

# Emotion Focused Therapy Supervisor Competency Framework



*Empowering*

Empowering Emotion-Focused  
Therapy practice in Europe







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# 1. Introduction and Overview



This Supervisor Framework is part of Intellectual Output 2 (IO2) for the EmpoweringEFT@EU project (Erasmus+ Project reference: 2020-1-PT01- KA202-078724). IO2 establishes the present Competency Framework for Clinical Supervision in Emotion-Focused Therapy (EFT), designated as the EFT Supervisor Competency Framework). It proposes, as well, a pilot Training Manual to train Supervisors in the modality of EFT, featured in Appendix 1, presented as a resource to train Supervisors involved in the support of local, national networks of EFT practice. This training manual for EFT Supervisors will be implemented in a pilot, short-term, international training event to be held in the summer of 2022, in Munich. In its current form, this document is presented as a contribution for a future Supervision Curriculum for EFT Supervisors.

EFT Supervisor competencies involve knowing what to look for in therapy sessions, what to do, when and how, and how to effectively communicate this to clients. This document is meant to be read in conjunction with the Therapist Competences for Emotion-Focused Therapy Practice (hereafter, Therapist Competence Framework), which is presented as a separate document, describing the desired aspects of therapist performance toward which EFT supervisors are helping their supervisees. In line with supervision literature, we have decided to adopt here the term “supervisee”, to refer to the person under supervision (i.e. the EFT Therapist in training).

In this document we begin by briefly defining how supervision is understood within EFT, along with its main parameters (Section 2). Then, we outline the key EFT supervisor relational competencies, which apply to forming a safe, productive supervisory relationship, as well as maintaining and repairing that relationship

(Section 3). After this, we move on to the topic of supervisor general perceptual skills applicable to a range of therapies (Section 4); these then provide the basis for a set of perceptual-action skills (described in Section 5) that are quite distinctive to EFT (e.g., “Say what you see”). Next, we turn to two challenging topics: EFT case formulation work (Section 6) and supervisee experiential work (Section 7). In Section 8, we address the process of supervision, focusing primarily on the typical unfolding of particular supervision sessions and of the supervisory relation over time, before turning to EFT supervision in a group format (Section 9). After this we present a range of additional topics: Formal assessment and certification practices (Section 10), a quick-check catalog of common supervision markers/issues (Section 11), supervision of supervision (Section 12). A training workshop for EFT supervisors is presented in Appendix 1.

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## 2. Framing and defining EFT supervision: what is EFT supervision?



## 2. Framing and defining EFT supervision: what is EFT supervision?

This section presents an overview of EFT supervision, by addressing the general features of EFT supervision, differentiating between types of EFT supervisors and supervisees (i.e. therapists under supervision, with different qualifications). We also address the functions of EFT supervision, the contexts in which EFT supervision is offered, what it is usually like and its usual requirements.

### 2.1 What are the key general features of EFT Supervision?

#### 2.1.1 Process-oriented

#### 2.1.2 Interactive/mutual/dialogical

#### 2.1.3 Educational/content directive/theory informed regarding therapy process (the therapy process is the content of the supervision).

#### 2.1.4 Addresses multiple systems/processes:

##### 2.1.4.1 Involves dealing with the following systems/processes of therapy

###### 2.1.4.1.1 Client self-system/process;

###### 2.1.4.1.2 Supervisee/therapist self-system/process;

###### 2.1.4.1.3 Client-therapist/supervisee system/process.

Then it adds two more systems:

###### 2.1.4.1.4 Supervisor self-system/process;

###### 2.1.4.1.5 Supervisor-supervisee system/process.

##### 2.1.4.2 Involves dealing with multiple dialectics. These systems manifest themselves in a set of dialectics, including:

###### 2.1.4.2.1 Between maintaining the supervisory alliance vs. providing/using the supervisor's expertise;

###### 2.1.4.2.2 Between personalizing the particularities of the client/case vs. the theory (adapting the theory when needed);

###### 2.1.4.2.3 Between supervisee development vs. client well-being

## **2.2 What Kinds of EFT Supervisors are there?**

We acknowledge a continuum between different types of EFT Supervisors:

**2.2.1 EFT-Friendly Supervisor: Tolerates and supports supervisee EFT practice**

**2.2.2 EFT-Informed Supervisor: Has at least EFT Level 1 training (preferably Level 2)**

**2.2.3 EFT Supervisor in Training: Working toward EFT Supervisor accreditation; hours count toward Level A accreditation**

**2.2.4 Accredited EFT Supervisor: Hours count toward Level B & C accreditation**

**2.2.5 EFT Meta-supervisor (supervision of supervision)**

We are trying to develop a population of accredited EFT supervisors

## **2.3 What kinds of EFT Supervisees are there? What different supervisee populations do we deal with?**

**2.3.1 Main Focus: Established psychotherapists who are learning EFT after learning a different therapy (ISEFT accreditation levels & processes)**

**2.3.2 Early career psychotherapists who are learning EFT as a first therapy: beginners; intermediate beginners; postgraduate professional education, often university based**

**2.3.3 Established EFT therapists: In continuing professional development/life-long supervision process**

EFT supervision will need to be adapted for each of these supervisee populations.

## **2.4 What are the functions of EFT Supervision?**

**2.4.1 Enhancing client well-being/harm prevention/quality control (e.g., addressing potentially harmful practices)**

**2.4.2 Supervisee skill development (e.g., empathy, chair work, case formulation)**

**2.4.3 Education in EFT theory & practice (e.g., emotion response types; task markers)**

**2.4.4 Broader supervisee personal/professional development (e.g., empathy blocks & blind spots; self-care issues; outlining accreditation processes)**

**2.4.5 Evaluation/gatekeeping (e.g., EFT accreditation process)**

## 2.5 The Contexts of EFT Supervision

2.5.1 Knowledge base: The body of established and emerging EFT theory, practice & evidence

2.5.2 Institutional: ISEFT curriculum & standards

2.5.3 Professional: National/local/discipline standards & practices (=broader professional context)

2.5.4 Organisational: Supervisee/supervisor workplace (=immediate professional context)

2.5.5 Personal: Supervisee & supervisor history, prior training & experience

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

## 2.6 What does EFT Supervision typically look like?

2.6.1 Range of modalities: Individual or group; in person or (increasingly) on Zoom or another video platform

2.6.2 Focus: Typically focuses specifically on EFT practice

2.6.3 Frequency: Takes the form of monthly “EFT top-up” supervision in addition to regular/general supervision

2.6.4 Main mode: video-recording-based (at least half of supervision sessions)

2.6.5 Other typical supervision modes: Case formulation work; mini-lectures; recommended reading; supervisor describes what they observe on the recording; supervisor models how to work with client

2.6.6 May also involve: personal work on stuck places that interfere with supervisee practice; supervisee embodies the client; regular process & outcome monitoring; case management work (e.g., protocols for dealing with crises or suicidality)

## 2.7 What is required of EFT supervisors?

2.7.1 Advanced level competence as an EFT therapist (more than adequate; PCEPS-EFT level 5; see Part B: EFT Therapist competences)

2.7.2 Mastery of EFT relational competences (see Therapist Competence Framework, section 1)

2.7.3 Mastery of EFT conceptual and perceptual competences (see Therapist Competence Framework, section 2)

2.7.4 Mastery of EFT intervention competences (see Therapist Competence Framework, section 3)

2.7.5 Previous general training in psychotherapy supervision

2.7.6 Experience shadowing and facilitating EFT training (e.g., levels 1 & 2)

2.7.7 Basic competence in EFT supervisor skills (see sections 2 – 8 below: EFT Supervision competences)

### **3. General supervisor relational competencies including forming, maintaining and repairing the supervisory relationship**

### 3. General supervisor relational competencies including forming, maintaining and repairing the supervisory relationship

This section addresses the relational competencies required of Supervisors, namely in building, maintaining and repairing the supervisory alliance and resolving emerging difficulties in the relationship between Supervisor–Supervisee. Yet, in EFT supervision, the typical relational stance mostly attempts to prevent emerging difficulties within the supervisor/supervisee system.

#### 3.1 Empathic responding

Empathic understanding, empathic exploration (to create bond, understand supervisee's goals, activities and preferences)

#### 3.2 Experiential presence

**3.2.1 General style of being with supervisee:** Vocal quality, facial expression, humor

**3.2.2 Process disclosures (in session emotional experiences):** of excitement/surprise/shock about specific intervention (e.g., when supervisee is grossly out of mode)

**3.2.3 Personal disclosures (out of session experiences):** e.g., own examples of blocks, case examples, own journey in becoming an EFT therapist

#### 3.3 Specific Competencies for forming the supervisory relationship

**3.3.1 Information giving process:** General information about how supervision works in EFT: Rationale for nature of supervision (particularly important when the supervisee has different therapeutic background): explanation of the skill building function of supervision (feedback, suggestions as to what supervisee could do better, modeling of good/best practice) to enhance supervisee openness

**3.3.2 Offering and negotiating the supervisory contract:** Ground rules (session length, session frequency, fee, cancelation policy, tape supervision, online vs. in presence). Note that ground rules need to be tied to the context of supervision (what kind of supervision, national, institutional context); e.g., process/ structuring suggestions for supervisory sessions (time, goals, limits, ways of working, cancelation policies fees)

**3.3.3 Establishment of focus for supervision, in general (e.g., skill building) and for that specific session.** In the skill training phase, focus does not just come from supervisee; identifying session segments to focus on, and what to focus on

## 3.4 Specific competencies for perceiving difficulties/ruptures in the supervision alliance

### 3.4.1 Ability to recognize supervisee generated difficulties:

3.4.1.1 Confrontation markers: overt expression of alliance difficulty: (a) Supervisee complaints about supervisor not being supportive, available, responsive, considerate, or prizing enough; or that supervisor is slowing down certification (note: these often involve specific supervisee identity or attachment issues); (b) Supervisee defensiveness: pushing away suggestions, giving lengthy justifications/explanations for why they did what they did, trying to dominate conversation by speaking over supervisor; (c) Supervisee challenging/contradicting supervisor: often based on different therapeutic model, including triangulating different EFT experts (e.g., “But Les said...”, “From Rhonda I learned...”, etc.)

