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# Introduction

*Supervision is an opportunity to bring someone back to their own mind,  
to show them how good they can be.*

—Nancy Kline

*How much has to be explored and discarded before reaching  
the naked flesh of feeling.*

—Claude Debussy

Supervision holds an important place in the education and training of a psychologist (Russell & Petrie, 1994). It provides the experiential foundation for the application and consolidation of knowledge, skills, and values of any developing psychologist. Given the importance of adequate training in supervision, faculty should teach not only psychotherapy but

also supervision skills. Moreover, supervisees should receive training not only in direct psychotherapy competences but also in supervision skills to equip them for future roles as therapists and supervisors. A well-specified model of supervision in emotion-focused therapy (EFT) is still lacking. The purpose of this book is therefore to advance a theoretical model of supervision in EFT that will clarify the supervision map for supervisors and supervisees alike. In this book we lay out an events-based model of supervision and provide examples to concretize the model. We hope that a well-specified model of supervision will facilitate future research in the area of supervision process and outcomes.

EFT supervision is based on the same fundamental principles as EFT (i.e., relationship and work). Supervision involves developing a safe relationship, a supervisory alliance, which includes the identification of a focus for each supervision session (the supervisee's presentation of a dilemma or difficulty), the identification of supervision task markers (opportunities for supervisory interventions), intervening at these markers, and the identification of a resolution. As such, the EFT supervisor will listen carefully to each of the supervisee's recorded sessions, focusing on the client's moment-by-moment processing and the supervisee's responses. The supervisor will help the supervisee to become more aware of, and attuned to, moment-by-moment changes, expressions, and reflections by the client that occur in response to the supervisee's intervention. EFT supervision focuses on developing seeing, listening, and empathic skills. This involves perceiving momentary fluctuations in nonverbal aspects of expression, understanding the way a client experiences events, as well as identifying in-session markers of problem states and the client's micro-processes, which are opportunities for intervention.

## THEORETICAL FRAMEWORK OF EMOTION-FOCUSED THERAPY AND APPLICATION TO SUPERVISION

EFT (Greenberg, 2002, 2011) is an empirically supported, process-oriented approach to therapy that has been gaining popularity in the last 2 decades. It is a neohumanistic experiential approach, involving a unique integration of humanistic principles with contemporary emotion theory (Frijda, 1986; Greenberg, 2002), as well as the philosophical position known as dialectic-

cal constructivism (Greenberg & Pascual-Leone, 1995, 2001; Greenberg & Van Balen, 1998; Pascual-Leone, 1991). EFT reframes concepts such as the centrality of experience, personal self-determination, and the innate tendency for growth in contemporary terms, using emotion theory and dialectical constructivism. In this view, human beings are seen as possessing an innate emotion system that lays the foundation for continuous adaptation, creation of meaning, and growth. Emotion thus is viewed as the fundamental datum of human experience whereas meaning making is seen as central in making sense of emotion. This interaction of emotion and cognition is one of the major dialectical processes.

Research has shown that emotions, rather than sitting fully formed in the unconscious, exist in an undifferentiated form as sensorimotor schemes that are pre-ideational and preverbal (Lane, 2008). Implicit emotion, or bodily felt sensations, can be turned into conscious experiences of specific emotions by putting the felt sensations into words (Lane, 2008) and feeling is seen as centrally important in adaptive and maladaptive functioning and in therapeutic change. Dialectical constructivism proposes that experience is constructed by the interaction of emotion with many psychological processes, such as memory, attention, learning, and context to create the emergence of a consciously named feeling. Through this complex dialectically constructive process an individual comes to feel specific emotions and “know” what it is that he/she is feeling. Thus, emotion and cognition are seen as inextricably intertwined, and optimal adaptation is seen as then involving an integration of reason and emotion by making narrative sense of emotion.

In this dialectical constructivist view, functioning people thus are seen as constructing what they feel by attending to a bodily felt sense, symbolizing this in awareness, and making narrative meanings. Further corollaries of this view are that the client is a dynamic self-organizing system who keeps on reforming the “self-in-the-situation” (Greenberg & Watson, 2006) and is an agent in this process by virtue of being able to guide attention and make meaning. In this dialectical view, human beings are seen as storytellers who constantly create state-dependent narratives to understand self and situation. In addition, because multiplicity is seen as important in the self-organizing process, human beings are seen as having multiple voices,

shifting emotional states rapidly, having a number of stories, and speaking with multiple voices in their many stories. Finally, therapy is viewed as involving acceptance of experience and change in that the client first has to accept who he/she is before change can occur; the client has to arrive at a place before he/she can leave that place (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, Rice, & Elliott, 1993).

EFT practice focuses on moment-by-moment awareness, regulation, expression, transformation, and reflection on emotions, with the ultimate goals of making sense of emotions, creating new meaning, and strengthening the self (Elliott, Watson, et al., 2004; Greenberg, 2010; Greenberg et al., 1993). In EFT, people then are viewed as constantly forming self-organizations by a means of multilevel, multiprocess dialectical interactions of neurochemical, physiological, affective, motivational, and cognitive components (Greenberg & Pascual-Leone, 1995, 2001). In this view, clients are not seen as experiencing psychopathology, but rather as having a dysfunctional style of emotional processing. *Dysfunctional processing* can arise through various mechanisms: the activation of maladaptive emotions formed during prior negative experiences, overly rigid creation of meaning, incongruence between what is experienced and what is expressed, an inability to symbolize and express emotions, and the difficulty to change or integrate different (opposing) parts of the self (cf. Elliott, Watson, et al., 2004; Greenberg, 2010).

