

Emotionally Focused Therapy for Couples

Scott R. Woolley, Ph.D.

Universidad del Desarrollo

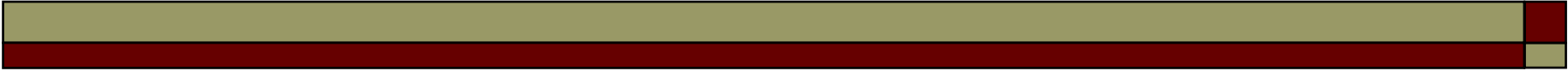
Santiago, Chili

August, 2007



About the Presenter

Scott R. Woolley, PhD is a Professor and the Systemwide Director of the MFT Masters and Doctoral Programs in the California School of Professional Psychology at Alliant International University. Dr. Woolley has trained therapists in EFT in many areas of the world, including Canada, Finland, Guam, Hong Kong, Japan, Mexico, Taiwan, and throughout the U.S., and has co-published, co-presented, and co-trained with Dr. Susan Johnson, founder of EFT. Dr. Woolley has also worked closely with family therapy founders Jay Haley and James Framo. Dr. Woolley's primary clinical and research interests are in the areas of couples therapy, marriage, observational process research, cross-cultural issues, and supervision processes. Dr. Woolley earned a B.S. in Economics and an M.S. in Marriage and Family Therapy from Brigham Young University, and a Ph.D. in Marriage and Family Therapy from Texas Tech University. Dr. Woolley is an AAMFT Clinical Member and Approved Supervisor, and a Certified EFT Therapist, Supervisor, and Trainer.



Emotionally Focused Therapy for couples
was conceptualized and published by Dr. Susan
Johnson and Dr. Leslie Greenberg in the 1980s and has
been further developed by Dr. Johnson since that time.
The pages that follow are primarily based on Dr.
Johnson's training, development, and research. I am
deeply grateful to Dr. Johnson for her brilliance,
compassion, and dedicated service to couples and
therapists throughout the world.

Copyright (2007) Note: material in this packet is copyrighted. This material may only be copied for noncommercial use with appropriate referencing.



Course Description

Emotionally focused therapy (EFT) is a revolutionary, powerful, empirically supported approach to treating couple distress. This workshop is designed to help participants understand the phenomenon of couple distress in an attachment context, introduce participants to processes that help couples restructure negative interactions and create powerful, emotionally based change events that foster a more secure bond between partners.



Learning Objectives

Participants will gain a basic understanding of:

- Goals and objectives of EFT
- Assumptions of attachment theory and EFT
- The three phases and nine steps of EFT
- Basic assessment in EFT
- Basic interventions in EFT
- Engaging withdrawers and softening pursuers
- Creating bonding events to restructure couple interactions.



Primary Roots of EFT

- 1) Experiential Therapy (Perls)
- 2) Person Centered Therapy (Rogers)
- 3) Systemic Therapy (Minuchin)
- 4) Attachment Theory (Bowlby)

All Knowledge is experience – everything else is just information (Albert Einstein)



Basic Overview of EFT

- **EFT** views couple distress as being maintained by absorbing negative affect.
- Absorbing negative affect both reflects and primes rigid, constricted patterns of interaction.
- These patterns make the safe emotional engagement necessary for secure bonding impossible.



Basic Overview of EFT

The goals of EFT are to:

- access, expand and re-organize key emotional responses.
- create a shift in partner's interactional positions.
- foster the creation of a secure bond between partners through the creation of new interactional events that redefine the relationship.



EFT Assumptions

- 1) Accessibility and responsiveness are the building blocks of a secure attachment bond. Consequently, Couples therapy is about
 - A. the security of the attachment bond,
 - B. accessibility, and
 - C. the responsiveness of the partner.



EFT Assumptions

2) Emotion is a target and agent of change.

