Slide 1

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An Introduction to
Emotion-
Focused
Therapy

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Slide 2

+ **Emotion-Focused Therapy**

- aka Proces-Experiential psychotherapy

- Leslie Greenberg, Laura Rice, Robert Elliott, Jeanne Watson, Ronda Goldman, Sandra Paivio & Antonio Pascual-Leone

- Integration of:
  - Person-centered & Experiential Psychotherapy
  - Empathy, Genuineness & Acceptance (Rogers)
  - Focusing (Gendlin)
  - Existential therapy
  - Interpersonal therapy
  - Gestalttherapy (Perls)
  - Emotion theories

Slide 3

+ **Basics of EFT**

- Focus on emotion as organising principle and key to transformation, high dosis of **empathic attunement**
- Focus on relational presence and fostering the **therapeutic alliance**
- Focus on **collaboration** between T & C and agreement of goals & tasks in therapy
- Strong focus on **process differentiation**: differential empathy, specific markers & tasks as a means to explore, evocate and transform emotions.
- Experiential re-formulation of client's problems according to the theory of emotion: EFT **case formulation**
- **Evidence-based**

"changing emotion with emotion"

Slide 4

+ Emotions are fundamentally adaptive

1. We construct our reality highly based on emotion

2. Emotions are a source of idiosyncratic information, they tell us what is important for us.

3. Emotions help us to survive, they trigger efficient, automatic reflexes in important situations.

4. Emotions give us a sense of identity, they integrate our experiences and give them meaning

5. Emotions prepares us for action: emotions generate wishes/needs, and they tell us what we need to do.

"Every feeling has a need, every need has a direction for action"

+ 3 problems with emotional processing

1. Sometimes we are **too close or too distant** to our emotions → emotion regulation

2. Sometimes we get stuck in emotions because we miss an **important piece** of it → emotion schemes

3. Sometimes the most important emotion gets **covererd up** by other emotions → different sorts of emotional responses

+ Emotion regulation: how to smell the soup

+ Adaptive Strategies for Moderating Emotion

| Strategy/Route	Examples of Therapeutic Work or Task
1. Support client's strategies	Ask what client does for self
2. Controlled expression of emotion	Offer client opportunity to safely and carefully experience/express emotions
3. Seek support and understanding from others	Offer genuine empathic understanding and unconditional positive regard
4. Symbolize emotion in words or images	Empathic exploration; Focusing; creative arts methods
5. Use language/imagery to contain or distance	Use packaging rather than evocative reflections; reflect using "it" or "something"; help client attain useful working distance; Clearing a Space
6. Self-soothing/self-compassion, relaxing, self-comforting, self-supporting, self-caring	Empathic Affirmation; prizing voice; offer Self-Soothing task; suggest pleasant or self-soothing activities
7. Regain psychological contact (for overwhelmed or dissociated states)	Pre-therapy; Mindfulness suggestions: "Take a breath"; "Put your feet on the floor"; "Look at me"; "Pay attention to what you sense around you"

+ Adaptive Strategies for Accessing Emotion

Strategy	Examples of Therapeutic Work or Task
Moderate level of arousal in order to create safety	Make a safe Space for attending to emotions
Attend to emotion-related bodily sensations	Focusing
Remember previous emotion episodes	Systematic Evocative Unfolding; Trauma retelling
Encounter vivid emotion triggers	From client or therapist; words or images Unfolding, Meaning Creation
Enact emotion expression and action tendencies	Two Chair work, Empty Chair work

+ Emotion Schemes
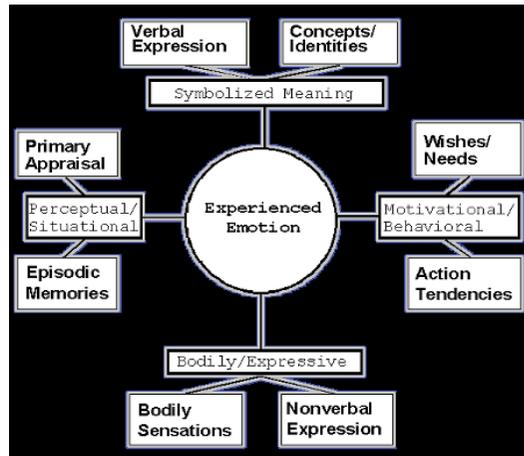
+ Pre-experiential mode of client's engagement

