del tratamiento sobre la ausencia de tratamiento.

La terapia focalizada en las emociones (*emotionally focused therapy*) es un modelo de terapia de pareja desarrollado por la autora Susan Johnson, que ha tenido amplio respaldo empírico a través de ensayos clínicos realizados con parejas estadounidenses y canadienses. Sin embargo, no existe ninguna investigación con parejas en lengua española. Se ofrece información detallada sobre el modelo y sus características en la documentación del proyecto y alguno de sus anexos.

Se realizará un proceso de anuncio del ensayo clínico en las ciudades o áreas en las que están ubicados los terapeutas que van a participar en el estudio (detalladas en el documento completo del proyecto, adjunto a esta solicitud), que buscará seleccionar a 70 parejas. Dichas parejas estarán formadas por personas de al menos 25 años de edad, que hayan comenzado su convivencia (cohabitación) al menos hace un año, que tengan el español como uno de sus idiomas nativos y hayan vivido en el país donde va a tener lugar el estudio al menos durante cinco años, que presenten un grado de conflicto en su relación moderado y que deseen mejorar su relación (los detalles sobre los criterios de inclusión y exclusión se incluyen en el proyecto anexo). Una vez superen el proceso de selección y habiendo comprendido todas las características del estudio y dado su consentimiento por escrito para participar, se realizará una evaluación idéntica a todas las parejas. Esta evaluación, que se repetirá al final del proceso, buscará estudiar el cambio en tres variables principales: el ajuste diádico, la satisfacción en la relación de pareja, y el apego romántico (dimensiones evitativa y ansiosa). Dicha evaluación se realizará a través de cuestionarios estandarizados reconocidos internacionalmente para evaluar las variables objetivo.

Después de esta evaluación previa se distribuirá aleatoriamente a las parejas participantes de forma que se generen dos grupos similares con igual número de parejas (35 parejas por grupo): la mitad de las parejas irán a un grupo control (lista de espera) y la otra mitad a un grupo tratamiento (20 sesiones de terapia de pareja, realizadas por un terapeuta certificado o en nivel avanzado de formación en el modelo “terapia focalizada en las emociones”). El proceso de tratamiento tendrá una duración aproximada de 5 meses. Los terapeutas grabarán todas las sesiones para evaluar la fidelidad al modelo terapéutico que se quiere estudiar. Durante este tiempo tanto las parejas en grupo control como en grupo tratamiento recibirán evaluaciones periódicas en distintas variables del estudio (que detallamos en el documento adjunto del proyecto).

Al finalizar el tratamiento todas las parejas (tanto las incluidas en grupo control como en grupo tratamiento) repetirán la evaluación que se realizó al inicio del proceso. Una vez finalizada la evaluación, se ofrecerá a las parejas del grupo control participar en su país de residencia en un fin de semana formativo en el que recibirán un programa psicoeducativo basado en el mismo modelo terapéutico (terapia focalizada en las emociones) que ha demostrado tener resultados positivos para la calidad de la relación de pareja en la mayoría de las parejas que participan en él. Este programa psicoeducativo estará a cargo de algunos de los mismos terapeutas expertos en el modelo que realizaron la terapia de pareja con el grupo tratamiento. Todos los gastos de su participación serán asumidos desde el proyecto de investigación. Por su parte, las parejas del grupo tratamiento serán evaluadas en las variables principales del estudio

durante dos años (a los 6, 12, 18 y 24 meses de haber finalizado el tratamiento).

El estudio será multipaís (España, México, Costa Rica, Argentina y Guatemala) y también multicentro, pues en cada país los terapeutas participantes no se encuentran todos en la misma clínica de psicoterapia. En concreto, habrá 2 terapeutas en el caso de Argentina, Costa Rica y Guatemala, 3 en el caso de España, y 4 en el caso de México.

Los terapeutas recibirán supervisión de acuerdo a los estándares habituales en estudios similares realizados previamente en EEUU y Canadá. Todo el proceso cumplirá con los estándares éticos propios de todo proceso psicoterapéutico y con los principios de confidencialidad y la regulación de protección de datos española y europea. La terapia implica un proceso de comunicación y conexión con los propios sentimientos y pensamientos que puede resultar incómodo en algún momento. Sin embargo, los terapeutas que van a participar en el estudio tienen la cualificación adecuada para manejar esta situación y buscarán siempre promocionar la seguridad emocional y la integridad psicológica de las personas que participen en la terapia, por delante de los objetivos de investigación. El modelo terapéutico que va a utilizarse no presenta ningún riesgo especial para las parejas participantes.

2. PROCEDENCIA Y CARACTERÍSTICAS DE LA INFORMACIÓN

Indique el origen de la información que se va a utilizar:

☐ Base de datos o fuente de información externa

  ☐ De acceso público y con política de privacidad que permite su uso en investigación

  ☐ Privada pero con permiso de uso facilitado por el responsable y/o por su política de privacidad

X Información recogida en esta investigación (3)

  ☐ Información anónima

  X Información con *datos personales*(4) (5) para cuya recogida se ha desarrollado hoja de información y consentimiento informado (6)

  X Información de categorías especiales(7) para cuya recogida se ha desarrollado hoja de información y consentimiento informado (6)

  ¿Cómo obtiene la información? (8)

    X Mediante instrumentos estandarizados(9)

    ☐ Mediante instrumentos no estandarizados(10)

    X Mediante imágenes, audios o vídeos (11)

    ☐ Otros (especificar):

3. GRUPOS DE PERSONAS QUE VAN A INCLUIRSE EN EL ESTUDIO

Describir los grupos de participantes e indicar quién los recluta (nombre, puesto y centro de trabajo) y cómo (12)

GRUPO	DESCRIPCIÓN	N	RECLUTADOR	MÉTODO DE RECLUTAMIENTO

1	Parejas españolas	14-16	IP del grupo de investigación en colaboración con terapeutas acreditados y colegiados de España	Página web del proyecto, anuncios a través de sociedades profesionales y otros contactos locales.
2	Parejas guatemaltecas	12-14	IP del grupo de investigación en colaboración con terapeutas acreditados y colegiados de Guatemala	Página web del proyecto, anuncios a través de sociedades profesionales y otros contactos locales.
3	Parejas argentinas	12-14	IP del grupo de investigación en colaboración con terapeutas acreditados y colegiados de Argentina	Página web del proyecto, anuncios a través de sociedades profesionales y otros contactos locales.
4	Parejas mexicanas	14-16	IP del grupo de investigación en colaboración con terapeutas acreditados y colegiados de México	Página web del proyecto, anuncios a través de sociedades profesionales y otros contactos locales.
5	Parejas Costaricenses	12-14	IP del grupo de investigación en colaboración con terapeutas acreditados y colegiados de Costa Rica	Página web del proyecto, anuncios a través de sociedades profesionales y otros contactos locales.

Forma de reclutamiento de terapeutas participantes:

Se accedió a la información sobre los terapeutas a través de entrenadores certificados en el modelo que realizan cursos en estos países, que reenviaron la propuesta de colaboración, y a través de un listado público de la entidad de referencia mundial en este modelo (www.iceeft.org ; *International Center for Exellence in Emotionally Focused Therapy*). La autora del modelo de terapia testado (Susan Johnson) estuvo al tanto de todo el proceso y el IP del proyecto se reunión con ella en Madrid (mayo 2017) y por videoconferencia en dos ocasiones a lo largo de 2018 para concretar los requisitos de los terapeutas participantes. Los terapeutas candidatos reúnen todos los requisitos legales para ejercer como psicoterapeutas en su país, han completado la formación oficial en el modelo, y han pasado por un proceso de evaluación (visualización de un video de terapia reciente por parte de dos supervisores certificados por ICEEFT, siendo necesaria la aprobación de ambos para la confirmación de la candidatura del terapeuta).

En el caso de existir varios grupos: ¿Se han previsto Hojas de Información y Consentimiento Informado para cada grupo? (6)

☐ Si

X No

Justificar: Todas las parejas candidatas deben firmar el mismo consentimiento informado, puesto que las condiciones del estudio implican una asignación aleatoria a los dos grupos (grupo tratamiento y grupo control), que debe ser posterior a su inclusión en el estudio y a su aceptación de las condiciones del mismo. Por tanto, debido al diseño de esta investigación, aunque existen dos condiciones experimentales, el consentimiento informado debe ser común.

¿Incluye el estudio a....?

Este estudio no incluye a ninguna de las poblaciones referidas en la lista a continuación

☐ Menores [13]

☐ Personas incapaces de expresar su consentimiento [14]

☐ Grupos étnicos o sociales específicos [15]

☐ Empleados o subordinados*

☐ Alumnos o becarios*

Justificar e indicar si se han previsto medidas adicionales de protección:

* Si pertenecen únicamente a la Universidad de Navarra, según ha establecido la Universidad, el Proyecto debe contar con la aprobación de la Junta directiva de la Facultad a la que pertenece el estudio. Sí tengo la citada aprobación (marque con una X) ☐

4. INVESTIGACIÓN QUE IMPLIQUE INTERVENCIÓN

¿Se va a realizar algún tipo de intervención [16]?

☐ No
X Si

¿Qué tipo de intervención?

☐ Prueba médica o clínica [17] [6]
☐ Intervención psicopedagógica [18]
X Aplicación de instrumentos de evaluación y/o diagnóstico [19]
X Terapia individual o de grupo
☐ Prueba de producto [20]
☐ Otra (especificar): ………………………………………………

¿Pueden producirse perjuicios o efectos secundarios por la intervención?

X Si, y se informará al participante de los mismos en la Hoja de Información [6]
☐ No

Indicar las medidas de protección previstas: *
Todos los terapeutas que van a realizar la intervención cumplirán con el código deontológico propio de la profesión, y garantizarán que las parejas participantes puedan realizar el proceso de forma segura, y sean conscientes de que pueden solicitar finalizar, postergar o detener el proceso terapéutico en cualquier momento. En caso de conflicto, los terapeutas se comprometerán a velar por el bienestar de las parejas participantes, aunque esto implique comprometer en alguna medida el diseño de la investigación o sus objetivos.

5. INCLUSIÓN DE DATOS PERSONALES

¿Se recogen datos personales? [4]

X Si [6]

☐ No

¿Cómo se va a preservar la confidencialidad?

X Codificación o pseudoanonimización: El investigador otorga un código a toda la documentación asociada a cada sujeto pudiendo ser identificado únicamente al asociar el código a los datos de carácter personal (quedando esta información debidamente custodiada).

☐ Disociación: La información no puede asociarse a persona identificada o identificable (datos anónimos)

Explicar el procedimiento:

¿Está prevista la transferencia de la base de datos fuera de la Unión Europea?

☐ No

☐ Sí, de datos anónimos

X Sí, se transferirán datos personales fuera de la Unión Europea pero el receptor garantiza el mismo nivel de seguridad en la protección de datos que en la Unión Europea

¿Van a utilizarse datos personales con fines distintos a la investigación?

☐ No

X Si [(6)] [(11)] Indique:

X Se especifican los usos en la hoja de información y de consentimiento informado utilizadas en el estudio

☐ Se especifican los usos en una hoja de información y consentimiento informado distintas de las utilizadas en el estudio

Indicar los fines y cómo se procederá a proteger los datos personales, si los hubiera:

Efficacy of Emotionally Focused Therapy among Spanish Speaking couples:

A Randomized Clinical Trial

Efficacy of Emotionally Focused Therapy among Spanish Speaking couples:

A Randomized Clinical Trial

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THEORETICAL BACKGROUND

Introduction

Emotionally Focused Couples Therapy (EFT; Johnson, 2004) is an empirically supported, attachment-based model of couples therapy that combines experiential, systems, and attachment theories with the goal of fostering the development of safe contact, accessibility, and responsiveness in both partners (Johnson, 2004, 2019). EFT has undergone rigorous empirical testing, including three different meta-analyses, and has proven to be effective at reducing couple distress and increasing relationship satisfaction (Byrne, Carr, & Clark, 2004; Johnson, Hunsley, Greenberg, & Schindler, 1999; Wiebe & Johnson, 2016; Wiebe, Johnson, Lafontaine, Burgess-Moser, Dalgleish, & Tasca, 2017; Wood, Crane, Schaalje, & Law, 2005). In addition, research suggests that EFT has been associated with decreases in depression, decreases in PTSD symptoms, improvements in sexual desire, increased quality of life for cancer patients, and increased likelihood of resolving attachment injuries (see Wiebe & Johnson, 2016, for a thorough review of outcome and process research). While the efficacy of EFT is well established, nearly all of the empirical evidence has been gathered in English speaking countries, primarily Canada and the United States. Research is now needed that evaluates the effectiveness of EFT in a global setting, which can evaluate the utility model in multiple languages and cultures (Sexton et al., 2011; Wiebe & Johnson, 2016).

The present study, based on the data gathered previously in EFT clinical trials, will test the efficacy[1] of EFT in the Spanish speaking cultural context, including a sample of couples from three different Spanish speaking countries. This study will be a randomized clinical trial design,

[1] Efficacy and effectiveness are two concepts related to assessing healthcare interventions. Efficacy studies assess whether an intervention works under ideal or selected conditions (e.g., randomized clinical trial), while effectiviness refers to more naturalistic settings (e.g., information from clients collected in psychotherapeutic clinics without a specific selection criteria). As Rosqvist, Thomas, and Truax (2011) explain: "The goal of efficacy research is to establish cause-and-effect relationships between independent (e.g., intervention) and dependent variables (e.g., symptoms)".

where couples assigned to a treatment group will be compared to couples assigned to a control group.

Emotionally Focused Therapy Model

To accomplish its attachment based therapeutic goals, EFT moves through a relatively structured nine-step approach (Johnson, 2004). The nine steps are: 1) delineating conflict issues in the struggle between the partners, 2) identifying the negative interaction cycle, 3) accessing unacknowledged feelings underlying interactional positions, 4) redefining the problem(s) in terms of underlying feelings, 5) promoting identification with disowned needs and aspects of self, 6) promoting acceptance by each partner of the other partner's experience, 7) facilitating the expression of needs and wants to restructure the interaction, 8) establishing the emergence of new solutions, and 9) consolidating new positions (Johnson, 2004; Wiebe & Johnson, 2016).

Years of process research suggests the key moments of change in EFT revolve around secure bonding moments. These occur when partners are able to reach out and find comfort with and from each other (Furrow, Edwards, Choi, & Bradley, 2012). This EFT specific type of 'reach-for and reach-back exchange' between partners around core attachment needs is central to EFT theory and research (Bradley & Furrow, 2004; Tilley & Palmer, 2012; Burgess-Moser, Johnson, Dalgleish, Wiebe, & Tasca, 2018, Greenman, Johnson, & Wiebe, 2019). Such bonding moments are the micro-interactions that form the foundation of a secure attachment. Therapists continue to be drawn to EFT because of its clear focus on attachment, practical approach to working with emotion in session, the clear positive change it seems to generate in the lives of clients and therapists (Sandberg & Knestel, 2011; Sandberg et al., 2019), and the availability of worldwide training in multiple languages (www.eft.ca).

Previous Research on EFT Efficacy

Studies examining the effectiveness of EFT for couples have suggested this therapeutic approach has a significant positive impact on couple relationships quality (Wiebe & Johnson, 2016; Lebow, Chambers, Christensen, & Johnson, 2012). Couples involved in EFT reported gains in indicators such intimacy, relationship satisfaction, empathy, self-disclosure, sexual satisfaction and dyadic adjustment (Dandeneau & Johnson, 1994; Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000; Dessaulles, Johnson, & Denton, 2003; Denton, Wittenborn, & Golden, 2012; Johnson & Talitman, 1997; Lee, Spengler, Mitchell, Spengler, & Spiker, 2017). Studies including follow-up measures reported those gains are partially maintained 6, 12 months or more after finishing therapy (Burgess-Moser, Johnson, Dalgleish, Lafontaine, Wiebe, & Tasca, 2016; Dandeneau & Johnson, 1994; Johnson & Talitman, 1997; Walker, Manion, Cloutier, & Johnson, 1992; Wiebe, Johnson, Burgess Moser, Dalgleish, & Tasca, 2017). A meta-analysis of randomized clinical trials in EFT (Johnson et al., 1999) suggested 70 to 73% recovery rate and an effect size of 1.3. Other studies found 79% of couples demonstrated clinically significant improvement at posttherapy (Johnson & Talitman, 1997).

A review of the literature shows previous clinical trials in EFT were conducted with couples from Canada or USA. For example, one study explored the efficacy of EFT among couples where one partner has experienced childhood abuse. In this study Dalton, Greenman, Classen, and Johnson, 2013), 32 couples were randomly assigned to treatment group (22 sessions of EFT) or control group (waitlist). Couples in the treatment group reported significantly higher relationship satisfaction scores posttreatment than couples in the control group. Another clinical trial with EFT focused on couples with a chronically-ill children. Thirty-two couples were randomly assigned to a treatment group (ten sessions of EFT) or control-group (a wait-list). After ten sessions of EFT, couples reported statistically significant improvements in relationship satisfaction, communication, and intimacy as compared to wait-list controls. A different study randomized 12 couples between two groups, one group received 45 minutes of psychoeducation about cancer, and the other 60 minutes of an EFT-session (Naaman, 2008). Forty four percent of

couples in this last group reported improvements in their relationship satisfaction, versus 0% in the psychoeducation group. In a separate study with couples facing cancer, 42 couples were divided into two groups: EFT-treatment versus waitlist. Again, couples assigned to EFT reported significantly greater improvements in relationship satisfaction (Mclean, Walton, Rodin, Esplen, & Jones, 2013). An additional clinical trial studied a group of couples where the female partner showed inhibited sexual desire. In this study, 49 couples were randomly assigned to a waitlist group or a treatment group (12 sessions of EFT). Women assigned to treatment group reported higher sexual desire and lower depressive symptomatology than the control group at posttherapy (McPhee, Johnson, & van der Veer, 1995).

Some other studies have been conducted without any control group (waitlist or alternative treatment approach), where significant improvements were found (e.g., Lee et al, 2017; Wiebe, Johnson, Lafontaine et al., 2017). In general, studies about EFT efficacy have been conducted with samples of 12 to 42 couples in total (including both control and treatment group), and with an average number of EFT sessions between 12 and 22, mostly focused on dyadic adjustment, attachment or marital satisfaction as main outcomes.

Cross-Cultural Studies in EFT

Although some authors have pointed out the relevance of culture to the emotionally focused therapy approach (Maynigo, 2017), empirical studies with EFT conduced in languages different than English, and couples outside the USA and Canada, are very scarce (Wiebe & Johnson, 2016; Greenman, Young, & Johnson, 2009). It is possible to find some studies with Japanese and Iranian couples. A doctoral dissertation was conducted at the University of Ottawa, where some cultural adaptations were suggested for EFT with Japanese couples (Hattori, 2015), although this study was a comparison of two samples (Canadian and Japanese) in several variables (e.g., attachment). In addition, a post test was conducted of some of adaptations to the EFT model with 3 Japanese couples living in Canada for no more than 5 years. Also, a number of studies have been conducted with Iraian couples living in Iran (Ahmadi, Zarei, & Fallahchai,

2014; Soltani, Molazadeh, Mahmoodi, & Hosseini, 2013; Soltani, Shairi, Roshan, & Rahimi, 2014;), and found positive results (e.g., higher dyadic adjustment). However, these appear to be the only published studies focused on EFT in languages other than English, and with cultural groups outside of North America. These studies were not attempts to cross-validate previous work.

