

A DELPHI DISCUSSION REGARDING THE COLLABORATION BETWEEN THERAPISTS
AND FAMILY LIFE EDUCATORS REGARDING ONLINE INTERVENTIONS FOR
ADOLESCENTS

by

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The current study utilizes a Delphi methodology in order to examine the perceptions of therapists and family life educators regarding collaboration. The research consisted of two rounds of data gathering, with 6 participants in round one and 5 participants in round two. Participants were primarily certified family life educators (CFLE) and licensed marriage and family therapists (LMFT), with some participants holding both professional designations. Qualitative responses within round one were analyzed by identifying core themes and ideas. Then, the participants responded to Likert scales, rank order scales, and qualitative questions regarding the results from round one. In the third and final round, researchers provided participants with a write up of the results from round two and provided an opportunity for participants to respond to the information. Results indicated that participants are generally open to the idea of collaboration but are unsure about how this would look like in an online setting. Participants designated several concerns, methods for engaging with adolescents, and relevant topics. Future research will likely need to more specifically address the roles of the various professions and collaboration on specific issues.

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ADOLESCENTS

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CHAPTER I: INTRODUCTION

Therapy and family life education (FLE), collaboratively, have the potential to impact the relationships and lives of adolescents. Therapy professions include licensed marriage and family therapists (LMFT), licensed clinical social workers (LCSW), and licensed professional counselors (LPC). Family life education provides adolescents relevant education to navigate the terrain of various relationships: romantic, social, and familial, to name a few. Meanwhile, family therapy offers adolescents intervention and treatment to overcome personal and social difficulties. The idea that adolescents are impacted systemically by their parents, family, peers, and other important individuals is grounded in Bowen Family Systems Theory (Gilbert, 2017) and Erikson's theory of development (McLeod, 2018). Each of these contribute to the present study by helping explain the reason for targeting adolescents and seeking to use both a therapeutic and educational collaboration.

Erikson's conceptualization of adolescence as a period of identity development holds true although the timetable of development has changed with developing research and understanding (Steinberg & Morris, 2001). Researchers have delineated between beginning, middle, and late adolescence in terms of identity development. However, all stages remain characterized by identity development starting with the development of self-concepts, moving on to beliefs, and further refining self-conceptualization and relational skill as time progresses (Steinberg & Morris, 2001).

During this time, the various dimensions of an adolescent's life – friends, family, romance, and social activities – are paramount and provide adolescents with opportunities to engage their perceived real or false selves (Steinberg & Morris, 2001). The influence of others via peer pressure and other socialization can be primary in the identity construction process.

Therefore, it is at this age that the adolescent may find the most value in interventions tailored to help them navigate the world of romantic and social relationships. Following the definition of Erikson's theory of development, adolescence indicates the age group of 12-18 years old (McLeod, 2018).

In considering the best medium to reach adolescents, there is potential in utilizing the internet due to large numbers of adolescents using the internet on a daily basis. Although not everyone has access to the internet, roughly 89% of Americans do and 98% of young adults ages 18-29 used the internet in 2018 (Internet/Broadband Fact Sheet, 2018). With 87% of teens having access to a desktop or laptop and 92% of them using the internet daily, it is reasonable to assume that online resources would be appropriate for this population (Lenhart, 2015).

Although there are no specific statistics on adolescent internet usage for relationship education, Simon and Daneback (2013) provide information on adolescent usage for sexual education. The article provides relevant information because it helps to inform how adolescents use online educational resources. In using these resources, adolescents commonly report frustration and distrust of online information, despite seeking it out, because of the lack of credible information online (Simon & Daneback, 2013). Therefore, it is reasonable to determine that adolescents are discerning in their ability to access information but information must be presented as credible and relevant.

Overall, it seems that the internet is a widely accessible and useful tool for adolescents to find information that is valuable to them. Therefore, an intervention tailored for adolescents and their relationships may be valuable to the population.

An important gap that is missing from the literature is an understanding of how combining education and therapy can create positive outcomes for this population. Therefore,

this current study seeks to help increase understanding about how the strengths of these two approaches can be used in collaboration to create effective online interventions for adolescents.

For the current study, researchers utilized the Delphi study method to identify best practices for reaching adolescents through an online medium, utilizing both family life education and therapy to promote the best outcomes for adolescents. The researcher seeks to provide a foundation for the usage of online interventions with adolescents that utilize a collaboration of therapeutic and educational approaches. As such, the literature review that follows will attempt to accomplish the following purposes: aid in the understanding of the similarities and differences between FLE and MFT, the differences between traditional and online interventions, and provide an overview of the theoretical foundation for this study.

Relationship education has been found to buffer unhealthy future relationships and can potentially help adolescents to model positive behaviors for future generations (Toews, & Yazedjian, 2010). The present research is a Delphi study designed to examine professional perception of whether a combined online program (therapeutic and educational) can further improve familial and relational outcomes for adolescents. According to Bowen Family Systems theory, families pass down anxiety and relationship patterns (Gilbert, 2017). This intergenerational transmission occurs within the family and mostly happens during the adolescent years, as the adolescent forms his or her self, according to Erikson's theory of development (McLeod, 2018). In order to address the intergenerational transmission of family anxiety and destructive relationship problems, perception of combining modalities was assessed in this research study as an approach to adolescent relationship growth during this sensitive period of development.

CHAPTER II: LITERATURE REVIEW

Theoretical Foundation

In his primary work, *Family Therapy in Clinical Practice*, Murray Bowen posits that families transmit relational patterns intergenerationally (Bowen, 1978). Thus, Bowen provides the theoretical foundation that necessitates intervention to disrupt destructive, intergenerational relationship patterns. In considering the need for intervention, researchers must also consider the age group that would be most susceptible to relationship and family education. As such, according to Erik Erikson's theory of development, adolescents in the stages of identity vs. role confusion may be the best age group to teach. At this stage, the adolescent begins to confront decisions about who they are and the adolescent's sense of identity becomes the focal issue (Stevens, 1983). Therefore, adolescents need specific guidance so that they can stabilize healthy relationship patterns as opposed to unhealthy patterns. Through the process of identity development, adolescents may confront difficult decisions and relationship expectations (Stevens, 1983). Through navigating these, adolescents explore an emotional and deep awareness regarding who he or she is (Stevens, 1983).

Bowen Family Systems and the Intergenerational Transmission Process

The intergenerational transmission process has deep roots in the marriage and family therapy field as Bowen posits that the level of differentiation with the family of origin and the characteristics of the relationships in the family of origin all contribute to the emotional and relational well-being of individuals (Bowen, 1978). As such, the differentiation level that an individual has achieved in the family of origin likely translates to the level of differentiation in future relationships.

There are many other factors at play in the intergenerational transmission of relationship management and health. Intergenerational transmission represents a significant concept to understanding the life trajectory of individuals. Values are one thing that is transferred across generations (Pratt, Norris, Hebblethwaite, & Arnold, 2008). The transference of positive values is often limited based on the family of origin and the generativity of the family; if a family is not interested in passing on values to the next generation it likely will not happen (Pratt, Norris, Hebblethwaite, & Arnold, 2008). This is important to consider because adolescents without generative family members may not be receiving value transmission from the most common and stable source of these values - the nuclear family. Therefore, it may be important for adolescents to receive some form of relationship education to understand their values around relationships and the meaning of relationships.

Characteristics of the parent-child relationship are often adopted by the adolescent in later life relationships (Shaffer & Egeland, 2011). Shaffer and Egeland (2011) wrote specifically about boundary dissolution and remark that behaviors that result from boundary dissolution, such as viewing the parent as an equal or friend and adolescent sexualized behavior, start with the parent and are transferred to the child. The quality of the relationship thus translates to an intergenerational transmission and impacts how the adolescent acts (Shaffer, & Egeland, 2011).

Intergenerational Transmission Examples. The transference of relational characteristics includes the intergenerational transmission of relationship abuse. Literature has previously stated that there is a relationship between witnessed relationship abuse and an adolescent's likelihood to experience relationship abuse themselves (Liu, Mumford, & Taylor, 2018). When utilizing a dual informer approach to attempt to reduce single-informant bias, it was found that the children and adolescents who witnessed abuse and violence, physical and

emotional, in the home were much more likely to have elements of relationship abuse in their own relationships (Liu, Mumford, & Taylor, 2018). Therefore, it may be beneficial for adolescents to understand this pattern and to learn via relationship education and therapy how to cope and deal with relationship abuse and violence.

Conflict management is a large part of handling relationship discord. According to Staats, Valk, Meeus, and Branje (2018) conflict management styles are also commonly transferred across generations. In the research conducted, it was found that adolescents frequently used the same conflict management with friends and relationships as they have used with their parents (Staats, Valk, Meeus, & Branje, 2018). Therefore, it is important to education adolescents on appropriate conflict management styles if they are not learning how to manage conflict appropriately at home (Staats, Valk, Meeus, & Branje, 2018).

Another example of intergenerational transmission includes cultural values. There is not much research in regard to how different cultures transmit values and relationship habits across generations, this is an important area to consider when generating programs that attempt to disrupt negative intergenerational transmissions. Yoshida and Busby (2012) attempted to consider how relationship satisfaction is transmitted intergenerationally for the Asian population and discovered that Asian immigrants have more significant influence from the family of origin than other groups (Yoshida, & Busby, 2012). However, it is important to note that first generation immigrants from Asia had a greater impact from the family of origin than those born in North America (Yoshida, & Busby, 2012). In addition, the impact of the intergenerational transmission changed depending on how many generations it has been since the immigration (Yoshida, & Busby, 2012). Additionally, females and males experience the intergenerational

transmission differently (Yoshida, & Busby, 2012). Therefore, it is important for programs to be culturally sensitive and relevant to the audience.

Erikson's Developmental Stage

Crocetti, Rubini, Branje, Koot, and Meeus (2016) suggested that the primary developmental task of adolescents is self-development. This statement of developmental tasks stems from Erikson's stages of development for adolescents. During adolescence, individuals are most susceptible to the intergenerational transmission of conflict management, relationship skills, and other vital concepts related the adolescent's future emotional well-being. In fact, Erikson's theory explores the possibility that if these roles are explored in a healthy manner, the adolescent is more likely to achieve positive identity (Sheey, Chapman, & Conroy, 2002). However, if the identity is forced on the adolescent, then identity confusion may be the result (Sheey, Chapman, & Conroy, 2002). Erik Erikson's theory of development states that this stage of adolescence, Identity vs. Role Confusion, is where children learn the roles they will occupy as an adult (McLeod, 2018). Crocetti and colleagues (2016) further illustrate through their research that self-concept clarity is transmitted unidirectionally from parents to their adolescents. Leonhardt, and Hawkins (2018) indicate that early romantic involvement is a significant context for learning relationship behaviors and tends to shape later relational well-being (Collins, Welsh, & Furman, 2009; Simpson, Leonhardt, & Hawkins, 2018). Therefore, it is vital to address the identity development of adolescents when they are most susceptible to the influences of negative relationship patterns, peer pressure, and other difficult circumstances.

Professional Collaboration

There is a wide variety of professional licenses and certifications for helping families, couples, and children navigate the difficulties of development, relationships, and family life.

Marriage and Family Therapy and Family Life Education assist families and although both may appear similar, there is a depth of differences that may encourage professional collaboration.

Myers-Walls, Ballard, Darling, and Myers-Bowman (2011) argued for the intellectual and practical separation of the professions of marriage and family therapy (MFT), family life education (FLE), and family case management (FCM), all of which tend to be grouped together and assumed to perform similar functions. Within these professions, advocates argue for this separation (Karam, Antle, Stanley, & Rhoades, 2015). However, the lines of separation may have blurred as professions grow and develop (Karam et al., 2015). As a result, MFT, FLE, and FCM may benefit from a defining of professional boundaries. However, the professions remain capable of complementing one another in order to create opportunities to further improve relational outcomes for adolescents and ultimately, families.