3.4.1.2 Withdrawal markers (disengagement): Supervisee indirect communication of negative sentiments in the supervision session: Unprepared, unfocused, storytelling (rambling), not bringing in difficulties/struggles/limitations, not showing relevant material, not having supervision questions, emotional guardedness, brittleness, not engaging in emotional aspects of supervision process/hesitation/unwillingness to engage in experiential tasks relevant to supervision; cancelling, postponing, forgetting supervision sessions; not recording client sessions to bring to supervision

### 3.4.2 Ability to recognize supervisor own generated difficulties:

3.4.2.1 Supervisor reactivity to supervise: Supervisor is triggered when: e.g., supervisee immediately rejects or does not later make use of what supervisor is suggesting/offering; is not making progress (going over the same stuff over and over again); is consistently out of mode; is too dominant etc.; is inadequately prepared so that working on EFT material is not possible; or is lacking fundamental clinical skills (gaps in basic training). Alternatively: jealousy/irritation at supervisee’s brilliance/creativity

3.4.2.2 Supervisor impairment/preoccupation: Distraction with own difficulties, personal crisis in the Supervisor’s life that interferes with functioning, tiredness; poor self-care; insecurity in the supervisor role (feeling like an “imposter”/doubting own competence)

3.4.2.3 Supervisor “bad habits” (habitual “traps”): need to be/appear clever or seen as an expert; falling into the lure of top-down or blind supervision (supervision without tape, that never survives actual contact with the recording)

3.4.2.4 Supervisor difficulties in managing balance between challenge and support to the supervisee. E.g., supervisor may be reluctant to challenge supervisee, or on the other hand maybe too critical and not properly manage supervisee vulnerability.

**3.4.3 Ability to recognize broader systemic complexities from multiple relationships:** Possible conflicts between supervisor vs. trainer vs. therapist roles (most common: being supervisor and examiner in assessment situations)

**3.4.4 Ability to recognize multicultural/diversity issues:** e.g., misunderstandings, blind spots, sensitivities, implicit bias, privilege, micro- aggressions

## 3.5 Supervisor competencies/tasks for dealing with relational difficulties

3.5.1.1 Facilitate Alliance Dialogue: Exploration of respective contributions to the difficulties: supervisor takes responsibility for their part, modelling of openness/self-disclosure/taking responsibility; facilitation of exploration of the supervisee's part/ their taking responsibility for their part; possibly provision of rationale about the nature of supervision and clarifying/modifying supervision contract

3.5.1.2 Facilitate supervisee personal development [see section 6, EFT Experiential Work, below]

3.5.1.3 Being able to engage in personal work outside supervision: meta- supervision [see section 11, EFT Meta-Supervision, below), personal development work (e.g., working on supervisor self-shaming/self- interruption processes]

## 4. Supervisor general perceptual competencies



## 4. Supervisor general perceptual competencies

This section addresses the Supervisors' General Perceptual Competencies while supervising EFT practice.

### 4.1 General Assessment of client and supervisee [What Do I Need To Attend To]

#### 4.1.1 Assessment of supervisee [see more on the Therapist Competence Framework]

4.1.1.1 In the Beginning: Assessing the supervisee's level of therapeutic training, their previous therapy background, level of training in EFT, their needs and goals, concerns in terms of the supervision process, work context

4.1.1.2 Ongoing: Strengths, next steps for development, typical stuck points, fitness to practice (stressors, self-care), progress and readiness for the next level of skill/examination/accreditation.

#### 4.1.2 Assessment of client/therapy:

4.1.2.1 In the Beginning: Source of information: Supervisee. How many sessions? Presenting problem? Diagnosis? Foci of therapy? What has happened so far regarding foci? Context of session/task that will be seen on tape? Question(s) supervisee brings into supervision?

4.1.2.2 Ongoing: Source of information: therapist and recordings. Engaging in the process of ongoing case formulation, development of therapeutic alliance, therapeutic progress on symptom level across therapy, emotional deepening process, assessment of degrees of resolution of ongoing tasks.

**4.1.3 Specific supervisor assessment competencies:** Intention: Gathering of information to orient ourselves as supervisors; particularly aimed at client- self-system, therapist-self-system, supervisee self-system.

4.1.3.1 EFT Response Modes: Exploratory/open ended questions; state- check questions

## 5. EFT-specific perceptual-action competencies

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This section addresses the Supervisors' specific perceptual-action competencies, elaborating what a supervisor needs to look for/see in an EFT session and what they do with what they see in the supervision of EFT practice.

### 5.1 The general stance

The supervisor applies all their perceptual and conceptual competencies to the process seen on the tape, as they would do, if they were the therapist. They use their competencies to assess what the client and therapist are doing from moment to moment, and the effect these responses have on the process; identifying markers for other supervisor activities to build supervisee's competencies to work more productively in EFT [elaborated in the Therapist Competence Framework]; aimed at client/supervisee system and supervisee/therapist self-system

### 5.2 Fundamental competency: Say What You See (= EFT process formulations)

**5.2.1 EFT content:** Conceptualize what is happening in EFT terms, based on micro-level assessment aimed at client-therapist/supervisee-system

**5.2.2 General Function:** Perceptual/conceptual training: Using EFT-theory terms, regarding what client and supervisee are doing/what is happening, based on process observations/EFT formulations [more descriptive, following]

**5.2.3 Principle:** Use process-oriented style in which the supervisor offers Process Reflections (using EFT theory terms) of what client & therapist/supervisee are doing=> weave together into an EFT terms narrative of client process => dialogical story of client & therapist/supervisee

**5.2.4 Examples:** "Here the client begins to organize self-critically, and you pick that up and are reflecting the marker"; "Here the client begins to be more emotionally aroused, her voice is more an emotional voice, there is an overflow of emotion into her speech pattern, and you are picking that up by reflecting..."

**5.2.5 When (Markers for baseline responding):** watching tapes or listening to the supervisee account of what happened in session

## **5.2.6 Specific Functions:**

5.2.6.1.1 Providing EFT language – language acquisition (elements) 5.2.6.1.1.1 Naming what the client is doing

5.2.6.1.1.2 Naming and validating what the supervisee/therapist is doing (I see what “EFT things” you are doing)

5.2.6.1.2 Sign-posting: prepare supervisee for what to look out for in the future: Point out things to look out for in future work with the client (e.g., tasks, processing style of client)

5.2.6.1.3 Co-constructing a shared narrative with supervisee / case formulation of what is going on / translate using EFT concepts (story)

## **5.3 Say what you would do/what could be done/how it could be done more productively**

Suggestions for therapy activities; e.g., proposing possible tasks or suggesting how to proceed in the task at hand for the next session(s).

### **5.3.1 Supervisor perceptual skills: When (markers for supervisory action):**

5.3.1.1 Supervisee misses therapeutic opportunities: Micro-markers (opportunities for intervention to facilitate respective next step of client’s emotional processing process); e.g., Switch chairs when parts merge; ask for need when primary emotion is sufficiently processed; explore shift when partial resolution of task emerges.

5.3.1.2 Supervisor sees things that could have been done differently: Not an error but an alternative way of intervening to broaden the repertoire of supervisee.

5.3.1.3 The manner or “how” of an intervention needs improvement to be more facilitative (i.e., voice quality, pace, timing): working to improve supervisee competence and enhance productivity of EFT work

### **5.3.2 Supervisor action skills:**

5.3.2.1 Suggestions of “could do’s”/ things supervisee could try: Say how things could be done differently and engage in activity to modulate supervisee responses: (a) on microtask level (e.g., empty chair work) or microtask level (e.g. switch chairs, ask to enact negative other)

5.3.2.1.1 Improving the “what”: What supervisee could have done but didn’t

5.3.2.1.2 Improving the “how”: Refinement of supervisee manner or style, timing etc. by pointing it out and modelling a possible/better “how”.

5.3.2.2 Deliberate practice/performance practice: Try this (e.g., produce conjectures evocative responses, try to speak in a focused / evocative voice; reformulate question in a reflection), that is, supervisor models, supervisee practices, followed by feedback and mutual reflection

5.3.2.3 Supervision Enactment: Supervisor Shows What they would do while Supervisee Embodies Client: Supervisee enacts client while supervisor enacts therapist; or supervisor enacts client while supervisee enacts themselves as therapist/supervisee. Purpose: To practice / model responses; increase access to blocks; followed by feedback and mutual reflection. Potential markers: At least 3- 5 sessions with client; absence of recording; skill/practice deficit.