The idea that individuals are dynamic, self-organizing systems that have dysfunctional styles of processing instead of being dysfunctional themselves also informs EFT supervision. The supervisor helps the supervisee formulate his/her cases on the basis of these process ideas. When difficulties arise in therapy, the supervisor refrains from making evaluations on the basis of the supervisee's personality. When issues in the working alliance arise between the supervisor and the supervisee, the latter is not seen as pathological, with problems that need to be addressed, although understanding the interpersonal processes by which these alliance ruptures arise may be "fair game." In this case, the supervisor attempts to understand the difficulties in the in-session process during supervision and engages the supervisee in an open dialogue about what led to these

difficulties, while genuinely assuming responsibility as coconstructor of the problem.

Two important concepts in EFT theory of functioning are emotion schematic processing and narrative identity. An *emotion scheme* is a pattern of mental organization that provides implicit higher order organization of emotional experience (Greenberg et al., 1993). It is an experience- and action-producing structure. The client's emotion schematic processing system is centrally responsible for the self-organizing process. This is a complex system in which a number of emotion schemes coapply to produce a unified self-organization (Greenberg, 2010). The emotion schemes characteristic of depression, for example, are organized around feelings of loss, of being unlovable, and of feeling worthless or incompetent. *Narrative identity* is at a still higher level of self-organization than the schematically based self-organization (Greenberg & Angus, 2004). Narrative is a process of making meaning, characterized by an initially nonverbal or imagistic representation unfolding over time. A narrative has a beginning, a middle, and an end, and contains a plotline with a protagonist whose intentions are engaged in an action with implications and consequences.

During EFT supervision, the supervisor has a dual focus, helping the supervisee identify the client's dominant painful emotion scheme (and developing a more coherent narrative) and continuously monitoring the supervisee's emotional reactions to the client (as well as assisting the supervisee in making sense of the supervision experience). In supervision there is always a dual focus—on the client and on the professional identity of the therapist. This combination helps the supervisee develop greater confidence in his/her practice and more awareness of his/her emotions, thereby helping him/her create a more coherent, integrated professional identity.

## EMOTION-FOCUSED THERAPY PRINCIPLES AS APPLIED TO THERAPY AND SUPERVISION

EFT supervision is based on a set of principles and interventions that are specific to EFT and that differentiate it from other therapies. These principles, which also inform the EFT supervision relationship and process,

consist of (a) a following and leading stance; (b) an empathic exploration style; (c) a process diagnosis rather than person diagnosis; (d) a facilitation of deeper emotional experience and productive emotional processing; (e) the learning and teaching of perceptual skills; and (f) an understanding of emotions and needs as crossing various cultures, in spite of differences in social rules of expression. The theory of dysfunction and the theory of therapy, however, do not directly apply to supervision, as EFT does not treat a problem in the supervisee, nor does it attempt to access and transform core painful experiences, but, instead, attempts to facilitate a specific form of learning. Therefore, the supervisor does not explicitly engage in therapy with the supervisee in supervision. These EFT principles and the way they inform the therapeutic effort, as well as the supervisory process, are detailed next.

The first key principle covers the particular communication stance adopted by the therapist, which involves a combination of following and leading. On the one hand, the therapist strives to be present and follows the client's internal experience as it unfolds from moment to moment, staying empathically attuned to the client's immediate experience at all times, keeping his/her finger on the client's emotional pulse and constantly checking her/his understanding of the client's experience. Moreover, the therapist prizes the client's initiative and attempts to make sense of the client's experience or resolve his/her problems. On the other hand, the therapist is also an active guide in the therapeutic process. This means that the therapist is an emotion coach (Greenberg, 2002, 2015) who, although not an expert on what the client experiences, is an expert on how to facilitate next steps and has a certain degree of knowledge of people's emotional processes. The therapist's aim is not to teach or modify the client but to guide the therapeutic process. *Process guiding* refers to how the therapist actively works with the client toward activating a deeper experience and more adaptive emotional responses (e.g., changing client blame and hopelessness by activating the more assertive expression of underlying primary anger), working on within-session tasks (e.g., helping the client resolve unfinished business or understand the meaning of a puzzling reaction), and/or achieving an overall treatment goal (e.g., helping the

client move on from a past traumatic experience; Elliott, Watson, et al., 2004; Greenberg, 2002). Following and leading is not a contradiction, as it may appear at first glance; rather, it involves a dialectic, creative tension between following the client's narrative, as the client is the expert on his/her own experience (i.e., the content), and guiding the process.

The same dialectical position of following and leading is adopted by the EFT supervisor. Supervisees are seen as possessing the most knowledge of their client's experience as well as their own. The supervisor is not viewed as an authority on the supervisee's experience, but supervisors are viewed as process experts, who possess expertise and experience in the area of how to facilitate supervisee learning and who are skilled in identifying certain supervision tasks and facilitating their resolution. Knowledge of supervisory tasks is informed by EFT's task analytic approach to investigating psychotherapeutic change events (Greenberg, 1984). In this approach, supervisee markers and tasks are defined and the supervisor intervenes to help the supervisee work on the task.