rationalising

**externalising**   **impulsive**

somatising
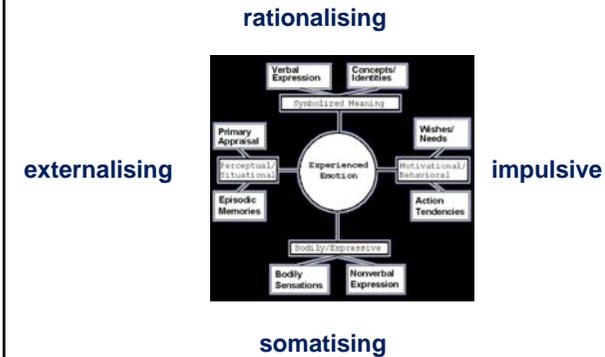
+ Emotion Response Types

- Finding the Most Useful Emotion that Got Covered up by a Different, Less Useful Emotion
- Controversy: Does anger expression help or hurt?
  - It depends on what kind of anger
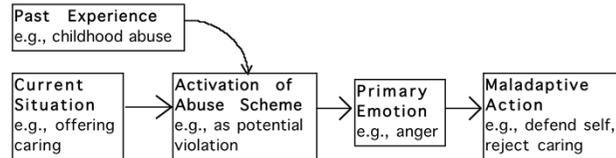
+ Forms of Emotion Response

1. **Primary Adaptive Emotion Responses:** Unlearned, direct response to situation
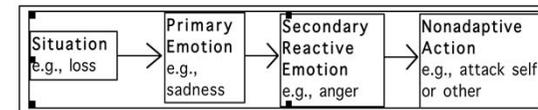
Situation e.g., violation	→	Primary Emotion e.g., anger	→	Adaptive Action e.g., defend self
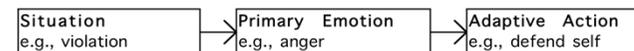
Forms of Emotion Response

2. **Maladaptive Emotion Responses**: Learned, direct response to situation: SOS

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Past Experience
e.g., childhood abuse

Current          Activation of        Primary        Maladaptive
Situation   →    Abuse Scheme   →     Emotion   →    Action
e.g., offering   e.g., as potential   e.g., anger    e.g., defend self,
caring           violation                           reject caring
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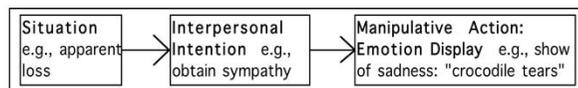
Forms of Emotion Response

3. **Secondary Reactive Emotion Responses**: Adaptive emotion obscured by a self- or externally-focused reaction to the primary emotion

