

Emotionally Focused Therapy
Core Skills Advanced Training #1

George Faller
EFT Trainer

1

1

CARL ROGERS

- Before every session I take a moment to remember my humanity. There is no experience that this person has that I cannot share with, no fear I cannot understand, no suffering that I cannot care about, because I too am human. No matter how deep his or her wound, they do not need to be ashamed in front of me. I too am vulnerable. And because of this, I am enough. Whatever their story, they no longer need to be alone with it. This is what will allow his healing to begin.

2

2

Imagine best intention while remaining accountable for our impact

- We practice thinking well of each other, and try to imagine we all are acting from our best selves, as much as possible.
- We invite each other to be accountable for our impact, recognizing that our intention can be very different from the impact we have on each other.

Bianca I Lauriano, 2020

3

3



4

Much more than Couples Therapy

The Best Solution

**A GENERAL BROAD MODEL OF HUMAN FUNCTIONING.
FIRST WE MUST KNOW WHO WE ARE.**

- Clear Direction — Model of health — optimal function — more than symptom alleviation. Growth orientation.
- Integrated explanatory framework for disorders — What goes wrong.
- Outline of changes that matter.
- Cohesive Theory of human functioning — emotion cognition behavior interpersonal.
- Outline of core organizing variables across human development/time.
- Extensive Science base.
- Link Self and Relational System — avoiding fragmentation.

5

EFT= Individuals, Couples, Families & Groups



6

6

EFT – Couples Therapy-New Era

For The First Time:

The couple therapist is in territory of the:

- Understandable
- Predictable
- Explainable
- Changeable

We Know:

- The Territory – The Problem
- The Destination – Goal
- The Map – Key Moves/Moments

New Science- based on observation of distress, satisfaction, bonding in action, change in therapy.

7

7

Overview: Why EFT?

- Attachment needs are cradle to grave
- A culture of separateness is at odds with our biology
- Social rejection triggers the pain center in the brain
- When we do not get emotional responsiveness we protest
- There is a phenomenology to secure attachment, and these qualities are first embodied by the **therapist** and gradually learned by the couple
- As the couple creates new patterns of responsiveness, they have a positive cycle that is enduring and applicable to new stressors

8

8

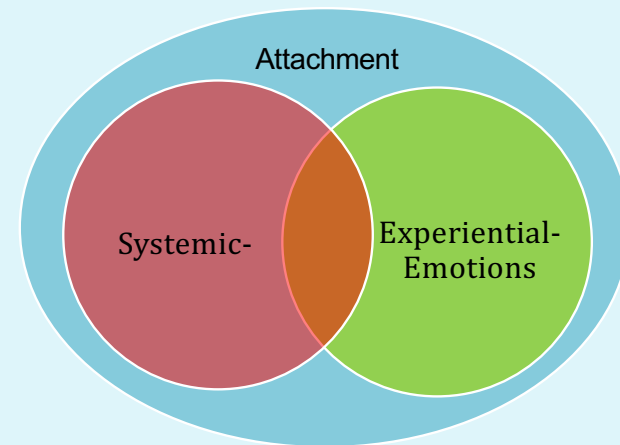
Overview: A Lasting Change

- ❑ In EFT couples understand their relationship both **cognitively and affectively**
- ❑ They learn to identify their cycle (old moves)
- ❑ They learn to recognize and share their needs and fears, and from this deeper place to reach for, and receive, their partner (new moves)
- ❑ Re-patterning at this emotional level creates new neural pathways and encodes enduring change

9

9

Zoom In/ Zoom Out, Background/ Foreground



10

10

Attachment Theory

- Why does attachment exist?
 - Survival mechanism
 - To maintain the proximity with a caregiver, especially in a stressful situation
 - Goal is to reduce arousal and reinstate a sense of felt security allowing for exploration
 - More than just survival, its how we **thrive**

11

11

We are created to need feedback from others

- Attachment needs are from cradle to grave. Not just for babies! Dependency shouldn't be a bad word.
- We are focusing on intimate relationships but these needs are met in many different kinds of relationships.
- God, Kids, Friends, Co-workers, Pets

12

12

Good Enough Responding

1. **Attunement** = Feels Good/ Marked by Positive Affect (Signs of Openness)
2. **Disruption** = Feels Bad/ Marked by Negative Affect- leads to disconnection (Signs of Defensiveness)
3. **Repair** = Bridge back to Feeling Good/ Opportunity to Repeat Bad or Emerge into New Good

Open Systems Theory

13

13

Therapists need to constantly Pivot- Moment by Moment

Defensiveness =
Move with It!

Openness = Finish
the Mission



Simple Goal =
Success in
Vulnerability &
Success in Sharing

14

When we get overwhelmed by separation distress, we either
PUSH or NUMB OUT
 (Both healthy adaptive responses)

PUSH: We turn UP the emotional heat by:

- Push, pull, poke
- Demand, fight
- Mobilize
- Worry, fret
- Try to fix

NUMB OUT: We turn OFF the emotional heat by:

- Deny, dismiss
- Avoid, hide
- Shut down
- Minimize
- Let storm pass

15

15

Attachment Styles of Therapist Action Tendencies

Anxious

- Talk faster
- Talk longer
- Talk clients into feelings or experiences
- Need to “fix it”
- Pursuing information – asking a lot of questions
- Give explanations

Avoidant

- Exit process into content
- Exit one partner – go to other
- Sit back and not engage
- Limited words
- Brain-freeze

•**Disorganized**
 A little of both!

•**Secure= Grounded**

16

16

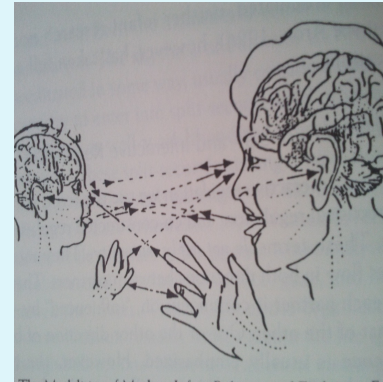
Self of the Therapist

- Solely focusing on the problems resulting when the therapist gets triggered in session misses the bigger picture.
- The therapist's greatest asset is his/her Self. Be impacted & let your clients' experience wash over you
- Like a good parent, the therapist predigests the client's distress by making sense of it and, by giving it a meaning and explanation. This transforms the client and allows the experience to be accepted and endured.
- Eventually, the co-regulation of emotions between therapist and client, paves the way to self-mastery and self-regulation.

17

17

Attachment and Attunement



Two people are in sync when...

- They are affectively and cognitively present to each other.
- The vitality of their affective states are matched.
- Their cognitive focus is on the same event or object;
- Their intentions are congruent.

Co-regulating emotions (experiential) and co-creating meaning (systemic).

18

18

Dan Hughes

• When people don't respond to our inner world then we don't develop words to speak about our experience. Having no words, it is hard to describe feelings. The inner world takes on a vague and nameless quality. Subjective experiences continue to occur but they are difficult to understand or communicate. Clients are not trying to withhold or be difficult, it is a basic truth about their life that they don't know what to say about their thoughts and feelings. They have a sense of self that lacks coherence, continuity, clarity, and comprehensiveness.

19

19

GOOD NEWS

Bowlby's concept of developmental pathways suggests that one can be brought back on to a more secure pathway by adding the missing component from life at a later date. (Byng-Hall, 2000, p . 265)

We can provide this component through
1) therapist 2) partner 3) parts 4) higher power

20

20

Three Phases of working with Self of Therapist Blocks

1st
Phase

Get better at your focus and implementation- this resolves most blocks. Learn to tolerate the timing of Emergent experience- it is halting and tentative. Trust the process will lead to a fully felt emotional experience which has clarity and force. Deliberate practice

2nd
Phase

Notice your action tendency and the negative cycle you are getting pulled into. Learn to ground yourself when triggered, take a breath, say a prayer, then reset and start over. Try a new move.

3rd
Phase

For the deepest blocks- do HEARTS

21

Notice the Therapists' Protection/ Action Tendency

	Action Tendency	Underlying Emotion	Protection Benefits/ Costs	Antidote
Flight	Freezes; shuts down; exits Process to Content; exits one client to the other	Fear – something bad about to happen, failure, rejection	Escapes threat But leaves clients in time of need and abandons self of therapist	Compassion for self, honor survival, fight for self
Fight	Talks a lot; explaining things; goes cognitive, tries fix	Fear failure, rejection	Sense of familiar grounding But creates mis-attunement leads self criticism/ shame	Confront shame, honor risks, validate courage. Love self

22

SELF-OF-THERAPIST ROLE PLAY

1. Identify your trigger
2. Identify your action tendency with a challenging couple. Body Marker
3. What is the threat?
4. What is your move to repair and ground yourself to reset process. Curiosity is marker of reset. Breathing, grounding feet, prayer, positive thoughts

23

23

In order to connect and respond....

- We need to understand our emotions.
- Emotions are attachment language- right brain.
- They are wired in- take precedence in our brains.
- Hard to hide them-they seep out of every pore
- 10% message is words.
- Not illogical- perfectly reasonable if you get the context.
- Our emotions are a compass- they communicate what matters, what we need, who we are.

24

24

Role Play: Five Core Emotions- Signals

- **Anger** -- Assert, Defend Self
- **Sadness** -- Seek Support, Withdraw
- **Joy/ Surprise / Excitement** -- Attend, Explore
- **Disgust / Shame** -- Hide, Expel, Avoid
- **Fear** -- Flee, Freeze, Give Up Goal

25

25



26

Primary and Secondary Emotion

Secondary Emotional Experience

Reactive, Defensive, Protective Emotion



Underlying Experience

Primary Emotion

Attachment Needs and Concerns

27

27

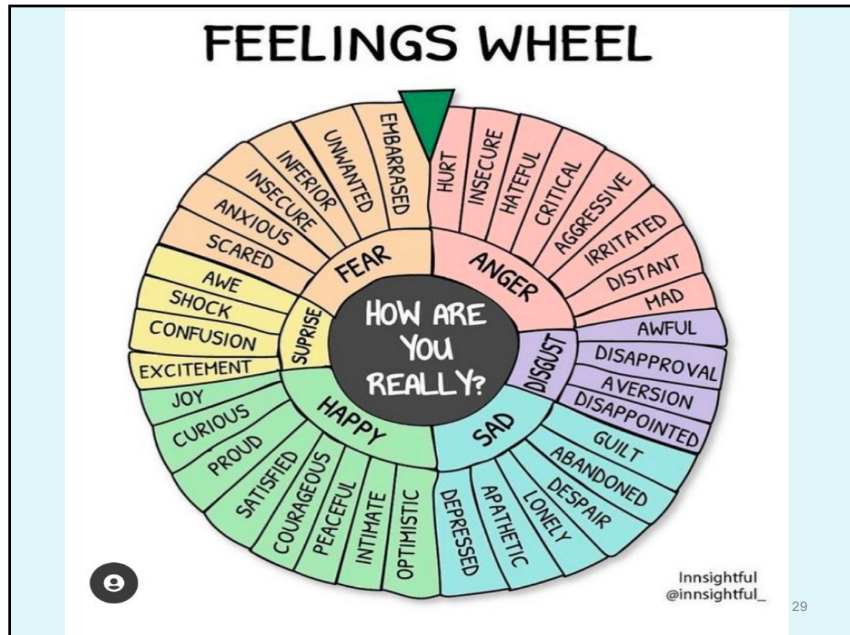
27

Emotional Granularity

- Emotional granularity is the ability to put feelings into words with a high degree of specificity and precision. Low negative emotional granularity has been associated with stronger reactivity to negative affect and higher vulnerability to poor mental health. High emotional granularity is associated with resilience and less stress.

28

28



29

Using Your 4 Gears

Everyday Organizing Gear
Friends Chatting
Keeps things comfortably moving; builds alliance.

