

Contents

Series Preface	vii
<i>Tony Rousmaniere and Alexandre Vaz</i>	
Acknowledgments	xi

Part I Overview and Instructions 1

CHAPTER 1. Introduction to and Overview of Deliberate Practice and Emotion-Focused Therapy	3
CHAPTER 2. Instructions for the Emotion-Focused Therapy Deliberate Practice Exercises	19

Part II Deliberate Practice Exercises for Emotion-Focused Therapy Skills 23

Exercises for Beginner Emotion-Focused Therapy Skills

EXERCISE 1. Therapist Self-Awareness	25
EXERCISE 2. Empathic Understanding	33
EXERCISE 3. Empathic Affirmation and Validation	43
EXERCISE 4. Exploratory Questions	53

Exercises for Intermediate Emotion-Focused Therapy Skills

EXERCISE 5. Providing Treatment Rationale for Emotion-Focused Therapy	63
EXERCISE 6. Empathic Explorations	73
EXERCISE 7. Empathic Evocations	83
EXERCISE 8. Empathic Conjectures	93

Exercises for Advanced Emotion-Focused Therapy Skills

EXERCISE 9. Staying in Contact in the Face of Intense Affect	103
EXERCISE 10. Self-Disclosure	113
EXERCISE 11. Marker Recognition and Chair Work Task Setup	123
EXERCISE 12. Addressing Ruptures and Facilitating Repair	137

Comprehensive Exercises

EXERCISE 13. Annotated Emotion-Focused Therapy Practice Session
Transcript 149

EXERCISE 14. Mock Emotion-Focused Therapy Sessions 155

Part III Strategies for Enhancing the Deliberate Practice Exercises 163

CHAPTER 3. How to Get the Most Out of Deliberate Practice:
Additional Guidance for Trainers and Trainees 165

APPENDIX A. Difficulty Assessments and Adjustments 179

APPENDIX B. Distinguishing Between Empathic Responses 183

APPENDIX C. Sample Emotion-Focused Therapy Syllabus With Embedded Deliberate
Practice Exercises 187

References 197

Index 205

About the Authors 211

Series Preface

Tony Rousmaniere and Alexandre Vaz

We are pleased to introduce the Essentials of Deliberate Practice series of training books. We are developing this book series to address a specific need that we see in many psychology training programs. The issue can be illustrated by the training experiences of Mary, a hypothetical second-year graduate school trainee. Mary has learned a lot about mental health theory, research, and psychotherapy techniques. Mary is a dedicated student; she has read dozens of textbooks, written excellent papers about psychotherapy, and receives near-perfect scores on her course exams. However, when Mary sits with her clients at her practicum site, she often has trouble performing the therapy skills that she can write and talk about so clearly. Furthermore, Mary has noticed herself getting anxious when her clients express strong reactions, such as getting very emotional, hopeless, or skeptical about therapy. Sometimes this anxiety is strong enough to make Mary freeze at key moments, limiting her ability to help those clients.

During her weekly individual and group supervision, Mary's supervisor gives her advice informed by empirically supported therapies and common factor methods. The supervisor often supplements that advice by leading Mary through role-plays, recommending additional reading, or providing examples from her own work with clients. Mary, a dedicated supervisee who shares tapes of her sessions with her supervisor, is open about her challenges, carefully writes down her supervisor's advice, and reads the suggested readings. However, when Mary sits back down with her clients, she often finds that her new knowledge seems to have flown out of her head, and she is unable to enact her supervisor's advice. Mary finds this problem to be particularly acute with the clients who are emotionally evocative.

Mary's supervisor, who has received formal training in supervision, uses supervisory best practices, including the use of video to review supervisees' work. She would rate Mary's overall competence level as consistent with expectations for a trainee at Mary's developmental level. But even though Mary's overall progress is positive, she experiences some recurring problems in her work. This is true even though the supervisor is confident that she and Mary have identified the changes that Mary should make in her work.

The problem with which Mary and her supervisor are wrestling—the disconnect between her knowledge about psychotherapy and her ability to reliably perform psychotherapy—is the focus of this book series. We started this series because most therapists experience this disconnect, to one degree or another, whether they are beginning trainees or highly experienced clinicians. In truth, we are all Mary.

To address this problem, we are focusing this series on the use of deliberate practice, a method of training specifically designed for improving reliable performance of complex skills in challenging work environments (Miller et al., 2020; Rousmaniere, 2016, 2019; Rousmaniere et al., 2017). Deliberate practice entails experiential, repeated training with a particular skill until it becomes automatic. In the context of psychotherapy, this involves two trainees role-playing as a client and a therapist, switching roles every so often, under the guidance of a supervisor. The trainee playing the therapist reacts to client statements, ranging in difficulty from beginner to intermediate to advanced, with improvised responses that reflect fundamental therapeutic skills.

To create these books, we approached leading trainers and researchers of major therapy models with these simple instructions: Identify 10 to 12 essential skills for your therapy model where trainees often experience a disconnect between cognitive knowledge and performance ability—in other words, skills that trainees could write a good paper about but often have challenges performing, especially with challenging clients. We then collaborated with the authors to create deliberate practice exercises specifically designed to improve reliable performance of these skills and overall responsive treatment (Hatcher, 2015; Stiles et al., 1998; Stiles & Horvath, 2017). Finally, we rigorously tested these exercises with trainees and trainers at multiple sites around the world and refined them based on extensive feedback.

Each book in this series focuses on a specific therapy model, but readers will notice that most exercises in these books touch on common factor variables and facilitative interpersonal skills that researchers have identified as having the most impact on client outcome, such as empathy, verbal fluency, emotional expression, persuasiveness, and problem focus (e.g., Anderson et al., 2009; Norcross et al., 2019). Thus, the exercises in every book should help with a broad range of clients. Despite the specific theoretical model(s) from which therapists work, most therapists place a strong emphasis on the therapeutic relationship. We would like to remind readers of the research finding that the quality of the therapeutic working alliance is the variable most associated with successful treatment (e.g., Norcross et al., 2019). We also recognize that therapy models have already-established training programs with rich histories, so we present deliberate practice not as a replacement, but as an adaptable, transtheoretical training method that can be integrated into these existing programs to improve skill retention and help ensure basic competency.

About This Book

The first book in the series is on emotion-focused therapy (EFT), which is situated in the humanistic-experiential approach that emerges from a rich tradition of psychotherapy training and supervision (Greenberg & Goldman, 1988, 2019; Greenberg & Tomescu, 2017). EFT training combines the study of theory, the observation of expert practice, hands-on experiential learning, and process supervision. Experiential learning involves trainees taking the role of both client and therapist, while the “client” works on personal material. Trainees often find the experiential component to be particularly potent, as the therapeutic approach is experienced in a bottom-up, hands-on manner from the inside out. Process supervision involves trainees bringing their own recorded sessions into supervision, after having identified concepts or skills with which they want help. Supervisor and supervisee collaboratively choose key moments to stop the recording and inquire as to the supervisee's perception of the client's affect and meaning and to allow the supervisee to reflect on ideal, retrospective responses.