Emotion:

- A. Source of information –
- B. Communicates - organizes social interactions
- C. Orients & primes responses
- D. Vital element in meaning - colors events
- E. Has control precedence



EFT Assumptions

3) Emotion frequently leads to adaptive actions – for example:

Anger often leads to:

Asserting, defending

Sadness often leads to:

Seeking support, withdrawing

Surprise/Excitement often leads to:

Attending, exploring

Disgust/Shame often leads to:

Hiding, expelling, avoiding

Fear often leads to:

Fleeing, freezing, giving up

Joy often leads to:

Connecting, engaging



EFT Assumptions

- 4) Negative emotions occur at two levels:
Primary and Secondary.
 - A. Primary Emotions are the deeper, more vulnerable emotions such as sadness, hurt, fear, shame, and loneliness.
 - B. Secondary Emotions are the more reactive emotions such as anger, jealousy, resentment, and frustration. They occur as a reaction to the primary emotions.
 - C. Primary emotions generally draw partners closer. Secondary emotions tend to push partners away.



EFT Assumptions

- 5) In trying to connect, distressed couples get caught in negative repetitive sequences of interaction where partners express secondary emotions rather than primary emotions.



EFT Assumptions

- 6) Insecure attachment leads to negative interaction cycles and, in return, negative interaction cycles lead to insecure attachment (it is circular).
- 7) Rigid interactions reflect and create negative absorbing emotional states. Negative absorbing emotional states reflect and create rigid interactions (it is circular).



EFT Assumptions

- 8) Partners are not sick or developmentally delayed. They are stuck. Most needs and desires are adaptive.
- 9) Attachment needs are universal, although their expression is culturally defined. The way we seek and obtain support is defined different in various cultures and even in different families and must be understood and respected.



EFT Assumptions

10) Change involves new experiences and new relationships events. Therapy is about creating these new relational experiences.



Research on EFT – Outcomes

- 1) Effect size of 1.3- 90% treated couples better than controls
- 2) 70-73% of couples *recovered* from distress at follow-up (trend- improvement continues after therapy).
- 3) Two-year follow- up on relationship distress, depression, and parental stress – results stable – 60% maintain gains or continue to improve.
- 4) Positively impacts depression, intimacy, trust.



Research on EFT – Outcomes

- 5) Studies have been rigorous. Implementation checks. Few dropouts. (Clinical Psychology: Science & Practice, 1999, 6, 67-79.)
- 6) EFT alone is as effective as EFT + communication training in improving communication and relationship satisfaction.



EFT – Predictors of Success.

- 1) Alliance – especially task aspects.
- 2) Distress at beginning of treatment only predicted 4% of variance in distress.
- 3) Traditionality is not predictive.
- 4) EFT worked well for older and “inexpressive” men.
- 5) Best predictor – female’s faith that the partner “cared”.
- 6) Deeper emotional experiencing is related to greater satisfaction with therapy.



Contraindications

The major contraindications for doing a full course of EFT include anything that makes safe engagement impossible. These include things such as ongoing violence, an ongoing affair, or serious addictions. These must be successfully addressed before engaging in the second stage of EFT treatment.



Key Elements in Marital Distress from Empirical Evidence

1. High levels of negative affect:
 - 1) Absorbing state
 - 2) More compelling than positive affect
 - 3) Nonverbal signals
2. Negative attributions :
 - 1) Character blame and a vigilant focus on negative
 - 2) Issue → relationship → self-definition
3. Safety-first becomes the rule.



Adult Attachment

Attachment theory is an interactional theory of love where:

- 1) self and system define and determine each other
- 2) problematic behavior is seen as a response to past and or present threats to secure attachment.



Adult Attachment

For example:

Angry criticism is viewed in EFT as:

- 1) an attempt to modify the other partner's inaccessibility
- 2) a protest response to isolation and abandonment by the partner.

Avoidant withdrawal is seen as:

- 1) an attempt to contain the interaction and regulate fears of rejection
- 2) an attempt to avoid confirming working models that define the self as unlovable .



10 Central Tenets of Attachment Theory

- 1) Attachment is an innate motivating force throughout the life span. Seeking and maintaining contact with significant others is a primary motivating force that is a part of humans from the cradle to the grave. Dependency is an innate, healthy part of our beings and not something we grow out of (*Bowlby, 1988*).



10 Central Tenets of Attachment Theory

2. Secure dependence complements autonomy.
We can not be overly dependent or completely independent. Rather, there is only effective or ineffective dependence. Autonomy and secure dependence are two sides of the same coin – they are not dichotomies. The more securely dependent we are, the more separate and independent we can be.



