

SEVENTEEN

Training the Emotionally Focused Therapist

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TEACHING THEORETICAL CONTEXT

Founders

Emotionally Focused Therapy (EFT) was developed by Sue Johnson and Les Greenberg and was first published as a couple therapy outcome study based on Johnson's dissertation (Johnson & Greenberg, 1985), which Greenberg chaired. The couple and family version has been developed primarily by Johnson and colleagues since that time. Greenberg and colleagues have developed a model they call Emotion-focused Therapy (Elliott, Watson, Goldman, & Greenberg, 2004). Because the couple and family EFT outcome and process research to date has primarily been done on Emotionally Focused Therapy (Greenman & Johnson, 2013; Halchuk, Makinen, & Johnson, 2010), this chapter is focused on supervising from an Emotionally Focused Therapy perspective, and EFT will refer to Emotionally Focused Therapy.

The EFT supervision model was first developed and articulated by Palmer-Olsen, Gold, and Woolley (2011) and was based on a study of how certified EFT therapists developed competency in EFT. The EFT supervision model is the first known empirically derived model of supervision in the field of couple and family therapy. This chapter presents the basics of the EFT supervision model, along with additional insights that have been gained by the authors since 2011.

Philosophical Foundation

Emotionally Focused Therapy is a humanistic, systemic, experiential model which posits that people and relationships can grow and change (Johnson, 2004). The model was developed and has evolved through careful study of what is effective in therapy and integration of this knowledge in well-grounded theory and research. EFT integrates Rogerian, Systemic, and Experiential models and is based in Attachment Theory, which serves as an overarching theory of love and human development.

From an EFT perspective, couples typically get together for emotional reasons and separate for emotional reasons. Couple and family relationships contain powerful emotional bonds that are logical and understandable when viewed in their proper context. EFT helps supervisors, clinicians, and the general public understand the logic of these emotional bonds and provides a road map for change.

THE PROCESS OF CHANGE: BETWEEN AND WITHIN

“All knowledge is experience, everything else is just information.”

—Albert Einstein

The primary change mechanism in Emotionally Focused Therapy is experiential (Johnson, 2004; Johnson et al., 2005). Happy, strong couple and family relationships are characterized by positive, intimate, safe connections (Johnson, 2013). Secure lovers turn to each other in times of vulnerability and distress for comfort, safety, and security, which helps form powerful bonds of love and commitment. Parents, when seeing their newborns, often talk of falling in love with their children. As couples attune with each other and with their children, strong attachment bonds develop that can last a lifetime. However, as couples and families move through life cycle transitions, it is easy to misattune, misunderstand, miscommunicate, and even knowingly or unknowingly betray each other, which can result in emotional pain, insecurity, and fears of disconnection. If these misses are not repaired, couples and families get caught in negative patterns or cycles of interaction. Rather than turning to each other for comfort, intimacy, and connection, they tend to get reactive and anxiously pursue or withdraw. These responses tend to form patterns or cycles of interaction that become rigid, painful, and very destructive. The relationship becomes dangerous rather than secure and feelings of fear and helplessness replace security and safety in the relationship. It is the goal of the EFT therapist to identify the patterns, access and reprocess the emotions and attachment longings that drive the cycle, and create bonding events to fundamentally change the cycle from one of negativity to one that is positive, nurturing, and secure.

The EFT change processes has been divided into nine interactive steps (Johnson, 2004), which are in turn divided into three fundamental stages. Each of these steps and stages interactively builds upon the others. Consequently,

more advanced steps and stages require the successful, and to some degree ongoing, implementation of previous steps.

Stage I: Assessment and Cycle De-Escalation (Steps 1–4)

In stage I, the therapist joins with members of the couple or family to identify the negative relationship patterns, access and process the underlying emotions, and reframe the problem as being about the cycle and the underlying attachment-related emotions. Through this process, the couple learn not only to see the problem as the cycle, but also to stay out of the cycle or revisit and repair rocky moments (Johnson, 2008).

Step 1: Create a safe therapeutic alliance and identify core struggles. Here the therapist works to establish a strong, safe working alliance with each member of the couple or family and do a basic assessment.

Step 2: Identify the negative interaction cycle and each partner's position in that cycle. The assessment in step 1 leads to identification of the negative interactive cycle, which characterizes almost all distressed relationships. The negative cycle is often referred to as a *dance* in popular literature (Johnson, 2008, 2013) and, over time, undermines the safety of each person in the relationship and eventually leads to relationship dissolution.

There are five levels of the cycle (Figure 17.1). The top layer consists of behaviors, which are patterned and typically involve some form of pursue-withdraw. The second layer consists of each partner's perceptions or attributions of self, the other, and the relationship itself. The third level consists of the secondary/reactive/harder emotions that occur in response to the more vulnerable primary emotions. The secondary reactive emotions, such as anger, resentment, jealousy, and anxiety, block intimacy and safe connection and tend to evoke fear, negative appraisals, and more reactive behaviors in the partner. These aspects of the cycle (behaviors, perceptions, secondary emotions) are all above the line because they are readily apparent. Clients usually talk about and show these aspects of the cycle in therapy.