Deliberate practice is intended as an additional piece designed to enhance this rich training tradition. Practice of the skills set forth in this book can allow trainees to have the skills at their fingertips. Ideally, deliberate practice can help therapists integrate the core skills into their repertoire, allowing them access to needed skills in an automatic fashion in response to the client context. The skills set forth in this book are basic; they are not intended to be wholistic or comprehensive. Deliberate practice is not intended to be the only delivery format through which EFT skills are acquired. The response types presented in this book will supplement the important perceptual skills (Greenberg & Goldman, 1988) that strong EFT therapists must also learn to offer moment-by-moment, accurate, and empathic reflections or empathic conjectures that emotionally deepen client experience on the path toward emotional transformation. Enjoy your learning, enjoy the process!

Thank you for including us in your journey toward psychotherapy expertise. Now let's get to practice!

PART

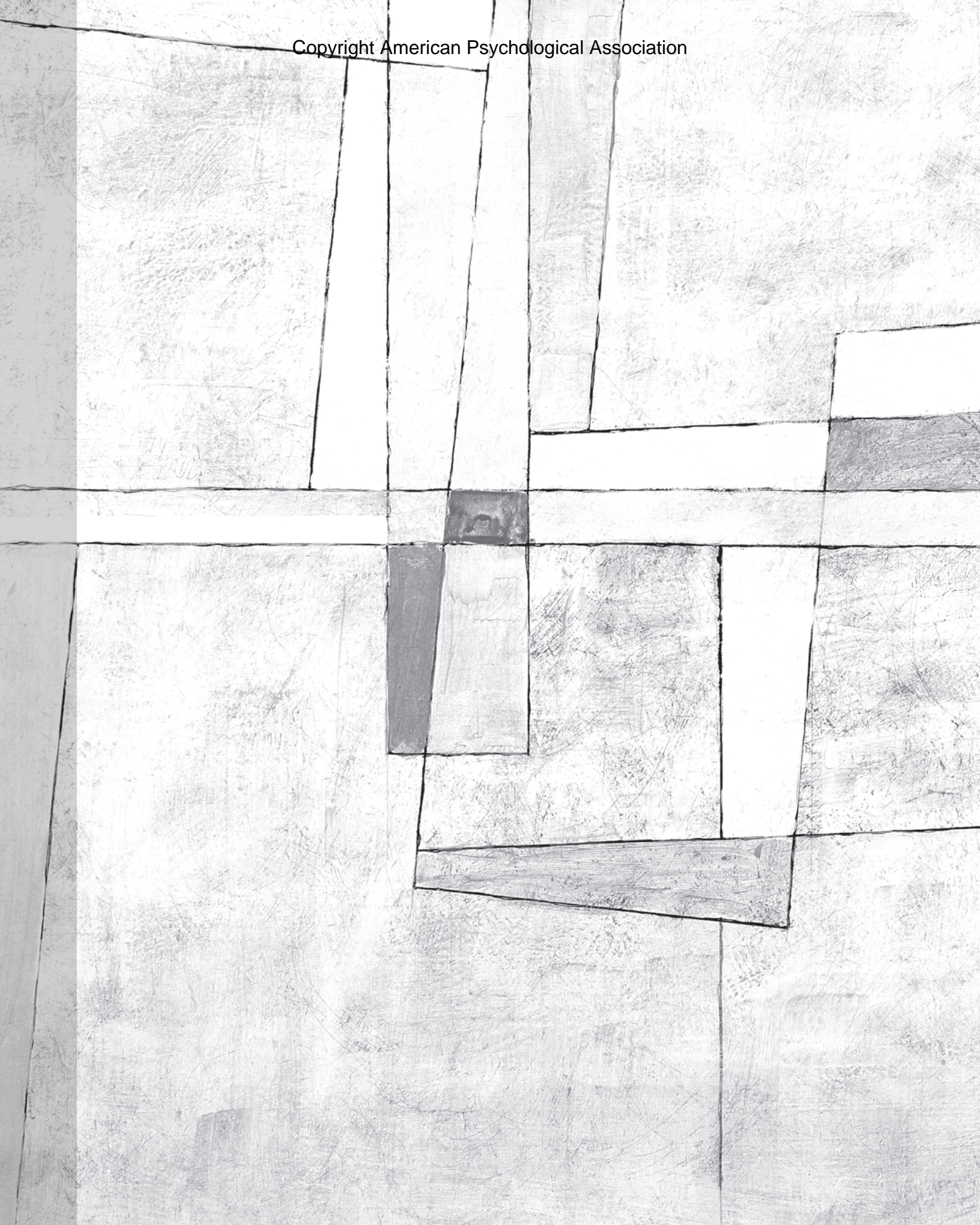
I

Overview and Instructions

In Part I, we provide an overview of deliberate practice, including how it can be integrated into clinical training programs for emotion-focused therapy (EFT), and instructions for performing the deliberate practice exercises in Part II. **We encourage both trainers and trainees to read both Chapters 1 and 2 before performing the deliberate practice exercises for the first time.**

Chapter 1 provides a foundation for the rest of the book by introducing important concepts related to deliberate practice and its role in psychotherapy training more broadly and EFT training more specifically. We also review the different types of EFT skills—relational and alliance-building skills and technical, process-diagnostic skills—that are covered by the deliberate practice exercises in Part II.

Chapter 2 lays out the basic, most essential instructions for performing the EFT deliberate practice exercises in Part II. They are designed to be quick and simple and provide you with just enough information to get started without being overwhelmed by too much information. Chapter 3 in Part III provides more in-depth guidance, which we encourage you to read once you are comfortable with the basic instructions in Chapter 2.



Introduction to and Overview of Deliberate Practice and Emotion-Focused Therapy

CHAPTER

1

As a young graduate student, I (RG) had the incredible privilege of being mentored by Leslie Greenberg and Laura North Rice. Les was a student of Laura, and Laura was a student of Carl Rogers. I was lucky to be trained and supervised by both of them at York University. While I learned so much about how to be a therapist from Les, I learned a great deal about empathic responding from Laura. It was through this lineage that I participated in the tradition of *process supervision*, a process that turned out to be seminal to my learning emotion-focused therapy (EFT). Process supervision involves listening closely to recordings of therapy sessions as the process unfolds, choosing key moments to stop and reflect on ideal responses.