10 Central Tenets of Attachment Theory

3. Attachment offers a safe haven. The presence of an attachment figure (parents, spouses, loves etc.) provides comfort and security. The perceived inaccessibility of such a figure creates distress. Positive attachments offer both a buffer against the effects of stress and uncertainty and an optimal context for the ongoing development of the personality.



10 Central Tenets of Attachment Theory

4. Attachment offers a secure base. Secure attachment provides a secure base from which individuals can explore the world and adaptively respond to the environment. A secure base encourages exploration and cognitive openness. It promotes the confidence to risk, learn, and update models of the self and the world.



10 Central Tenets of Attachment Theory

5. Accessibility and responsiveness build secure bonds. Emotional engagement is crucial. Any response, even anger, is better than none. No response or no emotional response send the message that “You don’t matter, and there is no connection between us.”



10 Central Tenets of Attachment Theory

6. Fear and uncertainty activate attachment needs. When we are threatened (traumatic events, stress, illness, or an attack on the safety of the attachment bond itself) attachment needs for comfort and connection become very important and compelling and attachment behavior, such as seeking proximity to a loved one, is activated.



10 Central Tenets of Attachment Theory

7. The process of separation distress is predictable. If attachment seeking behaviors do not evoke comforting contact and responsiveness from an attachment figure, a process of angry protest, clinging, depression, and despair occurs, resulting eventually in detachment. Depression naturally follows loss of connection.



10 Central Tenets of Attachment Theory

8. A finite number of insecure forms of engagement can be identified.

The response, when a partner is perceived as not being dependable can be organized along two dimensions: anxiety and avoidance (Fraley & Waller, 1998).



10 Central Tenets of Attachment Theory

- 1) Anxiety: When the bond with an attachment figure is threatened but not severed, attachment behaviors become heightened and intense and may include anxious clinging, pursuit, and aggressive attempts to get a response.
- 2) Avoidance: When there no safe engagement, and particularly when there does not appear to be hope for safe responsiveness, attachment needs are suppressed, and there may be a focus on tasks and how to limit distressing engagement with the attachment figure.



10 Central Tenets of Attachment Theory

9. Attachment involves working models of the self and the other. Securely attached people see themselves as worthy of love and care and as competent people. They believe others will be responsive when needed. Working models are developed from thousands of interactions and become expectations that are carried forward and help form new relationships. They are not just cognitive schemas but involve goals, beliefs, and strategies that are infused with emotion. These models are formed, elaborated, maintained, and most importantly, are changed through emotional communication in attachment relationships.



10 Central Tenets of Attachment Theory

10. Isolation and loss are inherently traumatizing.
Couples often speak of the stress of isolation and loss in terms of trauma. In complex PTSD, survivors cannot use their current relationships to regulate fears and help heal their wounds because specific, past violations of human connection tend to contaminate current relationships. The effects of trauma are amplified and maintained because the safe antidote of safe attachment is out of reach.



The 4 Ps of EFT

- Experiential
 - 1) Present
 - 2) Primary Affect – Focus Validation
- Systemic
 - 3) Process (time)
 - 4) Positions/patterns (structure)

The EFT therapist is a process consultant



The Nine Steps of Emotionally Focused Couples Therapy

Steps 1 – 4 Assessment and Cycle De-escalation.

1. Create an alliance and identify core conflict issues.
 - What are they fighting about and how are they related to core attachment issues.