Escalated Gear
Coming alongside Anger / Reactivity *Slightly increased pace, tone, and safe heightened physical manifestations (moving hands, sitting up in seat, facial gestures)*

Vulnerability Gear
Funeral Dirge Presence
Slows things down; allows vulnerability to rise. Physically leaning in, responsive

Celebration Gear
Increased pace, bringing in excitement, joy and smiles. Less questions and more upbeat energy

30

Roleplay: Lets look at the layers of emotions:
an example of OIL- Unpack

Other: I feel I'm constantly disappointing my partner

Inside/ Impact: What happens if you keep disappointing my partner, I will be left alone

Locate Self: How do you make sense of being alone? I guess deep down I'm just a disappointment and I deserve to be left alone.

Do you see how I'm a disappointment and deserve to be left alone is more vulnerable then I keep disappointing my partner.

31

Theory of Change

“Change in EFT comes not from a reprocessing of inner emotional experience, but from new dialogues that arise as a result of this new experience.”

.....Susan Johnson,
Creating Connection

EFT is all about enactments - doing it, which both co-regulates emotion and co-creates meaning

32

32

Core Skills Training

Step 1 & Step 2

33

33

Three Primary Tasks of EFT Therapist

- A collaborator -- Create a secure alliance
- A process consultant -- Facilitate the identification, expression, and restructuring of emotional responses
- A choreographer -- Restructure interactions and create new relationship events

34

34

Throughout the EFT Stages the focus is (The 4 P's): Integration= Linking different elements into well functioning whole

EXPERIENTIAL - Music- Emotions - Big picture- Elevator Down-Bottom up- Right Brain- Non Verbal- Implicit Self

- PRESENT MOMENT (Emotion brings past alive. Past is used to validate present blocks, styles, fears).
- PRIMARY AFFECT - Focus on / Validate **Chaos**

SYSTEMIC - Dance -Cognitive -Details- Elevator Up-Top down- Left Brain- Verbal- Explicit Self

- PROCESS (time) instead of content **Rigidity**
- POSITIONS / PATTERNS (structure)- circular vs linear causality

35

35

9 Steps of EFT - 3 Stages

Stage One- De-escalation

- 1) Assessment
- 2) Identify negative cycle/attachment issues
- 3) Access underlying attachment emotions
- 4) Frame problem - cycle, attachment needs

Stage Two- Restructuring - Withdrawer Re-engagement Pursuer Softening

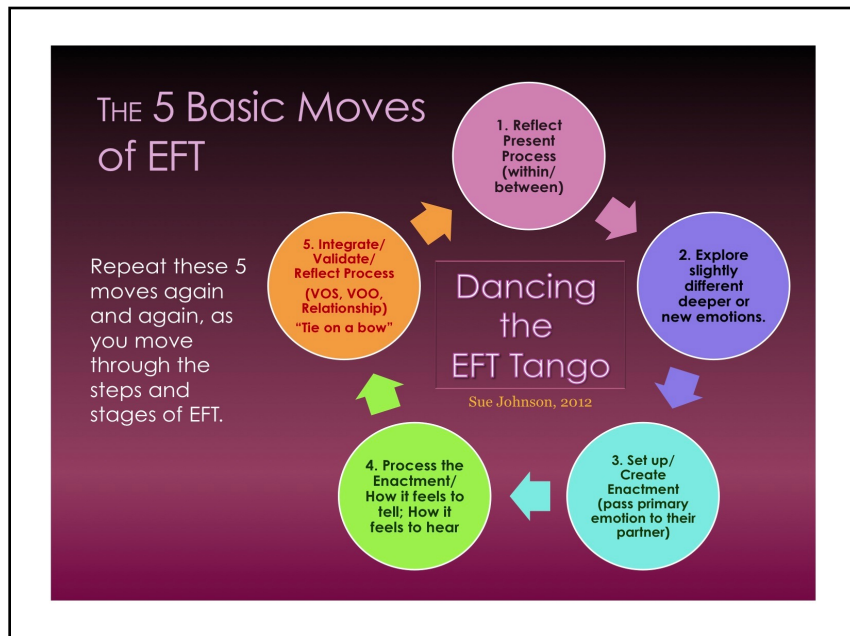
- 5) Assess implicit needs, fears, model of self
- 6) Promote acceptance by other
- 7) Structure emotional engagement

Stage Three- Consolidation

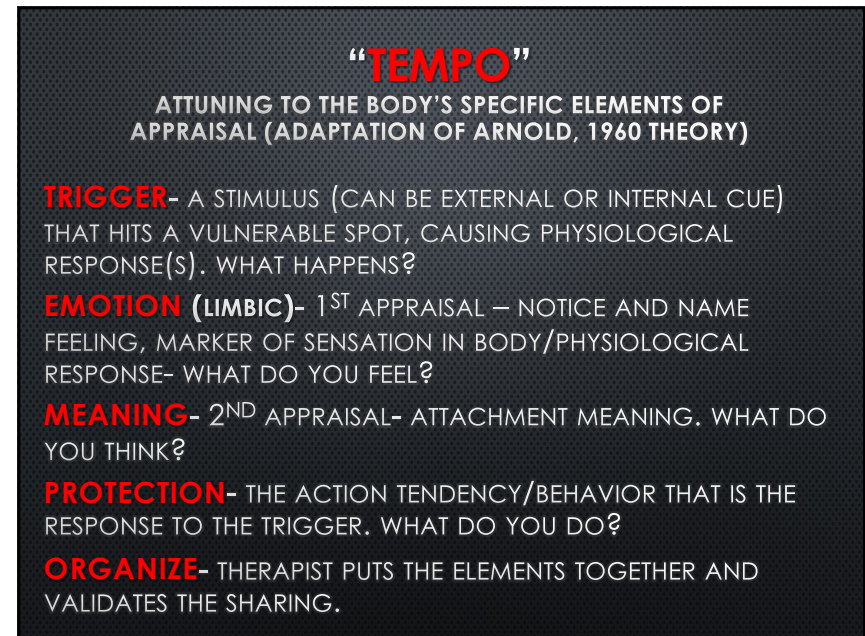
- 8) New positions/cycles -- enact new stories
- 9) New solutions to pragmatic issues

36

36



37



38

Find your Courage to Enter into the FRAY

- Get your focus and declare your mission with where this couple gets stuck in the FRAY:
Failed Repair Attempt Yet Again



39

39

How to Enter the Fray

1. How is it going?
2. What do you want to focus on today?"
3. Summary Statement of last session
4. Where are you stuck in repairing?
5. What is new and different/ highs or lows?
6. Ask couple how the process of therapy is going?
7. How do we know when we are done/making progress?
8. Therapist drives an agenda, this week I want to talk
9. Show a video or tell a story
10. Start with meditation or prayer
 - Start with silence- wait for them

40

40

Catching Triggers & figuring out the Different types

- Being ready for unpack general labels- fight, distance, sadness, anger, etc- find the raw spot

- 1 Intrapsychic- nonverbals, reflections, memories
- 2 Interpersonal- interruptions, nonverbals-anticipate sensitivities/ raw spots
- 3 Therapist presents

If not clear on trigger then rest of process is less focused

41

Granularity of Triggers Specificity



The more specific, the more alive in the room

42

42

Role play Fishing for specific trigger in content

- We had fight versus details of fight
- Chad- we had disagreement vs he gave kids chips

43

9 Steps of EFT - 3 Stages

Stage One- De-escalation

- 1) Assessment
- 2) Identify negative cycle/attachment issues
- 3) Access underlying attachment emotions
- 4) Frame problem – cycle, attachment needs

- 5 Tango Moves in Every Step
1. Reflect Present
 2. Assemble Emotions
 3. Enactment
 4. Process
 5. Organize

TEMPO
2nd Move Tango
Trigger
Emotion
Meaning
Protection
Organize

Stage Two- Restructuring – W/R, P/S

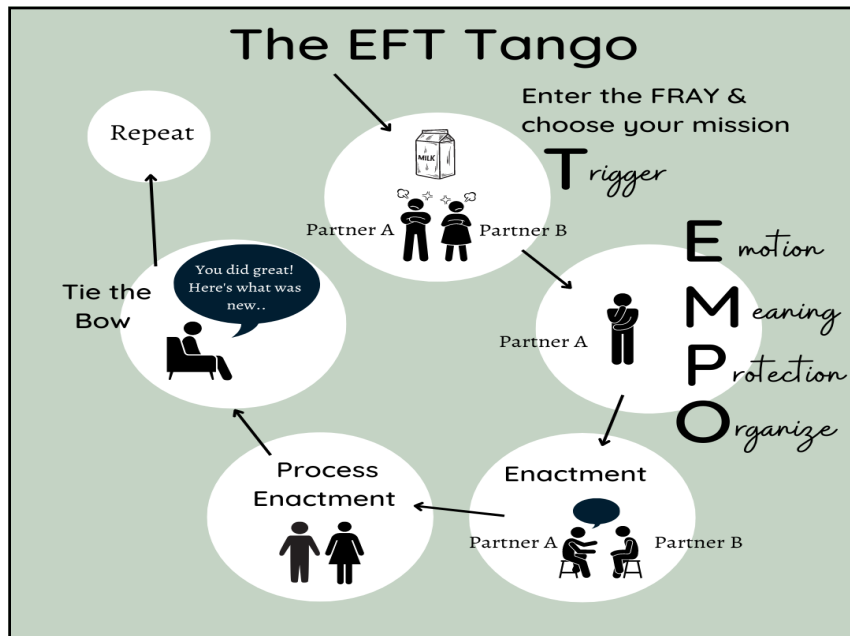
- 5) Assess implicit needs, fears, model of self
- 6) Promote acceptance by other
- 7) Structure emotional engagement

Stage Three- Consolidation

- 8) New positions/cycles -- enact new stories
- 9) New solutions to pragmatic issues

44

44



45

“TEMPO”

Attuning to the Body’s specific elements of Appraisal
(adaptation of Arnold, 1960 theory)

TRIGGER- a stimulus (can be external or internal cue) that hits a vulnerable spot, causing physiological response(s). what happens?

EMOTION (limbic)- 1st appraisal – notice and name feeling, marker of sensation in body/physiological response- what do you feel?

MEANING- 2nd appraisal- attachment meaning. what do you think?

PROTECTION- the action tendency/behavior that is the response to the trigger. what do you do?

ORGANIZE- therapist puts the elements together and validates the sharing.

46

Role Play- Multiple TEMPO with one Person

1. TEMPO with one partner, other witnesses and doesn't interrupt.
2. Therapist makes choice to do second pass for either the function of secondary (view of other) or go for impact emotion or go for primary (view of self)

47

47

Less talking about emotions and more actually working with emotions



48

48

Alliance

- Therapeutic relationship is characterized by:
 - Empathetic responsiveness
 - Validation
 - Genuineness

Therapist monitors the alliance for breaches.

Therapist offers:

Hope • Safety • Structure &
Organization

49

49

EFT Stage 1 (Steps 1-2) Assessment and Cycle De-escalation

Therapists Tasks during **EFT Assessment Steps 1-2**

1. Create collaborative alliance
2. Explore agendas for relationship and therapy
3. Assess relationship factors-Use cycle form and look for strengths
4. Relationship history key events
5. Explore present and past sexual connection
6. Cultural context

50

50

Therapist Tasks during EFT Assessment cont...

- 7) Degree of reactivity and escalation – intensity of negative cycle – THE THREE A's
- 8) Strength of attachment/commitment
Trust and faith of the female partner that their partner cares for them and relationship
- 9) Openness – response to therapist – engagement

51

51

Contraindications for EFT The Three A's

1. Abuse = Active violence or past extreme violence, current abusive household in any manner towards the partners or family system (emotional, physical or sexual)
2. Affairs = Active ongoing emotional/physical affair with another person
3. Addiction = Active substance use/abuse, including porn addiction, sex addiction etc
4. No willingness to risk/ engage

52

52

Stance on Diversity

We aim to cultivate a climate of inclusion, an environment where all can feel safe, valued, cared for, and given an opportunity to form meaningful connections with each other. In all facets of our work we strive to embody what we hope to see in the world — a just, loving humanity and community in which people are free to be themselves fully — where people can embrace their most basic universal human attachment needs without fear of persecution or marginalization as a result of religion, race, ethnic or national origin, sexual orientation, gender expression, age, class, mental health, physical character or disability. These values are inherent in the attachment science and humanistic approach to intervention that all our work is based on.