I have very distinct memories of playing my taped psychotherapy sessions for Laura Rice in particular. As we sat listening, Laura would turn off the tape recorder (at what, to me, seemed like a random point) and rather pointedly ask me what I thought the client was feeling or meaning in that particular moment. I completely froze, shutting down with anxiety. I knew there was an answer she was looking for, and I knew I didn't have it. After a number of excruciatingly long seconds that felt like hours, she would tell me. Then she would ask me what might have been a better empathic response than whatever I had offered the client. I knew she was hoping I would supply an accurate empathic reflection, but, still frozen, I was at a complete loss. Somehow I survived the whole ordeal, and so did my clients. I eventually learned to be a strong EFT therapist. Over time, I was able to calm down and "hear" client core feelings and meanings. I also became quite skilled at crafting accurate empathic responses, and eventually at EFT.

As incredibly valuable as I found those supervision sessions, my training could have benefitted from the addition of deliberate practice. Had I practiced the variety of empathic responses covered in this book, I believe that, going into therapy and supervision sessions, I would have been able to calm down and pull them out of my repertoire as needed.

This book is designed to facilitate the acquisition of the basic skills of EFT. Deliberate practice is a methodology used by professionals from across many fields that is being applied in psychotherapy training. EFT, grounded in the humanistic-experiential field,

is situated within a rich tradition of psychotherapy training, with a strong emphasis on experiential learning. Deliberate practice is an innovative way to enhance the experiential training process. Through continual practice, these fundamental EFT skills eventually become natural. Theoretically, this will provide the trainee the opportunity to draw upon the skill automatically when presented with an appropriate moment in a real therapy session.

Overview of the Deliberate Practice Exercises

The main focus of the book is a series of 14 exercises that have been thoroughly tested and modified on the basis of feedback from EFT trainers and trainees. Each of the first 12 exercises represents an essential EFT skill. The last two exercises are more comprehensive, consisting of an annotated EFT transcript and improvised mock therapy sessions that teach practitioners how to integrate all these skills into more expansive clinical scenarios. Table 1.1 presents the 12 skills that are covered in these exercises.

Throughout the exercises, trainees work in pairs under the guidance of a supervisor and role-play as a client and a therapist, switching back and forth between the two roles. The 12 skill-focused exercises consist of multiple client statements grouped by difficulty (beginner, intermediate, and advanced) that each call for a specific EFT skill. Trainees are asked to read through and absorb the description of each skill, its criteria, and some examples of it. The trainee playing the client then reads the statements, which present possible problems and emotional states, or client markers. The trainee playing the therapist then responds in a way that demonstrates the appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the supervisor. Guided by the supervisor, the trainees will be instructed to try statement–response couplets several times, working their way down the list. In consultation with the supervisor, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The triad (supervisor–client–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment. Some exercises provide optional modifications so that trainees role-playing as clients can improvise based on personal experience rather than using scripted statement.

TABLE 1.1. The 12 Emotion-Focused Therapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Therapist self-awareness	5. Providing treatment rationale for emotion-focused therapy	9. Staying in contact in the face of intense affect
2. Empathic understanding	6. Empathic explorations	10. Self-disclosure
3. Empathic affirmation and validation	7. Empathic evocations	11. Marker recognition and chair work task setup
4. Exploratory questions	8. Empathic conjectures	12. Addressing ruptures and facilitating repair

Trainees, in consultation with supervisors, can decide which skills they wish to work on and for how long. Based on our testing experience, we have found practice sessions should last about 1 to 1.25 hours to receive maximum benefit. After this, trainees become saturated and need a break.

Ideally, EFT learners will both gain confidence and achieve competence through practicing these exercises. *Competence* is defined here as the ability to perform an EFT skill in a manner that is flexible and responsive to the client. We have chosen skills that are considered essential to EFT and that practitioners often find challenging to implement.

The skills identified in this book are not comprehensive in the sense of representing all one needs to learn to become a competent EFT clinician. Some present particular challenges for trainees. A short history of EFT and a brief description of the deliberate practice methodology are provided to explain how we have arrived at the union between them.

Goals of This Book

The primary goal of this book is to help trainees achieve competence in core EFT skills. Therefore, the expression of that skill or competency may look somewhat different across clients or even within session with the same client.

The EFT deliberate practice exercises are designed to achieve the following:

1. Help EFT therapists develop the ability to apply the skills in a range of clinical situations.
2. Move the skills into procedural memory (Squire, 2004), so that EFT therapists can access them even when they are tired, stressed, overwhelmed, or discouraged.
3. Provide EFT therapists-in-training with an opportunity to exercise the particular skill using a style and language that is congruent with who they are.
4. Provide the opportunity to use the EFT skills in response to varying client statements and affect. This is designed to build confidence to adopt skills in a broad range of circumstances within different client contexts.
5. Provide EFT therapists-in-training with many opportunities to fail and then correct their failed response on the basis of feedback. This helps build confidence and persistence.

Finally, this book aims to help trainees discover their own personal learning style so that they can continue their professional development long after their formal training is concluded.

Who Can Benefit From This Book?

This book is designed to be used in multiple contexts, including graduate-level courses, supervision, postgraduate training, and continuing education programs. It assumes that

1. The trainer is knowledgeable about and competent in EFT.
2. The trainer is able to provide good demonstrations of how to use EFT skills across a range of therapeutic situations, via role-play or video, or that the trainer has access to

examples of EFT being demonstrated through the many psychotherapy video examples available (see Elliott, 2018; Geller, 2015; Goldman, 2013, 2018; Greenberg, 2005, 2007; Paivio, 2014; Timulak, 2019; Watson, 2013).

3. The trainer is able to provide feedback to students regarding how to craft and improve their application of EFT skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of EFT and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

The exercises covered in this book were piloted at 16 training sites across three continents (North America, Europe, and Asia). Some training sites chose to translate the exercises into their native language to adapt them for use with their trainees. This book is designed for trainers and trainees from different cultural backgrounds worldwide.