The below-the-line parts of the cycle consist of primary emotions and attachment needs. *Primary* emotions are the more vulnerable emotions, such as fear, sadness, and loneliness. Attachment needs or longings are the basic human needs to be safely connected with others and feel loved, valued, and respected. These vulnerable feelings and needs, when expressed, tend to evoke empathy and draw people close.

Step 3: Access, crystallize, and reprocess underlying attachment-related emotions. In this step the therapist works to identify, access, clarify, and reprocess both secondary and primary emotions associated with moments of connection and disconnection (attachment-related aspects of the cycle).

Step 4: Reframe the problem in terms of the negative cycle, underlying emotions, and attachment longings. In this step the therapist reframes the problem in terms of the cycle (identified in step 2) and underlying

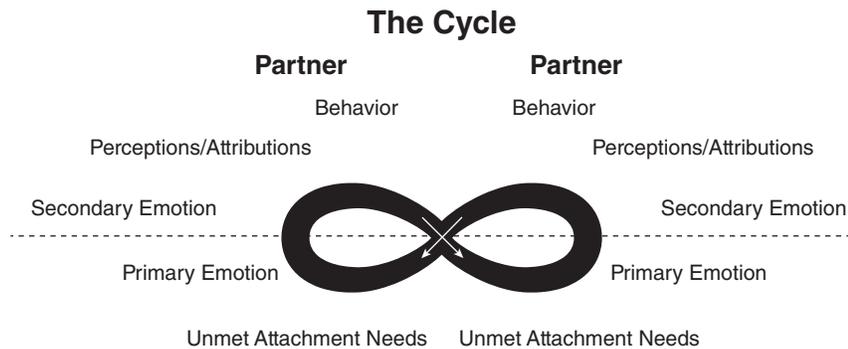


FIGURE 17.1 The Emotionally Focused Therapy (EFT) cycle.

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attachment-related emotions (identified and accessed in step 3). Negative behaviors, such as angry pursuit or cold withdrawal, are framed as either ineffective protests against the lack of safe connection or ineffective attempts to create connection through pursuing for connection, trying to correct problems through criticism, or trying to protect the relationship from unproductive conflict through withdrawal. These reframes typically start as the cycle is identified and primary emotions are accessed and continue to be reinforced through the rest of therapy.

Stage II: Changing Interactional Positions and Creating New Bonding Events (Steps 5–7)

Stage II involves fundamentally changing the cycle or dance and replacing it with one in which each member of the couple feels safe enough to share vulnerability and intimate connection and ask directly for attachment needs and desires to be met. Successful completion of stage II of EFT is associated with positive outcomes (Johnson, 2004).

Step 5: Promote identification with disowned attachment longings and aspects of self and integrate these into relationship interactions. In this step the therapist helps all clients to own and identify with their deeper emotional attachment needs for connection, belonging, and safety. This step often involves “parts work,” particularly with traumatized clients who internally compartmentalize and disown aspects of self that were abandoned, abused, and traumatized. As clients come to own their deeper attachment needs, emotions, and aspects of self, they are encouraged to share them directly with the partner, which helps set the stage for step 6.

Step 6: Promote acceptance of the partner’s attachment longings and aspects of self. In this step, the therapist works to help each partner accept, respect, and attune to the other partner’s attachment-related needs, longing, and aspects of self that were shared in step 5. Steps 5 and 6 typically go together as the therapist works to help partners share and accept the deeper, more vulnerable attachment fears, longing, and needs.

Step 7: Facilitate the direct expression of needs and wants to create emotional bonding and connection. In this step, the therapist works to get each member of the couple to ask directly for attachment needs of safe closeness and connection to be met. This step builds on but is different from the work in steps 5 and 6 in that asking directly for needs to be met, by an engaged and open partner, is more vulnerable and also more powerful than just letting the partner know about the needs. In step 5 the partner may say, "I have a deep longing to know I am loved and not alone." In step 7, the same partner may say, "Come and be with me and let me know you love me." These kinds of direct expressions of needs and wants help create powerful bonding events that are the basis of lasting relational change.

Stage III: Consolidation (Steps 8–9)

The final stage of EFT involves helping couples past particular difficult issues and guiding them to consolidate their gains to instill lasting change.

Step 8: Facilitate the emergence of new solutions to old relationship problems. In this step, the therapist supports the couple as they work to resolve long-standing issues. Once couples and families have the kinds of bonding events and connects developed in stage II, they solve many of their differences on their own. However, there may be particularly painful, long-standing issues that still have to be addressed. Sometimes step 8 sessions involve breakthrough solutions. In other cases, there are emotional shifts that help the couple live with and even appreciate differences.

Step 9. Consolidate new positions/cycles of attachment behaviors. In this step, the therapist helps the couple/family recognize the changes they have made and discuss ways of staying connected. The therapist reviews the changes to help make the new story of the relationship explicit and concrete.

The nine steps build on each other and are additive. Once a therapist successfully implements the processes of a step, the therapist continues to integrate that work into the present processes of therapy. So, for example, the joining and assessment in step 1 continues to some degree throughout therapy. Once the cycle is identified in step 2, it is worked with and used from then on in therapy. When underlying emotions are accessed (step 3), the therapist continues to work with and use those emotions throughout therapy. The reframes of step 4 are continually emphasized and worked with for the rest of therapy. This same process of using and building on each step continues through all of the steps and stages of the therapy.

