

Core Skills Training in Emotionally Focused Couple Therapy



Carolina Center for Emotionally Focused Therapy
www.carolinaeft.com

Training endorsed by  ICEEFT The International Centre for
Excellence in EFT
www.iceeft.com • www.drsuejohnson.com

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Your participation in this training contributes to the growth of an expanding community of therapists certified in one of the most empirically validated approaches to couple therapy!

Core Skills Advanced Training Session 1

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NOTE: Chapters most relevant to Core Skills 1 are:

Chapters 1- 6 in *The Practice of Emotionally Focused Couple Therapy: Creating Connections* (2019)

Chapters 1-4 in *Becoming an Emotionally Focused Therapist: The Workbook*. (2005)

Chapters 1-4, in Brubacher (2018) *Stepping into Emotionally Focused Couple Therapy: Key Ingredients of Change*.

LINK for Externship Articles and Chapters: carolinaeft.com/articles-and-chapters-for-externship.html

CORE SKILLS IN EFT: INTROUCTION

Introduction: Core Skills training is composed of four two-day workshops focusing on the core skills of each of the EFT steps. Each day will contain instruction and group supervision of EFT work according to the guidelines set out by the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). Each workshop provides twelve hours of training. Participants are required to present their own work through video or audio recording ONCE through the four workshops. An audio recording must be accompanied by a transcript. Guidelines for case presentation and a client consent form for recording and presenting for group consultation are provided.

Eligibility: Participants are required to have completed an EFT externship, be willing to participate in role-plays, and present their own work **once** through recorded presentation. The expectation is that everyone will have read *Creating Connections* (2004).

EFT Certification: Core Skills training can be applied towards EFT certification. In addition to presenting their work and attending all four two-day workshops, participants are required to have a minimum of 8 hours of individual supervision by a Certified EFT Supervisor or Trainer before applying for certification. Readiness for certification is competency-based, rather than meeting the 8 hour minimum. That is, one needs to be able to demonstrate competency in Stage One by delineating and tracking the negative cycle and in Stage Two by deepening and expanding emotion and choreographing enactments. Supervision may be face to face or long distance. Final decision regarding readiness for certification is determined by ICEEFT.

Goal: The goal of core skills training is to provide EFT immersion in a small group.

Training occurs on the following levels:

- Instruction and review of the EFT model
- Demonstration of skills through video recordings and role-play
- Discussion of cases as relevant to the content material of workshop
- Practice of skills through exercises and role-plays
- Supervision of cases during formal case presentations

Structure

Session 1: Assessment & Alliance: Steps 1 & 2

Session 2: Cycle De-escalation: Steps 3 & 4

Session 3: Withdrawer Reengagement: Steps 5 & 6 & 7

Session 4: Blamer Softening: Steps 5, 6 & 7 and (optional) Consolidation: Steps 8 & 9

LEARNING OBJECTIVES FOR CORE SKILLS TRAINING

Session One: Steps 1-2 of EFT – Alliance and Assessment

1. To have an increased knowledge base of Steps 1 and 2 of EFT.
2. To build the therapeutic alliance through empathic attunement.
3. To identify and repair ruptures in the therapeutic alliance.
4. To assess the appropriateness of using EFT for couples presenting for treatment.
5. To improve skills in exploring attachment history and identifying attachment strategies.
6. To improve skills in identifying, tracking and reflecting negative cycles.
7. To improve skills for structuring the beginning of therapy.
8. To identify the appropriate interventions to use in Steps 1 and 2 of EFT.
9. To use the intervention “catching the bullet” to de-escalate escalating interactions.

Session Two: Steps 3-4 of EFT – De-escalation

1. To have an increased knowledge base of Steps 3 and 4 of EFT.
2. To improve skills in validating secondary emotional reactions and exploring each partner’s underlying emotional experience.
3. To actively engage with and focus on tracking [sequences of] emotional experience occurring in the here and now.
4. To assist a partner in expanding their emotional experience using “RISSSC” skills.
5. To monitor the alliance with the “observing” partner and keep that partner engaged in the process.
6. To appropriately apply the interventions to steps 3 and 4 – i.e.: Validation, evocative reflections and questions, heightening, empathic conjecture, tracking and reflecting cycles, reframing the problem in terms of context and cycles, and choreographing enactments.
7. To create positive attachment frames to reframe negative cycles of interactions.
8. To identify Stage 1 de-escalation and differentiate it from Stage II change events.

Session Three: Steps 5, 6, and 7 of Withdrawer Re-engagement

1. To increase knowledge base of the first round of Steps 5, 6 and 7 of EFT.
2. To define and describe the process flow of the change event - Withdrawer Re-engagement.
3. To understand the basic aim: to help withdrawers engage with unformulated or disowned attachment emotions and fears, and express these emotions to partner.
4. To understand common withdrawer behaviors, experience, emotions, fears and needs.

5. To understand how to use EFT Interventions (especially RISSSC & Enactments) to facilitate Withdrawer Re-engagement.
6. To increase ability to help withdrawer express fears and needs.
7. To increase ability to use enactments to choreograph withdrawer re-engagement.
8. To increase ability to facilitate and promote acceptance in the “observing” pursuing partner.

Session Four: Steps 5, 6, and 7 of Blamer Softening and Stage Three Consolidation

1. To identify and understand common pursuer behaviors, experience, emotions, needs, and fears.
2. To define and describe the process flow of the change event - blamer softening.
3. To use EFT Interventions and RISSSC to facilitate blamer softening.
4. To improve skills to help pursuer express fears and needs.
5. To improve skills to choreograph blamer softening with enactments.
6. To facilitate and promote acceptance in the “observing,” previously withdrawn partner.
7. To facilitate new solutions to old problems.
8. To help partners consolidate new interactional positions by highlighting positive cycles and secure bond and create a new attachment narrative of growth.
9. To identify and resolve common impasses with couples.
10. To increase knowledge of resources for furthering learning and growth in EFT.

CORE SKILLS SESSION 1: STEPS 1 AND 2 OF EFT

Step 1: Alliance and Assessment: Create an alliance and delineate the core attachment struggle. Assess partners’ goals and feasibility for EFT.

Step 2: Identify the negative interactional cycle that maintains distress where these issues are expressed.

The process topics and core skills (interventions) will be applied to role-plays, case examples and a possibly a “live” consultation.

OVERVIEW OF EFT PROCESS

EFT is a nonpathologizing, integration of three theories: Experiential (Rogers), Systemic (Minuchin) and Attachment (Bowlby). What parts of each theory do you gravitate to most? How do you put each of these elements into practice? - How do you make sure you are working experientially? How do you utilize the attachment frame? How is your approach systemic?

Experiential

Attachment

Systemic

Identify the aspect you find most challenging to integrate into your work with couples:

How does the attachment perspective (or normalizing “effective dependency” and recognizing “separation distress responses”) help you in the midst of escalation or non-responsiveness?

What is the basic goal of EFCT?

List some attachment themes – expressions you hear or micro-moments you see between partners – that convey partner’s deepest fears and longings? (Listen, observe or recall your couples in-session or watch a video session.)

Can you give an example or metaphor for each attachment strategy?