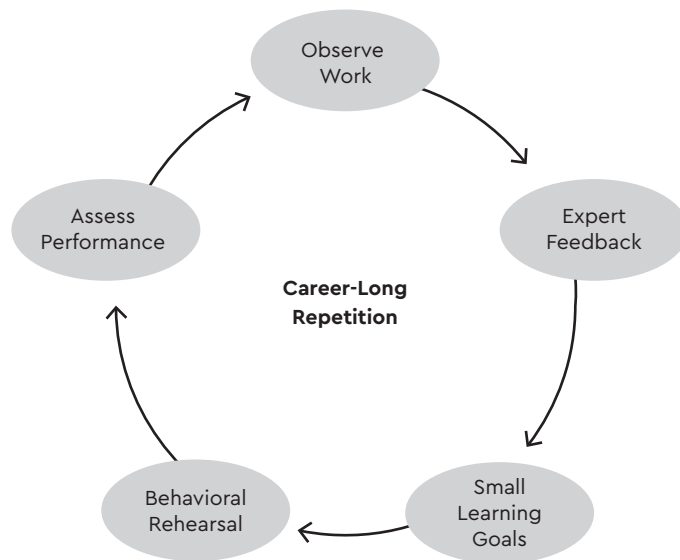
This book is also designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists. All exercises provide guidance for assessing and adjusting the difficulty to precisely target the needs of each individual learner. The term *trainee* in this book is used broadly, referring to anyone in the field of professional mental health who is endeavoring to acquire EFT psychotherapy skills.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable, and what is simply beyond our reach due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. A mixture of awe, admiration, and even confusion surround people such as Mozart, Leonardo da Vinci, or more contemporary top performers such as basketball legend Michael Jordan and chess virtuoso Garry Kasparov. What accounts for their consistently superior professional results? Evidence suggests that the amount of or time spent on a particular type of training is a key factor in developing expertise in virtually all domains. *Deliberate practice* is an evidence-based method that can improve performance in an effective and reliable manner.

The concept of deliberate practice has its origins in a classic study by K. Anders Ericsson and colleagues (Ericsson et al., 1993). They found that the amount of time practicing a skill and the quality of the time spent doing so were key factors predicting mastery and acquisition. They identified five key activities in learning and mastering skills: (a) observing one's own work, (b) getting expert feedback, (c) setting small incremental learning goals just beyond the performer's ability, (d) engaging in repetitive behavioral rehearsal of specific skills, and (e) continuously assessing performance. Ericsson and his colleagues termed this process deliberate practice, a cyclical process that is illustrated in Figure 1.1.

Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known "10,000-hour rule" popularized by Malcolm Gladwell in his 2008 book, *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool,

FIGURE 1.1. Cycle of Deliberate Practice

2016). This, however, perpetuated two misunderstandings. The first is that this is the number of deliberate practice hours that everyone needs to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

The second misunderstanding is that engagement in 10,000 hours of *work performance* will lead one to become an expert in that domain. This misunderstanding holds considerable significance for the field of psychotherapy, where hours of work experience with clients has traditionally been used as a measure of proficiency (Rousmaniere, 2016). But, in fact, we know (Goldberg, Rousmaniere, et al., 2016) that amount of experience alone does not predict therapist effectiveness. It may be that the *quality* of deliberate practice is a key factor.

Psychotherapy scholars, recognizing the value of deliberate practice in other fields, have recently called for deliberate practice to be incorporated into training for mental health professionals (e.g., Bailey & Ogles, 2019; Hill et al., 2020; Rousmaniere et al., 2017; Taylor & Neimeyer, 2017; Tracey et al., 2015). There are, however, good reasons to question analogies made between psychotherapy and other professional fields, such as sports or music, because by comparison, psychotherapy is so complex and free form. Sports have clearly defined goals, and classical music follows a written score. In contrast, the goals of psychotherapy shift with the unique presentation of each client at each session. Therapists do not have the luxury of following a score.

Instead, good psychotherapy is more like improvisational jazz (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are coconstructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) listed 18 skill areas that students must master, each of which has multiple discrete skills, including

tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. As legendary jazz musician Miles Davis put it, "You have to play a long time to be able to play like yourself" (Cook, 2005).

The main idea that we would like to stress here is that we want deliberate practice to help EFT therapists become themselves. The key is to learn the skills so that you have them on hand when you want them. Practice the skills to make them your own. Incorporate those aspects that feel right for you. Ongoing and effortful deliberate practice should not be an impediment to flexibility and creativity. Ideally, it should enhance it. We recognize and celebrate that psychotherapy is an ever-shifting encounter and by no means want it to become or feel formulaic. Strong EFT therapists mix an eloquent integration of previously acquired skills with properly attuned flexibility. The core EFT responses provided are meant as templates or possibilities, rather than "answers." Please interpret and apply them as you see fit in a way that makes sense to you. We encourage flexible and improvisational play!

Simulation-Based Mastery Learning

Deliberate practice uses simulation-based mastery learning (Ericsson, 2004; McGaghie et al., 2014). That is, the stimulus material for training consists of "contrived social situations that mimic problems, events, or conditions that arise in professional encounters" (McGaghie et al., 2014, p. 375). A key component of this approach is that the stimuli being used in training are sufficiently similar to the real-world experiences, so that they mimic that they provoke similar reactions. This facilitates *state-dependent learning*, where professionals acquire skills in the same psychological environment where they will have to perform the skills (Fisher & Craik, 1977; Smith, 1979). For example, pilots train with flight simulators that present mechanical failures and dangerous weather conditions, and surgeons practice with surgical simulators that present medical complications. Training in simulations with challenging stimuli increases professionals' capacity to perform effectively under stress. For the psychotherapy training exercises in this book, the "simulators" are typical client statements that might actually be presented in the course of therapy sessions and call upon the use of the particular skill.

Declarative Versus Procedural Knowledge

Declarative knowledge is what a person can understand, write, or speak about. It often refers to factual information that can be consciously recalled through memory and often acquired relatively quickly. In contrast, procedural learning is implicit in memory and "usually requires *repetition of an activity*, and associated learning is demonstrated through *improved task performance*" (Kozioł & Budding, 2012, pp. 2694, emphasis added). *Procedural knowledge* is what a person can perform, especially under stress (Squire, 2004). There can be a wide difference between their declarative and procedural knowledge. For example, an "armchair quarterback" is a person who understands and talks about athletics well but would have trouble performing it at a professional ability. Likewise, most dance, music, or theater critics have a very high ability to write about their subjects but would be flummoxed if asked to perform them.

In EFT training, the gap between declarative and procedural knowledge appears when a trainee or therapist can recognize and perhaps even deeply appreciate, for example, a highly attuned empathic exploratory response that lands adeptly on the edge of the client's experience, pushing the client forward every so subtly, but has

trouble providing empathic explorations with real clients in a given moment. *The sweet spot for deliberate practice is the gap between declarative and procedural knowledge.* In other words, effortful practice should target those skills that the trainee could write a good paper about but would have trouble actually performing with a real client. We start with declarative knowledge, learning skills theoretically and observing others perform them. Once learned, with the help of deliberate practice, we work toward the development of procedural learning, with the aim of therapists having "automatic" access to each of the skills that they can pull on when necessary.

