

# Good Practice Guide for EFT Supervision



*Empowering*

Empowering Emotion-Focused  
Therapy practice in Europe

**EFT@EU**



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# 1. Introduction and Overview



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This manual is intended to provide the user with valuable guidance on how to plan, prepare, conduct, and enhance supervision in the modality of EFT - Emotion-Focused Therapy. It builds on two previous documents: "EFT Supervisor Competency Framework" (Intellectual Output 2; hereafter, IO2) and its appendix, "Therapist Competencies for Emotion-Focused Therapy practice". Both of these documents were prepared by Robert Elliott, Lars Auszra, Imke Herrmann, Carla Cunha and the EmpoweringEFT@EU project team, and were developed within the EmpoweringEFT@EU project [Empowering Emotion-Focused Therapy Practice in Europe, an Erasmus+ Project with reference N.º 2020-1-PT01-KA202-078724; website: [www.emotionfocusedtherapy.eu](http://www.emotionfocusedtherapy.eu)]. In those documents, this team acknowledged the basic foundations and necessary competencies and skills necessary for EFT supervision (IO2) and implicated in EFT practice (appendix to IO2).

Supervision is considered a distinct professional competence, relevant for the practice of psychologists, counselors and therapists, that requires specific knowledge, competences and skills, specific values and procedures (APA, 2014, 2015). In the present manual - Good Practice Guide for EFT Supervision -, the goal is to arrive at a more "user-friendly" resource for conducting clinical supervision in the modality of EFT, as a specific psychotherapy-based form of supervision. We hope to accomplish this through adopting general good practice guidelines for clinical supervision adjusted to EFT-specific supervision, by incorporating feedback from supervisees regarding their previous processes of supervision in this modality, and using a pragmatic approach that will support the development of efficient and effective supervision processes in EFT. Thus, this Good Practice Guide is directed towards supervisors who seek to work in a context of individual or group supervision with supervisees (EFT therapists) who want to improve their competencies as Emotion-Focused Therapists. It integrates evidence-based good practices referred to in the supervision literature (according to a meta-theoretical perspective that has been adopted by various professional and regulatory organizations in the field of psychology, counseling and psychotherapy) and applies these to EFT. Furthermore, it specifies the most prominent, distinctive aspects of clinical supervision in the modality of EFT, in order to instill good practice and to inspire more research on clinical supervision in this modality.

We acknowledge that the supervision field has now moved beyond specific "master-apprenticeship models" to incorporate transtheoretical, developmental models and principles that emphasize the building of supervisee's competencies across modalities, adopting a transtheoretical, competency-based approach (e.g. Falender & Shafranske, 2004, 2008; Falender, Shafranske, & Falicov, 2014). However, even though we will incorporate several of these transtheoretical, overarching principles regarding effective supervision, we are assuming this proposal a psychotherapy-based or psychotherapy-focused form of supervision (following Watkins, 2017): it is a proposal for EFT-specific supervision, as a natural development from the specificities of this experiential, process-based modality (henceforth, referred to as EFT supervision), developed upon previous proposals (e.g. Greenberg & Tomescu, 2017).



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A consistent, characteristic feature of EFT supervision involves the use of audiovisual recordings of actual psychotherapy sessions, to provide the opportunity to conduct supervision on the actual therapy process with a given client and, also to carry out systematic assessments of competence in this model. Even though the use of audiovisual recordings of psychotherapy may be employed in other therapeutic models, perhaps the most distinctive element of a model specific supervision of EFT is that it focuses on the therapy process moment by moment: i.e. recordings are consistently used to observe and supervise the psychotherapy process, accessing and commenting upon the therapist-client interaction and the experiential process of the client, in brief time segments (of seconds or minutes in terms of duration). This allows for observation and feedback on the patterns of interaction in psychotherapy. This provides the fundamental learning opportunities needed for achieving competence in the practice of this modality. Therefore, this “process-based form of supervision”, relying on video recorded therapy sessions as the content of supervision for providing feedback to supervisees, may be assumed as a distinctive feature of a model specific supervision of EFT, in contrast to other modalities. For example, a study by Weck et al. (2017) found that 46% of the supervisors of 791 supervisees in cognitive-behavioral therapy or psychodynamic therapy never used audiotapes or videotapes of the supervisees’ sessions in their supervision processes.

Additionally, audiovisual recordings of therapy sessions are also required for the international accreditation system applied by the ISEFT (International Society for Emotion Focused Therapy; see the website here: [www.iseft.org](http://www.iseft.org)): specifically, two videos from two different clients must be evaluated for level C accreditation (Certified EFT Therapist). Therefore, this manual will also provide some considerations regarding the use of audiovisual recordings, especially in an era that is characterized by the need to safely secure and handle personal data (such as psychotherapy data) in order to comply with current data protection regulations.

Although we are aware that there are different types of supervisors and supervisees in EFT practice (covered in manual IO2), seeking to be specific, we have decided to focus the scope of this manual on clinical supervision that is psychotherapy-focused. Watkins, (2017) distinguishes between three clinical supervision models: Psychotherapy-focused, developmental and social role. Psychotherapy-focused clinical supervision models emphasize the learning of a given psychotherapy modality. This means that its global aim is to promote therapist adherence and competence to the EFT model. Hence, this manual is specially suited for clinical supervision that:

1. Adopts EFT as its main approach;
2. Uses video recordings as the main content for supervision;
3. Seeks to allow for the development of specific EFT competencies and skills (collected in the document EFT Therapist for Emotion-Focused Therapy Practice, the appendix to IO2 referred above);
4. Is carried out typically for a set period of time, referred to here as a supervision cycle; and,
5. Has the main goal of allowing supervisees to pursue progressive certification as EFT therapists (according to the ISEFT criteria).

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As a proposal for a psychotherapy-focused approach for clinical supervision in EFT, the purpose of this manual is the promotion of competent EFT practice. Therefore, our purpose contrasts with other purposes and functions of clinical supervision (see Watkins, 2017), namely: a developmental form of supervision (which aims to support the growth, self-care and resilience of practitioners through their lifetime careers); or the facilitation of supervisees' adherence to their social role as a psychotherapist (focused on promoting trans-theoretical issues regarding psychotherapy practice, ethical procedures, assessment/monitoring of client outcomes and case management, as part of a psychotherapist's identity) (Falender & Shafranske, 2004, 2008). Those who are interested in these forms of clinical supervision are referred to other resources (e.g. APA, 2014, 2015; British Psychological Society, 2007; Falender & Shafranske, 2004, 2008; Falender et al., 2014; Watkins Jr., 2017, among others).

This Good Practices Guide is based on both manual IO2 and the feedback gathered through qualitative interviews with two groups of participants: (1) Trainees in the EFT Supervisor Training Workshop (the second transnational training activity conducted as a pilot workshop within the EmpoweringEFT@EU project, held in Munich - Germany, held in July 2022, with a team of participants who had recently been accredited as EFT supervisors or who were working toward that). (2) supervisees learning EFT, interviewed after finishing their supervision cycle within EFT institutes in Spain and Portugal (partners in the EmpoweringEFT@EU project). It also integrates general elements and recommendations for good practices in clinical supervision and other elements of supervision literature guidelines that have been adopted by professional and regulatory organizations, namely the APA (2014) Guidelines for Clinical Supervision of Health Service Psychologists (and sources listed in the References section), as well as a reflection on cultural elements in the practice of supervision that appear in certain dilemmas of the supervision process.

This guide is organized into the following sections. After the present Introduction and Overview, the second section provides an overview of good supervisory practice as reported on in the wider supervision literature and thus also relevant to the consideration of good practice in the supervision of EFT specifically. This is followed by a summary of the Framework of Competencies of the EFT Supervisor (IO2 of the Empowering EFT Erasmus project). Subsequent sections then integrate the main insights provided by interviewed supervisees (section 4) and recommended aspects for conducting effective supervision processes (section 5). Finally, the supervisor competences are illustrated with transcripts of supervision sessions (section 6).

## **2. General Good Practice Recommendations for the Supervision Process**



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Supervision is a complex, multilayered enterprise: it is described by the British Psychological Society as an activity, a process, a relationship and a praxis (BPS, 2007). Supervision is considered a distinct professional competence, relevant for the practice of psychologists, counselors and psychotherapists, that requires specific knowledge, competencies and skills, specific values and procedures (APA, 2014, 2015). Applied to psychotherapy, and within a psychotherapy-focused framework (Watkins, 2017), it aims to develop supervisees' competencies for clinical practice in a given modality, facilitating the translation of professional (theoretical and technical) knowledge to its application in real practice, along with the development of supervisees' critical analysis, self-assessment and autonomy. In addition, this form of psychotherapy-focused framework can also integrate some developmental purposes for supervisees, by supporting their practice and professional development, providing emotional support (e.g. enabling safety and self-confidence), and enhancing theoretical knowledge necessary to advance supervisees' practice in terms of self-care and resilience (OPP, 2020). Supervision is considered, therefore, intrinsic to psychotherapy competence and a crucial mechanism for achieving high standards of professional practice (OPP, 2022).

Falender et al. (2014) developed a set of responsibilities for Supervisors implicating six domains: Knowledge, Skills, Values, Context, Training and Assessment (OPP, 2020). Applied to clinical supervision of EFT, they entail:

- **Knowledge:** EFT research (process and outcome), assessment and clinical models; Supervision models and research of EFT practice (or congruent to it); Professional and developmental models of supervisee development and main difficulties in learning EFT; Ethical and legal issues related to psychotherapy, especially EFT practice and EFT supervision; Awareness and knowledge on diversity issues in all its forms.
- **Skills:** Conducting EFT supervision in individual and/or group settings; Didactically translating EFT theory, clinical models and relevant research to fit the needs of clients and psychotherapy processes being supervised; Establishing a good and positive supervisory relationship/alliance as well as preventing/managing relationship difficulties in individual or group supervision settings; Sensitivity to the multiple roles supervisors may play in the development of an EFT supervisee/therapist, especially in smaller communities; Fostering multiple forms and opportunities to foster supervisee learning (being proficient and didactic in EFT theory and taking advantage of supervision moments as teaching opportunities to deepen learning in EFT) and supervisee assessment (providing formative and summative feedback, for promoting self-awareness, self-assessment opportunities and promoting growth for supervisees); Being able to manage the exposure and personal issues that become activated during supervision and becoming aware of the boundaries and limits of supervision (by providing referrals for personal therapy when supervisees need it, by seeking external consultation when necessary, and by preventing injuries related to supervisee malpractice, in order to protect clients as the primary and ultimate goal); Sensitivity and self-awareness regarding one's own performance as a supervisor, by remaining flexible, encouraging and supportive to meet the level of competence, experience and needs of supervisees but