Secure: _____

Anxious: Secure: _____

(Dismissive) Avoidant: _____

Fearful Avoidant: _____

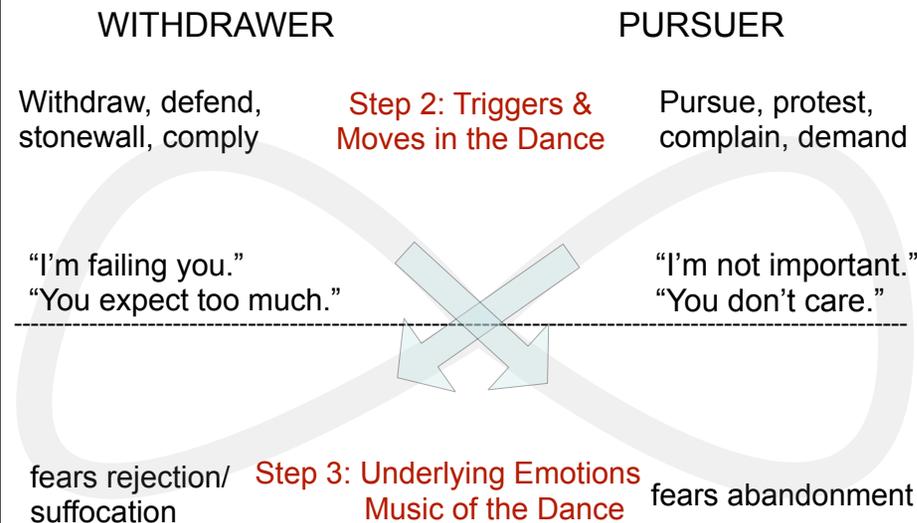
Steps and Stages of EFT

Stage 1: De-escalation

- Step 1: Alliance and assessment
- Step 2: Identify negative cycle, attachment positions
- Step 3: Identifying emotions outside of awareness that are driving the cycle
- Step 4: Reframe the problem as negative cycle of attempts to meet attachment needs

STAGE 1 De-escalation

Step 4: Cycle Reframe of the Problem



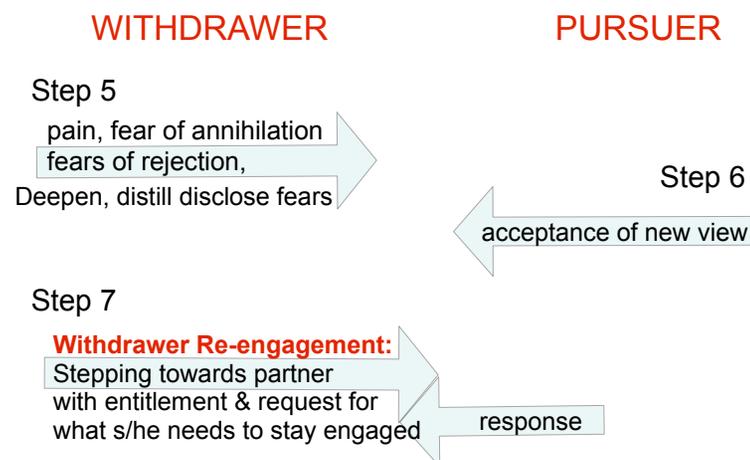
Stage 2: Restructuring the Bond

Withdrawer Re-engagement

- Step 5. Withdrawer accesses underlying emotions, disowned needs, aspects of self. Deepens, distills, discloses.
- Step 6. Promote acceptance in pursuer of new view of partner - expand the dance.
- Step 7. Withdrawer steps close to partner, expressing needs and wants. Asking for needs to be met to feel safe to stay engaged in relationship. New interactions between partners: withdrawer risks stepping close with assertive self - pursuer responds - withdrawer receives the response. This marks the first antidote bonding event.

STAGE 2

Withdrawer Re-engagement



Stage 2: Restructuring the Bond Blamer Softening

Step 5. Pursuer accesses underlying emotions, disowned needs, aspects of self. Deepens, distills, discloses.

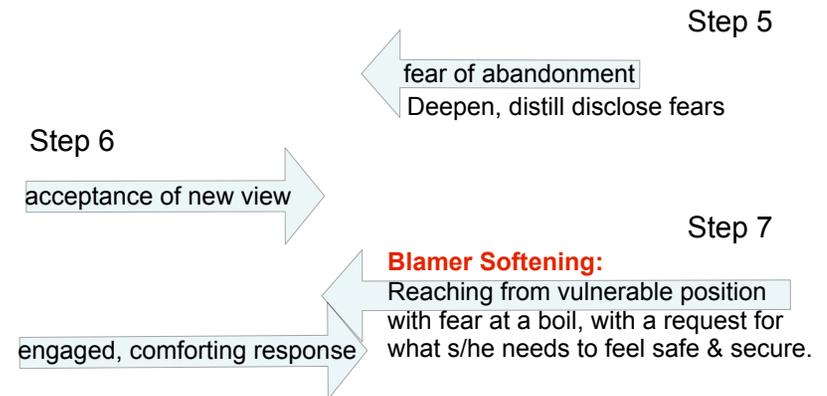
Step 6. Promote acceptance in now engaged withdrawer of new view of partner - further expand the dance.

Step 7. Pursuer, owning attachment fears and needs, risks reaching from a vulnerable place of engaged fear to ask needs to be met to feel safely connected with partner. More new interactions between partners - pursuer risks reaching - engaged withdrawer responds, reaching back - pursuer receives the response. This is the second and ultimate antidote bonding event, that redefines the security between partners.

STAGE 2 Blamer Softening

WITHDRAWER

PURSUER



Stage 3: Consolidation

Step 8. Integrate new bonding cycle with old problems. Support the emergence of new solutions to pragmatic issues. Partners can safely solve problems and cope with difference, since it is no longer a fight about attachment. ("Do I matter? Are you there for me?")

Step 9. Consolidate new responsive positions and cycles. Enact new stories of problems and repair. Create resiliency story of "past distress and current bond." Create future love story and rituals to keep love alive.

STAGE 3 Consolidation of an accessible, responsive, emotionally engaged cycle

WITHDRAWER

PURSUER

"I am here for you. Your vulnerability pulls me close. I reach for you."

"I need reach for your comfort and like your engaged presence."

"I make a difference for you."
"You soothe my hurts."

"I'm important to you."
"You care about me."

"I need you. You need me"

I need you. You need me."

We feel safe, securely connected and precious in each other's eyes. We depend on each other. We reach to one another for comfort. We keep our love alive and imagine the future together.

The Nine Steps of EFT: An Overview and Case Example

Stage 1: De-escalation

Stage 1 includes Step 1 - building alliance and assessing for compatible agendas, Step 2 – identifying positions of pursuit or withdrawal and tracking the steps in the automatic reactive cycle, Step 3 – accessing the underlying, mostly outside-of-awareness core attachment fears and unmet longings which are propelling the negative cycle, and Step 4 de-escalation of the negative cycle. Building an alliance is the first and most important task. An EFT therapist carefully and empathically listens to understand the clients' story. The alliance is built with an attuned, empathic, accepting stance, where the therapist genuinely believes that people do what they do for very good reasons and that there is no "bad guy" in the room except for "the cycle." EFT therapists frame the presenting problem as a negative cycle, by tracking and making sense of the couple's distressed interactions from an attachment perspective.

The EFT Stage 1 change event, "de-escalation," is complete when the couple recognizes time and time again that the real problem creating their distress is the cycle – the increasingly negative interactive loop in which they are both stuck. This negative, self-reinforcing cycle is nicknamed the Demon Dialogue in *Hold me tight* (Johnson, 2008). At this point, partners can each also acknowledge and take ownership for how they get automatically pulled into this dance. They recognize how each one's reactive behaviors trigger attachment fears in the other, and how this primary emotion then drives predictable behavioral reactions in an unending loop. A simple case example of Stage 1 change is seen in the case of Carrie and Darrell.

When Carrie and Darrell, a successful couple with three adolescent children entered couple therapy, reactive emotions of anger and numbness dominated the room. In **Step 1** Carrie described the endless ways that Darrell had let her down and failed to be involved enough in their home life. All the while, Darrell sat with his foot tapping restlessly, looking down and squirming as though he'd rather be anywhere than in the therapy room. Both were from hardworking families, where success was valued above taking time for affection and care, and yet both obviously cared very much for their children, and for one another. Fluctuating between shrill complaints and sobs, Carrie stated, "I have tried absolutely everything I can think of to get him involved. I have even gone to bed in depression for days, but nothing has worked! He just hides from me and clearly does not care! Some days I realize, 'He does not love me at all!'" Initially it seems as if Darrell had nothing to say. Slowly, with some validation from the therapist about how uncomfortable he looked as Carrie spoke, he sighed in exasperation, "I work so hard to provide for this family and she is never happy with me." Carrie immediately retorted "Well you care more about the lawn than me. I can tell I really do not matter at all to you!" The therapist creates a safe base for them to explore their relationship, and they are eager and willing to engage in the process of finding how they are stuck in this rut of pain and distance, and to recreate the old positive feelings and comfort they used to have.

