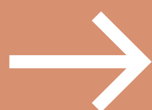
Therapist Competencies for Emotion-Focused Therapy Practice



Empowering

EFT@EU

Empowering Emotion-Focused Therapy practice in Europe

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Introduction

This appendix compiles the Therapist Competences for Emotion-Focused Therapy Practice, as discussed and summarized by Robert Elliott, Lars Auszra, Imke Herrmann and Carla Cunha. This effort was established as an initial, departure point for the establishment of a Training Manual to train Clinical Supervisors in EFT, the Intellectual Output 2 (IO2) for the EmpoweringEFT@EU project.

These foundational competences will also be the departure point for a Training Manual to train EFT Trainers, as an Intellectual Output 1 (IO1) for the EmpoweringEFT@EU project, proposed by other members of the EmpoweringEFT@EU team.

These EFT Therapist Competences are organized in Relational competences (Section 1), Perceptual and Conceptual Skills (Section 2) and Therapist Intervention skills (Section 3).

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We would like to also recognize the importance and the expertise gathered by those who collaborated with this project team, namely: the associated partners of the EmpoweringEFT@EU project, the founders and past/current members of the ISEFT board, and other worldwide experts in Emotion Focused Therapy (EFT), who provided valuable insights for this document (through participating in the EmpoweringEFT@EU interviews to EFT experts and/or provided feedback or valuable input in the several occasions they came across with this or other project outputs).

Section 1: Relational Competences

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Framing Introduction: First we define what is the paradigm, the standard for therapists, and then what supervisors do

1.1. Establishing and nurturing the therapeutic relationship

1.1.1. Establishing therapeutic presence from early contacts in therapy

Providing a genuine, caring and respectful stance towards the client and his/her developmental pace (appropriate eye-contact, friendly expression/manner, gentle, warm voice and tolerance).

During the therapeutic sessions (initial session onwards), creating a context of interpersonal safety, by:

1.1.1.1. Empathically entering and tracking the client's experience;

1.1.1.2. Communicating empathy caring and therapeutic presence;

1.1.1.3. Negotiating common therapeutic goals (therapeutic foci);

1.1.1.4. Facilitating collaborative involvement and engagement in therapeutic tasks;

1.1.2. Overall strategies for alliance building and resolution of early relational difficulties:

1.1.2.1. Clarifying, understanding or validating feelings: Rogerian therapeutic conditions: accurate empathy, prizing and genuineness;

1.1.2.2. Renegotiating tasks and goals (direct approach) is particularly important for alliance building, by:

1.1.2.3. Establishing a shared commitment to the overarching work of emotion exploration, emotion deepening and accessing/expressing core pain;

1.1.2.4. Empathizing with the clients' difficulty and offering experiential teaching/formulation;

1.2. Managing later alliance difficulties

Focus: In contrast to early alliance difficulties, later problems in the alliance or relationship difficulties require therapist relational skills: Therapists need to “change gear” for a joint exploration of the therapy relationship.

1.2.1. Overall strategies for resolution of later relational/alliance difficulties:

1.2.2.1. Clarifying, understanding or validating feelings (Rogerian therapeutic conditions: accurate empathy, prizing and genuineness);

1.2.2.2. Being able to express a willingness to negotiate and compromise concerning the goals and tasks of therapy (direct approach);

1.2.2.3. Exploring rupture experiences/relational difficulties: the Relational Dialogue Task in EFT

1.2.2.3.1. Based on therapist self-awareness, ethical stance of respect, empathy, beneficence, autonomy and authenticity

1.2.2.3.2. Being able to balance between commitment to the client and supporting their ability to choose to end or continue therapy

1.2.2.3.3. Being able to foster an open, direct, collaborative, but also tentative, curious, and open conversation

1.2.2.3.4. Being able to meet and match the intensity of the client’s concerns and relational difficulties

1.2.2.3.5. Being able to self-regulate in face of clients’ intense, expressed negative reactions towards the therapist/therapeutic process

1.2.2.3.6. Being able to guide a two-way dialogue towards the exploration of relational difficulties, by focusing on the client’s and the therapist’s contributions for the difficulties

1.2.2. The Relational Dialogue Task in EFT (drawing on psychotherapy research on hindering events, relationship challenges and alliance ruptures)

1.2.2.1. Attend to common alliance difficulties marker subtypes in EFT:

1.2.2.1.1. Self-consciousness and task refusal (client withdrawal difficulty): client refuses to do suggested activity or task