The current research only considered MFT and FLE and did not consider FCM. Therefore, it is important to highlight the differences and similarities between MFT and FLE. MFT and FLE differ in their core purposes, foundation, timing of service, target populations, and methods (Myers-Walls et al., 2011). Meanwhile, MFT and FLE both draw on a similar research base and have similar goals of improving relational health (Karam, Antle, Stanley, & Rhoades, 2015). In order to effectively bring together the professions in a cohesive and meaningful way, there must be an understanding of the significant differences and the similarities that can accent one another.

Purpose

The general purposes of FLE are diverse but have been specified as a goal to strengthen and enrich individual and family well-being (Thomas & Arcus, 1992). This purpose is not all that different from the MFT ideal of promoting family well-being. Although therapy and mental

health treatment is broadly defined across various professions and treatment theories, marriage and family therapists specifically define themselves as mental health professionals who diagnose and treat mental and emotional disorders (AAMFT, 2018). Meanwhile, Myers-Walls and colleagues (2011) emphasized the different purposes of MFT and FLE. Although they may be similar in the long-term general goal of positive familial outcomes, they remain different in the targeted purposes of the interventions. Specifically, FLE seeks to increase knowledge and develop skills to assist families in functioning at higher levels (Myers-Walls et al., 2011). MFT, however, seeks to intervene with families and address mental, relational, or emotional problems to move families toward stable and enriched relationships (Myers-Walls et al., 2011). As such, the FLE professional may be able to help families achieve a higher level of functioning when working together with an MFT because the expertise provided by the skills and knowledge base in addition to the therapeutic interactions of the MFT.

Intervention and Prevention

MFT is often referred to as an intervention while FLE is referred to as a prevention method. However, the intervention versus prevention dichotomy is a simplified means of delineating the professions. Although it is true that MFT is usually an intervention for those in crisis and FLE is an educational means of addressing relationship problems or potential problems, MFT and FLE are not exclusively stuck in these roles due to the complex nature of the professions and families themselves.

MFT is considered a valuable means for intervention with a wide variety of diagnoses (AAMFT, 2018). An MFT will work systemically and take into consideration the context and environment of the individual coming in for treatment (AAMFT, 2018). The perspective of context allows the MFT to work in more than just the interventive way.

Additionally, the MFT professional will likely address the past, the present and the future. MFT's treatment of the past, present, and future depends on the theoretical orientation of the individual therapist. A Bowenian therapist may focus, to some degree, on the past as they consider the impact of the family of origin on the individual (Bowen, 1978). Meanwhile, a therapist practicing solution focused will have a lesser focus on the past and will instead emphasize the future (DeShazer & Dolan, 2012).

A family life educator does operate from an educational, preventative, and strengths-based approach (NCFR, 2019). The FLE will assist families and individuals in preparing skills and knowledge for the future, although the education received will likely be useful in the present (Myers-Walls et al., 2011). Therefore, the impact of the FLE is significant and attempts to help facilitate optimal familial functioning (NCFR, 2019).

Populations

The populations that are most likely to benefit from these services are also different. For example, a family life educator can work with families, individuals, and couples in developing knowledge regarding topics including societal contexts, family dynamics, human development, human sexuality, interpersonal relationships, resource management, and parenting (NCFR, 2019). However, there has been a precedent for relationship education being viewed as only for those who are well-off (Karam et al., 2015). Although they can serve any population that wishes to enrich their future, FLEs may be limited by this perception (Karam et al., 2015).

MFT professionals are typically concerned with treating diagnoses (AAMFT, 2018). As a result, MFT professionals are potentially limited by insurance reimbursement or by those who are having functional difficulties to the extent that they require the therapeutic environment to catalyze change (Myers-Walls et al., 2011).

Foundation and Techniques

The theoretical foundations of MFT and FLE are important to note because these foundations are what constitute the major differences that allow each profession to be most effective in its niche. The MFT professional is informed by a variety of therapy theories, research, and modern and postmodern thought (Myers-Walls et al., 2011). Specifically, the MFT profession as a whole is grounded in systems theory and encourages professionals to think in terms of circular causality over linear thinking (Nichols, 2017). Meanwhile, the FLE professional is guided by family theories, the research in the 10 FLE content areas, and educational theory (Myers-Walls et al., 2011). Due to the diversity of theoretical foundations, the MFT and FLE professionals also utilize varying techniques and methods to catalyze family change and development (Myers-Walla et al., 2011). FLE utilizes active learning processes and assesses family-related educational gaps (Myers-Walls et al., 2011). Meanwhile, the MFT will diagnose, construct a treatment plan, and establish a therapeutic alliance in order to produce change (Myers-Walls et al., 2011). However, both facilitate the development of common processes such as communication, decision making, and problem solving (Thomas & Arcus, 1992). Although the foundation, theory, and techniques are different, a combination of therapy and family life education may be advantageous in producing positive outcomes for youth. Additionally, the research base of both utilizes relational research.

Traditional Intervention

Traditional interventions, or in-person/face-to-face interventions, are the standard for social service.

Relationship Education

A recent meta-analysis by Simpson, Leonhardt, and Hawkins (2018) examined the current research on traditional interventions for adolescents in regard to relationship education. Relationship education has the potential to help disadvantaged youth break the cycle of unstable family relationship formations (Simpson et al., 2018). Overall, the analysis found that, relationship education programs for adolescents yielded significant medium effect sizes, indicating that the programs are making a difference for adolescent participants who attend them (Simpson, Leonhardt, & Hawkins, 2018). In addition, relationship education has been found to be helpful in more than adolescent romantic relationships. In fact, there appears to be a potential spillover effect where relationship education can impact other types of relationships such as the parent-child relationship (Rice, McGill, & Adler-baeder, 2017).

Futris, Sutton, and Duncan (2017) examined how various factors impact the outcomes of adolescent relationship education programs. Factors include the timing of the program, during or after school, and youth characteristics, each of which, created different outcomes (Futris, Sutton, & Duncan, 2017). As such, it is important to ensure relationship education programs for adolescents are sensitive to the culture and age of the specific group that is receiving the education (Futris, Sutton, & Duncan, 2017).

Love U2 is an example of an adolescent intervention and is an in-person intervention designed specifically for at-risk adolescents. Love U2 is a program that illustrates the efficacy of interventions with adolescents, although it does not address the efficacy of online interventions (Antle, Sullivan, Dryden, Karam, & Barbee, 2011). The intervention focuses on a specific population of at-risk adolescents and addresses the increased risk and preventative education for dating violence. The study shows that a brief educational intervention can help improve

outcomes for adolescents by improving communication and conflict-resolution skills, in addition to changing attitudes towards dating violence (Antle et. al., 2011).

Therapeutic Intervention

Marriage and family therapy is a diverse field informed by a wide variety of theories, concepts, and clinicians (Gehart, 2014; Nichols, 2017). Much of the therapy research is based on traditional interventions. Generally, therapy has been shown to be effective for a wide variety of presenting problems and diagnoses (AAMFT, 2018; Gehart, 2014).

Barriers to Traditional Care

Some barriers to traditional interventions occur because of the inherent challenges of being an in-person intervention, program, or opportunity. A gradual decline in participants and engagement is frequently caused by limited accessibility inherent to the face-to-face medium (Doss, Benson, Georgia, & Christensen, 2013; Doss et al., 2016; Osilla et al., 2018; Roddy, Nowlan, & Doss, 2017; Sapru et al., 2016; Wantland, Portillo, Holzemer, Slaughter, & McGhee, 2004). Specifically, participants who may need a program may be unable to pay for transportation, child care, or may live too far away to be able to routinely make it to a program. In-person attendance also requires the participant be present, which potentially runs the risk of the participant running into someone they know who they may not want to know that they are having issues with some relevant topic or another (Osilla et al., 2018). Outside of the privacy of the home, a participant may also feel stigma attached to the program if an acquaintance were to find out about the participant's attendance in some way (Osilla et al., 2018). Scheduling is also an issue because the participant may be unable to attend at a specific time. However, the participant may be able to make time and fit it into their schedule when they can access it online (Doss et al., 2016).

Online Interventions

The advent of the internet has provided an option for family life education and marriage and family therapy. Online-based initiatives have become popular as internet accessibility has grown. Relationship advice websites are widely available but are rarely empirically supported or supported by professionals (Cicila, Georgia, & Doss, 2014). Educational and therapeutic interventions have appeared online separately. There have been minimal attempts to create a combined approach online with only one initiative utilizing a system of coaching and education and another intending to combine couple therapy and psychoeducational interventions (Doss et al., 2016; Roddy, Nowlan, & Doss, 2017). Various programs have all had outcomes recorded at varying levels of efficacy and, in general, they appear to be effective in producing positive outcomes related to their intervention.

There has been an increase in the availability of programs and therapists that individuals can access online. Therefore, various researchers have supported the usage of online intervention because of the benefits to accessibility, privacy, cost, self-direction, stigma, wait time, scheduling, child care, transportation, and treatment fidelity (Doss et al., 2013; Doss et al., 2016; Osilla et al., 2018; Roddy, Nowlan, & Doss, 2017; Sapru et al., 2016; Wantland, Portillo, Holzemer, Slaughter, & McGhee, 2004). Essentially, online interventions provide access to information to those who cannot afford traditional care, want to maintain privacy, and have busy schedules (Doss et al., 2013; Doss et al., 2016; Osilla et al., 2018; Roddy, Nowlan, & Doss, 2017; Sapru et al., 2016; Wantland et al., 2004).

In addition to the benefits afforded to the participant of the program, online programs also have high treatment fidelity and are cost-effective (Roddy, Nowlan, & Doss, 2017). The increased treatment fidelity indicates that programs are being adhered to which makes the

programs easier to research and ensures quality of service. Cost-effectiveness is also vital to the survival of social services. Therefore, cost effective programs are necessary in order to help reach more populations and increase the ability of a program to reach people.

However, the research cited is primarily based on adult interventions and a combination of therapeutic and educational interventions. The aforementioned barriers remain relatively consistent across groups, although there may be some group specific differences that were not considered by the articles. Overall, online interventions are cost-efficient, highly accessible, and can be utilized by a wide variety of people (Cicila, Georgia, & Doss, 2014).

Relationship Education

There are many initiatives that only include psychoeducation components and efforts for the program creators to provide credible information to participants. Many of these education-only initiatives are aimed at adults, but there are a few that have been created specifically for adolescents. The outcomes represented in most program studies tend to show various amounts of improvement in the given population. However, each outcome is unique based on the program's material and populations. There are several specific online programs discussed in the literature that inform the best practices for creating online educational interventions.

Adolescents and Online Relationship Education. As adolescents are spending more and more time online, it is important to consider if adolescents would utilize an online relationship education initiative if it was made available to them. In a research article that assessed the willingness of adolescents to engage in online relationship education, it was reported that adolescents frequently looked up information about sexual health on Google (Guilamo-Ramos et al., 2015). In fact, adolescents even reported viewing the internet as a favorable means of finding information due to the ease of access and the anonymity (Guilamo-

Ramos et al., 2015). Adolescents and their parents indicated concerns about accuracy of information and difficulties finding specific information (Guilamo-Ramos et al., 2015). Finally, adolescents and parents also indicated the value of being able to find information online that is relevant to what they were searching for (Guilamo-Ramos et al., 2015).

The desire to engage in sources that provide this education is also demonstrated by the adolescents utilizing other means to find the information, with boys engaging online and girls engaging with magazines more frequently (Turnbull, van Schaik, & van Wersch, 2010). This trend may have changed, however, because of the increase in online usage over the years for adolescents of both genders, as evidenced by the internet accessibility and usage demographics (Lenhart, 2015).