Another distinctive principle of EFT is its *empathic exploration response style* within therapy and supervision. Given that in the EFT framework the client and the supervisee are seen as the experts on their own experiences, the therapist and the supervisor use an active and engaged, though tentative, voice in their use of exploratory reflections or questions. These are aimed to stimulate the supervisee's own understanding and search for meaning. Moreover, the supervisor rejects the idea of expertness (i.e., deciding independently what it is to be worked on) and rather coconstructs process formulations, supervision goals, and ultimately meaning together with the supervisee. A major role of an EFT supervisor is to facilitate supervisees' attention to their clients' momentary experiences and to nurture better intervention responses, which in turn will help clients focus on their felt sense and emotions.

EFT is *process diagnostic* (Greenberg et al., 1993) rather than person diagnostic; thus, instead of focusing on formal diagnoses, the EFT therapist will attend to the client's processing style, to in-session markers of problematic emotional states and to dominant themes and ultimately to

a formulation of painful emotions, which are arrived at by following the client's emotional pain. Markers are in-session behaviors that signal that the client is ready to work on a particular problem (Greenberg et al., 1993), whereas therapeutic tasks are immediate in-session processes and procedures that are collaboratively engaged in as a result of an identified marker (Greenberg et al., 1993). For example, an unfinished business marker is signaled by the expression of lingering bad feelings toward someone significant in the client's life and the task in this case is engaging in the empty chair dialogue with the imagined significant other to resolve hurt and anger. Therapists can use different therapeutic methods to help their clients resolve the tasks at hand (e.g., suggesting chair work to work through unfinished business). By adopting a task-analytic approach to supervision (cf. Greenberg, 1984), EFT supervision entails identifying in-session supervision markers and formulating and working through different supervisee tasks in agreement with the supervisee and according to the supervisee's own needs.

A fourth principle of EFT is to facilitate *deeper emotional experience and productive emotional processing* in clients, on the basis of the assumption that this will facilitate the creation of new meaning and eventually resolution. Given that EFT is a process-oriented, experiential therapy, therapists are viewed as experts on how to facilitate next steps in the client's experiential process, whereas the client is viewed as an expert of his/her own experience. The expertise the therapist offers is thus an expertise in how to facilitate deeper experience; how to help people become aware of, access, productively process and transform emotion; and finally, how to create new meaning.

Similarly, EFT supervision thus is a highly process-oriented supervision that focuses on helping the supervisee recognize the process markers that are opportunities for deeper emotional processing and the use of suitable therapeutic tasks. Rather than only helping conceptualize the client's difficulties and plan treatment, the supervisor gives moment-by-moment feedback to supervisees on how to respond to the client to promote next steps. The supervisor first and foremost acts as a trainer, teaching skills of process facilitation involving perceptual and intervention skills.



In addition to teaching intervention skills, *learning and teaching of perceptual skills* is seen as a central principle of supervision. It is difficult to teach perceptual skills in a manner void of context, so supervision is a primary site of learning how to see and hear important clinical phenomena. Perceptual skills, as opposed to intervention skills, involve knowing *when* to intervene rather than *how* to intervene. They also involve the ability to notice certain clinical phenomena of interest when they emerge in sessions. In essence, perceptual skills go beyond conceptual or theoretical skills which may equip supervisees with understanding but not the ability to apply these in situations. To learn how to see and when to intervene, supervisees need concrete examples to make the necessary types of perceptual discriminations. Given the role of the supervisor as trainer, supervision will be geared to the supervisee's level of skill and training.

One of the key perceptual skills is the ability to discriminate between different types of emotional processes. The supervisee needs to learn to distinguish between primary adaptive, maladaptive, secondary, and instrumental emotions. This is done by the supervisor pointing out examples as they arise on tapes and discussing them to understand their function in that moment. *Primary adaptive emotions* are responses that result from the automatic processing of complex situational information to prepare the person to take effective action. Such responses are referred to as primary adaptive emotion responses because the emotion is a direct reaction to the immediate situation and it helps the person take appropriate action. Primary adaptive emotions need to be accessed and more fully allowed to provide information and action tendency. To help clients sort out if what they are feeling is a primary adaptive emotion, therapists respond empathically and act as surrogate information processors, offering symbols to describe feelings that clients can check against their experiences for fit. Therapists' responses that are helpful in accessing primary emotions involve saying, "Is this what your core feeling is at rock bottom?" or "Check inside; see if this is your most basic feeling." *Maladaptive primary emotions* are also direct reactions to situations, but they no longer help the person cope constructively with the situations that elicit them. Rather, they interfere with effective functioning. These emotion responses generally involve

overlearned responses based on previous, often traumatic, experiences. Maladaptive emotions are best handled by helping the client to approach, access, symbolize, regulate, and explore these emotions. Once accessed and accepted, rather than avoided, they become amenable to transformation by accessing a different underlying emotion (e.g., transforming maladaptive shame with self-compassion or pride) and by reflecting on them to make sense of them. Therapists help clients access these emotions by means of empathic exploration of and empathic conjectures into their deeper experience.