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- **Values:** Commitment to lifelong learning, development and professional growth as a supervisor; Being sensitive and focused on fostering supervisee growth and development; Working towards reaching relevant, shared supervision goals/questions and joint supervision foci during the supervision process; Balancing between support and challenge when providing feedback on supervisee performance and balancing between paying attention to supervisees' needs in terms of clinical, training and self-care issues; Accepting responsibility for client and supervisee process; Modeling and exemplifying good/ideal practice, whenever necessary; Striving to model professionalism and integrity; Being sensitive and respectful to diversity issues (related to clients and supervisees), supporting client advocacy and supervisee empowerment.
- **Context:** Facilitation of safe interpersonal context to allow for honest feedback (supportive or challenging); Awareness and sensitivity to ethical and legal issues relevant to the supervision and psychotherapy process; Awareness and sensitivity to diversity and multicultural issues relevant to the supervision and psychotherapy processes and relationships; Awareness and sensitivity to the social, cultural and political contexts where supervision is conducted;
- **Training:** Committing to lifelong learning, development and professional growth as a supervisor, embracing continuing education and formal training as a supervisor, and seeking continuing (formal/informal) training and improvement through supervision or through other means.
- **Assessment:** Completing formal training as a supervisor, including by being involved in training and formal assessment by other/expert supervisors (e.g. through providing direct observation/evidences to an external supervisor; assessment of recordings of supervision sessions); Encouraging the systematic assessment of supervision outcomes (e.g. through adopting supervision assessment measures, and/or client outcome measures, to monitor the outcomes of supervision) and the routine assessment of supervision practices (by collecting supervisee feedback and keeping records of supervision sessions)

### 2.1. Supervision Contract

Supervision is, therefore, distinct from mentorship, personal therapy, professional consultancy or administrative supervision (i.e. in the role of the Director of a Psychotherapy Service). Clinical supervision requires a special type of training relationship, carried out in a more intensive learning/teaching context, where a senior/qualified professional - the Supervisor - guides the practice of colleagues - Supervisees - through a case focused, supportive and educational approach, to foster the autonomy and competence of supervisees (OPP, 2020; Weck et al., 2017). To provide more clarity to the whole supervision process, a common good practice recommendation is the establishment of a Supervision Contract, explicitly stating several of the issues above and defining the parameters of the supervision process (OPP, 2020).

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<b>Table 1. Parameters of the Supervision Contract (adapted from OPP, 2020)</b>	
<b>Process of supervision</b>	Reference to the names of the Supervisor and Supervisee; Define the format: In-person versus online; Individual or group supervision (ideally with 2 to 5 supervisees) - if in a group format, we recommend a closed group. A special attention should be given to explicitly stating the process in terms of group supervision (confidentiality issues, definition of times per supervisee, etc.) or online format (e.g. provide explicit recommendations regarding the space where supervisees are, to guarantee proper confidentiality conditions).
<b>Supervision goals</b>	Define the supervision goals; These will be the guiding line of the supervision process and also of the supervisory relationship. The contract should clarify also the responsibilities of both parties (supervisor and supervisee), built in a context of mutual collaboration, negotiation and agreement.
<b>Method of Supervision</b>	State the supervisory methods to be usually adopted: namely, the access to videorecording of sessions (more details on section 2.2.); how/when they will be shared; how they will be presented/discussed; describe the usual structure of a supervision session, especially if in a group format (to ensure that all supervisees benefit from equal amount of supervision)
<b>Duration</b>	State the duration of a supervision session (if in group supervision, adjust the time of a supervision session to the number of supervisees and consider the number of times they need to present their cases); Recommended time is between one hour or two hours (depending on the periodicity and number of supervisees).
<b>Periodicity</b>	State the periodicity of supervision sessions, depending on the needs of supervisees; if in a group setting, consider the periodicity as a function of duration of sessions and number of supervisees in a group (e.g. monthly, biweekly, or weekly)
<b>Supervision cycle</b>	This refers to the period through which the supervision goals are expected to be attained. In individual format, state the number of (expected) sessions needed to achieve the supervision goals (explicit above in the contract); According to standard supervision guidelines, a supervision cycle can take between 6h to 12h (individual format) and 24h (group format) divided into periodic sessions. In EFT supervision, these can be adjusted to the level of supervision necessary for certification (review Level A, B or C ISEFT certification guidelines in section 1, above). Supervision cycles may be reinitiated if the supervisee is not approved at the end of a supervision cycle.
<b>Fees</b>	Fees, payment values and payment format should be made explicit in the contract and be agreed upon by both parties (supervisor and supervisee).
<b>Supervision sessions assessment</b>	Assessment of supervision sessions, whenever applicable, and the specific moments where assessment of supervision is to be expected, and how it will be carried out, should be stated.



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<b>Supervision records</b>	Encouraging the maintenance of supervision records (from supervisor and supervisee) is a good practice recommendation; The supervisor should keep an attendance sheet (to be signed) with the dates of the supervision session, register its main conclusions and the supervisees attending/presenting; The records may take the form of supervision session minutes, to be signed by all.
<b>Non-attendance</b>	Absences from a supervision session should be registered and considered justified or not. It should be noted on the contract the limit of absences and if/how they can be replaced.
<b>Final Assessment</b>	Assessment of supervision should be constant and its parameters explicitly stated; The contract should state what specific (formal or informal) assessment is required to comply with the goals of supervision. The supervision assessment results should qualify the supervisee as "Approved" or "Not Approved", and include a justification of the assessment category that was provided.
<b>Certification</b>	When the supervisee is approved at the end of a supervision cycle, a certification document should be provided, stating the number of supervision hours and referring to the attained goals.

## 2.2. Recommendations for gathering Informed Consent from Clients

Another aspect which is to be discussed early on in any type of supervision - and EFT is no exception to this - is the gathering of clients' informed consent regarding the discussion of their psychotherapy process and personal information during the supervision sessions. Furthermore, in the aftermath of the significant changes worldwide in legal regulations concerning the protection of personal data, of which the General Data Protection Regulation of the European Union is an example, and the changes in routine psychotherapy practice after the COVID-19 pandemic, where technology assisted supervision and training (TAST - Rousmaniere, 2014) and online psychotherapy, aided by video conferencing platforms (such as Zoom), have both come to stay, it is highly relevant to focus now on an elaboration upon these issues.

Supervision in EFT - because it relies heavily on video or audio recorded sessions - is a particular context where the issues of gathering clients' informed consent, safely handling client personal data and ensuring client confidentiality, and using technologies to assist routine psychotherapy practice brings all of these sensitive issues into the spotlight of discussion, early on in supervision of EFT.

We now suggest a set of issues that should cover the information that is given to clients regarding supervision based on recordings of sessions, when we are aiming to develop an EFT practice that is adequate to the current legal standards concerning privacy, confidentiality and the processing of personal data. Three documents frame the recommendations provided below: 1) the General Data Protection Regulation of the European Union (namely, Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016, concerning the protection of persons with regard to the processing of personal data and on the free movement of such data); 2) the Declaration of Helsinki

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(World Medical Association, 2013, stating the ethical principles for research involving human participants and the duty to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research participants, adopted by the 18th World Medical Association in Helsinki, Finland, June 1964, and later subscribed by research in the field of psychology; see Goodyear, et al., 2007); and 3) the Oviedo Convention (which draws upon the principles established by the European Convention on Human Rights, aiming at protecting the dignity and identity of all human beings and guarantee the respect for their integrity and other rights and fundamental freedoms, without discrimination; Andorno, 2005).

Below are the recommended sections that an EFT Informed Consent Form usually addresses (according to the legal documents mentioned above) and some suggestions concerning its content. Depending on national organizations regulating data protection and the recording of personal data (such as in psychotherapy or health services or psychotherapy research), which may apply in a given context/country, the sections below and type of information that is provided may need to be adjusted. By default, we are assuming that the professional is a psychologist and the regulating body is a local psychological organization, such as the American Psychological Association (APA).

- **Framework:** Describe the psychotherapy setting and its goals/mission. Here there should also be an acknowledgement of the regulation bodies to these types of settings or the services provided by the Psychologists (or other professionals) working there. Present also an overview of the information that is provided in the informed consent (e.g. information on privacy and confidentiality; information on supervision/intervision procedures and recording of sessions; information on personal data collection, processing and storage). State that it is important that the person understands all the information that is provided, and asks all the questions needed to establish and provide an informed decision, especially considering the audio video recorded or audio recorded data.
- **Procedures adopted in the service:** Describe here the procedures adopted in this psychotherapy setting, namely in terms of initial evaluation and/or routine psychological assessment and also in terms of psychological and psychotherapeutic intervention. If assessment measures are used in the routine assessment and monitoring of clients' outcome, reference them here. Describe the training that professionals have to perform and apply these procedures, and the local regulating body that certifies them. State explicitly that supervision/intervision meetings is a routine procedure of this service to ensure that the best treatment is provided to all clients.
- **Gathering, management and protection of collected data:** State how the service/professional records personal information in the form of clinical notes of the sessions and/or assessment measures applied to the client (if applicable), are organized into case files (and in what form - e.g. paper or digital). If case files are stored on paper, globally describe where they are stored (e.g. locked files) and state how the process ensures proper confidentiality and privacy, by being accessible only to the professional involved. If case files are digital, describe where they are stored and how the process

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- ensures proper confidentiality and privacy (e.g. folders/files that are only accessible to the professional involved through a password code). If the data gathered through assessment measures are used for a routine evaluation of clients in that service or even for research purposes, describe how and ensure that it is anonymized (for example, by using a code for each client). State how long the case files/data will be stored (typically, unless explicit consent is sought for the data to be used for other explicit purposes, GDPR requires that supervision recordings be destroyed after the purpose for which they were generated is achieved i.e., at the end of the supervision session - c.f. GDPR, articles 17 and 19).
- Clinical supervision/intervision procedures: Describe the type of supervision/intervision in which the psychologist is involved (namely the format: individual or group), restating the goal of supervision/intervision (i.e. to provide the best treatment to all clients). In some countries, the supervisor may also have to be explicitly identified in the Informed Consent Form (and also the group members, in case of group supervision). Explicitly reassure clients that supervision is a confidential process and that it is a routine practice in the profession, with the aims to improve the adequacy and effectiveness of the intervention, the safe and secure delivery of psychological services and to enhance the professional competence of psychologists. State that the professionals involved in these supervision/intervision meetings share the minimum socio-demographic information possible concerning the cases (e.g. no names or identifiable information), do not know or have any connection to the clients or their families and are obliged to maintain secrecy and confidentiality on the shared contents, thereby respecting the Ethics Principles and Code of Conduct for Psychologists, according to the regulating body (e.g. APA). If the settings do not adhere to all of these norms (e.g. when professionals in a given institution work with families and not only individuals, adapt information accordingly, so that clients understand the limits of confidentiality).
- Brief overview of aims and reasons to collect recordings of sessions: State that, in accordance to the good practices in psychological interventions, the video or audio recording of sessions and their subsequent analysis during the supervision meetings aims to facilitate the process of supervision, allowing other psychologists with more experience and training to observe the client-therapist interaction. This way, supervision will allow to improve the support and quality of the psychotherapy services that are provided, adjusting them to the individual needs of clients.
- Description of procedures adopted in the recording of sessions: State how the sessions will be recorded, and through which equipment of data capture (see section 5.2. below, for recommendations regarding the best technology and equipment for this). State that the professional will take full responsibility for keeping the recordings private and safe; they will be referred to and stored by using a code (no names or identifiable information).
- Privacy and confidentiality: State that psychologists are obliged to maintain professional secrecy, confidentiality of shared information and the privacy of their clients, ensuring adherence and respect for the Ethics Principles and Code of Conduct for Psychologists, according to the regulating body. Explain that there are, in exceptional cases, limits to