Specifically, humanistic approaches such as EFT are collaborative and respectful. We create a safe place for people and treat them as persons not problems or types. Our approach is non-pathologizing in practice.

Our values are inclusive and egalitarian while viewing human connection as sacred — something to be honored and cultivated.

Our scientific and theoretical base outlines key universals, emotion and attachment, while respecting individual differences.

www.iceeft.com

53

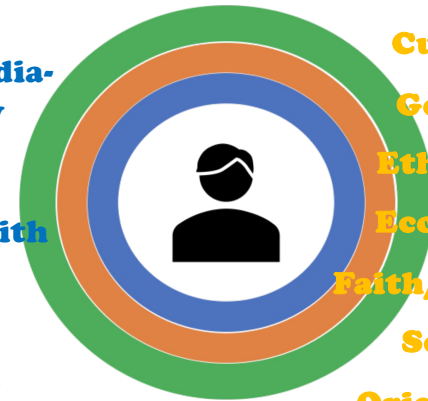
53

Our Clients Exist in Context

Macro
Public
Policy-Media-
Society

Mezzo
School-Faith
-Work

Micro
Family
Friends



Age
Culture
Gender
Ethnicity
Economic
Faith/Religion
Sexual
Orientation
Disability

54

As EFT therapists we must be willing to consider that partners caught in a negative cycle with their partner are also dealing with the pain and fear and loneliness that comes from multigenerational transmission of racial, sexist, religious and cultural trauma.

55

55

An Attachment Process to Shaping Optimal Sexuality & Bonding



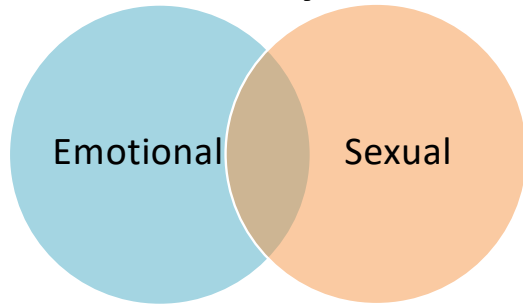
1. Early in treatment, place sexual responses into the context of n cycles & disconnection — as well as attachment fears & hurts.
2. Use secure base platform to unpack negative sexual cycles — focus on key moments — blocks to emotional presence.
3. Validate the need for emotional safety in sex.
4. Shape sexual softening moments in Stage 2 of EFT — disclose fears & needs.
5. Deal with attachment injuries that impact sexual response.
6. Create coherent story of sexual relationship & problem solve as a team in Stage 3.

www.iceeft.com

56

56

Working with BOTH the Emotional & Sexual Cycles



57

Role play bring up sex 1st session



58

58

Typical First Session Questions Asked

- How long have they been together? What was their relationship like at the beginning or when things were good between them? When and how did things start to go wrong between them?
- Are they physically or sexually close?
- How do they fight? How do they make-up after a fight? Do they feel that the conflict issues are resolved? Who usually initiates re-connection?

59

59

Typical Questions Asked

- How do they seek and provide comfort for each other?
- What prompted them to come to therapy at this time? Whose idea was it to come?
- What changes would they like to see as a result of therapy?

60

60

Basics- First Session

- What is the problem?
- What are their strengths?
- What is the goal/ therapeutic agreement?
- What is their cycle?
- Any contraindications?
- Offer Hope- Explain what is EFT?
- Reasons to do enactments

61

61

Role Play

- Role play- first session-
 1. What is EFT and your theory of change
 2. What do we do next
 3. Why do we need to do enactments

62

62

Structure of the Assessment Phase (Steps 1 & 2)

- First session – Meet with both partners together
- Second and third sessions – Meet with each partner individually
- Forth session – Meet with both partners together

63

63

Assessing attachment history

- Past romantic relationships
- Friends
- Kids/ Pets
- Spirituality
- Where do they go to share the good/bad

64

64

How do I assess an Attachment History?

An attachment history involves doing a history of each person's experiences in attachment relationships. Here are some questions you may use during this phase of EFT.

- 1) What did you learn from your family about being emotional and vulnerable?
- 2) What do you remember happening when you were little and you were hurt? Who did you turn to? Could you say you were hurting? What was the response?
- 3) Do you remember feeling safe with someone in your family? And if yes, who was it and how did you know you were safe?

65

65

Assessing Attachment History cont.

- 4) How did you know when a parent or parental figure was angry?
- 5) How did you know when a parental figure was sad or afraid?
- 6) Can you talk about someone in your life that you felt you could be vulnerable and open with while growing up?
- 7) How did your family/culture deal and handle loss and/or trauma?
- 8) Where were there healthy/ unhealthy past romantic relationships?
- 9) Can you talk about any significant trauma or abuse you dealt with growing up. If it feels unsafe to speak about it...can we talk about why it feels unsafe and how we can create safety for you?
- 10) How will I know when you begin to trust me and this therapy process? Can you tell me when you start to feel unsafe in here?

66

66

Role Play

- Role play- break into dyad, therapist does attachment history and focuses on being positive/ affirming and trying to show self

67

67

Therapeutic Stance

- Collaboration
- Acceptance
- Authenticity
- Empathic Attunement
- Risking/Curiosity
- PLACE- playful, loving, accepting, curious and empathetic

68

68

Therapeutic Stance

- In order to “tune into the client” and connect with client’s experience, therapists:
 - Use their own imagination
 - Use their own life experience
 - Use their own feelings in the session
 - Metaphorically step across into the client’s world- try their feelings on
 - Use our own **woundedness**

69

69

Therapeutic Stance

- Non-verbal therapist communications:
 - Makes eye contact, leans forward, open posture
 - Nods
 - Echoes/mirrors the client’s affect. The therapist looks concerned when the client is sad, laughs when the client laughs
 - Offers a tissue when the client weeps

70

70

Therapeutic Stance

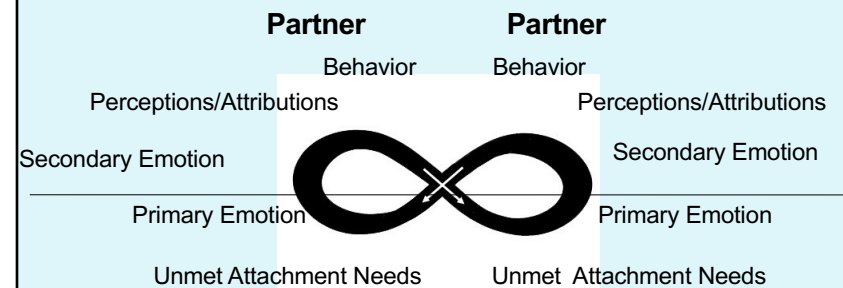
Verbal Therapist Communications:

- Joins with the client, using the client's words and images
- Says "hmm", "aha" to indicate attention
- Reflects & **Validates**
- Non Judgmental- Behaviors make sense**
- Shows self: for example,
 - "What is that like for you?"
 - "Wow, that must be difficult - ?"

71

71

Step 2: Identify The EFT Cycle Working "Within and Between"

Scott R. Woolley Ph.D. ©


72

72

Info Needed for Step Two

Partner A		Partner B
<ul style="list-style-type: none"> • Actions • Thoughts Self/Other • Feelings- Primary/Secondary 		<ul style="list-style-type: none"> • Feelings- Primary/Secondary • Thoughts Self/Other
<ul style="list-style-type: none"> • Feelings- Primary/Secondary 		<ul style="list-style-type: none"> • Actions

Questions
 What happens when you fight or get disconnected?
 What do you do?
 How do you feel?
 What do you think?

75

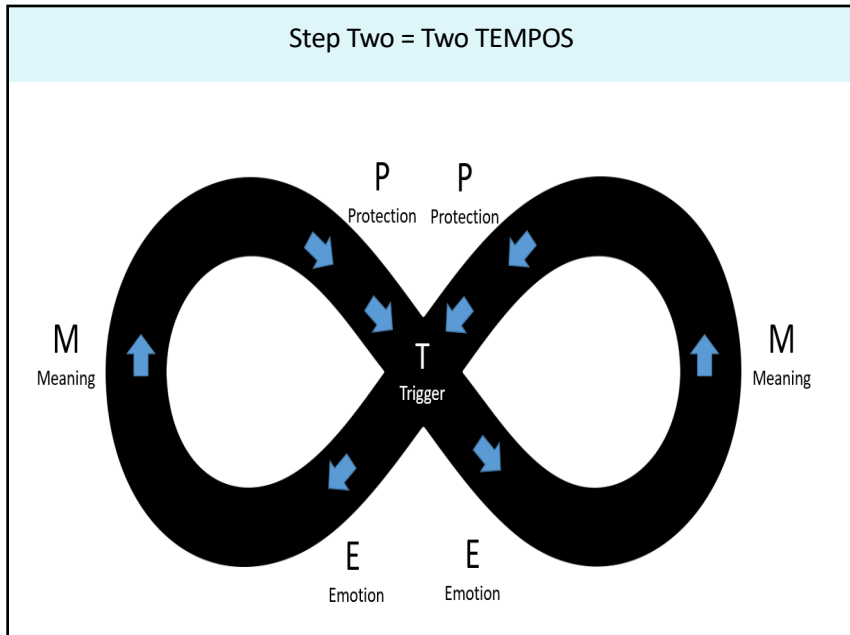
75

Assessing the Type of Cycles in EFT Step 2

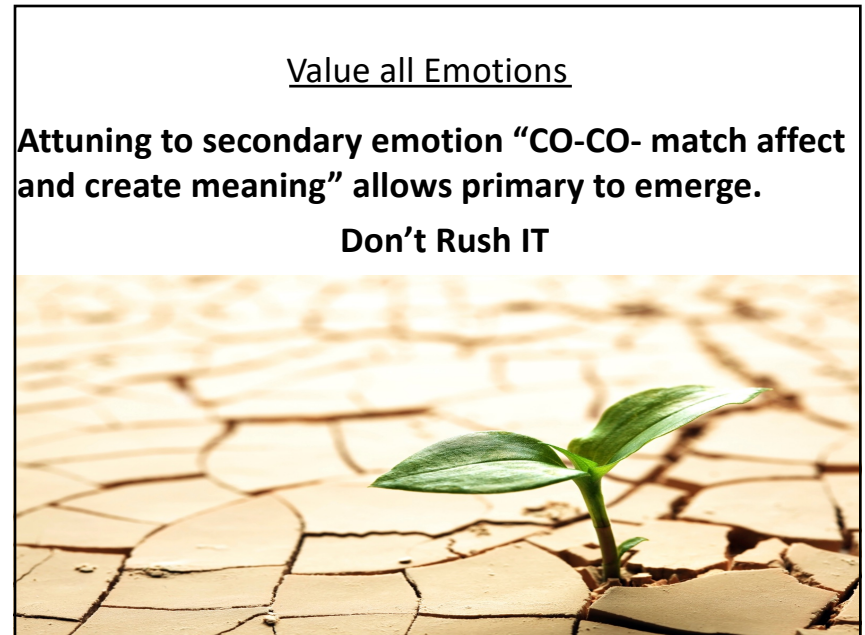
- Pursue/Withdraw
- Pursue/Pursue or Attack/Attack - fighting back or defensive withdrawer (often younger couples)
- Withdraw/Withdraw - Burnt out/afraid pursuer with a true withdrawer or truly two withdrawers which is rare (often older couples)
- Complex

76

76



77



78

IMPORTANCE OF SECONDARY EMOTIONS



79

Step 2:
Help clients organize their leap from primary to secondary emotion- “from
ouch to protection”

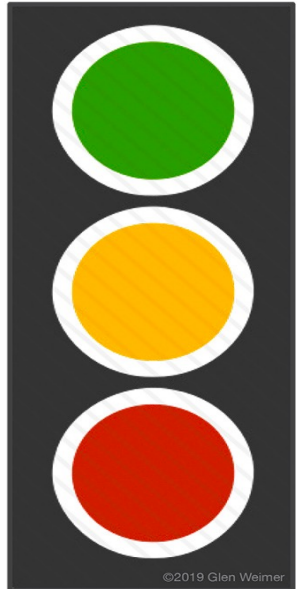


80

Transitioning from Primary to Secondary

- Secondary- two good reasons
 - Defensive emotion (caring for self- escape from negativity- flight response)
 - aggressive emotion get others response to create change = hope (fight response)
 - Both better options than alone in primary- we should not give up defenses that work until we have better options
 - Its all about safety- fight or flight response fastest way deal with threat