With relentless empathic reflections and validating comments in **Step 2**, Carrie and Darrel identify the steps in their negative dance and the reactivity begins to calm down. The therapist tracks their interactions, until Carrie and Darrell began to recognize the rapid automatic cycle, which has taken over their relationship. The more Carrie demands and

protests at Darrell's lack of response, the more he freezes in bewilderment and helplessness about what he can do to "win her back" and then disappears into his woodworking projects. The more he disappears, the more desperate Carrie becomes and her protests intensify. On and on it goes. He describes the words "Bad dad. Bad husband." playing loudly and endlessly in his brain, "Like a chain saw running saw in my brain," he said – "So loud, so harsh!"

In **Step 3**, Carrie is able to talk about the loneliness and fears underlying her critical outbursts, and Darrell is able to describe the "chain saw torment" and the fear of being a total disappointment to Carrie that underlies his frozen exterior. "You are not a bad dad or a bad husband," insists Carrie, "I just want you to be with us. I am so lonely. I miss you terribly!" As the negative cycle began to de-escalate, they were able to hear how important they really are to one another. Softer feelings emerged between them as they began to get new views of one another. A salient moment in Stage 1 is when Carrie says, "So isn't your lawn actually more important to you than I am?" "Oh no, not at all," responds Darrell, "When you are upset, I go out into the yard, hoping that if I can get it looking great, you might be happier."

In **Step 4**, Carrie feels relief to see Darrell is not indifferent or uncaring, but is hiding to protect himself from the enormity of her complaints and unhappiness. She begins to see him as more fearful of her rejection than as uncaring. In de-escalation, she recognizes that the more she has harangued him to get a response, the more he has stayed away, feeling that he was failing and fearing her rejection. Darrell is relieved to see that Carrie is not complaining and being angry because she thinks he is a failure or a bad husband, but because she very much wants to connect with him and is making a desperate response to pull him out his silence.

Stage 2: Restructuring the Bond

In Stage Two, the therapeutic focus is on deepening and expanding the primary attachment emotions to create new ways of reaching and responding that reshape the attachment bond into one of security and connection. In the second stage of EFT, two change events occur. These change events actually restructure the attachment bond. Each partner in turn accesses the longings and needs embedded in the newly expanded primary emotions that drive the negative cycle. Each partner takes a monumental risk to reach to his/her partner and ask for these previously unexpressed core attachment needs to be met. These events consist of very intentionally structured interventions known as "enactments".

Withdrawer Reengagement. First, the previously more withdrawn partner, who in the negative cycle has been holding back and turning away, takes the risk of stepping forward to ask for acceptance and assurance that he/she is really wanted and needed, and asks the partner to ease up on their demands and criticism. For someone who has been holding back, avoiding conflict, and defending the self against escalating demands, it is indeed a big risk to step closer in this way, and make a congruent, assertive statements of needs. It is a new experience to access longings for an emotional connection, since closeness and dependency had become associated with the partner's messages of dissatisfaction and demands to change.

Following this change event, known as "withdrawer re-engagement," is the second stage two change event – "blamer softening," in which the previously anxious, demanding

partner risks from a vulnerable, congruent position to express fears of abandonment and unworthiness and asks for comfort and assurance. Studies show that these events predict change in relationship satisfaction and in relationship-specific attachment security, and that these changes endure over time (Johnson, et al., 2015). The story of Carrie and Darrel illustrates Stage 2 change.

The core underlying emotions identified in Stage 1, Carrie's loneliness and fear of abandonment and Darrell's feeling of emptiness, are deepened in Stage 2. The process of Stage 2 moves Darrell from "I withdraw because I feel invaded and rejected" to "I long to know that you want me - to feel safe in your love." Carrie moves from, "I nag because I feel abandoned" to "I long to feel I matter and am loved." They move through vulnerable disclosures to risking reaches and compassionate responses, which secures their connection.

The process of Stage 2 always begins with the more withdrawn partner. In **Step 5**, Darrel explores his emptiness and sense of inadequacy as a husband that arises not only when they have conflict, but every time he hears a tone in Carrie's voice, or sees a look on her face, or a move of her body that signals to him that she is disappointed in him. With the therapist's help, he expands and deepens his emotional experience and begins to shake as he puts words to what he feels. The therapist reflects the shaking and focuses on his anguish, his fear of failure, and soon directs him to talk to Carrie about this experience. In this process, Darrell discovers how this fear resonates so clearly with his sense of never ever being good enough in his own father's eyes. (This is the most intrapsychic step. Primary attachment emotions trigger experiences from the past and EFT therapists use this to deepen present experience). In **Step 6**, the therapist supports the partner to respond to the withdrawn partner's disclosure. Carrie is at first bewildered by Darrell's fear. She is very moved by his disclosure, since she had thought all Darrell had for her was anger and indifference. Darrell's disclosure pulls compassion from her and extreme relief! "That is what I have needed to hear – to have your presence – to know you see me is all I have ever wanted!"

Darrell is moved to even deeper self-disclosure by her comment. "Oh, I see you! I hear you, I see you, I feel you!" He said, "I am on guard every moment for how you are reacting to me!" Further expanding this fear in **Step 7**, he makes contact with his need for acceptance that was embedded in that deep attachment fear. He also discovers a newly emerging desire for a safe and secure connection, and takes a stand from a position of increased efficacy, accessibility, and emotional responsiveness rather than the previous distant, inaccessible and reactive one.

Blamer Softening. Carrie begins her **Step 5** disclosure with saying how different Darrell seems. "He seems more caring. All I have wanted is to feel that you see me." But as typically happens in the blamer softening change event, she said, "But I still have a huge fear I am not important to you – a huge fear – a huge need and I lash out and become cross." As she shared these fears with Darrell, much of her fears that he didn't care or that he would disappear were soothed (view of other as dependable) and another fear arose. She accesses new, deeper feelings of humiliation (and a view of self as unlovable.)

Darrel is not overwhelmed by her tears like he was previously. He readily accepts this new view of Carrie in his **Step 6** response to her. He sees her differently, as vulnerable

and needing him rather than dangerous, and he is drawn toward her by her expressions of vulnerability.

In **Step 7**, Carrie reaches to Darrell from her sheer panic and shame, “Do I deserve your company when I am so desperate?” Darrell replies without skipping a beat, “Absolutely!” “I am so humiliated at having to ask – embarrassed – I’ve never showed this to anyone before,” admits Carrie. She shares the flashbacks of her father’s rage and insistence she needed to be tough and strong on her own.

She reaches and he comforts. A new compelling cycle is initiated. This new connection redefines the relationship as a secure bond! Darrell says, “You are very important to me!” And then he confesses, “It is nerve-wracking to say those simple words. I am so unused to speaking from my heart.” Truly reengaged and joining with Carrie in their newly structured bond, he adds, “Being open with you, my fear goes away and it makes me love you even more.” “And I feel so much calmer and safe”, adds Carrie.

Finally, positive cycles of bonding are consolidated and integrated into the couple’s life in the third stage of EFT. Herein partners and therapist reflect on the evolving positive “broaden-and-build cycles” and co-create stories of resilience – how they moved from distress to security and how these changes project into their future life together. Once partners have found the path to a deeply satisfying sense of felt security, they are likely to stay on this path of seeking and finding secure connection (Mikulincer & Shaver, 2015).

Stage 3: Consolidation

In **Step 8** within Stage 3, Carrie and Darrell’s new bond allows for open communication, flexible problem solving and resilient coping with everyday issues. Both feel confident in a sense of being loveable and having a most important person on their side, ready to catch them if they stumble. They can now resolve pragmatic problems and consolidate changes since the conflict is no longer a fight about attachment uncertainties such as: “Can I count on you? Am I loveable to you? Am I enough for you?” When Darrell has long work projects that take him away from the children, they problem solve together because the struggle is no longer about attachment. When they have disagreements about visiting the in-laws, they can discuss their differences and their needs without feeling threatened.