ROLE OF THE THERAPIST

The EFT therapist takes a collaborative stance and assumes that client emotions, experiences, and behaviors make sense in their context. Clients are seen

as having expertise in their own life experiences, and therapists are seen as having expertise in the processes of change. The EFT therapist honors both of these areas of expertise and collaboratively combines them to facilitate change. EFT therapists are typically very active in the therapy room while staying closely attuned to all therapy participants. The therapist works to be a temporary secure base in the therapy process and actively facilitates change through the interventions and stages/steps of change. As a safe attachment figure, the therapist engages in the reciprocal process of creating new experiences through the co-regulation of affect and the co-creation of meaning. To engage in this “intersubjective” exchange, therapists need awareness of their own emotional responses, triggers, and vulnerabilities (Stern, 1985).

Techniques

Emotionally focused therapists use a variety of interventions drawn primarily from EFT’s theoretical roots. To identify cycles of interaction, EFT therapists use circular questions, assessment enactments, and observation of present processes. Interventions focused on accessing emotions emphasize the reciprocal nature of attunement. These two-way interventions are active attempts by the therapist to “feel” the clients’ world and allow the clients to feel their own experience.

Access, Expand, and Reprocess Emotional Experience

An important part of EFT involves accessing, expanding, and reprocessing emotional experience. The following interventions are key and are used throughout EFT.

Empathic reflection

EFT uses empathic reflection to help build the alliance, to help clients feel understood, to attune with clients, to bring focus to what a client has said, to help clients order their experience and hear themselves, and to slow the process of therapy down (particularly helpful with high-conflict couples).

Validation

Validating client realities helps normalize and put client experiences into a context. In couple and family therapy, the EFT therapist often validates contradictory positions and experiences of different clients through validating the experience while not taking a position on whose experience is accurate.

Empathic conjecture

Empathic conjecture involves tentatively conjecturing about a person’s emotions or experience. For example, “Help me if I am wrong, but I am getting that when he turns away and shuts down, there is a part of you that fears you two will never really connect. Is that right?” Empathic conjecture is a way of helping clients name their emotional experiences, feel understood and safe

with the therapist, and focus on and identify with their deeper emotional experiences. If the clients accept the interpretation, they are encouraged to put it into their own words. If the client rejects the conjecture, the therapist sees this as helping the therapist attune with greater accuracy.

Evocative questions

An evocative question is an open-ended question about emotions related to some stimulus (such as what a family member just said) or a bodily response. Evocative questions are designed to clarify and deepen emotional experience.

Heightening

Heightening involves intensifying and focusing on emotional experience through repeating and enacting. The letters *RISSSC* stand for a set of procedures that are used especially in heightening.

- Repeat—Repeat clients' words, particularly emotionally charged words or metaphors
- Images—Use images around emotional content and action tendencies
- Simple—Use simple words and phrases
- Slow—Slow down to allow clients to feel
- Soft—Use a soft voice, particularly around emotional content
- Client words—Use client words as much as possible

Restructuring Interactions

In order to change interaction patterns and create bonding events, the EFT therapist tracks and reflects the process of interaction and uses enactment to create new experiences and interactive patterns.

Track and reflect process of interaction

The therapist works to illuminate and restructure interactions through tracking and reflecting the process of interaction, both as reported by the couple and as seen in the therapy room. The therapist uses the knowledge of these interactions to help create new interactions.

Enactments

In the process of enactments, the couple or family talks directly to each other. Enactments are typically used to create and intensify new interactions and create bonding events. They are used throughout EFT but particularly in stage II as the therapist works to create new experiences. It is important to note that enactments are not used only to create insight, but rather are used to create security through corrective emotional experiences.

CULTURE/RACE AND GENDER ISSUES/RESEARCH

Basic attachment needs are wired into the brains of humans and are therefore universal. All humans need to feel loved, valued, respected, and safely

connected with others. However, the way safe connections are formed and maintained and the way attachment needs are expressed and understood and responded to are often different in different cultures. The EFT therapist is sensitive to these differences and seeks to curiously tune into and track culturally specific attachment strategies and processes that result in safe connections (van Ijzendoorn & Sagi-Schwartz, 2008).

All forms of discrimination and oppression and the associated traumas can create insecurity and a heightened need for secure attachment. However, discrimination and oppression can also make it more difficult to develop and maintain secure attachments. For example, discrimination can lead to economic oppression, which may necessitate frequent moves and long periods of separation and disconnection. Additionally, the experiences of discrimination and oppression inform internal working models of self and others and can make it more difficult to form and maintain safe attachment bonds. The EFT therapist is sensitive to various forms of discrimination and oppression and their impact on attachment needs, models, and strategies.