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- this confidentiality, duly outlined in the Ethical Principles and Code of Conduct for Psychologists. For example, the confidentiality of shared contents may, exceptionally, be broken if it is assessed that there is risk to the client or to someone else; additionally, these situations will be properly discussed and managed in collaboration with the client. It is important to note that specific local psychotherapy/psychology governing/accrediting organizations may have specific ethical requirements in this respect and that specific jurisdictions may also have specific legal requirements in these respects.
- Collection of data, data transportation, storage and protection: State that only the respective psychologist will have access to the video or audio recorded files of the sessions, it being their responsibility to safely handle the recording equipment and to store the files in a private, password accessible digital storage. In some countries, the supervisor may also have to be explicitly identified. The files are to be given a unique, non-identifiable code, attributable to the client. State how professionals ensure the secure storage of video or audio recorded files (in their personal computers, password protected, and encrypted to safeguard the security of digital files). The files with recordings of sessions will be destroyed after the respective supervision session. Any actual or suspected security incidents will be reported to the supervisor and/or director of the psychotherapy setting/service.
- Research (if applicable): If there is authorization for data (non-identifiable) to be used in research, the anonymity of clients will be guaranteed and the names or personal information will not be revealed. All clients need to consent to using their anonymized data for research purposes and have the right to withdraw their consent (i.e. to revoke a given prior consent), without any implications for their treatment in the future. Of course, any given research project may require specific informed consent with specificities beyond this scope.
- Rights of clients: State that recordings of sessions (video or audio) and their discussion in the supervision sessions is completely voluntary. All clients need to consent to it and have the right to withdraw their consent to record or supervise their sessions, at any time. State that they also have the right to opt out in the recording or supervision of their sessions (i.e. to revoke a given prior consent), without any implications for their treatment in the future.
- Final section and signatures: Insert a final section with bullet points (or boxes to be checked, in case there are optional authorizations) listing the following aspects, formulated in a first-person language:
  - I declare that I have read and understood the document "Informed Consent", as well as the verbal information that was given by the Psychologist signed below. I have been given the necessary clarifications to my questions, in order to allow me to fully comprehend the procedures and information described;
  - Trusting that my data will only be used for the confidentiality guarantees set out in this document, I accept the procedures regarding the assessment procedures, psychological or psychotherapy intervention and supervision/intervention procedures described above and explained verbally to me;

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- Trusting that my recordings will only be used for the supervision purposes and confidentiality guarantees set out in this document, I accept the recording, storage and data handling procedures related to supervision/ intervention described above and explained verbally to me;
- I have been assured that at any time I can refuse the collection/storage and use of my data without any consequences whatsoever, and that I have the right to revoke this consent and request the destruction of the data collected; I allow the use of non-identifiable data, which I provide on a voluntary basis, for the purpose of research (if applicable);
- A copy of this document was provided to me (signed), for record keeping;
- Name of psychologist, date and signature;
- Name of client, date and signature.

## **3. A Summary of the EFT Supervisor Competency Framework**





We summarize in five areas the different supervisor competencies that are addressed in detail in the IO2 EFT Supervisor Competency Framework manual: (1) Supervisory perceptual skills (including perception of supervisee level of competence), (2) Building the relationship with the supervisee, (3) Facilitating supervisee perceptual-action skill building, (4) Skills to promote case formulation, and (5) Skills in experiential work with supervisee blocks in experiential processing. There is, of course, some overlap between these five areas of competency, but we believe that this structure allows us to describe in a coherent way some of the different dimensions of the supervisor's skills in EFT.

Although they could have been organized differently, these supervisor competencies are ordered according to the degree of impact on the supervisee: the first being more internal supervisor competencies (perceptual competencies), moving on to competencies that seek to build a relationship with the supervisee, and supervisor competencies that seek a direct impact on the supervisee's process as a therapist (techniques and the use of case formulation), finally reaching the competencies that seek to work with the internal experiential process of the supervisee (i.e., the therapist under supervision).

### 3.1. Perceptual Competencies

Perceptual competencies are central for EFT supervision, since they allow the supervisor to perceive the skills of the supervisee, to perceive the client's process through the recordings, and to perceive relational processes between supervisee and client. Thus, the supervisor observes the process moment by moment, in the audiovisual recordings, evaluating the therapeutic alliance, perceiving markers, therapist's response modes, therapeutic presence, client's emotion processing modes and level of emotional deepening, including the emotions they access and activate and how productive these are. These competencies figure largely in the FORMATIVE assessment dimension of supervision.

Perceptual competencies also allow the supervisor to observe whether the supervisee is ready to apply for level C accreditation as an EFT therapist, and to encourage the supervisee to continue progressing towards this goal. It is important that the supervisor understands and has confidence in the system used for summative accreditation assessments. A suggestion for this is applying one of the versions of Person-Centred and Experiential Psychotherapy Scale (Freire, Elliott & Westwell, 2014), such as the PCEPS-EFT-5 (with 5 items) or the more recently developed the PCEPS-EFT-9 (see more on this below; (Elliott, Westwell & Monteiro, 2022)). Perceptual skills allow the supervisor to see the potential for supervisees to make further progress towards accreditation as an EFT therapist and, later on, as a supervisor. These competencies constitute the SUMMATIVE assessment (e.g., achieving level 4 in the PCEPS-EFT-9 for advancing to become a certified EFT Therapist - ISEFT Level C accreditation; achieving level 5 in the PCEPS-EFT-9 for advancing to become a certified EFT Supervisor). (See more on this below, namely on Table 3).

### 3.2 Building, maintaining and repairing the relationship with the supervisee.

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Parallel to the therapeutic skills, the supervisor cares for and builds the relationship with the supervisee, beginning with the first core supervision competence, Affirm and Collaborate. A fundamental part of this building of security in the relationship is achieved through the framing of the supervision sessions and the definition of the supervision contract in the beginning of the process (see Table 1 above). The supervisor makes explicit the frequency, the format (whether it will be individual or group), the use of audiovisual therapy recordings (how the videos are selected, how the supervisee is expected to prepare the supervision session), and the price and method of payment, among other elements.

In the supervision setting it is very relevant to address the objectives of the supervisee. Sometimes the goal is to get accreditation as an EFT therapist. (If it is “as quickly as possible”, this can lead to alliance ruptures in the supervisory relationship.) At other times the objective is linked to the development of some specific competence, or related to concerns about clients who do not seem to be progressing. On yet other occasions, the objectives are more global, and the supervisee seeks a space to continue their development as a therapist, in contact with a mentor and peers with whom to share resources, experiences and inspiration. For supervisors, it is important to adopt a general stance of “Affirming and Collaborating”; i.e. being interpersonally warm, welcoming making explicit and agreeing on the goals of supervision (which may involve some negotiation and collaboration within the supervisory relationship). In EFT supervision (as in EFT practice), it is important to “deconstruct” hierarchical positions and provide an interpersonally secure climate that is optimal for personal growth and professional development: this will also reduce the likelihood of supervisory alliance difficulties or create the space for acknowledging them and resolving them, if they arise. It is also important to recognize the limits of supervision, and to offer external resources to work on goals that cannot be fully addressed in supervision (e.g., referring a supervisee for personal therapy, when personal issues are being an obstacle to professional functioning). Another aspect of good practice is to ask the supervisee to offer one or two supervision questions at the beginning of each supervision session; this generally helps to clarify the goals of a supervision session.

At the same time, one of the challenges that supervisors sometimes need to manage is the combining of distinct roles regarding the supervisee (e.g. supervisor vs. teacher/trainer/colleague, among others). Part of building the partnership with the supervisee requires attention and self-awareness on the part of the supervisor, especially in small EFT communities where dual roles (e.g. supervisor; teacher/trainer) may be more frequent and require more attention and consultation, e.g., in the form of meta-supervision. It is also important to be aware of one's own goals as a supervisor, as well as one's own shortcomings or areas for development and growth (even if one has a level 5 or 6 on the PCEPS-EFT-9!).

The supervisory relationship with each supervisee is based on openness and attunement to their experience moment by moment. In this attunement, the supervisor may find markers of supervisory alliance ruptures, evident in manifestations of withdrawal or confrontation from the supervisee from the supervision process or the relationship. These can be addressed when they arise, as they are an opportunity (just as in therapy itself), to strengthen the relationship and facilitate growth/development for the supervisee, or the deepening of the supervisory relationship. In this empathic attunement with the supervisee, the supervisor can

pick up on moments when the supervisee experiences vulnerability or embarrassment embedded in the experience of not being "a good enough therapist". In these instances, it is important that the supervisor empathizes with, affirms and validates the supervisee's experiences of vulnerability when these emerge, so that they can offer experiential teaching regarding growth as a therapist, and take the opportunity to manifest the supervisor's own vulnerability (e.g., through self-disclosures of their own apprenticeship process) and understand it as an inescapable part of the helping profession. Thus, generating a supervision atmosphere in which error is felt as an opportunity, as a place to share and learn, a chance to improve and continue improving as therapists for the good of their clients, is a central skill of the supervisor. This is especially important in EFT supervision, given that it is focused on looking at recorded sessions, which raises levels of anxiety and insecurity in supervisees. Moreover, as we will see in the next set of competencies, the supervisor will perceive and grasp much of what the supervisee does, and this will be crucial to building a supervisory alliance allowing balanced attention to both difficulties/challenges and progress/successes/growth. Finally, it should be emphasized that it is important, whenever possible, to take care of, attend to, and minimize dual relationships that may be harmful to supervisees or clients. For example, it is generally not advisable for a therapist to also at the same time assume the role of supervisor for their client.

### 3.3. Competences for facilitating change in the supervisee's level of skills

In this second set of competencies, we include everything that the supervisor does to foster novelty and growth in the supervisee's responses.

The first of these competencies can be described as the ability to "Say what you see". Articulating in language what is perceived, this ability conveys to the supervisee the fundamental concepts and models of change in EFT, when the supervisor follows and describes explicitly (and aloud) the client's emotional process, and the therapist's facilitative stance. Thus, task markers, the different substages in these, the therapist's use of specific experiential response modes, the types of emotions expressed, the client's experiential depth, emotional productivity, activation/arousal, or the client's modes of involvement, among other elements, are perceived and described by the supervisor. This competence, translating the perceived processes into the language of EFT, not only helps supervisees to integrate theory with practice, but, as we saw earlier, offers opportunities for supervisors to validate and affirm the therapist's good work.

Another key supervisor competence is "Tell how it works", which fosters understanding of the processes in therapeutic tasks. This type of experiential teaching or explanation allows us to address the implicit theories that supervisees hold about therapeutic change. For example, the supervisor can address the sources of emotional difficulties, the ways of interrupting experience, or the modulation of following or leading process depending on the state to be facilitated at each moment - these are some of these experiential teachings that can be addressed during supervision.

Supervisors also perceive and name how the client responds to the therapist's specific interventions. Thus, the perceptual sensitivity of the supervisee with respect to the flow of the

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therapeutic process and its variation at each moment in contact with the therapist is encouraged. This is the ability to "Look at what the client does next".