*Secondary reactive emotions* are emotions that follow a more primary response. Often people have emotional reactions to their initial primary adaptive emotion, so that it is replaced with a secondary emotion. This “reaction to the reaction” obscures or transforms the original emotion and leads to actions that are not entirely appropriate to the current situation. Secondary reactive emotions are best responded to with empathic exploration to discover the underlying primary emotions from which they are derived (e.g., primary fear under reactive anger).

Finally, *instrumental emotions* are best explored for their interpersonal function or intended impact on others. The therapist, after understanding that the person feels sad or angry, might say, “I wonder if maybe you are trying make a point or tell this person something with this feeling?” Thus, people may recognize the intention in their emotional experience, be it the desire for self-protection, comfort, or to dominate another.

To help the supervisee perform an *emotional assessment*, the supervisor might suggest some specific criteria, such as (a) observing non-verbal expression including facial expression, tone of voice, and how things are said; (b) having knowledge about universal emotional responses (e.g., people generally feel angry when they are violated, sad when they lose someone important to them); (c) using knowledge of the supervisee’s own emotional responses to circumstances to assess the client’s emotions; and (d) knowing the characteristic ways in which the client responds to situations and people (e.g., the client feels diminished and then hopeless when dismissed by another, feels rejected rather than shame when angry).

The final EFT principle is in regard to cross-cultural issues and takes the position that empathy means carefully listening to the person and his or her concerns, listening for the undertone of emotions and the unarticulated needs associated with it, over and above the client's cultural backgrounds. EFT's humanistic foundation, as well as research in the area of emotions, teaches us that all human beings are emotionally alike, and, at the core, all have the same human needs for surviving, thriving, attachment and belonging, and being valued and recognized. However, EFT theorists recognize that the rules of expression and communication about emotions differ from culture to culture and are part of different belief systems, customs, and attitudes. For this reason, at least some broad knowledge of these cultural differences is important for a developing therapist and his/her supervisor. The best ways of gaining this essential knowledge is through education, curiosity, and direct experiences of differences, as well as showing high sensitivity and openness to accepting differences and seeing them as such. The EFT supervisor will hence help the supervisee get to the core emotional processes in clients coming from any culture, with sensitivity to empathically understanding the client's or supervisee's culture and being aware of some of the cultural rules of expression, and injunctions. For example, in therapy, Asian clients or those coming from collectivistic cultures may find it more difficult to express anger toward parents or authority figures because of cultural beliefs related to the respect for and obedience to older or more experienced people. However, a good therapeutic alliance, empathy, and understanding of these rules can help a supervisee get to the common emotional core over time, while overcoming many potential cultural differences.

### **Tasks as Applied to Therapy and Supervision**

EFT has incorporated and studied a large variety of client markers and therapeutic tasks (Elliott, Watson, et al., 2004; Greenberg, 2010, 2015; Greenberg et al., 1993). For ease of understanding, they are grouped into five larger categories: empathy-based tasks, relational tasks, experiencing tasks, reprocessing tasks, and enactment tasks. Each of these therapeutic

tasks is associated with various interventions that are learned and mastered during supervision.

In applying these tasks, the supervisor does not aim to train the supervisee how to mechanically follow therapeutic steps but rather encourages and assists the supervisee to try different interventions, at first only tentatively and, with time, in a progressively skillful and fluent manner. Early in supervision, the concepts of interventions are introduced as experiments and as “could do’s” (as opposed to doing things only one “right” way). This conveys the flexible nature of intervention and shows that the supervisor’s suggestions are not pronouncements on what is right or wrong but are offers of possibilities to be tried and eventually adopted by therapists according to their own style and personality (i.e., personalization or integration skills).

## HISTORICAL BACKGROUND

EFT theory grew out of an integration of client-centered, Gestalt, and existential therapies, viewed through the lens of modern cognitive and emotion theory. These humanistic/experiential approaches to psychotherapy had together formed what was called the *third force* that swept North America in the 1960s and 1970s as an alternative to behaviorism and psychoanalysis. EFT has developed beyond these origins by drawing on advances in emotion and cognitive science and on psychotherapy change process research to propose a neohumanistic, process-oriented, emotion-focused treatment.

EFT drew on Rogers’s view that therapy is effective because the therapeutic relationship provides an antidote to the introjected conditions of worth in that clients have the new experience of being seen, understood, and unconditionally accepted for who they are as individuals. As client-centered theory developed, the focus expanded beyond the nature of the therapeutic relationship alone to what occurs in the client in therapy. What became important, in addition to relational acceptance, was facilitating in the client a new mode of experiencing. According to Gendlin (1997), *experiencing* is the process of concrete bodily feeling; it is what happens as we live and constitutes the basic datum of psychological phenomena. Awareness of this basic datum was seen as essential to healthy living. Gendlin

(1997) argued that optimal self-process involves an ever-increasing use of experiencing as a process in which felt meanings interact with verbal symbols to produce an explicit meaning, and in so doing moved away from more structural, denial/incongruence models to a process view of functioning.