Despite the fact that Spanish is the first language of more than 450 million people in the world, no studies have been published about the efficacy of EFT with samples of Spanish-speaking couples. Although EFT is an attachment based-approach, and attachment principles have strong research support across cultures (Van IJzendoorn & Bakermans-Kranenburg, 2010). More than ever, psychotherapists are aware of the relevance of understanding and working within the culture of the clients to conduct a cultural-sensitive and meaningful therapy (e.g., American Psychological Association, 2017). Culture influences both interpersonal and intrapsychic processes (Matsumoto, 2001). Research suggests autonomy may be defined distinctly in different cultures, and the ways people experience autonomy or intimacy are mediated by culture (e.g., there is a significant variability on the preferred interpersonal distance (Bekker, Arends-Tóth, & Croon, 2011; Moleiro, Ratinho, & Bernardes, 2017; Sorokowska et al., 2017).

Nevertheless, most major approaches to couple and family therapy tend to overlook the implications of cultural diversity, and the assessment of cross-cultural validity of some of the stronger evidence-based psychotherapeutic approaches has rarely occurred (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Even though most agree therapy should be conducted in a language all participants (i.e., therapist and client/s) manage proficiently (e.g., Teyber & McClure, 2000), this is uncommon in effectiveness studies. Cross-cultural studies of psychotherapeutic models have implications in several levels: for training or supervision, for the language (the words) and meaning, for the benchmarks related with the skills (e.g., what is the interpersonal distance which means proximity), and even for linkage between legal aspects and cultural perception of psychotherapy in a society. In this study, we will test the efficacy of EFT

in Spanish-speaking countries, while also comparing differences among therapists or therapeutic processes in different countries. Our secondary goal is to contribute to the development of a cultural-attuned EFT-Model for Spanish Speaking countries around the world.

Main Outcome Variables: Dyadic Adjustment, Couple Satisfaction and Attachment

The largest body of research supporting EFT relates to positive outcomes related to dyadic adjustment and couple satisfaction (Wiebe & Johnson, 2016). Three different meta-analyses point to the same conclusion, that the EFT model fosters dyadic satisfaction and adjustment for couples who participate in the attachment-based approach to therapy (Johnson, Hunsley, Greenberg, & Schindler, 1999; Byrne, Carr, & Clark, 2004; Wood, Crane, Schaalje, & Law, 2005). Moreover, almost all previous studies about the efficacy of EFT consider dyadic adjustment as a primary outcome (Wiebe & Johnson, 2016), and most of them measure this variable through the Dyadic Adjustment Scale (DAS; Spanier, 1976). For this reason, and because there is no research in Spanish regarding the effectiveness of this model, it is crucial that we are able to evaluate dyadic adjustment with the DAS as the measuring instrument.

Nevertheless, some studies suggested dyadic adjustment and couple satisfaction are not the same construct (Noller & Karantzas, 2012; Funk & Rogge, 2007; Ricciardi et al., 2015). We consider dyadic adjustment and couple satisfaction as different but overlapping constructs, given that both are related to evaluating "marital or couple relationship quality". This quality is the main outcome in emotionally focused therapy. For this reason, and as the scope of this research is interested in couple relationships, we consider it valuable to include an additional form of evaluating couple relationship quality, which can be done through an additional (very consolidated) questionnaire focused on couples relationship quality, the Couple Satisfaction Index (CSI; Funk & Rogge, 2007; Mattson, Rogge, Johnson, Davidson, & Fincham, 2013).

Attachment is also a main outcome variable in some of the most relevant studies in the field (Burgess-Moser et al., 2018; Wiebe, Johnson, Lafontaine, et al., 2017; Burgess-Moser et al.,

2016; Dalgleish, Johnson, Moser, Wiebe, & Tasca, 2015). Recent literature about EFT highlights the importance and relevance of this model as an attachment-based approach (Johnson, 2019a; Johnson, 2019b). Longitudinal research suggests that couples who participate in EFT experience significant gains in relationship-specific attachment (specifically related to anxiety) when they participate in softening moments (Burgess-Moser et al., 2016). Studies conducted with clinical trial designs suggest couples in the treatment groups score lower in attachment avoidance after treatment, compared with couples from the control groups (Makinen & Johnson, 2006). However, research which replicates these findings is needed, especially outside the main EFT clinic in Ottawa where the main studies which consider attachment as a central variable were conducted.

It is important to use these three variables as main outcomes because they are related in previous studies; for example, reductions in attachment anxiety and avoidance were significantly associated with improvements in dyadic adjustment (Burgess-Moser et al., 2016), and longitudinal research, including a 24-month post therapy follow, has shown that reductions in attachment anxiety are related with relationship satisfaction over time (Wiebe, Johnson, Burgess-Moser et al., 2018). These results are in harmony with EFT theory that suggests efforts to improve attachment will have a positive effect on relationship satisfaction (Johnson, 2019a; Wiebe, Elliott, Johnson, Burgess Moser, Dalgleish, Lafontaine, & Tasca, 2018).

THE PRESENT STUDY

The Present Study: Strengths, Aims and Hypotheses

This study has two general aims. First, to test the efficacy of EFT in Spanish speaking countries through a randomized clinical trial design (20 EFT-sessions treatment group versus waitlist control group). The efficacy of EFT has not yet been studied in Spanish speaking countries. This is a very relevant point, not only for the EFT model itself, but because no evidence-based couple therapy models have been assessed in Spanish speaking countries. Therefore, this study is an important potential contribution for the couple psychotherapists from all Spanish-speaking world.

The second aim of this study is to contribute to the knowledge of the emotionally focused therapy model. To achieve this goal, in addition to the well-studied variables, we consider adding to never-studied variables as controls or predictor variables, and we will use multilevel growth modeling as an analytic tool. Moreover, most studies on EFT-efficacy in the last 15 years focused on specific types of couples (e.g., presenting a specific disease), and few have tested EFT using a clinical trial design. Most of clinical trials in EFT with a general sample of couples were conducted in the nineties and under the supervision of the founder of the model (S. Johnson). We expect to contribute to the current main research questions of the state of the art on the EFT for couples field. Finally, we expect to contribute to the understanding of the change process in EFT.

The aim of **testing the efficacy of EFT in Spanish** will be addressed following these four steps:

1) Step I: **Testing the efficacy of EFT in Spanish**

We will conduct a comparison of the differences between the treatment group and the control group on the pre- and post- measures of the main outcomes of the study (relationships

satisfaction, dyadic adjustment and attachment). This includes an assessment of any pre-post therapy differences in partners' self-reported relationships satisfaction, dyadic adjustment and romantic attachment.

2) Step II: **The study of secondary variables (control, predictive capacity and change)**

We will also conduct an analysis of secondary variables in order to test their influence as predictors, as well as control variables and study change over time. These variables would be, among others: loneliness, parenting, affective communication, and sexual satisfaction.

3) Step III: **The understanding of the change process in EFT**

We will also include analyses that will allow us to study the process of change, to better understand session-to-session micro level shifts in couple dynamics and intrapersonal well-being. In order to achieve this, we will gather data regarding variables such as the therapeutic alliance, and perception of accessibility, responsiveness, and engagement along the course of therapy. These process variables will also be linked to outcomes.

4) Step IV: **The stability of improvements achieved in the couple relationship quality (Follow-up assessment)**

Finally, we will assess the above mentioned associations across time. Previous studies found EFT approach showed stronger stability in therapy outcomes than other therapeutic approaches. We want to explore the stability of change over time.

The hypotheses for this study are presented according to these four steps.

Hypotheses - Section I[2]

Hypothesis 1 (Dyadic Adjustment)

It is predicted that dyadic adjustment will increase over time in individuals included in treatment group when compared with individuals included in the control group. We also expect post-therapy scores on dyadic adjustment will display clinically significant increases from pre-therapy scores (as measured by the Dyadic Adjustment Scale-DAS) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 2 (Couple satisfaction)

It is predicted that couple satisfaction will increase over time in individuals included in treatment group when compared with individuals included in the control group. We also expect self-reported post-therapy scores on couple satisfaction will display clinically significant increases from pre-therapy scores (as measured by the Couple Satisfaction Inventory-CSI) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 3 (Attachment)

It is predicted that attachment anxiety and attachment avoidance will decrease over time in individuals included in treatment group when compared with individuals included in the control group. We also expect self-reported post-therapy scores on attachment anxiety and attachment avoidance will display clinically significant decreases from pre-therapy scores (as measured by the Couple Satisfaction Inventory-CSI) in individuals included in treatment group when compared with individuals included in the control group.

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[2] Along this section we are going to mention several standardized questionnaires. Full information about them is available in the document later.

Hypothesis - Section II

Hypothesis 4 (physical health)

It is predicted that physical health will increase over time in individuals included in treatment group. We also expect self-reported post-therapy scores on physical health will display clinically significant increases from pre-therapy scores (as measured by two general questions about health and the PHQ) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 5 (psychological health)

It is predicted that psychological health will increase over time in individuals included in treatment group. We also expect self-reported post-therapy scores on psychological health will display clinically significant increases from pre-therapy scores (as measured DASS-21) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 6 (reflective functioning)

It is predicted that reflective functioning will increase over time in individuals included in treatment group. We also expect self-reported post-therapy scores on reflective functioning will display clinically significant increases from pre-therapy scores (as measured by the Reflective Functioning Questionnaire) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 7 (sexual dissatisfaction and loneliness)

It is predicted that sexual dissatisfaction and loneliness will decrease over time in individuals included in treatment group. We also expect self-reported post-therapy scores on sexual dissatisfaction and loneliness will display clinically significant decreases from pre-therapy scores (as measured by the sexual dissatisfaction index of the MSI and the Revised UCLA Loneliness Scale) in individuals included in treatment group when compared with individuals included in the control group.

Hypothesis 8 (exploratory)

We want to study the possible interaction between the main outcomes of the study with other variables as: differentiation of self (measured by the Spanish-Differentiation of Self Inventory) and the quality of Sleep (measured with the PROMIS sleep disturbance short form). We also want to explore if the treatment generates some changes in these variables.

Hypothesis - Section III

This third section is related with the study of the therapy-process and its impact in outcomes. Specifically, we propose two hypotheses.

Hypothesis 9 (Therapeutic alliance)

We expect to find a significant and positive relationship between the main outcomes of the study and the quality of the therapeutic alliance (measured by the WAI-CO-Short form and the ABAQ-12).

Hypothesis 10 (Accessibility, responsiveness and engagement)

We want to explore the self-reported perception of accessibility, responsiveness, and engagement (relevant variables according with the emotionally focused couple therapy model), and its relationship with the main outcomes and other variables of the study.

Hypothesis - Section IV

Hypothesis 11 (follow-up main outcomes)

Individuals' self-reported levels of dyadic adjustment, couple satisfaction, and secure attachment (lower attachment anxiety and attachment avoidance), will show significant increases from pre to post therapy with continued increases at a decelerated rate across 6, 12, 18 and 24 months follow-up.

Method

Subject Selection

Seventy couples, over the age of 25 will be recruited for this research project (35 couples for the treatment group and 35 couples for the control group). Couples will be in current long-term and exclusive (living together for at least one year) heterosexual relationships. To be eligible, couples' average score on the DAS (Spanier, 1976) must classify the relationship as mildly to moderately distressed. Participants for this study will be recruited through a number of potential outlets, including but not limited to, media advertisements, posters at local community agencies and other professional and social networks depending on the specific location of the therapists involved in the Clinical Trial. The recruiting process may include an advertisement for the study on other social media outlets or internet sites (i.e., a video shared through YouTube as approved by IRB and appropriate by location).

Advertisements and posters for the study will inform potential participants that a research study examining how couples' change through the process of therapy is being conducted and that selected couples will be offered 20 sessions of free therapy. All respondents to these recruitment methods will be screened for eligibility and health status using a standardized screening procedure (see Appendix B).

Since this study is focusing on the changes that couples undergo during the process of EFT for couples, each qualified couple will be offered 19 up to 21 free sessions of Emotionally-Focused Therapy. For the research component of the study (excluding the therapeutic intervention), each couple will be paid $60 per hour of participation, with an estimated total of 7 hours of participation over the course of the entire study. If participants withdraw from the study at any time, they will be paid $100 for each stage completed throughout their participation. If the total participation time takes longer than 7 hours, subjects will be paid $80 for each additional hour of participation.

Inclusion/Exclusion Criteria

All respondents to study advertisements will be screened with a standardized online questionnaire. Through this online questionnaire participants will be assessed according to the inclusion/exclusion criteria. Those couples deemed eligible will be contacted by phone or through a video-conference to participate in a second screening, and to be assigned to either the control or treatment group.

The telephone/video screening procedure (see Appendix B) includes all of the following inclusion and exclusion criteria.

The following list of criteria will be used as the basis for study inclusion:

- Each member of the relationship has to be at least 25 years old.

- The couple has to be exclusive in their courtship and must have been living together for at least 1 year.
- Couple's average score on the Dyadic Adjustment Scale must classify the relationship as mildly to moderately distressed (80 – 100) (DAS; Spanier, 1976). In 1987, Jacobson, Schmaling, and Holtzworth–Munroe established a clinical cut off score for happily married couples on the DAS, where scores under 97 are considered to be in the distressed range. Spanish researchers suggest couples with scores under 100 could be considered to be in the distressed range (Cáceres, Herrero Fernández, & Iraurgi Castillo, 2013; Cano-Prous et al., 2014). Based on this information it can be determined that scores on the DAS between 80-100 would represent a relationship that is considered to be moderately to mildly distressed, scores under 80 severely distressed, and scores over 100 to be representative of very mildly distressed or happily married (or in a committed relationship; e.g., cohabitation) couples.
- Participants must be willing to participate in all of the study components (questionnaires, videotaping, therapy, and follow-up once the therapy is finished).
- Each member of the relationship must speak Spanish as a native language and have lived in the country where the study is going to be conducted for at least 5 years.

If couples seek to participate in the study and score lower on the DAS than the established selection criteria (i.e., couples scoring under 80), they will not be included in the study. However, they will be given a list of community resources for couple therapy (appropriate by location). If a couple seeks to enroll in the study but they do not meet the other selection criteria, they will be informed that they did not qualify for the study.

The following list of criteria will be used as the basis for study exclusion, if any participants do not meet the inclusion criteria or reports any of the following, they will be informed they do not qualify for the study:

- If either partner score lower on the DAS than the established selection criteria (i.e., couples scoring under 80).

- If either partner is receiving current psychotherapeutic (psychological or psychiatric) treatment, or anticipate receiving this type of treatment within the next 6 months.
- If either partner have been previously diagnosed with any psychotic, somatoform or dissociative disorder, or are currently taking any medication known to treat psychosis, somatoform, dissociative or psychotic disorders.
- If either partner is current taking psychotropic medication (See Appendix B online questionnaire screen for disqualifying medications).
- If either partner reports a diagnosis of a neurodevelopmental (e.g., autism spectrum disorder), neurocognitive, personality or paraphilic disorder.
- If either partner reports having been arrested or in prison in the past 3 months.
- If either partner reports an arrest due to driving drunk or any other legal problem due to alcohol or other drugs.
- If either partner reports having been fired from his/her job due to alcohol or other substance use/abuse.
- If either partner reports an episode (as a victim or perpetrator, or both) of a sexual assault during the past 2 years.
- If either partner reports physical or sexual violence taking place in their current relationship.
- If either partner is currently involved in an affair, which he/she will not end or requests that the affair remains secret.
- If either partner have a condition (currently or highly likely in the near future) that may make attendance to therapy sessions unlikely (e.g., major surgery expected in the next 3 months, or moving to a new area in the near future, etc.).
- If either partner is misusing/abusing drugs or alcohol they will not be able to participate in the study.
- If either partner a psychotherapist active in clinical practice and/or have a direct knowledge of the model because they are in training or trained in EFT (this condition could alter the strategies designed in the clinical trial for blinded participant group assignment).

These criteria will be evaluated throughout therapy to ensure that couples continually qualify for the study. If one or both partners do not meet our inclusion criteria or are excluded based on our criteria, they will be informed that they do not qualify for the study. However, they will be given a list of community resources for couple therapy (appropriate by location).

Sample Size Justification/Power Analysis

Number of couples: 35 treatment group and 35 control group.

Our sample size was determined by conducting power estimates for the two main statistical analyses that will be used in this study. First, a power analysis was conducted based on the statistical analysis that will be conducted for the pre-post comparison between treatment group and control group. Second, a power estimate based on the MLM statistical analysis was conducted. The MLM analysis will be used to examine the rate of change in EFT by having partners complete measures through several (i.e., at least 4 time-points) therapy sessions.

Pre-post tests comparisons

In pre-post psychotherapy change studies, estimates of effects size are typically expressed in terms of the standardized difference between two means, or the effect size *d* (Cohen, 1988). Based on previous studies of EFT effectiveness (with samples of 24 to 35 couples in treatment), we can expect the mean scores in the main outcome variables to change from pre- to post-treatment in the treatment group to increase significantly. One study, using the full dyadic adjustment scale, showed a change in dyadic adjustment from 95.95 (13.29) to 104.81 (15.15) resulting in a medium effect size of d = .6; and in another study, using the revised dyadic adjustment scale, found scores that changed from 44.78 (4.8) to 55.39 (6.3), resulting in a large effects size of d = 1.6. Statistical power is equal to 1 minus the probability of falsely accepting the null hypothesis, should an effect exist. Power in these types of studies is typically set at .80.

MLM-analysis

The use of MLM as method of analysis is relatively new to couple research, and many of the published studies that were conducted tested two-level models (e.g., Barrett, Robin, Pietromonaco & Eyssell, 1998; Homish, Leonard & Kearns-Bodkin, 2006; Karney & Bradbury, 2000; Townsend, Miller & Guo, 2001). For the sample size estimation in the current study we consider the simulation study by Maas and Hox's (2005), and previous studies that have used two-level MLM models with couples. As noted by Maas and Hox (2005), it is suggested when testing a two-level model with a medium effect size with N= 30, the 0.05 alpha level for the slope is overestimated at 0.088.

In order to take-into account potential overestimations researchers could use a .028 alpha level to test the significance of slopes. It is important to note, as Stevens (2007) highlights, averaged parameter estimates such as those that occur at the third level of a model are considered more reliable than estimates derived from the individual-level, as third-level parameters are derived from couples' averaged scores rather than individual scores. When considering the current study, which will test three-level model with an estimated large effect size [based on Dunn and Schwebel's (1995) estimate of .90 for the average effect size of couples therapy on global measures of relationship satisfaction]; whereas Maas and Hox's (2005) results were based on two-level models and a medium effect size, we suggest that a sample size estimation for the present study based on Maas and Hox's (2005) results might be conservative. Nevertheless, to ensure power at .80, the aim of the current study is to employ a sample of 35 couples.