Despite the indicated positives of utilizing the internet for education and information, it was also indicated that the relational aspects of in-person interventions are valuable and a missing element of current online interventions (Guilamo-Ramos et al., 2015). The missing element online, the in-person support and relationship, is one of the primary drawbacks of online therapy. Another hesitation of adolescents in any therapeutic setting is during interventions that involve their parents due to feelings of discomfort and generational differences (Guilamo-Ramos et al., 2015).

In addition to adolescents themselves indicating that they are open to services that are delivered online, research also indicates the efficacy of the online approach to relationship education. Programs online reduce barriers to access and research suggests that services delivered at the home are effective (Sapru et al., 2016). Open-ended feedback from the youth participating in a multi-family psychoeducation group therapy indicated that youth were generally positive, particularly when they could interact with others (Sapru et al., 2016).

Overall, research conducted on the effectiveness of online interventions consistently produced a small but significant effect on health-related behavior (Webb, Joseph, Yardley, & Michie, 2010). As relationship education is different than health education, it remains significant to examine other educational and intervention programs to understand best practices. Interestingly, it was found that including multiple means of contact and an advisor tended to be effective in supporting behavior change (Webb, Joseph, Yardley, & Michie, 2010). The positive impact of supportive professionals demonstrated in Webb and colleague's study may indicate that an inclusion of therapy and relationship education could be a very impactful way of promoting behavior change and improving relational and familial outcomes for adolescents. This is because the adolescents were supported by an advisor figure in this study and it may be reasonable to consider that a mental health professional may provide even more positive support to improve outcomes. The meta-analysis also indicated that a theoretical foundation and the use of theory was associated with a larger effect size (Webb, Joseph, Yardley, & Michie, 2010). Therefore, it is also important for relationship education and therapy to be congruent in the foundations and the goals that guide any potential program.

Barriers. Online interventions address barriers that prevent diverse populations from seeking help, education or treatment. Most interventions that exist online represent significant attempts to address complex barriers that prevent people from seeking help (Kalinka, Fincham, Hirsch, 2012; Osilla et al., 2018). For example, in the CRAFT intervention for adults, participants indicated that they would not seek help due to stigma but were willing to attend interventions online (Osilla et al., 2018). Accessibility is vital in maintaining an effective program and programs have to be accessible in that they are easy to navigate and understand and accessible in the sense that practical issues, stated above, associated with in-person attendance

are resolved (Kalinka, Fincham, Hirsch, 2012). Adolescents are aware of stigma attached to seeking mental health and relational health services; they are in a stage of development where they are attempting to fit-in with their peer group. Therefore, it stands to reason that there may be similar barriers for adolescents to obtaining mental health and educational services. Therefore, utilizing the online approach may be effective for adolescents.

Outcomes. Outcomes for online educational interventions depend on the administration, structure, and overall accessibility of the program. An example of an effective education initiative was titled the Power of Two Online, a self-paced marriage and relationship education program. The Power of Two Online found couples that participated reported improved relational satisfaction and conflict management (Kalinka et al., 2012). The Power of Two Online represented a successful implementation and administration of online relationship education, considering its improved relational satisfaction and conflict management scores. With programs that report positive outcomes, it is important to consider the best practices that these programs inform.

Online Therapeutic Interventions

With websites such as BetterHelp, Talkspace, and E-Counseling appearing there is an increase in the accessibility of therapeutic intervention for individuals who have issues with the barriers to mental health services. E-therapy may be difficult ethically and logistically for the therapist as ethical boards attempt to better understand how online therapy functions across state boundaries and in accordance with present laws (Kotsopoulou, Melis, Koutsompou, & Karasarlidou, 2015; Manhal-Baugus, 2001). Ethical dimensions in question include issues of competence, credentials, consent, confidentiality, privacy, and security (Kotsopoulou et al.,

2015). However, if it works, then it provides a much-needed service to those that may otherwise be unwilling to attend therapy or seek out needed services.

Therapeutic Model Application. The application of a therapeutic model online may differ from the application in a typical therapy setting. Research that studies the usage of therapy and the understanding of the application of therapeutic models online must be developed. Specifically, how might these models need to change to address adolescents online? Methods and theoretical foundation may impact adolescent online therapy. An example of a model changed for online application is computer-based cognitive behavioral therapy. The meta-analysis by Ebert and colleagues (2015) represents an analysis on the efficacy on online based therapeutic intervention for anxiety and depression in children and adolescents. The analysis shows preliminary evidence for the efficacy of cognitive behavioral therapy for youth (Ebert et al., 2015). Many of the studies examined in the meta-analysis did not have a long-term follow-up; therefore, more research must be done in order to determine long term outcomes and the potential negative drawbacks to using online therapy with adolescents (Ebert et al., 2015).

Combined Interventions

There are few online interventions that provide access to both therapy and education services and none found that provide these services to adolescents. Providing both services in a combined format is important in order to create lasting, positive outcomes for adolescents. Both may produce positive outcomes separately, as shown in the above sections, and together there is potential for increased positive impact.

There is not much direct research on the impact of online therapeutic contact on the completion or the outcomes of combined programs, there is a bit of research on the value of therapeutic contact online (Roddy, Nowlan, & Doss, 2017). In general, the research is scattered

depending on the type of intervention and the targeted population. For example, Roddy and colleagues cite Titov (2007) who suggested that interventions for individuals with depression or anxiety favor higher levels of therapeutic contact (Roddy, Nowlan, & Doss, 2017). Due to this lack of research, it will be important for future studies to consider how therapeutic contact in a combined approach impacts the outcomes and completion rates of programs.

The Our Relationship program is an intervention that was adapted from an in-person couple therapy program (Doss, Benson, Georgia, & Christensen, 2013; Doss et al., 2016; Roddy, Nowlan, & Doss, 2017). Although it was adapted from a therapy program, the participants get minimal therapist-contact. In fact, participants only received four fifteen minute phone calls with project staff over the course of the intervention (Doss et al., 2016). Although the program consists of a more coaching relationship and is designed as an intervention that should take place prior to the couple needing couples therapy, it maintains elements from its therapeutic roots (Doss et al., 2016).

Literature Gap

Despite the vast amount of research on online interventions and educational programs for adolescents, there is very little research that addresses adolescent online relationship education. Although programs do exist, such as loveisrespect.org, there does not appear to be much published research on the efficacy. Therefore, the limitation of this literature review is that the various programs analyzed are primarily geared towards adults. However, these may still be effective in understanding the efficacy of online interventions because the increasing utilization of online interventions with all age groups.

Adolescent-Specific Intervention and Content

To address unique adolescent struggles, it is important to consider how to directly work with adolescents. Potential content may be informed by both the research of what is actually transmitted intergenerationally and also the information that adolescents are actually interested in learning about. By including relevant and interesting content, adolescents may be more likely to engage with the intervention content.

Content related to the intergenerational transmission literature may include content based on conflict management, relationship abuse, boundaries, and values (Liu, Mumford, & Taylor, 2018; Pratt, Norris, Hebblethwaite, & Arnold, 2008; Shaffer & Egeland, 2011; Staats, Valk, Meeus, & Branje, 2018; Toews, & Yazedjian, 2010). Conflict management appears to be one of the most commonly occurring themes in the literature. A meta-analysis of relationship education programs indicated that programs are effective in changing conflict management (McElwain, McGill, & Savasuk-Luxton, 2017).

Other content may be just as important, if not more important, because of the interest of adolescents and the wide variety of issues that they face in their families, social environment, and relationships. Sex and relationship education is an area where adolescents do show interest (Turnbull, van Schaik, & van Wersch, 2010). In addition, adolescents who participate in these programs of education find the information valuable when they receive the information from a credible source (Turnbull et al., 2010).

Gender roles constitute another important area that adolescents are open to discussing and learning more about (Whittaker, Adler-Baeder, & Garneau, 2014). Within the Whittaker and colleagues (2014) article, there was a statistically significant change in adolescent perceptions of gender roles which indicates that adolescents are willing to engage in the conversation and learn

more about gender roles during relationship education (Whittaker, Adler-Baeder, & Garneau, 2014).

Although similar to learning conflict management and other aforementioned skills, skills-based relationship education has been found to enhance relational skills and satisfaction (Kerpelman et al., 2010; Toews, & Yazedjian, 2010). Communication skill development was also identified by adolescents as a skill that is valuable to relationship success (Toews, & Yazedjian, 2010).

Relationship education also has the potential to impact the standards adolescents hold their relationships to (Ma, Pittman, Kerpelman, & Adler-Baeder, 2014). Essentially, this means that adolescents may seek more positive relationships with higher standards for what they deserve or want in their relationships (Ma, Pittman, Kerpelman, & Adler-Baeder, 2014). It also means challenging the idealized romantic notions that are fed to adolescents from an early age (Kerpelman, et. al., 2010). This is vital at a time when adolescents are still finding their identity and oftentimes receive contradictory messages from various sources about what relationships should look like (Ma, Pittman, Kerpelman, & Adler-Baeder, 2014).

Overall, further research may benefit from surveying adolescents to see what content they most appreciate and want to learn from a relationship education curricula. Therapy is sometimes a very client-led approach to intervention and it may be beneficial to apply some of the same client-led values to relationship education content, or at least to create a better understanding of the shortcomings adolescents can identify in their relationships. The above list is likely not exhaustive and any potential program may need to take care in remaining culturally sensitive on all considered topics. Included with cultural sensitivity, it is also important to consider the how social location informs an adolescent's perspective on relationships (Kerpelman, et. al., 2010).

Research Questions

This study utilized a Delphi methodology to attempt to generate dialogue around several core research questions: (1) How do family life educators and therapists perceive each other? (2) In what ways do family life educators and therapists believe they can or would work together? (3) What ideas do family life educators and therapists have regarding online service delivery and programming for adolescents? (4) How do family life educators and therapists perceive services provided to adolescents?

CHAPTER III: METHODS

IRB Statement

ECU IRB approval was sought and approved for each round of the study. There are no conflicts of interests for the participants.

Purpose

The present study utilized the Delphi method to generate a dialogue regarding professional collaboration between family life educators and therapists. As such, the study had several core purposes: 1) understand the perceptions that family life educators and therapists have of each other, 2) understand what ways family life educators and therapists believe they can or would work together, 3) explore the ideas of family life educators and therapists regarding online service delivery for adolescents, 4) explore the perceptions of family life educators and therapists regarding services provided to adolescents. These purposes were served through the Delphi methods because it generated a foundational dialogue for considering the potential relevance of collaboration between educators and therapeutic professionals. The dialogue was vital to produce in order to allow for future research to focus on relevant topics that were generated during this Delphi process.

Recruitment

Participants for the sample were required to be over the age of 18, a licensed or certified professional in family life education or therapy (CFLE/LMFT/LCSW/LPC) or another relevant certification/license and/or have at least 5 years of work experience in relationship education, family life education, or mental health services and/or have a focus for working with adolescent programming. In order to gather participants, convenience and snowball sampling procedures were utilized.

In order to recruit relevant individuals, the study sought professionals who were certified family life educators and licensed mental health professionals and/or who had service delivery experience with adolescents. However, these categories are not mutually exclusive and there were individuals who overlapped among these categories. Overlap is acceptable because these individuals maintained perspectives and knowledge from these separate categories and provided insight based on personal conceptualization. Participants were recruited utilized national listservs through AAMFT and NCFR. Additionally, snowball sampling was utilized by contacting individuals with a recruitment email in order to advertise the research study. Individuals from around the United States were recruited for this study. As a result of the methods of recruitment, most participants were marriage and family therapists (MFT) and family life educators (FLE). As a result, other health care professions were underrepresented or not represented at all. Participants were recruited through a recruitment letter that detailed IRB information, qualifications to participate, the purpose of the study, and a statement regarding consent. The recruitment letter can be found in appendix D. Participants then consented to participate by agreeing before starting the survey. After giving consent, participants were able to answer the questions on the survey.

The minimum goal for the number of participants was 21 with seven participants specializing in each group between adolescent program specialists, educators, and therapists. Additionally, the number of participants was capped at fifty. However, only six participants responded to round one, five responded to round two, and no responses were received for the last round of the study.