This second group of competencies also integrates the articulation of what is perceived with a suggestion for action ("perceptual-action" competencies). A paradigmatic example of these interventions consists in offering the supervisee what the supervisor would do at that precise moment of the therapy ("say what you would do"). To do this, the supervisor may simply describe to the supervisee what they would do, or might offer reactions or process suggestions as they would come out of their mouth if they were the therapist, offering concrete examples of language, intonation, etc. This type of intervention is highly valued by supervisees, since not only does it offer vocabulary and examples to incorporate, but the supervisee can also feel the effect or impact of listening to such interventions when the supervisor is deeply attuned to the client's experience.

A related intervention is called "Tune in and speak out", which serves the purpose of both modeling attunement for the supervisee and actually attuning into the client's experience to get a sense of what they feel. Based on watching the video recording, the supervisor imaginatively becomes the client, tunes into the client's experience and speaks out as the client. For example, the supervisor might say: "So I am sitting here and I have this deep pain about nobody being there, so alone and isolated." Similarly, the supervisor can encourage change in the supervisee via role playing exercises: the supervisor can play the role of the client and ask the supervisee to practice what has been suggested, and then give feedback on it, assessing supervisee concerns and accessing their own experience in the process.

Another type of intervention consists of proposing deliberate practice exercises to train specific skills intensively. Thus, the supervisor may ask during a section of the supervision session to practice an experiential response mode (e.g., empathic evocation), or marker recognition, among other exercises. In group supervision settings, this is also an important opportunity to involve other group members.

Beyond these, there are many other procedures by which the supervisor seeks to generate growth in the therapeutic skills of the supervisee. For example, it is common to offer readings, or to suggest different homework, or opportunities to be involved in applying process research to EFT sessions, as well as involvement in other activities and workshops outside the supervision space.

### 3.4. Supporting Case Formulation Work

Third, the supervisor uses information about the supervisee's client to help them develop their case formulation skills. This is very important since it gives supervisees a map for how to situate the client's difficulties, and lays out the path of transformation to facilitate more adaptive responses, growth and wellbeing. Moreover, this conceptualization makes it possible to follow the case from one supervision session to another, offering supervisees an understanding of the logic of the underlying processes, strengthening their confidence in the process - i.e. creating a "red thread" or a plot line across the therapy. Also, this makes it possible to help the client formulate and consolidate how they have changed. To facilitate this process, the supervisor may use specific models of case formulation in EFT, such as the MENSIT model (Goldman &

Greenberg, 2015), the model based on CAMS (Pascual-Leone & Greenberg, 2007; Pascual-Leone & Kramer, 2017; Timulak & Pascual-Leone, 2015), or the five dimensional model proposed by Elliott et al. (2004; in preparation).

However, in supervision-based case formulation work, we emphasize the practical skills of formulating specific clients and helping them communicate and co-construct formulations with clients in real time during therapy sessions. All this makes it possible to generate this common "red thread" that allows maintaining the coherence between the therapy sessions and supervision sessions.

The case formulation process is especially important early in therapy, but it is also important later on. In fact, it serves different functions throughout the therapy process.

At the beginning of therapy, case formulation work can be important for providing a shared understanding of the importance of focusing on emotions, accessing underlying emotional processing difficulties (underlying clinical symptoms or human suffering) and using experiential work. This includes promoting client involvement in therapy and fostering collaboration with the client to establish therapeutic goals, treatment foci, and therapeutic strategies to achieve them. However, case formulation remains a "baseline supervisory task", requiring continuous updating and refinement in other stages of the EFT process. For example, in the working-through stage, as clients evolve in the emotional deepening work, accessing core pain and allowing its transformation through guiding clients towards transformation of maladaptive emotional responses and fostering new, alternative, more adaptive ones, case formulation evolves to become a more intricate or differentiated, personalized narrative, a red thread that emerges from the therapeutic work and feeds back into the process. At a later stage of therapy, the case formulation narrative accompanies and integrates aspects of identity transformation and personal growth that become possible after emotional transformation.

However, Due to the complexity of case formulation process and its personalized, fluid nature in EFT, difficulties may arise. There are other important moments, such as when the supervisee feels lost and does not know how to orientate their work, or when the supervisor observes in the recording that a formulation that is not useful or specific enough is being offered. On such occasions, the supervisor can further help the case formulation work by offering brief experiential teachings, at various times integrated into the perceptual competence (by saying what is observed there is an opportunity to integrate it with a broad case formulation). Likewise, when the supervisor "explains how a task works", it opens the possibility of applying this process to the specific objectives we are pursuing with the client, given the case formulation. On other occasions it is very relevant to ask the supervisee to make a written formulation of the case before the supervision session. The supervisor may also suggest deliberate practice of communicating the case formulation, or they may ask the supervisee to make experiential formulations related to the formulation. At various points in the session, the supervisor can express their own formulations, checking with the supervisee to see if the understanding is accurate or useful.

### 3.5. EFT Experiential Work: Working on Supervisee Emotional Processing

Finally, the supervisor may need to use skills and strategies aimed at working with the

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supervisee's experience ("Tune into supervisee experience") in order to put their skills into practice. For example, the supervisor may suggest that the supervisee bring the client to life or imagine them in an empty chair or in their imagination, or they may ask the supervisee to imagine the client as a child and resonate with them, taking time to focus.

At other times, working with the supervisee's experience arises from the need to explore intense reactions to the client. Empathic exploration, evocative unfolding or focusing, for example, can help to identify and process such reactions. On other occasions, markers of unfinished business towards clients appear, for example, when they have left without closing the therapeutic process.

It is very common for supervisees to become self-critical about their practice as a therapist. In this situation, the supervisor can offer a two-chair work, while being clear that this is not therapy. For example, in the context of the above competencies, especially when the supervisor seeks to facilitate change, the supervisee may manifest self-criticism or self-interruption. One can therefore offer the opportunity to work on these markers also with the two-chair dialogue.

When this personal work is sometimes very useful, it is generally restricted to single sessions. When in fact the supervisee is going through strong personal difficulties or when the levels of blockage are very high, it is recommended to refer the supervisee to personal therapy with a different EFT practitioner.

<b>Table 2. Common issues in EFT Supervision</b>	
<b>Supervisory relationship issues</b>	Negative reactions to relational (bond) aspect of supervision Negative reactions of supervisee to skill building (task) aspect of supervision Non-engagement/withdrawal from supervision
<b>Supervisee general style issues</b>	In therapist role, supervisee reveals generally misaligned or interfering experiential or interpersonal stance/attitudes Supervisee reveals therapist interfering therapeutic stance/attitude (e.g. low presence; low empathy)
<b>Supervisee specific personal issues</b>	Distracted/burdened by external issues/poor self-care Own unfinished business gets activated Personal stuck points
<b>Client-therapist/supervisee relational issues</b>	Negative reactions to client Alliance difficulties or alliance rupture markers in the therapist-client system Confluence/over-identification with client; falling into (or even defending) client stuckness
<b>Supervisee perceptual and conceptual confusion/case formulation issues</b>	Difficulties distinguishing emotion response types, emotion scheme elements or between over and under-regulation Case formulation difficulties
<b>Supervisee intervention competency difficulties</b>	Supervisee difficulties using specific empathic response modes Supervisee response mode balance difficulties Markers of specific listening and following difficulties Supervisee difficulties with emotional deepening responses Marker Identification difficulties Task specific implementation difficulties



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<p><b>Supervisee treatment management difficulties</b></p>	<p>Session management difficulties (e.g. slow start, overrunning time boundaries, ending abruptly) Treatment phase management difficulties (early, middle, end)</p>
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In addition to the proposal above, we highlight the contribution of Krupka (2017) to the question of clinical supervision in EFT, in suggesting the adaptation of specific EFT tasks to clinical supervision including the following markers: 1) a supervisee narrative marker (i.e., a pressure to tell the client’s story in supervision or the supervisee’s story about the client); 2) a marker for empty chair work to address the supervisee’s unfinished business regarding their client (e.g., a supervisee personal issue or historical wound is activated); 3) two chair work to deal with a supervisee’s inner conflict or interruption of experience (e.g., supervisee difficulties with emotional deepening responses, such as the fear of deepening experience, as recognized by Greenberg & Tomescu, 2017); 4) unfolding puzzling moments in therapy (e.g., how client issues may trigger personal reactions that relate to the supervisee’s core issues); and 5) meaning protests (e.g. when a cherished supervisee personal or professional belief gets challenged in their practice).

**3.6. Assessment of Supervisees**

Assessment of supervisees is also an important part of any supervision process and its role should be made explicit in the beginning of the supervisory process (e.g. as part of the supervision contract). More generally, supervisee assessment should be adjusted to the setting and local/institutional requirements where the supervision process occurs and should follow the goals and parameters of supervision as agreed between the supervisor and supervisee in the initial phase of supervision. Given that this manual emphasizes supervision guidelines for those supervisees pursuing progressive certification as EFT therapists (according to ISEFT criteria, as stated in the introduction section), we propose that the final assessment of a supervision process can be carried out through the submission of a session recording, to be analyzed with a specific process measure to assess therapist adherence and competence in this modality. To this purpose, one of the measures that can be used for these purposes is the Person-Centred & Experiential Psychotherapy Scale - Emotion-Focused Therapy Version (Freire, Elliott, & Westwell, 2022), more specifically the PCEPS-EFT-9, which has been specifically developed for the modality of EFT.

The Person-Centred & Experiential Psychotherapy Scale - Emotion-Focused Therapy Version - 9 items (PCEPS-EFT-9; Elliott, Westwell & Monteiro, 2020) is a general system for assessing therapist adherence and (mainly) therapist competence in delivering Emotion-Focused Therapy (EFT). This measure comprises a wide range of illustrative therapist or supervisee behavioral indicators, assessed from a perspective that reflects a continuous and growing improvement of supervisee performance moving towards mastery in the implementation of this modality. Based on the assessment of both dimensions of treatment integrity, adherence and competence, the scale is an attempt to assess the therapist's ability in applying the treatment; scores in the range between points 4 to 6 are considered to reflect adequate to excellent practice (Freire et al., 2014). See table 3 for a summary of the PCEPS-EFT-9 and the

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nine supervisee/therapist competences the measure assesses.