Procedure

General description of the procedure

The procedural process has four phases: (I) screening and pre-test assessment (II) intervention combined with an assessment, (III) post-test assessment, and (IV) follow-up assessment.

The phase I has three steps: (a) an online questionnaire, (b) phone/video contact, (c) and a personal interview. During phase II subjects are randomly assigned to the treatment group (20 sessions of EFT) or the control group (waitlist). When couples in the therapy group complete treatment, they will complete a final assessment. Couples assigned to the control group will also be requested to complete the same final assessment, and after that they could will be invited to participate in a weekend-meeting for couples based on the EFT principles, conducted by some EFT trained therapists applying the program *Hold Me Tight*. Couples in the control group may benefit from this intervention once the waitlist period has ended. During the last phase (IV; along 24 months post treatment), a follow-up assessment will be given to couples in the treatment group.

This is a multi-country and multi-center study. Couples will be recruited from the following probably five countries: México, Spain, Costa Rica, Guatemala and Argentina. ******* We still do not know the two therapists who will be involved in Costa Rica. In short, participant contact for assessment and treatment will occur at 12-13 different locations.

Regarding the research team members, this study will be carried out through cooperative efforts of two major universities: The University of Navarra (Spain) and Brigham Young University (USA). Together these two universities will lead the research process. Additional members of the core research team from the University of Ottawa (Canada), University of Québec in Outaouais (Canada), and the University Pontifical of Comillas (Spain) will participate in and lend support to the research process.

Phase I (Screening)

A. Online Questionnaire

Interested couples (both partners) will be screened through an online questionnaire for age, relationship length and living arrangements, use of medication, previous mental history, current health status, living location, and relationship adjustment (see Appendix C). Dyadic adjustment will be assessed on the online questionnaire using the DAS (Spanier, 1976). Couples will be asked to respond to the questionnaire separately to ensure confidentiality. No information obtained from one partner will be shared with the other. This first communication will be only through e-mail (online). The online questionnaire will take each partner about 10-12 minutes to complete.

After completing the online questionnaire, couples who do not meet the selection criteria will be informed (Appendix C). Couples meeting the inclusion criteria for the study will be asked by e-mail to set up an appointment for a telephone screening call *** at the University of Navarra, or an assistant researcher from one of the principal investigator's university. Ineligible couples' questionnaires and socio-demographic data will be kept to compare their scores with the scores of eligible couples, but all the personal information will be destroyed (to ensure anonymity). All the data of the couples which meet the selection criteria will be saved so that they can be contacted at the next step of the screening phase (telephone/online brief interview).

All data will be collected and kept in accordance with the European Union Data Protection Regulation Law (the more restrictive laws of the countries involved in the study). These policies and procedures will be shared with participants through the online questionnaire, and individuals will be required to sign a consent in this regard before they are able to participate in the study.

B. Telephone/Video-conference Screening

Couples who complete the online questionnaire and meet the selection criteria will be contacted through a telephone call or video-conference by *** at the University of Navarra, or an assistant researcher from the *** team. During this phone call each member of the couple will be asked to confirm some of the information they reported on the online questionnaire to ensure it is correct. Moreover, couples will be interviewed about their schedule/availability for couple sessions. Couples will be interviewed separately to ensure confidentiality. No information obtained from one partner will be shared with the other. The screening call will require about 20 minutes (10 minutes per partner).

Couples who meet all selection criteria will be invited to participate in the study. Any personal-data collected from people who do not meet selection criteria during the phone screening will be destroyed (to ensure anonymity), but information regarding their socio-

demographic characteristics or DAS scores will be saved. Couples meeting the inclusion criteria for the study will be asked to complete a brief online questionnaire (see appendix C for know more about this assessment) and to set up an appointment with his/her therapist at a specified location nearest to their home.

C. First Visit (pre-group assignment visit): Informed Consent, Questionnaire Completion and Personal Interview for Final Screening

The first part of the initial visit will be to conduct a brief interview with each member of the couple individually to ensure confidentiality. This interview has two goals: first, to confirm that partners understand the timeframe of the clinical trial, and second, to reassess for the inclusion and exclusion criteria which are difficult to assess through written mediums (online questionnaire), or are difficult to assess long-distance (screening call or videoconference).

This personal interview will require about 40 minutes (20 minutes per partner). No information obtained from one partner will be shared with the other. After this first section, the meeting will finish for couples who do not meet study requirements. These couples will be reimbursed for their time and parking or commute costs. Moreover, they will be given a list of community resources for couple therapy or other resources. Ineligible couples' interview conclusions will be kept to compare their scores with the scores of eligible couples, together with the information from the previous steps (online questionnaire and call), but without any personal information to ensure anonymity.

Couples which fit all the selection criteria will continue the interview. They will be given a description of all study components and will be asked to sign the informed consent forms (separate forms for each partner, see Appendix E. One copy of each partners' informed consent form will be kept for study documentation and another copy will be given to each individual for their records.

To increase accuracy of responses, couples will be taken to separate rooms to complete the questionnaires listed below or a member of the research team or staff will monitor participants while they fill out aforementioned paperwork. For couples who meet eligibility requirements for the study, this second part of the meeting will take 35 minutes. Eligible couples will be also reimbursed (e. g., visa gift card or bank transfer) for their time and parking or commute costs. Upon completing all of the necessary paperwork, couples will be informed of an incoming phone call within the next few days from one of the main researchers of the study to inform them to which group they have been randomly assigned.

Clinical trial specific goals are blind for therapists and couples. Participating couples will know there is a treatment group and a waitlist group, but not the study hypothesis. Therapists involved in the study will be instructed to not disclose their expectations with participants of the study.

Questionnaires to be administered during initial visit:

[*Main variables*]

1. Dyadic Adjustment Scale (DAS-32 and DAS-4 items; Spanier, 1976)
2. Couple Satisfaction Index (CSI, 16 items version; Funk & Rogge, 2007).
3. The Experiences in Close Relationships Inventory – Modified Version (ECR; Brennan, Clark & Shaver, 1998) – 36 items
4. [*Secondary variables*]
5. Health (2 key questions)
6. PHQ-15-I
7. DASS-21
8. MSI (Sexual Dissatisfaction)
9. UCLA-LS-R (8 items)
10. Reflective functioning (8-I)
11. Authoritative Parenting Style (15 items)
12. Sleep (8 items)

13. CORE-OM (assessment of the current psychological status)

Phase II (Intervention)

Randomized assignment to treatment group or control group

Couples will be randomized using a block randomization procedure corresponding to each location of the study. The block size will vary depending on the number of couples in each location of the study, but couples will always be assigned together (common anticipated block sizes are six, eight and twelve).

Random assignment will proceed as follows:

- The process of randomization will be performed from one central location.
- Couples in each location will be assigned a letter (by location; blinded) and a number (e. g., D1, D2, D3, D4). This assignment will be made by **. This assignment will be recorded in a printed document signed by ** and by an additional person from the research team. This document (key) will be saved for future reference as needed.
- The key connecting each couple and their assigned code will not be made accessible to team members other than the person who is in charge of the randomized assignment (CL). CL is a researcher from the University of Navarra, not otherwise involved in this project at any level.
- CL will receive the assigned codes and further instructions regarding randomized assignments.
- In each block of participants CL will assign a letter (A or B) to each couple through the following steps:
- Select a block. Determine the size of this block (e.g., 4). Consult the table of sequences provided in the instructions packet to determine the possible sequences for assignment (e.g., if the block size is four, possible sequences include AABB, BBAA, ABAB, ABBA, BABA, BAAB). Each possible sequence on the sequence table will have a number associated with it (e.g., 1.AABB, 2.BBAA, 3.ABAB, 4.ABBA, 5.BABA, 6.BAAB).

- Using a computer program, CL will generate a randomized number from the range of provided sequences for the block she is working with (e.g., a number between 1 and 6).
- The random number the online computer program generates will indicate which sequence CL should use (e.g., if the number is 3, the sequence would be ABAB, and the following assignments would be made: D1-A, D2-B, D3-A, D4-B).
- Finally, CL will generate a second association where A and B are associated with a number (e.g., A is 1 and B is 2). Using the same online program CL will generate a random number (ranging from 1 to 2), the first number the online-program generates will be the treatment group.
- CL should repeat this procedure independently for each block. CL should record in a document each step and procedure she follows for each block. This record will be signed and delivered to **.
- CL will run this procedure without any specific instruction from the research team. CL should be previously trained in this procedure, to ensure she follows the procedure correctly.
- The randomization process will be done only once for each location when the number of couples expected in each location is reached. Additionally, when a location has more than one therapist available, couples in treatment group will be randomly assigned to each therapist following the procedure described above.
- After assignments to interventions groups are made, half of the research team will be blinded. ** will be in charge of all the process of collecting the sample, together with some other members of the research team or research assistants from the UNAV or BYU. SA will be in charge of the analysis of the data with access to the couple data from phase I, phase II and phase III without knowing which treatment group couples belonged to (treatment or control). Couples will be informed by phone/call and e-mail about which group they are assigned to by ** or some research assistant from his team at the University of Navarra.

Blinded participant assignment. Rationale and procedure.

Blinded study group assignment can reduce the risk of bias and increase the retention of the couples involved in the study. If participants in the control group are aware that they are not receiving any treatment they may be more likely to seek treatment outside of the trial or leave the trial without participating, resulting in a lack of outcome data. According with the CONSORT statement (Schulz, Altman, & Moher, 2010), participants should be blinded to group assignment to control for the psychological effects associated with knowing group assignment.

As the literature recognizes (Page & Persch, 2013) most of the strategies for blinding are often impossible in behavioral research. In the present study, we are going to address this issue presenting the study to the couples as follows:

- This study tries to compare two EFT treatments, very similar but with different pathways and structures.
- Couples in group 1 will be assessed during several months, during which time they will receive short phone or video-calls as well as participate in a weekend intervention meeting only after pre-assessment is completed. Couples in group 2, will participate in weekly sessions and assessments, and after these sessions they will be assessed online over several months (the follow-up component of the study).
- Although the design of a clinical trial calls for a "treatment group" comparison to a "waitlist group", potential couples will be invited to join us in a process where we study the differences between a psychoeducation program (Hold-me tight; details about this program can be found in appendix M) to a treatment program (weekly couple therapy sessions).

Participants will receive clear and honest information about the study without being informed of the details regarding the hypothesis, goals, or research design of the study. Participants will not be informed of any hypothesis regarding which intervention is considered superior or more effective. As designed in the study, group 1 will act as the control group (waitlist; not treatment). The assessments of the couples assigned to group 1 (control group; waitlist, not-treatment) will be presented to those couples as a pretreatment evaluation.

Treatment group – Procedure

Couples assigned to the treatment group will receive 20 sessions of emotionally-focused couple therapy. These sessions will take place in one of the therapy sites involved in the study and will be conducted by a participating therapist selected by the research team. Participating therapists will provide therapy with maximum possible fidelity to the rules and instructions of the emotionally-focused couple therapy model (see appendix H for more information on the rules and instructions of EFT, or the full-text of the reference Johnson, 2004).

Throughout the process of therapy, couples will fill out one or more questionnaires at the end of each session according to the instructions given to them by their therapist. The majority of the time the completion of these questionnaires will take an estimated 5-7 minutes (for more information regarding which questionnaires will be filled out after each session see Appendix B

To ensure confidentiality, couples will complete these questionnaires separately and no information obtained from one partner will be shared with the other.

To reduce the time couples have to spend at a therapy clinic/office, some of the assessments to be filled out during the intervention phase will be conducted online using a similar interface to the interface employed in phase I (screening). See appendix B for more details on this topic.

We desire to evaluate a number of variables (e. g., therapeutic alliance, marital adjustment, etc.) throughout the therapeutic process to analyze the relationship of potential significant changes in said variables as well as key events in the therapeutic process. These variables will be identified through a post hoc analysis of recorded therapy sessions.

Therapy sessions will take place weekly (preferably), but when this is not possible, every other week. The first session will be a joint (both partners present) session. The fourth and fifth

sessions can be used, at the therapists' discretion, to interview each partner individually. From that point on both partners will participate in the remainder of the therapy sessions. As an exception, if the therapists believe it necessary, they may use a part of any session for work with an individual partner. Sessions will last approximately 75 (70-80) minutes.

Control group – Procedure

Couples assigned to the control will be called by the main researcher (**) or some member of his team, and it will be explained to them that they will be participating in a distinct treatment condition. Participants will be told that an initial period of a few months of assessment is needed to monitor changes and evolution to better understand the couple's dynamics, and finally they will take part in a psycho-educational program (Hold-me-tight).

Simultaneously to assessments being filled out by the treatment group, couples involved in the control group will be requested to fill out the same questionnaires (except those directly related to the therapy process; e.g., therapeutic alliance or post-therapy questionnaire). Couples from both groups will complete these questionnaires online, in a similar platform used in phase I of the study.

Couples will be asked to complete online questionnaires separately to ensure confidentiality. To ensure the confidential nature of responses to the questionnaires, each partner will be assessed individually. No information obtained from one spouse will be shared with the other. The estimated time required to complete these assessments will vary between 5 and 10 minutes. Couples will be reimbursed for time spent filling out assessments/questionnaires (60$/hour).

Phase III - Post-intervention assessment

Treatment group

Once couples have completed their therapy sessions, they will visit the therapist for a final post-intervention assessment session wherein each couple will complete the same questionnaires they filled out during their first visit. To increase accuracy of responses, couples will either be separated into separate rooms to complete the questionnaires (listed in appendix B), or couples will fill out assessments in the company of someone from the research staff. This meeting will take approximately one hour. Couples will be reimbursed (e. g., visa gift card or bank transfer) for their time and parking or commute costs.

On this visit couples in the treatment group will be invited to consent to be included in a follow-up phase, which checks in with them at 3, 6, 12, 18 and 24 months post-intervention.

Control group

Couples in the control group will repeat the same procedure they participated in during their first visit. They will visit the therapist (this will be their second visit to the therapist), for a final post-intervention assessment session, where each couple will complete the same questionnaires they filled out during their first visit (pre-group assignment visit).

To increase accuracy of responses, couples will either be separated into separate rooms to complete the questionnaires (listed below), or couples will fill out assessments in the company of someone from the research staff. This meeting will take 1 hour. Couples will be reimbursed (e. g., visa gift card or bank transfer) for their time and parking or commute costs.

During this visit, couples will be invited to participate in a "*Hold Me Tight*" (HMT) weekend without any costs to them (for more information about "*Hold Me Tight*", please see

appendix M. This weekend will be presented to the couples in the control group as the final step of their process. Couples may choose whether or not to participate in the HMT weekend.

Phase IV (Follow-up)

The follow-up component of the study will be conducted by *** and his team, as in previous phases. All the follow-up assessments will be conducted through online questionnaires, video-conferences or audio-conferences. Using the on-line option ensures that couples will be making a minimum time commitment, and that they can complete the questionnaires at their convenience.

Only the treatment group will be included in the follow-up phase, which consists of 5 follow-up assessments at 3, 6, 12, 18 and 24 months post-intervention. Couples will be compensated $70.00 for the completion of the third and sixth month follow-up sessions, another $70.00 for the 12 and 18 month sessions, and a final $70.00 for the last follow-up.

<u>Other aspects of procedure</u>

Therapists and Setting

The therapists for this study will be 13 certified EFT therapists or therapists in advance training in the EFT model (have already completed Core Skills and are currently in supervision or as candidates for certification), native Spanish speakers, conducting their clinical practice in a Spanish-speaking country, with an active license to practice psychotherapy in their country of residence (i.e., Mexico, Costa Rica and Spain).

All therapists will be requested to offer their services on a voluntary basis. Therapy will be conducted at their clinic, and each of the sessions will be video recorded. To participate in this study, therapists will be required to receive weekly or biweekly group and/or individual

supervision with an EFT Certified Supervisor. This supervision will be also video recorded and carried out in Spanish. Therapists will be reimbursed for time spent in duties linked with research processes (e.g., sending questionnaires or video recordings, checking processes with the research team, etc.).

Implementation Check

In order to ensure the therapists in this study are implementing EFT faithfully, two different procedures will be carried out. First, during the supervision meetings with participating therapists, the supervisor will review video recording segments of therapy to determine if EFT is being conducted with adherence to the model. Second, this study will make use of a previously developed checklist (Gordon-Walker, Johnson, Manion, & Cloutier, 1996) which contains an extensive list of EFT interventions (see Appendix H. Two independent raters will be asked to rate 5 sessions of each therapist's taped sessions to ensure that at least 80% of the therapists' interventions can be coded as adherent to the model.

Retention strategies

Couples both in treatment and control group can leave the process at any time, and they would be explicitly informed through the consent form, but also verbally by the therapist and in the initial screening video or audio-conference. Nevertheless, as the process will develop during more than two years if we included the follow-up, researchers will implement some strategies for helping couples to remain on the therapy and research process. In this regard therapists will send reminders to the couples for the therapy sessions, and some members of the research team will also use reminders as a way of reduce missing data. Moreover, couples will be reimbursed for the time they use for research proposes (e.g., fulfill questionnaires or follow-up interviews with therapists).

The implementation of these retention strategies will always respect the freedom of participating couples and will in no way pressure participants to continue participating if they do not desire to do so. To the contrary, these strategies seek to offer support to the participating couples to complete the study in which they freely and voluntarily decided to participate and in which they still desire to participate.

Confidentiality of Information

All questionnaires and materials containing personal information will be labelled with couple identification numbers and partner designations. No name or personal information linked to the subjects' identity will be placed on the questionnaires. Completed questionnaires and any audio or video recordings used for therapy implementation checks will also be kept in locked filing cabinet at the respective clinics (each therapist will keep this in their private clinic, according to local regulations). All data (questionnaires, video recordings) will be confidentially sent to ** and will be stored in locked filing cabinets and/or on a password protected computer in ** office at the University of Navarra (Spain). A list linking couple identification numbers and names will be stored on a password protected computer in *** and two members of his team will be the only individuals who have access to this list. Video recordings could be sent to *** in Utah (USA), for the therapy implementation check, and also some data information previously anonymized.

After the completion of the study:

- The paper-questionnaires and the list linking couple identification number and names will be kept in a separate locked filing cabinet in ** office for a period of 5 years, after which point they will be destroyed.

  All the printed and electronic archives related with this research project (e.g., data matrix with the questionnaires codified) will be kept in a separate locked filing cabinet in ** office (UNAV) and ** (BYU) for a period of 15 years (2034). Anonymzed data will be saved until 2050. Participants would be informed about this.

- The video recordings of all therapy sessions and of the supervision processes will be saved as research and training material copyrighted by the University of Navarra (UNAV) and

Brigham Young University (BYU). Therapists and supervisors or trainers involved in the study will have access to these materials for their own training or for training others but will not have permission to transfer these materials to third parties.