EFT, however, developed beyond its originating theories. Whereas Gendlin and Rogers take experiencing as the basic datum of existence, EFT takes emotion as a fundamental given, and sees experiencing as a complex derivative of emotion that results from a tacit synthesis of many level of processing. EFT, in its theory of practice, incorporates the importance of Gendlin's felt sense, the importance of a bioevolutionary view of basic emotions (Ekman & Davidson, 1994), and the importance of emotional arousal. The felt sense needs to be attended and symbolized to create meaning, whereas categorical basic emotions (e.g., fear, anger, sadness) need to be aroused and regulated to provide access to needs and action tendencies that inform people of what is good for them and move them to adaptive actions.

A second major influence on EFT came from Gestalt therapy (Perls, Hefferline, & Goodman, 1951). As with Rogers's work, the holistic nature of a self-actualizing tendency (to survive and thrive) was emphasized over any specific drives or needs. Organismic wisdom was seen as working by a spontaneous emergence of needs to guide action. In this view, life is the process of a need arising and being satisfied, then another need emerging and being satisfied. In Gestalt therapy, awareness of functioning is seen as providing people with the option to choose, if and when, to own their own organismic experience (Perls et al., 1951).

Gestalt therapy is process directive in style. The therapist makes process suggestions and observations. The graded experiment was used as the major form of intervention. EFT adopted a number of key experiments from Gestalt practice and specified more clearly when they are best used and what processes they facilitate that lead to change. Thus, EFT incorporated Gestalt therapy's process directive style, its emphasis on accessing and heightening emotional experience and awareness, and the client-centered emphasis on provision of safety and the differentiation of experience and meaning

making. Making experience vivid in awareness, attending to a body felt sense, and searching the edges of awareness to symbolize felt meaning are all emphasized in EFT.

Finally, existential therapy has influenced the development of EFT especially in EFT's broader view of human nature and life's ultimate concerns. In existential theory, dysfunction has been seen as resulting from lack of authenticity, alienation from experience, and the resultant lack of meaning, isolation, and ontological anxiety. For the existentialist, it is the awareness of ultimate concerns that leads to anxiety and defenses (May & Yalom, 2005; Yalom, 1980). In existential therapy, anxiety over ultimate concerns such as freedom, choice, isolation, and meaning is at the center of personality and psychotherapy. All of these concerns are seen as relevant in EFT, but EFT also places emotion and its regulation and symbolization as ultimate concerns. In view of these background perspectives and foundational principles, we now shift to discussing supervision.

### **Definition of Supervision**

*Supervision* is defined as the action or process of watching and directing what someone does or how something is done and making certain that everything is done correctly. It involves directing or overseeing the performance or operation of an activity and watching over it so as to maintain order.

Bernard and Goodyear (2013), in their definition of supervision, offered that it is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. Their definition mentions several components of supervision. First, supervision is an intervention, and there are unique competencies and skills involved that allow the supervisor to help the supervisee. Second, supervision is provided by a clinical supervisor who is more advanced, at least in some important ways, than the supervisee. Third, supervision involves a relationship that extends over time. An assumption of supervision is that it will last long enough for some developmental progress of the supervisee to take place. The relationship is therefore important. Finally, the supervisor

evaluates, monitors, and serves as a gatekeeper. Supervisors have an ethical and legal responsibility to monitor the quality of care that is being delivered to the supervisee's clients. To enhance the professional functioning of the supervisee and assure quality of care, the supervisor constantly monitors and provides feedback regarding the supervisee's performance. This formative evaluation represents the basis of the work done in supervision.

### Supervisor's Role

In her discrimination model of supervision, Bernard (1997) proposed three general roles that the supervisor might assume in responding to the supervisee: (a) the *teacher* role—the supervisor takes on the responsibility for determining what knowledge is required for the supervisee to become more competent, (b) the *counselor* role—the supervisor facilitates exploration in addressing the interpersonal or intrapersonal reality of the supervisee, and (c) the *consultant* role—the supervisor acts as a resource, but one who encourages the supervisee to trust his/her own thoughts, insights, and feelings about the work with the client (Bernard, 1997).

EFT supervision adopts all three of the described roles. First, *teaching*, or more specifically, *training*, is an important part of EFT supervision as many skills need to be learned in an actual clinical situation. EFT supervision also emphasizes *congruence* between the supervisee's needs and the supervisor's responses. Congruence is attained when conditions such as theoretical orientation matching, task relevance, engagement, and goal agreement are met. These, in turn, depend on the supervisor's ability to trust that the supervisee knows the best direction in which the supervision should go, and to engage in a collaborative effort with the supervisee. For example, a beginner supervisee expresses a general sense of worry about an upcoming session; the supervisor follows this important lead and helps the supervisee deepen the experience, put it into words, and eventually understand its meaning in a new way—this is a congruent supervision event. On the other hand, an instance of incongruence would be found, for example, when a trainee has difficulties with case formulation and the supervisor assumes the expert role, by providing a diagnosis of the client

rather than facilitating and guiding the formulation process (e.g., helping the supervisee identify the client's core emotions and their schematic organization). In EFT, following and leading are both viewed as important—each at the right time.