Ideally, there would be a sufficient number of participants in each category in order to ensure that the various categories have enough of a voice. However, round 1 consisted of a total

of six responses. Four responses were from individuals with a CFLE of CFLE-P designation and two responses from individuals with a primary LMFT designation. Additionally, one of the individuals with the primary LMFT designation indicated that they had the CFLE designation as well. Within round two, there were five responses completed. These respondents consisted of two CFLEs, one CFLE-P, and two primary LMFTs who both also had a CFLE designation.

Data Collection Procedure: Delphi Method Framework

The Delphi method was utilized to gather the opinions of experts in both therapeutic and family life education fields. The Delphi study provided a method of systematically establishing a narrative about best practices and professional conceptualization of collaboration for educational and therapeutic efforts online for adolescents.

The Delphi Method is a specific way to generate data on a subject. It has been stated that the Delphi method is an effort to identify what could or should be in any given field (Hsu & Sandford, 2007). However, there are five specific objectives that have been outlined as being beneficial for use with Delphi Studies:

1. To develop program alternatives;
2. To explore underlying assumptions or information that leads to conclusions;
3. To seek out information to facilitate consensus-building;
4. To gather informed input from various groups about a topic spanning multiple disciplines, and;
5. To educate the responding groups about the topic at hand (Hsu & Sandford, 2007).

The aforementioned list outlined the diversity of possibility with a Delphi study and provided reasoning for utilizing the Delphi method over some other means of information gathering for the present research.

Overall, the Delphi method is a means to facilitate a group discussion to deal with a larger problem or question (Okoli & Pawlowski, 2004). There is a precedent for utilizing the Delphi method for program planning in the literature (Hsu & Sandford, 2007). Therefore, it is reasonable that the Delphi method can be used in developing guidelines for the use of therapy and family life education in a combined online program for adolescents.

Data Gathering

To utilize the Delphi method, the researchers followed specific process guidelines. Differently from many other data gathering methods, the Delphi method utilized multiple iterations to facilitate consensus building and create a controlled feedback process (Hsu & Sandford, 2007). In addition, a benefit of the Delphi method is the anonymity of the participants built into the process (Hsu & Sandford, 2007). This allows the research to reduce the effects of individuals who many typically dominate the discussion or hold more power over others within the discussion (Hsu & Sandford, 2007). Group dynamics are essentially moderated in order to facilitate a more productive and engaging discussion between participants (Hsu & Sandford, 2007).

In theory, the Delphi method would have as many iterations that it takes to reach consensus among the group (Hsu & Sandford, 2007). However, the average number is typically about three iterations. The first round necessitated the use of open-ended questions; however, there is a general opinion that the first round may provide less open-ended questions if there is literature on the topic that can be used to formulate more specific questions (Hsu & Sandford, 2007). In round two, the researchers provided participants with a summation of the previous round and requested opinions on the information gathered. Additionally, researchers requested a rank-order of information in one instance to prioritize the most pertinent information or

considerations. If subsequent rounds are necessary, researchers would simply continue to tune the information until they are able to reach a general consensus. However, in the present research, only two rounds were utilized for information gathering. Then, in the last iteration, researchers provide the participants with a write-up that summarized majority and minority views and requests that the participants provide any final opinions for the summary.

Subject Selection

The Delphi method necessitated the recruitment of quality experts who will provide valuable opinions and insights into the subject presented. Despite the importance of expertise, the Delphi method itself provides no guidelines for the selection of participants (Hsu & Sandford, 2007). It is, however, recommended that participants are highly knowledgeable with relevant information regarding the subject at hand. The qualifications are, then, subject to the discretion of the researching committee. In addition, there is also not a consensus on how many participants are needed for the method (Hsu & Sandford, 2007). There is difficulty in utilizing too many or too few respondents because too many would create difficulties in reaching any type of consensus and would generate a lot of extra noise. Meanwhile, too few would not be representative or may not provide enough diversity of opinion (Hsu & Sandford, 2007). On average, it would seem that many Delphi studies have used between 15 and 20 respondents (Hsu & Sandford, 2007).

Within the current study, selection consisted of requesting participants to meet specific criteria for participation, mentioned in the participants section above. In addition, researchers may utilize panels wherein they delineate between different groups of experts (Okoli & Pawlowski, 2004). This can be valuable in ascertaining that the various major viewpoints or

perspectives of participants are represented. In the current research, this was a valuable notation to make as participants were gathered from two separate professional designations.

Timing

Delphi studies are known to be time-consuming and it is recommended that there are a minimum of 45 days to complete the study (Hsu & Sandford, 2007). For each iteration, it is recommended that there are 2 weeks provided to participants to answer the questionnaire. The present study followed these recommendations and opened each round for responses for at least two weeks. Round one was open for longer than two weeks and round two was open for at least two weeks as well.

Data Analysis

Delphi data analysis is dependent upon the iteration and the types of questions utilized in the study. Questions may be qualitative or quantitative. The key to the data analysis of the Delphi study, however, is utilizing consensus or averages (Hsu & Sandford, 2007).

Procedure and Measures

This study consisted of two rounds of questionnaires and a third summation round. These rounds provided an opportunity for participants to reach a consensus and generate dialogue about combined therapeutic and educational interventions online for adolescents. After receiving IRB approval and recruiting participants, the study began and followed the layout provided on table 1.

Demographics

Demographics questions were provided in all three rounds and the same demographic questions were utilized in each round. The demographic questions were utilized to determine the age, gender, and professional background of participants. Questions regarding the professional background of participants provided researchers with a method for assessing participant's

experience with the relevant populations and service delivery methods. Questions can be found in appendix B.

Round One

In the first round, the researcher provided a Qualtrics survey of open-ended questions to generate opinions on the feasibility of FLE and MFT collaboration, the benefits and drawbacks of combining the two into a program online, the content that would most benefit the population, important factors to be considered, the roles of both the LMFT and CFLE, and other questions pertaining to how the program should be developed and how to determine program effectiveness. Appendix C a copy of the questions that were asked within the study.

Questions were designated for educators and therapists. As such, the participant answered the questions that pertained to whichever group that they identified with the most. Additionally, questions were divided into three categories. The first section of questions asked participants about the roles of educators and therapists. The second set of questions asked about specific content for the adolescent population. Finally, the last set of questions asked about service delivery online for therapists and educators. After gathering the qualitative data from these questions, the responses were sorted into general ideas and themes. However, due to the limited responses received, themes were difficult to identify and limited based on how many times the theme appeared. Specifically, questions in round two were generated based on the direct, relevant responses of participants.

Round Two

The second round was created based on the qualitative statements generated from the first round of the study. Specifically, this round consisted of a mixed method design with Likert scaling questions, rank order questions, and open-ended questions to provide participants with

the opportunity to provide additional feedback. Specific questions are provided in appendix D. As there were not enough responses in round one to generate lists of minority and majority themes, general question themes were created and participants were able to rank their agreement with those themes. The Likert scale provided categories of strongly disagree, disagree, no opinion, agree, and strongly agree. In addition, the researchers requested further qualitative commentary to enrich the responses received. However, the qualitative commentary was optional and not all participants chose to respond qualitatively.

Round Three

Finally, in the third round, a document summarizing findings was produced and disseminated to allow participants a final chance to respond to the study's themes and information generated. Based on guidelines highlighted in Delphi research literature, minority opinions were also provided on the summary document. The round 3 summation can be found in appendix E.

Table 1. Delphi Procedures

Round 1

Step 1 – Administered a qualitative questionnaire containing open-ended questions pertinent to the purpose statements.

Step 2 – Analyzed the responses by assessing for themes among responses, based on the professional group of the participant.

Step 3 – Created a new questionnaire based on the determined themes (see phase 2, step 1).

Round 2

Step 1 – Administered a questionnaire containing themes taken from round 1 questions. Each theme will be rated on a Likert scale 1-5: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree. In addition, there was a brief qualitative section to expand on identified ideas and opinions.

Step 2 - Analyzed the questionnaire using descriptive statistics. In addition, utilized thematic coding to find new themes in the qualitative section, if any.

Step 3 – Created a final document reporting the results of the statistics.

Round 3

Step 1 – Administered the final report which will report the statistical results and enquire about the participant’s agreement or opinion of the results. There will be a qualitative question section that will ask for any final commentary on the results.

Step 2 – Analyzed the results of the final questionnaire and reported descriptive statistics.

Step 3 – Write up the results and discussion.

CHAPTER IV: ARTICLE

A Discussion Regarding the Roles and Collaboration of Therapists and Family Life Educators
for Adolescents Online

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Introduction

Adolescents have reported viewing the internet as a favorable means of finding information due to the ease of access and the anonymity (Guilamo-Ramos et al., 2015). Literature is gradually emerging discussing the value and the efficacy of educational relationship programs conducted online (Doss, Benson, Georgia, & Christensen, 2013; Doss et al., 2016; Kalinka, Fincham, Hirsch, 2012; Osilla et al., 2018; Roddy, Nowlan, & Doss, 2017). Programs such as CRAFT, Love U2, and Power of Two Online represent emerging programs catered to the online sphere but not necessarily designed to address unique adolescent issues.

Additionally, few programs utilize the combined efforts of therapeutic staff and educational staff to try to meet the variety of needs established for the adolescent population. Only one program within this literature review, Our Relationship, utilized a combined approach and was loosely based off an in-person couples therapy program (Doss, Benson, Georgia, & Christensen, 2013; Doss et al., 2016; Roddy, Nowlan, & Doss, 2017). Program participants received four fifteen-minute phone calls with program staff, which is the extent of the therapeutic contact (Doss et al., 2016). This intervention was also geared toward adult participants as it was designed as an intervention prior to couple's therapy (Doss et al., 2016). Therefore, although it represents an attempt at collaboration, it does not inform adolescent online programming.

Theory

The current study is grounded in Bowen Family Systems theory and Erikson's theory of development. These theories provide a foundation for understanding why adolescence is an ideal

time for practitioners to intervene effectively. Systems theory also provides a foundation of understanding regarding the usage of a combined approach for the program.

In his primary work, *Family Therapy in Clinical Practice*, Murray Bowen posits that families transmit relational patterns intergenerationally (Bowen, 1978). Thus, Bowen provides the theoretical foundation that necessitates intervention to disrupt destructive, intergenerational relationship patterns. Bowen suggested that a wide variety of patterns are transmitted intergenerationally, including: differentiation, values, relationship quality, relationship abuse, and conflict management (Bowen, 1978; Liu, Mumford, & Taylor, 2018; Pratt, Norris, Hebblethwaite, & Arnold, 2008; Shaffer, & Egeland, 2011; Staats, Valk, Meeus, & Branje, 2018).

According to Erik Erikson's theory of development, adolescents are within the developmental stage of identity vs. role confusion and within this stage children learn the roles they will occupy as an adult (McLeod, 2018). As well, it is during this stage that adolescents encounter the fundamental questions about their identity (Sheey et al., 2002; Stevens, 1983). Based on how the adolescent is able to navigate these questions, the adolescent will either develop an identity or develop role confusion, which is typically the result of adults imposing upon adolescents their identity (Sheey et al., 2002; Stevens, 1983).

Additionally, early romantic involvement is a significant context for learning relationship behaviors and tends to shape later relational well-being (Collins, Welsh, & Furman, 2009; Simpson, Leonhardt, & Hawkins, 2018). As so many relationship dynamics may be translated intergenerationally and adolescents are also learning relationship behaviors during this period, it is important to address adolescents in order to prevent the transmission of harmful relationship

dynamics. By extension, it may be valuable to address adolescents online as 87% of teens having access to a desktop or laptop and 92% of them use the internet daily (Lenhart, 2015).