Let us turn to a little theoretical background on EFT to help contextualize the skills of the book and how they fit into the greater training model.

Emotion-Focused Therapy

EFT is a neo-humanistic, experiential treatment approach that is empirically supported and research-informed (Elliott et al., 2004; Goldman & Greenberg, 2015; Goldman et al., 2006; Greenberg, 2015; Greenberg & Goldman, 2019; Watson et al., 2007). EFT is founded on an integration of client-centered relational principles, gestalt therapy methods, contemporary emotion theory, and affective neuroscience. The approach started in the 1980s as an in-depth exploration of psychotherapy change processes (Rice & Greenberg, 1984) and continued to evolve into its current form as a comprehensive theory of psychological functioning and clinical practice (Greenberg et al., 1993; Greenberg & Goldman, 2019).

EFT has developed from research. EFT treatments have been shown to be effective in multiple randomized clinical trials (for a review, see Timulak et al., 2019). In addition, extensive process-outcome, qualitative, case study, and outcome research has been conducted (Angus et al., 2015; Elliott et al., 2013; Ellison et al., 2009; Goldman et al., 2006; Timulak et al., 2019). EFT has been shown effective in treating a variety of clinical conditions, including depression (Goldman et al., 2006), generalized anxiety (Timulak & McElvaney, 2009; Watson & Greenberg, 2017), social anxiety (Elliott, 2013), complex trauma (Paivio & Pascual-Leone, 2010), and couples therapy (Woldarsky Meneses & McKinnon, 2019). It has more recently been applied with and shown positive effects in the treatment of eating disorders (Dolhanty & LaFrance, 2019).

EFT places considerable importance on facilitating clients to identify, experience, and accept emotions. A major focus of therapy sessions is accessing, processing, and transforming negative problematic emotions that are seen as contributing to symptoms and problems presented in therapy. EFT skills are thus designed to aid in the exploration, deepening, regulation, and transformation of emotion.

The focus of this book is EFT skills; however, it is important that therapists keep in mind the overarching aim of treatment. A major goal of change in EFT is to understand, explore, and ultimately shift underlying core emotion schemes. Emotion schemes are implicit structures at the core of self-organization that are seen as organizing identity, consciousness, and action. They develop throughout the lifetime and represent a complex and highly personal synthesis of emotion memory structures that govern affective, motivational, cognitive, and behavioral elements (Angus & Greenberg, 2011; Greenberg & Paivio, 1997; Greenberg et al., 1993). These schematic organizations usually exist outside of awareness and can be rapidly activated by relevant cues. Although emotion schemes usually organize the emotional system in an adaptive and flexible

manner, they may also be maladaptive and form the basis of psychological disturbance. Emotion schemes that underlie and drive presenting difficulties and symptoms thus become the focus of therapy. EFT skills, including those presented in this book's deliberate practice exercises, are thus used to unearth the multifaceted elements of emotion schemes—including implicit sensations, feelings, perceptions, and beliefs—so that they can be explored and reintegrated in a manner that feels more comfortable and in keeping with client goals.

EFT has developed three broad-based categories that describe different aspects of working with emotion in therapy to produce change. They include *emotion utilization*, which relates to increasing awareness, expression, and reflection upon emotion to use it productively; *emotion transformation*, which includes the two major processes of changing emotion with emotion or changing emotion through corrective emotional experience; and *emotion regulation*, which involves different processes of either soothing or more deliberately regulating emotion so that it can be used more effectively (Greenberg & Goldman, 2019). EFT skills are used in service of one of these three emotional change principles, and these principles inform the deliberate practice exercises in this book.

Important distinctions are made between primary, secondary, instrumental, and adaptive or maladaptive emotions (Goldman & Greenberg, 2015; Greenberg & Goldman, 2019; Greenberg & Paivio, 1997). It is important for therapists to be aware of these theoretical differentiations as they guide the use of the EFT skills. *Primary adaptive emotions* are those that help organize complex situational information and prepare the person for effective action. *Primary maladaptive emotions*, in contrast, are direct reactions to situations that interfere with effective functioning. In essence, these emotions involve learned responses, often stemming from previous traumatic experiences, that propel the person into ineffective or even harmful coping responses (e.g., the abused client who reacts with maladaptive fear in response to closeness and intimacy).

Secondary reactive emotions are responses to other, more primary emotions, or emotional reactions to thought processes. Secondary emotions usually obscure or defend the person from experiencing their more painful core emotions. For example, a client who feels ashamed of their primary adaptive sadness could be experiencing *secondary shame*; another client who feels primary fear might experience *secondary anger* instead. Finally, *instrumental emotions* are those expressed to influence or control others. These may be expressed deliberately or out of awareness. Regardless, their main aim is to invoke an external response. This is exemplified by the expression of "crocodile tears" to elicit the other's pity or support.

Therapists can use the EFT skills in this book to help clients access and allow primary emotions, transform maladaptive emotions, validate and bypass secondary emotions, or explore instrumental emotions to gain awareness of their aim. However, EFT therapists must develop further case formulation, process-diagnostic skills (Goldman & Greenberg, 2015) to discern when to guide clients toward adaptive primary emotions, when to work toward shifting maladaptive emotions, and when to help regulate overwhelming emotional experiences. This can be also be achieved with additional supervision (Greenberg & Tomescu, 2018).

It has been observed that clients often present secondary emotions before primary emotions in therapy sessions (Pascual-Leone & Greenberg, 2007, 2009; Pascual-Leone & Kramer, 2019)—for example, "I am so angry at her for rejecting me." Therapists can adopt the skills offered in this book to help clients move attention to primary emotions underneath such as hurt, pain, or shame. Productive therapy sessions (Greenberg et al.,

2007; Hermann & Auszra, 2019) will focus on primary emotions, helping clients allow and feel them if they are adaptive, or transform them if they are maladaptive by accessing and expressing new, sometimes previously disallowed adaptive emotions. It is thus important for therapists to develop perceptual capacities to be able to differentiate between different types of emotions and the operational skills to be able to help client's access, express, or transform emotions as necessary.

EFT has systematically developed an extensive array of clinical tasks (Elliott et al., 2004; Greenberg & Goldman, 2019). Tasks line up with the emotional change principles in that they facilitate awareness, expression, reflection upon, regulation, or transformation of emotion. Tasks are indicated by in-session markers that therapists learn to identify. While one of the EFT skills in this book (Exercise 11: Marker Recognition and Chair Work Task Setup) is designed to aid in marker recognition and the very initial stages of task facilitation, many of the conceptual skills necessary to complete tasks are beyond the scope of this book. For a fuller review of the many EFT tasks and the steps of change, please refer to Elliott et al. (2004).