1.2.2.1.2. Power/control issues: client sensitivity leading to task refusal (client withdrawal difficulty) or client complaints for being controlled, imposed upon, not duly considered (client confrontation difficulty)

1.2.2.1.3. Attachment/bond issues: client beliefs on therapist disliking them (client withdrawal or confrontation difficulty)

1.2.2.1.4. Covert withdrawal difficulties: client disengagement from the process (client withdrawal difficulty)

1.2.2.1.5. Therapist conditionality (therapist-specific difficulty marker): strong negative reactions regarding the client or client behavior

1.2.2.1.6. Therapist impairment (therapist-specific difficulty marker): exhaustion, illness, compassion fatigue, preoccupation with own issues

1.2.2.2. General task environment:

1.2.2.3. Ideal sequence of steps (yet to be confirmed/checked through task analysis):

1.2.2.3.1. Confirm marker

1.2.2.3.2. Task negotiation/initiation

1.2.2.3.3. Dialectical exploration of each person's perception of the difficulty

1.2.2.3.4. Resolution levels: Development of shared understanding of sources of the difficulty (Partial resolution); Exploration of general issues and practical solutions (Intermediate resolution); Genuine client satisfaction with the outcome of the relational dialogue; Renewed enthusiasm for therapy (Full resolution)

1.3. Preparing psychotherapy termination and relationship separation

Termination can be the ultimate relationship difficulty to repair and prepare.

1.3.1. Overall strategies for successful EFT termination:

1.3.1.1. Preparing the way for therapy termination from the beginning: negotiate time limits at the beginning of therapy; from time to time, therapists can remind how many sessions remain until the end; bookmarking termination puts relationship separation on the horizon

1.3.1.2. Explore the experience of ending: by being attuned to client's negative and positive feelings related to therapy termination: loss, sadness and/or disappointment vs. optimism, relief, hope and/or pride; portray change as a process that may involve improvements and setbacks;

1.3.1.3. Evaluate the therapy process: empathically conduct a then-now exploration of progress and contrasts in the self (self as now vs. self as then); discuss what has not been /was not accomplished;

1.3.1.4. Discuss the future and explore continuing life projects: discussion of future client plans or resuming past, interrupted life projects; information regarding other resources; communicate availability for resuming therapy, if needed;

1.3.1.5. Disclosing the therapist's own experience of the therapy process with that client (immediacy): by being genuine, congruent and truly facilitative regarding the client, disclose personal positive and negative emotional reactions to therapy termination (e.g. proud regarding the client changes, honored to have accompanied the client in their journey, sad for separation)

1.3.2. Self-narrative and identity reconstruction at a consolidation phase of EFT (mainly in the last EFT sessions)

1.3.2.1. Exploration of the problem and its evolution (Beginning marker)

1.3.2.1.1. Recent experiences of client difficulties, such as painful memories/episodes; References to negative, painful emotions activated by those experiences; Client references to change or personal efforts to deal with difficulties (evaluation of the therapy process)

1.3.2.2. Explicit recognition of differences in the present and steps in the path of change: Therapists expand this process and reinforce client's agency

1.3.2.3. Development of a meta-perspective contrast between present self and past self: Clients adopt a meta-perspective (observer view) depicting a contrast in the self: the self "now" as distinct from the self "then" (when initiating therapy); Therapists expand this meta-perspective and contrasts in the self; Clients disengagement with the former self-narrative/identity

1.3.2.4. Amplification of contrast in the self

1.3.2.4.1. Clients elaborate further on the differences between past and present; Differences expanded by the therapist

1.3.2.5. Positive appreciation of changes (positive affect, such as optimism, pride); Feelings of empowerment, competence and mastery: Therapist validation of changes and encouragement

1.3.2.6. Client references to/exploration of difficulties still present (Therapist validation of suffering and normalization of difficulties and of change as a work in progress); Emphasis on the loss of centrality of the problem in the client's lives and attunement to other dimensions of life

1.3.2.7. Perception of change as a gradual, developing process: clients show clear serenity and orientation forward to overcoming obstacles (Therapist validation)

1.3.2.8. Reference to or elaboration concerning new plans, projects or experiences of change

1.3.3. Termination and relationship separation in EFT

1.3.3.1. Viewing the client as an agent

1.3.3.1.1. Decision to terminate therapy highlights that the client is the primary agent of change and, therefore, the primary determiner for ending therapy: termination is a collaborative process