EFT has been used with, written about, and found to be effective with a variety of populations and problems. EFT has been shown to be effective with couples in North America and in the Middle East, in treating trauma (including child abuse), in changing brain processes associated with threat, in changing attachment processes, and in treating depression (Dalton, Greeman, Classen, & Johnson, 2013; Dessaulles, Johnson, & Denton, 2003; Johnson, Hunsley, Greenberg, & Schindler, 1999; Mehr et al., 2014). For a current list of outcome studies, process studies, and key articles, see <http://www.iceeft.com/images/PDFs/EFTResearch.pdf>. An EFT casebook illustrates the use of EFT with same-gender couples; couples facing cancer, sexual issues, addictions, and trauma; culturally diverse couples; and military couples (Furrow, Johnson, & Bradley, 2011).

ROLES OF THE SUPERVISOR AND SUPERVISEE

Supervisor-Supervisee Relationship

The EFT supervisor-supervisee relationship is one of collaboration and respect. Palmer-Olsen et al. (2011) found that a secure supervisory alliance was identified as a key factor for therapists learning EFT. The supervisor respects and honors the talents, life experiences, and agency of the therapist while guiding the therapist to greater expertise in the understanding and implementation of EFT. Learning to do therapy, particularly an experiential form of therapy, is a vulnerable process. The supervisor works to be transparent about his or her own experiences and works to provide a secure base for the therapist. The EFT supervisor's stance is characterized by acceptance, empathy, authenticity, curiosity, and responsiveness.

Learning Goals/Objectives

For the purpose of understanding and teaching EFT supervision, the process has been broken into four primary goals: The acronym ACES (Alliance, Conceptual, Experiential, Self-of-the-Therapist) is a simple way to remember these primary goals.

Goal One: Alliance

Developing a secure supervisory alliance is the basic building block of EFT supervision; it provides the solid foundation for the remaining three goals. Starting with the paramount importance of a secure alliance helps put the other goals in context. The person of the supervisee is the most important component, not the issues the supervisee presents with. Palmer and Johnson (2002) summarize well the elements that are necessary for establishing the quality of alliance that best facilitates supervisees' learning of EFT: "The supervisory relationship needs to be characterized by mutuality, collaboration and respect in order for the learning to take place in an atmosphere that allows for creativity and risk taking. . . . The novice therapist needs then to feel not only heard but also held emotionally and resonated with by the supervisor" (p. 18).

An authentic and transparent EFT supervisor creates a collaborative atmosphere that emphasizes journeying together as the best path toward discovering truth. The stance of an EFT supervisor is playful, accepting, curious, and engaging (Hughes, 2007). In order to establish the safety necessary for safe exploration, the supervisor must provide structural and emotional support to the supervisee. This includes ongoing assessment and a supervision contract. Identifying and being explicit about the primary goals of supervision, the developmental stage of the therapist, evaluation of progress, and strategies for handling conflict are essential for creating safety and reducing supervisees' anxiety.

Goal Two: Conceptual Development and Integration

To achieve this goal, the EFT supervisor adapts a more traditional, didactic stance that focuses on understanding the model. In pursuit of this goal, the supervisor is mostly imparting information so the supervisee can learn to integrate attachment theory and EFT into practice. Reading materials are used to help the supervisee cognitively grasp the EFT process and concepts. The supervisor provides answers to the supervisor's theoretical questions in a safe way to build trust and develop the same cognitive map of therapy.

Goal Three: Experiential Focus

Here the emphasis is on the supervisee's ability to work with emotion and facilitate couples' bonding events. Moving beyond merely understanding

concepts, an experience focus involves putting the theory into practice. Helping supervisees develop the skill set necessary to empathetically attune and stretch their experimental edge is critical to effective EFT. Palmer-Olsen et al. (2011) find that inability to manage or utilize emotions effectively is a major contributor to blocks in both therapy and supervision. Just accumulating information on how to do EFT is akin to learning how to swim by just reading a book. Consequently, movement toward the third goal focuses on experiential, bottom-up learning through role-plays, exercises, video review, and real-time supervision. The supervisor is teaching how to attune and regulate emotion by doing it with the supervisee and having the supervisee practice. Providing moment-by-moment feedback with support and encouragement enables the supervisee to gain experiential knowledge and skill.

Goal Four: Self-of-the-Therapist

The EFT supervisory experience is isomorphic to the EFT therapeutic process. For supervisees to effectively assist clients in identifying and processing their own emotions and attachment needs related to therapy and learning EFT, supervisees must successfully identify and process their own emotions and attachment needs and how those needs get triggered and affect therapy (Palmer-Olsen et al., 2011). When the supervisee's own emotional blocks get triggered, they create barriers to attunement and negatively affect the therapeutic process. The two most common therapist action tendencies associated with their own issues involve exiting the emotional process in session (withdrawal) or pushing too hard to fix issues (pursuit). When supervisors see these behaviors, it indicates that self-of-the-therapist issues are likely to be involved.

Creating the safety for supervisees to risk exploring their own emotions is necessary before shifting the focus to self-of-the-therapist issues. If a supervisee is not in a place to examine self-of-the-therapist issues, the supervisor respects that position. Ultimately, it is counterproductive to press for self-disclosure without the supervisee being open. Good supervision models the "how to" in connection as the supervisor teaches the supervisee through the supervisory dyad. When the supervisee is ready to delve into self-of-the-therapist issues, the supervisor deepens Goal Four through the HEARTS process, which stands for Here-and-now focus, Explore/energize blocks, Accept the function of the block, Resolve the block.