In **Step 9**, they consolidate the new positive cycle, which has replaced the old negative demand / withdraw dance. Carrie asks for reassurance when she needs it. Darrell reassures her and is engaged. When her old fears of being unwanted and being abandoned arise, Darrell soothes her. She feels securely loved and connected.

Darrell participates actively in the relationship with a sense of entitlement and worth, and asks for acceptance and reassurance when he needs it. She calms his fears and reassures him he is wanted and enough! When her old critical tone appears, Darrell steps forward to ask her to ease up on him. Darrell’s fears of rejection and failing are soothed by Carrie. He feels wanted, valued and connected.

Together, Carrie and Darrell create a story of how they moved from distress to a secure bond. They set up connecting rituals to keep their love alive (such as a special way of welcoming each other home each evening and breakfast out every Friday morning) and they create a future story of how their relationship will continue to grow.

The case of Carrie and Darrell illustrates the journey of change from disconnection and despair to connection and a secure bond. This case shows the effectiveness of three basic tasks of EFT. The first and most important task of building and maintaining an alliance with each partner remains salient throughout all steps and stages of EFT. The other two basic tasks are reprocessing emotional experience and structuring new interactions between partners. Following the steps and stages of EFT to facilitate these three tasks, is possible with conscious, deliberate and artfully engaged use of the empirically validated EFT interventions (Johnson, 2004; Johnson & Brubacher, 2016).

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STEPS 1 AND 2: ALLIANCE and ASSESSMENT

Overview

The attachment frame guides the initial steps of creating safety, assessing the relationship process, setting a therapy contract, and identifying the negative cycle.

What a Therapist SEES and HEARS in Steps 1 and 2: two bonding mammals caught in a negative cycle, mostly unaware of the attachment fears and needs driving this cycle.

What Therapist and Clients DO in Step 1

The EFT clinician creates safety and a collaborative alliance with an attachment orientation in Step 1 of EFT.

The EFT therapist observes the present moment interaction, attending to signs of internal emotional experience, and interpersonal interactive experience. Clients describe their experience of the relationship, and their hopes for therapy. The therapist looks for partners' reactivity to one another, signals of the strength of their mutual attachment, and indications of each partner's openness to the therapist and willingness to engage in therapy. Clients explore and indicate their willingness to engage in the process of relationship repair, which the therapist offers. Assessment and alliance building are inseparable. The main aspects are:

1. Create safety in sessions
2. Assess for compatible agendas between partners
3. Privilege process over content
4. Make a therapeutic contract

What Therapist and Clients Do in Step 2

Collaboratively exploring and naming, the specific negative cycle (feedback loop) that is taking over the relationship involves:

1. Identifying the attachment positions of anxious pursuit or avoidant withdrawal that characterize the steps in the dance.
2. Naming the dominant attachment dance. Identifying the moves each partner makes in the distancing dance, the triggers for these moves, and the meanings each partner makes of the other's moves provide hints of the underlying fears of abandonment or rejection to access in Step 3. Clients participate in simple enactments about their moves and triggers.

HOW a Therapist does Steps 1 and 2

Throughout Steps 1 and two, an EFT therapist's manner of presence is one that is **closely attuned to and responsively engaged with** each partner and their cyclic dynamic, **in the present moment**, with **transparency about the therapy process**.

ALLIANCE AND ASSESSMENT

The following topics are covered:

- Create safety with the therapeutic stance and attachment orientation
- Create safety by being in charge of the session
- Assess for compatible agendas and possible contraindications
- Brief relationship histories - Privilege process over content
- Be transparent about the process – Make a therapeutic contract.
- Early sessions and individual sessions – guidelines

1. Create Safety with the Therapeutic Stance

- Rogers - Empathic attunement, unconditional acceptance and genuineness
- Bowlby – Safe haven, secure base

Why is the therapeutic alliance so important in this model? _____

Empathic Attunement. Tune into the client. Step into the client's world: Walk around in it and get a feel for it. Use your imagination and your personal experience to connect with the client's experience. Being with partners in a way that engenders a feeling of connectedness says in a way, "You are not alone. You are making sense to me. I understand how each of you are feeling hurt and misunderstood."

Tracking and attuning to emotion: Use verbal and nonverbal messages to convey, "I hear you. I am with you. I support you. I am not judging you, but accepting you."

Example: You can hear a client criticize her husband for working such long hours and being constantly preoccupied with his business, and with empathic attunement can sense that the client is feeling _____, even before she verbalizes it. What is the attachment theme? _____. How could this be an attachment dance between 2 people?

Example: You see a soft spoken rather shy client wince as he listens to his wife berate him for spending so little time with his son, and with empathic attunement, can sense he is feeling _____ even before he verbalizes it. What is the attachment theme? _____

Example: You hear a client commenting on her husband's past few weeks of sobriety, "I trust him now that he won't drink anymore...until I see something that tells me otherwise. Yes, I do trust him now, but....I just don't want us to slip back into our old patterns." Her words tell you that she trusts him, and using your imagination to step into her world, listening to her nonverbals as well as the whole picture she is painting with her words, you tune into _____ (what underlying attachment emotions beyond this message)?

Example:

Experiment with empathic attunement to Gerald and then to Barbara (from Workbook p. 115). Step into each of their worlds. Connect with each client’s experience by using your imagination, your personal experience, and your feelings in the moment as you listen.

Gerald:

“We seem to be getting on just fine and then suddenly we’re not. Barbara launches into a tirade. It comes right out of the blue! She ambushes me! Before we know where we are, she’s telling me she wants a divorce. Me, I am like a turtle. I withdraw into my shell, where no one can hurt me....” (A tear begins to trickle down his cheek) “We haven’t even had a hug in years!”

Barbara:

“We aren’t getting on fine! You come home every night and switch on the TV and there you stay for the night. You never even see me. I don’t exist for you. That’s why we never hug. I’m too busy sucking up my own anger. I suck it up and suck it up, and then I can’t take it anymore – I blow!”

Imagine what his/her emotional experience might be.

Gerald: _____

Barbara: _____

What attachment themes can de-pathologize what is happening? _____

Create an example of empathic reflection to G and then to B

To Gerald: _____

To Barbara: _____

The two other elements of collaborative therapeutic stance (from humanistic, experiential approaches) are:

Unconditional Acceptance/Validation

We need first to accept where someone is before we can invite him or her to move. The intervention of validation (especially when validating angry reactive responses in the context of the cycle) communicates acceptance and non-judgment of the client's experience.

E.g. Peter says, "I just want her to back off instead of being such a lunatic!"
How can you communicate acceptance and even validation? (Connect with his experience. Do not judge, invalidate or interpret).

Genuineness

Be available for a real human encounter - genuine, accessible and responsive

Why is this important?

To help client trust the alliance and the therapeutic process.

To be willing to risk our humanity in this process, just as we are asking of our clients.

What are your most feared/challenging client situations that could challenge your genuineness? _____

Attachment Themes

The Attachment Theory of Adult Love provides the framework for understanding adult love relationships.

Seeking and maintaining contact with significant others is a universal need.

Attachment needs for "effective dependency" are normalized as a necessary for survival.

Distressed marriages are insecure bonds, which need to be restructured so that partners can experience each other as emotionally accessible and responsive.

Safe Haven: Comfort and security. Loved one is available and responsive.

Secure Base: Calm, confident to explore, risk, learn.

The question is: "ARE you there for me when I need you?"

"ARE you **A**ccessible, **R**esponsive and **E**motionally engaged?"

"Can I depend on you when I need you?"

The answers are organized around two dimensions: Anxiety and Avoidance

Attachment language

Exercise in Identifying Attachment Language: Watch a recording of an EFT couple session and identify the attachment language the couple uses. Recurring themes include loneliness, fears of abandonment, rejection, loss of connection, fears of being unworthy and unacceptable in the partner's eyes, lack of safety and support, and fears of not existing in the mind of the other. Reaching out with a clear message, to admit need and asking for care and attention, can be extremely risky.