Therapists providing therapy as a result of the study will keep client files that contain session notes and relevant case material (e.g., consent to treatment, assessment report, psychometric test data) under lock and key at their clinics, as per the regulations of the governing bodies of their respective country and the specific region where they have established their private clinical practice. These materials should be destroyed after a 5-year period, or once the minimum legal-period set forth by said governing body has been met.

Design Rationale

The design of this research study can be classified as a clinical trial. This is the ideal design for this study, comparing a treatment group (20 sessions of emotionally focused therapy) with a control group (waitlist; non-treatment group). The present project will provide the first comparison data for testing the superiority of emotionally focused therapy as an effective therapeutic approach toward couples in Spanish speaking cultures.

In order to increase the generalizability of the study, therapy will be conducted in three Spanish speaking nations in four different regions of the world (Europe, North America, Central America and South America). Because the translation of clinical research from laboratory, controlled settings to more naturalistic settings is a high priority for clinician scholars (Tashiro & Mortensen, 2006), and because EFT has been well established as an efficacious model in English, the next needed step in EFT research (Beasley & Ager, 2019; Wiebe & Johnson, 2016)

is in cross cultural, non-English settings. In addition, many of the core concepts of connection and emotional vulnerability espoused by EFT are culturally attuned with the way many Latinos conceptualize healthy relationships.

The study has many unique strengths. In addition to the multi-national design, the study also replicates many of the components of a well-designed and published study of EFT conducted in the last 8 years (Alder, Dyer, Sandberg, Davis, & Holt-Lundstad, 2019; Burgess-Moser et al., 2016; Burges-Moser, Johnson, Dalgleish, Wiebe, & Tasca, 2018; Dalgleish, Johnson, Burgess-Moser, Lafontaine, Wiebe, & Tasca, 2015; Greenman, Johnson, & Wiebe, 2019; McRae, Dalgleish, Johnson, Burgess-Moser, & Killian, 2014; Schade, Sandberg, Bradford, Harper, Holt, & Miller, 2015; Wiebe, Elliott, Johnson, Burgess-Moser, Dalgleish, Lafontaine, & Tasca, 2018; Wiebe, Johnson, Lafontaine, Burgess-Moser, Dalgleish, & Tasca, 2017). The current study means a step forward in the research in EFT, because it considers previous findings with Canadian and U.S. couples, including new variables which are consider could be relevant for a better understanding of the efficacy of this therapeutic model. In addition, the therapists invited to conduct the therapy sessions on the clinical trial are "real" therapists who are going to conduct the sessions in the same setting where they are usually doing therapy. We consider this setting will increase external validity of the study, and it is a specific contribution considering most of previous studies in EFT where conducted by students under the direct supervision of a trainer-expert in EFT.

Duration of Project: 4 years, starting February 2020

Description of Measures

- Dyadic Adjustment Scale (DAS-32 and DAS-4)

The Dyadic Adjustment Scale (DAS; Spanier, 1976; see Appendix F) is a 32- item measure which measures romantic relationship adjustment. Partners are asked to rate the occurrence of both relationship disagreements and positive relationship exchanges on a Likert scale from 1-5 or 1-6. Higher scores on this measure are indicative of better relationship adjustment or higher relationship satisfaction. This measure yields a total score and scores on four subscales; (1) Dyadic Consensus, (2) Affectional Expression, (3) Dyadic Satisfaction and (4) Dyadic Cohesion. In the original development of this measure, Spanier (1976) reported a high degree of internal consistency on all four subscales (Cronbach's alphas ranged .73- .94), and within all 32 items (Cronbach = .96). Further, scores on the measure were highly correlated with partners' scores on the Locke Wallace Marital Adjustment Scale, demonstrating the convergent validity of this measure (Spanier, 1976). Total scores on this measure can range from 0-150. In his original sample, Spanier (1976) found a significant difference between the scores of married and divorced individuals; where married individuals scored a mean of 114.8 and divorcing partners' only scored a mean of 70.7. In the current study, we also used a short version of the DAS-4 (Sabourin, Valois, & Lussier, 2005), composed of 4 items. This measure was chosen to decrease the time spent by couples completing questionnaires coinciding with their therapy sessions. The DAS-4 has shown good psychometric properties, with Cronbach's alphas ranged .70 to .85 (See Appendix F for a copy of these measures).

This assessment is of interest is it will allow researchers to study the impact of EFT on couple relationship adjustment and satisfaction amongst therapy clients in Spanish speaking countries.

- Couple Satisfaction Inventory (CSI-16)

The CSI-16 (Funk & Rogge, 2007) is a 16-item measure of relationship satisfaction. One global item uses a 7-point scale, whereas the other 15 items use a variety of response anchors, all with 6-point scales. The CSI was developed with a pool of items from a wide variety of measures (See Funk & Rogge, 2007 for more information). The CSI represents the only measure of relationship satisfaction examined here developed using item response theory. CSI scores correlate highly with other measures of relationship satisfaction (including all of the measures that initially contributed to its development) and discriminate between distressed and nondistressed relationships (Funk & Rogge, 2007). To score the CSI-16, all responses across all items are summed for a total CSI-16 score. Scores can range from 0 to 81. Higher scores indicate higher levels of relationship satisfaction. CSI-16 scores falling below 51.5 suggest notable relationship dissatisfaction.

The data collected through this assessment is of interest to us in this study as it would provide data which would allow for assessment of the effect of therapy on couples' satisfaction with their relationship.

- Experiences in Close Relationships Questionnaire (ECR-36)

This measure contains 36 items and yields continuous scores on two attachment domains: attachment anxiety and attachment avoidance. Brennan et al., (1998) have reported internal reliability alphas of .94 for the avoidance scale and .91 for the anxiety scale. In addition, the authors (1998) found the ECR to have high convergent validity with other measures of attachment security, such as the Relationship Questionnaire (RQ) with correlations ranging from -.29 to -.70 (Griffin & Bartholomew, 1994); and the Inventory of Parental and Peer Attachment (IPPA) with correlations from -.24 to -.68 (Armsden & Greenberg, 1987). Picardi, Caroppo, Toni, Bitetti, and DiMaria (2005) administered the ECR to university students on two separate occasions, one month apart. These authors (2005) reported high stability rates for this measure,

with intra-class correlation co-efficients of .82 and .79 for the anxiety and avoidance scales respectively.

The research team for the proposed study slightly adapted the wording of this measure for the proposed study. Dr. Shaver personally adapted the long version of this measure to instruct couples to respond to the items with their particular romantic relationship in mind, rather than romantic relationships in general. Copies of the original ECR, and the modified ECR, are available in Appendix F Since these modifications are very minor, it is not expected that they will change the psychometric properties of the measure (internal consistency or factor structure).

The data collected through the ECR would contribute to this study as it would allow researchers to analyze the effect of EFT therapy on the attachment styles of clients living in Spanish speaking countries.

- General Health Questions (Health-4)

In this measure, respondents are asked to rate their health. This measure was constructed as several items from an already established health measure (RAND 36-Item Health Survey; VanderZee, Sanderman, Heyink, & de Haes, 1996) were selected, resulting in a measure that included four general health questions. Items 1 and 3 of these set of questions need to be recoded so that higher scores represent better health. Participants respond to these questions about general health based on a 5-point Likert scale ranging from 1 (poor) to 5 (excellent). The reliability coefficient (Cronbach's Alpha) was found to be .81 for General Health (VanderZee et al., 1996). See Appendix F for a copy of this measure.

As there are many established connections between mental health and physical health, these variables are of interest in this study so as to control for the effects of physical health or physical ailments on participant outcomes as well as an analysis of the positive effects of relationship quality increases on physical health.

- The Patient Health Questionnaire (PHQ – 15)

The PHQ-15 is a somatic symptom subscale which stems from the original full PHQ. It was developed by Drs. Kurt Kroenke, Robert L. Spitzer and Janet B.W. Williams (2002). The PHQ has 13 somatic and 2 psychological (fatigue, sleep problems) symptoms questions. Each item is scored from 0 (not bothered at all) to 2 (bothered a lot). PHQ-15 scores of 5, 10, and 15 represent cutoff points for low, medium, and high somatic symptom severity, respectively. An internal reliability of .80 was reported and the measure has strong convergent validity. Items consist of symptoms such as "stomach pain" and "headaches" (Kroenke, Spitzer & Williams, 2002).

- Depression Anxiety Stress Scale (DASS-21)

The DASS 21 consists of 21 negative emotional symptoms statements/questions. Respondents rate to what extent over the past week they have experienced each symptom on a 4-point scale of severity or frequency. The DASS 21 has a depression, anxiety and stress subscale. Each subscale displays good internal reliability, with depression having an alpha of .94, anxiety of .87 and stress of .91. The depression and anxiety subscales have good divergent validity from one another and good convergent validity with previously established measures which measure depression and anxiety respectively. The stress subscale measures portions of both depression and anxiety Items on the depression subscale consist of statements like "I felt that life was meaningless." and "I felt down-hearted and blue." Items on the stress subscale consist of statements like "I felt I was rather touchy." and "I found it difficult to relax." Items on the anxiety subscale consist of statements like "I felt I was close to panic." and "I felt scared without any good reason." (Antony, Bieling, Cox, Enns, & Swinson, 1998).

Data collected from this questionnaire would allow researchers to assess for the impact of EFT therapy on depression and anxiety. Similarly, it would allow researchers to study the

relationship between the DASS variables and relationship quality amongst therapy clients living in Spanish speaking countries.

- UCLA Loneliness Scale Revised – Short version (UCLA LS-R-8)

The revised UCLA loneliness scale (UCLA LS-R) is a 8-item questionnaire designed to measure and detect variations in loneliness. Each item is ranked on a 4-point Likert scale ranging from "Never" to "Often". The UCLA LS-R has good internal validity (alpha = .82) and was shown to have good discriminant validity and concurrent validity. Items consists of statements like "I feel isolated from others" and "I lack companionship" (Hays & DiMatteo, 1987).

As loneliness can be an indicator of relationship satisfaction and/or relationship quality, data collected through this questionnaire would allow researchers to assess for an additional element of relationship satisfaction and the impact EFT has on relationship satisfaction.

- Reflective functioning questionnaire (RFQ-8)

The RFQ seeks to measure the capacity one has to understand one's own and other's feelings, goals and attitudes. It has an uncertainty subscale and a certainty subscale. The internal reliability for the subscales were .77 and .65 respectively. It has good convergent and discriminant validity (Fonagy et al., 2016). The RFQ short version contains 8 items which are scored on a 7-point Likert scale ranging from "strongly disagree" to "strongly agree". Items consist of statements such as "People's thoughts are a mystery to me" and "I always know what I feel."

This scale would provide data allowing researchers to control for individual's capacity for understanding their partner and how EFT might affect said capacity.

- Authoritative Parenting subscale (RELATE)-(AP-15)

The Authoritative Parenting subscale comes from the Parenting Style and Dimensions Questionnaire Short form (PSDQ). The PSDQ is used to measure parenting styles. It has good concurrent validity. It has an internal reliability coefficient of .91. The authoritative parenting subscale from the short version of the PSDQ is composed of 15 items. (Olivari, Tagliabue, & Confalonieri, 2013; Oliveira et al., 2018). Items include phrases such as “I am responsive to our child’s feelings or needs.” and “I allow our child to give input into family rules.” Responses are scored on a 5-point Likert scale ranging from “Never” to “Always” (Oliveira et al., 2018).

This measure would provide data allowing researchers to control for and assess the relationship between partners’ parenting styles, disagreement on parenting styles between partners and how these relate to relationship quality. Additionally, the impact of EFT on parenting styles could be studied.

- Sleep quality (Sleep-8)

The PROMIS sleep disturbance short form (Sleep-8) questionnaire has 8 items. Respondents are asked to assess their sleep quality over the past 7 days by responding to statements like “I had trouble sleeping.” and “My sleep was refreshing.” Responses are scored on a 5-point Likert Scale ranging from “Not at all” to “Very Much.” The SD has been shown to have good concurrent validity. The internal reliability for the SD is .90 (Yu et al., 2011).

As sleep has a significant relationship with mental and physical health, this variable is important to the study to allow researchers to control for participant’s sleep levels and to study the relationship between sleep quality and relationship quality.

- Neuroticism by the NEO Five Factor Inventory (NEO-FF-N-12)

The revised NEO Five Factor Inventory is an inventory seeking to measure the 5 basic traits of personality as described by the "Big 5" Personality traits theory. The "Big 5" traits include openness, conscientiousness, extraversion, agreeableness and neuroticism (McCrae & Costa, 2004). The neuroticism subscale selected comes from The Five Factor Inventory (Costa & McCrae, 1992) is intended to measure an individual's level of neuroticism. It has an internal reliability of .83. Items are scored on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree" (Martinez Uribe, & Cassaretto Bardales, 2011). Higher scores indicate higher levels of neuroticism (emotional instability). Items include statements like "I often feel tense and jittery" and "sometimes I feel completely worthless".

This measure would provide data on the mental health of participants within the study. The importance of mental health and how it relates to this study has been outlined previously.

- Spanish Differentiation of Self Inventory (S-DSI-26)

The Spanish differentiation of self-inventory is a 26-item questionnaire which measures the degree to which one is able to balance emotional and intellectual functioning as well as balance autonomy with intimacy in relationships. It has an overall internal reliability of .88. It has two subscales, one which measure emotional reactivity (internal reliability of .88) and the other emotional cutoff (internal reliability .79). Responses are scored on a 6-point Likert scale ranging from "Not at all true for me" to "Very true for me". Items include statements like "I wish that I were not so emotional" and "I am overly sensitive to criticism" (Rodríguez-González, Skowron, & Jódar; 2015; Skowron & Friedlander, 1998).

This measure would provide data which would allow researchers to assess the relationship between important personal emotional and relational qualities which may contribute to (or detract from) relationship quality. Additionally, the impact of EFT on these variables could be studied.

- RELATE measure (RELATE-55)

In the current study we are using 12 subscales from the RELATE measure (see RELATE Institute at https://relateinstitute.com/; each will be described briefly below. In most cases we will assess both the actor (self) and partner perspectives for each item. The RELATE measure has undergone rigorous psychometric evaluation over a nearly 30-year period (see Busby, Holman, & Taniguchi, 2001 as a primary example; also Sandberg, Busby, Johnson, & Yoshida, 2012).

Self-Esteem Scale. The self-esteem subscale consists of four items with statements like “I take a positive attitude toward myself.” and “I think I am no good at all.” Responses are scored on a five-point likert scale, with a base question of “How do you feel about yourself?”, ranging from never to very often. Two items are reverse scored and higher scores indicate higher self-esteem. The Cronbach’s Alpha scores for reliability have been reported as (actor) 0.827 and (partner) 0.872.

Religious Orientation Scale. The religious orientation subscale consists of four items with questions/statements like “How often do you pray?” and “Some doctrines or practices of my church (or religious body) are hard for me to accept.” Responses are scored on a five-point likert scale ranging from never to very often. Two items are reverse scored. The Cronbach’s Alpha score for reliability has been reported as 0.793.

Importance of Marriage Scale. The importance of marriage subscale consists of 4 questions/statements like “Being married is among the one or two most important things in life.” and “Living together is an acceptable alternative to marriage.” Responses are scored on a five-point likert scale ranging from strongly disagree to strongly agree. Two items are reverse scored and higher scores indicate marriage is a high priority. The Cronbach’s Alpha score for reliability has been reported as 0.719.

Family Influence Scale. The family influence subscale consists of three items with questions/statements like "There are matters from my family experience that I'm still having trouble dealing with or coming to terms with." and "I feel at peace about anything negative that happened to me in the family in which I grew up." Responses are scored on a five-point likert scale ranging from strongly disagree to strongly agree. Two items are reverse scored and higher scores indicate less negative impact from family of origin. The Cronbach's Alpha score for reliability has been reported as 0.785.

Parents' Marriage Scale. The parents' marriage subscale consists of three items with questions/statements like "My mother was happy in her marriage." and "I would like my marriage to be like my parents' marriage." Responses are scored on a five-point likert scale ranging from strongly disagree to strongly agree. All three items are recoded and higher scores indicate greater happiness in the participant's parents' marriage. The Cronbach's Alpha score for reliability has been reported as 0.908.

Family Stressors Scale. The family stressors subscale consists of four items like "There were family members who experienced emotional problems such as: severe depression, anxiety attacks, eating disorders, or other mental/emotional problems." and "There were one or more family members who struggled with addictions to alcohol or other drugs." Responses are scored on a five-point likert scale ranging from never to very often. All four items are reverse coded and higher scores indicate less stress experienced in the participant's family of origin. The Cronbach's Alpha scores for reliability has been reported as 0.646.

Relationship Stability Scale. The relationship stability subscale consists of three items like "How often have you thought your relationship (or marriage) might be in trouble?" and "How often have you broken up or separated and then gotten back together?" Responses are scored on a five-point likert scale ranging from never to very often. All three items are reverse coded and higher scores indicate greater relationship stability. The Cronbach's Alpha scores for reliability has been reported as 0.812.

Commitment. The commitment subscale consists of four items like “My relationship with my partner is more important to me than almost anything else in my life.” and “I want this relationship to stay strong no matter what rough times we may encounter.” Responses are scored on a five-point likert scale ranging from strongly disagree to strongly agree. One item is reverse coded and higher scores indicate higher levels of commitment. No reliability coefficient was reported for this subscale.

Relational Aggression Scale. The relational aggression subscale consists of seven items like “I have threatened to end my relationship with my romantic partner in order to get him/her to do what I wanted.” and “I have spread rumors or negative information about my partner to be mean.” Responses are scored on a five-point likert scale ranging from never to very often. All seven items are reverse coded and higher scores indicate less aggression expressed by the participant. The Cronbach’s Alpha scores for reliability has been reported as 0.794.

Relational Aggression Scale Partner. The relational aggression partner subscale consists of seven items like “My partner has threatened to end our relationship in order to get me to do what he/she wanted.” and “My partner has spread rumors or negative information about me to be mean.” Responses are scored on a five-point likert scale ranging from never to very often. All seven items are reverse coded and higher scores indicate less aggression expressed by the participant’s partner. The Cronbach’s Alpha scores for reliability has been reported as 0.850.

Violence and abuse. The violence and abuse scale consists of six items like “I threw something at my partner that could hurt.” and “My partner punched or hit me with something that could hurt.” Responses are scored on a frequency per year scale ranging from “once in the past year” to “11-20 times in the past year” and also includes “not in the past year but it did happen before” and “this has never happened.” No reliability coefficient was reported for this subscale.

Substance Use Scale (myself/partner). The substance use scale consists of two items like “How frequently do you use alcohol”, and “How frequently do you use illegal drugs”. Responses are scored on a frequency per year scale ranging from “never” to “more than once a day”. No reliability coefficient was reported for this subscale.