## 5.4 Tune in and Speak Out: Show supervisee how to Deeply Attune to Client:

**5.4.1 Supervisor embodies client for therapist, via a process of imaginative empathic entry into key, deeper client experience, especially core pain:**

In doing this, the supervisor simultaneously engages in and models this process for the supervisee, using their inner sensing to metaphorically “leap over” the therapist in order to act as an auxiliary processor of client emotional experience. This process appears to be a combination of evocative/exploratory reflection, empathic conjecture, and empathic formulation, based on a vicarious exploratory-focusing stance and delivered in focused voice as a kind of process disclosure. Supervisor could say: Let’s imagine the inner world of the client. Potential markers: Baseline task for supervision; also used at empathic misattunement by supervisee; insufficient focus on core pain. Addresses perennial supervisee question, How do I deepen my client’s emotions?

## 5.5 Tune into supervisee experience

Used especially to address supervisee blocks and misattunements. Supervisor can ask, “What were you experiencing right at that moment in the session? What was your intention right at that moment? What was your idea/sense/feeling/theory behind that response? (Interpersonal Process Recall). This is an instance the higher order supervisor task to understand the frame of reference of the supervisee/develop a formulation of their process. Sometimes, this activity will lead into experiential work (see section 7.0).

## 5.6 Telling how it works

This involves experiential Teaching for Supervisees: Helping supervisees build EFT conceptual skills [see Therapist Competence Framework, section 2.2.]

**5.6.1 Markers/Supervisor perceptual skills:**

Supervisor can identify markers for opportunities to build conceptual knowledge about EFT (central concepts, nature of change process, tasks etc.):

5.6.1.1 Recognizing teachable moments: When supervisee is explicitly asking/struggling with specific issues (e.g., how do I deepen my client’s emotional process; what is the difference between primary and secondary emotion?)

5.6.1.2 Supervisor senses EFT knowledge deficits: Supervisor observes that difficulties in therapy process likely stem from misunderstanding or lack of knowledge of EFT theory (e.g., supervisee deliberately follows secondary emotion, over-regulates client emotion or applies explicit regulation when implicit regulation would be warranted). (Note: It is also important to assess readiness of supervisee to take in/benefit from input from supervisor on this.)

### **5.6.2 Supervisor's action skill: Mini-lectures:**

5.6.2.1 Relevant content (what):

5.6.2.1.1 Based on the area of EFT theory that the supervisee is struggling with, e.g., secondary reactive vs. primary maladaptive emotion; anxiety splits vs. unfinished business; or

5.6.2.1.2 Involving general issues, e.g., to implement ethical behavior, to establish the therapeutic setting, to address issues of suicidality or poor emotion regulation, to deal with specific deficits or interfering learning from previous psychotherapy training, to foster therapist self-care

5.6.2.2 Nonexpert Manner (how): Try to perform in a relatively nonexpert manner: Don't overexplain: be clear and straightforward; not too long; check back with the supervisee; assume attitude of: "Am I making sense, is this useful for you/relevant?"

## **5.7 Look at What the Client Does Next**

Direct supervisee's attention to their client's immediate reaction to their responses. Supervisor plays recording of therapist response, following immediate client response; they help supervisee assess the immediate reaction their client had to their response, including whether it moves the process forward (or backward) or facilitates (or interferes with) the therapeutic relationship. (This creates opportunities for learning from experience by immediate feedback = deliberate practice.)



## 6. Facilitating case formulation work



## 6. Facilitating case formulation work

This section addresses supervisors' skills in building conceptual and perceptual competencies in terms of EFT case formulation and how to help supervisees benefit from case formulation work during supervision sessions.

### 6.1 In general

Supervisors need to know how to engage with supervisees in a case formulation process, in order to create a “red thread” by building a tentative formulation of the client’s process. Each supervision session involves formulation of the process in EFT terms, creating a shared narrative of the client’s process that will guide the work across sessions.

**6.1.1 Supervisors should know at least one model well but should also know about a range of different EFT case formulation models, including:**

- MENSIT (Goldman & Greenberg, 2014)
- Five dimensional model (Elliott et al., 2004)
- CAMS-based (Pascual-Leone & Greenberg, 2007; Pascual-Leone & Kramer, 2017)

**6.1.2 Supervisors should also know about the limitations of each case formulation models**

### 6.2 Context/Markers:

**6.2.1 Beginning phase of therapy:**

Help supervisee reformulate client issue(s) in terms of underlying emotional processing difficulties in order to create an initial case formulation including a focus on working with emotion.

**6.2.2 Ongoing therapy:**

6.2.2.1 Continuous updating (=baseline supervisory task): Say what you see and how this fits into or develops (expands, refines, elaborates) the original case formulation.

6.2.2.2 Specific case formulation work markers: These lead to focused case formulation work, adapting and refining case-formulation model. Supervisor needs to have the ability to see when supervisee’s difficulties stem from or are related to a lack of a case formulation, or an inadequate or misguided case formulation.

6.2.2.2.1 Reported “lostness”. Therapist reports feeling stuck or lost with client, as if without a map of how to proceed.

6.2.2.2.2 Observed “lostness”. Supervisor senses that therapist is lost with client (even if therapist doesn’t fully realize it) as indicated by a wandering focus (e.g. on different tasks and emotion schemes) within and between sessions, without a coherent perspective (i.e., red-thread missing).

6.2.2.2.3 Therapist “off track”. Indicators that the therapist doesn’t feel lost but is nevertheless guided by an inaccurate and probably unproductive case formulation, for example:

6.2.2.2.3.1 The case formulation is informed by a model other than EFT (e.g. “this is an avoidant client, therefore ...” or interpretations of “what is really going on”; (e.g. jumping to childhood origin early in the process);

6.2.2.2.3.2 Indicators that the supervisee’s interventions are solely informed by the case formulation and not by what is phenomenologically present in the moment. (i.e., introduce task without markers or ignore important markers in favor of preferred markers) (e.g, Therapist focuses on shame as core pain when it appears that it is in fact fear;

6.2.2.2.3.3 Supervisee/Therapist focuses on internal process (e.g., self- interruption) rather attending to relational issues (e.g., client doesn’t feel safe enough yet in the relationship).

## 6.3 Supervisor action skills

Supervisor helps supervisee to construct case formulations, facilitates case formulation process, and helps supervisee to acquire language to enable helpful communication with the client.

### 6.3.1 Ability to teach case formulation models

6.3.1.1 Teaching and guiding supervisees through the process of developing a possible case formulation using one of the case formulation models. This involves working with the supervisee to co-develop a case formulation, by integrating:

6.3.1.1.1 Information provided by the supervisee about the client (e.g. what brings client to therapy; what contributed to the development of the difficulty that brings client to therapy; biographical information in terms of frustrated needs, painful/traumatic life events/relationships, etc.);

6.3.1.1.2 Information gathered while watching recorded sessions (via a process of “say what you see”) both on a micro level (client processing style in session, upcoming markers, micro markers and emotions) and a macro level (core emotion schemes, core needs, central tasks to facilitate transformation of core emotion schemes, and repeating interpersonal themes).

6.3.1.2 Supervisors help to “bring alive” case formulation in order for the supervisee to experientially understand the client better: e.g. by inviting supervisees to imagine their client as the child that they used to be, to bring alive the environment the client grew up in, in order to better understand frustrated needs, emotional wounds, attempts at

adapting to these circumstances and the difficulties that have developed out of all that.

### 6.3.1.3 Case formulation homework:

6.3.1.3.1 Asking supervisees to bring a draft case formulation to supervision, using one of the case formulation models;

6.3.1.3.2 Reviewing and providing useful feedback on case formulations that supervisees have provided.

### 6.3.2 Ability to teach supervisees engage with clients in empathic, collaborative and facilitative in-session case formulation work:

6.3.2.1 (Especially with beginner therapists/supervisees:) Helping beginner therapists supervisees to learn “EFT client language,” including common useful metaphors or ordinary language ways of expressing EFT concepts. The purpose of this to help supervisees develop natural, authentic, EFT- specific ways of talking with clients about how their problematic processes work, i.e., client versions of EFT case formulations. Supervisor provides language so that in the process supervisees can:

Co-construct a case formulation with the client;

Reflect on experiential work with the client and tying it back to the case formulation;

Bring client attention to interesting/difficult processes in the session by using process reflections/observations;

Offer experiential teaching responses in sessions.

*A skillful EFT case formulation is collaborative, exploratory, accurate, friendly and specific, as opposed to imposed, definite, patronizing/critical or generic. (PCEPS-EFT, Item 5)*

6.3.2.2 Supervisors can propose that the supervisee explicitly/deliberately practice the use of EFT client case formulation language (see bullet points above).