81



GREEN LIGHT • All Safe
Social Nervous System • Ventral Parasympathetic

- Heart rate slows • Settled / Grounded
- Saliva & digestion are stimulated
- Facial muscles are activated
- Increased vocal expressiveness & eye contact
- Middle ear muscles turn on — human voice range
- Self soothing • Interconnected / Bonding

ORANGE LIGHT • Danger / Fight or Flight
Sympathetic Nervous System

- Heart races
- Saliva & digestion shuts down
- Grim / focused / intense facial affect
- Monotone voice • Avoid direct eye contact
- Middle ear muscles turn off — tuned to highs & lows

RED LIGHT • Freeze • Trauma
Survival System • Dorsal Parasympathetic

- NO CONSCIOUS CONTROL
- Heart rate slows
- Dissociation / Not present • Flat facial affect
- Immobilization / Freezing / Collapse
- Disconnected • Auto pilot
- Death feigning • Low energy • Sleepy
- Trauma Vortex • Altered State of Consciousness encodes traumatic memories

©2019 Glen Weimer

82

In Moment Goals of Going Away

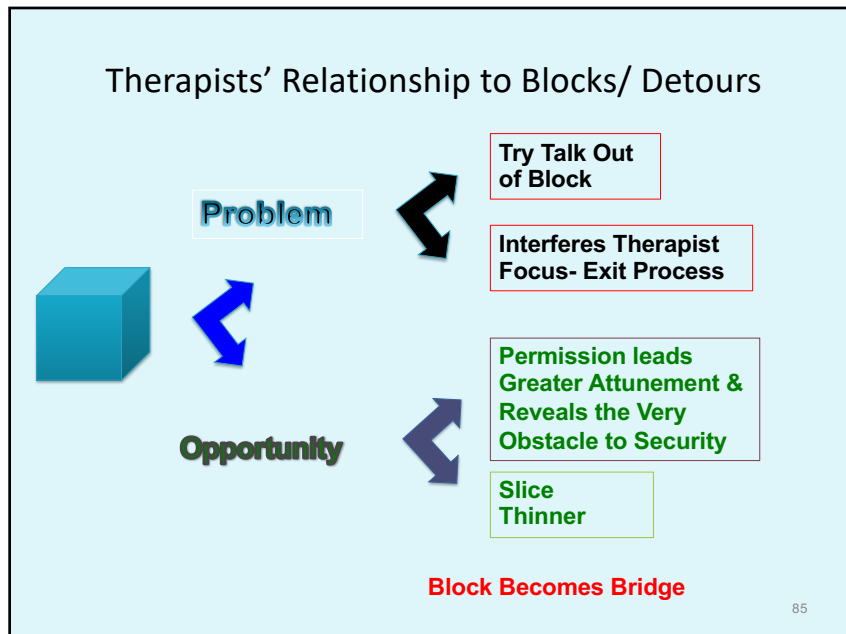
- Calms things down
- Prevents Escalation
- Allows a reset/ recharge
- Downregulate to stay engaged
- Restores sense of control
- Sharpens focus/ ability to figure things out
- Restores temporary sense of **safety**
- Returns balance & predictableness

83

In Moment Goals of Pushing

- **Hope** for change- motivate partner
- **Feel a Sense of Control/ Safety/ Self-determination**
- **Get attention**
- **Not enable bad behavior/ force partner to track**
- **Feel empowered, heard, important, strong**
- **Know you are giving your all, trust the anger as friend**
- **Feeling of having value/ voice**
- **Releases pent up energy**
- **Break from beating self up, respite from hurt**

84



85

Blocks & Adaptive Responses

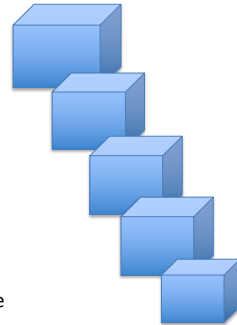
An adaptive action that interrupts attuned responses and understanding resulting in the amplification or suppression of emotions (often negative), thus increasing the likelihood of greater negativity evident in rigid responses and cascading dysregulation.

- Rooted in emotional experience.
- **Present moment.**
- Informed by expectancies - predictions of what will happen.
- Defines relational interaction often confirming expectancies (view of self / view of other).
- Often **process demanding a pivot** by therapist
- It is where the vitality is!

86

Expect Blocks

- Not trusting therapist's interventions at start
- Intra psychic block going deeper
- Fear of sharing with partner / parent / child
- Fear of other responding back
- Fear of taking in other family member's response



87

Two Main Types of Blocks/ Detours

- 1. Intrapsychic- focus on attuning with one partner & they go in different direction**
- 2. Interpersonal- witnessing partner reacts (rolling eyes), interrupts or an enactment**

88

Options when working with Blocks

1. Notice and back off
2. Name, Validate & organize
3. Ask to put aside, go around block
4. Work through- corrective emotional exp

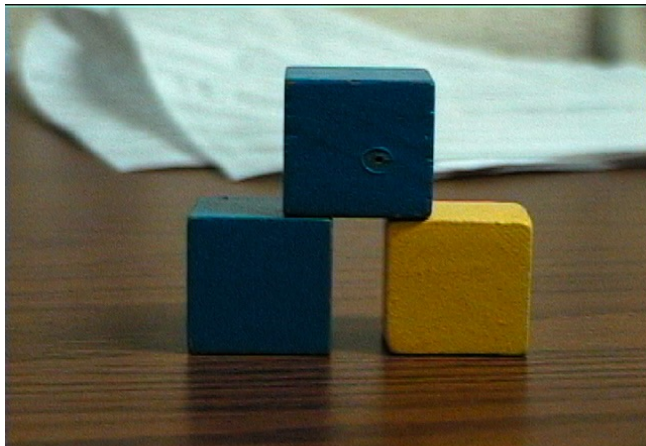
89

Options Not to do When Working with Blocks

1. Ignore/ Exit
2. Explain it away
3. Judge it - Negative view of parent, child, partner
4. Give advice
5. Give up
6. Believe its your fault
7. Believe in block / get pulled into cycle

90

The terrible, bad timing Block becomes the very Bridge for Couples & therapists courageous enough to see the opportunity! You choose is it an obstacle or something you can use to build!



91

CPR: Working with Blocks

- 1 Capture:** the live reactivity in session by noticing & naming it
- 2 Provide Permission:** honor the function of the good intentions and survival action tendencies of the block. Point out the perfect timing and how emotionally attuned these moves are because it is a response to a threat. Key to permission is for the therapists to help the individual to have success in bringing their block into awareness
- 3 Refocus/ redirect:** Intra block- get back to the moment right before the block kicked in, Inter block- access the impact of block on partner interrupted. **Highlight Costs!**

92

Capture Block- Stay in present moment

1. Look for an attachment related shift in emotion;
 - a comment, interruption, non verbal, (other types)
2. Then curiously explore
 - I just noticed....
 - I'm curious about what just happened ..
 - I know there is a really good reason for ...
 - This is just what your nervous system does...
 - I trust you have really good reasons for x...we just don't understand what that purpose is...it is really important to understand what is going on...
 - Lets explore the function of what you just did for good reasons

93

93

Permission for the function-Types of Blocks= protectors/ motivators

- We need to translate and add attachment meaning to the blocks
- If you don't understand the function of the block you can't use it. Don't avoid it.
- Look for markers of a "honored block"- client saying "you totally get it". That is when you are ready redirect
- Most therapists get training for when their therapeutic process works, but not when it doesn't
- **Look for the emotional need in these moves**

94

94

Explore Function- Example “Shift to Blame”

Is it a Motivator?

- To get the partner to change?,
- Come chase me-
- Scaring your partner into doing it differently
- Feel my pain- bring attention to the problem

Or a protector

- Need space
- Get away from the hurt- safer to blame
- Want to not be vulnerable
- Protect from taking risk

95

95

Exercise: Catching a Block

- Martha shifts in her seat as she describes the latest interaction with her husband, in which once again, she turns to him and he isn't responding. This time rather than her voice getting louder and more agitated and her words becoming sharp and clipped, her head and shoulders drop, her body sinks slightly into her seat and her tone softens as she begins to describe her sadness about how distant their relationship has become. Larry shifts his downward gaze towards her, reaches over and gently touches her shoulder. Martha moves her shoulder away and starts to blame Larry for the distance in their relationship

96

Common Mis-attuned Therapeutic Moves with Escalated Couples

1. Going too fast to slow down & do RISSSC
2. Going too fast to vulnerability & primary emotion
3. Going too fast to longings
4. Going too fast to explain the cycle

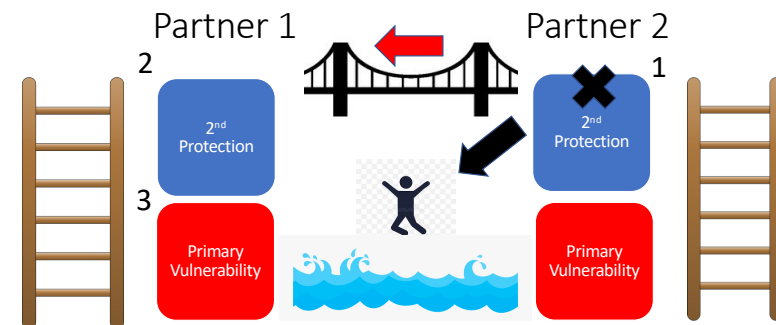
High Emotions emphasize **TEMPO** & attachment dilemma

Low Emotions emphasize **TEMPO**

If you notice getting out in front of client, not big deal, repair. For example if trying to do conjecture that is too big, go back to reflection. A helpful visual I use to help myself with pacing is my bridge & ladder slide

97

Where is the partner's focus, on view of self or view of other?



If Partner 1 is in their 2nd protection focusing on Partner Two's protection (X), its most effective to help them cross the bridge and take the ladder down, instead of trying to make them take a nearly impossible jump to their primary!

98

Role Play Bridge & Ladder- Mis-attune & Attune

Mis-attune

1. Try to get to primary emotion when client is in secondary view of other

Attune

1. Validate secondary view of other
2. Shift to validate secondary view of self- function of protection
3. Shift to primary view of self

99

Emotionally Focused Therapy **Core Skills Advanced Training**

Week 2

George Faller, LMFT
Amazing Facilitators

100

Interventions in EFT

TASKS

A) Create/choreograph new interaction patterns

1. Track and reflect process of interaction, make positions and cycles explicit.
2. Reframe the experience/interaction in terms of attachment context and cycles.
3. Restructuring and shaping interactions.

B) Access, expand, reprocess emotional experience

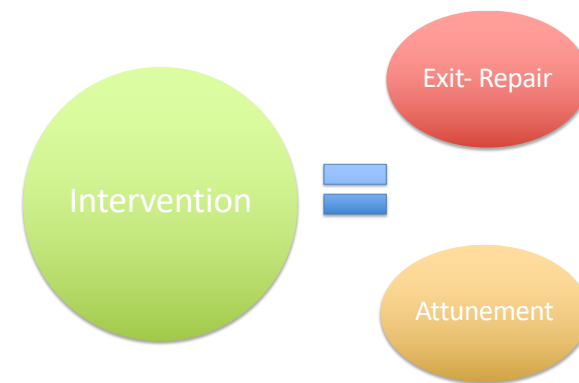
1. Empathic Reflection – focus attention inward
2. Validation of client realities and emotional responses – normalizing
3. Evocative responding – process enquiries and replays
4. Heighten, expand awareness – repeat, re-enact, refocus and use imagery.
5. Empathic interpretation and inferences, disquisition-conjecture
6. Use self of therapist

101

101

101

All Interventions= pay attention to
how it lands



102

Focus= Paying Attention of Present Moment with Intention

When stopping a tape of session, can you answer;

- What is my focus/ goal?
- What intervention am I using to get there?
- If it works what can I do next?
- If it doesn't work what can I do?
- When someone interrupts or I transition to other partner do I know why?
- If I am mis-attuned, stuck or lost do I notice and what can I do to repair?