Professional Collaboration

Another significant purpose of this research study was to address the collaboration of family life educators and therapists for the specific population and service delivery of online adolescent programming. Generally speaking, both the family life education and therapeutic professions draw from a similar research base and have similar goals regarding the improvement of relational health (Karam, Antle, Stanley, & Rhoades, 2015). Both family life education and therapy maintain similar outcome goals but produce process goals and approach treatment and intervention from different theoretical bases (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011). The intellectual separation of family life education and therapy suggests that each profession would have something unique and constructive to lend to a systemic collaboration.

Family life educators work toward increasing knowledge, developing skills, and helping families achieve a higher level of functioning (Myers-Walls et al., 2011; NCFR, 2019). Meanwhile, the family therapist functions to intervene within systems, treat diagnoses, address presenting problems based on theoretical orientation (AAMFT, 2018, Myers-Walls et al., 2011).

Purpose

The purpose of this research study was to generate discussion regarding professional collaboration between therapists and family life educators for the specific population and service delivery method of online adolescents. In envisioning the potential benefit of a collaborative program online for adolescents, the current study was created. In the present study, the Delphi methodology was utilized to attempt to generate dialogue around several core research questions:

(1) How do family life educators and therapists perceive each other? (2) In what ways do family life educators and therapists believe they can or would work together? (3) What ideas do family life educators and therapists have regarding online service delivery and programming for adolescents? (4) How do family life educators and therapists perceive services provided to adolescents?

Methods

Delphi Structure

The Delphi method was utilized to gather the opinions of experts in both therapeutic and family life education fields. The Delphi study provided a method of systematically establishing a narrative about best practices and professional conceptualization of collaboration for educational and therapeutic efforts online for adolescents. The Delphi method is beneficial for completing a variety of objectives. For this study it was utilized to develop program alternatives, facilitate consensus-building, to gather informed input about a topic spanning multiple disciplines (Hsu & Sanford, 2007). This study utilized three iterations to facilitate these purposes and create a controlled feedback process (Hsu & Sandford, 2007).

Following typical Delphi methodology, the first round typically consists of open-ended questions; however, there is a general opinion that the first round may provide less open-ended questions if there is literature on the topic that can be used to formulate more specific questions (Hsu & Sandford, 2007). In round two, the researchers provided participants with a summation of the previous round and requested opinions on the information gathered. Additionally, researchers requested rank-order of information to prioritize the most pertinent information or considerations. If subsequent rounds are necessary, researchers would simply continue to tune

the information until general consensus is reached. However, in the current research, only two rounds were utilized for information gathering. Then, in the last iteration, researchers provided the participants with a write-up that summarizes majority and minority views and requested that the participants provide any final opinions for the summary.

Participants

Data came from participants recruited via convenience sampling recruited from professional listservs and email in order to reach individuals who were relevant to the current selection criteria. Participants varied between round. The first round received nine total responses. However, three participants did not complete the survey past the demographics portion and, therefore, their responses were not included within the study. The final population for the first round consisted of a population of heterogenous female participants (n=6). Of these participants, there were both CFLE or CFLE-P (n=4) and LMFTs (n=2). Additionally, one of the identified LMFT participants indicated that they also have a CFLE credential.

Demographic questions remained the same from the first round to the second round. As the survey is anonymous, it can only be assumed that participants are the same or different from previous rounds. The second round received seven total responses. However, two responses were incomplete and did not answer any questions beyond demographics. Therefore, there was a total of five responses. The responses were a heterogenous group of females. Of the respondents their professional designations were CFLEs (n=4), CFLE-P (n=1), LMFT (n=2), and CADC (n=1). Groups overlapped with the two LMFTs both also having the CFLE designation and one having the CADC designation in addition to the other designations. Of the respondents, participants designated their primary certification as CLFE/CFLE-P (n=3) and LMFT (n=2). Finally, the last

round was a summation round and did not receive any responses providing final commentary or demographic data.

Additionally, Delphi study participants must meet professional qualifications in order to qualify as expert for the study. Within the first round, for the primarily-CFLE participants, the time worked within the field is between 2 to 22 years. Participants who did not meet the Delphi expert criteria, due to small sample size, were included and provided the perspective of an someone who has joined the field more recently, which can also be valuable. Between the LMFT participants, the average time worked within the field is twenty years, indicating that participants met the expert criteria for the LMFT.

Prior experience with service delivery methods is important to establish because a portion of the current research is dedicated to understanding best practices for program delivery with adolescents. In the first round of this study participants indicated if they had service deliver experience with face to face (n=5) and mixed methods (n=1). No participants indicated experience exclusively online. Additionally, participants indicated the nature of their previous experience working with adolescents. From this list, participants could indicate all that were applicable. Therefore, participants noted that their service deliver experience was in relationship education (n=5), general education (n=3), juvenile justice (n=1), therapy (n=2), and other (n=3). As such, the participants had a wide array of experiences working with adolescents.

Round two CFLE/CFLE-P participants designated a range of 2-6 years with the credential of CFLE/CFLE-P. Meanwhile, LMFT participants designated a range of 8-16 years with their primary credential. Prior experience with service delivery to adolescents is valuable and participants had a range of experience in this category from 2-24 years. This range represents participants having a diverse amount of expertise and experience with the adolescent population.

Finally, participants indicated if they had previous instances of service delivery online (n=1) or face to face (n=4). Demographics are presented within table 1.

Table 2. *Sample Demographics*

	Round One	Round Two	Round Three
Gender			
Male	0	0	0
Female	6	5	0
Professional Designation			
CFLE	4	3	0
LMFT	1	0	0
Both	1	2	0
Service Delivery Experience			
Traditional	1	4	0
Online	0	1	0
Both	5	0	0

Measures

Round One. Round one consisted of a series of qualitative questions. Questions fell under three specific categories, correlated with research questions: family life educator and therapist roles (research questions 1 and 2), working with the adolescent population (research questions 3 and 4), and online service delivery (research question 3). The research questions are as follows: (1) How do family life educators and therapists perceive each other? (2) In what ways do family life educators and therapists believe they can or would work together? (3) What ideas

do family life educators and therapists have regarding online service delivery and programming for adolescents? (4) How do family life educators and therapists perceive services provided to adolescents? Participants were asked different questions regarding these topics based on their self-designated primary credential.

Therapist Specific Questions. Participants were asked a variety of questions to address the research questions. This included questions about factors that led to and inhibited change with adolescents, how they view their role as different from family life educators, if they have collaborated in the past, their primary focus in working with adolescents, typical adolescent presenting problems, what interventions or resources could be translated to online therapy, perceptions regarding online therapy, barriers to online therapy, and contraindications for online therapy.

FLE Specific Questions. Questions for family life educators were similar to those for therapists. However, the language was changed to highlight the educational nature of services over therapeutic services.

Round Two. Based on participant responses to these questions, the second round of the Delphi study was constructed. Questions from round two consisted mostly of Likert scaling questions. Specifically, participants scaled on a 5-point Likert scale from strongly agree to strongly disagree their opinions on the roles of family life educators, the role of therapists, collaboration, and several themes pertaining to working with adolescents. Participants then answered their opinion on what professional would be most helpful for working with adolescents on a variety of issues. Options for this question included therapists, family life educators, both, and neither. Finally, participants rank ordered their concerns with working online with adolescents.

In addition to these nominal selections, participants were also provided with additional qualitative questions. The qualitative questions served to fill gaps in the data from the first round and provided an opportunity for participants to commentate on various topics such as the benefits of using the online medium, what would necessitate a referral to a therapists, and any other commentary and suggestions for collaboration or online programming.

Round Three. Round three consisted of a write-up of the results from round two and qualitative questions asking participants if they had any other feedback regarding the research topics. The write-up reported descriptive statistics based on round two responses and showcased general points of agreement and contention among participants.

Results: Round One

Demographics

The final population for the first round consisted of a population of heterogenous female participants (n=6). Of these participants, there were both CFLE or CFLE-P (n=4) and LMFTs (n=2). Additionally, one of the identified LMFT participants indicated that they also have a CFLE credential.

Within the primarily-CFLE participants, the average time worked in the field was fifteen years. However, the data is skewed slightly because the range is from 2 to 22 years. Although the individual who has the CFLE-P and has only worked for two years was not technically within the Delphi expert criteria, due to small sample size, this individual was included and offers the perspective of an individual who has joined the field more recently, which can also be valuable. Between the LMFT participants, the average time worked within the field is twenty years, indicating that participants met the expert criteria for the LMFT.

Prior experience with service delivery methods is important to establish because a portion of the current research is dedicated to understanding best practices for program delivery with adolescents. In the first round of this study participants indicated if they had service delivery experience with face to face (n=5) and mixed methods (n=1). No participants indicated experience exclusively online. Additionally, participants indicated the nature of their previous experience working with adolescents. From this list, participants could indicate all that were applicable. Therefore, participants noted that their service delivery experience was in relationship education (n=5), general education (n=3), juvenile justice (n=1), therapy (n=2), and other (n=3). As such, the participants had a wide array of experiences working with adolescents.

Topic Themes

In examining the qualitative responses to the questions, themes were organized based on participant responses to the general topics of family life educator and therapist roles, working with the adolescent population, and online service delivery. Within these topics, participants outlined the roles they believed family life educators and therapists generally serve.

Topic 1: Family Life Educator and Therapist Roles

Family life educators and therapists answered a series of questions related to the role of a family life educator and the role of a therapist. Questions were asked separately to each self-designated primary profession.

Family Life Educator Perspective. Regarding family life educator roles, participants indicated that FLEs are focused on prevention and help facilitate decision making, provide healthy examples, assist in building skills, facilitate insight, and provide preventative education. Additionally, participants indicated that FLEs typically work in a group setting. In discussing

collaboration directly, FLE participants indicated that FLEs assists in guiding, facilitating knowledge acquisition, facilitating reflection, empowering clients, and providing skills.

Meanwhile, FLE participants indicated that therapy is for more serious issues, to diagnose and treats issues, and for more specific problems. Within round one, a participant specifically stated: “I see therapists as dealing with individual situations that are of concern to a specific person or situation. Their role is not to impart education, but to help the client gain insight, emotional regulation or coping strategies.”

Therapist Perspective. Therapist participants indicated that the therapist provides more process discussion and allows the client/system to define the problem for themselves. The therapist participants indicated that both education and therapy overlap in that they both provide research-based and theoretical information with adolescents to help them understand their experience. Additionally, therapist participants indicated that relationship education utilizes models to define good relationships while therapists might allow for a wider variety of relationships. The idea that therapists allow clients to define health was highlighted by the following statement from a participant:

“I think the major difference is in being prescriptive about what makes a ‘good’ relationship. Relationship education seems to use models of relationships, rather than allowing for the variety of relationships that can be satisfying. As a therapist, I leave it up to the system to determine their own form of a ‘good’ relationship.”

Topic 2: Working with Adolescents

Family life educators and therapists answered a series of questions related to working with adolescents. Questioned were asked separately to each self-designated primary professional.

Family Life Educator Perspective. A theme that emerged in the responses from family life educators was resources. FLEs commented that working with adolescents on resources could be beneficial with one participant stating: “My primary focus with adolescent client is provide them with internal and external resources to have a healthy and productive life, to make healthy choices.” Specifically, FLEs stated that some of the obstacles to working with adolescents can be their external access to resources, for instance, transportation, and finances. However, more broadly speaking, FLEs commented that when working with adolescents they tend to address the adolescent’s access and usage of internal and external resources. Essentially, this might mean addressing adolescent resiliency or uplifting adolescents.

In order to engage adolescents with the curriculum, FLEs stated that they tend to utilize discussion and address self-development. Additionally, FLEs would address relevant topics such as relationship violence, relationship skills, and life skills. Activities, popular culture, and involving the adolescent in the discussion were all also considered to be important in engaging adolescents.

Therapist Perspective. Therapists addressed their work with adolescents and creating change for adolescents by stating that adolescents generally have difficulty with change because the system that surrounds them must also be addressed. As a result, therapists suggested interventions that include the system around the adolescent. Additionally, it is important for the parents of the adolescent to recognize the worth of the adolescent in order to help facilitate change for the system.