1.3.3.2. Viewing change as a process

1.3.3.2.1. Change is part of an ongoing growth process, that will continue after therapy termination: positive indicators for change relate to client's improvement, positive therapy gains and/or client's decrease in motivation for therapy

1.3.3.3. Dealing with separation and loss

1.3.3.3.1. Termination is a separation process where sadness and loss may emerge; it is still a good opportunity to work on client difficulties, especially if they relate to loss and separation, isolation, dependence

1.3.3.4. Empowering the client

1.3.3.4.1. The therapeutic relationship becomes more equal and real; therapists de-elevate themselves, show more of themselves, also as fallible human beings (real relationship becomes more prominent); acknowledging the client as the primary agent of change

1.3.3.5. Consolidating new meanings

1.3.3.5.1. Themes and threads across the therapy are symbolized and reiterated; an emerging new narrative of the self and the world, after therapy, is consolidated; Problems and experientially derived solutions are reviewed

1.3.3.6. Predicting relapse

1.3.3.6.1. Important to create realistic expectations about the treatment gains and outcomes; address possible disappointment or failures (setbacks); change as a recursive, cyclic process, with relapse or negative experiences as predictable; reframing of problematic as becoming stuck in these negative experiences

1.3.3.7. Tapering sessions

1.3.3.7.1. Arranging/negotiating a plan of follow-up sessions that is sensible to the client and therapist

1.3.3.8. Offering the possibility of a future relationship

1.3.3.8.1. Demonstrate availability for resuming the therapy/therapeutic relationship in the future, if needed

1.3.3.8.2. Convey a family practitioner model for ongoing consultations

Section 2: Perceptual and Conceptual Skills

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Framing Introduction: Generally speaking an EFT therapist needs to learn how to navigate emotion process productively.

2.1. Foundational Competencies:

2.1.1. Knowledge base: Therapists knows and understands key theoretical concepts of EFT (Theory of human functioning and dysfunction – dialectical constructivism; Emotion theory; Emotional response types; Principles of Emotional Change – Utilization, Regulation, Transformation; model(s) of process of change /resolution models in EFT; Elements of productive emotional processing; Markers and Resolution Models for emotional processing difficulties (Markers and Tasks); Elements of a productive working alliance; relationship and task principles; case formulation;) ZPD

2.1.2. Interoceptive base: Therapist uses own body in order to become empathically attuned to client's felt sense, to be present with client and self, and to be able to use it as a diagnostical/perceptual instrument. The Therapist has the ability to observe the client in her context and at the same time observe her own body and reactions.

The therapist is able to perceive her/his own emotional blocks (e.g. being too self-critical, too afraid of emotional intensity…) and emotional reactions to the client/client's narrative in the moment. She needs to be able to differentiate what is information about the client's process and what is information about her own process.

2.1.3. Empathic attunement skills: Keeping track of the client's experience and (fine-grained, precise) attunement to the emotion(s), which are implicit or explicit, poignant, painful, unfolding. Listening to emergent (still ambiguous or complex) unfolding experiential process

2.2. Conceptual/ Perceptual Competencies

The therapist is able to recognize markers and micromarkers in the following domains:

2.2.1. Perceptual competencies in the pre-deepening phase:

2.2.1.1. Perceptual competencies related to the current state of the therapeutic working alliance:

2.2.1.1.1. How safe does the client feel with the therapist and with the therapeutic interventions?

2.2.1.1.2. Agreement on goals and ways to achieve them

2.2.1.1.3. Awareness of potential or actual alliance difficulties (e.g. difficulties to trust, to feel vulnerable, to feel exposed, to feel dependent or let down and so on;)

2.2.1.1.4. Recognition of instrumental emotion displays

2.2.1.2. Perceptual competencies related to emotion dysregulation (over- and under-regulation)

2.2.1.2.1. Recognize dysregulated modes:

2.2.1.2.1.1. Flooded: Overwhelmed by non-symbolized emotion; disorganized & chaotic, with various other elements present in a disorganized fashion; flooded with anger, fear, emotional pain, shame, hopelessness;

2.2.1.2.1.2. Numb/Dissociated: Cut off from painful or frightening feelings or experiences

2.2.2. Perceptual competencies in Emotional Deepening Work:

2.2.2.1. Ability to pick up poignancy = implicit non-activated emotion/pain

2.2.2.2. Ability to sense activated client emotional pain:

2.2.2.2.1. “hearing” pain (in order to follow the pain compass) in client’s expression