- Sexual dissatisfaction subscale of Marital Satisfaction Inventory (SD-13)

The Revised Marital Satisfaction inventory has 150 items which measure the type and severity of relationship distress in multiple areas of marital interaction including aggression, finances, role orientation, leisure time spent together etc. Respondents choose between a true and false response to each item. The internal reliability coefficients for the 10 subscales range from .70 to .93. The Sexual dissatisfaction (SD-13) subscale assesses the level of dissatisfaction through statements regarding the frequency and quality of the couple’s sexual activity. Items consist of statements such as ("My spouse sometimes shows too little enthusiasm for sex." and "My spouse has too little regard sometimes for my sexual satisfaction.” (Snyder, 1979).

The data collected through the SD-13 would provide important information regarding the relationship quality and satisfaction of couples participating in this study.

- Stressful life events (SLE-15)

Couples’ experience of stressful life events was assessed using 14 items related with major stressful life events. Moreover, participants are asked to report the kind of impact the event could have in their relationship. Examples of events are “dead of a child” or “residential move”. Economic stress is also measured with two items. All items were reverse coded so that higher scores indicate higher levels of stress experienced (i.e., more stressors experienced). It is important to control the effect of the major stressful life events could have in the therapy process.

- Working Alliance Inventory for Couples Short Form (WAI-Co-SF-16)

The Working Alliance Inventory for couples short form (WAI-CO) contains 24 questions. It was designed to measure the therapeutic alliance in couples' therapy and how well couples and therapists align on 3 subscales, goals, tasks and bond. Responses are scored on a 7-point Likert scale ranging from "Never" to "Always". The WAI-CO has good (.95) internal reliability (Symonds, & Horvath, 2004). The short version of the working alliance inventory has good convergent validity (Munder, Wilmers, Leonhart, Linster, & Barth, 2010). Items include statements like "My partner and the therapist trust one another." and "The therapist and I agree about how best to use the time in therapy". In the current study, we are going to use only sections 1 and 2 of the questionnaire (16 items).

Therapeutic alliance (working alliance) has been established as an important predictor of therapeutic outcome. This inventory would allow researchers to assess for the impact of EFT on the therapeutic alliance and its subscales amongst therapy clients living in Spanish speaking countries. The relationship between therapeutic alliance and therapeutic outcomes among the same population could also be studied.

- The Attachment Based Alliance Questionnaire (ABAQ-12)

The Attachment Based Alliance Questionnaire (ABAQ) uses attachment theory as the theoretical footings for assessment of the therapeutic alliance. It is a 12-item questionnaire with items scored on a 7-point Likert scale ranging from "Completely agree" to "Completely disagree". It contains 2 subscales, an attachment anxiety and an attachment avoidance subscale. The ABAQ has good internal reliability (.88). It has been shown to have good convergent and discriminant validity. Higher scores indicate a stronger therapeutic alliance. Items include statements like "My therapist wants to know too much about me." and "I worry about my therapist abandoning me." (Johnson, Ketring, & Espino, 2018).

This questionnaire will allow further insight into the therapeutic alliance when working with therapy clients living in Spanish speaking countries by allowing for an assessment of the relationship between attachment styles and their alliance with their therapist. As EFT is an attachment based theory, this measure will add important data as to how EFT affects the therapeutic alliance amongst therapy clients in Spanish speaking countries.

- Post Session Resolution Questionnaire (PSRQ-4)

The Post Session Resolution Questionnaire (PSRQ) is an adapted version of Orlinsky & Howard's (1975) Therapy Session Report Questionnaire. The PSRQ asks partners to rate how well the session topics related to their therapeutic goals, and how much they thought the session moved them towards resolution of their problems. The PSRQ contains four items, three of which are rated on a 5-Likert scale, and one of which is rated on a 7-point Likert scale. This measure only has face validity and has been used in previous studies (Greenberg & Foerster, 1996; Greenberg, Ford, Alden, & Johnson, 1993) to identify best and worse sessions for the use of psychotherapy process measures such as the SASB (Benjamin, 1974) and the ES (Klein, Mathieu-Coughlan, & Kiesler, 1987). Three of the questions are summed together for a PSRQ change score, where higher scores are indicative of higher perceived levels of change.

This questionnaire would serve as an additional assessment of the therapeutic alliance and how therapy clients in Spanish speaking countries felt that EFT was able to address their presenting problem in the therapy context.

- The Brief Accessibility, Responsiveness, and Engagement Scale (BARE-12)

The Brief Accessibility, Responsiveness, and Engagement Scale (BARE) is an instrument which measures an individual's perception of their ow and their partners attachment behaviors. It measures attachment behaviors (and has 3 subscales) through assessing accessibility, responsiveness and engagement, all of which are related to secure attachment. The BARE has

good construct and concurrent validity, as well as internal reliability. The scale has 12 items, measuring 6 subscales (accessibility, responsiveness and engagement for both self and partner). Items are scored on a 5-point Likert scale ranging from “Never True” to “Always True.” Items consist of statements such as “I am rarely available to my partner.” and “I am confident my partner reaches out to me.” (Sandberg, Busby, Johnson, & Yoshida, 2012).

This assessment would allow for researchers to obtain an attachment score for the population of interest and to then study the relationship between participants’ attachment scores, the effects of EFT, attachment scores and relationship quality etc.

- CORE outcome measure short form (CORE-OM-10)

This is a client self-report questionnaire designed to be administered before and after therapy. The questionnaire is repeated after the last session of treatment; comparison of the pre-and post-therapy scores offers a measure of 'outcome' (i.e. whether or not the client's level of distress has changed, and by how much). The CORE-10 is a brief outcome measure comprising 10 items drawn from the CORE-OM which is a 34-item assessment and outcome measure. The CORE-OM has been widely adopted in the evaluation of counselling and the psychological therapies in the UK.

The CORE-10 taps global distress and is, therefore, suitable for use as an initial quick screening tool and also as an outcome measure. Like most self report measures, it cannot be used to gain a diagnosis of a specific disorder. A clinical score can be derived directly by summing the items and used as a global index of distress. The measure provided a balance in terms of being short and easily scored but still giving sufficient scope to tap as far as possible the 10 item clusters in the CORE-OM: (1) subjective well-being, (2) anxiety, (3) depression, (4) physical, (5) trauma, (6) general functioning, (7) close relationships (functioning); (8) social relationships (functioning), (9), risk to self, and (10) risk to others. CORE-OM-10 shows a Cronbach’s alpha of 0.82.

Psychotherapy Process Examination

In order to identify whether the completion of certain therapeutic change events are linked to changes in partners' questionnaire score, videotaped segments of first and key therapeutic sessions will be analyzed some coding system. Key sessions will be those sessions identified by the couple as the best sessions on the Post Session Resolution Questionnaire, as well as those sessions identified by the therapist as containing key therapeutic events called softening events. Ten minutes of the middle of the first session and from the beginning to the end of a partner's attempted softening event in identified sessions will be used as the rating segments. These measures have been used extensively in previous research on the process of change in EFT.

This process is not related with a specific standardized questionnaire, but involves a measurement or assessment. Moreover, it is a similar procedure that the one which will be used for the implementation checking process described previously in this document.

Statistical Analyses

Different types of statistics will be used to examine if and how partners change over the course of therapy, and to test differences among treatment group and control group, and according with the specific hypothesis we try to test. Some hypothesis could be tested using General Linear Models (GLMs; e.g., MANCOVA). In order to analyze dyadic data, we will consider to use either structural equation modeling (SEM) or multilevel modeling (MLM), depending on the specific analysis. In addition, our study involves questions about change over time, and we want to explore how this change in one partner might impact change in the other. For a dyadic data analysis with data over time, we are going to use SEM or latent growth curve (LGC) models, or MLM that includes time as a variable at level 1. Some of our hypothesis could

involve to run dyadic growth curves (applying the APIM to grown curves), or even explore the hypothesis through interlocked dyadic growth curves.

The main analysis will be run as intention-to-treat analysis (within- and between-group comparisons at 8 weeks, 16 weeks, and at the end of treatment) as well as per-protocol analysis (excluding couples that had fewer than ten sessions; i.e., half of the expected length of the treatment).

The magnitude of the within-group effects of each of the interventions (Cohen's d) will be calculated. The magnitude of between-group effects will be established as well. Moreover, we are going to consider the Reliable Change Index (RCI; Jacobson & Truax, 1991) to explore clinically significant change.

The analyses will be conducted by members of the University of Navarra, Brigham Young University, University of Ottawa or University of Quebec in Gatineau. The data sent outside UNAV or BYU will not contain any identifying information.

Reliable Change Index

The Reliable Change Index will be used in the present study to examine pre and post changes in scores on the main outcome variables (DAS, CSI, and ECR) to determine whether EFT resulted in a clinically significant change in these variables. Based on Jacobson & Traux (1991), clinically significant change will be determined using two methods: a) if an individual's post- therapy score on the dependent measure lies within the area of non-distressed population, as defined by the authors of the measure or b) if an individual's post-therapy score has increased by at least 2 standard deviations towards the direction of functionality from their pre-therapy score. Jacobson & Traux (1991) developed the Reliable Change Index (RCI) in an effort to calculate whether scores representing a clinically significant change can be considered reliable.

Potential Risks and Benefits

Risks

Therapy involves answering questions about thoughts and emotions, as does the completion of study questionnaires. Participants might experience some mild discomfort in responding to them, but no more so than if they were to remember a sad event in their lives. If for any reason this were to happen and the discomfort were to become difficult to manage, participants who are receiving EFT will be encouraged to discuss this with their therapist, who will be a qualified mental health professional. Participants in the control group will be given the contact information for Dr. RESEARCHER'S NAME, who is a registered psychologist, should they wish to address any discomfort that might arise.

Benefits

The benefits of participating in EFT are well-established. These include improvement in one's couple relationship as well as one's mood and overall psychological state.

Data protection and confidentiality

The data collected through the research process of the study (including answers to questionnaires and video recordings of therapy sessions for those couples included in treatment group), will be sent from the country in which they originate to the primary investigators of that study who are at the University of Navarra (in Spain), and in some occasions from there to investigators at Brigham Young University (in the USA). These transfers will take place through procedures that will maximize security (a server that will receive the encrypted files securely and which will have a secure login system, which will include dual authentication).

All information collected as a result of this study will be treated in such a way as to maximize confidentiality and protection all the personal information collected. Completed questionnaires, counsellors' progress notes, and the audio and/or video records used in this study will be kept in locked filing cabinet at the psychotherapy clinic/site at where the therapy sessions are held. All online questionnaires will be completed and stored on a secure and encrypted server. Furthermore, this information will be sent to the University of Navarra through a secure and encoded communications channel. No names or personal information linking participants identities to their responses will be placed on the questionnaires nor the video records. Participant's names will be known only to the personnel who are directly involved in the research study. These include the study investigators, the clinical supervisors, and his/her therapist. Anonymity will be assured through the pooling of all data so that the published results will be presented in group format and no individual or couple will be identified.

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Appendix A:

Media advertisement

Appendix A: Media advertisement

Email Advertisement

Study about couple relationship

Caught in distressing disagreements with your partner? Lost emotional connection with *your loved one?*

At the University of Navarra and Brigham Young University we are studying how partners can improve their relationship through couple therapy. Eligible couples for the study will receive up to 20 FREE sessions of couple therapy by expert therapists in the "Emotionally Focused Couple Therapy" or an invitation to participate in the psychoeducational program related with this therapeutic approach (called "Hold-me-tight"). Emotionally focused therapy is of the two couple approach who have been received more scientific support about its effectiveness for improve couple relationships or strength emotional bonds.

The study includes four research components that will take between 6 and 8 hours (excluding therapy or psychoeducational program). Times are flexible based on both partners and the therapists and researchers. Couples will receive some reimbursement for the costs for this collaboration in research goals.

If you and your partner are experiencing relationship difficulties and are both over 25 years of age, please enter in the website www.effects.es and complete the information requested. As soon as we review your answers someone from our team will contact you through an e-mail or phone call.

Video Advertisement

A member of the research team, together with one or two therapists experts in EFT, will prepare a video of advertisement of the EFT-clinical trial. Video content will be similar to the e-mail advertisement.

Appendix B:

Measures and procedure (complementary information)

Appendix B: Measures and procedure (complementary information)

List of all the measures we used in the study:

1. Socio-demographic questionnaire 1(selection criteria) – SD1 (included in Appendix D)
2. Socio-demographic questionnaire 2 (first interview) – SD2 (included in Appendix C)
3. Dyadic Adjustment Inventory - DAS32
4. Dyadic Adjustment Inventory short form - DAS4
5. Couple Satisfaction Index - CSI16
6. Experience in Close Relationships - ECR36
7. Health questions (RELATES) - Health4
8. Physical Symptoms Questionnaire - PHQ15
9. Depression, anxiety and stress scales - DASS21
10. Sexual dissatisfaction (MSI) - SD13
11. University of California Los Angeles Loneliness Scale Revised - UCLALS-R8
12. Reflective Functioning Questionnaire - RFQ8
13. Authoritative Parenting (RELATES) - AP15
14. Sleep – S8
15. Neuroticism dimension (NEO-FF)- NEO-N12
16. Spanish Differentiation of Self Inventory – DSI26
17. Set of questions from RELATES – RELATES55
18. Stressful life events checklists – SLEs15
19. Working Alliance Inventory for Couples Short Form - WAI-Co16
20. Attachment Based Alliance Questionnaire - ABAQ12
21. Post Session Resolution Questionnaire – PSRQ4
22. Brief Accessibility, Responsiveness, and Engagement - BARE12
23. CORE-OM-10

En la carpeta faltan tres cuestionario, el SD1, SD2 y SD13. Los que estan subrayados en amarillo si están en la carpeta.

Initial recruitment. Selection criteria step one: online questionnaire.

The initial recruitment will be through a webpage and an online questionnaire. Through this online questionnaire potential participants will be assessed with:

- DAS-32.
- Socio-demographic questionnaire 1(selection criteria)
- Personal information (phone number, e-mail, direction, name of the partner), for contact them.
- Information about area of residence and available time-frames.

The information collected will be the minimum for exploring the selection criteria.

Initial recruitment. Selection criteria step two: first information about the study and telephone screen.

Potential participants will receive and e-mail with more information about the study, explaining things about the procedure. If they confirm they are available, then they will have a brief telephone screening to confirm they understand the goals of the study, and to explore potential reasons for exclusion (e.g., drug abuse). At this stage, if the couple fits all the criteria and understand the study characteristics, they will be considered as participants in the study and a specific identity code will be generated (a letter by country, and one number).

First interview (pre-assignment)

In this interview, participants will sign the inform consent, and the therapists or person in charge will explain the study again and confirm the couple want to participate and understand the study characteristics. In this interview, some measures will be used:c

- DAS-4 and DAS-32
- CSI-16
- ECR-36
- Health-2
- PHQ - 15
- DASS-21
- MSI-SD-13
- UCLA LS-R8
- RFQ-8
- AP-15
- Sleep-8
- CORE-OM

To complete these questionnaires will require approximately 30-35 minutes. Each couple will receive a first payment in compensation for the time they used in fill the questionnaires.

First online questionnaire (pre-assignment)

After the first interview, couples will be asked to fill a first online questionnaire, for control some variable pre-assignment, and confirm their availability for complete this kind of measures online. This second set of questionnaires will need approximately 25-30 minutes of their time:

- Neuroticism (NEO-FF)-12
- DSI-26
- RELATES-69
- Stressful life events.

Assessment through the process (treatment group and control group)

*UPDATED IN THE STUDY PROTOCOL MANUSCRIPT

Appendix C:

Online questionnaire

Appendix C: Online questionnaire

Selection criteria step one: online questionnaire
DAS-32.
Socio-demographic questionnaire 1 (selection criteria)
Personal information (phone number, e-mail, address, name of partner), to allow research team to contact participants.
Information about area of residence and available time-frames to facilitate participation in therapy.

The DAS-32 was already included as another attached document.

Socio-demographic questionnaire 1(selection criteria)

- *How did you find out about the study?*
- *How old are you?*
- *How old is your partner?*
- *How long have you and your partner been together?*
- *How long have you been living together?*
- *Are you married? If so, how long have you been married?*
- *What is your native language?*
- *What is your country of residence (where you have primarily lived for at least 10 months during the past year)?*
- *How long have you lived in your country of residence?*

All the following questions will be presented with three options from which participants will select an answer: “Yes”, “No” or “I don’t know”.
Have you ever been diagnosed with a psychiatric disorder?
Have you received psychotherapeutic (psychological or psychiatric) treatment during the past few months?
Are you planning to start psychotherapeutic or psychiatric treatment in the next 6 months outside of your participation in this study?
Have you been diagnosed with any psychotic, somatoform or dissociative disorder?
Are you currently taking any medication(s) known to treat psychosis, somatoform, dissociative or psychotic disorders?
Are you or your partner currently taking psychotropic medication? (if you are not sure, please write the name of any medication in question)
Have you had a history of childhood physical or sexual abuse?
Have you or your partner received a diagnosis of a neurodevelopmental (e. g., autism spectrum disorder), neurocognitive, personality or paraphilic disorder?
Have you or your partner been arrested or imprisoned in the past 3 months?
Have you or your partner been arrested due to driving under the influence of a controlled substance or had any other legal problem due to the use of controlled substances in the past year?
Have you or your partner been fired from a job due to alcohol or other substance use/abuse?
Have you experienced physical or sexual violence in your current relationship?
Are you or your partner currently involved in an affair or have either of you been involved in an affair during the past year?
Have you or your partner been involved (as a victim, perpetrator, or both) in a sexual assault during the past 2 years?

Do you have any history of adulthood sexual abuse?
Are you or your partner a psychotherapist who is active in clinical practice?
Have you ever been involved in emotionally-focused couple therapy or training?
On average, how many alcoholic drinks do you have in a week?
Do you or your partner anticipate any condition(s) (now or in the near future) which will make attending therapy impossible or very difficult for you (e.g., major surgery, planning to move to another city or country in the near future, etc.)?
Have you or your partner experienced any difficulties at work due to drug or alcohol use in the last 6 months?re you willing to participate in a study where you will be asked to answer questionnaires multiple times each month for several months and/or participate in a weekend retreat for couples, which consists of several talks and content presentation focused on improving and strengthening your relationship with your partner?Are you willing to participate in a study where you will be asked to attend and participate in couple therapy sessions which will be video-recorded as well as fill out questionnaires before and/or after said therapy sessions?

Personal information (phone number, e-mail, address, name of partner).
What is your full name (first and last name)
Please provide a mobile phone/cell number and an e-mail address (through which you want to be contacted)?
*An explicit question asking participants to grant permission to the research team to share participants' personal information amongst research team members as necessary for research purposes will be presented in the online questionnaire, together with statements about the methods which will be used to protect this personal information according to confidentiality rights.

Information about participants' area of residence and available time-frames.
Where do you live (neighborhood, city and country)?
Which days and times of the week could you attend therapy sessions together with your partner?