Therapists did not indicate a primary focus with the adolescent client and simply expressed that the focus with an adolescent is dependent on the client and their system. However, relationships with others were stated as being important to address. Although the primary focus

was not identified, participants listed some of the most common presenting problems for adolescent clients including self-harm, suicidal ideation, trauma, marginalized identities, identity issues in general, depression, anxiety, substance use, and behavior issues.

Topic 3: Online Feasibility

Family life educators and therapist answered a series of questions related to the feasibility of an online program for adolescents combining both FLE and therapy services. Questioned were asked separately to each self-designated primary profession.

Family Life Educator Perspective. Participants reflected that online programming has potential because adolescents tend to utilize technology throughout their lives. Additionally, there are benefits to privacy. However, participants also indicated that the lack of group and face to face interaction may be a reason to not use online programming because of the value of personal interaction and the social learning experience. Additionally, participants indicated that an online program may only be beneficial to certain populations although the specific populations were not indicated.

Participants also indicated specific barriers to an online hybrid program. Specifically, they indicated that adolescents are busy and may have other time commitments, there may be issues with safety planning, timing of the program may cause difficulty, and high-risk populations may have difficulty utilizing an online resource.

Therapist Perspective. Therapist participants indicated that online therapy for adolescents may pose a lot of concerns and difficulties with consent. As such, therapist participants were reserved in their thoughts regarding online therapy. Therapists provided specific barriers that included school and parent blocks on devices and general interest in

programs online. One participant explained computer blocks by stating: “Most of the schools I work with... provide their students laptops, but there are a lot of blocks on them.” Additionally, participants commented that they were unsure about what interventions from traditional therapy could be converted to online therapy.

Results: Round Two

The survey for round two was created based on the responses mentioned above. The survey consisted of both quantitative and qualitative questions and provided participants with the opportunity to provide further commentary or simply respond to the quantitative questions.

Demographics

Demographic questions remained the same from the first round to the second round. This was done because of the study participants from the first round, few indicated that they would like to participate in the second round. Therefore, the survey was sent out along the same venues in order to allow for the same participants to participate again if they so chose. Additionally, the survey is anonymous and, therefore, it cannot be assumed that participants are the same or different from previous rounds. This round received seven total responses. However, two responses were incomplete and did not answer any questions beyond demographics. Therefore, there was a total of five responses. The responses were a heterogenous group of females. Of the respondents their professional designations were CFLEs (n=4), CFLE-P (n=1), LMFT (n=2), and certified alcohol and drug counselor (n=1). Groups overlapped with the two LMFTs also having the CFLE designation and one having the CADC designation in addition to the other designations. Of the respondents, participants designated their primary certification as CLFE/CFLE-P (n=3) and LMFT (n=2).

Primary CFLE/CFLE-P participants designated a range of 2-6 years with the credential of CFLE/CFLE-P. Meanwhile, LMFT participants designated a range of 8-16 years with their primary credential. Similarly, to the first round, individuals who do not meet the criteria were included as the input of an individual who has more recently joined the field may be valuable to the data.

Prior experience with service delivery to adolescents is valuable and participants had a range of experience in this category from 2-24 years. This range represents participants having a diverse amount of expertise and experience with the adolescent population. Finally, participants indicated if they had previous instances of service delivery online (n=1) or face to face (n=4).

Topic 1: Family Life Educator and Therapist Roles

Utilizing a likert scale, participants indicated if they strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with indicated roles of a family life educator or therapist. Table 2 displays the responses of participants regarding family life educator roles. Based on these responses, participants unanimously strongly agreed (n=5) that FLEs assist in skill-building and provide preventative education. Other indicated roles were not unanimous and had varying levels of agreement. However, participants indicated that they strongly agree 80% (n=4) of the time that FLEs provide examples of healthy relationships, facilitate insight, and assist in generating understanding of self. Also of note, 80% (n=4) of participants neither agreed nor disagreed that FLEs work in a group setting (versus an individual setting). Qualitatively, participants indicated that FLEs may also play a coaching role and provide tools for individuals to utilize.

Table 3. *Family Life Educator Roles*

The role of a family life educator is to...	Strongly Agree		Somewhat Agree		Neither Agree nor Disagree		Somewhat Disagree		Strongly Disagree	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Facilitate Decision Making	3	60.0%	1	20.0%	0	0.0%	1	20.0%	0	0.0%
Provide Examples of Healthy Relationships	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%
Assist in Skill-Building	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Facilitate Insight	4	80.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%
Provide Preventative Education	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Work in a Group-Setting (Versus and Individual Setting)	0	0.0%	0	0.0%	4	80.0%	0	0.0%	1	20.0%
Provide Guidance on General Problems	0	0.0%	3	60.0%	0	0.0%	2	40.0%	0	0.0%
Assist in Generating Understanding of Self	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%

Participants responded to a different set of roles regarding therapists. These responses are indicated in table 3. Participants provided unanimous agreement (n=5) for one category, stating that they strongly agree that therapists address specific issues. Additionally, 80% (n=4) of participants indicated that therapists assist in facilitating understanding of the self. For the other

three roles provided, participants maintained various reactions, with 60% (n=3) strongly agreeing that therapists address diagnoses and serious issues, while only 20% (n=1) strongly agreed that therapists work within an individual setting (versus a group setting). Participants were also asked qualitatively and added that the therapist role was primarily for intervention with distressed individuals and exploring various topics therapeutically.

Table 4. *Therapist Roles*

The role of a therapist is to...	Strongly Agree		Somewhat Agree		Neither Agree nor Disagree		Somewhat Disagree		Strongly Disagree	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Work Within and Individual Setting (Versus a Group Setting)	1	20.0%	0	0.0%	3	60.0%	1	20.0%	0	0.0%
Address "Serious Issues"	3	60.0%	0	0.0%	1	20.0%	1	20.0%	0	0.0%
Address Diagnoses	3	60.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%
Address Specific Issues	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Facilitate Understanding of Self	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%

Participants qualitatively responded to questions regarding the best practice for collaboration between therapists and family life educators. Participants stated that collaboration

would be helpful for referrals, joint workshops, discussion, and sharing of resources. Through these, participants indicated that collaboration can occur at different systemic levels in order to address the variety of issues that occur within the system. When discussing referrals specifically, participants stated that a referral would be necessary from an FLE to a therapist in instances of moderate to serious issues. These issues were generally defined by various participants as suicidal ideation, self-harm, trauma, and crises. However, some a minority of participants also indicated that a referral could be beneficial for participants who want to explore ideas and behaviors in more depth.

Topic 2: Working with Adolescents

Within topic 2, participants discussed several specific topics that were introduced during the first round. Specifically, 80% (n=4) of participants indicated that they strongly agree that discussion is a viable means for working with adolescents. Additionally, 100% (n=5) of participants strongly agreed that self-development is important for working with adolescents. These results are shown in table 4. Additionally, 80% (n=4) of participants strongly agreed that therapists and family life educators should collaborate and the remaining 20% (n=1) somewhat agreed.

Table 5. *Likert Scaling Questions*

	Strongly Agree		Somewhat Agree		Neither Agree nor Disagree		Somewhat Disagree		Strongly Disagree	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Therapists and Family Life Educations Should Collaborate	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%
Discussion is a viable means for working with adolescents.	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%
Self-Development is important for working with adolescents.	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Additionally, participants indicated their perception of the effectiveness of therapists and family life educators in working with various presenting problems. These results are displayed in table 5. Of the issues listed, 100% (n=5) of participants agreed that both can work on identity. Additionally, 80% (n=4) of participants indicated that therapists would work best with self-harm, suicidal ideation, and trauma. 80% (n=4) of participants also indicated that both would be effective working with general behavioral issues, disciplinary issues, life skills, and healthy relationships skills. Other issues mentioned include substance use, power struggles, and empowerment. These other issues received mixed opinions on what professional would be most effective in handling these presenting problems.

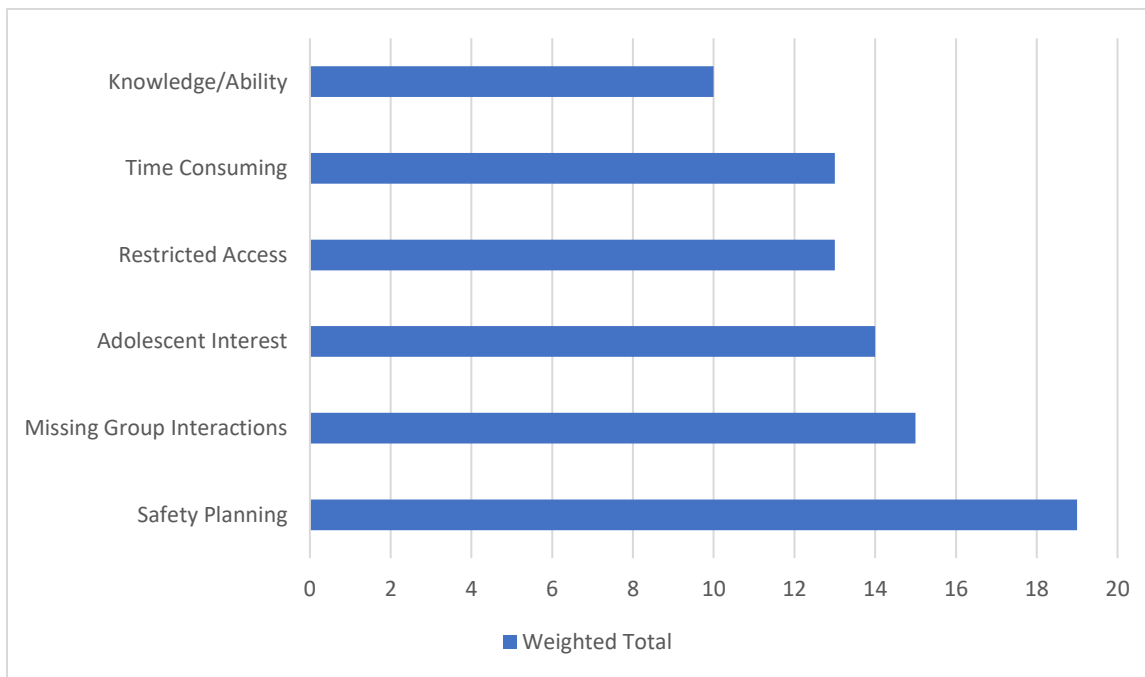
Table 6. *Provider Effectiveness*

Who would be the most effective/helpful for working on the following issues with adolescents?	Therapists/ Counselors		Family Life Educators		Both		Neither	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Self-Harm	4	80.0%	0	0.0%	1	20.0%	0	0.0%
Suicidal Ideation	4	80.0%	0	0.0%	1	20.0%	0	0.0%
Sexual Trauma	4	80.0%	0	0.0%	1	20.0%	0	0.0%
Identity	0	0.0%	0	0.0%	5	100%	0	0.0%
General Behavioral Issues	1	20.0%	0	0.0%	4	80.0%	0	0.0%
Substance Use	3	60.0%	0	0.0%	2	40.0%	0	0.0%
Disciplinary Issues	0	0.0%	0	0.0%	4	80.0%	1	20.0%
Power Struggles	2	40.0%	0	0.0%	3	60.0%	0	0.0%
Truancy	1	20.0%	0	0.0%	4	80.0%	0	0.0%
Empowerment	1	20.0%	1	20.0%	3	60.0%	0	0.0%
Life Skills	0	0.0%	1	20.0%	4	80.0%	0	0.0%
Healthy Relationship Skills	0	0.0%	1	20.0%	4	80.0%	0	0.0%

Topic 3: Online Interventions

Participants of round one expressed various concerns regarding the usage of online interventions. Therefore, round two provided an opportunity for participants to rank order their concerns with online interventions. Based on the rank order, participants generally ranked safety planning as the biggest concern followed by missing group interactions, adolescent interest, restricted access from guardian or school/time consuming, and knowledge/ability for internet usage. The results for the rank order can be seen in graph 1.