The EFT supervisor, however, should not perceive him-/herself as an absolute expert, endowed with all possible answers. Therefore, the supervisor should not attempt to force knowledge or wisdom on the supervisee. Instead, the stance of the EFT supervisor revolves around the term *collaboration*, an attitude of interested engagement and equality with the supervisee (Elliott, Watson, et al., 2004). Thus, the supervisor might ask the supervisee what he/she thinks the client is feeling at particular moments rather than simply telling the supervisee what the supervisor thinks the client is feeling. In spite of this collaborative effort, the supervisor is still responsible for the supervisee and the client, and has some authority from experience and expertise.

In EFT supervision, a dialectic between the supervisor's role as an expert and a collaborative coconstructor must be developed and mastered. Moreover, the status of being a supervisor carries an intrinsic degree of power and high expectations as an expert. On the one hand, the supervisor possesses certain skills and experience; on the other hand, he/she has the power to decide, at the evaluative level, the adequacy of the supervisee's performances and areas needing improvement. Mastering the dialectic between the supervisor's expertise and coconstruction can be translated to his/her ability to convey knowledge from the expert position, while refraining from shaming or imposing values or solutions on the supervisee. The EFT supervisor should also be genuinely interested in finding what each supervisee needs from supervision, together with what the supervisee finds helpful or hindering in the process of learning. Accordingly, aside from coconstructing the goals of supervision, developing a way to achieve those goals, and controlling the balance of power, the EFT supervisor must be willing to openly admit to errors and misunderstandings, and assume their own responsibility for the possible difficulties encountered during supervision. For example, a supervisor might say, "I guess what I said a moment ago isn't right; I see now what you were saying about what the client is feeling."



In short, when it comes to the EFT supervisor's role as a teacher, instead of assuming the role of expert, he/she strives to cultivate a mutual, collaborative relationship by entering a joint process of exploration and by facilitating personal growth and development in the supervisee. Supervision, in line with EFT theory, involves following and leading. Because EFT has a highly developed set of specific skills for specific types of in-session problem markers, EFT supervision involves a lot of leading in the form of teaching and corrective feedback. However, this is always done in the context of keeping the supervisee's relational safety in mind. Dr. Greenberg has often been told by supervisees that until now they had never received critical feedback without feeling criticized, and that they really benefited because it helped them learn. So some of the art of supervision is giving corrective feedback in a manner that is felt as support rather than criticism. This is greatly helped by the supervisor being an explorer, modeling the value of being on the edge of experience, and of not knowing but being curious and making suggestions that are looking for good ways to facilitate rather than being an all knowing expert.

The EFT supervisor also has a role as counselor. If the supervisee brings up personal blocks or problems in his/her personal life that potentially affect his/her ability as a therapist, the supervisor will, within limits, offer supportive counseling. This involves being empathic and offering some process guiding to help crystallize the supervisee's feelings and clarify the problem. This, however, should be done in a single session and then, if the supervisee wishes, the supervisor can provide a referral for a therapist. Any counseling offered will be more event based than ongoing. For example, if a supervisee feels anxious or hopeless about learning to be a good therapist, the supervisor would empathize with this painful feeling and ask the supervisee if he/she would like to explore it further. If the answer is affirmative, only then should the supervisor engage in an exploration of the supervisee's self-critical processes. This would be ideally done only once, and with concern and sensitivity for going no further than the supervisee is comfortable and no further than the relationship can sustain.

In addition to engaging in training and personal exploration, the supervisor is also a consultant who serves as a facilitator of the supervisee's development, encouraging the supervisee to trust his/her own feelings and

ideas about working with clients. The supervisor, building on the recognition of the strengths and talents of the supervisee, encourages self-efficacy. In so doing, the supervisor adopts a collaborative attitude as opposed to that of being an expert. Engagement and equality are viewed as important, and the supervisor balances modeling with encouraging the supervisee to trust him- or herself. At times, the supervisor acts as a process facilitator of the supervisee's own in-session experience of the client. Modeling of the skills being taught to convey emotion-focused attitude (showing respect, empathy, genuineness, collaborative problem-solving) is also important and can be done through this work on the supervisee's own experience. As a consultant the supervisor is also a resource, providing knowledge and information when necessary.

### **Supervisor's Modes of Participation**

The EFT supervisor participates in and contributes to the development and growth of the supervisee by engaging in certain operations and methods. The supervisee is seen as an agent in a process of change, as a person endowed with the innate ability to grow at his/her own tempo. In line with this, he/she must be given the three Rogerian conditions of empathic understanding, congruence, and unconditional positive regard (Rogers, 1980) during supervision to change and grow. The supervisor engages in such actions as empathic exploration, experiential learning, dialogue, modeling, role-play, and process guiding. The supervisor gently brings into discussion possibly unacknowledged issues or acknowledges problems raised by the supervisee and validates the supervisee's experience. The supervisor invites the supervisee to openly share his/her views, underlying the reciprocal involvement in the problem, empathically reflects on its meaning, and engages in empathic exploration of the problem. The supervisor engages in exploration of each person's perception of the difficulty and develops a shared understanding of the difficulty.

The supervisor listens for conceptual difficulties and helps the supervisee remember theoretical and research-based background information. In relation to interventions, the supervisor provides anecdotal examples or reviews videotapes of good or bad interventions with the supervisee.