<b>Table 3. Person-Centred &amp; Experiential Psychotherapy Scale - Emotion-Focused Therapy Version Scale (9 items - Elliott, Westwell &amp; Monteiro, 2022)</b>	
<b>Item</b>	<b>Guiding Question</b>
<b>E.1 Empathic Attunement with Client Track</b>	How much do the therapist's responses convey an understanding of the client's experiences as the client themselves understands or perceives it?
<b>E.2 Accepting Presence</b>	How well does the therapist's attitude convey an unconditional acceptance of whatever the client brings?
<b>E.3 Emotion focus</b>	How much does the therapist actively work to help the client focus on and actively articulate their emotional experiences and meanings, both explicit and implicit?
<b>E4. (Absence of) Dominant or overpowering presence</b>	To what extent does the therapist project a sense of dominance or authority in the session with the client? (Scored in the direction of supporting client autonomy.)
<b>E.5 Emotion Regulation Sensitivity</b>	How much does the therapist actively work to help the client adjust and maintain their level of emotional arousal for productive self-exploration?
<b>E6. Marker Identification</b>	How well does the therapist accurately pick up on key client task markers for what the client wants to work on in the session?
<b>E7. Emotion Deepening</b>	How well does the therapist's attitude convey an unconditional acceptance of whatever the client brings?
<b>E8. Appropriate use of EFT tasks</b>	Having accurately identified one or more appropriate tasks, how skillfully and sensitively does the therapist facilitate the client through the stages of these tasks?
<b>E9. EFT case formulation: ability to think about clients in EFT terms</b>	How skillful is the therapist in thinking about client in EFT terms and using this to facilitate the relationship and therapeutic work?

The PCEPS-EFT-9 uses a six-point behaviorally anchored scale rooted in therapist/supervisee behavior: scale point one refers to total absence of the quality/skill, scale point four refers to adequate presence of the quality/skill and scale point six refers to excellent presence of the quality/skill, such as would be expected in an EFT trainer level.

In the PCEPS-EFT-9, each item was worded as precisely as possible, providing a description of the range of the assessed behavior. The definitions of the descriptors included in the scale, mainly in each item's preamble, provide specific guidance on how to rate each item, along with numerous examples. Thus, familiarity with these descriptors is an essential part of

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the evaluation process (the PCEPS-EFT-9 manual can be requested from the authors: Elliott, Westwell & Monteiro, 2022).

## **4. Learning from EFT supervisees' perspectives: A synthesis of their needs and experiences**



Given that the development of EFT supervisees' competencies are the main focus of attention in this document, as part of reflecting about good practices in supervision, we wanted to collect the perspective of EFT supervisees concerning their supervision processes (to complement the perspective of Expert Supervisors, collected previously in the EmpoweringEFT@EU interviews that informed IO1 and IO2).

For this, we departed from studies previously carried out by members of the EmpoweringEFT@EU team, that we will review briefly. Then, we set out to collect the feedback and perspectives of beginning and advanced EFT supervisees, after completing the supervision activities that were outlined for the pilot phase of this project. Seven local supervisees were interviewed in Madrid, in their process of accreditation as EFT therapists (i.e. level C according to isEFT standards), and seven in Portugal, who were in a process of supervision as part of their basic EFT training (i.e. level C according to isEFT standards). Their perspectives and suggestions they offered are synthesized here.

#### **4.1. Helpful and unhelpful aspects in clinical supervision: Lessons from previous studies in EFT and beyond**

Previously, Coleiro, Creaner and Timulak (2022) searched the published literature on supervision and conducted a qualitative meta-analysis and critical appraisal on the helpful and unhelpful aspects of individual supervision in 29 studies on clinical supervision (encompassing 755 participants/supervisees). Their systematic and comprehensive search of the literature was guided by the question: "What aspects of individual clinical supervision do supervisees in training find helpful or unhelpful?" (Coleiro, Creaner & Timulak, 2022, p. 3). Table 4 summarizes their main results obtained in these two domains for their analysis: i) the Helpful Aspects and ii) the Unhelpful Aspects of Individual Clinical Supervision.

As these authors pointed out, focusing on how supervisees experience supervision has been a particularly productive line of research in clinical supervision, with direct implications for expanding what we know regarding the challenges of learning a complex modality such as EFT, and to foster better practices in clinical supervision.

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<b>Table 4. Helpful and Unhelpful aspects of individual clinical supervision</b>	
<b>The Helpful Aspects of Individual Clinical Supervision</b> (Coleiro et al., 2022, p. 10)	
<b>Supervisor establishes a secure learning environment</b>	<ul style="list-style-type: none"> <li>• Supervisor is open, empathic, respectfully challenging, and provides a holding space.</li> <li>• Supervisor demonstrates availability and interest to supervisee.</li> <li>• Supervisor’s style, orientation, background, or interest match those of supervisee.</li> </ul>
<b>Supervisor demonstrates ability to facilitate learning</b>	<ul style="list-style-type: none"> <li>• Supervisee is provided with clear expectations for supervision.</li> </ul>
<b>Supervisor demonstrates willingness and ability to acknowledge and negotiate differences</b>	<ul style="list-style-type: none"> <li>• Supervisor demonstrates competency, sensitivity and responsiveness regarding issues of culture and diversity.</li> <li>• Supervisor demonstrates humility.</li> </ul>
<b>The Unhelpful Aspects of Individual Clinical Supervision</b> (Coleiro et al., 2022, p. 13)	
<b>Supervisor demonstrates behavior that lacks sensitivity, accountability, and ethical consideration</b>	<ul style="list-style-type: none"> <li>• Supervisor demonstrates a lack of sensitivity and competence regarding issues of culture and diversity.</li> <li>• Supervisor lacks investment and involvement in supervision.</li> <li>• Supervisor demonstrates behavior that is unprofessional, unethical, and irresponsible.</li> <li>• Supervisor lacks a balanced focus on personal issues.</li> </ul>
<b>Supervisor fails to create a safe and supportive environment</b>	<ul style="list-style-type: none"> <li>• Supervisor is inflexible, authoritarian, and dismissive of supervisee.</li> <li>• Supervisor-supervisee conflict due to role ambiguity, dual relationship, personality differences, differences in style, orientation, or approach.</li> <li>• Supervisor demonstrates a lack of relational support.</li> </ul>
<b>Supervisor demonstrates limitations in the appropriate maintenance and sharing of knowledge and skills</b>	<ul style="list-style-type: none"> <li>• Supervisor provides inadequate, inconsistent, punitive, or unbalanced feedback and guidance.</li> <li>• Supervisor demonstrates possessing insufficient or ineffective knowledge and skills.</li> </ul>

More specific to EFT is the study conducted by Qiu and colleagues (2020), which focused specifically on the experiences of certified Emotion Focused Therapy therapists. Ten certified therapists involved in the Institute of Emotion Focused Therapy Ireland were interviewed to explore their experiences of learning EFT for individuals throughout several years, namely through a combination of didactic training, experiential exercises, clinical supervision, involvement in research projects and self-study. Among other training issues, the authors found that several therapists did report specific difficulties in relation to supervision, such as: i) Therapists may feel incompetent in supervision when showing their recorded sessions; and ii) Therapists may feel that the access to supervision is difficult, due to the small size of the EFT community and/or financial costs or time required for accessing supervision.

#### 4.2. Perspectives of EFT supervisees involved in the initiatives of the EmpoweringEFT@EU project



Following upon these past contributions, within the development of the EmpoweringEFT@EU project - and especially during the later, pilot phase of this project - a special focus was placed on gathering feedback from supervisees from their actual supervision processes carried out by the institutional partners of Portugal and Spain. In this section, we summarize the main aspects of the feedback gathered with two groups of EFT supervisees.

For these purposes, the EmpoweringEFT@EU project team developed a semi-structured interview adapted within the scope and goals of this project, drawing upon the interview procedures that Folkes-Skinner, Elliott and Wheeler (2010) made from a prior interview (The Change Interview Schedule, proposed by Elliott et al., 2001). The interview consisted of six sections exploring the supervision processes, needs and experiences reported by the EFT supervisees, namely: the changes recognized and their attributions; positive aspects and negative/problematic aspects of their EFT supervision experiences and their proposed suggestions (Reisinho, 2022). All the interviews took place after the completion of their respective clinical supervision processes and focused on supervisees' needs and experiences, with some suggestions for improving clinical supervision in EFT.

#### **4.2.1. Perspectives of beginning EFT supervisees on their supervision process (level A)**

First, we highlight the feedback of EFT supervisees at the beginning of their supervision process, corresponding to Level A of ISEFT certification (henceforth, referred to as beginning EFT supervisees). The interviews with beginning EFT supervisees were carried out by a Portuguese PhD student, working with members of the EmpoweringEFT@EU team (Rodrigues, Lopes, Jodar-Anchia & Cunha, 2023). This researcher interviewed six beginning EFT supervisees, after they completed their initial supervision cycle and focused on the needs and experiences. The supervision process was done in groups (between two and four participants in each group), and was carried out in an online format for the period of one year. Preliminary data analysis, conducted by Reisinho (2022) and Barbosa (2023), was presented by Rodrigues, et al., (2023), and is summarized in Table 5.

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<b>Table 5. Experiences of beginning EFT supervisees</b>	
<b>Process of training and clinical supervision in EFT</b>	
<p>Supervisees described several professional experiences and motivations for learning EFT, namely: Curiosity and identification with the EFT approach; Desire to evolve as an EFT therapist; Supervision as a corollary of different training and professional experiences</p> <p>EFT supervision is an enriching and challenging experience, especially: Viewing their own videos and participating in real-play, since the "material" is real and personal</p> <p>Recognition of the usefulness of EFT supervision, in terms of: Personal and professional growth, in addition to being able to better help their clients</p> <p>Learning through EFT supervision is a new experience, creating more effective learning, namely through observation and direct experiences of the impact of interventions</p> <p>Advantages of the process of group supervision by increasing learning opportunities</p> <p>Supervision focusing on session recordings involves many challenges</p>	
<b>Positive experiences related to group supervision</b>	
<p>Positive value attributed to group supervision, namely: as a supportive and learning group and helping to integrate theoretical knowledge and enhance professional</p> <p>The group helps to soften negative experiences (such as being lost, feeling deskilled) and offers validation and acceptance</p> <p>Positive value attributed to group supervision, namely: as a supportive and learning group and helping to integrate theoretical knowledge and enhance professional</p> <p>The group helps to soften negative experiences (such as being lost, feeling deskilled) and offers validation and acceptance</p> <p>Group supervision in EFT is an enriching and challenging experience both in self-knowledge and improvement of clinical practice</p> <p>Advantages of the online format, due to being more comfortable, faster and practical</p>	
<b>Negative experiences related to group supervision and difficult aspects of the supervision process</b>	
<p>Specific challenges of supervision based on session recordings, increasing anxiety and self-criticism (due to exposing your work to supervisors and to a peer group)</p> <p>Recognition of the complexity of the supervisory process in EFT and awareness of a multiplicity of clinical strategies</p> <p>Sometimes there are unbalances between members of the group, namely in the EFT skill level between different members of the group and how time is allocated to them - this can disengage observers</p> <p>Technological difficulties experienced with the online format (e.g. showing sound, good recordings)</p>	
<b>Experiences with Supervisors</b>	
<p>The positive relationship with the supervisor provides security and space for sharing doubts and difficulties</p> <p>The relationship with the supervisor allows for changes in the supervisee and for feedback to be experienced as positive</p> <p>Divergence of perspectives between supervisor and supervisee was felt as a natural process, opening news views upon the clients, without major disagreements</p>	
<b>Changes felt during the supervision process</b>	
<p>Personal changes experienced by supervisees, namely: Decreased anxiety, greater self-confidence, increased self-knowledge and capacity for self-reflection</p> <p>Supervisees reported increased personal and professional growth, in addition to feeling more able to help their clients</p> <p>Learning was made possible through interacting with supervisors and observations from/dialogues with others in the supervisory group</p>	
<b>Emotions during the course of clinical supervision</b>	

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Main emotions in the beginning of the supervision process in EFT: Increased anxiety and self-criticism; Fear of exposure and judgment from supervisors or peers;

Main emotions later in the supervision process in EFT: Less anxiety; Greater self-confidence and sense of professional competence and satisfaction; Greater comfort and identification with the approach; Motivation to continue; Greater empathy with the Supervisor.