HEARTS Process of Self-of-the-Therapist Supervision

Here-and-Now Focus

The supervisor creates a safe environment to explore, without judgment, whatever is emerging for the supervisee in real time, both intrapsychically and interpersonally. The supervisor must be clear on the intended purpose of exploring the supervisee's self-of-the-therapist issues and gain explicit permission to proceed to actually exploring blocks.

Explore/Energize Blocks

After creating a safe, collaborative environment, the supervisor helps the supervisee discover and identify the block or trigger that is impeding attunement to a client in the therapeutic process. For example, if a silent client triggers anxiety in the therapist, the therapist may soothe his anxiety by pushing the client to open, asking the client more questions and invariably causing more silence. This leaves the therapist more anxious, the client more silent and withdrawn, and both client and therapist completely misattuned. However, recognizing this feedback loop of misattunement, and gaining insight into how the block interferes with the therapist's ability to stay with the client's experience, is not enough for actually working through the self-of-the-therapist block. Real change can only come from creating neural pathways through new experiences for the supervisee, not from simply recognizing the miss. To evoke a new experience for the therapist, the supervisee must activate the block and engage it in the here and now. The supervisor helps the block come alive by having the supervisee visualize the precise moment of the trigger—client's words, tone, facial expression, body posture—and deepens the activation by exploring the therapist's feelings around the trigger.

Bruce Ecker and colleagues' work on memory reconsolidation describes well how neuroplasticity of the brain actually works. To change the brain, the synapses that store a memory of an event must be unlocked and a new, corrective experience must be attached to the unlocked synapse (Ecker, Ticic, & Hulley, 2012). Regardless of the theoretical orientation of the therapist, the brain changes through this simple process. As the supervisor activates the block, the supervisee's old "protected" response emerges. Engaging the block brings the therapist's action tendency to protect herself from the threat of the trigger into the room.

Acceptance of the Function of the Block and Accessing Unmet Needs

Attuning to the block begins with honoring the function of the supervisee's protection. Highlighting the block often triggers shame and feelings of inadequacy in the therapist. Letting the therapist know with empathy and acceptance that his behavior and defenses make sense creates a powerful antidote to shame. After validating the therapist's good reasons for her responses, it is necessary to expand the frame and help the therapist access the unmet needs beneath the block. If a therapist exits the process or pushes a client too hard for a response due to the therapist's own survival strategies, no one, including the therapist, is seeing or comforting the therapist's underlying fears of rejection and failure. The action tendency of the block (pursue/withdrawal) to avoid being hurt (unmet needs) often ensures that therapists preemptively reject or hide themselves to avoid the possibility of hurt. Recognizing the trap reveals the costs of the blocks and allows the therapist to access the vulnerable parts of self previously hidden. A helpful image is therapists asking their

loyal soldier (the block) to move aside so they can see the little child hiding behind (unmet needs).

Resolving the Block With a Resonating, Healing Response to Unmet Needs

Once the unmet needs are revealed, the timing is right for the supervisee to receive a healing, corrective emotional response that removes, reduces, or redeems the block. This reparative response from the supervisor, a member of the supervision group, or the supervisee's self arises from a place of deep connection called *resonance*. If attunement is the process of joint exploration and coordination of intentions, then resonance is the destination of successful attunement.

Joseph Pearce used an electroencephalograph (EEG) to study the brain waves of two people working together on activities with a singular purpose (McTaggart, 2011). He discovered that the two brains synchronize into brain-wave "entrainment" or resonance. In brain-wave entrainment, the electrical signaling in the brains of two people quickly coordinate. The frequencies, amplitudes, peaking, and troughing of the brain waves all begin to resonate in tandem: Literally, two separate brains reach beyond the borders of each mind and join together into one. This kind of resonance is not limited to just the brain. Many researchers are finding that a large number of physiological processes—heart waves, blood flow, respiration, body language, vocal prosody—all can come into synchrony in separate individuals (McTaggart, 2011, p. 63). It seems that our biology is the product of synchronizing with the world and the people around us (p. 69).

The supervisor guides the supervisee toward this place of clarity, new awareness, communion, synchrony, truth, matched affect, core states, and resilience. To satisfy our deepest needs, we merge with others, constantly seeking synchrony (McTaggart, 2011, p. 70). The felt sense of body and mind coming into synchrony is what we call *resonance*, which is marked by feelings of calmness and harmony. It is a sacred space of direct connection between two people from and within their most vulnerable states. No one is in control because the space between is shared.

The corrective emotional experience occurs here when supervisee-therapists get a new response to their previously hidden attachment needs. The therapist's receiving a loving response attaches a new experience to the unlocked synapse of the block, rewiring it as a positive experience and erasing the negative. Imagine what a radically different outcome a supervisee can achieve if, instead of beating himself up for failing to attune to a client, he instead acknowledges and releases his "soldier" (blocks) and comforts his scared little boy with empathy. Transformation and positive affect is the natural aftermath of resonance and corrective emotional experience. The supervisee experiencing stated feelings of joy, relief, lightness, peacefulness, and freedom are predictable physical markers of successful block resolution. There is no reason to guess; positive affect is evidence of a shift. Taking a few

moments to celebrate these new positive shifts explicitly with the supervisee helps consolidate the progress made.