6.3.2.3 In-session case formulation work markers: Supervisors check in particular for in-session case formulation work in specific points. Two examples include (there are undoubtedly others):

6.3.2.3.1 Supervisors review empathic formulation responses used to support EFT therapeutic tasks (before, during and after);

6.3.2.3.2 Supervisors review empathic formulation responses used at the end of sessions to consolidate and reflect on experiential/emotional work and to bring the session to a close, including identifying promising directions for further therapeutic work (establishing and maintaining the “red thread”);

## 7. EFT experiential work: Practices/ tasks/ work to enhance supervisee emotional processing

## 7. EFT experiential work: Practices/ tasks/ work to enhance supervisee emotional processing

This section identifies specific markers/difficulties emerging in the supervision process and requiring specific interventions from Supervisors, namely addressing supervisee's blocks (therapist blocks) to being empathic or guiding their clients, supervisee's strong emotional reactions, among others. These difficulties may require further work within and/or outside the supervisory process (e.g. referral to personal therapy).

### 7.1 General principle

It is a good idea where possible to reduce potential role conflicts by separating the roles of supervisor and therapist for the supervisee; that is, the same person should generally not assume the role of therapist for their supervisee.

### 7.2 Marker (supervisor perceptual skills)

Ability to recognize when supervisee emotional processing difficulties (e.g., emotional reactions to clients, empathy blocks) are interfering with productive work/developing EFT competencies. These will be visible on recordings or indicated by struggle expressed from supervisee during supervision. Includes classic EFT markers presented in supervision and relevant for skill/competency development in EFT (e.g., self-critical process, UFB etc.)

### 7.3 Intention

Help supervisee with own emotional process, to overcome blocks and typical stuck points such as fear of own emotion, or fear of intense emotion in the client etc., aimed at therapist-self-system.

### 7.4 Specific supervisee markers and tasks

(See Therapist Competency Framework, sections 3.1 and 3.2.) Below are the possible actions/tasks adopted by EFT Supervisors to address specific supervisory markers (appearing in bold), such as:

#### 7.4.1 Therapist blocks to being empathic:

Supervisee evidences or complains about not "getting" the client.

7.4.1.1 Focusing or empathic exploration of the block

7.4.1.2 Embodying the client to foster empathy

7.4.1.3 Interpersonal Process Recall helping therapist explore block/negative reactions to client

7.4.1.4 Two chair work for self-interruption of empathy

#### **7.4.2 Therapist struggling with strong emotional reactions to client:**

7.4.2.1 Empathic exploration

7.4.2.2 Systematic evocative unfolding (marker: puzzlement about own specific reaction; e.g., I don't know why I got angry e.g. at client, sad during the session)

7.4.2.3 Embodying the client to clarify triggers, what client does/does not that gets to therapist, evoke specific feelings

#### **7.4.3 Unclear general felt sense toward client / therapy process:**

7.4.3.1 EFT version of Focusing

#### **7.4.4 Unfinished business with clients who have left without closure:**

7.4.4.1 Empty Chair Work

#### **7.4.5 Therapist blocks to doing guiding: struggles to guide client to slow down or move into various kinds of therapeutic work/tasks**

7.4.5.1 Exploratory work: Focusing, empathic exploration, Interpersonal Process Recall

7.4.5.2 Enactment: Conflict split work for self-interruption of guiding, to enact blocks to process guiding/self-interruption (e.g., show me how you stop yourself from: e.g., proposing chair work, conjecturing, speaking in a focused voice)

#### **7.4.6 Conflict splits/negative treatment of self:**

7.4.6.1 Two chair work: On self-critical splits to help supervisee become aware of impact of own self-blame, self-pushing etc. and develop a sense of agency in their self-critical or coaching process

7.5 Referral for more extended personal work: In cases where the supervisor concludes that the supervisee needs therapeutic support, they refer supervisee to a suitable colleague.

#### **7.5.1 The following are indications for suggesting further personal work:**

7.5.1.1 Supervisee

emotional processing difficulties (e.g., emotional reactions to clients, empathy blocks) are interfering strongly with productive work/developing EFT competencies and can't be addressed by isolated interventions within supervision sessions.

7.5.1.2 Supervisee exhibits symptoms of emotional distress that severely interfere with their life and therapeutic work (unfit to practice)



## 8. The process of EFT supervision



## 8. The process of EFT supervision

This section elaborates upon the process of supervision and its focus in EFT. It addresses the development of the supervisory relationship over time, during a supervision cycle, and outlines what a typical supervision session can look like and how it usually unfolds.

### 8.1 Development of the supervisory relationship over time

The opening phase of the supervisory relationship was covered earlier in Section 2.

**8.1.1 EFT training supervision is generally time-limited and focused on helping supervisees to develop skills and to move through the stages of EFT accreditation (=the supervision cycle)**

8.1.1.1 At the beginning, depending on the supervisee's background, supervision will focus on more basic skills (e.g., empathic attunement and task recognition) and with less complex clients who are more open to using EFT tasks and are emotionally accessible.

8.1.1.2 Based on their developing understanding of the supervisee's process (analogous to client case formulation), EFT supervisors adapt their way of working to best facilitate the supervisee's learning of EFT skills and their personal development as EFT therapists.

8.1.1.3 Over time, supervisees are encouraged to develop increasingly differentiated and nuanced understandings of emotion processes and tasks, with supervisors at all times trying to attend to the supervisee's zone of proximal development.

8.1.1.4 In addition, as supervision progresses, supervisors develop a sense of the supervisee's strengths and weaknesses, in order to help them to address their typical blind spots, vulnerabilities and stuck places, and to develop an individual, perhaps even idiosyncratic way of applying EFT.

8.1.1.5 It is important for the supervisor to attend to the supervisee's readiness for applying for level C accreditation and to encourage them to keep progressing towards this goal, while also recognizing that the goal is not perfection but rather "good enough" EFT therapists (Level 4 on the PCEPS).

8.1.1.6 In preparing and assessing supervisees for accreditation, it is good practice for supervisors to also assess the potential for supervisees to progress beyond basic EFT therapist accreditation to EFT supervisor accreditation (Level 5 on the PCEPS)

8.1.1.7 [Mentoring] Once a supervisee has passed their accreditation assessment it is useful for the supervisor to explore with the supervisee their continuing needs for supervision (e.g., moving toward supervision of supervision or ongoing professional

development) and how best those needs can be met. It is also importance to encouraging those supervisees who are willing and show competences to advance for the next accreditation level.

### **8.1.2 Ongoing post-accreditation supervision of EFT therapists**

8.1.2.1 Ongoing, open-ended post-accreditation EFT supervision can be considered to be best practice, and can be accomplished via either formal “intervision” i.e., peer supervision.

8.1.2.2 Ongoing supervision is especially recommended under the following circumstances:

8.1.2.2.1 When the supervisee is developing new areas of practice, such as work with new client populations or supervision of supervision;

8.1.2.2.2 When working with clients with complex or challenging processes;

8.1.2.2.3 Where boundary issues are involved (e.g., possible multiple relationships, boundary-pushing client processes); or

8.1.2.2.4 Where personal issues interfere with client work.

## **8.2 Outline for a typical supervision session**

### **8.2.1 Opening/identifying focus:**

Information gathering/Empathic exploration to identify focus for supervision session

8.2.1.1 Preparation/case context: Information gathering/identification of relevant context for session to be viewed/explored (“Let’s meet the client”): who is the client, diagnoses, presenting problem, how long has supervisee seen the client, what happened so far? (“What do we need to know/understand before engaging in supervision task/watching tape?”)

### **8.2.2 Supervision questions:**

It can be very useful to the supervisee to bring in 2 – 3 supervision questions. Questions can relate to a case formulation level/macro view of the client, to micro process in the session or to “technical” issues or all three areas.

8.2.2.1 Segment pre-identification: It can be very useful to ask the supervisee to identify one or two recorded segments to focus on in supervision. Supervisor and supervisee move around in the recording/tape as needed.

### **8.2.3 Review of session recording:**

Working on task/supervision questions by watching recording of session.

8.2.3.1 Important particularly in earlier stages of training: general focus on skill building, which will therefore be more driven by Supervisor based on what they observe.

8.2.3.2 Focus on supervision questions of supervisee as well as teaching points identified by the supervisor.

### **8.2.4 Reflection/processing of supervision session:**

What are you taking away from this? What was helpful? What do you make out of this? Where do we go from here?

### **8.2.5 Homework:**

The general homework is to integrate the points discussed into one's therapeutic practice. In case the next steps for the following session were a focus of discussion, the supervisee is invited to put these suggestions into action. Other optional homework might include: watch own tape and observe vocal quality, try more conjectures, produce MENSIT or other case formulation.

## **8.3 Facilitating use of recordings in supervision sessions: Tips/competencies**

**8.3.1. Being informed about the legal background/boundaries of video or audio recordings of sessions** (e.g. is it permitted, in what context, what agreements have to be signed by the client, obligatory storage times for recorded material, deletion of recorded material)

**8.3.2. Communicating to supervisee that they are responsible of abiding by the rules that relate to their professional context**

**8.3.3. Encouraging supervisees in EFT training to get permission to record from as many clients as possible (excluding clients where recording might interfere noticeably with productive process).** This way supervisees have a wider choice of processes to bring into supervision.

**8.3.4. If necessary, making suggestions or sharing personal experiences in terms of how to ask for permission.**

**8.3.5. Encouraging supervisees to video- or audio-record all therapy session of a client that they bring to supervision and not only in specific sessions** (in this way both client and supervisee habituate to/forget about the camera in the room after a while).