See “Different strokes for different folks: Tailoring interventions to attachment strategies” (Brubacher, 2012 at http://www.carolinaeft.com/pdf/Marker_Article_Series_of_7.pdf, p.4).

Attachment Micro-markers

Watch, listen and sense the many images and nonverbal *mico-markers* (fleeting signs) of attachment themes and dynamics.

2. Create Safety by Being in Charge of the Session.

- a. Describe how you will likely interrupt at times.** When the cycle erupts repeatedly: “I can see things can go off the rails between you quickly, so I’m going to be interrupting you at times to slow us down, and help you get further in this conversation ...is that OK with you?” Sometimes you may use your hands to gently and firmly interrupt.
- b. Be in charge of who speaks, when.** “Thank you for sharing your experience, now I would like to hear from your partner how s/he feels about the relationship.” or “I’m going to stop you there, you said something really important that I want to understand better...”
- c. Catch Bullets, to reframe aggression**
When Carrie shouts, “You may as well be dead for all I can get out of you!” the therapist catches the bullet. “When you don’t know how to reach him, it’s so easy to turn the volume way up, to try and get through to him, is that it?”
When Darrell slumps in his chair, mumbling, “It’s not worth listening to her,” the therapist catches the bullet. “I wonder if it is just too painful to hear you have may have let Carrie down, that you just tune her out?”
- d. Focus on the experience of the one who is speaking / complaining,** rather than on the content of the complaint. “And what goes on for you when s/he does that thing you dislike so much?” or “I hear you saying this is very difficult for *you*. What happens inside when you look down as you say, ‘He works all the time?’”
- e. Privilege client’s perspective and reactivity.** Validate secondary reactivity to help partners feel understood and to make sense of the negative pattern, until they can move slice by slice towards the leading edge of more vulnerable primary emotion.

*** Note:** For details on the following three aspects of alliance and assessment refer to sections on Early Sessions and Individual Sessions, below.

3. Assess for Compatible Agendas and Possible Contraindications

- Different agendas? - Ambivalence
- Unacknowledged addictive behaviors?
- Lack of Safety?
- Competing attachments – Active affairs?

4. Relationship Histories – Privilege process over content

Enter the emotional experience of each partner to sense how each partner experiences their partner and how they experience the relationship

Track the recurring sequences of interactions that perpetuate their distress, each partner's typical position (pursue / withdraw) and attachment strategy (hyperactivate / dismiss attachment needs).

- 5. Be transparent about the process – Create a Contract** (an agreement to engage in therapy.) The most important aspect of the alliance is that partners feel the tasks of therapy have value and relevance to their concerns (Johnson & Talitman, 1997).

Early Sessions

Goal: To build an alliance with each partner, to get a sense that each partner feels that I understand their position and experience in this relationship, and that I have an experiential sense of the cycle in which they are caught.

I do this by reflecting and validating their distress and beginning to understand the distress as *an attachment dance* – of two individuals in *separation distress*.

Listen to one person's story first. "Frequently people have slightly different or even very **different perspectives about the relationship**, so it's very important that I get to hear from both of you. Who would like to start?"

Segue to the partner by asking them what it's like for them to hear the other say something in particular (e.g., they feel alone, uncared for, like nothing they do is enough.....)

Questions to focus the couple and start to work in first session:

What initially drew you to one another?

Are there / have there been times you feel close and connected? What does/did that look like?

What has prompted you to feel you are stuck or in need of help at this time?

What are your hopes for out work together? Hopes, goals, changes each one longs for, in the relationship?

When do you typically get in a bad place? (For some, the bad place / the negative cycle is an arguments. For others, it may be the silent treatment.) Asking *when* is to help identify typical triggers for negative interactions.

What does a typical argument looks like? Invite a play-by-play account of how an argument typically unfolds. Who walks away first? Does either partner ever leave during an argument? For how long? What is it like for the other? After an argument, who approaches first to reconcile? Are they able to repair after disconnection? How does each of them end up feeling after a fight or cold silence? Evoke the feelings and the behaviors as they play out. Also evoke what it is like to be discussing this.

Relationship history – I try to get a sense of their relationship story – how it evolved – what drew them to one another - pivotal events (listen for possible attachment injuries) that shaped their relationship.

Sources of Comfort – What/who is each one's primary source of comfort at this time?

Are they able to give each other comfort now? How? When?

How much is touch, physical affection, making love part of their relationship? Who did they go to for comfort as a child when they were afraid? Who held them when they cried? (Listen for signs of safety, addictive behaviors for comfort, competing attachments.)

Assessing for possible contraindications. Are there ever times when an argument escalates to physical pushing, shoving, slapping, hitting, throwing things? If so, when was the last time this occurred? Does either partner feel afraid of the other? (Verify this last question again in individual sessions)

Do you drink alcohol or use drugs? Are arguments different (worse) when you do?

Summarize the stuck cycle that comes out as they interact and describe their interactions. This can instill hope for their relationship, as well as normalize and validate their experience as two well-intentioned people doing their best to stay connected, yet caught in a cycle that separates and hurts them both.

Process is more important than content! You will not ask nearly all these questions, rather, you create a conversation. Listen to the emotional tone in the room and taking note of how each one gets triggered by the other. Note signs of **when** each partner responds to or turns away from the other. Observe their voice tone and bodies and faces while they talk and while the other partner talks. Take note of when there they share similar view of their strengths and difficulties and when their perspectives are very different.

Solicit feedback, make informal contract. Before the end of first session, invite each partner to express how they feel about this way of working together/about this session and their willingness to work together.

Be transparent about the process of therapy.

Clarify your view that there is not one person to blame here for their distress, but that it is a two-person dance that they have gotten caught in and that has become an automatic way of coping with distress, fears and pain. Let them know we need both partner's active participation to effectively reshape the relationship. Ask for each partner's willingness and agreement to engage in the process of shifting their distress into a positive, safer, and more supportive relationship. Describe intermediate goals in the process of reaching that goal.

What is your "elevator speech" to describe the process of EFT? Prepare ahead by writing out your own description. (Then see examples, below).

Inform them that after the first session or 2 you will have **individual meetings** with each partner and then resume your work as a couple. In the first session, I recommend they augment their therapy with reading *Hold Me Tight*. I try to have books on hand to give them a copy. I tell them the book was written by Dr. Sue Johnson, who developed the form of couple therapy that I practice.

“Elevator Speech” of the EFT process, Examples

“We begin with hearing from each of you about what drew you to one another, what has prompted you to feel you are stuck and in need of help at this time. We will discuss any pivotal events that have impacted your relationship. Together we will identify the cycle that blocks you from having the safe relationship you desire. We will also explore how you trigger each other into this automatic spin -- and what are the softer emotions and needs hidden underneath that you are unable to express at this time. We will work together to disempower the negative cycle and make it safe enough to share your mostly unspoken softer emotions, fears and needs. Sharing those previously unspoken fears and needs will pull your partner to love and accept you, and help you to change this negative automatic cycle into a positive one where you can feel safer, happier and more supported.”

Dr. Sue Johnson uses the dance metaphor. She says, “I tell my couples that a relationship is a dance - and the rhythms and habitual steps of the dance have their own momentum - can take over. In EFT, we look at the dance you are caught in and how it leaves you both hurting and frustrated. We help you step out of your negative dance and create a new dance that is safer, closer and more satisfying. We talk about emotions a lot because they are the music of the dance - we help you understand the signals you send that might make it hard for your partner to come close and help you send new emotional signals that pull your partner towards you and help you dance together - in harmony.”

Individual Sessions

Usually done after first 1 or 2 couple sessions.

Purpose:

1. To foster alliance.
2. To observe and interact with each partner in context without partner.
3. To hear how each partner sees and feels about their partner and the relationship.
4. To obtain information and check hypotheses (e.g. competing attachments, level of commitment, previous attachment trauma that impact relationship in present, contraindications, fears of safety, etc.).
5. To refine your impressions of attachment fears and needs underlying their interactional positions and to begin to articulate them.