As they listen to excerpts of a session, the supervisor provides feedback and examples of different interventions that could have been used. The supervisee is asked to provide specific examples of their difficulties with specific therapeutic tasks. The supervisee may be asked to do homework to fill in knowledge gaps. The supervisor and the supervisee listen to session segments and pause whenever they find points requiring feedback. The supervisor works with a notion of “could do’s” rather than right or wrong, indicating that there are many things that could be done at a given point and offering possibilities rather than promoting the “right thing.” Both parties engage in a moment-by-moment exploration of supervisee’s performance and difficulties with a specific task, a step in a task, or a blending of the two. The supervisor deepens the supervisee’s experience when there are possible therapeutic blocks. The supervisee is also asked to think about different intervention alternatives or to practice helpful therapeutic responses. The supervisor thus uses different methods to help the supervisee perform responses and interventions.

## PERSONAL DEVELOPMENT AS SUPERVISORS

In this section, we discuss the authors’ experience of becoming supervisors.

### **Dr. Leslie S. Greenberg**

I have been supervising for 40 years. I began receiving psychotherapy supervision as a client-centered therapist, and this experience provided me with my main model of supervision. My supervisor, Laura Rice, a student of Rogers, provided supervision from a client-centered framework but with a twist in that she was highly focused on promoting the client’s information processing, seeing particular interventions as enhancing the client’s moment-by-moment processing of information. This supervision process led to my current focus on moment-by-moment processing events and tasks.

I never took any courses on supervision or received any training in supervision. I did, early on, have some supervision other than my client-centered supervision from Laura Rice—one experience from a supervisor

who took a social learning perspective and one from a supervisor who took a more psychodynamic perspective. I also had some other experientially oriented supervision but my main supervision was from Laura Rice. At the same time, I was simultaneously engaged in training in Gestalt therapy, where I received live feedback while working with other members of the group in client–therapist dyads and in the larger group, which this was another form of modeling of supervision. From my early experience, I found supervision of tapes and live supervision the most meaningful, and this set my framework for what supervision should be and what I wanted to provide. Right from the start I was imbued with a very strong process orientation and I did not find case discussions particularly helpful. I also became highly skeptical about interpretive formulations and preferred looking at real in-session interactions.

I started doing therapy supervision as a professor in a counseling program in which students were trained in Rogerian core conditions. They were trained essentially using the Carkhuff (1969) model emphasizing the Rogerian core conditions supplemented by the notion of additive empathy and other factors like immediacy and confrontation. As I developed as a therapist and supervisor, I saw acceptance of the other as crucial, and that acceptance needed to come from a genuinely empathic person. At the time, there was a controversy in training between Rogers’s view of seeing training as “attitude training” (an approach that involved more experientially based personal growth to promote an empathic way of being; Rogers, 1980) versus learning empathy as “skill training” (a behavioral approach that involved explicit skill training; Carkhuff, 1969). Believing in the importance of developing an empathic attitude as a therapeutic way of being, as well as developing skills, especially the skills of empathy, I integrated these two approaches. This involved personal growth by helping supervisees experience empathy in dealing with some of their own subjective experience by providing empathy doing experiential work in supervision. In other words, the empathic process helped supervisees deal with their own feelings of anxiety, inadequacy, and fear of their own emotions, and in discovering their own blocks and biases. I also supervised supervisees in the development and application of skills of empathy and highlighted empathy’s role as not only providing

understanding but also as assisting information processing and emotional processing. My Gestalt training and orientation also led me to add a focus on promoting here-and-now awareness in the client. Carkhuff's (1969) notion of high immediacy covered this focus on the here-and-now, as well as providing an initial framework for ways of approaching relational issues with the client, by metacommunication. However, I didn't believe that confrontation was useful, especially negative confrontation of discrepancies.

I saw supervision as needing to provide the supervisees with a space to express and process their own feelings about the client and to better understand them. So, supervision combined stopping tapes and making suggestions at the skill level and dealing with supervisees' anxieties and blocks, in an experiential fashion. In addition to exploring these empathically, I would use two-chair dialogues with supervisees role playing their clients to help the supervisees get more in touch with what might be going on with clients and with me role playing the therapist to model what the supervisee might do as therapist.

Initially, my skill-based supervision was focused mainly on promoting the development of skills of empathic exploration and how to facilitate the deepening of experience. While I was developing as a supervisor, I was involved in a lot of research on the process of change, and this influenced me as a supervisor because as I came to see what processes seemed to promote change. I then began to feed this into supervision. Over time, my supervision became more technically oriented, and I did more teaching of different types of intervention skills during supervision.

In general, I would say my supervision method evolved along with my development of the theory and practice of EFT. As I came to articulate the role of emotion in change, I focused more on facilitating supervisees' skills of discriminating different emotional processes and accessing emotions. I would help supervisees learn these interventions as we articulated more markers and tasks during supervision. As I did more supervision, I came to see that in addition to focusing on markers, tasks, and microskills, I was helping supervisees form a case formulation on the bases of client themes and core emotions. This development was also facilitated by process research being done by my students and me. As we developed an

explicit model of case formulation, my supervision began to include more conceptualization of client's core schemes and themes, in addition to identification of markers and tasks and the development of empathic skills and microskills. As the technical side of supervision increased, my supervision began to focus less on supervisees' own issues or blocks, and I would refer supervisees to therapy for more general self-exploration. I saw that personal work was more necessary to become a truly skilled emotion-focused therapist, as supervisees needed to have resolved their own issues and dealt with their own vulnerabilities to be able to deal with these in others. I saw personal work as important not so much because their personal issues caused countertransferential interpersonal patterns but because working with one's own emotional processes increased one's ability to work with other emotions (e.g., one needs to work to resolve one's own self-criticism, loss, shame, anger to be able to help others do the same).