Tie-Back to the Therapeutic Process

Having their needs met, experientially, enables the supervisees to return to the therapeutic process of their clients and lean into the direction that was previously blocked. Liberated from the need to protect and survive, the therapist can unleash curiosity and explore new territories. If a supervisee is comforted in her fear, then attempting to attune to a client's fear become less scary. A therapist demonstrating an ability to attune and co-regulate with a client to collaboratively access emotions previously impeded is proof of effective block resolution.

Synthesize Experience Into Coherent Narrative

After celebrating the positive affect accompanying successful tracking-back (block resolution), it is important to install the whole process into a coherent narrative. Organizing the experience into a story fosters integration and replication. Neurons that fire together wire together. Putting the corrective emotional experience into a more global perspective allows the gains to be more far-reaching. Reinforcing what works increases the likelihood of similar results in the future.

CASE EXAMPLE

Brittney entered her supervision session with her supervisor, Dr. Bob, feeling disappointed about her first couple session with Travis and Tekia. Brittney described feeling lost and ineffective as Travis and Tekia argued about multiple topics. The more Brittney tried to gently interrupt the fighting and help them listen to each other, the more the fighting escalated. At the end of the session, Travis announced that he was not going to listen to any more of Tekia's criticism about "him being just like his father and not finding work" and angrily left the therapy room. Afterward, Brittney talked to Travis on the phone and the couple agreed to come back for another session. Brittney was anxious not to have another "out of control" session where she felt like a terrible therapist.

Dr. Bob noticed Brittney's discouragement and normalized how difficult couples can trigger feelings of frustration, helplessness, and inadequacy. He empathized with her struggle and validated her willingness to jump in to help. Focusing on the first goal of EFT supervision, building an alliance, Dr. Bob stressed connecting with Brittney before trying to provide advice. Dr. Bob shared his "nightmare"

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therapy session as a novice therapist in an attempt to let Brittney know he understands how badly she feels. In doing this, Dr. Bob role-modeled vulnerability and attempted to join Brittney in her struggle. Brittney laughed, expressing gratitude by saying, "I guess it's true that misery loves company."

Feeling understood and not judged, Brittney then asked Dr. Bob for his help so she could be more effective in the next session. Dr. Bob asked her to describe a piece of the session where she felt most stuck. Brittney depicted the end of the session where Tekia told Travis he needed to work harder, unlike his father, in his job search and send out more applications. Travis replied that she needed to work harder disciplining their kids. Brittney didn't know where to go as each partner was firing off complaints. Dr. Bob used this example to help Brittney shift focus from the surface content to the underlying attachment process. Providing a map to conceptualize the unfolding attachment drama between partners is the second goal of EFT supervision.

Dr. Bob encouraged Brittney to try and track the recurring sequences of interactions between the partners that maintain the couple's distress. Escalating emotional tensions lead both partners to utilize adaptive protective strategies, the two most common being pursuit (pursuit), which is an intense hyperactivating emotional response (moving toward the partner); or withdrawal, which is a deactivating emotional response (moving away from the partner). The therapist's primary intention is first to assist each partner in identifying their protective strategies and then to expand the couple's frame so each partner can recognize how their protective responses pull defensive strategies from their partner, mutually constructing an interdependent negative cycle. Couples become stuck in predictable patterns of reactivity marked by increased emotional distance and decreased responsiveness.

Mapping out the moves between Travis and Tekia reveals a common negative cycle of pursuit and withdrawal. Tekia is anxious about the family's financial situation and reaches out to Travis for information in the hopes that he can calm her fears. She moves toward Travis to face the challenge together. Unfortunately, Travis, who is feeling bad about his lack of progress in finding a job, hears Tekia's questions as criticism. This criticism is compounded by cultural messages of the challenges African American males face in finding employment. He doesn't notice Tekia's bid for connection; rather, he experiences it as an attack. Travis's underlying fear of failure is reinforced with each of Tekia's suggestions and attempts to help with advice. Every word points out either what he is not doing or what he is doing wrong. His specific failures in the family further reinforce his cultural perspective that the system is setting him up to fail. Real opportunities are

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unavailable and following the rules gets him nowhere. Despite his efforts, he keeps finding himself stuck on the bottom. Travis's mounting pressure is exacerbated by Tekia's attempts at conversation and he withdraws to reduce the tension and avoid escalation. When Travis withdraws, Tekia feels rejected and dismissed. Her anxiety increases as Travis refuses to engage. She follows Travis into another room and continues to force the conversation, letting Travis know he needs to do more. As Tekia's unrelenting messages of disappointment, doubt, and failure bombard Travis, he feels trapped. The criticism he hoped to escape is following him. With nowhere to turn, he lashes out with anger, screaming at her about her parenting.