103

103

The key to intervention effectiveness is

- 1) knowing which intervention you are using
- 2) what is your intention with the intervention-
what are you hoping to accomplish with it
- 3) most importantly assessing how your
intervention lands with your client.
- 4) get ¹⁰⁴ready to pivot depending on how it lands

104

104

EFT Interventions- Basics Experiential

Access, expand, reprocess emotional experience

- Empathic reflection
- Validation of client's emotional responses
- Evocative responding
- Heighten and expand awareness, Use imagery
- Empathic conjecture

105

A. 1 Empathic Reflection (Role play each)

- **Reflect** (name, order, distill) emotional processing as it occurs. **Make explicit.**
- Use NACC language: **Now and immediate, Alive – vivid – felt, Concrete, tangible, specific, Attachment Channel.** **Also Reflect Non verbal not just words**
- Empathically absorbed in client's experience
- Tracks and reflects the poignant emotion
- Reflection causes therapist to stay in present moment and helps client intentionally focus inward instead racing off to something new
- Conveys understanding; **Rogers- good reflection isn't repetition but revelation.**
- Hits pause button and allows therapist to listen to their own experience

85

106

2. Validation / Normalizing – Key

- Affirm - entitled to experience – nothing wrong with it
- Validate secondary emotion, need to protect self
- Differentiate experience from other's intentions
- Antidote to anxiety and insecurity
- Validation is mutual gift, not just a tool to expand space. It is how the therapists tries on client's world and gets alongside
- Validation is empathy in practice

107

107

107

Keys to Effective Validation

- Being genuine and empathic
- Validating vulnerable feelings, attachment needs, or positive intention
- **Validating client's need for self-protection** (sometimes destructive behaviors are used) – anger
- Validating client's ambivalence (i.e., revenge vs. regret; self care vs. care for others) – **Go with the mistrust, don't try to talk out**
- **Most of us think we validate more than we do**

108

108

3. Evocative Responding (new)

- Using questions, evocative language, metaphors
- Focusing on unclear and emerging aspects
- Expanding and differentiating experience
- Tell me more

109

109

109

4. Heightening = Deepening

- Highlighting – is what interventions do.
- RISSSC
- Brings a particular response from the background into the foreground in order to reorganize experience and interaction

110

110

110

Ways to heighten emotional experience at steps 3 & 4

RISSC

- Repeat, repeat, repeat
- Images
- Slow pace
- Soft voice
- Simple words
- Client's words

111

5. Empathic Conjecture – stretch leading edge

- Used to extend, intensify, and clarify client's emotional experience so that new meaning can naturally emerge
- MORE ACTIVE THAN NEUTRAL REFLECTION – SHOWS THERAPIST
- Facilitates more intense experiencing from which new meanings may arise either spontaneously or through refining the therapist's conjecture

112

The Source of Conjectures

- Arises from therapist's empathic immersion in the client's experience
- Guided by attachment theory
- Based on therapist's knowledge of attachment processes in couple's relationship
- Inferences are offered in a tentative manner
- Clients actively and explicitly encouraged to correct and guide therapist throughout therapy

113

Variations of Conjectures

- Seeding Attachment
 - Built on therapist's skill to validate and heighten a partner's emotional engagement
 - Used to reveal the attachment needs and longings that are blocked by fear
 - Helps see beyond fears to the needs that underlie the couple's negative cycle
 - Opens up new possibilities for their connection

114

How to use “seeding attachment”-make room for longings

- Begin with the phrase: “so you could never...”
“So you could never turn to him and say, I need you and I need to feel important.”
- Address the fear that keeps client from connecting with his partner
“So you could never turn to her and tell her how much her criticism hurts you and makes you feel useless; you could never reveal your desire to be close to her.”

115

ROLE play clean interventions

- 3x Empathic reflections
- 3x Evocative responding
- 3x Validate
- 3x Empathic conjectures

116

116

Exercise RAVES – Putting it all together

- **R**eflect
- **A**ccept/honor/feel their experience- let wash over
- **V**alidate (makes sense, particularly for attachment reasons)
- **E**xplore further- Evocative Response/Question
- **S**uggest (conject)

117

Intervention Sequencing

- After getting clearer and cleaner on your specific interventions, it's time to step it up and start thinking about how you combine your interventions
- Most common- reflect, evocative response, validate, conject

118

118

•Alright, I hope this quick list gets you all **excited** about the **endless possibilities** in using the multiple interventions in **different sequences and combinations** to enhance our attunement with clients. Watching a skilled EFT therapist in action, the work may **appear quite simple** but in truth the therapist is constantly **managing complex** in-session triggers and reactions. Learning in the here-and-now how to assess your in-session interventions will take your therapy to the **next level**.

119

Goals of Interventions:

1. Reflect: it's how we slow down and develop focus on attachment channel- grab entry points. The therapist starts to feel into clients world.
2. Evocative responses: gather new information- expand frame
3. Normalize/ Validate: responsiveness, success for engaging, deepen, create safety, consolidate. The therapist walking in clients shoes
4. Conjectures: stretching leading edge

120

B. Restructure Interactions - Systemic

Creating New Meaning

- **Tracking and reflecting** the patterns and cycles of interactions
- **Psych ED**
- **Summary Statements/ Organizing**
- **Reframing interactions** in terms of context: negative cycles, attachment needs and “story.”
- **Creating enactments** to choreograph key moments of contact.

121

121

121

Reframing Exercise – Feel It

1. “I have been so unhappy for so long. I don’t know why I am still here.”
2. “I was so excited about our evening out. But after he made that ugly scene, I have decided I’m never ever going out with him again.”
3. “I have decided to change my expectations. Why ask for something that she is not capable of doing?”
4. “I have tried everything possible and this is still not working. I don’t think there is anything left to try.”

122

EFT Interventions – Systemic

Create/choreograph new interaction patterns – ENACTMENTS

- Track and reflect cycle of interaction, making positions and cycle explicit.
- Reframe the experience/interaction in terms of attachment context and needs
- Restructuring and shaping interactions

123

Enactments are how we.....

- Bring partners into contact.
- Bridge the inner world of experience and the outer world of interaction.
- They are the response.
- Create moments of emotionally significant interaction.
- Choreograph change events.
- Both elevator up and down.
- Often need to slice it thinner.

124

124

When to do Enactments

- Every Session- they are the new muscle memory working towards doing it at home without therapist
- Options to resistance- go up or down
- Stage One
 - Assessment
 - Positive
 - Set Tone
- Stage Two
 - Deeper
- Stage Three
 - Positive

125

125

Enactments are the Theory of Change in EFT

Possible Enactment Scenarios

1. Best- Partner A risks & Partner B empathetically responds
2. OK- Partner A risks , Partner B cannot responds but therapist does
3. Bad- Partner A risks, Partner B & therapist cannot respond

126

Options for Blocked Enactments

- Make the risky enactment smaller: instead of “I can’t share my fear” – “I want to but don’t know how”. Breaking into parts that want to (longing) and parts that are afraid
- Option 2 to use partner to make block/fear smaller
- Option 3 to use self-as-therapist to make block smaller
- Option 4 to do enactment through therapist
- Option 5 to allow them to exit and go up

127

127

Micro Moves Setting Up Enactments

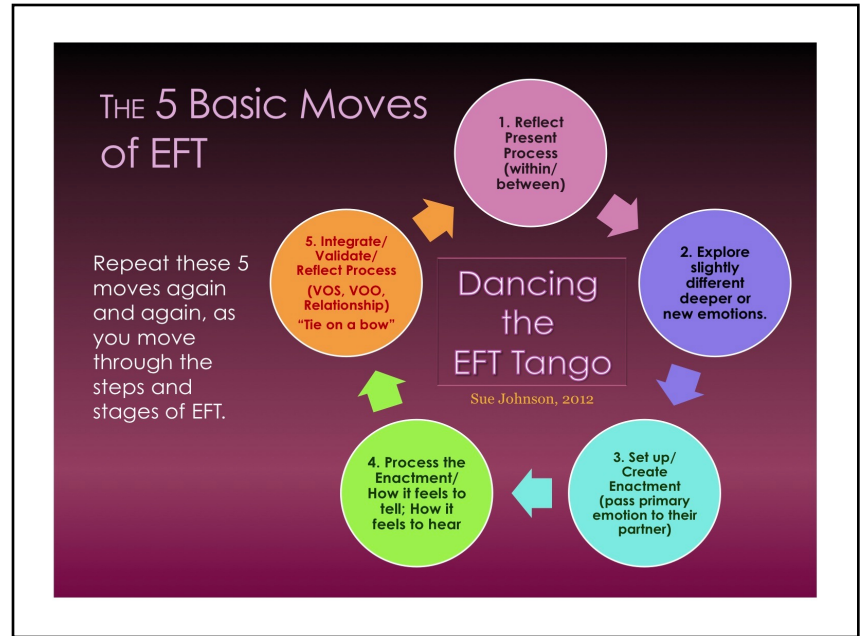
1. **Pre-enactment-What is goal**
 - Assemble and make poignant BEFORE setting up enactment -linger till you really get the poignant new emotion and message – make it Evocative. Not usually worth just grabbing a primary emotion and telling partner – build it first. How we know deep enough- usually looking for new information, risky to share and view of self
 - Highlight the opportunity in taking a new move, good for both partners to hear. Be explicit about process, Prime the longings for new experiences
 - Process risk of doing enactment- imagine doing first to uncover blocks
 2. **During enactment-**
 - Give words- simple usually best; when this generic trigger comes for me I feel (view of self). When you shake your head (or when I put up wall) I feel like a loser.
 3. **Post-enactment-**
 - Who to process with first- a) person taking the risk- benefits- this results in less negative responses from the other -focus on underlying positive intention towards reconnection –Also empowering for person risking to have some success b) person hearing the risk- most natural pull for their healing empathetic response, might reveal their blocks
 - Need to have plan for different types of responses- red, yellow, green lights. Highlight need for success in vulnerability
- Positive affect shift is target, anchor the amygdala

128

Core Skills Training

Steps 3 & 4: De-Escalation

129



130

“TEMPO”

ATTUNING TO THE BODY'S SPECIFIC ELEMENTS OF APPRAISAL
(ADAPTATION OF ARNOLD, 1960 THEORY)

TRIGGER- A STIMULUS (CAN BE EXTERNAL OR INTERNAL CUE) THAT HITS A VULNERABLE SPOT, CAUSING PHYSIOLOGICAL RESPONSE(S). WHAT HAPPENS?

EMOTION (LIMBIC)- 1ST APPRAISAL – NOTICE AND NAME FEELING, MARKER OF SENSATION IN BODY/PHYSIOLOGICAL RESPONSE- WHAT DO YOU FEEL?

MEANING- 2ND APPRAISAL- ATTACHMENT MEANING. WHAT DO YOU THINK?

PROTECTION- THE ACTION TENDENCY/BEHAVIOR THAT IS THE RESPONSE TO THE TRIGGER. WHAT DO YOU DO?

ORGANIZE- THERAPIST PUTS THE ELEMENTS TOGETHER AND VALIDATES THE SHARING. DECISION TO ENACT SECONDARY /PRIMARY OR DO ANOTHER ROUND OF TEMPO

131

Role Play- Multiple TEMPO with one Person

1. TEMPO with one partner, other witnesses and doesn't interrupt.
2. DO RAVES between each letter TEMPO
3. Therapist makes a choice to do enactment after TEMPO for either the function of secondary (view of other) or go for primary (view of self). If need more info then do another round of TEMPO

132

132

Core Skills 2, 2 bottom lines: EFT Steps 3 and 4

- Step 3: Access the unacknowledged emotions underlying interactional (and reactive) positions.

(WORKING WITH EMOTION [blocks, deepening, enactments])

- Step 4: Reframe the problem, underlying emotions and attachment longings.
(Re/organization work, summarizing, and externalizing cycle as problem)

133

133

The Target – Corrective Experiences (emotional)



Redeeming missing, "ARE" conversations.