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            Primary       Secondary      Nonadaptive
Situation   Emotion       Reactive       Action
e.g., loss  e.g.,    →    Emotion   →    e.g., attack self
            sadness       e.g., anger    or other
```

Forms of Emotion Response

4. **Instrumental Emotion Responses**: Emotion displayed for its intended effect, independent of actual emotional experience

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Situation         Interpersonal        Manipulative Action:
e.g., apparent →  Intention e.g.,   →  Emotion Display  e.g., show
loss              obtain sympathy      of sadness: "crocodile tears"
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"You have to arrive at an emotion, before you can leave it"

+ Universal Human Emotions in their Adaptive Forms (from Greenberg & Paivio, 1997)

Situation	Emotion	Adaptive Actions
Violation, attack on self, family or possessions	Anger	Assert, protect, defend self
Loss, separation	Sadness	Seek connection, support (e.g., crying)
Psychological injury	Emotional pain	Withdrawal into self
Danger	Fear	Freeze, monitor, flee
Exposure as having acted inappropriately	Shame	Correct or hide impropriety to protect social standing, connection with others
Harming a valued other	Guilt	Repair the damage, apologise
Offensive, dirty, indigestible object or person	Disgust, contempt	Expel or avoid object or person
Change, novel stimuli	Surprise, interest, curiosity, excitement	Attend, approach, explore, engage
Suffering of a vulnerable other	Compassion	Offer support, validation, soothing
Achievement of goal, task, need or connection	Happiness, joy	Friendly interaction, future seeking of similar situations
Highly valued other	Love, affection, caring	Contact, express positive regard; strengthen attachment bonds

+ A short story about emotions

Alfred & Shadow
A short story about emotions

+ General Principle: Follow the Deepening Emotion Process

Emotion Response Type	Counsellor Facilitation
1. Undifferentiated/unclear emotion ("bad")	Help client differentiate
2. Secondary Reactive: Presenting emotional issue	Help client explore and listen for emotion that came first
3. Primary Maladaptive: Old familiar stuck places	Help client deepen to core emotion
4. Deeper Primary Maladaptive: Core pain => unmet need	Help client experience fully, then access unmet need
5. Primary Adaptive: Changing emotion with emotion; self-empowerment & self-soothing	Help client stay with, appreciate, access useful information

+ Therapeutic Tasks in EFT

- What is a therapeutic task?

- From research on human problem-solving
  - Research method: Task Analysis

- Clients bring specific immediate issues or emotional tasks to sessions

Elements of EFT Tasks

- Marker: observable sign that client may be ready to work on a problem

  - Client steps to resolution: Measured by 6-point *Degree of resolution scale*

  - Therapist responses: What therapist can do to help client resolve

  - Resolution state: What resolution looks like

EFT Task Map - 2015

Marker	Tasks
A. Interpersonal/Relational Markers:	
1. Begins therapy	**Alliance Formation**
2. Alliance Difficulty: (a) Confrontation: Client expresses or implies complaint or dissatisfaction about nature or progress of therapy, or therapeutic relationship; (b) Withdrawal: Client disengages from therapy process	**Relational Dialog**

Marker	Tasks
A. Interpersonal/Relational Markers, cont.:	
3. Vulnerability: Client expresses distress over strong negative self-related feelings (usually with hopelessness & sense of isolation)	**Empathic Affirmation**
4. Contact Disturbance: Immediate in-session state takes client out of psychological contact with therapist (hearing voices, dissociation, panic, narrowly focused interest)	**Contact Work (Pre-therapy)**

Marker	Tasks
B. Experiencing Markers:	
1. <u>Unclear Feeling</u>: (a)Vague/nagging concern (b) Global, abstract, superficial, or externalized mode of engagement	**Focusing**
2. <u>Attentional Focus Difficulty</u>: (a) Overwhelmed by multiple worries or one big worry (b) Stuck/ blank: Unable to find a session focus	**Clearing a Space** **(Filling a space ;-))**