2.2.2.2.2. “hearing” unfulfilled needs and painful experiences in client’s narrative

2.2.2.3. Ability to assess the intensity of emotional activation: Recognize whether an emotion is sufficiently activated for productive work within a window of tolerance

2.2.2.4. Ability to assess the emotion response type of an activated emotion in the moment (using ECCS or other instrument to learn):

Being able to differentiate primary adaptive, primary maladaptive, secondary and instrumental emotional expression

2.2.2.5. Ability to assess, a client’s Processing Mode:

Productive modes:
The client is attending to, symbolizing, accepting the emotion, his/her expression is congruent, the client shows agency and the emotion is becoming more differentiated over time.

Working mode (used to approach and work with painful emotions):

- Externally attending: Mindful receptive focus on perceptual experience/memories; emotionally engaged narrative
- Body-Focused: Careful attention to bodily experience and felt meaning
- Emotion-Focused: Allowing/accessing immediate emotional experience
- Active Expression: Expressing wants/needs; enacting strong emotions
- Reflexive-Symbolizing: Active curiosity and reflection on the meaning, value or understanding of experience

Change mode:

- Re-perceiving/altered perception: Noticing new things not attended to before or seeing previously-attended-to things in a different light; new awareness
- Body-shift/Relief: Allowing oneself to appreciate the easing of previous prob-

lem-related tension carried in the body (felt shift or relief)

- Receiving Emotional Transformation: Allowing oneself to feel new, more adaptive emotions
- Self-reflection/meaning perspective: Standing back from successfully processed experiencing; becoming dis-embedded from previous assumptions so as to appreciate new possibilities, achieving a new explanation of one's situation or feelings
- Action-planning: Moving toward action on the basis of successfully processed experiencing; problem-solving, oriented toward developing productive solutions

Restricted Modes:
Restricted processing modes/habitual dysfunctional modes of dealing with painful emotion:

- Externalized: attending exclusively to other people, external events
- Somaticizing: attending exclusively to chronic pain or illness signs
- Abstract/Purely conceptual: formulating things in linguistic or purely conceptual terms without reference to concrete experiencing
- Impulsive: Focused purely on wishes or actions; acting out; driven, without reflection
- Stuck in secondary/symptomatic emotion

These are scales that can help the therapist in assessing processing modes (particularly relevant to supervision, as these are mostly taught in supervision):

- emotional arousal (using a mental representation of the Emotional Arousal Scale)
- voice quality (e.g. using a mental representation of Voice Quality Scale) - external, limited, focused and contact voice (Pascual-Leone) qualities;
- depth of experiencing (e.g. using a mental representation of Experiencing Scale)
- productivity of emotional processing (e.g. using a mental representation of Productivity Scale (optionally the CAMS))
- narrative process (e.g. using a mental representation of the narrative process scale)

2.2.3. Perceptual competencies related to therapeutic opportunities within the proximal zone of development of the client

2.2.3.1 Perceptual competencies related to recognizing Task Markers

2.2.3.2. Perceptual competencies related to recognizing indicators for different steps within the specific tasks, e.g.

2.2.3.2.1. Knowing when to deepen, when to follow, when to lead

2.2.3.2.2. Recognizing emerging resolution and supporting/not hindering it

2.2.3.2.3. Recognizing new markers within tasks (e.g. interruption)

2.2.3.2.4. Being informed by knowledge about the client (case formulation) in making micro-decisions (e.g. follow the pain or the anger depending on what is newly emerging or usually difficult to access)

2.2.4. Perceptual competencies related to co-create a case formulation together with the client

2.2.4.1. (Re-)Formulate presenting problem in terms of underlying emotion processes.

2.2.4.2. Include perceptions concerning client's processing modes/style in the case formulation.

2.2.4.3. Formulate a broader view of the case together with the client (MENSIT).

2.2.4.4. What is/are the core pain(s), what are frustrated needs, what themes arise, what (typical) secondary emotions, what interruptions (habitual/out of session and in session process), what task markers arise?

2.2.4.5. Recognize processing difficulties based on the case formulation as they arise in the moment and reflect them back to the client in order to shift attention to relevant process (e.g. "It seems like your attention wanders off whenever we touch on something painful, is that right? And it looks like it would be important for you to stay there for a moment, to give a voice to this pain. Could you stay with this pain for a moment?").