Series titrating conversations (depth) enabling comfort.

Successful? Shifts relational culture to safe, enabling risks.

Signal-Response

Vulnerable Confiding - Comforting Response.

Intuitive dance created, increasing attuned connection.

134

134



Finish the Mission
Risk/vulnerability always responded to.....

- Vulnerability accessed, pain online? = Mission declared.
- Therapist maintains focus until a response from other Is given & processed.
- 1 mission at a time.
- Therapist cannot allow cycle/client to switch missions.
- Experiences are not corrective until one has SUCCESS IN VULNERABILITY.com

Leaving alone in pain teaches to no longer risk.

135

2 forces of Attachment work

1) Longing(s): to connect, hope, need, be close, co-regulate, comfort seeking.

2) Protection: “Baby, Hulk, Secret Service.”

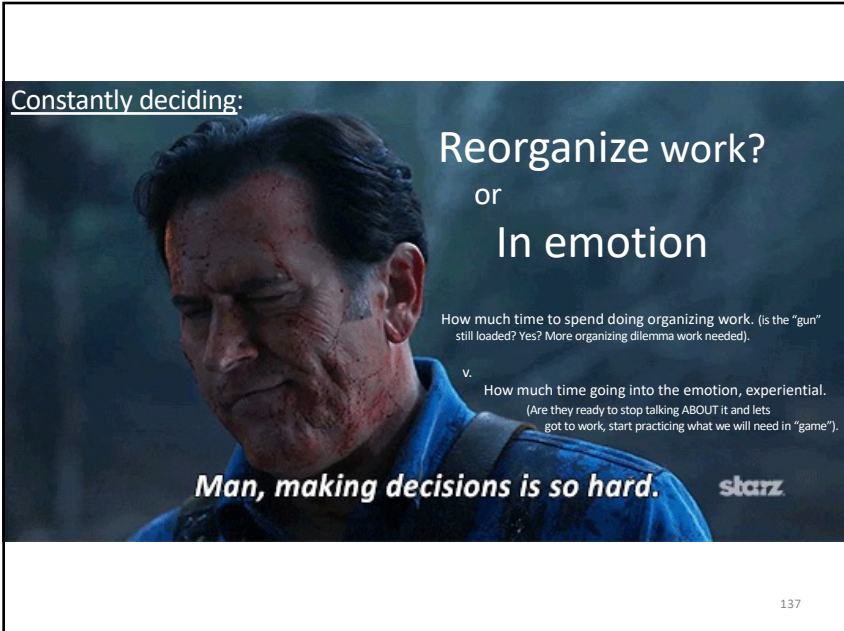
*Can look tricky in stage 1: apathy, annoyance, etc.
Takes training to “see” it.

*At war within the individual.

Therapist’ ability to expect and balance these 2 parts puts you WAY ahead in stage 1, when you hit blocks/trauma.

136

Constantly deciding:



Reorganize work?
or
In emotion

How much time to spend doing organizing work. (is the "gun" still loaded? Yes? More organizing dilemma work needed).

v.

How much time going into the emotion, experiential.
(Are they ready to stop talking ABOUT it and lets got to work, start practicing what we will need in "game").

Man, making decisions is so hard. starz

137

137

Decision Points: Moment to Moment Intentionality in EFT

* High Reactivity from client(s)?	* Low Reactivity , vulnerability coming forward?
*RAVE the protection, focus there! (expect blocks!!) Match.	*Don't use full TEMP as much, less psych ed.
Use <u>full TEMP</u> repetitively.	*Use vivid trigger to bring it alive IN session
Reflect their attachment dilemma.	*Use <u>T and E</u> of TEMP more, use window for the day.
	*Go for mission: vulnerability responded to.

*Varies based on any attunement factor: culture, session number, progress, safety etc.....

138

138

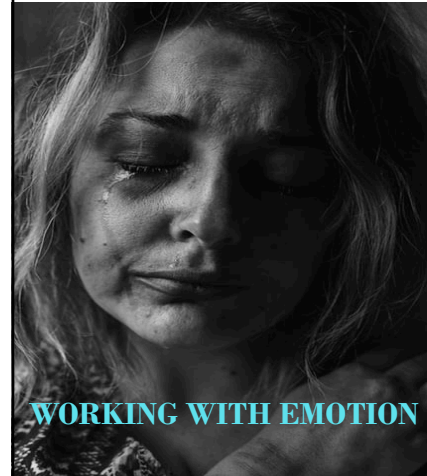


EFT STEP 3
Working with Emotion:
Central Tenet in EFT

- *Prepared and expecting blocks of mistrust that we will RAVE
- *Allowing protection to move aside to get to and use longings.

139

139



What is Emotion?

- o *PROCESS*
- o *MOTUS – TO MOVE YOU*
- o MOTIVATION.
- o LANGUAGE OF THE BODY.
- o PHYSICAL FUNCTIONS.
- o MUSIC OF THE DANCE IN RELATIONSHIPS.
- o ORIENTS CONNECTION/COMFORT.
- o WE PRIVILEGE, USE AS ENTRY AND CATALYST.

WORKING WITH EMOTION

140

140

EFT "Handles"



An emotion word/metaphor from the client that the clinician wants to 'GRAB' on to, to explore, heighten, expand, etc... If you lose the handle, you could lose the longings.

141

141

Paradigm of emotion


- Emotion as a signaling system – related to physiology and survival. Working with v against "the body."
- Emotion is attachment messenger, few sources of power to overcome cycles.
- **Must activate it to change it** (common variable research).
- Summary is the enemy of exploration and experience.
- The deeper and better, the more "blocks" you find.

Is this how you have always operated about emotion?

- What were you taught about emotion in your early life?
What do you say about it now?

142

142



How
emotion
becomes
clear?

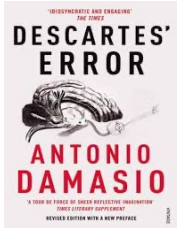
*AN INDIVIDUALS EMOTIONAL
STATE IS OFTEN NOT KNOWN
TO THEM UNTIL THEY
EXPERIENCE AN
ATTUNED RESPONSE.*

143

143

Antonio Damasio Rethinking Emotion

- Emotions are essential to decision making. “I think therefore I am” is no longer backed by research. **In fact, when the emotional portions of our brains are severed/damaged, we find that people are NO LONGER able to make decisions.**
- Emotions are the dominant driver of most meaningful decisions in life (e.g., Ekman 2007 et al).
- Emotion is wrongly used culturally, confused with reactivity. Emotion and reactivity are not the same.



144

144

Jaak Panksepp Redefining “Emotion”

- Emotions=intrinsic values informing mammals how they are faring in their quest for survival. They are *body signals*.
- Panic/grief networks lead mammals to seeking networks, or relationships with others.
- When **exploratory**, seeking system is fully aroused (when secure) it makes it effortless for organisms to search for what they need-it generates and sustains curiosity. When (insecure), exploratory system underactive during chronic stress, sickness, and drug withdrawal it **looks like depression (or anxiety)**.

145

145

Why Emotion and why important to deepen?

- A. Language of the body, organizes avoided painful chaos, new exp, new exp for other, slows cycle, titrates and moves toward enactments.
- B. EFT works through the handle, in (not about) the pain. Chad Imhoff song: “we’re going on a pain hunt...”
- C. All emotion ultimately tied to vulnerability and longings, key to the “promised land.” *Handle Demo*
- D. Done with, not to. Uniquely personal. What’s your “visitation presence,” and your *impact sound*?

146

146

“In/through v. About” and understanding blocks function

- Being “in” the experience versus talking about it – one of main keys to EFT. Notice pace and tone.
- Must activate it to change it (common variable research).
- Summary is the enemy of exploration and experience.
- The deeper and better, the more “blocks” you find.
- Blocks tell you, you’re on track (mostly), how we operate with them a huge predictor.

147

147

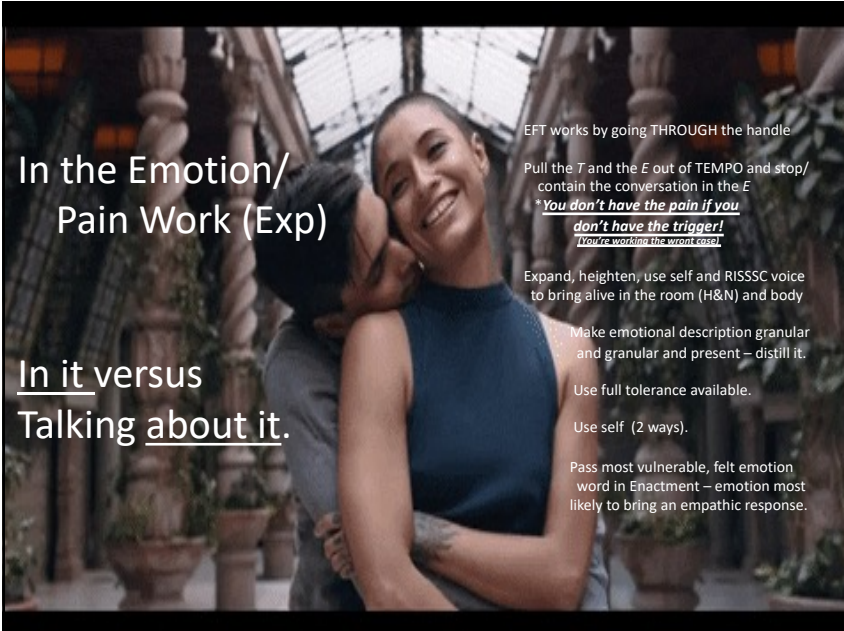
Heightening and expanding emotion

EFT Step 3

- One of most important predictors of all outcomes.
- Counter cultural, intuitive – “unwanted by clients.”
- New, different, and deeper – or not much effect.
- Run TEMPO 3-4 x and then pull out T and E – contain.
- Must hover, DROP ANCHOR, repeat, assemble, let it “bubble up.”

148

148



In the Emotion/
Pain Work (Exp)

In it versus
Talking about it.

EFT works by going THROUGH the handle

Pull the *T* and the *E* out of TEMPO and stop/
contain the conversation in the *E*
****You don't have the pain if you
don't have the trigger!
You're working the wrong case!***

Expand, heighten, use self and RISSSC voice
to bring alive in the room (H&N) and body

Make emotional description granular
and granular and present – distill it.

Use full tolerance available.

Use self (2 ways).

Pass most vulnerable, felt emotion
word in Enactment – emotion most
likely to bring an empathic response.

149

Tracking, Reflecting and Accessing Emotions

Find it: Often go through secondary en route to primary.

Focus on: Reflect emotional *process* rather than content.

- Good: “You look down as you said that...”

- Not as good: “You feel like it doesn’t matter how hard you try?”