## **8.4. Positioning Supervision within the Therapy Process**

**8.4.1. It is good practice in most places for therapists to disclose to clients that they are in supervision. This is mandatory when recordings are used in supervision.**

**8.4.2 What should supervisees disclose to clients about supervision?**

**8.4.2.1 Be Clear:** State general purpose of supervision: e.g., quality management and improving therapist competence; it may therefore improve the quality of the therapy the client is receiving.

**8.4.2.2 Be minimal:** Bringing therapist supervision into therapy can be distracting or counter-productive for clients. Therefore, don't say more than is needed.

**8.3.2.3 Be beneficial:** use for a specific therapeutic purpose to benefit the client, e.g., to validate/support client.

## 9. EFT Supervision in Group Settings

## 9. EFT Supervision in Group Settings

This section elaborates upon EFT supervision in a group setting, contrasting this format with the individual format. Given this supervision context, it elaborates upon its goals, functions and practical considerations. This section also acknowledges the advantages, complexities and difficulties that might be implicated in group dynamic processes and how they can be prevented or dealt with.

### 9.1. Nature of EFT group supervision. EFT supervision is offered both in individual and group settings.

#### 9.1.1. Dialectic processes.

The group setting adds the following systems/processes to the systems listed in section 2.1.4.1:

- Supervisor – group system/process
- Supervisee – group system/process

It also involves a dialectic between meeting the needs of the individual supervisee and the remaining group members (keeping the group engaged).

**9.1.2. EFT group supervision mainly takes the form of individual supervision within a group, although other members may be asked for comments or suggestions.**

#### 9.1.3 Combining individual and group supervision:

It is best not to rely entirely on group supervision in EFT training; therefore, we suggest supervisees to go through both formats in different moments of their EFT practice, for optimal development of their competences

## 9.2. Practical considerations in EFT group supervision

### 9.2.1. Group supervision takes place in different contexts and formats:

9.2.1.1 Closed membership, fixed length supervision groups (especially in training programmes);

9.2.1.2 Open membership ongoing supervision groups;

9.2.1.3 Short-term supervision workshops (e.g., level 3);

9.2.1.4 Intervision (peer supervision) groups (closed or open membership)

## **9.2.2. Group supervision varies in number of participants and length:**

9.2.2.1 Number of supervisees: 2 – 8 participants; 45-60 min each

9.2.2.2 Time length 1 hour sessions – 7 hour all day workshops

## **9.3. Differences in goals and functions vs. individual supervision. EFT Group Supervision has the same goals and functions as Individual supervision, with the following differences:**

### **9.3.1. Emphasizes (works well in group setting):**

9.3.1.1 Supervisee skill development (see 2.4.2; e.g., empathy, chair work, case formulation) and

9.3.1.2 Education in EFT theory & practice (see 2.4.4; e.g., emotion response types; task markers)

### **9.3.2. De-emphasizes (these are better accomplished in one-on-one settings):**

9.3.2.1 Broader supervisee personal/professional development (see 2.4.3; e.g., empathy blocks & blind spots; self-care issues; outlining accreditation processes)

9.3.2.2 Evaluation/gatekeeping (see 2.4.5; e.g., EFT accreditation process),

## **9.4. Advantages of the group supervision process are:**

**9.4.1 Group participants can learn from each other, resulting in a multiplication of learning.**

They see different therapist ways of doing EFT; that is, supervisees are exposed to concrete examples of a wider range of client presentations (e.g., panic, dissociative identity difficulties) and EFT processes (e.g., emotion response types, task markers, micro-markers).

**9.4.2 Group participants can provide emotional support for each other.**

**9.4.3 Participants receive feedback and help from multiple sources.**

**9.4.4 Groups can cultivate a mistake-friendly culture for trying EFT tasks and ways of working (modelling effect with other supervisees).**

## **9.5. Typical difficult group processes: (compare to rupture/repair work; see also section 3.4. above).**

Difficult group processes can hinder the learning progress of the individual (e.g., competition among supervisees). Difficult group supervision process has multiple sources and can be expressed as either confrontation (open conflict; overt expression of the difficulty or dissatisfaction) or disengagement (withdrawal in the face of the difficulty). Difficult group processes can emerge among group members (=horizontal) or between group members and supervisor (=vertical).

### **9.5.1. Sources of difficult group process:**

9.5.1.1. Nature of group setting/process:

9.5.1.2. Individual member issues intrude into group process

9.5.1.3. Supervisor stance (e.g., lack of structure allows difficulties; domineering/expert sets up competition or resentment)

### **9.5.2. Common forms of difficult group process:**

9.5.2.1. Individual group members may feel exposed and become defensive, either disengaging/withdrawing or confronting by rejecting feedback/input from the supervisor or other group members or becoming reactive.

9.5.2.2. Individual participants may take on the role of co-supervisor, challenge the group leader, question their authority, or be critical or invalidating of fellow group members (=confrontation difficulty)

9.5.2.3. Group members may bring only their best tapes and avoid showing difficult processes (=withdrawal difficulty); or group members may fail to bring recordings to group supervision (=withdrawal difficulty)

9.5.2.4. Competition for time attention: Group members may overrun their allotted time, leading to resentment from other participants

9.5.2.5. Low group cohesion or experienced threat may make it more difficult to address personal blocks and deficits in empathy or emotional processing skills (e.g., because of issues of shame and safety);

9.5.2.6. Group participants who are not presenting may disengage or become critical if not included or brought in at some point. (withdrawal/confrontation difficulty)

## **9.6. Competencies for preventing or avoiding common difficulties in group supervision:**

### **9.6.1. Relational stance competencies of Supervisors:**

9.6.1.1. Emphasizing, validating and honoring vulnerability of people who show their own work

9.6.1.2. Attending/being sensitive to needs of all group members, including the impact on both current supervisee and other group members.

9.6.1.3. Balancing praise and challenge in feedback to individuals so as to reduce competition and pressure to perform (e.g., being careful not to over-praise; being specific and descriptive rather than general in providing positive feedback; spreading positive feedback around the group; validating supervisees in face of challenging client processes).

### **9.6.2. Specific technical group management competencies:**

9.6.2.1. Establishing clear group rules at the beginning of the supervision group (e.g., written supervision contract), e.g., regarding confidentiality and responsibilities of members and supervisor (e.g., bringing recordings, being timely, being collegial and respectful)

9.6.2.2. Involving the group when an individual member presents a case (e.g., feedback rounds at the end of the individual supervision process, giving everyone the opportunity to ask questions about the process shown on tape).

9.6.2.3. Balancing individual and group: Making clear at the beginning that it is always both about addressing the individual supervision needs and using the case example to teach the basic principles and concepts about EFT to everyone.

9.6.2.4. Carefully managing time boundaries and guiding the process to keep work with supervisees focused and infringing on other supervisees' time.

9.6.2.5. In a training context, it can be very useful to mix individual and group supervision in order to provide a separate space for addressing vulnerable issues not amenable for work in the supervision group.

## **9.7. Competencies for managing difficult group processes that have emerged:**

**9.7.1. Taking the difficulty seriously, including allowing time or change structure to work with the difficult group processes** (Otherwise, the difficulty will lead to resentment or lack of safety in the group.)

**9.7.2. Assessing what the difficulty needs:**

To be dealt within or outside the group, how much time, what kind of group process etc.

9.7.2.1. When the difficulty derives primarily from the activities of particular supervisees, it can be useful for the supervisor to speak to the individual separately.

**9.7.3. As appropriate in the group, drawing on the principles of EFT Relational Dialogue work** (see section 1.2. of the Therapist Competences Framework)

9.7.3.1. Making sure that each party in the difficulty is allowed to express their perspective on the difficulty and to be heard and receive empathy.

9.7.3.2. Working from the assumption of shared responsibility for the difficulty, i.e., that multiple parties (including the supervisor) have each contributed to the difficulty

**9.7.4. Attending to issues of vulnerability and shame on the part of the trainees**

**9.7.5. Because of the added complexity of group supervision, supervisors are advised to take difficult group supervision processes to their own supervision.**





## 10. Formal assessment and certification

## 10. Formal assessment and certification

This section addresses ISEFT certification issues for overall EFT practice and highlights more specifically EFT Supervisors' certification and the certification of supervisory practices (e.g. a supervision cycle).