Appendix D:

E-mail information and telephone screen

Appendix D: E-mail information and telephone screen

E-mail information

Version 1 (rejection after step one)

Couples will receive this e-mail in case they do not fit the selection criteria or be included in one or more of the exclusion criteria:

Hello, I am writing regarding your interest in the couples therapy research study. Unfortunately, you are not eligible to participate in this particular study based off of our screening criteria.

Thank them for your interest in the study. If you would like to be referred elsewhere for treatment, please contact us and we will provide recommendations for treatment in your area.

Version 2 (participant met screening criteria)

Potential candidates will receive this e-mail which contains more complete information about the study's characteristics:

Thank you for your interest in the couples therapy research study. We received your responses to the online questionnaire and you are potential candidates for the study. This e-mail is being sent to you to ensure you understand the goals of the study and to double-check some information.

This research study is designed to develop a better understanding of how Spanish speaking individuals in Spanish speaking countries are impacted through the process of couples therapy. The purpose of the research study is to help Spanish speaking couples develop a closer relationship with their partner and to learn how to maintain this closeness after therapy is completed.

The Research Ethics Board of the University of Navarra (Spain) and Brigham Young University (USA), have approved this study. This study is being conducted by psychologists experienced in working with couples who have legal licenses and permission to carry out psychotherapeutic services in their country of residence. All information collected as a result of this study will be treated in such a way as to maximize confidentiality and protection of your personal information.

If you decide to participate in this study you will be randomly assigned to either a control group or a treatment group. If assigned to the control group, you will be asked to complete a series of periodic assessments as well as to participate in a follow-up phase with one or more member(s) of the research team through occasional phone calls over a 5- to 7-month period. At the end of this process you will be offered, along with your partner, the opportunity to participate in a complementary educational weekend for couples. If you are assigned to the treatment group, you will be asked to participate in 20 sessions of couples therapy, each 75 minutes in length. These sessions will take place on a weekly basis (with some possible exceptions). As part of your participation

in the study, before and/or after said therapy sessions, you will be asked to complete a series of questionnaires. All therapy sessions will occur at a couples therapy clinic in your area.

There will be no cost associated with participation in any part of this research study. As a couple, you will be paid $60.00 per hour of participation (payment is for participation in the research portion of the study, not for attending therapy sessions). Couples' participation in the research portion of the study will take an estimated 5 to 8 hours during the initial process, depending on the group they are assigned to.

Participation in this study will require you to: accept being video-recorded in all therapy sessions you attend, complete all assigned questionnaires before and/or after therapy sessions, and being open to participate in a follow-up assessment, once the therapy process is finished.

Are you interested in finding out if you may be eligible for this study? [if yes]. Please provide a name, phone number and a good time frame to contact both you and your partner. During this phone call you will each be asked some follow up questions.

Telephone Screening - Standardized telephone screening procedure

Date:
Interviewed:

This is the information the interviewer will present to the partner:

Thank you for your interest in the couple therapy research study. We received your responses to the online questionnaire and you are potential candidates to the study. This call is to ensure you understand the goals of the study, and to double-check some information.

I'm going to be asking you a number of questions to explore information potentially relevant to this study. Before we begin, I want you to know that, for scientific reasons, we are trying to recruit a very specific sample of people. Because of this, many people I interview will not be eligible to participate. If you are considered likely to be eligible to participate in our study, you will be asked to go to a therapy clinic to participate in the first research session which will allow us to determine final eligibility. This research session will consist of questionnaires and a short interview with the therapist. This meeting will take about 1 hour and 20 minutes, and you will be reimbursed for your time whether or not you are considered eligible for the study.

I would now like to ask you some questions. For this phone screening, we will be asking you questions about your general health and relationship with your partner. We will ask you and then your partner to answer questions separately. If you meet eligibility criteria for this study, we will save the contact information you provided us and set up an appointment between you, your partner and your future therapist.

The following are the main questions the interviewer will explore in the phone-call:

- *How long have you been living together?*

- *What is your native language?*
- *Are you planning to start psychotherapeutic or psychiatric treatment in the next 6 months (outside of participation in this study)?*
- *Are you currently taking any medication(s) known to treat psychosis, somatoform, dissociative or psychotic disorders?*
- *Have you or your partner been arrested or imprisoned in the past 3 months?*
- *Have you or your partner been arrested due to driving under the influence of a controlled substance or had any other legal problem due to the use of controlled substances in the past year?*
- *Are you or your partner psychotherapists active in clinical practice?*
- *Have you ever been involved in emotionally-focused couple therapy or training?*

The phone call will also allow potential participants to receive answers to any questions the couple may have regarding the process of the study or to seek clarification regarding anything they did not understand in any previous written information.

Appendix E:

Informed consent

Appendix E: Informed consent for participation in the study

Informed Consent Form for Study Participants

TITLE OF RESEARCH STUDY: Efficacy of Emotionally Focused Therapy among Spanish Speaking couples: a randomized clinical trial

STUDY INVESTIGATORS: Martiño Rodríguez-Gonzalez, Ph. D.1, Jonathan Sandberg, Ph.D.2, Alfonso Osorio, Ph.D. 1, Shayne Anderson, Ph.D.2, Paul Greenman, Ph.D.3, Marie-France Lafontaine4, Patrick Steffen, Ph.D.2, María Calatrava, Ph.D. 1, and graduate students from UNAV or BYU, as Ragan Lybbert2, [1University of Navarra (UNAV), 2Brigham Young University (BYU), 3 University of Québec au Outaouais (UQO), 4 University of Ottawa (UO)]

***

Participant Name: ____________________
Date: _____________

INTRODUCTION

You are being asked to take part in a research study. Before you decide to be part of this research study, you need to understand the risks and benefits of participation so that you can make an informed decision. This is known as informed consent. This consent form will give you information about the research study and what your participation will involve. If you would like more information about something mentioned here, or if you have any other questions, please feel free to ask (***).

Once you understand what the research study involves, you will be asked to sign this consent form if you still desire to take part in this research study. You are free to choose whether or not to take part in the research study. Also, you are free to withdraw from this research study at any time, even after the study has begun. If you withdraw, as a couple you will be reimbursed $100 for each stage of the study completed during your participation. Since we are examining how couples change over the process of therapy, if you choose not to participate in the research components of this study, you will not be assigned a therapist nor provided complementary couples therapy; however, we will provide you with a list of available community services in your area should you desire.

Before you sign this form, please ask questions on any aspects of this research study that are unclear to you. You may take as much time as necessary to think this over.

PURPOSE OF THIS RESEARCH STUDY

This research study is designed to develop a better understanding of how Spanish speaking individuals in Spanish speaking countries are impacted through the process of couples therapy. The purpose of the research study is to help Spanish speaking couples develop a closer relationship with their partner and to learn how to maintain this closeness after therapy is completed.

PROCEDURE

Research Participation: What does participation in the study entail?

During this visit, if you decide to sign the consent form and participate in the study, you will be asked to complete a series of questionnaires and a personal interview to confirm you understand what your participation will entail and to clarify and determine final eligibility requirements (some information may be difficult to accurately assess for through online questionnaires and/or over a phone/video call). In these questionnaires you will be asked about your personality, moods, health, and yourself as well as about your relationship with your partner. This personal interview will require about 40 minutes (20 per partner).

If after the first visit you are still eligible to participate in the therapy study, you will be notified of your eligibility via e-mail and/or a phone call within 2-5 business days. If you are not deemed eligible, you will not be included in the study, but you will be provided with a list of community resources for couple therapy in your area. Regardless of your eligibility, your scores (comprised of your responses to the initial evaluation assessments) will be kept for future comparisons in the study with other participants/potential participants. All identifying information will be removed from your responses to ensure anonymity and confidentiality.

Once deemed eligible, you will be randomly assigned to either a control group or a treatment group. If assigned to the control group, you will be asked to complete a series of periodic assessments as well as to participate in a follow-up phase with one or more member(s) of the research team through occasional phone calls over a 5- to 7-month period. At the end of this process you will be offered, along with your partner, the opportunity to participate in a complementary educational weekend for couples.

If you are assigned to the treatment group, you will be asked to participate in 20 sessions of couples therapy each 75 minutes in length. These sessions will take place on a weekly basis (with some possible exceptions). As part of your participation in the study, before and/or after said therapy sessions, you will be asked to complete a series of questionnaires. All therapy sessions will occur at a couples therapy clinic in your area.

Regardless of assignment to the treatment group or the control group, each set of questionnaires should take no more than 10 minutes to complete and may be available for you to take online.

Couple Therapy

If you are placed in the treatment group, you will be assigned to an experienced therapist from your area who will call you to arrange your first therapy appointment. You will be seen for a total of 20 complementary sessions that will each last approximately 1 hour and 15 minutes. You and your partner will be required to attend therapy together each week, except at some point between sessions 2 and 5, where your assigned therapist will hold an individual session with you and a separate session with your partner. Sessions will be conducted by therapists trained in Emotion Focused Therapy (EFT). Supervision of the therapy process will be carried out by approved supervisors of EFT. All sessions will be videotaped and/or audio-taped for supervision and research purposes.

Your decision to participate in this study, implies that you agree to the research framework of the study as well, which entails agreeing to video recordings of all therapy sessions, and completing the questionnaires which are given to you. As a participant, you are free to end your participation in the study at any point. However, so long as you have agreed to participate and are still participating in the study, you acknowledge that you do so having a familiarity of the nature of the study.

Therapeutic Approach Used in This Research Study

The specific approach of couples counseling that you will be offered is called Emotion Focused Therapy for Couples. Emotion Focused Therapy for Couples views relationship distress as resulting from negative patterns of interaction that couples develop over time. Emotion Focused Therapy helps couples step out of negative patterns so that they can help each other establish safety and connection within their relationship. It also teaches partners' how to better request and respond to one another's needs for support and love. Scientific research studies have consistently demonstrated that this form of therapy is very helpful in helping distressed couples improve their relationships, and that these improvements last long after therapy has been completed.

What will it cost me to participate? Will I be paid for participating?

There will be no cost associated with participation in any part of this research study. As a couple, you will be paid $60.00 per hour of participation (payment is for participation in the research portion of the study, not for attending therapy sessions), with an estimated total of 7 hours of participation in the research portion. If this participation requires more than 7 hours, you will be paid, as a couple, $80 for each additional hour.

Finally, those couples assigned to the treatment group will be asked to participate in a final follow-up phase once the therapeutic interventions have been completed. Follow-up assessments will take place at 3, 6, 12, 18 and 24 months after the therapeutic intervention has been completed. Participating couples who complete the first two follow-up assessments will receive $70, an additional $70 for completing the 12- and 18-month assessment, and a final $70 for completing the 24-month assessment.

RISKS AND BENEFITS

Risks

Therapy involves answering questions about thoughts and emotions, as does the completion of study questionnaires. Participants might experience some mild discomfort in responding to them, but no more so than if they were to remember a sad event in their lives. If for any reason this were to happen and the discomfort were to become difficult to manage, participants who are receiving EFT will be encouraged to discuss this difficulty with their therapist, who will be a qualified mental health professional. Participants in the control group will be given the contact information for **, who is a registered psychologist, should they wish to address any discomfort that might arise.

Benefits

The benefits of participating in EFT are well-established. These include improvement in one's relationship with their partner as well as one's mood and overall psychological state.

CONFIDENTIALITY

All information collected as a result of this study will be treated in such a way as to maximize confidentiality and protection of your personal information. Completed questionnaires, counsellors' progress notes, and the audio and/or video records used in this study will be kept in a locked filing cabinet at the psychotherapy clinic/site at which your therapy sessions are held[1]. All online questionnaires will be completed and stored on a secure and encrypted server. Furthermore, this information will be sent to the University of Navarra through a secure and encoded communications channel. No names or personal information linking your identity to your responses will be placed on the questionnaires nor the video records. Your names will be known only to the personnel who are directly involved in the research study. These include the study investigators, the clinical supervisors, and your therapist. Anonymity will be assured through the pooling of all data so that the published results will be presented in group format and no individual or couple will be identified.

In some situations, however, a member of the research team must break this confidentiality agreement[2]. These exceptions are in cases of a court order, of imminent danger to yourself or to others, of disclosures of child abuse, or of disclosures of abuse by a health care professional. In terms of child abuse, we are required by law to inform the appropriate authorities if we become aware that any child under the age of 18 is at risk of being abused. So, while this does not relate to any disclosures of your own childhood abuse experiences, it would be necessary for us to file a report with the proper authorities if you disclose that your abuser was still in regular, unsupervised contact with young children.

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[1] The paper-pencil questionnaires must be kept at the psychotherapy clinic/site of the therapists in charge of the process with every couple, in a locked filing cabinet.

[2] Related legislation in force in each country will be applied.

Data storage for research purposes

The digital copy of the paper-pencil questionnaires and the list linking couple identification numbers and names, as well as other contact information (e.g., e-mail), will be kept in a hard-disk with password in a separate locked filing cabinet in ** office for a period of 5 years after the completion of the study, at which point they will be destroyed. Only the principal investigator, **, will have access to this information.

All the printed and electronic files related to this research project (e. g., data matrix with the questionnaires codified or videotaped therapy sessions) will be kept in a hard-disk with password in a separate locked filing cabinet in ** office (UNAV) for a period of 15 years (2034). Anonymized data will be saved until 2050. Other researchers may be given access to this material under the approval and supervision of **.

Therapists providing therapy as a result of this study will keep client files that contain session notes and relevant case material (e.g., consent to treatment, assessment reports, psychometric test data) under lock and key at their clinics, as per the regulations of the governing bodies of their respective country and the specific region where they have established their private clinical practice. These materials will be destroyed after a 5-year period or once the minimum legal-period set forth by said governing body has been met.

Use of video recordings for educational/training purposes

Participating couples will be given the option to allow the video recordings of their therapy sessions to be used for educational/training purposes. Some therapy sessions are particularly useful for showing therapists in training how certain interventions of a specific model are to be carried out. If you agree to the use of your sessions for this purpose:

- The researchers in charge of this study will seek to identify as effective educational material, parts of sessions or entire sessions, in which you participated as a therapy client.
- This educational material will be kept as confidential training material with access requiring a password (secured in the same way as the research data), at the University of Navarra under the responsibility of the primary investigator (IP) and at Brigham Young University under the responsibility of the co-primary investigator (CO-IP).
- This material will be used only in courses taught by members of the research team or by members of the departments that are linked to the study, and always under the supervision and express consent of the IP or CO-IP of the study, as they are the parties responsible for the custody of these materials.
- Additionally, these materials may be used by the therapists and supervisors that directly participate in the study, so long as they are used for educational/training purposes and only in courses in which they are the primary teachers. These therapists and supervisors are not authorized to share or make copies of these materials with/for anyone who is not a part of this study.

Data Protection

Be informed that due to the nature of this study, the data collected through the research process of the study (including your answers to questionnaires and video recordings of your therapy sessions if you are part of the treatment group), will be sent from the country in which they originate to the primary investigators of that study who are at the University of Navarra (in Spain), and in some occasions from there to investigators at Brigham Young University (in the US). These transfers will take place through procedures that will maximize security (a server that will receive the encrypted files securely and which will have a secure login system, which will include dual authentication).

Below we provide legal clauses which explain the handling procedures of your personal information as laid out by the current legislation of the European Union (Regulation 2016/679; Directive 2016/680; Regulation 2018/1725):

:

- The party responsible for the handling of your personal information collected in relation to this study is the University of Navarra, Edificio Central, Campus Universitario, Navarra (Spain)
- The study may include the handling of sensitive personal information, for example, information regarding your life and sexual health.
- Data/information from this study may be ceded to Brigham Young University in the United States, which is a country that the European Commission has not included in its list of countries which have an equivalent level of data protection to those belonging to the European Union.
- You have the right to remove your consent and to exercise your rights of access, rectification, suppression, opposition, limitation and portability of your personal information at any point in the study.
- You may exercise these rights and pose any questions regarding how your personal information is being handled to the Data Protection Officer at the University of Navarra through the email address dp@unav.es.

Check this box if you explicitly accept this characteristic of the study (the international transfer):
□ Yes, I understand all the conditions of the study and I want to participate in the study
□ Yes, I authorize the use of the video recordings of my therapy sessions for educational/training purposes
□ No, I prefer not participate

QUESTIONS

Please feel free to ask questions before agreeing to participate. Should you choose to participate, you are encouraged to ask questions throughout and after the research study. ** regarding study participation. The Institutional Review Board of Brigham Young University and the University of Navarra have each reviewed

this protocol. If you have any questions about your rights as a research participant, you may contact the following Institutional Review Board.

Brigham Young University
Institutional Review Board

Phone: **

University of Navarra
Institutional Review Board

Phone: **

SIGNATURES

I have read the preceding information and have had a chance to ask questions to help me understand what my participation will involve. My signature below indicates that the research study and related procedures have been explained to me and that I freely give my consent to participate in the research study, unless I decide otherwise. I acknowledge that I will receive a signed copy of this consent form.

____________________ ____________________________
Participant (Print Name) Signature Date

RESEARCH ASSISTANT-THERAPIST STATEMENT

I certify that I have explained the research study to the above individual, including the purpose, the procedures, the possible risks and potential benefits associated with participation in this research study. Any questions raised have been to the individual’s satisfaction. I believe that the participant fully understands my explanations and has freely given informed consent.

___________________________ ______________________________
Investigator (Print Name) Signature Date

Appendix E: Video

Video release

All therapy sessions will be video recorded as is standard therapy practice in many settings. Video recordings will be used for four proposes:

- Supervision [therapists will receive supervision during the study, and they should share video clips with their supervisors to receive feedback on how they can improve]
- Implementation [once the group treatment end, the video will be used for checking about the treatment fidelity; adherence to the couple therapy model].
- research hypothesis [some aspects of the research project need to review the videotaped sessions looking for key-events according to the theoretical model that informs the emotionally focused approach].
- Training [for those couples who accept, some clips of their therapy sessions could be used in the future for training proposes to help other therapists learn the model]

	YES	NO
I agree with the research uses of the video-tape of my therapy sessions (supervision, implementation checking, and research hypothesis)		
I agree with the training use of the video-tapes of my therapy sessions but only in settings outside my country of residency		
I agree with the training use of the video-tapes of my therapy sessions in settings both in my country of residency and in any other country		

____________________ ____________________________

Participant (Print Name) Signature Date

Be informed that due to the nature of this study, the data collected through the research process of the study (including your answers to questionnaires and video recordings of your therapy sessions if you are part of the treatment group), will be sent from the country in which they originate to the primary investigators of that study who are at the University of Navarra (in Spain), and in some occasions from there to investigators at Brigham Young University (in the US).

These transfers will take place through procedures that will maximize security (a server that will receive the encrypted files through SSL/TLS, and which will have a secure login system, which will include dual authentication). In such circumstances, the transfer will follow applicable Data Protection Law. We take reasonable steps to ensure that the Personal Data is treated securely including using appropriate safeguards such as the Standard Contractual Clauses as approved by the European Commission.