Dr. Bob helped Brittney see the negative cycle running rampant. Trying to connect and empathize with each partner's struggle, including awareness of how cultural messages reinforce interpersonal reactivity, is crucial for building a healthy alliance. Both partners are protecting themselves and are unaware of how their protection is truly traumatic for their partner. If Travis is discouraged in his role as a provider, he desperately needs encouragement and Tekia's assistance in reducing the mounting pressure. Instead, he gets advice, criticism, heightened pressure, and reinforcement of his failures, all of which increase the likelihood of his withdrawal. If Tekia needs Travis by her side to share her fears and empower her to have some influence in the family's financial future, then his disengagement is the worst-case scenario. His withdrawal fuels her anxiety, helplessness, and loneliness, which drive Tekia to protest further. For Tekia, a negative response is better than no response at all. Making explicit these negative patterns that fuel reactivity and replacing them with positive cycles that foster responsiveness and secure attachment is the main objective of EFT.

Possessing a map doesn't just show someone where they are (identifying the negative cycle); more importantly, it highlights where they need to go (positive cycle). It is crucial that the therapist possess both a starting point and a destination. Dr. Bob gave Brittney a glimpse of how Travis and Tekia's conversation could have ended differently. What if each partner explicitly shares their attachment needs instead of their protective strategies? Imagine Tekia telling Travis, "I know you are trying your best, this is about my fears, not that you are doing anything wrong. I'm just really scared our financial situation is going to get worse and maybe if we keep fighting you will not want to be with me anymore." This bid for connection is direct and Travis replies, "Oh my goodness, I never knew you were scared I would leave you. You are the best thing in my life and we'll figure it out [reaching over to hug her]. Let's talk and come up with a plan." This vulnerable conversation pulls Travis closer as opposed to Tekia's reactivity that pushes him away.

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It is important to realize that Travis is equally empowered to initiate a vulnerable conversation. Envision Travis saying, “I know you are nervous and justifiably want information to calm your fears. Yet I’m trying my best and I hear your questions as evidence that I’m a loser. I get so discouraged and weighted down that I just want to escape. I need help to lift my spirits but I don’t know how to ask for help.” Another direct expression of a vulnerable need, to which Tekia responds, “Wow, I didn’t realize my questions make you feel like you are a loser. I’m so sorry. I’ll be your biggest cheerleader [reaching over to hug him]. We can do it together.”

The attachment map was really helpful for Brittney in understanding the couple’s dynamics. Next she wanted help in implementing the map. Dr. Bob set up a role-play where he played the role of Travis and directed Brittney to practice finding her words to get alongside Travis. The third goal of EFT supervision is the therapist working with real-time emotion. Brittney needs practice finding her words to go deeper emotionally with her clients. Like the theory of change in EFT, isomorphic corrective change arises from new experience, not just insight. Insight is essential to create the safety needed to take risk, but it is the reaching for and responding back that fosters secure connections.

In the role-play, Brittney did a great job validating Travis’s vulnerabilities and fears of failure. She clearly empathized with his pain of not being able to amply provide for his family. A few times Brittney needed help finding the right word, but Dr. Bob provided assistance and she quickly got back into a groove. In the role of Travis, Dr. Bob used his own sense of attunement to feel if Brittney was alongside, and he provided moment-by-moment feedback to help her stay close. When she got out too far ahead or fell too far behind where Travis was in the moment, Dr. Bob facilitated minor adjustments. EFT supervisors emphasize that the best way to learn emotional engagement with others is by hands-on learning, stressing less supervisor talking and more supervisee doing. To become good at emotional work, one needs corporeal practice, not abstract ideas.

Brittney did an excellent job of co-regulating Travis’s implicit vulnerable attachment needs. Travis (Dr. Bob) felt new awareness and understanding. Brittney then asked Travis what it would be like to tell Tekia about his vulnerable needs for support. Immediately, Travis balked and started to get frustrated. This is a common reaction for a partner who is touching a vulnerable part of himself or herself, because it is unfamiliar and they mistrust their partner’s response. There is too much risk of failure. Brittney lost attunement with Travis’s frustration and pushed Travis to talk about his fears. When Travis grew more frustrated, Brittney went silent. Dr. Bob paused the

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role-play to explore what was happening in Brittney, and whether she was needing a little help finding a word to attune to the frustration (third goal) or if she was being triggered by her own experiences.

The fourth goal of EFT supervision is temporarily putting aside the therapeutic process and opening a space to explore self-of-the-therapist blocks. In this situation, Brittney was freezing, unsure how to lean into Travis's anger. She was fluent in his vulnerability but uneasy with his frustration. Dr. Bob and Brittney agreed to discuss the possibility of using the HEARTS process to help Brittney work through her block of attuning to Travis's anger.

H = Here-and-now focus; expresses clear intentions about the process and an emphasis on taking a curious, nonjudgmental stance. It is critical for the supervisor to empower the supervisee with decision-making power. Dr. Bob explained to Brittney that blocks to attunement with clients are normal to the therapeutic process and if Brittney wants to explore the very good reasons why Travis's anger is so challenging, they could investigate it together. If she was uncomfortable shifting focus toward her own personal blocks, then they could continue to focus on the case. Dr. Bob also explained that if Brittney decided to explore the block, she could stop at any point. Brittney cautiously agreed.

E = Engage/energize the block. Dr. Bob had already identified the block as Brittney's withdrawal response to Travis's anger; now it was time to activate the block and make it explicit. Dr. Bob asked Brittney to describe Travis's face, body language, tone, and words. As Brittney re-experienced the scene, she responded to Travis's "mean eyes" with fear and a feeling of wanting to run away. With her block in regard to Travis's anger energized and the synapse where it was stored unlocked, Dr. Bob moved to understanding her protection.