### 10.1 Uses ISEFT Certification Levels [See Therapist Certification Evaluation Form]

#### 10.1.1 Level A: Completion of Basic EFT Training:

10.1.1.1 Minimum prior training (some form of humanistic-experiential; or previous empathy training)

10.1.1.2 Basic didactic/experiential workshop training (minimum 8 days)

10.1.1.3 Initial supervision experience (usually 5 hours of individual supervision of own practice)

10.1.1.4 Basic adherence to EFT approach (PCEPS-EFT items 1 – 4: 2 or higher)

#### 10.1.2 Level B: Completion of EFT Supervised Practice:

10.1.2.1 Direct personal supervision of own work (minimum 16 hrs)

10.1.2.2 Recommended practice (2 clients, 60+ sessions)

10.1.2.3 Moderate level competence in EFT (PCEPS-EFT items 1- 5; 3 or higher)

#### 10.1.3 Level C: Certified EFT Therapist:

10.1.3.1 Evaluation of EFT skills by an approved EFT supervisor, ideally someone other than their usual supervisor:

10.1.3.1.1 2 video recorded sessions from 2 different clients

10.1.3.1.2 Contains active task work (enactment/chair tasks)

10.1.3.1.3 Case formulation

10.1.3.1.4 May include detailed 3-column process analysis of 20 min segment consisting of: (a) actual process (verbatim); (b) observations in EFT language (e.g., Here I identify a marker for 2-chair work, reflect it to the client and give a rationale); (c) alternative responses, guided by the question: What I could have done differently? (e.g., I could have focused on the emergent shame and empathically affirmed it first so as not to lose it)

10.1.3.1.5 If recording is in nonnative language of evaluator: translated subtitled version of video

10.1.3.1.6 Passing level: PCEPS-EFT items 1 – 5: 4 or higher

10.1.4 1.4. Level D: Certified EFT Supervisor: [modified from ISEFT standards]

10.1.4.1 Prior accreditation/training as a supervisor; meta-supervision; experience as facilitator in workshop training

10.1.4.2 Accreditation/approval by an approved EFT Trainer per their judgement

10.1.4.3 Recommended: Evaluation of EFT skills at supervisor or higher level (PCEPS-EFT 5 or higher)]

## **10.2 Therapist Level C Certification Process**

**10.2.1 Can be done by supervisor or independent evaluator**

**10.2.2 Helping supervisees prepare for certification assessment:**

10.2.2.1 Orientation to EFT supervision. Early on supervision process, explain how certification works, provide a copy of PCEPS-EFT

10.2.2.2 Preliminary/practice assessment: When supervisee asks or is moving toward being ready for certification assessment, offer a preliminary certification assessment: listen to 15-20 min segment straight through, then take supervisee through the evaluation process, item-by-item on the PCEPS, getting their view and providing your view of their skill level based on the segment. (Item 5, Case Formulation, may be difficult to rate). This should provide guidance to the supervisee about how close to being ready for accreditation assessment, and what they need to work on.

**10.2.3 Required materials for Certification Evaluation**

10.2.3.1 Recordings: Two recordings; video strongly preferred; from different clients; not previously brought to supervision; involving active task work; If recording is not in supervisor's native language, supervisee transcribes, translates and subtitles the recording

10.2.3.2 Written case formulation using one of the standard models of EFT case formulation (e.g., MENSIT, 5-dimensional model)

**10.2.4 Example of evaluation process:**

Evaluator listens to entire session, rates using PCEPS-EFT, and writes up the evaluation, using Therapist Certification Evaluation Form, provides to supervisee (suggest billing for 2 hours of time)

10.2.4.1 Possible outcomes: (a) Pass at Therapist Level (all items passed at 4 or higher); (b) Pass at Supervisor Level (most items at 5 or higher); (c) Fail (1 or more items at 3 or lower; can try again with new recording more supervision on weak areas)



## 11. Quick-check supervision guide: A catalog of the most common supervision markers/issues

## **11. Quick-check supervision guide: A catalog of the most common supervision markers/issues**

The idea behind this guide is to name the most common supervision issues to raise awareness for beginning supervisors as to what to pay attention to, with cross references to sections of this framework that address the most common ways of dealing with these issues.

### **11.1 Supervisory relationship issues:**

Supervisors should be attentive to specific difficulties that may arise in the supervisory relationship and actively work to facilitate the conditions to prevent them; if they occur, they should manage them adequately.

#### **11.1.1 Negative reactions to relational (bond) aspect of supervision:**

Supervisee feels neglected, not appreciated, supported, or valued

#### **11.1.2 Negative reactions of supervisee to skill building (task) aspect of supervision:**

Supervisee feels criticized, demoralized, gets defensive

#### **11.1.3 Non-engagement/withdrawal:**

No recordings, no specific questions or goals for supervision session

[For strategies to address these Supervisory relationship issues, see sections:

3.4: Specific competencies for perceiving and resolving difficulties/ ruptures in the supervision alliance; and 9.5. Typical difficult group processes]

### **11.2 Supervisee general style issues**

Supervisors should be attentive to specific difficulties or blocks that supervisees evidence as therapists in their EFT practice. Some of these can become visible as recurring issues in their practice; if that is the case, besides addressing them in the supervision context, it might be useful to refer supervisees to engage in further opportunities for personal work/development, such as personal therapy.

#### **11.2.1 Supervisee shows Therapist general misadjusted or interfering experiential or interpersonal stance/attitudes**

11.2.1.1. Too anxious/worried about own performance rather than client

11.2.1.2. Fear of strong emotion in self or client

11.2.1.3. Too following or hesitant in session

11.2.1.4. Too deferential to supervisor/supervisor-focused (listening to the supervisor rather than the client in the session or own sense of what the client is experiencing)

11.2.1.5. Too leading or dominant (draws client attention away from own process and toward therapist)

11.2.1.6. External style of therapist/supervisee: External voice quality, conversational tone (=marker of lack of empathic resonance with client emotion)

11.2.1.7. Too conceptual (putting theory before client)

11.2.1.8. Too goal directed/problem-solving

[For strategies to address issues related to Supervisee/Therapist general style, see section 5. EFT-Specific perceptual-action competencies, namely sections 5.3. Say what you would do/what could be done/how it could be done more productively; 5.4. Experiential teaching for supervisees (Telling how it works), above. See also the Therapist Competence Framework, section 2: Perceptual and Conceptual Skills for a list of therapist competences adequate to EFT practice]

11.2.2 Supervisee shows Therapist interfering therapeutic stance/attitude

11.2.2.1. Attachment to content directive role: Asking too many questions (especially, closed or information gathering questions), giving interpretations, advice, problem solution

11.2.2.2. Too analytical/psychodynamic/cognitive/conceptual

11.2.2.3. Modificational/instructive vs. transformational/facilitative (particularly with CBT therapists); includes solution-focusedness

11.2.2.4. Specific interference from previous experience with different models of chair work: too conceptual when working with parts (e.g., Schema therapists), too loose/experimental (e.g., Gestalt Therapy), too little process guiding/too much exploratory, following (Person centered therapists)

[For strategies to address issues related to Therapist interfering therapeutic stance/attitude, see sections 5. EFT-Specific perceptual-action competencies, namely 5.2. Fundamental competency; 5.3. Say what you would do/what could be done/how it could be done more productively; 5.4. Experiential teaching for supervisees (Telling how it works). It can also be useful to see sections 6.3. Supervisor action skills, 7.4: Specific supervisee markers and tasks; and 7.5. Referral for more extended personal work, above. See also the Therapist Competence Framework, sections 2: Perceptual and Conceptual Skills and 3. EFT Therapist Intervention Skills for a list of therapist competences adequate to EFT practice.]

### **11.3 Supervisee specific personal issues**

Supervisors should be attentive to specific personal issues of supervisees that might become activated in their practice as EFT therapists. Some of these personal issues can impact/impair their competence as therapists and should be properly dealt with, especially through personal therapy.



### **11.3.1 Distracted/burdened by external issues/poor self-care**

### **11.3.2 Own unfinished business gets activated**

### **11.3.3 Personal stuck points: own fear of anger or sadness; perfectionism/fear of failure**

[For strategies to address issues related to Supervisee specific personal issues, see sections 7.4: Specific supervisee markers and tasks; and 7.5. Referral for more extended personal work, above.]

## **11.4 Client-therapist/supervisee relational issues**

Supervisors should be attentive to specific reactions of supervisees regarding their clients or how they handle relational difficulties appearing in their practice.

### **11.4.1 Negative reactions to client: Fear of client; anger/irritation/frustration at client; contempt or judgement of client; feeling de-skilled, guilty or helpless; distrust or disgust with client**

### **11.4.2 Confluence/over-identification with client; falling into (or even defending) client stuckness**

[For strategies for addressing Client-therapist relational issues see section 3.4: Specific competencies for perceiving and resolving difficulties/ ruptures in the supervision alliance. See also the Appendix X, section 1: Relational competences, for a list of difficulties]

[For strategies to addressing Client-therapist/supervisee relational issues, see sections 7.4: Specific supervisee markers and tasks; and 7.5. Referral for more extensive personal work, above. See also the Therapist Competence Framework, section 1: Relational competences, for a list of relational difficulties in EFT practice]

## **11.5 Supervisee perceptual and conceptual confusion/case formulation issues**

Supervisors should be attentive to specific perceptual difficulties, conceptual confusion, or case formulation difficulties of their supervisees (see the Therapist Competence Framework, section 2, for list of perceptual and conceptual skills in EFT practice).

### **11.5.1 Difficulties distinguishing emotion types – following secondary emotion (e.g., reactive anger mistaken as true assertion)**

### **11.5.2 Discrimination between over and under-regulation: often supervisees present clients as under-regulated when the client's expression of arousal is blocked)**

### **11.5.3 Case formulation difficulties:**

Difficulty identifying the core pain; needs help reformulating presenting problem in terms of underlying emotional determinants, or establishing a focus on emotion with client; therapist feels/appears lost with client

[For strategies to address issues related to Supervisee perceptual and conceptual confusion/case formulation issues, see sections 5.3: Say what you would do/what could be done/how it could be done more productively, section 5.4.: Experiential teaching for supervisees (Telling how it works) and section 6. Facilitating case formulation work, above]

## 11.6 Supervisee intervention competency difficulties

Supervisors should be attentive to specific EFT intervention difficulties of supervisees, namely in mastering EFT response modes, task skills and responsive intervention, or other intervention difficulties (see the Therapist Competence Framework, section 3, for a list of EFT therapist intervention skills).