I understand all conditions of the study and I want to be participant on it, I agree with the international transference of the videotapes of my therapy sessions	**Yes ( )**	**No ( )**

Withdraw, access and rectification. *Pursuant to General Data Protection Regulation (GDPR) you have certain rights to access, transferring or deleting your personal data. Also, you have the right of withdrawing your consent to use your personal videos. For assistance in exercising these rights, please refer to the university data protection webpages or the researchers in charge of the study (you have the contact details in the consent form).*

Appendix F:

Questionnaires

Questionnarie 3: Dyadic Adjustment Scale – (DAS32)

DAS32

Couple No.__________ M____F_____

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Please a checkmark to indicate your answer).

		Always Agree	Almost Always Agree	Occasion -ally Disagree	Frequently Diaagree	Almost Always Disagree	Always Disagree
1.	Handling family finances	5	4	3	2	1	0
2.	Matters of recreation	5	4	3	2	1	0
3.	Religious matters	5	4	3	2	1	0
4.	Demonstrations of affection	5	4	3	2	1	0
5.	Friends	5	4	3	2	1	0
6.	Sex relations	5	4	3	2	1	0
7.	Conventionality (correct or proper behavior)	5	4	3	2	1	0
8.	Philosophy of life	5	4	3	2	1	0
9.	Ways of dealing with parents or in-laws	5	4	3	2	1	0
10.	Aims, goals, and things believed important	5	4	3	2	1	0
11.	Amount of time spent together	5	4	3	2	1	0
12.	Making major decisions	5	4	3	2	1	0
13.	Household tasks	5	4	3	2	1	0
14.	Leisure time interests and activities	5	4	3	2	1	0
15.	Career decisions	5	4	3	2	1	0

		All The time	Most of the time	More Often Than Not	Occa-sionally	Rarely	Never
16.	How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17.	How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18.	In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19.	Do you confide in your mate?	5	4	3	2	1	0
20.	Do you ever regret that you married (or lived together)?	0	1	2	3	4	5
21.	How often do you and your partner quarrel?	0	1	2	3	4	5
22.	How often do you and your mate "get on each others' nerves"?	0	1	2	3	4	5

		Every Day	Almost Every Day	Occa-Sionally	Rarely	Never
23.	Do you kiss your mate?	4	3	2	1	0

		All of Them	Most of Them	Some of Them	Very Few of Them	None of Them
24.	Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

Never	Less than once a Month	Once or twice a Month	Once or twice a Week	Once a Day	More Often

		0	1	2	3	4	5
25.	Have a stimulating exchange of ideas	0	1	2	3	4	5
26.	Laughter together	0	1	2	3	4	5
27.	Calmly discussing something	0	1	2	3	4	5
28.	Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the last few weeks (Check yes or no).

	Yes	**No**	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	**1**	**2**	**3**	**4**	**5**	**6**
Extremely Unhappy	**Fairly Unhappy**	**A Little Unhappy**	**Happy**	**Very Happy**	**Extremely Happy**	**Perfect**

32. Which of the following statements best describes how you feel about the future of your relationship?

5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

4 I want desperately for my relationship to succeed, and will do all I can to see that it does.

3 I want desperately for my relationship to succeed, and will do my fair share to see that it does.

2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.

Questionnarie 4: Dyadic Adjustment Inventory – (DAS4)

How often would you say the following events occur between you and your mate?

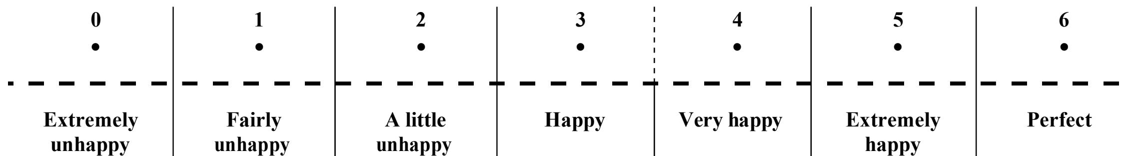
0 All the time	1 Most of the time	2 More often than not	3 Occasionally	4 Rarely	5 Never

16. How often do you discuss or have you considered divorce, separation or terminating your relationship?

18. In general, how often do you think that things between you and your partner are going well?

19. Do you confide in your mate?

The dots on the following line represent different degrees of happiness in your relationship. The middle point "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all thins considered, of your relationship.



Questionnarie 5: Couple Satisfaction Index – (CSI16)

CSI-16

Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
0	1	2	3	4	5	6

	All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0

	Not at all TRUE	A little TRUE	Some-what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE
Our relationship is strong	0	1	2	3	4	5
My relationship with my partner makes me happy	0	1	2	3	4	5
I have a warm and comfortable relationship with my partner	0	1	2	3	4	5
I really feel like **part of a team** with my partner	0	1	2	3	4	5

	Not at all	A little	Some-what	Mostly	Almost Completely	Completely
How rewarding is your relationship with your partner?	0	1	2	3	4	5
How well does your partner meet your needs?	0	1	2	3	4	5
To what extent has your relationship met your original expectations?	0	1	2	3	4	5
In general, how satisfied are you with your relationship?	0	1	2	3	4	5

For each of the following items, select the answer that best describes *how you feel about your relationship*. Base your responses on your first impressions and immediate feelings about the item.

INTERESTING	5	4	3	2	1	0	**BORING**
BAD	0	1	2	3	4	5	**GOOD**
FULL	5	4	3	2	1	0	**EMPTY**
STURDY	5	4	3	2	1	0	**FRAGILE**
DISCOURAGING	0	1	2	3	4	5	**HOPEFUL**
ENJOYABLE	5	4	3	2	1	0	**MISERABLE**

Questionnarie 6: Experience in close relationships (ECR36)

ECR-36

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

	QUESTION	1=Strongly Disagree………7=Strong Agree						
1.	I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
2.	I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7
3.	I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
4.	I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7
5.	I often wish that my partner's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7
6.	I worry a lot about my relationships.	1	2	3	4	5	6	7
7.	When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7
8.	When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7
9.	I rarely worry about my partner leaving me.	1	2	3	4	5	6	7
10.	My romantic partner makes me doubt myself.	1	2	3	4	5	6	7
11.	I do not often worry about being abandoned.	1	2	3	4	5	6	7
12.	I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7
13.	Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	6	7
14.	My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
15.	I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.	1	2	3	4	5	6	7
16.	It makes me mad that I don't get the affection and support I need from my partner.	1	2	3	4	5	6	7
17.	I worry that I won't measure up to other people.	1	2	3	4	5	6	7
18.	My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7
19.	I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
20.	I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	6	7

21.	I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7
22.	I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
23.	I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	6	7
24.	I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7
25.	I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7
26.	I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
27.	It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7
28.	I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7
29.	It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7
30.	I tell my partner just about everything.	1	2	3	4	5	6	7
31.	I talk things over with my partner.	1	2	3	4	5	6	7
32.	I am nervous when partners get too close to me.	1	2	3	4	5	6	7
33.	I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
34.	I find it easy to depend on romantic partners.	1	2	3	4	5	6	7
35.	It's easy for me to be affectionate with my partner.	1	2	3	4	5	6	7
36.	My partner really understands me and my needs.	1	2	3	4	5	6	7

Questionnarie 7: Health questions (RELATES) – Health4

Health4

GENERAL HEALTH ITEMS Stem: How true or false is this statement for you?
Response Categories: 1=definitely false, 2=mostly false, 3=don't know, 4=mostly true, 5=definitely true
I seem to get sick a little easier than other people.
I am as healthy as anybody I know.
I expect my health to get worse in the near future.
My health is excellent.

Questionnarie 8: Physical Symptoms Questionnarie (PHQ15)

PHQ15

During the past 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered at all**	**Bothered a little**	**Bothered a lot**
1. Stomach pain	1	2	3
2. Back pain	1	2	3
3. Pain in your arms, legs or joints (knees, hips, etc.)	1	2	3
4. Menstrual cramps or other problems with your periods [Women only]	1	2	3
5. Headaches	1	2	3
6. Chest pain	1	2	3
7. Dizziness	1	2	3
8. Fainting spells	1	2	3
9. Feeling your heart pounding or race	1	2	3
10. Shortness of breath	1	2	3
11. Pain or problems during sexual intercourse	1	2	3
12. Constipation, loose bowels, or diarrhea	1	2	3
13. Nausea, gas, or indigestion	1	2	3
14. Feeling tired or having low energy	1	2	3
15. Trouble sleeping	1	2	3

DASS21

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Questionnarie 10: Sexual Dissatisfaction (MSI) – SD13

MSI

This inventory consists of several statements. Read each statement and decide whether it is TRUE as applied to you or FALSE as applied to you.

	True	False
My partner seems to enjoy sex as much as I do.		
I would prefer to have sexual relations more frequently than we do now.		
I am sometimes unhappy with our sexual relationship.		
I am somewhat dissatisfied with how we discuss better ways of pleasing each other sexually.		
One thing my partner and I don't fully discuss is our sexual relationship.		
My partner sometimes shows too little enthusiasm for sex.		
My partner has too little regard sometimes for my sexual satisfaction.		
My partner and I nearly always agree on how frequently to have sexual relations.		
I have never seriously considered having an affair.		
My partner and I rarely have sexual relations.		
I would like my partner to express a little more tenderness during intercourse.		
There are some things I would like us to do, sexually, that my partner doesn't seem to enjoy.		
Our sexual relationship is entirely satisfactory.		

Questionnarie 11: University of California Los Angeles Loneliness Scale Revised (UCLALS-R8)

UCLALS-R8

Scale:

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

	Nevere	Rarely	Sometimes	Often
I lack companionship	1	2	3	4
There is no one I can turn to	1	2	3	4
I am an outgoing person	1	2	3	4
I feel left out	1	2	3	4
I feel isolated from others	1	2	3	4
I can find companionship when I want it	1	2	3	4
I am unhappy being so withdrawn	1	2	3	4
People are around me but not with me	1	2	3	4

Questionnarie 12: Reflective functioning questionnaire (RFQ8)

RFQ8

Please work through the next 8 statements. For each statement, choose a number between 1 and 7 to say how much you disagree or agree with the statement, and write it beside the statement. Do not think too much about it – your initial responses are usually the best. Thank you.

Use the following scale from 1 to 7:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree

1. __ People's thoughts are a mystery to me **(original item 1)**

2. __ I don't always know why I do what I do **(original item 17)**

3. _ When I get angry I say things without really knowing why I am saying them **(original item 22)**

4. _ When I get angry I say things that I later regret **(original item 29)**

5. __ If I feel insecure I can behave in ways that put others' backs up **(original item 35)**

6. __ Sometimes I do things without really knowing why **(original item 36)**

7. __ I always know what I feel **(original item 8)**

8. __ Strong feelings often cloud my thinking **(original item 27)**

Questionnaie 13: Authoritative parenting (RELATES) - (AP15)

AP15

how often do you do the following?

(*never*) 1 ------- 2 --------- 3 --------- 4 --------- 5 (*always*)

	1	2	3	4	5
1. Are responsive to my child's feelings and needs.					
2. Take my child's desires into account before asking the child to do something?					
3. Explain to my child how we feel about his/her good and bad behavior?					
4. Encourage my child to talk about his/her troubles?					
5. Encourage my child to freely express themselves even when disagreeing with us?					
6. Emphasize the reasons for rules?					
7. Give comfort and understanding when my child is upset?					
8. Give praise when my child is good?					
9. Take into account our child's preferences in making plans for the family?					
10.Show respect for our child's opinions by encouraging our child to express them?					
11.Allow our child to give input into family rules?					
12.Give our child reasons why rules should be obeyed?					
13.Have warm and loving times together with our child?					
14.Help our child to understand the impact of behavior by encouraging our child to talk about the consequences of his/her own actions?					
15.Explain the consequences of the child's behavior to him/her?					

Questionnarie 14: Sleep (S8)

S8

1. During the past month, when have you usually laid down to go to sleep?
   USUAL BED TIME ___________

2. During the past month, when have you usually gotten up in the morning?
   USUAL GETTING UP TIME __________

3. On an average night during the past month, how long has it usually taken you to fall asleep after you laid down to go to sleep?
   MINUTES TO FALL ASLEEP _________

4. On an average night during the past month, how many minutes of sleep did you lose because you woke up in the middle of the night?
   MINUTES OF SLEEP LOST AT NIGHT __________

5. On an average night during the past month, how many minutes of sleep did you lose because you woke earlier than your usual time to get up?
   MINUTES OF SLEEP LOST IN THE MORNING _________

6. During the past month, how would you rate your sleep quality overall?
   1. VERY GOOD ____ 2. FAIRLY GOOD ____ 3. FAIRLY BAD ____ 4. VERY BAD ____

7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?
   1. Never ____ 2. Less than once a week ____
   3. Once or twice a week ____ 4. Three or more times a week ____

8. During the past month, how often have you taken naps during the day?
   1. Never ____ 2. Less than once a week ____
   3. Once or twice a week ____ 4. Three or more times a week ____

Questionnarie 15: Neuroticism dimmesion (NEO-FF) – NEO- N12

NEO-FFI (Neuroticism Subscale)

Enter your responses –
SD = Strongly Disagree / D = Disagree / N = Neutral / A = Agree / SA = Strongly Agree

1. I am not a worrier	SD	D	N	A	SA
6. I often feel inferior to others	SD	D	N	A	SA
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces	SD	D	N	A	SA
16. I rarely feel lonely or blue	SD	D	N	A	SA
21. I often feel tense and jittery	SD	D	N	A	SA
26. Sometimes I feel completely worthless	SD	D	N	A	SA
31. I rarely feel fearful or anxious	SD	D	N	A	SA
36. I often get angry at the way people treat me	SD	D	N	A	SA
41. Too often, when things go wrong. I get discouraged and feel like giving up	SD	D	N	A	SA
46. I am seldom sad or depressed	SD	D	N	A	SA
51. I often feel helpless and want someone else to solve my problems	SD	D	N	A	SA
56. At times I have been so ashamed I just wanted to hide	SD	D	N	A	SA

Questionnarie 16: Spanish differentiation of self inventory (DSI26)

DSI26

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is *generally true* of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

People have remarked that I'm overlyemotional	1	2	3	4	5	6
I have difficulty expressing my feelings to people I care for	1	2	3	4	5	6
I often feel inhibited around my family	1	2	3	4	5	6
When someone close to me disappoints me, I withdraw from him/her for a time	1	2	3	4	5	6
I tend to distance myself when people get too close to me	1	2	3	4	5	6
I wish that I weren't so emotional	1	2	3	4	5	6
My spouse/partner could not tolerate it if I were to express to him/her my true feelings about some things	1	2	3	4	5	6
At times my feelings get the best of me and I have trouble thinking clearly	1	2	3	4	5	6
I'm often uncomfortable when people get too close to me	1	2	3	4	5	6
At times I feel as if I'm riding an emotional roller- coaster	1	2	3	4	5	6
I'm concerned about losing my independence in intimate relationships	1	2	3	4	5	6
I'm overly sensitive to criticism	1	2	3	4	5	6
I often feel that my spouse/partner wants too much from me	1	2	3	4	5	6
If I have had an argument with my spouse/partner, I tend to think about it all day	1	2	3	4	5	6
When one of my relationships becomes very intense, I feel the urge to run away from it	1	2	3	4	5	6
If someone is upset with me, I can't seem to let it go easily	1	2	3	4	5	6
I would never consider turning to any of my family members for emotional support	1	2	3	4	5	6
I'm very sensitive to being hurt by others	1	2	3	4	5	6
When I'm with my spouse/partner, I often feel smothered	1	2	3	4	5	6
I often wonder about the kind of impression I create	1	2	3	4	5	6
When things go wrong, talking about them usually makes it worse	1	2	3	4	5	6
I feel things more intensely than others do	1	2	3	4	5	6
Our relationship might be better ifmy spouse/partner would give me the space I need	1	2	3	4	5	6
Arguments with my parent(s) or sibling(s) can still make me feel awful	1	2	3	4	5	6
Sometimes I feel sick after arguing with my spouse/partner	1	2	3	4	5	6
I worry about people close to me getting sick, hurt, or upset	1	2	3	4	5	6

Questionnarie 17: Set of questions from RELATES-55

RELATES55

Self-Esteem Scale (actor and partner) / 8-I

How much do these words or phrases describe you (or your partner)?
1=Never 2=Rarely 3=Sometimes 4 = Often 5=Very Often

Actor:

27. I take a positive attitude toward myself.
28. I think I am no good at all.
29. I feel I am a person of worth.
30. I am inclined to think I am a failure

Partner:

163. My partner takes a positive attitude toward himself/herself.
164. My partner thinks he/she is no good at all.
165. My partner feels he/she is a person of worth.
166. My partner is inclined to think she/he is a failure.

Religious Orientation Scale (4-I)

About your religious orientation:
1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

31. Spirituality is an important part of my life.
32. How often do you pray (commune with a higher power)?
33. Some doctrines or practices of my church (or religious body) are hard for me to accept.
74. How often do you attend religious services?
    0. Weekly
    1. At least monthly
    2. Several times a year
    3. Once or twice a year or less
    4. Never

Importance of Marriage scale (4-I)

1=Strongly Disagree 2 = Disagree 3=It Depends 4=Agree 5=Strongly Agree

41. Being married is among the one or two most important things in life.
48. If I had an unhappy marriage and neither counseling nor other actions helped, my spouse and I would be better off if we divorced.
62. Marriage involves a covenant with God, not just a legal contract recognized by the law.
65. Living together is an acceptable alternative to marriage.

Family Influence Scale (3-I)

How much do you agree with the following statements about your family, based on your years growing up?

1 = Strongly Disagree 2 = Disagree 3 = It Depends 4 = Agree 5 = Strongly Agree

111. There are matters from my family experience that I'm still having trouble dealing with or coming to terms with.
116. There are matters from my family experience that negatively affect my ability to form close relationships.
125. I feel at peace about anything negative that happened to me in the family in which I grew up.

Parents' Marriage Scale (3-I)

How much do you agree with the following statements about your family, based on your years growing up?
1 = Strongly Disagree 2 = Disagree 3 = It Depends 4 = Agree 5 = Strongly Agree

109. My father was happy in his marriage.
114. My mother was happy in her marriage.
123. I would like my marriage to be like my parents' marriage.

Family Stressors Scale (4-I)

In my immediate family while I grew up…
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

104. There were family members who experienced emotional problems such as: severe depression, anxiety attacks, eating disorders, or other mental/emotional problems.
105. There were financial strains such as loss of jobs, bankruptcy, large debts, or going on welfare.
106. There were physical strains such as a member(s) being physically handicapped, hospitalized for a serious physical illness or injury, or becoming premaritally pregnant.
107. There were one or more family members who struggled with addictions to alcohol or other drugs.

Relationship Stability Scale (3-I)

Please answer the following questions about your relationship:
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

248. How often have you thought your relationship (or marriage) might be in trouble?
249. How often have you and your partner discussed ending your relationship (or marriage)?
250. How often have you broken up or separated and then gotten back together?