A = Attune to the function of the block and the supervisee's unmet needs. With compassion and curiosity, Dr. Bob explored Brittney's strong response to anger and wondered what was familiar about wanting to run away from anger. The basic tenet of EFT and EFT supervision is that the behavior always makes sense when you understand the attachment context. Brittney described growing up with an alcoholic, abusive dad who would explode; she constantly had to hide to avoid violence. Everyone in her family walked on eggshells, although no one ever talked about their fears. Brittney's only option to deal with her father's anger was withdrawal. There was no room for her to fight back or to question what was bothering her dad. Her hiding kept her safe. Dr. Bob validated her great reasons for withdrawing in the face of

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anger and normalized how her body was responding in the same way with Travis. Brittney's nervous system registers threat and retreats. Dr. Bob also opened up space for Brittney to see how her withdrawal hides her own feelings of terror and massive helplessness. As Dr. Bob validated her protection, he expanded the frame so that Brittney could see how her short-term avoidance ensures that no one sees the vulnerable part of her that is so afraid. Her protection guarantees that her need for comfort goes unmet. She is stuck in a double bind where withdrawal is necessary, but as long as she avoids no one can ever see and respond to her sadness. Dad's failure to attune to Brittney created a survival coping strategy of avoidance that caused Brittney to be unable to attune to her own vulnerability.

R = Resolve the block. As Brittney was able to identify both her block and her unmet attachment needs, it became possible to provide Brittney with a corrective emotional experience attached to the old block. From a place of resonance and understanding, Dr. Bob was able to respond to Brittney's unmet needs. He expressed sadness that no one ever acted to protect Brittney, and as a result Brittney had no option but to hide. He noted how hard it was for her, explaining that when Brittney was triggered with threat, her withdrawal guarantees that she remains stuck in herself with the same lack of responsiveness she experienced with her parents. Dr. Bob conveys his hope for Brittney to learn how to be present and fight for a new response. He encouraged Brittney to imagine herself as a little girl hiding in the closet and feeling the unfairness of the situation. Not only was this little girl all alone, but no one came to her rescue. Then Dr. Bob asked Brittney to imagine herself as an adult opening up the closet door and rescuing the little girl. This powerful image created permission for Brittney to experience self-compassion and comfort. Brittney began to cry tears of relief.

Slowly and gently, Dr. Bob reinforced the new, positive response by telling Brittney how proud he is of her efforts and how he too wants to fight for her. He lets her know that she deserves comfort: we all do. Positive affect and transformation are predictable outcomes of successfully resolving a block. Brittney described feeling lighter, calmer, hopeful, and freer—all physical markers of expansion into new areas previously blocked. Dr. Bob helped Brittney put words to her new experience of responsiveness and stressed how the positive affect is proof of her getting to the other side of her block.

T = Track back. With the block being identified and worked through, it was possible to track back to the therapeutic setting and see

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if Brittney could lean into the direction that was previously obstructed. Before, Brittney withdrew from Travis's anger. Dr. Bob wanted to see if she can move toward Travis's anger. Learning to match affect is essential for attunement. If clients are angry, they signal their anger by demanding that the therapist pay attention and listen. Brittney's avoidance of the anger, signaled through her own withdrawal, intensified Travis's frustration. A calmer, less afraid Brittney, armed with the awareness of how her avoidance triggers Travis's anger, wanted another chance to role-play attuning to the anger.

Brittney recognized Travis (Dr. Bob) from a more empathic place: "It must really frustrate you when Tekia offers advice and sends the message you aren't doing enough. You know how hard you try and her words don't capture your real effort. Correct me if I am wrong, but that must feel pretty unfair." Dr. Bob smiled in the role of Travis. He felt his body relax and his anger diminish as Brittney conveyed attunement and understanding. Brittney's validation of Travis's anger and the good reasons for his defensiveness, and effectively giving Travis permission for his protection, he no longer needed to be angry.

S = Synthesize the experience. With Dr. Bob's help, Brittney organized her story into segments; identifying her block with regard to anger, honoring the valid motives for the block, recognizing the unmet needs of fear and loneliness underneath the block, working through the block by having a new experience of self-compassion and receiving comfort for her needs, tracking back to the therapeutic relationship, and learning to attune to Travis's anger. Dr. Bob and Brittney celebrated a job well done.

CONCLUSION

Like EFT, EFT supervision embodies a humanistic, experiential foundation. Through a secure supervisory alliance grounded in attachment theory and experiential process, including the self-of-the-therapist exploration, EFT supervisees are given the unique opportunity to gain invaluable perspective on their own emotional experience, which is always part of the therapeutic process. Attuning to supervisees, like attuning to clients, demands flexibility and self-awareness. Recognizing the many levels of intervention—*alliance, conceptual, experiential, and self-of-the-therapist (ACES)*—provides a broad framework for the supervisor to meet the supervisee's varying needs. EFT supervision allows the supervisor, supervisee, and client to experience growth and change in the process of healing and the practice of Emotionally Focused Therapy.

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