### 11.6.1 Supervisee difficulties using specific empathic response modes:

Including both empathic understanding and empathic exploration responses and their micro-markers (“when-then” responsiveness at the response level)

11.6.1.1. Lack of basic empathic attunement to affect

11.6.1.2. Basic empathic understanding response difficulties / lack of empathic skill/style

11.6.1.3. Blocks to use of empathic affirmation in response to client vulnerability

11.6.1.4. Blocks to empathic evocation/use of evocative reflections (e.g., fear of activation, of being too intrusive)

11.6.1.5. Blocks to using empathic conjectures (e.g., fear of putting words into client’s mouth, fear of being too leading)

11.6.2 Supervisee response mode balance difficulties: Imbalance between exploratory/open edge responses compared to empathic/ formulating responses, e.g., imbalance between exploratory questions compared to empathic understanding statements

11.6.3 Supervisee difficulties with emotional deepening responses:

11.6.3.1. Lack of emotion differentiation in empathic responses (too global emotion labels, e.g., labeling every emotion that comes with tears as sadness; poverty of emotional vocabulary)

11.6.3.2. Lack of clarity about leading edge of vulnerability/growth etc

11.6.3.3. Lack of clarity about timing of interventions: e.g. when to explore more broadly (“Are there any other feelings there?”) vs. more deeply (“What do you most miss?“)

11.6.3.4. Struggle/stuckness with specific issues/questions:

11.6.3.5. How to deepen client’s process?

11.6.3.6. How to deal with clients who have limited access to emotion?

11.6.3.7. How to deal with clients with an externalizing process?

[For strategies to address supervisee’s difficulties to using specific empathic response modes, and with emotional deepening responses, see section 5. EFT-Specific perceptual-action competences, above.]

11.6.4 Supervisee EFT task skills: Includes: (a) task markers; (b) what therapist generally does; (c) key change points; (d) main resolution stages

11.6.4.1 Marker Identification difficulties:

11.6.4.1.1 Missed markers: e.g. marker of vulnerability

11.6.4.1.2 Top-down (theory-driven) implementation of tasks: e.g., habitual self-critics as opposed to self-critical process in the session; work with self-interruption based on narrative of past reactions as opposed to working on self-interruptive processes happening in the session

11.6.4.1.3 Misconstrued markers: e.g., anxiety split instead of UFB; self-soothing instead of deepening pain in UFB

11.6.4.2 Task specific difficulties: Problem implementing specific tasks, including difficulties with supervisee differential responding within and between tasks (responsiveness at resolution micro-markers within tasks) (e.g.):

11.6.4.2.1 When to switch chairs (two chair and empty chair work)

11.6.4.2.2 When to enact negative other in empty chair (change with clear instruction) and when to probe for softening

11.6.4.2.3 Difference between current interpersonal conflict vs. classic (developmental injury) presentations of Unfinished business/Empty Chair work

11.6.4.2.4 Difficulties when self-experiencer chair collapses (e.g., agrees with the critic) in two chair work

11.6.4.2.5 Difficulty identifying coaching (self-coercive) and self-interruption splits

11.6.4.2.6 Difficulty deepening splits (e.g., learning how to help clients move from more superficial secondary coaching or anxiety splits to deeper self-critical splits)

11.6.4.2.7 Moving to self-soothing work too soon as modification tool, before core pain is evoked

[For strategies to address supervisee's difficulties in EFT task, see section 5. EFT-Specific perceptual-action competences, namely section 5.3: Say what you would do/what could be done/how it could be done more productively and section 5.4.: Experiential Teaching for Supervisees.]

## 11.7 Supervisee session management skills:

Supervisors should also pay attention to other supervisee's difficulties in EFT practice, namely difficulties in session management skills.

11.7.1 Slow start: Spending too much time in narrative mode during the first half of the session before identifying the main tasks for the session.

11.7.2 Overrunning time boundaries: Most commonly: has trouble closing session when no resolution occurred

11.7.3 Ending abruptly: Not leaving enough time at the end of the session to help client regulate raw, unresolved emotions and develop a meaning perspective.

[For strategies to address supervisee's difficulties in session management skills, see

above, section 5.3: Say what you would do/what could be done/how it could be done more productively. See also the Therapist Competence Framework, section 3.3. for a list of adequate session management skills in EFT practice.]

## **11.8 Supervisee treatment phase management difficulties:**

Other aspects that can appear, and that EFT supervisors should pay attention to, are supervisee's difficulties in in treatment phase management skills.

### **11.8.1 Early:**

Not helping client find therapeutic focus early in therapy

### **11.8.2 Middle:**

Staying with global and secondary emotions too long; not attending to helping client deepen to core pain

### **11.8.3 End:**

Not preparing client for end of therapy by helping process their experience (of the therapy and the ending)

[For strategies to address supervisee's difficulties in treatment phase management skills, see above section 5.3: Say what you would do/what could be done/how it could be done more productively. See also the Therapist Competence Framework, section 3.3. for a list of adequate session management skills in EFT practice.]



## 12. EFT meta-supervision: Supervision of supervision (initial observations)

## 12. EFT meta-supervision: Supervision of supervision (initial observations)

Meta-supervision/Supervision of supervision is recommended to help develop and consolidate the overall EFT Supervisory Competences elaborated above. Note that EFT meta-supervision is a new area whose best practices are still emerging; nevertheless, some key issues can already be identified.

### 12.1 Nature and Functions of EFT meta-supervision:

**12.1.1 Focus on competency development.** In general, in carrying out supervision of EFT supervision, the meta-supervisor is focused on helping supervisors develop the competencies described earlier in this framework.

**12.1.2 For beginning EFT supervisors.** EFT Meta-supervision provides an important avenue for beginning EFT Supervisors to learn how to supervise by receiving supervision on their supervision practices.

**12.1.2.1 Offering teaching/training.** Beginning EFT supervisors may need direct teaching in how to do things like: (a) helping supervisees develop client case formulations; (b) use of EFT session forms or outcome monitoring measures; (c) implementing EFT accreditation procedures and giving feedback to supervisees; (d) addressing supervisees' questions about clients or supervision.

**12.1.2.2 Helping supervisors explore and develop a favoured supervision stance.** The goal of this process is to help supervisors develop an approach to EFT supervision that both exemplifies the competencies in this framework and is consistent with their personal style.

**12.1.3 For more experienced EFT supervisors.** Regular EFT meta-supervision can also help EFT supervisors continue to develop and improve their supervision practice as well as sustaining and supporting them in addressing difficult supervision situations.

**12.1.3.1 Attending to self-care and burn-out issues.** More experienced EFT supervisors can develop stuck places in regard to poor self-care/burn-out, so it is important to attend to signs of these problems and raise them with meta-supervisees. Appropriate meta-supervisor self-disclosure (see 12.2.5, below) can be particularly useful for this issue.

**12.1.4 Modalities.** In practice, the bulk of EFT supervision training is carried out in individual or small group supervision modalities. Supervisor-supervisees can present

their work verbally to the meta-supervisor, describing difficulties, challenges and stuck places, but it can also be highly productive to work with recordings of supervision sessions.

## **12.2 Competencies Specific to EFT Meta-supervision:**

### **12.2.1 Dealing with the systemic complexity.**

Using the framework described earlier (see section 2.1. What are the key general features of EFT supervision?, above), EFT meta-supervision involves working simultaneously in multiple systems, but with particular reference to the supervisor-therapist system.

12.2.1.1 Complexity of meta-supervision recordings. For example, working with recordings of supervision sessions presents a high level of complexity in which the meta-supervisor is presented with two versions each of supervisor and therapist: (a) the live, synchronous video presence of the supervisor (as meta-supervisee) in the meta-supervision session; (b) the recording of the supervisor (as supervisor) in the supervision session; (c) the recording of the therapist (as supervisee) in the supervision session; and (d) the re-recording of the therapist (as therapist) in the therapy session being played in the supervision session. The result can be information over-load for the meta-supervisor, requiring them to learn where best to direct their attention, and to not get too locked in on the re- recording of the therapy session. The important thing is to remember to keep coming back to the supervisor-supervisee system/process and their reaction to what they are seeing, both in the supervision session being viewed and in the meta-supervision session itself.

### **12.2.2 Attending to possible meta-supervision markers in reviewing recordings. Some of these markers are:**

12.2.2.1 Absence of supervisor intervention with apparently unproductive client processes (e.g., lack of focus, externalizing process)

12.2.2.2 Supervisor distraction: for example, supervisor writes something down rather than saying it to the supervisee

12.2.2.3 Supervisor emotional reaction to recording. Supervisor makes a face while watching recording, either in meta-supervision session or in recording of supervision session.

### **12.2.3 Facilitating work on conflict splits emerging from developmental challenges.**

In particular, becoming a supervisor presents particular developmental challenges, as EFT therapists move into a new role, which brings with it new requirements and responsibilities. These may challenge the new supervisor's self-image and may lead to a resurgence of various conflict splits that they may be familiar with from other contexts. These include:

12.2.3.1 Self-criticism splits re: not being skilled enough to take on the supervisor role, which commonly involves one part of the person generating a sense of being an imposter or not up to the new role. This can also result in the new supervisor self-interrupting their potentially useful contributions.