2.2.4.6. Constantly adapt the case formulation in accordance with current process.

2.2.4.7. Use the co-constructed case formulation to do case formulation work: reflecting on and weaving in what happened in the session based on the case formulation.

2.2.5. The therapist is able to perceive the impact of their action on the client (e.g. micromarkers for deference (dis-preference for disagreement): If client says "maybe" - it really means "no".).

Section 3: EFT Therapist Intervention Skills

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Framing Introction: What we do? When do we do it? How do we do it?

3.1 EFT Therapist Response Mode Skills:

(including micro-markers: “when-then” responsiveness)

3.1.1. Empathic understanding responses: empathic reflection, empathic following, empathic affirmation

3.1.2. Empathic exploration responses: empathic repetition, evocative reflection (including first person reflection), exploratory reflection, process reflection, empathic conjecture, empathic formulation, empathic refocusing, exploratory question, scene-building question, fit question

3.1.3. Process guiding responses: experiential teaching, process suggestion (including feeding lines), structuring task, awareness homework

3.1.4. Experiential presence responses: Process disclosure, personal disclosure, vocal quality (prizing, expressive), facial expression (friendly, empathic mirroring, expressive), interpersonal manner (humor, friendly, engaging, bold, respectful), verbal allowing (respectful silence, respectful interruption)

3.1.5. Containing and channeling content directive response modes: disclosing occasional content directive responses (interpretation, general advisement, expert reassurance, disagreement) in a tentative, personal, light-handed manner.

3.2. EFT Task Skills

(including task markers; what therapist generally does; key change points; main resolution stages)

3.2.1. EFT Core task: Emotional processing transformation of maladaptive to adaptive emotion through creating a corrective emotional relationship and deepening process

3.2.2. EFT meta-tasks: (baseline, multi-session, higher order tasks than are done alongside or across and in parallel to other tasks):

3.2.2.1. Relationship work: formation/maintenance/repair work/ending therapy

3.2.2.2. Emotion Regulation work: moderating; heightening: accessing, overcoming blocks/interruptions to accessing emotion, intensifying (see comment below)

3.2.2.3. Collaborative Case Formulation work: providing overall rationale for emotion-focus of therapy; reformulating specific presenting problems in EFT terms; formulating core pain/underlying emotional determinants; identifying task markers for underlying emotion processing difficulties; providing a formulation-based rationale for tasks; bringing attention to and formulating micro-markers of emotional process; post-task meaning creation; end-of-session collaborative formulation work; end of therapy narrative reconstruction of emotional change

3.2.3. Specific EFT Tasks (within-session):

3.2.3.1. Main EFT tasks: Systematic Evocative Unfolding; Experiential Focusing; Two Chair Work (for negative treatment of self); Empty Chair Work; Compassionate Self Soothing Chair Work (transformational)

3.2.3.2. Other EFT tasks: Alliance Formation; Relational Dialog; Empathic Affirmation; Contact Work; Clearing a Space; Narrative Retelling (episodic memory work); Re-creation of Meaning

3.2.3.3 Chaining, overlapping and embedding tasks (based on over-arching principles)

3.2.4. Differential responding within tasks (responsiveness at resolution micro-markers within tasks):

3.2.4.1. Fishing for markers

3.2.4.2. Offering/opening tasks/providing rationales

3.2.4.3. Heightening emotion in tasks

3.2.4.4. Emotional deepening in tasks

3.2.4.5. Dealing with impasse/stuckness

3.2.4.6. Supporting key change points

3.2.4.7. Closing the active phase of the work/book-marking

3.2.4.8. Processing the work/consolidating change/creating a meaning perspective (tie what happened back to developing case formulation/ adapt case formulation to create red thread)

3.3. Session Management Skills:

2.3.1. Opening sessions

2.3.2. Establishing a focus for the session

2.3.3. Managing working episodes in sessions

2.3.4. Closing sessions (particularly when tasks are not resolved, client is still activated)

3.4. Treatment Phase Management Skills:

2.4.1. Beginning therapy (creating focus on emotion, providing rationales, Alliance formation)

2.4.2. Managing the early and later working phase of therapy (creating a red thread around accessing and transforming core pain)

2.4.3. Consolidating change/ending therapy

Emotion-Focused Therapy Training

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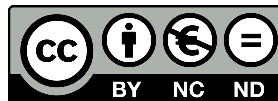

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