Some Things to Consider for Individual Sessions

Secrets. If issues arise that seem relevant to being able to help you in your relationship, that you are uncomfortable sharing with your partner, I will encourage you to talk to your partner about it before our next session. I can help you to do that if you'd like my help, since I cannot help you as a couple if I am holding a secret. Secrets will interfere with meeting your goals.

Comfort Seeking.

How do you comfort or soothe yourself when you are not at ease in your relationship?

Do you have anybody in your life that you can talk to about how you feel? About your relationship difficulties?

Previous relationships. What were they like? How did they end? Patterns or themes that recurred?

Touch and physical intimacy. How do you feel about the quality of touch and physical intimacy in your relationship?

Affairs. Have you ever had affair? If so, is it over? Does your partner know? Have you ever suspected that your partner was having an affair?

Violence or abuse. Is there physical violence or abuse of any kind? Verify whether person is unafraid of partner. Check for emotional or physical fear. (Can use HITS = Hurt? Insult? Threaten? Scream? DV screening tool, Sherin, 2003)

Drug or alcohol use. (If so, emotional life is not accessible.) Explore how substances / other addictive behaviors (porn use etc.) are part of the cycle. (Could adapt CAGE (Ewing, 1984) or PATHOS, Carnes et al., 2012, to cycle exploration.)

Family of Origin / Childhood. (Can explore most of this in couple sessions – Use individual session for any details partner did not think to share or wish to share in couple session.)

What was it like growing up in your family? Who did you feel closest to?

Who did you go to for comfort when you cried, were feeling scared?

What was your relationship like with your father? Your mother? Any other significant attachment figures?

What was your parents' relationship like? How did they deal with conflict? Did you see them argue? What did it look like? Was there ever any physical violence? What did it look like? What was it like for you; what did you do?

Were there any significantly good or bad things that happened to you growing up?

Did anyone ever touch you in a way that made you feel uncomfortable?

Mental Health Difficulties. Is there any history of mental health problems in your family?

Have you ever had any mental health difficulties? Depression? Anxiety? When?

Therapy? Medications?

Ambivalence. If seeming ambivalent or detached: What keeps you in the relationship?

Is there **anything we haven't touched on** that you feel would be important for me to know about you to help your relationship?

STEP 2: TRACKING AND FORMULATING THE CYCLE

Look for a common pattern: Who is pursuer and who is withdrawer? Who hyperactivates attachment needs and who dismisses them (one's own and others')? Cycles can vary but we are looking for each **partner's typical response in when feeling vulnerable or under stress (threat)**. We are looking at the cycle between closeness and distance. Listen for anything that has to do with closeness, connection and disconnection.

TYPES OF CYCLES:

Pursue/Withdraw. Most common cycle. An image: Hide and Seek; *Hold Me Tight* metaphor: *Protest Polka*

Attack/Attack Sequences. Often a withdrawer feeling provoked, turns and fights back. An image: Raging Storm; *Hold Me Tight* metaphor: *Find the Bad Guy*

Withdraw/Withdraw. May appear to be dominant pattern, but likely an underlying pursue/withdraw pattern where blamer has given up. An image: Frozen lake; *Hold Me Tight* metaphor: *Freeze and Flee*

Complex Cycles. Often seen in trauma survivors where both anxiety and avoidance are high. Pursuers may withdraw when connection is offered. Connection is not trusted. Here we see multi-move cycles and complicated sequences.

Reactive Pursue/Withdraw Frequently this is seen when the couple is at the brink of separation -- follows a long history of pursue/withdraw. Pursuer is "burned out". Withdrawer is "reborn" and pursuer doesn't trust it. It seems that when the pursuer is almost out the door, the withdrawer is coming back. You work with the cycle that is present, but keep in mind the original cycle. An excellent example of this cycle is the case presented through out the *EFT Workbook*.

Which cycles can you identify from the couples you have worked with?

Can you track the cycle on the infinity loop? (What does partner A do that triggers Partner B's worst attachment fear? What reaction on the part of B to this fear then triggers Partner A, which result's in A's reactive behaviors that in turn trigger B's fears and reactions and so on.)

Develop a list of questions that pull for identifying the cycle positions.

Questions you can ask that pull for bonding experiences/times of secure attachment:

In *Hold Me Tight*, Johnson encourages partners to examine their parts in a cycle:

When _____ (cue or trigger that starts the cycle.)

[Fill in the behavioral cue that starts the dance of disconnection – what you perceive from your partner that triggers your lack of ease or safety and fear in the relationship].

Then I tend to _____

[Choose an action word; what you DO]. (**behavior or action tendency.**)

What I say to myself at this time is _____.

[Insert your worst fears about yourself or the other]. (**attachment meanings**)

The more I _____, **the more you** _____; **the more you** _____, **the more I** _____
and we are both trapped in _____ [Choose emotions that capture your
experience -- e.g. pain or isolation].

Adapted from *Hold Me Tight* pp. 95 – 97.

CORE SKILLS (INTERVENTIONS) USED IN STEPS 1 & 2

Reflection

Reflection is used extensively in all Steps and stages of EFT. What do we reflect (mirror, echo, repeat, paraphrase)?

1. Client's words

- especially attachment related words, phrases
- to show understanding, to clarify and make experience explicit

2. Client's experience: (inner emotional experience) Reflect the secondary reactive emotion and the primary emotion (client may or may not be aware of it; we may be guessing at it)

These reflections open the door for exploring and deepening the experience. Collaboratively exploring client's experience simultaneously deepens therapist's understanding of client's experience and deepens/expands client's attention to his/her own experience.

Example: Sally says, "John was in crisis about his job and he was not there at all for me with my trips to emergency, my medical tests and this big cancer scare!"
How can you reflect Sally's experience?

Basic Reflection: _____

Secondary reactive emotion: _____

What primary emotion is implied on the edge of awareness (the leading edge)? _____

3. Nonverbals: (weeping, looking down, clenching fists, closing eyes/with fluttering lids, swallow hard, biting lips, etc.)

You may choose to reflect this to the client or you may choose to simply be silently aware.

Example-

Simple reflection of nonverbals: Therapist to Donna who expresses exasperation over her responsibilities for the entire household and her fulltime job, "You sound angry and then almost terrified that you cannot possibly manage all this alone." Donna pauses a long time, her eyes fill with tears and she reaches for a tissue.

How would you simply reflect what you see?

4. Incongruence between verbal and nonverbal:

Example: Mark smiles as he says, "I think she's still resenting me for not staying at the hospital with her three years ago."

Respectfully and gently reflect the two messages:

5. Interactions (e.g. a look, a gesture) Reflecting interactions as they unfold is also called "tracking"

Ben sits back and closes his eyes as the volume of wife's voice rises. How could you reflect this unfolding process?

Tracking the cycle interaction: – the trigger, the limbic sense of danger, the attachment meaning, the emotion and the behavioral response:

Example 2: "So when Kathy says, 'Why can't you ever...!?' [trigger] an alarm bell goes off in your head. You hear that the woman you love is unhappy with you and this is so upsetting for you. Before you know it, you 'blow a fuse'."

In the example above, identify the cue which triggers a sense of threat: _____; the bodily arousal: _____; the attachment meaning _____, the reactive secondary emotion and action tendency _____ and the likely underlying primary emotion: _____.

Accurate Empathic Reflections: Case Example

Imagine you are struggling to empathize with a client who is triggering judgmental feelings in you. You hear him being domineering, controlling and demanding towards his wife. He presents with a view of "old school manhood" and his wife is independent, competent and uncertain if she still wants to be with him. He has had numerous affairs over the years, but is not involved with anyone presently.

Louie: "It hurts me to admit it, but we had plans to go to the meeting and the weather was very bad and so I cancelled the trip. I was blown away when she called and said she was going anyway! It hurts me to admit it, but I was blown away! What winds me up is that something challenges the safety of my family and she just went ahead and decided for herself. We always cared for each other...we look out for each other. I am the provider and protector and I want it to be that way. I get so wound up when I see that she doesn't want me to protect her!"