Figure 1. *Rank Order of Concerns for Online Interventions*



Results: Round Three

Round three consisted of a write up sent out to the same listservs that previous rounds had already been sent out to. The write up reported on statistics from the second round, specifically indicating simple descriptive statistics based on the tables above. In particular, round three consisted of a report of what general consensus or disagreement based on the tables from round two. Then, the participants were asked if they had any further thoughts or commentary on

the report and topics at hand. The write up for round three can be found in appendix D. The write up consists of the results found in round two.

Discussion

This study explored the perceptions of a group of family life educators and therapists regarding several core ideas: therapist and family life educator roles, professional collaboration, service delivery for adolescents, and service delivery online. From the results indicated above, there are a few notable findings to discuss.

Family Life Educator and Therapist Roles and Collaboration

Participants designated that they agree that a family life educator's primary roles are to facilitate decision making, provide examples of healthy relationships, assist in skill-building, facilitate insight, provide presentative education, and assist in generating understanding of self. These results are based on 4 or more participants designating either strongly agree or somewhat agree with the statement. NCFR (2019) agrees that in order to promote healthy family functioning, communication skills, knowledge of development, decision making skills, healthy interpersonal relationships, and positive self-esteem are a part of family life education. There is some overlap in the findings with these definitions. Specifically, for example, decision making skills are part of the broader goal of assisting in skill-building. It is also interesting that the participants did not discuss the role of education programs in improving communication and conflict resolution skills (Futris, Sutton, & Duncan, 2017).

Meanwhile, the therapist's roles, based on the same metric, are indicated as addressing specific issues and facilitating understanding of self. What is meant by specific issues may need to be defined within the research itself. However, within AAMFT's website, studies suggest that

family therapy is an ideal treatment modality for many diagnoses and issues, such as substance abuse and depression.

As most of the participants were CFLE/CFLE-P, it is possible that participants did not have as much of an understanding regarding the roles of a therapist versus the roles of a family life educator. As such, participants were more able to label and name the roles of a family life educator in the first round, which translated into a bias toward defining the roles of a family life educator. Specifically, it highlights the need for discussion regarding the roles of family life educators and therapists between the different professions.

Roles were also addressed by having participants delineate what professional, between family life educators and therapists, would be best able to address specific presenting problems or issues. Based on these results, it seems that participants delineated therapists as best for treating sexual trauma, suicidal ideation, and self-harming behaviors. Much of the research suggests more broad statements for therapeutic professionals, stating that therapists handle a variety of presenting problems (AAMFT, 2018; Gehart, 2014). This research clearly delineates these three as being a part of the therapist's domain.

All other presenting problems received a mix of responses with participants indicating that both professions would be able to handle many of the presenting problems. Based on this, it is possible that the small sample size and majority CFLE participants may have contributed to these findings.

It would probably be beneficial in future research to discuss how these various presenting problems might specifically be addressed by various professions in order to generate an understanding of how collaboration can best support the client. Presently, the consensus that

both therapists and educators can treat a wide variety of presenting problems offers potential for investigating how each can uniquely contribute to the client's outcome.

Overall, participants seemed to generally support the idea of collaboration between therapists and family life educators. Based on qualitative responses from round two, participants indicated that the collaboration may be well suited for referral as well as joint workshop and discussion purposes.

Working with Adolescents

Outside of the role clarification based on adolescent presenting problems, participants did not have as much discussion about working with adolescents. Within the second round, participants indicated that discussion was good for working with adolescents and that self-development was also important for adolescent work. These results are important to highlight because they can inform curriculum for working with adolescents in the long run. Specifically, by understanding the value of discussion for working with adolescents, online program development may strive to include various avenues for communication and discussion between participating adolescents. Although this creates concerns regarding confidentiality, the anonymity of the internet provides potential for discussion and connection if the client would like to participate.

The recognition of the value of self-development work for adolescents may also offer a conversation-starter for ways to include both therapy and educational elements to help facilitate this self-development. Self-development with adolescents is not a new concept. Erikson discussed self-development, or identity development, as a key part of adolescent development

(McLeod, 2018). Therefore, this research serves to highlight the importance of adolescent self development within both therapy and relationship education.

Online Programming

Finally, information regarding online programming was discussed. Specifically, the potential concerns and positives of an online program were generated. Round one participants provided a discussion of concerns with online programming. From these concerns, round two provided the opportunity to rank order these concerns. Based on this rank order, safety planning is highlighted as the biggest concern for participants. Safety planning is a vital concern to address. If programming were ever created online because of the wide variety of ethical and legal concerns that arise from online mental health. These concerns include a need to understand how therapy functions across state boundaries and in accordance with present laws (Kotsopoulou, Melis, Koutsompou, & Karasarlidou, 2015; Manhal-Baugus, 2001). Additionally, ethical dimensions in question include issues of competence, credentials, consent, confidentiality, privacy, and security (Kotsopoulou et al., 2015).

Additionally, participants also included “missing group interactions” as a primary concern with the online medium. This is notable in relation to the previous result regarding discussion as a valuable way to work with adolescents. It is clear that participants believe discussion and group interaction is important for programming. Therefore, the potential lack of these within an online setting may pose a difficulty in providing competent programming.

Implications

Each of these topics have general implications for potential future programming with adolescents. As the study specifically addressed family life education and therapeutic

programming, there are a wide range of implications that can be drawn from the data, despite its limitations.

Clinical and Practical Implications

Without clear boundaries, professionals may blur the lines around their work in order to provide service to individuals who are not seeing another professional. However, by doing this, professionals are impacting the care that clients are receiving by either taking away from other uses of time or providing suboptimal care. A client may be better served if he or she is able to receive highly trained and specialized care in various areas as part of a program of collaboration between professionals instead of expecting one professional to provide the resources of multiple. This research provides an avenue for helping to delineate the specific similarities and differences of care between the professions. However, it also serves as a metric to gauge the understandings of professionals regarding a similar profession.

Another clinical implication is the general introduction to the idea of online programming for therapists and family life educators. Although these programs already exist, to some extent, they are not very wide spread at this time. This research brings online therapy and education to the table for further discussion, as other programs and research have done before.

Finally, in alignment with the goals of a Delphi study, this research offers discussion regarding program alternatives. As such, it provides some foundation for understanding how pieces of an online program for adolescents might fit together in order to create better outcomes for the potential families and adolescents involved. For instance, it highlights the need for more research and discussion regarding how to meet online challenges.

In the future, FLEs and MFTs can utilize this research to help facilitate discussion on how they might collaborate effectively. Specifically, the participant's delineation of a variety of topics that they believe both MFTs and FLEs can help with provides a place to discuss what each profession can offer on each given topic stated. Additionally, this can help both professions run more effectively within their roles as professionals.

Research Implications

Research implications include a wide variety of potential research directions that can be taken as a continuation of this study. Specifically, it may be beneficial to continue research into each of these branches of data in order to support future efforts for advocating for collaboration and reaching adolescent populations online. For instance, research could continue to investigate perceptions of professional boundaries for the average practitioner and educator. Through this research, we could create a better understanding of how professionals can serve populations more effectively through collaboration, as stated above. Additionally, research could investigate practitioner definitions and interventions or treatment regarding specific presenting problems in order to create a more specific and rich understanding surrounding treatment or intervention.

Policy Implications

Although policy may not be directly impacted by this research study. There is potential down the line of research for impacting general policy and procedures regarding online service delivery for both family life education and therapy professions. Currently, there is a large amount of ethical and legal grey area and red tape surrounding online service provision. Specifically, e-therapy is difficult ethically and logistically for the therapist as ethical boards still need to better understand online therapy functioning regarding present laws (Kotsopoulou, Melis, Koutsompou,

& Karasarlidou, 2015; Manhal-Baugus, 2001). Additionally, ethical dimensions in question include issues of competence, credentials, consent, confidentiality, privacy, and security (Kotsopoulou et al., 2015). Hopefully, research will be able to impact these policies in order to make therapy and education more accessible for families. Specifically, in order to receive grants and funding to create accessible programs, research needs to provide a foundation and reasoning for programs to exist.

Future Research Directions and Limitations

These results are limited due to the small sample size from all rounds. With limited participants, discussion and viewpoints are limited to only a small group of participants. Ideally, the study would have been able to recruit at least seven participants from each of the three specific groups: family life educators, therapists, and adolescent programming professionals. However, the current research was only able to recruit participants from the first two groups. The majority of participants were from the FLE background, which created a bias in the data and questions that lent itself to providing more information regarding family life educators. Also, the participants did not all meet the professional criteria. Therefore, this study did not strictly adhere to the Delphi structure.

Additionally, more rounds may have helped generate more information and develop a greater consensus on more of the aspects of the study. Some of the information and factors are not specifically defined and, therefore, the results are based on the individual participant's interpretation of various terms. More rounds could have given researchers the opportunity to develop definitions with participants to help create more clarity and valuable information.

Future research could delve more deeply into each individual topic and theme represented within this study. For example, as stated above, it would be beneficial to research the ways in which participants believe therapists and family life educators can collaborate on presenting problems which they can noted as being addressable by both professions. Additionally, other research can explore more dimensions regarding benefits, concerns, and dynamics of online therapy and family life education. Overall, more research could help practitioners develop best practices and methods for addressing adolescents safely online in order to help create better outcomes for populations that may not normally have access to education and therapy services.

Conclusion

This research provides a broad overview regarding online collaborative programs for adolescents. The Delphi study methodology allowed researchers the chance to generate discussion and ideas regarding the proposed collaboration and, as a result, it created a general foundation of discussion. Although there are many more pathways that the research can take and a lot more discussion to address, this research represented an important discussion regarding online collaborative programming.

The research had many limitations based on its small sample size, heterogeneity, and limited time for round iterations. However, regardless, the participants provided insightful commentary on professional collaboration, adolescent programming, and online programming perceptions.

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APPENDIX A: IRB APPROVAL

4/28/2019

<https://epirate.ecu.edu/App/sd/Doc/0/KGT0P74O6VUK1A0KRMPR81DNE8/fromString.html>



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Notification of Exempt Certification

From: Social/Behavioral IRB
To: [Krista Hein](#)
CC: [Ebony Baugh](#)
Date: 11/27/2018
Re: [UMCIRB 18-002433](#)
Delphi of Therapeutic/Educational Online Interventions for Adolescents

I am pleased to inform you that your research submission has been certified as exempt on 11/26/2018. This study is eligible for Exempt Certification under category #2.

It is your responsibility to ensure that this research is conducted in the manner reported in your application and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

IRB00000705 East Carolina U IRB #1 (Biomedical) ICRG0000418
IRB00003781 East Carolina U IRB #2 (Behavioral/SS) ICRG0000418

APPENDIX B: ROUND TWO AMENDMENT APPROVAL

4/28/2019

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Notification of Amendment Approval

From: Social/Behavioral IRB
To: [Krista Hein](#)
CC: [Ebony Baugh](#)
Date: 2/4/2019
Re: [Ame1 UMCIRB 18-002433](#)
[UMCIRB 18-002433](#)
Delphi of Therapeutic/Educational Online Interventions for Adolescents

Your Amendment has been reviewed and approved using expedited review on the date of 2/1/2019. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Hein Delphi Round 2 Questions(0.01)	Surveys and Questionnaires

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

IRB00000705 East Carolina U IRB #1 (Biomedical) ICRG0000418
IRB00003761 East Carolina U IRB #2 (Behavioral/SS) ICRG0000418

APPENDIX C: ROUND THREE AMENDMENT APPROVAL

4/28/2019

<https://epirate.ecu.edu/App/sd/Doc/D/KIUID6HHIQOKV9U7V8TF8DJH48/#fromString.html>



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Notification of Amendment Approval

From: Social/Behavioral IRB
To: [Krista Hein](#)
CC: [Ebony Baugh](#)
Date: 3/20/2019
Re: [Ame2_UMCIRB_18-002433](#)
[UMCIRB_18-002433](#)
Delphi of Therapeutic/Educational Online Interventions for Adolescents

Your Amendment has been reviewed and approved using expedited review on the date of 3/20/2019 . It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Hein Delphi Round 3 Questions(0.01)	Surveys and Questionnaires

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

IRB00000705 East Carolina U IRB #1 (Biomedical) ICRG0000418
IRB00003761 East Carolina U IRB #2 (Behavioral/SS) ICRG0000418

APPENDIX D: RECRUITMENT EMAIL

Email Subject Line: Seeking Participants for Delphi Study

To Whom It May Concern,

I am Krista Hein, a masters student from the Human Development and Family Science Department of East Carolina University seeking participants for a Delphi study titled "Considering a Dual Online Therapeutic and Educational Intervention for Adolescents" (IRB Approval UMCIRB 19-002433).