Marker	Tasks
C. Reprocessing Markers:	
1. <u>Narrative pressure</u>: Client refers to a traumatic/ painful experience about which a story wants to be told (e.g., traumatic event, disrupted life story, nightmare)	**Narrative Retelling**
2. <u>Problematic Reaction Point</u>: Client describes unexpected, puzzling personal reaction (behavior, emotion reaction)	**Systematic Evocative Unfolding**
3. <u>Meaning Protest</u>: Client describes a life event discrepant with a cherished belief, in an emotionally aroused state	**Creation of Meaning**

Marker	Tasks
D. Introject Markers:	
1. <u>Conflict Split</u>: Client describes a conflict between two aspects of self, in which one aspect of self is (a) critical (self-criticism split), (b) coercive toward (coaching & decisional splits), or (c) blocks another aspect (self-interruption split).	**• Two Chair Work (self aspects)**
2. <u>Attribution Split</u>: Client describes general over-reaction to others, in which other(s) are experienced as (a) critical of, (b) coercive toward, (c) blocking of the self; or (d) generating an intense interpersonal "allergy"	**• Two Chair Work (w Others as self aspect)**

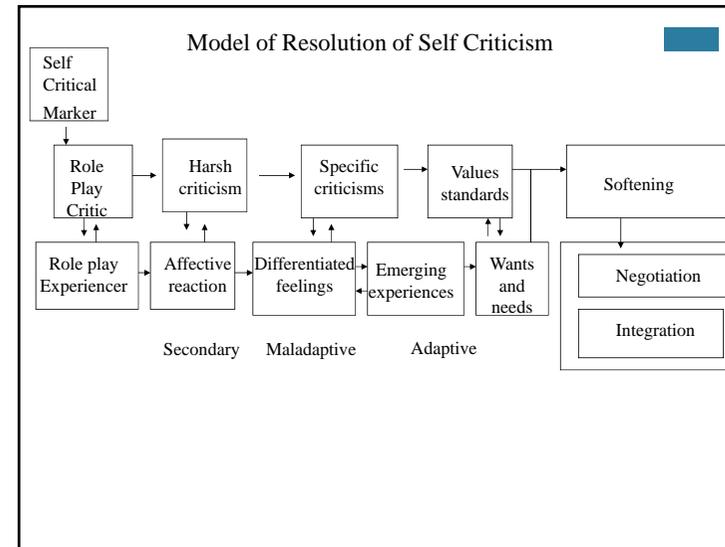| Marker	Tasks
D. Introject Markers, cont:	
3. <u>Unfinished Business/Unresolved Relationships</u>: Client blames, complains, or expresses hurt or longing in relation to a significant other	**• Empty Chair Work** **• Alternative: Speaking Your Truth**
4. <u>Anguish with inability to regulate</u>: Expresses strong emotional pain in presence of severe self-criticism or lack of connection/support, and is not helped by therapist empathic affirmation	**Self-Soothing Work**

+ Two Chairwork for Conflict Splits

- **A. Conflict Split Marker**
  - 1. Two wishes or action tendencies
  - 2. Description of contradiction, conflict between
  - 3. Expression of struggle, coercion
- Prototypical Split = Decisional conflict
- Alternative Forms:
  - 1. Self-criticism
  - 2. Coaching splits (self-coercion)
  - 3. Self-interruption (internal blocking)
 - 4. Attribution splits (externalized; over-reaction to others)

Model of Resolution of Self Criticism

Self Critical Marker → Role Play Critic → Harsh criticism → Specific criticisms → Values standards → Softening

Role play Experiencer → Affective reaction → Differentiated feelings → Emerging experiences → Wants and needs

Negotiation
Integration

Secondary   Maladaptive   Adaptive

Self-Evaluation Splits: Task Resolution Scale

1. Marker/ Task Initiation: Client describes internal conflict in which one aspect of self is critical of, or coercive toward, another aspect.

2. Entry: Clearly expresses criticisms, expectations, or "shoulds" to self in concrete, specific manner.

3. Collapse/ Deepening: Experiencing chair agrees with critic ("collapses"); primary underlying feelings/ needs begin to emerge in response to the criticisms. Critic differentiates values/ standards.

4. Emerging shift: Clearly expresses needs and wants associated with a newly experienced feeling.

5. Softening: Genuinely accepts own feelings and needs. May show compassion, concern and respect for self.

6. Negotiation. Clear understanding of how various feelings, needs and wishes may be accommodated and

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Two Chairwork: Facilitating Therapist Responses

1: Identify client marker (including pre-marker work). Elicit client collaboration in task
2: Structure (set up) experiment. Create separation & contact. Promote owning of experience. Intensify client arousal
3: Access and differentiate underlying feelings in the experiencing self (including collapsed self process). Differentiate values and standards in the critical aspect. Follow deepening forms of the conflict. Facilitate identifying with, expressing, or acting on organismic need. Bring contact to an appropriate close (=closure/ ending experiment w/ o resolution)
4: Facilitate emergence of new organismic feelings Create a meaning perspective (=processing)