Possible Entry Points to Deepen – Verbal & Non-Verbal

Micro-Process Markers:

- Slightest tone change
- Sighs
- Bodily reactions
- Silence
- Eyes and glances
- Deep breaths
- Giggles, jokes, laughter

Immediate: Make the *implicit* emotion *explicit*, *less Explanation and more Experience*, *transform withdrawal emotions with approaching emotions*

150

150

A. Examples of secondary emotions: disapproval, contempt, hatred, coldness, aggression, distrust, numbness, jealousy, judgment, self-hate, depression, anger, violence, frustration

B. Examples of primary emotions: joy, happiness, satisfaction, contentment, peace, fear, shame, disgust, sadness, guilt, hurt, pain, helplessness, powerlessness, hopelessness, loneliness, resentment, disappointment, inadequacy

Common attachment fears: 1. rejection, put down, disrespect, loss of face 2. abandonment, left alone, loss of connection 3. not understood, fighting alone, not cared for 4. unimportant, insignificant, taken for granted 5. not loved, not valued 6. invalidated, criticized 7. not appreciated, neglected 8. be useless, failure, inadequate, not achieve goal 9. lack of assurance, forgiveness, kindness 10. not needed, wanted, desired, attractive 11. being unlovable 12. seen as ordinary, taken for granted 13. be controlled, loss of self, autonomy, freedom, space 14. be revealed, found out, be vulnerable, be untrustworthy 15. other

C. Common attachment needs: 1. acceptance, respect, face 2. closeness, intimacy, connection, bond 3. understanding, support, caring 4. feel significant, important 5. loved, valued, treasured 6. validation, reflection of good qualities 7. appreciation, attention 8. feel useful, successful, influential 9. assurance, forgiveness, grace 10. be needed, wanted, desired, attractive 11. unconditional love, seen in positive light, positive regard 12. feel special, unique 13. autonomy, freedom, have space, control 14. safety, security, self-disclosure, sharing, trust 15. others

151

Common Underlying Emotions

- Withdrawers often feel: - performance based
 - Pressure
 - Inadequate
 - Afraid of failure
 - Overwhelmed
 - Numb – frozen
 - Tension – on egg shells
 - Confused
 - Judged, criticized
 - Defensive
 - Empty

(Information obtained from the EFT Workbook, p. 148)

152



153

Common Underlying Emotions

- Pursuers often feel:
 - Hurt
 - Alone
 - Not wanted
 - Invisible
 - Isolated
 - Not important
 - Abandoned
 - Desperate
 - Disconnected
 - Deprived

(Information obtained from the EFT Workbook, p. 148)

154

hyperactivating strategy:



155

BS101 Practical Block Operations

- Emotional suppression is toxic. Can burn 94% of body glucose, complete exhaustion (Sue uses this as a tip for step 3 and 5 work – circling will find, just stay a little longer).
- Validation and permission most important, first thing to go with pressure of cycle. Very crucial. Refocus quickly though....
- Could there be cultural or marginalization factors playing into a client's blocks that need attuning with?

156

156

BS101 “Blocks:” once you know EFT, predictor

- The difference maker. This is why they need you. When I refer, that's what I am considering really. Any model works without blocks. Our ability to work WITH them determines outcome.
- They feel REALLY bad to the therapist. Uncooperative, Bully, Rude, Checked out.
- Expect them, necessary, honor. GO TOWARD, sign!
 - STAY PROXIMAL AND CURIOUS.

157

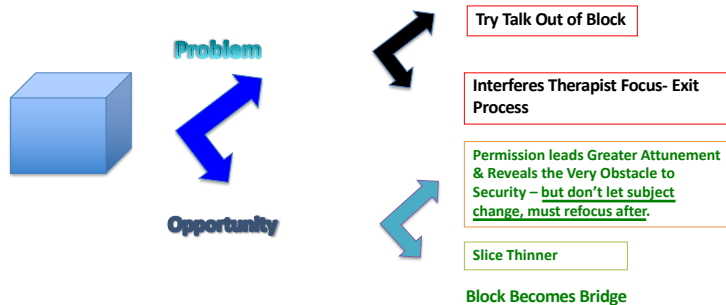
157

BS101 What is a “block”?

- Any attachment oriented human. All people hesitate and hold back, experience mistrust. The therapist should expect this at all times and NOT see it as a problem or indictment on their skill nor the clients ability or willingness to change.
- Their reach is blocked.
- It's not safe to reach.
- We are helping people unlearn their rigid dependence on their protection.
- Blocks can happen at any point in the process, and they tend to look different in each stage.
- Stage 1- more reactive blocks. Don't allow vulnerability or needs to be accessed (blame, view of other).
- Stage 2- depth block. Blocking access to model of self, or disowned parts of self (view of self, can tell you I'm sad but don't want to show or see how I feel about me).

158

BS101 Therapists' Relationship to Blocks



159

BS101 Validating de-wires blocks - FUNCTION

- The action (anger/avoidance) makes sense.
- No matter how strange, destructive, misguided or out-of-control it looks, what each partner does is logical and sensible, given the underlying imprints and the power of survival energy.
- The choice of action is made below consciousness, and is most often a reaction to history (this and earlier relationships).
- Explore the attachment function of their action, what they are trying to accomplish when they take that move. Each move is focused on saving and protecting the relationship and/or self (which is really the same) even if they do not have that result.

© Rana.EFT.Core.Skills

160

160

BS101 When blocks tend to happen?

- Right before a breakthrough.
- Right when you are on track and right before the person is about to go to the place they are supposed to go.
- For experienced therapist the blocks actually indicate the right hole to fish in.
- Valuable things don't get protected, blocked. Blocks are always saying something important just, or is just about to, happen.

161

BS101 Why do these blocks occur?

- The natural function of the body to protect us and relationship from danger/further danger so the body sends up energy. Body saying this is familiar. Its about to happen again. You are about to get hurt.
- Often because the therapist is doing a good job and is on track. A highly skilled therapist should get blocked more often, and is just more comfortable working with it (versus against it).
- KEY: don't let blocks surprise you, cost your focus or change your plan/map. They are a needed speed bump in the right road - roll with it!

162

BS101 What Not To Do.

- **Be surprised:** Expect blocks to occur when you are trying to open up people's attachment channels. The blocks are what they are needing you to help them with.
- **Be Disappointed:** Don't treat their blocks like a hinderance to your work. See blocks as indicators of where the work needs to occur.
- **Teach/Try Harder:** You can't psycho-ed clients out of blocks. They have been trying aspects of this before they came to see you. Before they came to you, they have hundreds of thousands of disappointing attempts of trying to outwork these blocks.
- **Shame:** Blaming them or showing them how they are at fault. "The reason you are in this situation is because you..."
- **Let blocks win/lose focus:** The block disorients the therapist and the therapist aborts the mission of working with emotion in the attachment channel and this moves to some more 1st order type of work.

163

BS101 What To Do: CPR

See them coming and that they are telling you you're on track.

- **Catch it:** must recognize and move towards it.
- **Give it permission:** (appreciate, honor it and validate it with attachment function)
 - "That makes sense to me"
 - "Of course"
 - "How would you do anything else?"
 - 3 forms of validation then push into the leading edge.
- **Reset:** back 2 emotion or back 2 cycle: "something was really important, I need to get more clear on that sad place," or "but here's how it lands, starts next cycle...."
 - *After repetitive validation, we may stretch by highlighting costs

164

BS101 Practical Block operations

- "Flipping" the block. "I see you can't _____, that makes good sense, because what would happen if you did?"

© Rana.EFT.Core.Skills

165

165



PROTECTION	FEARS	NEEDS
PROTEST	REJECTION	ACCEPTED
WITHDRAWAL	FAILURE	REASSURANCE
HIDE	INVISIBLE	BE SEEN
THREATEN	ABANDONED	WANTED
SHUT DOWN	UNLOVABLE	LOVED
MANIPULATE	CONTROLLED	SAFETY
FREEZE	HELPLESSNESS	CONTROL

166

166

WASHING OVER ROLE PLAY

*Working “T & E” of TEMP only. – client start off in sad.

- Get trigger, 1 em. handle “sad” – RAVE Trigger, sadness. (RAVE-Reflect/Accept/Validate/Explore)
- Your choice interventions. Stay in sad “place” for 4/5 minutes – hover, linger. Curiously Expand, heighten, deepen the emotion from sad to granular description of 3/4 emotion words to describe sad place (eg. despair, heavy, sorrow, grief, loss, alone, hurt, etc). **Bring yourself in response!**
- At 2 minutes, facilitator check how therapist experiencing. Encourage to use self
- Target: linger in sadness for ~4/5 minutes, expand to 3 emotion words or so.... then switch¹⁶⁷

167

How do we do Step 4: “The EFT Reframe”?

“When you understand the implicit positive, connection – seeking intent in the destructive behaviors of the negative cycle, you will be able to see the couples’ distress more clearly through the attachment lens. The EFT cycle is rigidly maintained by each partner’s way of managing the disconnection between them, while searching for closeness.”

Sue Johnson

168

168

Putting it all Together

- ***The therapist outlines the moves (Step 2) that each partner makes in the cycle and the emotional music (Step 3) that primes these moves. The therapist puts the moves and the music together (Step 4), to accurately reflect how they prime and maintain each other.***
- ***Highlight interdependency- both global and bottom up cycles***
- ***Not therapist responsibility to move couples into stage 2, rather if the therapist stays attuned, and the couple gets the reframe - their responsiveness to each other increases and they "pull" us into Stage 2.***

169

169

Positive Step 4

- ***Unite against negative cycle, distance, mistrust, protection***
- ***It is not always about uniting against something but sometimes it actually uniting for***
 - Uniting for love, family, connection, vulnerability, positive cycle, fighting for, new moves
 - Couples want to know what to do to get out of negative cycle- crucial for therapist to pass by the vision of securely attached conversation.
 - Forecast Step 7's for both partners

170

170

Attachment Dilemma

<ul style="list-style-type: none"> • Pursuer – Fight- Hope – Avoid- Bad 	<p style="text-align: center;">Withdrawer</p> <ul style="list-style-type: none"> -Fight- Bad -Avoid-Hope
--	--

Relationship Dilemma
 – Fight Hope meets Avoid Hope

171

171

Example of Positive Cycle

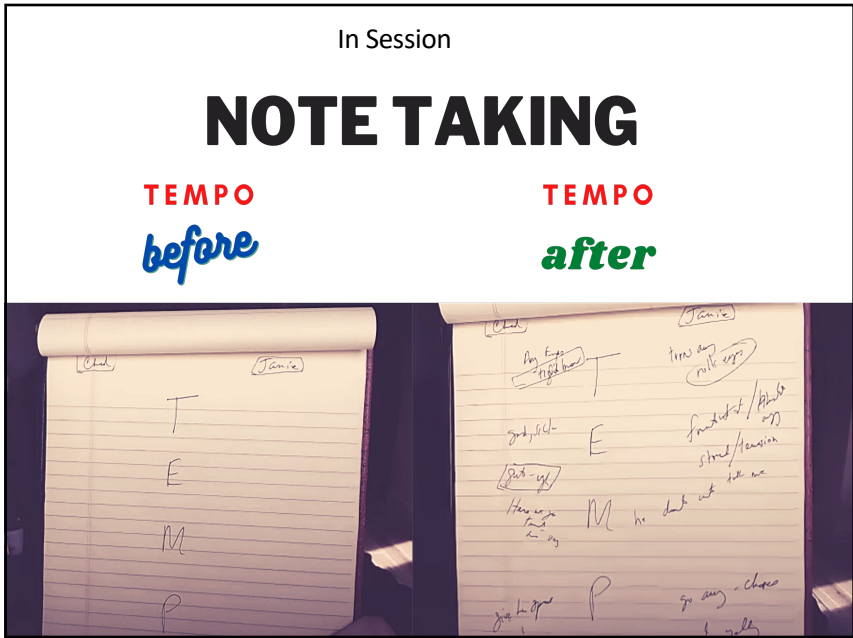
The Cycle

Scott R. Woolley Ph.D. ©

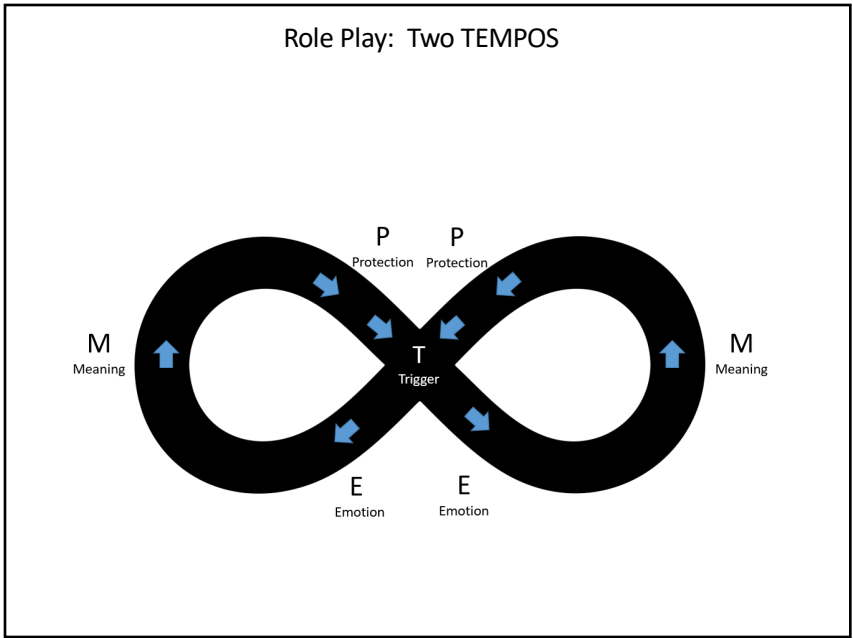
	Pursuer	Partner	Partner	Withdrawer
	Able to receive support	Behavior	Behavior	Staying Engaged
Perceptions/Attributions				Perceptions/Attributions
Secondary Emotion				Secondary Emotion
None				None
Primary Emotion				Primary Emotion
Feel Safe, Secure				Happy, Competent
Unmet Attachment Needs				Unmet Attachment Needs
To Be Loved-Important				To Be Loved- Important