Participants must have at least one of the following qualifications:

1. Licensed or Certified professional in CFLE/LMFT/LCSW/LPC or another relevant certification/license **and/or**
2. At least 5 years of work experience in relationship education, family life education, OR mental health services **and/or**
3. A focus on working with adolescent programming.

You are being contacted because you are subscribed to a relevant listserv. Participation in this study is completely voluntary and by agreeing to participate, you certify that you are over 18 years old and you are giving your consent to participate in all three rounds of this Delphi study. If you choose not to participate, there are no repercussions or penalizations.

The purpose of this study is to identify and explore potential collaboration options between therapy/counseling professionals and family life education professionals, particularly for collaboration in working with adolescents online.

For more information about this study, please contact me at heink17@students.ecu.edu. If you have questions or concerns about your rights as a research participant, please call the Office of Research Integrity & Compliance (ORIC) at 252-744-2914.

The survey can be found at this link:

Thank you,

Krista Hein, B.A.
Principal Investigator

APPENDIX E: DEMOGRAPHIC QUESTIONS

General Demographics

Qualifications for participation:

1. Licensed mental health provider or certified family life educator and
2. At least 5 years of clinical or family life education experience and
3. Substantive experience working with adolescents (age 12 – 18).

Age

Gender

Education Level: High School, Some College, Bachelors, Some Professional/Graduate, Masters, Doctoral/Professional

Selection Bachelors → What was your undergraduate degree in?

Selection Professional, Gradual, Doctoral → What is your postgraduate degree in?

What certifications or credentials do you currently hold? Check all that apply.

LMFT LMFT-A CFLE LCSW LPC Other: (please explain)

How many years have you had your credential?

Which credential/license do you most affiliate with/currently utilize?

LMFT LMFT-A CFLE LCSW LPC Other: (please explain)

How many years have you worked in your current, primary field?

If you are a mental health provider, do you also have any relationship education delivery experience?

→ If so, how many years of experience do you have?

→ Was this experience in a therapeutic or educational setting?

If you are a family life educator, do you also do relationship education?

→ How many years of experience do you have doing relationship education?

Do you have any experience conducting therapy/counseling as a licensed mental health professional?

→ How many years of experience do you have doing some form of therapy or counseling?

What is the primary medium you use to provide services? Online, face to face, mixed methods, other (please explain)

→ (If online is indicated) **What are your delivery methods online?** Website, forum, blog, YouTube, Facebook, general social media, podcast, other (please specify)

What experiences do you have working with adolescents? How many years did you provide those services? What was the context of the service being provided (e.g. therapy, relationship education, education, juvenile justice, etc.)

APPENDIX F: ROUND ONE QUESTIONS

Therapy/Counseling Profession Questions

General Role-Related Questions

1. In considering your past work with adolescents, what do you think were the most significant factors that led to or inhibited change?
2. How is your role different from that of a family life educator in regard to adolescent relationships and adolescent treatment?
3. In your opinion, what are the differences between relationship education and relationship therapy?
4. In your work, do you collaborate with a family life educator? If so, what have you found to be effective about that collaboration? If not, would you ever find it necessary or important to collaborate with a CFLE professional? Please explain why or why not.

Content-Related Questions

5. When providing therapeutic services, what is your primary focus with an adolescent client?
6. In your practice, what are typical adolescent presenting problems that an adolescent might present with?
7. Of the presenting problems, what are some resources or interventions that could be translated to an online therapy program?

Service Delivery Questions

8. Do you believe online therapy (e-therapy) is a viable means of providing services to adolescents? Why or why not would this delivery method be appropriate for adolescents?
9. What are some of the barriers that might exist for adolescents to utilize and online relationship education and therapy program?
10. If you were to provide a hybrid therapy and relationship education program online, would there be any issues that would be contraindicated in your being able to provide that work? Why or why not?
11. If you believe that e-therapy is viable for the adolescent population, what methods would you suggest presenting information online (check all that apply)?
Website, forum, blog, YouTube, Facebook, general social media, podcast, other (please specify), I do not think e-therapy is viable

Educator/Program Provider Questions

General Role-Related Questions

1. What role do you see an educator (such as a family life educator) playing in helping adolescents develop and achieve healthy relationships?
2. How is your role different from that of a therapist in regard to working with adolescents and helping them to strengthen their relationships?
3. In your opinion, what are the differences between relationship education and relationship therapy?
4. In your work, do you collaborate with a therapist or counselor? If so, what have you found to be effective about that collaboration? If not, would you ever find it necessary or important to collaborate with a therapist or counselor? Please explain why or why not.

Content-Related Questions

5. When providing educational services, what is your primary focus with an adolescent client? What are some of the most common problems that adolescents present to educational programs with?
6. When teaching relationship education to adolescents, what would you say are the most important topics to have covered in the curriculum? Of those topics, please rate their order of importance.

Service Delivery Questions

7. What is the primary medium you use to teach relationship education to adolescents (e.g. face-to-face; online, hybrid, etc.)?
8. What are some the most effective strategies you use to engage adolescents with relationship education? Of those strategies, please rate them in order of perceived effectiveness.
9. If you were to provide a hybrid therapy and relationship education program online, would there be any issues that would be contraindicated in your being able to provide that work? Why or why not?
10. Do you believe online relationship education is a viable means of providing services to adolescents? Why or why not would this delivery method be appropriate for adolescents?
11. If you believe that online relationship education is viable, what methods would you suggest presenting information online (check all that apply)?
Website, forum, blog, YouTube, Facebook, general social media, podcast, other (please specify), I do not think online relationship education is viable

APPENDIX G: ROUND TWO QUESTIONS

The role of a family life educator is to...

Facilitate Decision Making

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Provide examples of healthy relationships

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Assist in skill-building

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Facilitate insight

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Provide preventative education

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Work in a group setting (versus individualized setting)

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Provide guidance on general problems

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Assist in generating understanding of self

strongly disagree (1), disagree, no opinion, agree, and strongly agree (5)

Are there any other important family life educator roles that you want to highlight?

The role of a therapist is to...

Work within an individual setting (versus group setting)

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Address serious issues & diagnoses

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Address specific issues

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Facilitate understanding of self

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Are there any other important therapist/counselor roles that you want to highlight?

Combination

MFTs and CFLEs can and should collaborate

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

What are the specific ways that a family life educator and therapist/counselor can collaborate?

Working with Adolescents

Discussion is a viable means for interacting with adolescents

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Self-development is very important for working with adolescents

Strongly Agree (1), Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Strongly Disagree (5)

Who would be the most helpful to work with the following issues with adolescents:

Selections: Family Life Educator, Therapist/Counselor, Both, Neither

Self-harm

Suicidal ideation

Sexual trauma

Identity

General Behavior Issues

Substance Use

Disciplinary Issues

Power Struggles

Truancy

Empowerment

Life Skills

Healthy Relationship Skills

Online Work

Please rank order the following CONCERNS with the online medium (versus face to face) for therapy or family life education?

Time-Consuming

Safety Planning

Knowledge & use of the internet

Missing group interactions

adolescent interest

restricted access from guardians or school

Are there any benefits of using the online medium for therapy?

Are there any benefits of using the online medium for family life education?

What would necessitate a referral to a therapist?

Are there any other suggestions or comments you may have about the potential for collaboration between a family life educator and therapist?

Are there any other suggestions or comments you may have about an online program for therapy and education online for adolescents?

APPENDIX H: ROUND THREE QUESTIONS

This survey consists of a brief summary of round two and an opportunity for participants to indicate any additional commentary on the subject at hand.

Survey results from round two regarding the perception of **family life educator roles** based on round one responses indicated the following results:

60% (n=3) of participants stated that they strongly agree that FLEs facilitate decision making.

80% (n=4) of participants indicated that they strongly agree that FLEs provide examples of healthy relationships.

100% (n=5) of participants indicated that they strongly agree that FLEs assist in skill-building.

80% (n=4) of participants indicated that they strongly agree that FLEs facilitate insight.

100% (n=5) of participants indicated that they strongly agree that FLEs provide preventative education.

80% (n=4) of participants indicated that they strongly agree that FLEs assist in generating understating of self.

Meanwhile, participants were divided with 60% (n=3) stating that they agree that FLEs provide guidance on general problems and 40% (n=2) indicated that they disagree with his same statement.

Additionally, 80% (n=4) of participants indicated that they neither agree nor disagree that FLEs work in a group setting versus an individual setting, with 20% (n=1) indicating that they strongly disagree with this statement.

Do you have any further commentary on *family life educator role perceptions* based on these results?

Survey results from round two regarding the perception of **therapist roles** based on round one responses indicated the following results:

60% (n=3) of participants stated that they neither agree nor disagree that therapists work within an individual setting versus a group setting.

60% (n=3) of participants stated that they strongly agree that therapists address “serious issues”.

60% (n=3) of participants stated that they strongly agree that therapists address diagnoses.

100% (n=5) of participants stated that they strongly agree that therapists address specific issues.

80% (n=4) of participants stated that they strongly agree that therapists facilitate understanding of self.

Do you have any further commentary on *therapy role perceptions* based on these results?

Survey results from round two regarding the perception of other information based on round one responses indicated the following results:

80% (n=4) of participants stated that they strongly agree that therapists and family life educators should collaborate.

80% (n=4) of participants stated that they strongly agree that discussion is a viable means for working with adolescents.

100% (n=5) of participants stated that they strongly agree that self-development is important for working with adolescents.

Do you have any further commentary *on collaboration or working with adolescents* based on these results?

Participants indicated their perception of who would be the most effective/helpful for working with adolescents on specific issues. The results indicated that participants believe that therapists would be most effective (measured by >50% of responses being received for the category) with the following: self-harm, suicidal ideation, and substance use. Meanwhile, participants indicated that the following would be most effectively addressed by both: identity, general behavioral issues, disciplinary issues, power struggles, truancy, empowerment, life skills, and healthy relationship skills. Notably, 20% (n=1) of participants indicated that FLEs would be most effective with empowerment, life skills, and healthy relationship skills. Additionally, 20% (n=1) indicated that neither would be effective with disciplinary issues.

Do you have any further commentary on the *roles and/or effectiveness of FLE and therapy* for different issues?

Within round two, Participants rank-ordered concerns with the online medium for therapy or family life education, which were indicated initially in round one. Based on the rank order, participants indicated the following order of concerns from most concerning to least: safety planning, missing group interactions, adolescent interest, time consuming & restricted access from guardians or school (tie), and knowledge/ability for internet usage.

Do you have any further commentary regarding *concerns with the online medium* for therapy and/or family life education?

Participants indicated that the benefits of the online medium are that it prevents transportation barriers, is generally accessible from anywhere, potentially has less attrition, and it has a lot of options for tools. Do you have any more feedback on *the positives of the online medium*?

Do you have any other general feedback for online programming, collaboration between family life educators and marriage and family therapists, or programming for adolescents online?