The EFT skills in this book can be seen as the basic building blocks to be integrated into the therapist's repertoire and thus adopted for moment by moment use when needed. Trainees are further referred to Goldman and Greenberg's (2015) book on EFT case formulation to aid in the construction of higher order conceptual maps that guide when in session to respond with the particular micro-responses covered in this book, as well as markers and initiate tasks.

EFT Skills in Deliberate Practice

To form a solid, safe therapeutic relationship and facilitate meaningful emotional change, the EFT therapist must develop two broad categories of skill. First, relational and alliance-building skills are essential, core building blocks. Second, key technical, process-diagnostic skills aid in the recognition of markers and the facilitation of tasks.

Altogether, EFT happens on a moment-by-moment basis, in the context of a high degree of empathic attunement to affect. The attuned therapist employs different therapeutic stances and interventions in response to the client's presenting emotions and in-session markers. Relational and technical/process-diagnostic skills are interconnected and play a part in delivering effective EFT treatment. They represent a fundamental complementarity between *ways of being* and *ways of doing* that make this approach a rich, although challenging, model to practice and master.

Relational and Alliance Building Skills

Of the 12 skills identified in this book, 11 fall into the relational category. They are grounded in therapeutic presence and facilitated by empathic attunement. They are used throughout therapy, outside and within tasks. They describe how to start therapy, foster presence, tolerate intense affect, engage and validate clients, self-disclose, explore and deepen affect, deal with challenges, address ruptures, and facilitate repair. They are the essential bases of EFT.

The skills occur within the coconstruction of a safe, secure, collaborative therapeutic relationship, seen as key to facilitating emotional change and the creation of meaningful narratives (Angus & Greenberg, 2011; Greenberg & Goldman, 2019). The therapeutic relationship is characterized by empathy, genuineness, and unconditional positive regard (Rogers, 1951, 1957, 1981). The therapist is continuously empathically

attuned and emotionally present (Rogers, 1951; Geller, 2019; Watson, 2019), remaining grounded in their own experience and bodily felt sense (Gendlin, 1981). EFT therapists strive to convey a general stance of warmth, empathy, and acceptance for their clients. The attitudes are conveyed not just in words but also in nonverbal and paralinguistic cues, such as vocal quality and tone. Such attitudes themselves must be fostered and nurtured over time.

Two key aspects of the relationship are emphasized in EFT. First, moment-by-moment *empathic attunement to affect* is considered a necessity in setting up a trusting relationship, symbolizing and deepening emotion; the relationship itself can lead to the transformation of maladaptive to adaptive emotional processes (Greenberg & Goldman, 2019; Watson, 2019). Second, competent empathic attunement hinges on a strong *therapeutic presence* (Geller, 2019, 2017; Geller & Greenberg, 2012), an intrapersonal quality of the therapist, a *way of being* that influences the *doing* of therapy. The therapist's presence has been linked to neurophysiological mechanisms that support feelings of safety, connectedness, and growth promotion (Geller & Porges, 2014). Overall, both empathic attunement to affect and therapeutic presence require the EFT therapist's more explicit use of self. The therapist must develop the capacity to be aware of, tolerate, and make sense of one's own issues, reactions, and other internal processes.

These key therapeutic attitudes comprise more than a set of skills; that is, the skills are not intended to be stand-ins or to substitute for the development of the therapeutic attitudes. In addition to training in the therapeutic attitudes, therapists must develop the key perceptual skills necessary to apply the core skills with clients at the appropriate moment. Learning and practicing these skills will increase the likelihood that therapists will have them at their fingertips and be able to engage them when it is most optimal in the therapy hour. Therapists should seek further supervision, however, to guide them in when and how to engage these skills in a therapeutic context, with actual clients.

The relational skills can also be categorized as either intrapersonal or interpersonal. *Interpersonal* skills focus on understanding, attuning, and validating clients, whereas *intrapersonal* focus on the therapists' ability to be aware of, symbolize, and express (if desirable) their own inner experience. Examples include self-reflection, symbolization of emotional experience, mindfulness, and therapeutic presence. Interpersonal skills require intrapersonal skills.

A variety of experiences that clients present may strongly affect the internal experience of the therapist and thus require them to draw upon intrapersonal skills. For example, a therapist may experience discomfort when clients are angry or suicidal or they describe trauma. This can cause the therapist to detach, change the subject, or even argue with clients. Therapists' tendency to move away from their own difficult internal experience has been identified as a major barrier to success across a wide range of therapy models, including EFT (e.g., Bennett-Levy, 2019; Eubanks-Carter et al., 2015; Geller & Greenberg, 2012; Hayes et al., 2004; Hembree et al., 2003).

There are two intrapersonal skill exercises in the book. The first is Exercise 1: Therapist Self-Awareness; the other is Exercise 9: Staying in Contact in the Face of Intense Affect. Both are designed to develop self-awareness and work with the tendency to move away from or react to difficult experience, which in turn interferes with the therapist's presence and attunement to the client, one of their most important capacities. Common responses and styles of distraction are listed at the bottom of the reaction form presented in Appendix A. When reactions are too strong, they can impede the

therapist's ability to be present and available, and they can therefore limit the therapist's ability to help clients. Exercises are meant to increase therapist's presence (Geller & Greenberg, 2012) and what Rousmaniere (2019) termed their *psychological capacity threshold*—that is, their capacity to become aware of moments when they may be moving away from, or unhelpfully reacting to, their own internal experience—so they can stay attuned and helpful with a broader range of clients.

Technical and Process-Diagnostic Skills

The facilitation of tasks is a core aspect of therapy. Chair tasks, in particular, are a fundamental component of EFT. They help to access core emotion and deepen it fairly quickly. Engagement in tasks will often facilitate major emotional shifts. Approximately 35% of EFT sessions involve facilitation of and participation in tasks (Greenberg & Goldman, 2019). Beyond marker recognition and chair task setup, many of the technical skills necessary for the facilitation and completion of EFT tasks are not covered in these pages. They are complex skills that are beyond the scope of this book.

The one skill that falls into the technical category is described by Exercise 11: Marker Recognition and Task Setup. Marker recognition leading to task set up is a key skill for the EFT therapist to master. Exercise 11 is designed to train therapists to be able to hear and recognize markers and act toward setting up two-chair dialogues in response to markers of self-criticism and self-interruption and an empty-chair dialogue in response to a marker of unfinished business. It should be noted that all therapy tasks occur only after a secure, safe therapeutic relationship is established. Generally speaking, they are not proposed or undertaken in the first session. Once tasks begin, therapists will need to learn other specific skills to see the tasks through to completion, and these are not covered in these pages. It should also be noted that there are other ancillary EFT tasks that are done without chairs (Elliott et al., 2004; Greenberg, 2015; Greenberg & Goldman, 2019) and are also not covered in the book.