Commitment (4-I)

Please answer the following questions about your relationship:
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

955. My relationship with my partner is more important to me than almost anything else in my life.
956. I may not want to be with my partner a few years from now.
957. I like to think of my partner and me more in terms of "us" and "we" rather than "me" and "him/her."
958. I want this relationship to stay strong no matter what rough times we may encounter.

Relational Aggression Scale (7-I)

How often have you and your partner been engaged in the following behaviors in your relationship IN THE LAST YEAR?
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

891a. I have threatened to end my relationship with my romantic partner in order to get him/her to do what I wanted.
892a. I have gone "behind my partner's back" and shared private information about him/her with other people.
893a. I have given my partner the silent treatment or "cold shoulder" when he/she has hurt my feelings or made me angry in some way.
894a. When I have been mad at my partner, I have recruited other people to "take sides" with me and get them upset with him/her too.
894c. I have intentionally ignored my partner until he/she gives in to my way about something
894e. I have withheld physical affection from my partner when I was angry with him/her
894g. I have spread rumors or negative information about my partner to be mean

Relational Aggression Scale Partner (7-I)

How often have you and your partner been engaged in the following behaviors in your relationship IN THE LAST YEAR?
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

891b. My partner has threatened to end our relationship in order to get me to do what he/she wanted.
892b. My partner has gone "behind my back" and shared private information about me with other people.
893b. My partner has given me the silent treatment or "cold shoulder" when I have hurt his/her feelings or made him/her angry in some way.
894b. When my partner has been mad at me, he/she has recruited other people to "take sides" with him/her and get them upset with me too
894d. My partner has intentionally ignored me until I give in to his/her way about something
894f. My partner has withheld physical affection from me when he/she was angry with me
894h. My partner has spread rumors or negative information about me to be mean

Violence and abuse (6-I)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they are in a bad mood, tired, or some other reasons. Couples have many different ways to try and settle their differences. The following are a few ways couples try to settle their differences. Please circle how many times you did each of these things in the past year.

2=Once in the past year 6=11-20 times in the past year
3=Twice in the past year 1=Not in the past year but it did happen before.
4=3-5 times in the past year 0=This has never happened
5=6-10 times in the past year

244b. I threw something at my partner that could hurt.

244c. My partner threw something at me that could hurt
244d. I pushed or shoved my partner
244e. My partner pushed or shoved me.
244f. I punched or hit my partner with something that could hurt.
244g. My partner punched or hit me with something that could hurt.

Alcoholism (myself/partner)

Actor -How frequently do you use?

25. Alcohol?
26. Illegal drugs?

1) Never
2) Less than once a month
3) One to three times a month
4) About once a week
5) Two to four times a week
6) Five to seven times a week
7) More than once a day

Partner - How frequently does your partner use the following?

167. Alcohol?
168. Illegal drugs?

1) Never
2) Less than once a month
3) One to three times a month
4) About once a week
5) Two to four times a week
6) Five to seven times a week
7) More than once a day

Questionnarie 18: Stressful life events checklist (SLEs15)

SLEs15

Name____________________ Date: ________

LE1. Did you or your partner experience any of the following events over the course of therapy? Please circle yes or no, and who experienced the event.

a. Serious Health Problems? Yes or No
Me My partner

b. Serious illness or injury in the family? Yes or No
Me My partner

c. Job Loss? Yes or No
Me My partner

d. Dead of a parent? Yes or No
Me My partner

e. Dead of a child? Yes or No
Me My partner

f. Death of close relative or friend? Yes or No
Me My partner

g. An affair? Yes or No
Me My partner

h. Crises with Children? Yes or No
Me My partner

i. Birth of a child? Yes or No
Me My partner

j. Victim of crime? Yes or No
Me My partner

k. Residential move? Yes or No
Me My partner

l. Not enough money for housing Yes or No
Me My partner

m. Difficulty meeting monthly payments on bills
Yes or No Me
My partner

n. Any other major event? Yes or No
Me My partner

Please indicate: _________________

LE2. If you answered yes to any of the above, please indicate the effect this event had on your relationship and/or your experience of therapy.

a. No Impact/Neutral Effect _______

b. Positive Effect _______

c. Please explain:

____

____

d. Negative Effect _______

e. Please explain:

____

____

Questionnarie 19: Working alliance inventory for couples short form (WAI-Co16)

WAI-Co16

COUPLE FORM

On the following pages are sentences that describe some of the different ways a person might think or feel about their therapist and therapy. Most likely, some of these statements will apply to you more than others.

Below each statement there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Please read these statements carefully and circle how often they occur. The numbers at the end of each scale represent the occurrences when the extremes never or always apply. Use the numbers in between to describe variations between these extremes. Although many of these items are similar, there are no duplicates.

This questionnaire is **CONFIDENTIAL**; your therapist will not see your answers.

Work fast, your first impressions are the ones we would like. Please respond to every item.
Thank you for your cooperation.
© Symonds. B. D. & Horvath A.

NOTE: This is a "Master" that copy has the Scales identified next to the items in red. Before administeting the scale the words in red (as well as this note) should be removed.

SECTION 1

In this section, there are a number of statements that describe your own thoughts and feelings about your counsellor. Please circle how often they occur.

1. The therapist and I trust one another. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

2. The therapist and I have an understanding about what we are trying to accomplish in therapy. Goal

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

3. The therapist and I understand each other. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

4. The therapist and I are honest with each other. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

5. The tasks that the therapist and I have decided upon are reasonable. Task

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

6. The therapist and I agree about how best to use the time in therapy. Task

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

7. . The therapist and I feel free to discuss personal matters. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

8. The therapist and I think we can accomplish the goals we have set. Goal

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

SECTION 2

On the following pages are sentences that describe different ways you think your partner may think or feel about the counsellor. Circle how often they occur. Please do not look back at your previous responses.

1. My partner and the therapist have established a good understanding about the kind of changes that would be good. Goal

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

2. My partner believes the way we are working with the therapist on our problems is correct. Task

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

3. My partner and the therapist like each other. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

4. My partner and the therapist agree about the things we will need to do in therapy to help improve the situation. Task

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

5. My partner and the therapist trust one another. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

6. My partner and the therapist are honest with each other. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

7. My partner and the therapist are not compatible. Bond

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

8. There is a tug-of war between my partner and the therapist to control the direction of therapy. Goal

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

Questionnarie 20: Attachment based therapy alliance questionnaire (ABAQ-12)

ABAQ-12

The following statements refer to your feelings and thoughts about your therapist and your therapy right NOW. We are interested in your FIRST impressions. While some of the statements appear to be similar, each has unique qualities. Please use the following ratings:

Completely agree	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Completely disagree
7	6	5	4	3	2	1

Statement							
1. I want to share more with my therapist but keep pulling back.	7	6	5	4	3	2	1
2. My therapist wants to know too much about me.	7	6	5	4	3	2	1
3. I feel that I am wasting my therapist's time.	7	6	5	4	3	2	1
4. Talking over my problems with my therapist makes me feel ashamed or foolish.	7	6	5	4	3	2	1
5. Even if I disagree with my therapist I would never say.	7	6	5	4	3	2	1
6. I worry about my therapist abandoning me.	7	6	5	4	3	2	1
7. I feel hopeless when I leave therapy.	7	6	5	4	3	2	1
8. I don't follow through with ideas from therapy.	7	6	5	4	3	2	1
9. I feel anxious or nervous when I am around my therapist.	7	6	5	4	3	2	1
10. I am comfortable sharing my private thoughts and feelings with my therapist.	7	6	5	4	3	2	1
11. I am worried that my therapist is getting tired of meeting with me.	7	6	5	4	3	2	1
12. If I know someone that desperately needed therapy I would refer them to my therapist.	7	6	5	4	3	2	1

Questionnarie 21: Post session resolution questionnaire – PSRQ5

PSRQ (4)

Couple No.__________ M____F_____ Session No.__________

1. Was the issue that you and your partner worked on today the same or related to the issue that you brought into counselling ? Please circle one of the following:

1…..……….2……..…….3………..….4…………...5
Very Different Different Related Similar Same

2. How much progress do you feel you and your partner made in dealing with your issues in the session you have just completed? Please circle one of the following:

1…..……….2……..…….3………..….4…………...5
A Great Deal of Progress Considerable Moderate Some Progress No Progress

3. Are you and your partner any closer to resolving your relationship issues than you were when you came to the session today? Please circle one of the following:

1…..……….2……..…….3………..….4…………...5
Very Much Considerably Moderately Somewhat Not at all

4. How resolved do you feel right now in regard to the concerns you brought into counselling? Please place a tick in the appropriate box.

1…..……….2……..…….3………..….4…………...5…….……….6….……….7
Not at all Resolved Somewhat Resolved Totally Resolved

Questionnarie 22: Brief Accessibility, Responsiveness, and Engagement Scale- BARE-12

BARE-12

Please circle the number that best represents your experiences in your current relationship with your partner.

Accessibility					
1. I am rarely available to my partner.	1	2	3	4	5
2. It is hard for my partner to get my attention.	1	2	3	4	5
Responsiveness					
3. I listen when my partner shares her/his deepest feelings.	1	2	3	4	5
4. I am confident I reach out to my partner	1	2	3	4	5
Engagement					
5. It is hard for me to confide in my partner.	1	2	3	4	5
6. I struggle to feel close and engaged in our relationship.	1	2	3	4	5
Partner's Accessibility					
7. My partner is rarely available to me.	1	2	3	4	5
8. It is hard for me to get my partner's attention.	1	2	3	4	5
Partner's Responsiveness					
9. My partner listens when I share my deepest feelings.	1	2	3	4	5
10. I am confident my partner reaches out to me.	1	2	3	4	5
Partner's Engagement					
11. It is hard for my partner to confide in me.	1	2	3	4	5
12. My partner struggles to feel close and engaged in our relationship.	1	2	3	4	5

1 = *Never True*;2 = *Rarely True*;3 = *Sometimes True*;4 = *Usually True*;5 = *Always True.*

Questionnarie 23: CORE-OM-10

CORE-OM-10

This form has 10 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then tick the box which is

	Not al all	Only Occasionally	Sometimes	Often	Most or all the time
I have felt tense, anxious or nervous	1	2	3	4	5
I have felt I have someone to turn to for support when needed	1	2	3	4	5
I have felt able to cope when things go wrong	1	2	3	4	5
Talking to people has felt too much for me	1	2	3	4	5
I have felt panic or terror	1	2	3	4	5
I made plans to end my life	1	2	3	4	5
I have had difficulty getting to sleep or staying asleep	1	2	3	4	5
I have felt despairing or hopeless	1	2	3	4	5
I have felt unhappy	1	2	3	4	5
Unwanted images or memories have been distressing me	1	2	3	4	5

closest to this. Please use a dark pen (not pencil) and tick clearly within the boxes.

Appendix G:

Permissions for questionnaires

Appendix G: Permissions for questionnaires

QUESTIONNAIRE	PERMISSION
Socio-demographic questionnaire 1 (selection criteria) – SD1 (included in Appendix D)	Do not apply
Socio-demographic questionnaire 2 (first interview) – SD2 (included in Appendix C)	Do not apply
Dyadic Adjustment Inventory - DAS32	E-mail attached
Dyadic Adjustment Inventory short form - DAS4	E-mail attached
Couple Satisfaction Index - CSI16	E-mail attached
Experience in Close Relationships - ECR36	E-mail attached
Health questions (RELATES) - Health4	Questionnaire's author/s is/are part of the research team
Physical Symptoms Questionnaire - PHQ15	E-mail attached
Depression, anxiety and stress scales - DASS21	E-mail attached
Sexual dissatisfaction (MSI) - SD13	*Fees included on the budget
University of California Los Angeles Loneliness Scale Revised - UCLALS-R8	E-mail attached
Reflective Functioning Questionnaire - RFQ8	Open access
Authoritative Parenting (RELATES) - AP15	Questionnaire's author/s is/are part of the research team
Sleep – S8	Open access
Neuroticism dimension (NEO-FF)- NEO-N12	*Fees included on the budget
Spanish Differentiation of Self Inventory – DSI26	Open access + Questionnaire's author/s is/are part of the research team
Set of questions from RELATES – RELATES55	Questionnaire's author/s is/are part of the research team
Stressful life events checklists – SLEs15	Do not apply
Working Alliance Inventory for Couples Short Form - WAI-Co16	E-mail attached
Attachment Based Alliance Questionnaire - ABAQ12	E-mail attached
Post Session Resolution Questionnaire – PSRQ4	Open access
Brief Accessibility, Responsiveness, and Engagement - BARE12	Questionnaire's author/s is/are part of the research team

Appendix H:

Therapy Implementation Checklist

Appendix H: Therapy Implementation Checklist

IMPLEMENTATION CHECKLIST

Couple no. ______ Session No. ________ Rater ____________

Instructions to raters: Place on check mark on the rating form beside an intervention each time that the intervention is noted. An intervention is defined as a therapist statement.

Intervention Checklist

Definition of Problematic Event

______ The problematic event is defined/redefined in terms of the emotions and needs underlying the positions taken in the relationship.

______ The therapist elicits the couple's ideas/theories/beliefs about why the problematic event had developed.

______ The therapist clarifies and elaborated the basic positions taken by the partners in the relationship.

______ The therapist asks the couple to disclose biographical data that may be relevant to explaining why the relationship is the way it is, such as how the parents' marriage influenced their own.

Attacking Behavior

______ The therapist validates or develops the positions implied by negative behavior such as name-calling; such behavior is interpreted in terms of underlying needs and feelings.

______ Negative behavior such as blaming or name calling is immediately stopped with authority on the part of the therapist and/or is defused by asking the blamer's theory on how he/she was attracted to and got involved with such a person.

Process Focus

______The therapist probes for and heightens emotional experience, especially fears and vulnerabilities, clarifying emotional triggers and responses and focusing upon inner awareness.

______ The therapist avoids and suppresses affective interchange, and/or behavioural interpretation, or confrontation. No feeling or behavior is accessed, confronted or interpreted.

______ The interacting sensitivities underlying behavior are clarified and the meaning of individual emotional experience is interpreted in terms of the other partner and the relationship.

______ The therapist invites the couple to speculate about general explanation they might consider for couples with similar problems and/or offers a possible theory to trigger the partners' thinking.

______Therapist keeps a focus on what is occurring in the present between partners.

______Therapist takes what is happening in the present and brings it back to the past, to their parents' relationship, to their background and upbringing.

Resolution of Problematic Event

______ Therapist facilitates expression of affectivity based needs and wants to the partner.

______ Therapist helps each partner identifying and express to the therapist his/her expectations form the other partner without basing them in feelings,

______Therapist helps clients to share their new perspective of each other and/or of the relationship, and to explore their new feelings in response to this new perspective.

______ Therapist asks each partner to disclose opinions/thoughts/ theories about what throughtout the sessions has led to improvement.

Appendix I:

Budget

RECORDAMOS QUE SE JUSTIFICARA SOLO LA BASE DE LAS FACTURAS, NO EL IVA. EL PRESUPUESTO POR FAVOR DEBE IR SIN IVA.

Título del Proyecto
Efficacy of Emotionally Focused Therapy among Spanish Speaking couples: A Randomized Clinical Trial

Investigador Principal

Desglose	Año 2019	Año 2020	Año 2021	Año 2022	Total
1) Reunión de tabajo (terapeutas, investigadores y supervsiores en Mexico City)					
Hotel (alojamiento y comidas)	5.150 €				5.150 €
Gastos de desplazamiento (vuelos y otros)	5.800 €				5.800 €
Subtotal 1	10.950 €				10.950 €
2) Gastos de compensación a terapeutas, supervisores y parejas					
Parejas					
Evaluación previa a la aceptación	1.800 €				1.800 €
Evauación parejas en grupo tratamiento	2.000 €	9.800 €			11.800 €
Parejas grupo tratamiento (seguimiento post-terapia)		2.750 €	5.000 €	2.750 €	10.500 €
Evaluación parejas en grupo control	1.000 €	6.000 €			7.000 €
Parejas grupo control (participación en fin de seman psico-eduativo; HLMT)		4.500 €			4.500 €
Compensación terapeutas y supevisores					
Compensación terapeutas evaluación previa	3.000 €				3.000 €
Compensación terapeutas por sesioes de terapia	1.000 €	17.000 €			18.000 €
Compensación supervisors sesiones de supervisión	2.650 €	11.000 €			13.650 €
Compensación terapeutas por participación de parejas en HLMT		3.000 €			3.000 €
Subtotal 2	10.450 €	54.050 €	5.000 €	2.750 €	73.250 €
3) Otros gastsos					
Asistencia a congresos nacionales/internacionales para presentar resultados			2.000 €	1.500 €	1.500 €
Pago por uso de cuetionarios con copyright comercializado	1.200 €				
Preparación de video difusion, web y gasto captación de parejs	8.500 €				
Subtotal 3	9.700 €		2.000 €	1.500 €	7.200 €
Total Costes	***32.100 €***	***54.050 €***	***7.000 €***	***4.250 €***	***97.400 €***

Appendix M:

Hold Me Tight

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Hold Me Tight® is a couples workshop which was developed by Dr. Sue Johnson, the creator of Emotionally Focused Couple Therapy (EFT). The workshop is implemented in multiple countries around the world and is based on principles and concepts used in EFT. According to ICEEFT it is a streamlined version of EFT. The Hold Me Tight workshop is designed to help partners feel closer to one another, have greater confidence in their relationship and to help couples covert conflict into opportunities for connection (What is Hold Me Tight, 2019). The content of Hold Me Tight consists of 7 conversations which illustrate formative events/moments in a relationship and provides guidance on how to carry out those conversations in a way which leads to a safe and enduring connection. The content also contains activities both for individuals and for couples to work on together (Creating Connections, 2019).

Hold Me Tight has been established as an effective couple intervention for Caucasian couples (Kennedy, Johnson, Wiebe, Willett, & Tasca, 2018), couples of a Chinese origin living in Canada (Wong, Greenman & Beaudoin, 2018), and college student couples on the East Coast of the US composed of multiple ethnicities including African American (39%), Hispanic (25%), and White (15%) (Stavrianopoulos, 2015). Kennedy et al., indicate that the participants from their study who participated in the Hold Me Tight program showed a statistically significant increase in relationship satisfaction and trust when comparing scores from before and after the program (2018). Wong and colleagues found similar results, stating that the couples in their study experienced an increase in relationship satisfaction, that their insecure attachment (avoidance) decreased, and that harmony in their families increased after completing the Hold Me Tight program in Chinese (2018). Finally, Stavrianopoulos indicated that the Hold Me Tight program led to an increase in couple's relationship satisfaction in 87% of females and about half of the male participants, and that participants with depression (either mild or more severe) experienced a significant decrease in depression symptoms (2015).

In short, the Hold Me Tight program is an attachment-based couples intervention workshop designed by Sue Johnson and based off of Emotion Focused Couple Therapy. Preliminary studies have shown efficacy in helping couples improve their relationships through increasing relationship satisfaction, trust, decreasing attachment avoidance, increasing harmony in families and decreasing depression symptoms. These findings come from studies with participants from a wide variety of ethnicities and from studies performed in the US and in Canada.

References

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