5: Facilitate softening in critic (into fear or compassion)
6: Facilitate negotiation between aspects of self re: practical compromises

+ Illustration Two-chair dialogue with Les Greenberg
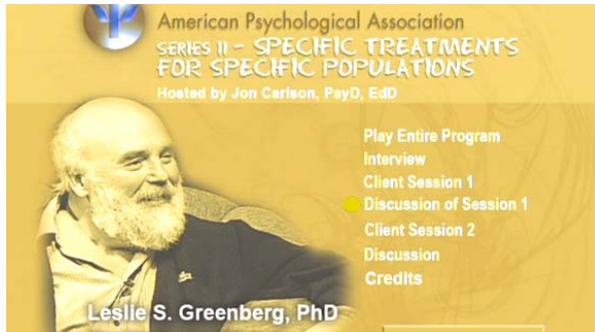
+ Is EFT evidence-based?

- Main Reference:

- Elliott, R., Watson, J., Greenberg, L.S., Timulak, L., & Freire, E. (2013). Research on humanistic-experiential psychotherapies. In M.J. Lambert (Ed.), *Bergin & Garfield's Handbook of psychotherapy and behavior change* (6th ed.). New York: Wiley.

+ What studies do we have?

- 1. **Pre-post studies**
  - "Open clinic trials" & effectiveness studies:
  - Addresses question of whether clients change over therapy
  - 191 studies; 203 research samples
  - 14,235 clients

- 2. **Controlled studies**
  - vs. waitlist or nontreatment conditions
  - Addresses question of therapy causes change
  - 63 research samples; 60 studies, including 31 RCTs
  - 2,144 clients; 1,958 controls

- 3. **Comparative studies**
  - vs. non-PCE therapies (e.g., CBT, treatment as usual)
  - Addresses question of whether which therapies are most effective
  - 135 comparisons; 105 research samples; 100 studies; 91 RCTs
  - 6,097 clients

Inclusion Criteria

- Exhaustive search: attempt to find all existing studies:
  - Therapy must be labeled as Client-/Person-centred, (Process-)Experiential, Focusing, or Gestalt; or described explicitly as empathic and/or centering on client experience
  - 2+ sessions
  - 5+ clients
  - Adults or adolescents (12+ years)
  - Effect size (Cohen's d) must be calculable

Type of PCE Therapy

(Pre-post effects)	Freque ncy	Per- cent
Person-Centred Therapy (PCT)	82	40%
Supportive-Nondirective (SNT)	33	17%
Emotion-Focused Therapy (EFT)	34	17%
Other experiential (e.g., Gestalt, Psychodrama)	43	21%
Supportive-expressive (Existential)	10	5%

What is an Effect Size (ES)?

$$\text{Change E.S.} = \frac{m_{pre} - m_{post}}{sd_{(pooled)}}$$

- This stuff is algebra …
  - That means when you use letters to stand for numbers
  - The letters are called "variables", because they vary…
  - This is useful because we can use them to stand for lots of different numbers
- Change ES = Pre-post Effect size
- M = mean/average of pre or post scores
- SD = averaged ("pooled") standard deviation

Interpreting Effect Sizes (SD units)

|	
	1.0
	0.9
LARGE	**0.8**
	0.7
	0.6
MEDIUM	**0.5**
	0.4
	0.3
SMALL	**0.2**
	0.1
	0.0

. Pre-post studies

- "Open clinic trials" & effectiveness studies:
- Addresses question of whether clients change over therapy
- 191 studies; 203 research samples
- 14,235 clients

Overall Pre-Post Effect Sizes : first line of evidence

ASSESSMENT POINT	N	Mean ES	Standard error of mean ES
Post	185	**.95**	.05
Early Follow-up (< 12 months)	77	**1.05**	.07
Late Follow-up (12+ months)	52	**1.11**	.09
Overall:			
Unweighted	199	**.96**	.04
Weighted	199	**.93**	.04

Standard error of mean = how dodgy the mean ES is; the smaller the better!

Interpreting Effect Sizes:
After PCE, average (=50%) Person
=> better off than 84% of People were before PCE

Post-PCE vs pre-PCE

Blue = Post PCE
Red = Pre- PCE

84%

Psychological wellbeing

Frequency
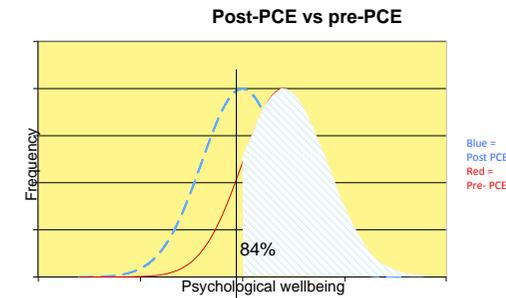
Controlled & Comparative Study Analyses: second line of evidence

- Calculate difference in pre-post ES between:
  - PCE therapy, and
  - No-treatment control or non-PCE treatment

Are PCE Therapies More Effective than no therapy?

- Also: Do PCE therapies cause clients to change?

- Better: Do clients use PCE therapies to cause themselves to change?

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Controlled Effect Sizes
(vs. waitlist or untreated clients)

	N	Mean ES	Standard error of mean
Untreated clients pre-post ES	53	**.19**	.04
Controlled: Unweighted	62	**.81**	.08
Weighted by N	62	**.76**	.06
Weighted, RCTs only	31	**.76**	.10

Interpreting Effect Sizes (SD units)

	1.0
	0.9
LARGE	**0.8**
	0.7
	0.6
MEDIUM	**0.5**
	0.4
	0.3
SMALL	**0.2**
	0.1
	0.0

Are Other Therapies more Effective than PCE Therapies?

- Which therapies are most effective?

- Note: Most people in our culture assume that CBT is more effective than other therapies, include PCE therapies.