You find yourself getting lost in his dominance and demands. You struggle with attuning to his experience and trying to be accepting and understanding. How can you approach him with an attachment frame and respond with empathic reflections?

Validation

Validation is used extensively in EFT assessment. Validation is used “to affirm the client’s experience, to convey to each partner that his/her emotions and responses are legitimate and understandable in the context of their experience.” (Workbook p. 119) We use validation to respond to client’s description of past experience or to present experience.

Past Experience Example 1: (adapted from Workbook p. 119)

Cindy: After we fight, he won’t speak to me for days.

Therapist: What’s that like for you? (evocative question)

Cindy: It makes me feel desperately afraid...like well, -- like it’s over.

T: (validating primary emotion) So after one of these fights, for you it’s like you lose him. And you feel desperate and afraid, like he is gone forever?” (empathic reflection)

C: I feel like he’ll never speak to me again! I must be a baby to get so scared.

T: It makes sense to me how scary it gets for you if *he* doesn’t talk with you. (validation) – *He* is so very precious to you, right?

Past Experience Example 2: Paula: After we fight, he won’t speak to me for days.

Therapist: That sounds very difficult. (evocative response)

P: It makes me so frustrated ... like it’s all my fault again...he just won’t bother to talk to me b/c he thinks I am too crazy to bother with!

Create a validating response that validates her secondary reactive emotion, in the context of her experience and/or in the context of the cycle:

Present Experience -- *here and now* in the session

Example:

Kent: Did you see how she looked at me just now?.... As soon as I tell her the kids shouldn’t be in our bed anymore.....

Therapist: What did you see on her face? (evocative question, to hear about the cue he perceived)

Kent: I saw that look..... like here he goes again....it seems she can never hear my point of view.

How would you respond to Kent, validating his *in-the-moment* experience?

While validating, **include secondary reactive emotion** (usually involving anger or the denial of having any feelings). “The therapist always places secondary emotion in the context of the client’s experience (and also in the context of the cycle) and validates it.” (Workbook, p.119)

Example: “I am so exasperated with him! I have tried ten ways to get his attention, and he doesn’t hear me!” The first task is to validate the secondary emotion: “Of course you are frustrated with him when it seems to you that he is not taking time to hear you.” This helps the client to feel seen and immediately brings down the level of anxiety / reactivity in the room, which then opens the door for furthering exploration and linking the elements to each other.

Careful validation: Take care that validating one client does not invalidate or alienate the other. Focusing on the process rather than on the content is helpful. (For more on this see Workbook p.120)—Case example from group?

Reframing

(See Workbook pp. 121 & 122 for more)

Do not rush into a reframe and thereby invalidate the client.

Key EFT reframe for anger and criticism: Protest about wanting to be important/about the other being important to you.

Example: “We were at the meeting, and I was so proud to be with her. Her speech was awesome. And then at coffee time she completely ignored me. I thought, ‘What am I? Chopped liver?’ I was livid! Yes I know I went for her on the way home!”

Therapist: Your anger sounds like it about longing to be there at her side, because she is so important to you. - Is that it?

Key EFT reframe for withdrawal: Pulling back to protect the relationship.

Key EFT reframe for partner’s negative cycle of distress: A fight for secure attachment/for connection. Negative cycle is the enemy preventing them from feeling safe and close and accepted. See workbook p. 88 for a reframe of a fight as a fight for secure attachment.

Catching the Bullet is a reframe (with an attachment conjecture), which bypass aggression and focuses instead on the underlying primary pain (and the good intention). This reframe takes the sting out of the aggressive comment and helps to create safety in the session.

Example: Wife tearfully explains how husband didn't understand her sadness following her miscarriage. He responds with a swift and angry response: "If I had a dollar for every time you weren't there for me, I'd be a rich man!"

T: (catching the bullet): What I'm getting is that it is truly hard for you to hear her disappointment, so hard that somehow you move in to stop her. (p. 122 Workbook)

Example: Ben: "Things are so tense when we get home from hockey Sat mornings! I never know what will set her off! There's nothing we can do when she loses it. She is crazy!"

T: (catching the bullet) _____
Refer to workbook pp. 122 and 123 for more examples.

Evocative questions

Assessment is more of a dialogue than a series of questions and answers. The therapist seeks to enter the experience of each partner, to understand how each person constructs his/her understanding of the relationship (Step 1), and to track the recurring sequences of interactions that perpetuate the couple's distress, as well any positive cycles of interaction where they are able to reach for and respond to one another's needs for support and comfort (Step 2).

There are, however, some questions which can be used to evoke partners' exploration of their current relationship and its evolution, as well as their broader attachment histories (past romantic and childhood relationships). There are also questions an EFT therapist uses to explicate the relationship strengths and the typical negative cycle of distress.

Examples:

Evocative questions about relationship histories:

Who/what is your main source of comfort now when you are stressed?

Who held you when you cried as a child?

Who did you go to when you were scared?

Evocative questions, to access awareness of the negative or positive cycles:

Are there times you can reach to one another when you are struggling?

What are your best moments together?

When do you typically get into this silent treatment phase?

How does your argument typically begin?

Who is typically the first one to reconnect after an argument or days of silent treatment?

Use questions and prompts to evoke or "call up" emotions. Expand the emotional experience, which may be very marginal or on the "leading edge" of the partner's experience. Always present an evocative response in a tentative manner, to invite the client to explore and process in a newly articulated manner. Also see Workbook pp. 64, 65.

Forming evocative responses: “Use questions to explore the emotional experience of a client, often building from a nonverbal expression...focus on the *how*, *what* and *where* of a person’s experience.” Do not ask *why* questions. “Why” evokes abstract, cognitive responses rather than emotional experience. (Workbook, p. 65).

Ask about **the impact** of an event as it happens in session: “What is happening for you as you hear him say ‘I’ve learned to pick my battles?’” or “What does that mean for you when she says, ‘I’ve learned to pick my battles?’”

Evocative questions, to access the different elements of emotion:

- “What do you see that tells you he is not listening? (to evoke the cue or trigger)
- “**When** do you get the message that he is ignoring you?” (to evoke the cue or trigger)
- “What do you feel like doing when... (to evoke the action tendency)
- “What sensations do you feel in your body when this happens?” (to evoke awareness of physiological arousal)
- “What does it tell you when he does not listen?” (to evoke this attachment meaning).

Small Empathic Conjectures (used less in steps 1 and 2)

Making empathic inferences by drawing on your “experience of the couple’s cycle, empathic immersion in client’s position and experience in this cycle, and understanding of adult love based on attachment theory.” (Workbook, p.72).

- Conjectures are informed by fears of engulfment, rejection and abandonment.
- Conjectures must be offered with tentativeness
- These exploratory responses are for the purpose of enhancing clients’ attention to and engagement with emotion.
- They are not cognitive interpretations, but empathic responses based on empathic immersion in the client’s world of experience and on an understanding of attachment processes.

Simple:

Conjecture about experience beyond their awareness or that has not yet been formulated.

Therapist takes one step on the leading edge...and conjectures about attachment emotion

e.g. “As I listen to you I hear you saying you’re angry about his lack of concern for you, but I see the tears in your eyes and I wonder if you are also saying that you are feeling sad as you say this. Does that seem to fit?”

Complex:

Draws on therapist’s engagement with the couple’s pattern and on their individual experience – informed by attachment theory and couple bonds. Use attachment related themes.

Example of a conjecture about attachment longings: “You say that you are lonely and that the pain of your loneliness is so overwhelming that you turn and get aggressive with him. I wonder if loneliness is like a deep desire to connect and to be held and comforted?”

Sometimes when you get aggressive, I wonder if it is about a deep longing to be close? Does that fit?"

Example of a conjecture about a defensive/protective strategy:

"So it seems like you hear her words and you see her tears, and you just feel like a failure...you get scared that she will never trust you again...That you are not worthy, not forgivable and so you pull away more and more? And you act like you don't care? Is that it?"