172

172



173



174

Role Play: Double TEMPO

- Therapist explains Temp to Pursuer
- Therapist explains Temp with Protector
- Put two together, therapist practice finding words to describe the cycle, use different words for cycle ie fight against distance

175

175

Important Aspects of Stage 1

- Stage 1 is:
 - a first order/level one change
 - more chatty than subsequent stages
 - equal time spent with each partner
 - most conversation goes through therapist
 - return empathically to the couple's cycle throughout:
although it makes sense, it will never work: both lose in the cycle
 - **Shift focus from the ball to the game:**
De-escalation occurs when tunnel-vision turns into a meta-perspective; now couple is ready for a new experience

176

176

Signs of de-escalation

- Each partner can identify position s/he takes in relationship when feeling threatened
- Each has some access to inner emotional experience and can own their positions and underlying emotions
 - Withdrawer owns helplessness/fear instead of going numb
 - Pursuer talks of desperation, sadness, need for connection instead of automatic reaction
- They have coherent story of their cycle as enemy
- They can identify the cycle in real time and interrupt it

177

Basics- Getting the Cycle

- We create the cycle together
- Cycles of disconnection generally follow the same path, regardless of the content of the argument
- There is a mechanism in play—both partners are **caught doing what works for them** but not their partner
- We like to think that our partner has more choice than they do in making their moves
- There are only two general options for action when connection has failed. We usually default to the one that served us best early in life
- In studying our cycle, we learn that the only thing we know to do devastates our partner
- There is no good choice: I do the thing that hurts my partner, or I drop down into terror and despair
- Goal to take others moves less personal & give permission to the very actions that drive u nuts

178

178

How do you help end the cycle?

- Escalation of dysfunctional cycle (the more you...the more you....)
- Consequence (negative impact on relationships and individuals)
- Common feelings/themes between partners (sadness, feeling stuck/alone, etc.)
- Assert mutual responsibility to change the cycle

179

How to know when you've reached de-escalation

- Less reactivity and more safety
- Clients begin to access longings for connection
- Conflicts are calmer; when they are angry and mistrusting it is less hostile
- First order change- symptoms improve but not second order restructuring- relapse likely

180

What de-escalation looks like

For Withdrawers

- Relief to see partner is not being randomly hostile or aggressive but because s/he's making a desperate response to his/her position of retreat
- The partner is seen as trying to get a response vs. out to destroy him/her

For Pursuers

- Relief to see withdrawn partner is not indifferent but is retreating to protect him/herself from partner's actions
- Sees partner as more fearful than uncaring

181

Trust the Process

- If a couple cannot maintain de-escalation then they are telling you to spend more time organizing their secondary emotion
- The blocks point out where we need to go!

182

182

A Marker for De-escalation

Enactment after Step 4 of understanding their cycle

- Each partner owning their moves and **giving permission/** (it makes sense) for their partner's position in the negative cycle.
- Change Demon Dialogue from "you to I "-
- Pursuer- When I push you to talk you do not feel safely connected to me and withdraw. I thought your withdrawal meant you didn't care, now I realize its just your way of surviving your own fears and you don't know what else to do. Its your way of protecting us. You think staying engaged will only make it worse.
- Withdrawer- When I withdraw you do not feel safely connected to me and you get frustrated. I thought your frustration meant I was failing, now I realize its just your way of surviving your own fears and you don't know what else to do. Its your way of fighting for us. You think saying nothing will only make it worse.

A felt understanding of partner's position is a marker for de-escalation.
Another test: Do you get what your protection does to your partner

183

183

Test for De-escalation: Top & Bottom UP

- This test for de-escalation is much more than a cognitive, top down intervention. Turning towards your partner and telling them their defenses make sense is a powerful bottom up experience that often leads to a positive shift in emotions. When defenses are honored they can move aside, freeing up energy for exploration and vulnerability. Experiencing each other's defenses less personal creates a shift in expectancies and a new awareness about the need for mutual responsibility to get out of the negative cycle. This integration of understanding with a felt sense of empathizing with your partner's defenses provides us with a clear, reliable marker for de escalation.

184

Role Play: Test for De-escalation

- Explain to couple their cycle, then set up enactment where each partner gives the other permission for their protection

185

3 parts for the test for de-escalation

1. Each partner understands the function of their protection (common block= each partner has no empathy/understanding/ hates their own moves)
2. Each partner understands the function of their partner's protection and can explicitly share it through an enactment (common block = each partner is afraid if they give their partner permission for their protection then the hurtful behavior will never change)
3. Each partner understands the costs of their protection to their partner

186

Test of de-escalation

1. Gives us markers to measure success
2. Creates more safety/resilience to go deeper into Stage 2
3. Reveals blocks if you cannot pass test

187

187

Decision Points: Moment-Moment Intentionality in EFT

***Protected Client/Therapist Position?**

High Reactivity from client(s)?

*RAVE the protection, focus there.

(expect blocks!!) **Match frustration!**

*Use full TEMP/O repetitively.

*Reflect their attachment dilemma.

(more stuck=more repeating)

*Varies based on any attunement factor: culture, session number, progress, safety etc.....

(3rd level attunement)

***Unprotected (or Less) Client/ Therapist Position**
Low Reactivity, vulnerability coming forward?

*Don't use full TEMP as much, less psych ed.

*Use expand, heighten, hover the E of TEMP more, use window for the day.

*Go for mission: in vulnerability/in body responded to, processed back to reception in body.

188

188

Reactive Couples in Stage 1

- Couples easily, quickly trigger each other in to highly dysregulated states – (sticky, rigid, hostile cycles).
- High Levels of Dysregulation- couple actually co-dysregulates each other
- Tends to dysregulate us, therapists
- Difficult for them to carry burdens together & to soothe
- Explicit expression of the reactivity often limited to
 - Anger/Frustration/Rage – harsh escalated pursuit
 - Intellectual Debate/Pressure to Win Argument or Make a Point
 - Numbness, still-face or dissociating at some point
 - Will repeat this process for therapists if allowed unfettered
 - Tempting for Therapists to take a side, see couple as having fatal flaw in bond, suggest they are not compatible, etc.

189

High Volatility Often Shows Up With:

- Find the Bad Guy – Attack and Defend Escalation
- Around Vulnerability of partner
- Threats of separation/ quit therapy
- Leaving the room
- Trauma Histories, particularly unhealed traumas
- Attachment Injuries in current relationship
- Our own reactivity that arises in the interplay between couple's dance and our own attachment style, tendencies and

190

Taking Control Session

1. **T** Take Charge of Session
2. **E** Explicitly explain intentions/ process
3. **R** Restrain Interruptions- close validate
4. **R** Regulate affect by matching
5. **O** Organize meaning of secondary emotion
6. **R** Restore Safety and Begin bridging distance

191

191

Taking Control Session

1. Therapist **takes** Charge- if we are too polite and follow their lead it will lead us nowhere. They need our help as stronger-wiser-other to set the tone
2. Be **explicit** about process- explain your intentions around creating safety and understanding the challenges of giving other person space when you disagree. Get their buy-in to stop interruptions

192

192

Keeping your focus

3. Restrain- Stop Interruptions

- **Closed Validation – acknowledge, honor but don't explore and start new path**
 - Explain process of staying with one partner
 - Give permission for jumping in – not pathologizing – validate feeling with action tendency
 - Conversation goes through the therapist
- **Open Validation- notice and be curious – exploring new path often leads to losing original focus**

193

193

Matching / Meeting Affect

4. Regulate; Crucial to match Affect intensity/ raise your energy. Meeting the energy where it is – honors both the anxiety and withdrawal. Both positions are stuck with only one option then blamed for that one option.

5. Organize; Make meaning of secondary. Reactive emotions serve a function- help to honor/ organize the function before exploring its costs. Therapist needs to tolerate starting off with a “not knowing stance”. “I don't understand your anger but I want to get it”

6. Restore Safety and Composure- by both partner's protection being honored. Put in the cycle: trigger, surface emotion, protective behavior. Proof is in the results of de-escalation¹⁹⁴

194

Drill Sergeant Training to Lean Into Escalation

- **Developing Challenge Response**
- **Reframe- Recognize their moment of reactivity is really internal desperation- its their moment of greatest need and all we see is the difficulty/ resistance**
- Remember trying to avoid reactivity also makes more likely to avoid hopelessness, pain, shame and even joy
- **Bypassing secondary to get to primary even if successfully leads to connection in session often sets couple up to fail at home. They truly need help in their secondary reactions**

195

195

Matching / Meeting Affect

- **Crucial to match / meet the affect (secondary). Meeting the energy where it is - honors both the anxiety and withdrawal. Both positions are stuck with only one option then blamed for one option.**

196

196

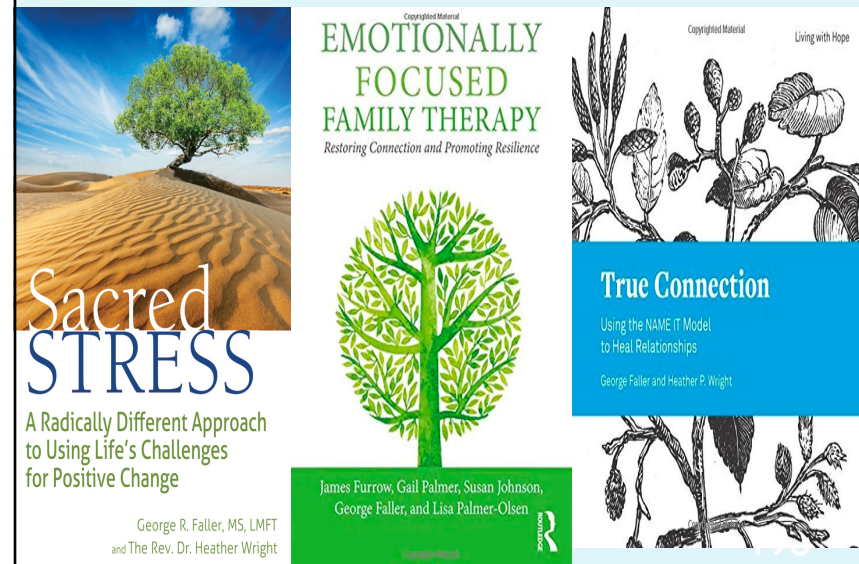
Role Play – First Session

- Secondary Emotions – Stage One – meeting clients where they are
 - Matching Affect
 - Honor protection
 - Co-regulating affect, Co-creating meaning
- Role play 2 – partner jumping in- keep focus and control – closed validation

197

197

Amazon Reviews Please!



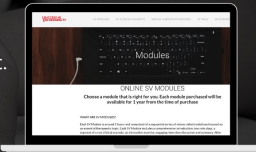
198

20% This week: Code Externship

SUCCESS IN VULNERABILITY.com

Success in Vulnerability is a focused online, a video-based curriculum developed by a team of EFT trainers, supervisors, and therapists who share their unique insights and therapeutic styles to help you succeed at working with emotional & relational distress.

- Relevant For therapists at all stages of development.
- A great tool to help supervisors.
- Uses multiple forms of learning, from didactic to experiential exercises and actual clinical cases with commentary to help you learn the micro-moves of EFT.



199

Thank You!

www.SuccessInVulnerability.com



george@hopeandrenewal.org

www.georgefaller.com



200

200