The EFT Skills Presented in Exercises 1 Through 12

The exercises in this text use a developmentally informed pedagogy in which more advanced skills build on less advanced skills, as indicated in Table 1.1. The beginner-level exercises consist of the most basic skills that an EFT therapist regularly relies on. Therapist Self-Awareness (Exercise 1) is considered fundamental when conducting EFT because clients often present fragile emotional states that require therapists to be self-aware so that they can provide a steady calm in the face of a range of strong emotional presentation. In forming and sustaining an initial therapeutic relational bond, the EFT therapist delivers *empathic understanding* (Exercise 2), attempting to imagine themselves into the client's internal world and convey a nonjudgmental understanding, thereby calming and soothing distressing and vulnerable emotional states. *Empathic affirmations and validations* (Exercise 3) are elusively simple responses that provide a high degree of emotional safety and thus invite and allow further exploration of difficult emotional states, a necessary reality of engagement in EFT. *Exploratory questions* (Exercise 4) are a particular form of question that EFT therapists use throughout therapy to help with the key task of exploring and deepening emotion.

The first of the intermediate exercises is about *providing the treatment rationale for EFT* (Exercise 5). Readers may query why explaining treatment rationale is placed at the intermediate stage rather than at the beginning. Although a rationale for treatment is sometimes provided at the beginning of therapy, particularly when requested

by the client, EFT therapists generally prefer to begin by forming a solid, safe therapeutic relationship. The security of a more solid relational bond allows therapists to demonstrate and explain how they work. This follows the basic humanistic principle of "contact before contract" (Gendlin & Beebe, 1968). The client is often more able to absorb what the therapist is offering when emotional safety has been provided. This skill is considered to be a form of emotion coaching (Greenberg, 2015; Warwar & Ellison, 2019) that serves the dual function of solidifying the alliance by providing a deeper purpose and direction for therapeutic work and educating clients at a more conceptual level as to how therapy works. Education in EFT is done through experiential teaching (Goldman, 1991; Warwar & Ellison, 2019). Conceptual learning is seen as best provided in a bottom-up fashion, on top of experiential learning (Pascual-Leone & Greenberg, 2007).

The other intermediate exercises present three types of empathic responses, *empathic explorations*, *evocations*, and *conjectures* (Exercises 6–8). Each of these response types is used to help clients explore and deepen experiencing. However, they are used differentially at different times, depending on therapist momentary intention and how they best see fit to accomplish their goal at the particular time. Readers and learners may find it helpful to read Appendix B to be able to further distinguish between these types of responses and when to best use them.

The advanced exercises are placed at the end because they require more complex interpersonal skill or a deeper understanding of EFT theory. All the skills in the advanced section are dependent upon Exercise 9: Staying in Contact in the Face of Intense Affect, because it requires the therapist to remain present to apply the advanced skills in a facilitative manner that is not disruptive to the therapeutic process. Like many therapeutic approaches, EFT therapists self-disclose, although there are specific guidelines about how and when to do so. *Self-disclosure* (Exercise 10) in EFT is most often a provision of the therapist's immediate experience. This skill draws on therapist presence and requires the disclosure of their own experience in a congruent, nonthreatening, direct, manner that promotes client deepening of emotional experiencing. EFT therapists adopt the judicious use of self-disclosure to either empathize with clients or address ruptures in the relationship (Watson, 2019). Therapists must learn when, how, and why to disclose therapist experiencing to clients (Greenberg & Tomescu, 2017; Elliott et al., 2004). *Marker recognition and task setup* (Exercise 11) is a complex skill that involves multiple operations and requires therapists to have a certain amount of prior conceptual EFT knowledge and understanding. *Addressing ruptures and facilitating repair* (Exercise 12) also draws on complex interpersonal skills and the ability to stay with intense affect while navigating through ruptures in a manner that is beneficial to clients while facilitative of the therapeutic process.

A Note About Vocal Tone, Facial Expression, and Body Posture

Humanistic-experiential therapies in general, and EFT in particular, strongly attend to the nonverbal and paralinguistic cues expressed by both client and therapist (Gendlin, 1996; Rogers, 1975; Watson, 2019; Watson et al., 1997; Weisser Cornell, 2013). The empathic process of EFT involves a careful moment-by-moment reading by the therapist of the client's message as communicated through both verbal expression and nonverbal styles. The therapist in turn is coached and trained to be aware of their tone of voice, facial expression, and body posture to convey the attitudes of warmth, empathy, genuine curiosity, and openness through their moment-by-moment responding. Each one of the EFT skill and response types covered in the book is delivered with a

particular therapeutic tone that cannot be completely conveyed through the written medium. Specifications are provided throughout the exercises to guide therapists to be aware of client and therapist's nonverbal qualities, such as tone of voice and to match client's verbal and nonverbal communications. However, it is additionally useful for EFT learners to watch recorded examples of EFT experts performing therapy so that they can observe this key principle in action.

The Role of Deliberate Practice in EFT Training

Emotion-focused therapy emerges from a strong tradition of supervision and training in the client-centered and experiential therapy traditions (Rice & Greenberg, 1984; Greenberg & Goldman, 1988). Training can be traced back to Rogers's (1957) graded experiences, where students listened to tape-recorded interviews, experienced live demonstrations by a supervisor, partook in group and personal therapy, conducted individual psychotherapy, and recorded their own interviews for discussion with a facilitative supervisor. Thus, Rogers implemented the method of recording interviews for the purpose of facilitative supervision. The method was carried forward by Laura Rice and Leslie Greenberg and is now termed *process supervision* (Greenberg & Tomescu, 2017).

Greenberg and Goldman (1988) outlined four core aspects of training in this approach in a 1988 paper titled "Training in Experiential Therapy." They recommended a balanced combination of didactic, skills training, experiential, and personal growth. Indeed, the many EFT trainings (Greenberg & Goldman, 2019) that are conducted across the world follow this combination of methods. Theoretical knowledge is fundamental, exposure to and observation of EFT practice is key, therapist self-experiencing is important, and skill practice is essential. Deliberate practice can thus be situated within the larger training framework. Deliberate practice is a form of skills training. It is recommended that EFT therapists-in-training additionally acquire knowledge through the multitude of EFT resources that are available (see Greenberg & Goldman, 2019). To learn EFT more completely, deliberate practice trainings should be combined with (a) didactic training through courses and workshops; (b) observation of multiple experts practicing EFT; (c) engagement in therapist personal and experiential growth work; and (d) process supervision, particularly at later stages of training when higher skill acquisition has been achieved.