Enactments

In an enactment, the therapist gives directions for one partner to talk directly to their partner. The experience brings partners into direct contact with each other in the immediate moment. The focus is on owning and disclosing experience, not discussing it. The aim is to promote responsive contact, not a longer discussion.

In the beginning of therapy enactments are used to help partners see the negative cycle more clearly and to more actively "see" and "own" their positions.

Set the stage:

Is the attachment-significant context or meaning clear?

Is there sufficient owning of typical positions, action tendencies or attachment-related emotional engagement in the moment?

Help the couple anticipate contact.

Choreograph:

Make the request, briefly restating the significant attachment position or emotion to disclose.

Maintain focus.

Process the experience:

Check with disclosing partner what it was like to disclose and make contact.

Check with receiving partner what it was like to receive the disclosure.

Reflect, validate, reflect.

You can also follow the *EFT Tango* to structure an enactment.

Role Play for Core Skills Workshop One

Please divide into groups of 4 or 5. You will need two clients, a therapist a back up therapist and possibly an observer who will report back to the group after role-plays.

Goals of Therapist

- 1 Unfold this couple's negative interactive cycle (Step 2), tracking and reflecting their action tendencies in the cycle. ["The more he _____, the more you _____; the more she _____, the more you _____."] Invite them to own and enact their typical positions.
- 2 Evoke and reflect attachment meanings triggered in the cycle or triggering the cycle. (E.g. "What did it say to you Anne, that he was late?"; What does her outrage say to you, Ted?")
- 3 Attune to, acknowledge and validate – the secondary emotions of each partner.
- 4 Attune to, acknowledge and validate the meanings, view of self and other.
- 5 Catch bullets (reframe aggression as unspoken difficulty, pain etc) where necessary.

Assume you have already:

Learned about couples' identifying data (age, occupation, number of children etc.).

Assessed for suitability for EFT.

Goals of Backup Therapist.

- 1 Sit close to therapist, tracking the session closely.
- 2 If therapist has agreed to this, offer new direction if therapist sounds stuck.
- 3 Be ready to step in as therapist after approx. 10 min.

Goals of Observer.

- 1 Note interventions used.
- 2 Note cycle as formulated as well as clients' grasp of the cycle.
- 3 Any other observations?
- 4 Be ready report back to core group following role-play.

Goals of Couple:

As you do this role-play, try to get a sense of what it feels like to be understood and validated in this way. Perhaps you could share your experience as a client with your group.

Scenario - Anne and Ted

This is your first interview with a couple who describes a distant relationship, with frequent arguments that escalate into name calling with extreme anger, leaving them distant and silent for days. You ask the couple for an example of such an argument, and they describe what happened prior to today's session. They had planned for Ted to pick Anne up outside her office so that they could run an errand together before their appointment with you. Anne stood on the sidewalk outside her office at the appointed time, but Ted kept her waiting for 30 minutes, in the rain. They did not accomplish their errand. Anne was outraged at her husband's lateness, telling him tersely that he might not think she had anything useful to do in her workplace, but she begs to differ. How dare he keep her waiting? Ted's pleas for leniency (he had been held up because of a road traffic accident and had forgotten his cell phone) were to no avail.

Scenario 2

Change roles, then using the same format as above, play one of the couples described or seen during workshop.

Outline for Case Presentations

Participants need to present once during the 4 Core Skills workshops. The presentation can be in video or audio form. Audio recordings must be accompanied by a transcript of 15 minutes of the session. If you present a video recording and the audio is not adequate for the group to understand, a transcript (or subtitles) must be made available for each participant. Any presentation will be no more than one hour long. It may be shorter as well. The therapist will present the case (outline to follow), will play approximately 10-15 minutes of the session and allow 20 minutes for discussion and possibly role-play. It is not required that the case be specific to the EFT steps being discussed but should be an EFT-oriented session.

Before playing your video, **briefly focus on:**

1. Where the couple is in the EFT process. Number of sessions to date. The Stage the couple is in. How the couple defines their cycle. What change events have occurred?
2. Your questions for the group. For example, where do you feel stuck, or what interventions do you find difficult? What feedback are you seeking from your colleagues?

In addition, you may briefly comment on any of the optional following aspects you feel the group needs to know:

1. Ages, work, marital status, children, previous marriages
2. Their presenting problem
3. Significant elements of their relationship history-pivotal moments or relationship (attachment) injuries
4. Any other significant life events in -family of origin, sense of secure attachment, previous trauma and so on.

CONSENT TO RECORD THERAPY SESSIONS FOR CONSULTATION/TRAINING

In order to constantly improve my counseling I like to record my therapy sessions. If you are comfortable with this I need your written permission. Our work in counseling will not be affected by the recording and you are free to say no. If at any time you change your mind we can stop the recording.

We give permission for _____ to record our counseling sessions for the purpose of getting further training from Lorrie Brubacher, M.Ed. LMFT (NC # 1245), Certified Trainer and Supervisor in Emotionally Focused Therapy (EFT).

Please initial the options agreeable to you.
(Initials)

- 1) For our therapist _____ to review outside of sessions. _____

- 2) For our therapist _____ to use in meeting with consultant/trainer L. Brubacher to help me learn the EFT model. _____

- 3) For our therapist _____ to use in consultation/training groups of other therapists. _____

We understand that the recordings of the session(s) and the consultant's feedback to the therapist will be kept private and confidential by the consultant/trainer L Brubacher. We understand that no names or identifying information other than what is on the recording will be provided to anyone.

We also agree that the consultant is only responsible for providing training/consultation to the therapist on the use of the EFT model. This training is a service to the therapist. The therapist is then solely responsible for the conduct of our therapy sessions and any outcomes of these sessions. In consideration of the consultant providing the training to the therapist in the EFT model, we agree that the consultant Lorrie Brubacher shall not be, in any way, held responsible by us or by any other person associated with us for what occurs in any of our therapy sessions or the outcome of those sessions.

In the case where we agree that a recording of our session can be used by our therapist in small group consultation with other therapists and the consultant/trainer Lorrie Brubacher, (# 3 above) we understand that our confidentiality will be protected at all times. If any therapist in the consultation group knows either of us in any way whatsoever he or she will not view the recording and will keep confidentiality as per standard professional guidelines.

Signed:

Name: _____
(Signature)

(Print)

Name: _____
(Signature)

(Print)

Therapist: _____
(Signature)

(Print)

Date: _____

EFT Knowledge and Competency Scale (EFT-KACS)©

Hanna Levenson & Mira Svatovic

Directions

For each item please indicate:

- (1) how knowledgeable you are with what is required to execute the skill; and
- (2) how competent you think you are in executing that skill on a scale from:

1 (not at all) 2 3 4 5 6 7 (quite a lot)

1. Creating safety in the session and maintain a positive alliance.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

2. Validating partner's emotions without invalidating the other partner's emotions.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

3. Continually reframing the problem in terms of the cycle (e.g., track and reflect).

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

4. Managing the couple's interaction (e.g., conflict) and redirecting the focus when necessary.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

5. Using EFT emotion-focused interventions (e.g., heightening, reflection, etc.) to explore and expand emotions and place them in the cycle (Step 3).

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

6. Working with primary emotion, especially with RISSC (Steps 5 & 6).

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7



7. Placing emerging emotions into the cycle.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

8. Using enactments therapeutically.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

9. Managing defensive responses (secondary emotions).

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

10. Maintaining session focus (especially on emotion, the cycle, and attachment issues).

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

11. Framing the cycle, problems, and emotions in terms of attachment needs and fears.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

12. Following the steps and stages of EFT.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

13. Consolidation of change and development of new narratives.

Knowledge (circle one): 1 2 3 4 5 6 7

Competence (circle one): 1 2 3 4 5 6 7

Content of scale items based on work of Denton, W.H., Johnson, S.M., & Burlison, B.R. (2009). Emotion-focused therapy—Therapist Fidelity Scale: Conceptual development and content validity. Journal of Couple and Relationship Therapy, 8, 226-246.

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