**Suggestions for improving EFT supervision**

It is important to keep an increased focus on the supervision sessions, namely: the work needs to be more focused on specific supervisory questions and issues (it is important to decide what are the most important moments to explore)

Supervisees became aware of the need to improve preparation before the supervision sessions

Supervisees recognize that more supervision hours are needed

Supervisees suggest coordination of online and face to face supervision sessions in a supervision cycle

These interviews with supervisees in Portugal highlight how EFT supervision - by focusing on session recording - raises specific challenges. More specifically, the described experiences of anxiety and vulnerability when showing their own work in front of peers and supervisor, highlight the importance of the relationship between the supervisor and the supervisee to manage the fear of personal exposure and judgment. Therefore, a safe supervisory relationship and a positive learning environment are crucial, particularly in a group format.

On the other hand, this type of supervision also requires some technological requirements that demand more preparation from both supervisors and supervisees, who can struggle with technical problems for obtaining recording or being involved in online supervision. Taking care of this process will be very important and we offer recommendations later in this manual.

Finally, some of the supervisees in the first year showed some difficulty in participating only as observers in some group supervision sessions. It is important both to balance the time dedicated to each group member and to find ways of engaging observers.

#### **4.2.2. Perspectives of advanced EFT supervisees on their supervision process (level B and C)**

Now, we highlight the feedback received from EFT supervisees at the completion of their supervision processes corresponding to Level B or C of ISEFT certification (henceforth, referred to as advanced EFT supervisees). These interviews with advanced EFT supervisees were carried out in Spain, by a Spanish PhD student, working with other members of the team (Traba, Jodar-Anchia, Rodrigues & Cunha, 2023).

In this section, we present the recommendations offered by these seven supervisees, after being interviewed in depth with the semi-structured interview described above. These seven supervisees interviewed were on their pathway to achieve level B and C accreditation (according to isEFT standards), working with international and local supervisors. We grouped their suggestions into different topics or domains.

#### 4.2.2.1. Need of Resources in Each Local Context

Several supervisees have articulated the necessity for a comprehensive, country-specific guide detailing the process for locating certified supervisors and understanding the procedures for Emotion-Focused Therapy supervision. This guide should ideally encompass recommendations for software applications capable of recording sessions, translating dialogues, and tutorials outlining the legal protocols relevant to each jurisdiction. Additionally, a step-by-step manual for proper recording procedures would be highly beneficial.

Furthermore, some supervisees highlighted the scarcity of available supervisors as a significant bottleneck in the certification process. Given that existing supervisors are frequently preoccupied with multiple responsibilities, their availability is often limited. This has resulted in supervisees experiencing difficulties in scheduling the required supervision sessions for timely certification.

Therefore, one prevalent recommendation has been the expansion of the pool of qualified supervisors with sufficient availability to meet demand. The need for more frequent supervision sessions was specifically noted, as current limitations in scheduling have been identified as a contributing factor to delays in certification.

#### 4.2.2.2. Supervision framework

Supervisors are advised to delineate explicit objectives from the outset. If the supervisee aspires to eventually transition into a certified supervisor, it is crucial that this goal is explicitly stated. Accordingly, the supervisor should clearly articulate the necessary qualifications and expected performance metrics. Generally, there is a call for the allocation of additional time for other supervisory activities, including but not limited to experiential exercises and focusing techniques.

Group-based supervision is perceived by supervisees as an efficacious introductory mechanism for Emotion-Focused Therapy (EFT) supervision, while individual supervision formats are viewed as highly beneficial for more advanced skill refinement.

Within group supervision settings, it is considered essential to allocate adequate time for each participant, recommending a minimum of 45 minutes for activities such as case presentation, video playback, selective observation, commentary, and debriefing. Moreover, maintaining continuity in group membership is deemed advantageous, minimizing the frequency of new admissions and exits as far as practicable. The utility of viewing peer recordings, along with the feedback provided by the supervisor to other group members, is confirmed as highly valuable. Regarding group size, a consensus suggests that smaller units, comprising no more than five individuals, are most effective.

Regarding the heterogeneity of competencies among group members, some supervisees contend that group homogeneity simplifies the supervisory process, thus rendering it more effective.

#### 4.2.2.3. Recommendations for building a good alliance with the supervisees

A recommendation to the supervisor is to ensure that the supervisee does not feel overwhelmed or incapable (deskilled). To this end, it is very important to recognize the supervisee's progress and abilities.

In the inaugural phase of the supervisory relationship, it is incumbent upon the supervisor to articulate the potential emotional vulnerabilities that supervisees may encounter, such as self-critical tendencies or complex emotional states during the course of supervision. A salient recommendation accentuates the necessity of cultivating a trusting relationship from the commencement of the supervisory engagement, both with the supervisor and within the group context. Within this safe space, emotional vulnerability is not only anticipated but welcomed as a natural, and even constructive, facet of the developmental process.

It has been observed as particularly advantageous when supervisors are willing to disclose personal instances from their own professional experiences – both as successful strategies and challenges they faced. When supervisors share such anecdotes, supervisees are often better able to extend compassion toward themselves, fostering increased levels of hope and empowerment throughout the supervisory process.

The articulation of potential feelings of embarrassment or perceived incompetence on the part of the supervisee can serve as a highly facilitative intervention. Affirming and elaborating upon these experiences is broadly perceived as beneficial. Supervisors are thus encouraged to provide an open forum for supervisees to discuss their process, and attend to emotional difficulties, or feelings of vulnerability – whether current or past. Additional suggestions include inquiring into the supervisee's emotional state or negotiating mutually agreeable supervisory methodologies.

Moreover, the efficacy of the supervisory process is significantly enhanced when there is an optimal balance between challenge and support or validation. Constructive criticism, too, is indispensable and should be couched within an overall framework of positive evaluation at the conclusion of the supervisory relationship.

Finally, the preservation of a strong group alliance requires an equitable approach to feedback, thereby avoiding any semblance of favoritism or imbalanced responses among group members.

#### 4.2.2.4. On the methodology and homework during supervision

In the analysis of these interviews, we gathered several recommendations that follow.

Supervisees' Recommendations Pertaining to the Methodological Framework of Supervisory Practices:

It is advisable for supervisors to employ a graduated approach in skill development, focusing on discrete competencies during distinct phases of the supervisory process. Initial stages should prioritize affirmative and validating feedback, thereby establishing a constructive rapport with the supervisee. Over time, the supervisory emphasis can shift to encourage transformative change and specific recommendations for the supervisee. It is imperative to exercise discernment in offering suggestions: limiting the scope to a maximum of six focal points per session is advisable, with a preference for narrowing it down to three.

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### **Methodologies Highly Valued by Supervisees:**

Supervisees appreciate the opportunity to delve into their motivating factors as therapeutic practitioners. Additional emphasis should be placed on facilitating case formulation, conducting experiential exercises, and addressing any obstacles encountered by supervisees. Given the pedagogical axiom that teaching is among the most effective means of learning, supervisees should be encouraged to elucidate the theoretical model to their peers or students. Viewing video recordings of both peers and the supervisor is consistently reported to offer considerable benefit.

Furthermore, it is beneficial for supervisees to receive guidance on potential homework or specific interventions to employ in their upcoming sessions with clients. Such matters should be revisited for discussion and evaluation in subsequent supervisory sessions.

#### **4.2.2.5. On the focus of each supervision session**

It has been observed that opening supervision sessions by addressing the questions posed by the supervisees can enhance supervisees engagement in the supervision process.

Furthermore, while chair tasks may be an integral component of the supervisory framework, there is a broad consensus on the merit of focusing on the moment by moment analysis of recorded therapy sessions. This would encompass not only specific tasks but also the introductory and concluding phases of the session, thereby underscoring that chair tasks are not the sole focal point of effective supervision.

Additionally, there is a collective recommendation for supervisors to consider a broader array of topics, such as case formulation, empathic responses, and specific therapeutic tasks. This more expansive focus should ideally coexist with an opportunity for the supervisee to articulate individual needs and concerns.

A notable gap that has been identified by this group of supervisees interviewed concerning the current supervisory approach is with respect to the longitudinal development of the therapist across their professional lifespan. Thus, a more integrative perspective that encompasses the therapist's growth trajectory is suggested as a valuable addition to EFT supervision.

Lastly, it is perceived by these supervisees as advantageous to incorporate a formal case formulation discussion within the supervisory process, ideally around the fifth session or at the midpoint of the supervisory engagement. This is seen as an essential component for effective supervision.

#### **4.2.2.6. Closing the supervision process**

There is a prevailing sentiment expressed by these supervisees advocating for a more comprehensive and structured form of feedback during the certification phase. A written document detailing the supervisee's achievements as well as areas for future growth is suggested as a useful tool to provide a more nuanced understanding of the supervisory process.

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Additionally, there is a general recommendation to conclude the final supervision session with an individualized reflection pertaining to client work and client outcomes. This reflection, which could beneficially be in a written form, would ideally encapsulate key takeaways from each case presented throughout the supervisory relationship. Such a reflection should delineate achievements, elucidate effective strategies employed, summarize how change has been facilitated and consolidated, and specify what areas may require further professional development.



## 5. Recommendations and Good Practices in EFT Supervision



In this section we provide overall recommendations for carrying out and improving effective EFT supervision.

### 5.1. Before beginning supervision

- Decide and outline the framework of the supervision, including price, method, session structure, and any preparatory work you will request from the supervisee.
- Consider drafting a supervision contract (see Table 1, above) detailing the format (group or individual, online or in-person), goals, method of supervision (bringing questions, selecting specific segments, brief case formulation, etc.), duration, periodicity, cycle, fees, payment, session assessment, records, non-attendance policies, final assessment, and certification.
- Offer supervisees examples of legally compliant therapy contracts that inform concerning supervision procedures and discuss ways supervisees can discuss these aspects with clients, including enabling/allowing for session recordings for subsequent supervision.
- - Supervising ongoing cases tends to be more beneficial for supervisees when they are challenging themselves by trying new approaches and bringing the results to supervision for discussion and reflection.
- Provide both individual and group supervision; the two formats are complementary and useful. Group settings can foster specific skills at a beginner level, while individual supervision allows for more tailored guidance and easy discussion of experiential issues.
- Prepare supervision attendance sheets and explain how absences will be managed (e.g. justification of absences, how many are allowed, among other issues).
- Be aware of and manage your own triggers. Supervising can be challenging, especially when the supervisee rejects input or fails to make progress. Ensure your praises and compliments are balanced.
- Prepare a supervision assessment plan that suits the current cycle of supervision (in terms of needs, goals and local requirements). If necessary, familiarize yourself with a relevant supervision measure (e.g., PCEPS-EFT-9) in order to provide useful information on the supervision assessment procedures. For an initial supervisory experience, required to complete Basic EFT Training (ISEFT Level A), we recommend a final assessment of a 20 min segment of a session, submitted by the supervisee.