12.2.3.2 Self-coercion ("coaching") splits: The supervisor may also find themselves feeling pressured to act as an expert when they don't necessarily know what do; this



in turn can interrupt their natural curiosity and desire to work collaboratively with the supervisee.

12.2.3.3 Anxiety and self-interruption splits: These can emerge in response to the supervisor's own negative reactions to supervisees whom they see as practicing in potentially harmful ways; the supervisor may find themselves torn between their fear of the supervisee's client being damaged by the supervisee and their fear of injuring the supervisee by giving them critical feedback.

#### **12.2.4 Helping supervisors deal with stuck places and relational difficulties in their work with supervisees.**

In meta-supervision, supervisors typically bring in difficulties in their work with supervisees (e.g. as noted in sections 3.4. Specific competences for perceiving difficulties/ ruptures in the supervisory alliance or in the implementation of the supervisory tasks/ processes identified in sections 5., 6., and 7., elaborated above). Here are some of the most common of these difficulties that can get raised in meta-supervision:

12.2.4.1 Feedback not welcome. The therapist-supervisee may have trouble receiving feedback or suggestions from the supervisor;

12.2.4.2 My cat ate my videorecorder. The therapist-supervisee may consistently fail to bring in recordings to review;

12.2.4.3 Imposter supervisor club. The supervisor-supervisee may feel intimidated by therapist-supervisees whom they see as more experienced or skilled than they are;

12.2.4.4 Skewed group. A therapist-supervisee may dominate in group supervision, taking more than their fair share of the time and/or try act as co-supervisor

12.2.4.5 Damn the empathy! Full speed ahead! The therapist-supervisee may repeatedly fail to provide empathy for their clients, e.g., resulting in imposing inappropriate tasks on their clients;

12.2.4.6 Poor training. The therapist-supervisee may seem poorly trained and in need more general psychotherapy supervision, e.g., with regard to maintaining appropriate boundaries or managing client risk;

12.2.4.7 "Stump the chump"<sup>1</sup>. The early stage therapist-supervisee may consistently bring in for supervision highly complex, challenging clients with whom EFT tasks are difficult to implement at the supervisee's current level of skill.

#### **12.2.5 Making use of self-disclosure in meta-supervision.**

Appropriate self-disclosure can be particularly useful in meta-supervision, partly because 1 "Stump the chump" is an American expression meaning to challenge someone by asking them questions in front of others in order to make them look foolish. In this case, the most likely process is that the supervisor feels at risk of looking foolish, while the supervisee is simply struggling with a challenging client.

and meta-supervisee are closer to being peers and partly because it can help in working with meta-supervisee vulnerabilities. For example, the meta-supervisor might disclose that they too are feeling vulnerable because supervision is new to them in the same way that learning EFT is new to the meta-supervisee, or that they are anxious about how the meta-supervisee might take a piece of somewhat difficult feedback.

## 13. A Quick List of Core EFT Supervisor Supervision Activities (for training)

## 13. A Quick List of Core EFT Supervisor Supervision Activities (for training)

**13.1. Say What You See:** Conceptualize what is happening in EFT terms (=Fundamental competency; EFT process formulations) (See section 5.2)

**13.2. Say what you would do:** Including what could be done/how it could be done more productively; suggestions for therapy activities. (See section 5.3)

**13.3. Tune in and speak out:** Show supervisee how to deeply attune to their client. (See section 5.4)

**13.4. Tune into supervisee experience:** Explore the frame of reference/formulation/immediate experience of supervisee. (See section 5.5)

**13.5. Tell how it works:** Explaining/experiential teaching for supervisees. (See section 5.6)

**13.6. Look at what the client does next.** Direct supervisee's attention to their client's immediate reaction to their responses. (See section 5.7)

**13.7. Facilitate Case Formulation Work.** Build a tentative formulation/narrative of the client's process by creating a "red thread" that points the way forward. (See section 6.0)

**13.8. Affirm and collaborate (always).** Supervision is all about building supervisee competence and collaborating towards a shared goal of enhancing EFT practice.

## Appendix 1: Training for EFT Supervisors: Outline of a pilot Supervision training workshop

## Appendix 1: Training for EFT Supervisors: Outline of a pilot Supervision training workshop

This outline was a preliminary draft for the pilot workshop that occurred in July 2022, in Munich. The workshop – as actually delivered – ended up becoming a little different from what was outlined below (along the lines indicated in Section 13), based upon the experience, and needs of the trainees. More on this will be integrated in the upcoming EmpoweringEFT@EU intellectual output (namely, the Good Practice Guide for EFT Supervision – IO5).

Robert Elliott, Lars Auzsra & Imke Herrmann (pilot workshop held in Munich, 19-21 July, 2022)

Mix of theory (power point), Modelling/live demonstrations of supervision by Trainers, Group practice

### Preparatory Work:

- Study the EFT Therapist/Supervisor Competency Framework
- Prepare either one or two recordings of your own practice. At least one of these (about 30 min) should be of your therapy practice and should focus on EFT-tasks or EFT-related stuck places/difficulties/struggles. It needs to be accompanied by written general case formulation using one of the models (e.g., MENSIT or 5-Dimensional), plus a written summary of session segment and issues/supervisory questions you want to address. The recording needs to be in English or with subtitles. Secondly, as an option: If you are currently doing EFT supervision, then consider bringing in a recording of your supervision practice.
- Issues & Questions for workshop

### Day 1:

Segment 1-1: Welcome & brief introductions; Introduction into EFT Supervision:

- Introductions: Your background and current practice as an EFT supervisor. What questions or issues do you want to do addressed in this workshop? What do you find most challenging in EFT supervision? (45 min)
- Content: Overview of EFT supervision. What do supervisors have to learn? The landscape of EFT supervision; overview of Supervisory Competency Framework via PowerPoint (Robert) (15 min); group discussion (30 min)
- Issues and questions from participants [record] [break]

## **Segment 1-2: Continuing discussion of video: EFT Supervision session Video:**

- Watch & have the group extract bottom-up general characteristics of EFT supervision (hallmarks, differences to other models of supervision) (60 min)
- Optional: Structured group discussion of experiences of being supervised in EFT (30 min)

### **[Lunch]**

## **Segment 1-3: Skill Practice 1: Baseline response: Say What You See (90 min)**

- Brief presentation (Lars) (15 min)
- Skill practice emphasizing Say What You See but allowing range of responses (supervisee, supervisor, observers) (4 rooms X 3 people each X 2-3 15-min sessions) (75 min) [break]

## **Segment 1-4: Skill Practice 2: Say What You Would Do**

- Brief presentation (balancing relational processes with content guiding) (Imke) (15 min)
- Skill practice empathizing different ways of suggesting processes to supervisees (similar structure) (60 min)
- Processing the day (15 min)

### **Day 2:**

## **Segment 2-1: Integrating EFT Experiential teaching for supervisees**

- Review and discussion of participants' questions (30 min)
- Brief presentation (re: mini-lectures/"experiential teaching?" (Lars) [check framework] (15 min)
- Skill practice: open but integrate didactic EFT teaching along with other skills (45 min)

## **Segment 2-2: Case Formulation Work in Supervision: Tracing the "Red Thread"**

- Resource: Brief reminder slides for each of 3 models (15 min total) (CMAS: Lars; MENSIT: Lars; 5D: Robert)
- Live demonstration with discussion of Case formulation-focused supervision (panel: Imke, Lars, Robert)

### **[Lunch]**

## Segment 2-3 Working with Therapist Blocks and Vulnerabilities

- Brief presentation: Therapist blocks and vulnerabilities (Robert) (15 min)
- Small group work: identify 1 or 2 personal blocks or stuck places in your practice as EFT therapists; then share with larger group (30 min)
- Live demonstration of supervision with therapist blocks or vulnerabilities; alternatively: small group skill practice with therapist practice blocks, eg. Self-interruption, self-criticism (45 min)

## Segment 2-4: EFT Meta-supervision

- EFT meta-supervision: Overview; the two modes of meta-supervision: exploratory & recording-based (15 min) (Robert)
- Live demonstration of meta-supervision (30 min)
- Meta-supervision skill practice (45 min)
- Processing the day (as time allows)

## Day 3: Working with Supervision-level Difficulties Segment 3-1: Supervisor Blocks and Fears

- Review and discussion of participants' general questions (30 min)
- Skill practice with supervisor block markers (Imke): Supervision practice, attending to potential blocks or stuck places in the recordings (60 min; 4 rooms X 3 people each X 2 20-25 min sessions) (supervisee, supervisor, observers, trainers take over, live modelling and live supervision of supervision) [Carla video]

## Segment 3-2: Working with Difficulties in the Supervisory Alliance

- Overview of supervisory alliance difficulties (Lars) (15 min)
- Group discussion: Working with bad therapy practice; work on Person of therapist (30 min)
- Group practice: come up with marker for alliance difficulty (supervisee, supervisor, observers, trainers take over, live modelling and live supervision of supervision) (45 min)
- Optional: Group practice: Open marker supervision work, work with whatever marker comes up

## Segment 3-3: Processing and integrating the training (90 min)

- Addressing any remaining questions or issues
- Open discussion
- Photographs
- Where from here?

# Emotion-Focused Therapy Training

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