- Is this true or is it a myth?

Equivalence Analyses

Comparison	N	Mean Comp ES	Stand err of mean	Result
PCE vs. non-PCE	135	0.01	0.03	Equivalent
PCE vs. non-CBT	59	0.17	0.05	Trivially better
PCE vs. CBT	76	-0.13	0.04	Trivially Worse
SNT vs. CBT	37	-0.27	0.07	Equivocally worse
PCT vs. CBT	22	-0.06	0.02	Equivalent
EFT vs. CBT	6	0.53	0.2	Better
Other Exp. vs. CBT	10	-0.17	0.1	Trivially Worse

What is "Supportive-Nondirective" Therapy (SNT)?

- Supportive/Nondirective:
  - 87% studies carried out by CBT Researchers (negative researcher allegiance; 40/46)
  - 65% explicitly labelled as "controls" (30/46)
  - 52% involve non *bona fide* therapies (24/46)

  - 76% of researchers are North American (35/46)
  - 61% involve depressed or anxious clients (28/46)

Researcher Allegiance (RA)

- Tendency to find results that support your approach or orientation
- Consistent finding:
  - E.g., Luborsky et al., (1999) RA predicts results at r = .86
  - Applies to drug research also
- Many possible explanations, e.g.:
  - Using non bona fide versions of therapies
  - Suppressing negative results
  - Researcher/ therapist enthusiasm

Controlling for Researcher Allegiance (RA) Effects

- Strong, statistically-significant RA effect in comparative treatment studies ("horse races")

- => Ran analyses controlling for RA
  - Regression analysis: Used RA to predict Comparative ES, calculated residual scores
  - Ran analyses again, using residuals (what RA didn't predict)

What Client Problems Do PCEPs do Best and Worst With?

Problem	Pre-Post		Controlled		Comparative	
	n	Mean ES	n	Mean ES	n	Mean ES
Relationship/Interpersonal/Trauma	23	1.27(+)	11	1.39(+)	15	.34(+)
Depression	34	1.23(+)	8	.42	37	-.02
Psychosis	6	1.08	0	--	6	.39(+)
Medical/physical	25	.57(-)	6	.52	24	-.00
Habit/sub-stance misuse	13	.65(-)	2	.55	10	.07
Anxiety	20	.94	4	.50	19	-.39(-)
Total Sample	201	.93	62	.76	135	.01

Main Conclusion:

Previous versions of meta-analysis replicated with an independent sample of new, recent studies:

Person-centred/ experiential therapies appear to be effective.

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Summary of General Results: More Comparative Effects

■ 4. Pure PCT appears to be statistically equivalent in effectiveness to CBT (ES: -.09sd)
- ■ Even without controlling for researcher allegiance

■ 5. Also, new in this analysis: Emotion-Focused Therapy for individuals or couples appears to be more effective when compared to CBT (ES: .35)
- ■ But this may be due to researcher allegiance (sample too small)

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What about Specific Client Problems? - 1

■ Five client problem areas with bodies of literature:
- ■ 1. Depression: PCE generally effective; strongest evidence for:
  - ■ EFT
  - ■ PCT for peri-natal depression
- ■ 2. Trauma and Abuse: EFT has strong evidence
- ■ 3. Couples problems: EFT-Couples has very strong evidence

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What about Specific Client Problems? - 2

■ 4. Anxiety: CBT appears to be better than "nondirective-supportive" therapy
- ■ Virtually no research on PCT and EFT
- ■ But: EFT for Social Anxiety (Elliott) and Generalised Anxiety (Timulak)

■ 5. Severe, Chronic Dysfunctions: promising emerging evidence
- ■ Schizophrenia, severe personality difficulties

■ 6. Health-Related Problems: promising emerging evidence for chronic, life-threatening medical conditions
- ■ Eg, cancer, HIV-positive
- ■ "Supportive-Expressive therapy" : Yalom/existential

+ Where from here: Key Texts

- Elliott, R., Watson, J., Goldman, R., & Greenberg, L. (2004): *Learning Emotion-Focused Therapy*. Washington, DC: APA.

- Greenberg, L.S., & Watson, J.C. (2005). *Emotion-Focused Therapy for Depression*. Washington, DC: American Psychological Association Press.

- Watson, J., Greenberg, L.S., & Goldman, R. (2007). *Case Studies in Emotion-Focused Therapy for Depression*. Washington, DC: American Psychological Association Press.

- Paivio & Pascual-Leone, 2010: *Emotion-Focused Therapy for Complex Trauma*