The skills set forth in this book are not intended to be wholistic or comprehensive; they are the basic skills. Deliberate practice is not intended to be the only delivery format through which EFT proficiency is acquired. Simply engaging in one aspect of training would not be sufficient. Deliberate practice for EFT is intended as one core element of the incredibly complex and highly rewarding process of learning EFT.

To expose themselves to the theory or research behind the skills, EFT learners may want to turn to such books as the *Clinical Handbook of Emotion-Focused Therapy* (Greenberg & Goldman, 2019), *Case Formulation in Emotion-Focused Therapy* (Goldman & Greenberg, 2015), *Emotion-Focused Therapy* (Greenberg, 2015), or *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change* (Elliott et al., 2004). For specific application to various clinical populations, learners may wish to review *Emotion-Focused Therapy for Depression* (Greenberg & Watson, 2006), *Case Studies in Emotion-Focused Treatment of Depression* (Watson et al., 2007), *Emotion-Focused Therapy for Complex Trauma* (Paivio & Pascual-Leone, 2010), *Emotion-Focused*

Therapy for Generalized Anxiety (Watson & Greenberg, 2017), and *Transforming Generalized Anxiety: An Emotion-Focused Approach* (Timulak & McElvaney, 2018). In addition, the syllabus in Appendix C has further recommended readings.

Training in Empathic Responding

Of the 12 skills covered in the book, five are types of empathic responses, including empathic understanding (Exercise 2), empathic affirmation or validation (Exercise 3), empathic exploration (Exercise 6), empathic evocation (Exercise 7), and empathic conjecture (Exercise 8). The empathic responses covered here originated when Goldman (1991) created a manual that described both the general therapeutic empathic attitude and three types of empathic response types: reflections, explorations, and conjectures. The response types were further developed by Watson et al. (1997) and Elliott et al. (2004). The high proportion of basic skills that are empathic responses reflects how fundamental empathic responding is to EFT. The responses are key in exploring, deepening, and facilitating the transformation of emotion. Despite seeming simple at first glance, empathic responses can be complex and difficult to master. Yet when used adeptly, they can be incredibly powerful. Competent empathic responding, however, takes time and practice to learn.

There has been much debate about what it means to be an empathic therapist, whether it is more of an attitude or a skill (Ivey, 1971; Truax & Carkhuff, 1967), and how best to train therapists in empathic responding (Greenberg & Goldman, 1988, 2019; Rogers, 1957, 1975). We take the approach that therapeutic empathy is a multidimensional, complex process and is both an attitude and a skill (Bohart & Greenberg, 1997; Elliott et al., 2004). Being empathic involves stepping into the shoes of the other, affectively resonating with their experience (Barrett-Lennard, 1981), being responsively and differentially attuned, and selecting that which is most alive in the client's experience (Greenberg & Goldman, 2019; Watson, 2019).

Each of the empathic responses reviewed in this book may have multiple intentions guiding it (Elliott et al., 2004). Furthermore, the meanings and effects of different empathic responses will depend on their particular contexts. An empathic affirmation response to a client's statement of underlying vulnerability will have a different purpose and effect than the same type of empathic response to a client's voiced reactive frustration. Alternatively, an empathic exploration response in a context of consistent empathic responding is different from an empathic response following a confrontation (Rice & Greenberg, 1984; Greenberg & Goldman, 1988).

Deliberate practice in EFT is designed to help therapists learn the different types of empathic responses. It is important, however, for trainees to supplement their empathy training with additional training elements. It is recommended that trainees learn to develop an empathic relational attitude (Elliott et al., 2004; Greenberg & Goldman, 2019; Rogers, 1975). It is also important to train the perceptual skills behind the response modes themselves. There are many criteria that guide therapists in choosing the best type of the empathic response in a given moment. Deliberate practice can help trainees learn the different responses available and the forms they may take. Once learned, therapists will need to "put all the pieces together" and "play the symphony." As they sit down with real clients, they can begin by adopting an empathic attitude; stepping into the shoes of their clients; resonating with their experience; selecting that aspect of the client's experience that feels most important; and, guided by theoretical knowledge, personal experience, and moment-by-moment intention, offer the best possible response at that moment.

Overview of the Book's Structure

This book is organized into three parts. Part I contains this chapter and Chapter 2, which provide basic instructions on how to perform these exercises. We found through testing that providing too many instructions upfront overwhelmed trainers and trainees, and they ended up skipping past them as a result. Therefore, we kept these instructions as brief and simple as possible to focus on only the most essential information that trainers and trainees will need to get started with the exercises. Further guidelines for getting the most out of deliberate practice are provided in Chapter 3, and additional instructions for monitoring and adjusting the difficulty of the exercises are provided in Appendix A. **Do not skip the instructions in Chapter 2, and be sure to read the additional guidelines and instructions in Chapter 3 and Appendix A once you are comfortable with the basic instructions.**

Part II contains the 12 skill-focused exercises, which are ordered based on their difficulty: beginner, intermediate, and advanced (see Table 1.1). They each contain a brief overview of the exercise, example client-therapist interactions to help guide trainees, step-by-step instructions for conducting that exercise, and a list of criteria for mastering the relevant skill. The client statements and sample therapist responses are then presented, also organized by difficulty (beginner, intermediate, and advanced). The statements and responses are presented separately so that the trainee playing the therapist has more freedom to improvise responses without being influenced by the sample responses, which should only be turned to if the trainee has difficulty improvising their own responses. The last two exercises in Part II provide opportunities to practice the 12 skills within simulated psychotherapy sessions. Exercise 13 provides a sample psychotherapy session transcript in which the EFT skills are used and clearly labeled, thereby demonstrating how they might flow together in an actual therapy session. EFT trainees are invited to run through the sample transcript with one playing the therapist and the other playing the client to get a feel for how a session might unfold. Exercise 14 provides suggestions for undertaking actual mock sessions, as well as client profiles ordered by difficulty (beginner, intermediate, and advanced) that trainees can use for improvised role-plays.

Part III contains Chapter 3, which provides additional guidance for trainers and trainees. While Chapter 2 is more procedural, Chapter 3 covers big-picture issues. It highlights six key points for getting the most out of deliberate practice and describes the importance of appropriate responsiveness, attending to trainee well-being and respecting their privacy, and trainer self-evaluation, among other topics.

Three appendixes conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a deliberate practice reaction form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B helps trainees and supervisors distinguish between different types of empathic responses, which is common challenge among EFT practitioners. Appendix C presents a sample syllabus demonstrating how the 14 deliberate practice exercises and other support material can be integrated into a wider EFT training course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

This series has a companion website (<http://pubs.apa.org/books/supp/deliberate-practice>) where the three appendixes are available for download.