#### 5.1.1. Important Aspects for Supervision Contract Preparation:

- Document consistency
- Confidentiality issues
- Number of supervision sessions in the process
- Duration of each supervision session
- Form groups: Recommended size is between 2-5, closed groups, with defined duration, justified absences and keep supervision attendance sheets updated

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- Specify allowed supervisee absences and number
- Clarify the supervision process goals (supervision assessment procedures, certification process, general therapist growth, other objectives)
- Offer external resources if certain goals cannot be met during supervision

## 5.2. Recommendations for Working with Recordings

- Provide supervisees with information about how to communicate with clients whose sessions you are recording and how you are going to bring them and use them in supervision. Three criteria for effective communication on this matter are: be clear, minimal, benefit-focused.
- In early sessions the use of recordings is an important issue:
- Present key good practices, including: (a) try to get permissions from a wide range of clients, but (b) pay attention to the processes where recording will be especially difficult (e.g., when dealing with suicidality); (c) record and use the camera for all sessions, even if not all are going to be used in supervision.
- Explore difficulties and ethical/legal obligations.
- Share one's own anxieties about recording and experiences of asking permission from clients.
- If appropriate, offer deliberate practice to help supervisees become more skillful in asking clients to allow recordings.
- Provide useful and practical information regarding technical suggestions for better quality recording (in terms of sound and image). Table 6 (below) compiles some suggestions regarding software and hardware suitable for these purposes.

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Table 6. Suggested software and hardware for obtaining and working with therapy video recordings	
<b>Recording of videos in the screen</b>	<ul style="list-style-type: none"> <li>• OBS Studio: It is a free software, allowing you to record whatever you can see on your screen (such as therapy sessions) and store the recordings on your own device. It works with all programs (e.g., Owl, Zoom, etc) and the final file is easy to use, store, and share. As OBS Studio was developed for videogamers to stream themselves, there may be the need to change settings to allow the sound both from client and therapist to be recorded/heard on the recording. (see <a href="https://obsproject.com/">https://obsproject.com/</a>)</li> </ul>
<b>Suggestions for better video recording</b>	
<b>Video player</b>	<ul style="list-style-type: none"> <li>• VLC: Free, reliable and easy to use (see <a href="https://www.videolan.org/vlc/">https://www.videolan.org/vlc/</a>)</li> </ul>
<b>Webcams</b>	<ul style="list-style-type: none"> <li>• C922 PRO HD STREAM WEBCAM. (see <a href="https://www.logitech.com/da-dk/products/webcams/c922-pro-stream-webcam.960-001088.html">https://www.logitech.com/da-dk/products/webcams/c922-pro-stream-webcam.960-001088.html</a>)</li> <li>• LOGITECH BRIO STREAM. (see <a href="https://www.logitech.com/da-dk/products/webcams/brio-stream-4k-hd-webcam.960-001194.html">https://www.logitech.com/da-dk/products/webcams/brio-stream-4k-hd-webcam.960-001194.html</a>)</li> </ul>
<b>Video Cameras</b>	<ul style="list-style-type: none"> <li>• Zoom has some camera for musicians with better sound recording (and medium cameras), such as :</li> <li>• Zoom Q2n-4K (see <a href="https://www.thomann.de/dk/zoom_q2n_4k.htm">https://www.thomann.de/dk/zoom_q2n_4k.htm</a>); Zoom Q8. (see <a href="https://www.thomann.de/dk/zoom_q8.htm">https://www.thomann.de/dk/zoom_q8.htm</a>) or Zoom Q8n-4K. (see <a href="https://www.thomann.de/dk/zoom_q8n_4k.htm">https://www.thomann.de/dk/zoom_q8n_4k.htm</a>)</li> </ul>
<b>Suggestions for better sound recording</b>	
<b>Wireless mics</b>	<ul style="list-style-type: none"> <li>• Wireless mics for V-log cam or Handycam will make the sound even better. Here are some options:</li> <li>• Rode Wireless GO II (see <a href="https://www.thomann.de/dk/rode_wireless_go_ii.htm?shp=eyJjb3VudHU5JjojZGsiLCJjdXJyZW5jeSI6NiwiYGFuZ3VhZ2UiOjI9&amp;reload=1">https://www.thomann.de/dk/rode_wireless_go_ii.htm?shp=eyJjb3VudHU5JjojZGsiLCJjdXJyZW5jeSI6NiwiYGFuZ3VhZ2UiOjI9&amp;reload=1</a>)</li> <li>• Thomann Saramonic Blink 500 B2 (see <a href="https://www.thomann.de/dk/saramonic_blink_500_b2.htm">https://www.thomann.de/dk/saramonic_blink_500_b2.htm</a>)</li> </ul>
<b>Recording HDMI signals</b>	<ul style="list-style-type: none"> <li>• If you want to get a HDMI signal from a Camera or Camcorder (not webcam), then a HDMI to USB video capture is needed:</li> <li>• Video Capture Card 1080P HDMI Portable (see <a href="https://www.techly.com/video-capture-card-1080p-hdmi-portable.html">https://www.techly.com/video-capture-card-1080p-hdmi-portable.html</a>)</li> <li>• USB 2.0 til HDMI Video Capture Grabber (see <a href="https://www.av-cables.dk/video-grabber/usb-2-0-hdmi-video-capture-grabber.html">https://www.av-cables.dk/video-grabber/usb-2-0-hdmi-video-capture-grabber.html</a>)</li> </ul>
<b>Suggestions for safely storing video data</b>	
<b>Encryption of video files/data</b>	<ul style="list-style-type: none"> <li>• Encryption of video data is a recommended way to safely store video data. Encryption usually involves using a password to open a video file, which increases the level of security, prevents access from unauthorized access and ensures it is accessible when you need it.</li> <li>• Some options to explore are: VeraCrypt, AxCrypt ou NordLocker.</li> </ul>
<b>Suggestions for putting subtitles in recordings (if you need them for supervision)</b>	
<b>Subtitles software</b>	<ul style="list-style-type: none"> <li>• If you want to put subtitles in your session recording, explore: <a href="http://happyscribe.com">http://happyscribe.com</a></li> </ul>
<p>Note: We have not received any endorsement from any of these companies. We are aware that there may be other alternatives, perhaps even more effective, that are not mentioned here. As is usually the case, these software recommendations may be outdated very rapidly. Finally, we stress that the use of any software you decide to use requires you to make sure it fits the data protection ethical and legal regulations (e.g. GDPR) currently mandatory in your country.</p>	

### 5.3. In the first sessions

- Build the supervisory relationship: this remains a crucial objective throughout the process. "Affirm and collaborate" is the key skill for a supervisor.
- Outline or revisit the aspects of the supervision process and resolve any technical doubts, particularly those relating to working with recordings.
- Address supervisee's vulnerability by affirming experiences and creating an open space that also discusses feelings of insecurity as part of the learning process.
- Create a climate that welcomes mistakes as learning opportunities.

#### 5.4. In each supervision session

- Ensure fair time allocation among supervisees and rigorously maintain this balance.
- If applicable, maintain an attendance record for your files.
- Begin each session by exploring client data ("Let's meet the client"; "What do we need to know/understand before engaging in supervision and watching the recording?"): Ask the supervisee about the client, their presenting problems or issues, client's needs, the number of sessions held, and progress.
- Ask the supervisee what their supervision questions are for the session (one or two is ideal). These questions become the focus guiding each session and linking one session to another. These questions can be related to technical aspects, to micro-process aspects (e.g. "Is the timing of the 12:34 video a vulnerability marker?") or linked to the client's more macro case formulation (e.g. "What role does the interruption play in the client's functioning?").
- The competencies a supervisor employs are broad; strive to balance and vary your interventions. Understand your common responses and try different methods to foster supervisee growth.
- Limit your suggestions to a manageable number to avoid overwhelming the supervisee: check in with the supervisee if it looks like they are getting overloaded.
- Occasionally share relevant personal examples.
- Ensure your offering of praise and compliments is balanced. Supervisees in a group setting will notice these differences, which can impact morale. Envy may also arise (between group members or in between supervisee and supervisor) if a supervisee demonstrates exceptional skills.
- Consider what the supervisee could do between supervision sessions to consolidate their learning: Something specific to try with the client? Observe the recording again, observing vocal quality, try more conjectures, make a case formulation?
- Consider other methods that the supervisee could use between supervision sessions to consolidate their learning and improve EFT skills, such as deliberate practice (some useful suggestions and exercises can be found in Goldman, Vaz & Rousmaniere, 2021).
- In addition to encouraging deliberate practice (and/or complementary deliberate practice groups among supervisees), use where you stop the therapy session recording to create our own, in vivo, deliberate practice exercises for the supervisee. These are also good opportunities to involve other members of the supervision group.
- Some supervisees may wish to explore more general aspects, such as motivation, therapist identity, career development, self-care, and personal challenges. Be aware of this and adapt accordingly, while making sure not to abandon looking at videos entirely.
- Attend to the possibility that there may be issues related to multiculturalism, privilege, disability etc. and be open to talking about them (see Falender, Shafranske, & Falicov, 2014, as a good resource on these issues).

- Suggest personal work if needed, such as when there are emotional processing difficulties such as emotional reactions to the client or supervisee blocks that are disrupting psychotherapy and that cannot be addressed solely in the supervision process. A rule of thumb could be: limit to only one session of personal work with a supervisee in a 6- or 12-month period of supervision. Follow a similar strategy for supervisee symptoms of emotional distress affecting life and professional career (for other sources of difficulties, see also Greenberg & Tomescu, 2017).

### 5.5. Closing the Supervision Process

- Allow time to bring an appropriate closure to the supervision session.
- At the end of each session, discuss how useful it has been, including experiences gained and learnings. Ask if there are any lingering questions and whether the initial supervision questions have been satisfactorily addressed.
- When concluding the full supervision cycle, expand this discussion to capture various levels of learning and future steps.
- Provide information concerning the supervision assessment procedures (see next section).

### 5.6. Recommendations for supervision assessment and EFT certification

- Create a guideline based on this manual, tailored to your local requirements.
- Maintain a list of available supervisors in each area to provide your trainees.
- Encourage the development of more EFT supervisors in your region.
- Each institute should also transparently and clearly list the requirements for becoming a supervisor and trainer, while flexibly adapting these requirements to each setting and encouraging coordination among institutes to avoid arbitrary discrepancies and facilitate resource sharing.
- In your written feedback, make sure to note both strengths and limitations/areas for further development.

### 5.7. Specific Recommendations for group supervision

A group supervision format provides ample opportunities to learn, but also creates additional challenges. To create a good learning environment and group cohesion, establish clear group rules at the beginning of the supervision group (e.g., written supervision contract), namely regarding confidentiality and responsibilities of members and supervisor (e.g., bringing recordings, being timely, being collegial and respectful in the feedback opportunities).

We have summarized some of the several difficulties that may arise in group supervision and suggest ways to handle each in Table 7 (below).