In supervision, I give more process and intervention suggestions and teach supervisees to see markers and engage in tasks. I also provide explanations of how change might occur, tying theory to practice but always in the context of listening to a segment of process on tape. I thus spend less time in supervision following and more time guiding, which some supervisees experience as threatening or critical. However, most of the time, I have received comments that my critical feedback was constructive rather than critical. I think an overall relational frame of acceptance and validation needs to be established to provide this type of more directive supervision. I also self-disclose about my own personal experience and my experience with clients, as well as recommend real-world resources and possible referrals, which adds to a feeling of the two of us, supervisor and supervisee, working together to help the supervisee become a better therapist.

### **Dr. Liliana Ramona Tomescu**

My path to developing a special interest in the issue of supervision started with simply being a pupil myself in Romania, a formerly communist country. As a young child growing in an environment dominated by planned brain-washing, poverty, enforced conformism, and a pervasive fear of expression,

moving to North America helped me to understand and appreciate the true value of freedom, individuation, and growth resulting from nonimposing, collaborative, and genuinely thought-provoking experiences with educators and supervisors.

At a personal level, I also remember feeling dumbfounded the moment my mother, a teacher herself, asked me with genuine confusion, “I’m told you’re great in some classes and almost absent in others. I wonder how that’s possible?!” That got me thinking: What makes the difference? And so I noticed that the classes and subjects I loved most were the ones where my professors made me feel engaged, stimulated, and acknowledged—and I became best at those subjects. For the rest, I simply wanted to run away as far as I could and never have anything to do with them—thus, I was daydreaming of escape (if I had not actually succeeded in skipping the class).

By the time the communist era ended and I had begun my undergraduate studies in Romania, I started to experience supervision firsthand, this time as something more than just teaching. But what was “it”? The answer began with observation and wonder: Not only had I had such different internal experiences of different supervisors, but I wondered about *what* it was that they were doing differently, and most important, *how* were they imparting their knowledge and skills in a way that made me feel like I was truly evolving, growing professionally, and marching in the right direction.

In graduate school, the courses on supervision and developing professional competency gave me my first formal look into the theoretical issues of what supervision is or is not, the goals of supervision, research on the ways to achieve these goals through supervision, et cetera. However, knowledge about supervision was then supplemented by the experiential learning of being a supervisee once again. Dr. Greenberg was my first and “ultimate” supervisor: He pushed this curiosity further by asking aloud, “But what is it that’s happening right here and now? What was it that just happened?” Then, talking with friends and peers about what we thought and learned was another venue in the process of understanding supervision. The interesting remarks made by some, and then some clear personality differences in the way things were reflected on or evaluated, added to my understanding that supervision was ultimately

an interpersonal space designed for growth: for supervisees, for supervisors, and for clients.

Finally, it was the test of reality that made the difference. The clients, through their progress and sometimes direct comments on the therapeutic process, made the final evaluation of what was great supervision: inspired and inspiring mentorship in the art of listening and conveying that which was so hard to capture with words only. With this account, it follows naturally that what I am today is at least partly a reflection of personal history, cultural background and social context, scholarly experiences, and the type of mentors I had. However, things are not entirely so. Supervision is not only about great mentors but also about dedicated and tenacious pupils, who often have to face an entire range of emotions as if reliving their entire relational and social history. That takes guts! Accepting discomfort while pushing the limits of your knowledge and skills is frustrating and takes determination. Being aware of the power differential and the potentially destructive consequences of misattunement, while learning to balance standing up for yourself with recognizing great supervisory interventions and complying, takes sharpening one's people skills. For all these reasons, writing this book was an exercise in working collaboratively with my former supervisor, as well as acting as the voice of fellow supervisees.

## ROAD MAP FOR THIS BOOK'S CONTENTS

In this book, we lay out a task analytically derived events-based model of supervision and provide examples of the different tasks. Many chapters include direct transcripts from supervision sessions with real trainees,<sup>1</sup> including from Dr. Greenberg's companion DVD, *Emotion-Focused Therapy Supervision*, also available from APA Books (see <http://www.apa.org/pubs/videos/4310952.aspx>). Chapter 2 discusses the essential dimensions of the EFT model of supervision, namely, the supervision alliance, the

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<sup>1</sup> All case material has been altered to protect the confidentiality of all clients and supervisees.



supervisee's interpersonal skills, and technical skills. Chapter 3 focuses on the process of supervision, using several case examples. Chapter 4 looks at difficulties related to the alliance—between the supervisor and supervisee, on the one hand, and between the supervisee/therapist and clients, on the other. Chapter 5 focuses on supervision difficulties related to the technical aspects of therapy, and Chapter 6 focuses on research related to EFT supervision. The book ends with Chapter 7, a brief chapter on our suggestions for future directions.