It is also a good idea to balance praise and challenge in feedback to individuals so as to reduce competition and pressure to perform (e.g., be careful not to over-praise; be specific and descriptive rather than general in providing positive feedback; spread positive feedback

around the group; validate supervisees in face of challenging client processes).

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 within the supervision group.

### 5.8. Recommendations for ISEFT and Heads of Institutes

- Study the PCEPS-EFT-9 and if possible receive instruction on how to use it. Schedule a meta-supervision session to go over it and bring in anything about it that you are unsure about.
- The first time you have to use the PCEPS-EFT- 9, bring your assessment into meta-supervision and go over your ratings and narrative feedback.
- Try to avoid failed certification submissions: (a) Ask supervisees to bring in a 20 min segment of a session for a practice evaluation to help them assess their readiness to submit. (b) Repeat this process if needed. (c) Give supervisees honest feedback about their strengths and limitations along the way.
- Spend time with supervisees going over the written case format you are requiring for accreditation submission; provide them with examples of well-done written case formulations (for example, you can reference several of the published case studies available).
- In addition to the written case formulation, ask supervisees to prepare a transcript of the session; this will enable you to provide detailed feedback on specific responses throughout the sessions.



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<b>Table 7. Some sources of difficulties in group supervision</b>	
<b>Source of difficulties</b>	<b>Recommendations to handle them</b>
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)	The focus here is to protect the productive working environment for all participants. It might be necessary to talk to the participant in question separately to solve problematic issues.
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)	Emphasize, validate and honor vulnerability of people who show their own work.
Competition for time and attention: Group members may overrun their allotted time, leading to resentment from other participants	Ask participants to monitor time for each other, while also keeping track of the time yourself; it can be helpful to invite participants who fell a little short on time, to go first in the next supervision session.
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)	Language is key here, as well as combining the negative with something positive. Generally, it is helpful to offer a combination of group and individual supervision.
Group participants who are not presenting may disengage or become critical if not included or brought in at some point (=withdrawal/ confrontation difficulty)	Attend to/be sensitive to the needs of all group members, including the impact on both current supervisee and other group members. Involving the group when an individual member presents a case (e.g., providing immediate deliberate practice opportunities for other members when stopping a recording, or creating feedback rounds at the end of the individual supervision process, gives everyone the opportunity to ask questions about the process shown on tape), or apply what they've learned during the session to one of their own clients.

## 6. Examples of the Use of Supervisor Key Competences in Supervision Sessions



The following are transcripts that exemplify the key supervisor competencies described earlier (we have highlighted (in bold) clear, straightforward examples of the competencies focused on in each section; of course, in each supervisor speaking turn, multiple competences can be manifest). These transcripts are taken from real EFT supervision situations. Some supervision sessions were recorded for the purpose of illustrating these supervisor competencies (securing participants approval and informed consent), so that it was possible to transcribe examples that illustrate the different competencies, altering details and facts of clients and supervisees.

### 6.1. Examples of "Say what you see"

#### Segment #1

Supervisor: [Stops the session recording] Right there we see again that you focus on the father, but what is he [the client] feeling? He said "it's very unfair", so he is angry and sad. But if you listen to **his voice it's more protest, complaint**. So, first I am angry with the world for robbing me my father and then I am sad that I have lost him.

Supervisor: You see everything isn't good for the client. So, on one level he is forgiving his father, but not on another level. **If he really, really felt good, he wouldn't be sad now. So, even that phrase, "When I was angry, he'd forgive me", it's a kind of guilt** [this last sentence also illustrates another competence: Supporting case formulation work; see below].

### 6.2. Examples of "Tell how it works"

#### Segment #2

Supervisor: Two things there: **You know, you tend to go for the need and it's premature, [the client] she's still got more things to process...** You could have offered a summary reflection which is going towards the core focus, [this last sentence also illustrates another competence: Saying what you would do; see below], something like, "And it just leaves me feeling so scared, not knowing what to do", so you know, you're trying to symbolize this whole feeling **So, we want to help symbolize the unsymbolized, you know, it's really good to be processing, but you also want to always aim in all of this to get to the core emotion, which is the fear.**

#### Segment #3

Supervisor: **Self-soothing is a very appropriate task for when there is emotional distress and suffering with a lot of despair, of always going to be here with me.** And it's not generally the state that she's in [the client], she's in a state right now with this agitation. **If we were to get to that nuclear fear of there is no one there for me, everything is insecure,**

**self-soothing would be more effective, but it doesn't come from the parent this feeling.**

One possibility of working with self-soothing in these cases is that your 40-year-old self-soothe your 20-year-old self; the father is not really the source of the comfort of the loss of the father [this last sentence also illustrates another competence: Saying what you would do; see below].

Supervisor: You see, I don't want to move people too quickly into compassion and skip over, you know, the other thing.

Segment #4

Supervisor: **Okay, but you're naming the pain as a global thing and if you want it to move forward you have to name how it feels to feel that poison inside, how it feels to be looked at like shit, in English it's unworthy, I feel so unworthy. And that's how you go about organizing emotions, when I know what I'm feeling, I increase my effectiveness in organizing them. We are differentiating the pain to more nameable feelings, and then the need which is what he [the client] is starting to express. The process could be I need you to see me as a person, I feel so ashamed when you don't name that shame, then name I want you to stop, then maybe there start to build, not necessarily the anger, the assertion of I want you to stop and express the need as a teaching point, teach the need and that assertive anger that appears is what is going to generate a new emotion, a new experience that transforms the shame as nuclear pain.**

Segment #5

Supervisor: You see, she looks at you, talking about the other side, not towards the other side. [this last sentence illustrates another competence: Saying what you see (above); and this becomes the focus of the remaining supervision segment] **To facilitate her being in contact with the other side, which is important in empty chair work, you want to follow a reflection with a direction.** So she says "I also felt like my mother was too busy to be there for me" - then you want to go like, "So you really felt not seen and not taking care of, can you tell her?" [this last sentence illustrates competence: Saying what you see] - **This way you provide empathy for her emotional response and at the same time create contact with the other in the other chair.**

**In working with self-interruption, it is important to not only have the accompanying cognitions. Like: "Don't feel, it's dangerous", but we want the self-interrupting action; the psychomotor program of the self-interruption: we get there by asking after the expression of the cognitions: "And what should xy (pointing to the experiencing side) do with her feeling or need? Then the client will come up with something such as: To put them away or to shut them down, or you might see this or her hands go, making a gesture of pushing down or cutting off. And then you want to heighten this action and invite the client to do it some more or more intensely. Often it is through the deliberate enactment of the self-interrupting action that the interrupted feeling organically**

**emerges; simply because like two programs, the feeling, such as the anger and the opposing program, are stored together; and by means of association, if one is activated, the other gets activated as well.**

### 6.3. Examples of "Look at what the client does next"

#### Segment #6

Therapist (in video): Right, and... What about what John says, "I've seen you cry and I've seen you so alone, and I don't want to be so alone"? How does that affect your uncle Thomas' heart?

Client (in video): If my uncle was talking to me, he would tell me "don't make the same mistake I made"

Supervisor: [Stops the session recording] I think here you have maybe interrupted his process a bit, [turn to your(s) supervisee(s) and ask: What do you think will happen next?] **because after you asked about the effect on his uncle, he deflected away from the pain.**

#### Segment #7

Supervisor: [Stops the session recording, commenting on the client reaction to the therapist/supervisee] **Yes, and she really goes with your reflection, elaborates on it, goes deeper, do you see?** So that sense of isolation is really important to her.

**Okay, so you went for the anger, by saying: "It made you really furious", but that was obviously too far, because she goes back to "I guess I am just disappointed", letting you know that she really can't use your response.**

### 6.4. Examples of "Saying what you would do"

#### Segment #8

Supervisor: So, it's going well, **to deal with this sadness the best way is: "Tell him what you miss". So there, you could have told him, tell him what you miss, you're empathizing, but you're not guiding.** It would have helped him to elaborate. [this last sentence illustrates another competence: Tell how it works; above]

#### Segment #9

Supervisor: Again, you use empathy there. **I would have preferred to stay with a more focusing type of intervention rather than empathy. "Be with this feeling, notice your body".** Because when the pain is alive, the best thing is to pay attention to the pain and when

you empathize with it, it's like, "Oh I'm feeling understood, but I'm not going there". But you know, we say the ideal combination is to empathize and then direct attention inside [this last sentence illustrates another competence: Tell how it works; above].

#### Segment #10

Supervisor: When a client is in this state, she doesn't have words for feelings. In these cases **it's good to offer words, such as "I imagine, it must feel so awful to feel like she sees you, like shit", and begin to guess about that shame, you know you're following the pain. Just start using words and see if they help,** But she's kind of, you know, you're following the body. **But I think being able to put words to this. But again, it's a choice.**

#### Segment #11

Supervisor: [Stops the session recording] Did you just hear what she [the client] said? Something like "You always say yes to everything, and now you have to do all this stuff!" **This could be an opportunity to split the split, you know, to come even closer to what this side does. So something like "Come over here, make her say yes!"**

#### Segment #12

Supervisor: Ah, here you picked up the slight indignation in her voice and you said „and it also makes me a little angry“. And when you listen to your voice when you say that [replays sentence on recording] it's very soft. [this last sentence illustrates competence: Saying what you see] **To make it even more effective, give her an easier access to the anger, it would be good to have the indignation in your voice too, a little stronger than her indignation maybe even. [Supervisor repeats the client's sentence more expressively, with some indignation.]**

### 6.5. Examples of "Tune in and speak out,"

#### Segment #13

Supervisor: You know, and **I do this thing in my head, which is, I put myself into the situation, Ok, if I was you [speaking as if the therapist to the client]: And I'm just trying to work with it and I'm 15 years old, working with that fear. I'm putting together everything she said, and you know, she said a lot, shock, confusion, what's going on, I mean, sad is also core, but somehow, I feel the insecurity is even bigger.**

### 6.6. Examples of "Supporting case formulation work"

#### Segment #14

Supervisor: Yes, **but you see this is where I think if you have your case formulation it tells you, What are you trying to get to? Is that pain a core feeling of fear, insecure?** In case there is something remarkable, what do you feel inside you? **You are going towards him: "I miss you", sadness, but if you have formulated his [the client] anxiety as the main problem, the best place there is that insecurity. And even if you don't have the formulation, so it's like you're trying to sense: "What's the core pain of feeling?"**

Segment #15

Supervisor: Yes, yes, **good, if you have a case formulation, I mean, not interpreting it, but presumably there's a core fear of, I feel so shaky and insecure. That's what we are trying to get to, so that, "I miss you", is the first layer, but underneath is shaky and fear. So, we're gently looking to see what's there, not only staying with the sadness.**

Segment #16

Supervisor [Commenting on Empty Chair work]: Ah, did you just hear that, she says "You made me feel like I am different, like I don't belong. That was so painful and sad." [this last sentence illustrates competence: Saying what you see] **So it's not only shame that is the core pain, like you said, there is also a deep sense of isolation, not belonging, that comes together with the shame. She feels ostracized and that's also a core pain. That's important. And you pick it up and validate it, that's great.** [this last sentence is also an illustration of supervisor competence: Affirm and collaborate, above]



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