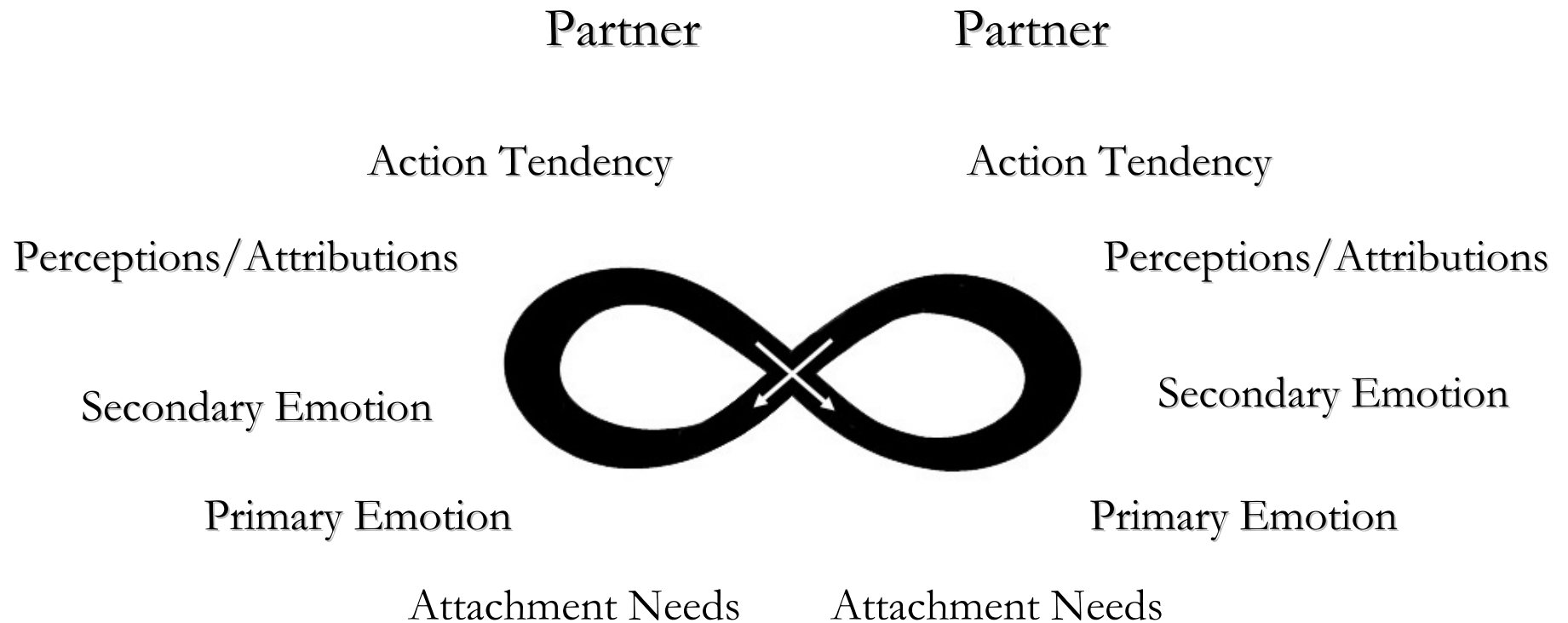


The Nine Steps of Emotionally Focused Couples Therapy

Steps 1 – 4 Assessment and Cycle De-escalation.

2. Identify the negative interaction cycle, and each partner's position in that cycle.
 - Cycle levels include
 - 1) Action tendencies (behaviors)
 - 2) Perceptions
 - 3) Secondary Emotions
 - 4) Primary Emotions
 - 5) Attachment Needs
 - The goal is for the therapist to see the cycle in action and then identify and describe it to the couple and work toward stopping it.

The Cycle





The Nine Steps of Emotionally Focused Couples Therapy

Steps 1 – 4 Assessment and Cycle De-escalation.

3. Access unacknowledged emotions underlying interactional positions.
 - The goal is to help each member of the couple to access their unacknowledged feelings that are influencing their behavior in the relationship. Both partners are to "reprocess and crystallize their own experience in the relationship" so they can become emotionally open to the other person.



The Nine Steps of Emotionally Focused Couples Therapy

Steps 1 – 4 Assessment and Cycle De-escalation.

4. Reframe the problem in terms of underlying feelings, attachment needs, and negative cycles.
 - The cycle is framed as the common enemy and the source of the partners' emotional deprivation and distress.



The Nine Steps of Emotionally Focused Couples Therapy

Steps 5 – 7 Changing Interactional Positions and creating new bonding events

5) Promote identification with disowned attachment emotions, needs and aspects of self, and integrate these into relationship interactions.

- Help the couple redefine their experiences in terms of their unacknowledged emotional needs. "I nag because I feel abandoned and I want to be loved." "I withdraw because I feel invaded and rejected and I need to feel safe and loved."



The Nine Steps of Emotionally Focused Couples Therapy

Steps 5 – 7 Changing Interactional Positions and creating new bonding events.

6. Promote acceptance of the other partner's experiences and new interactional responses .
 - Work to get each partner to accept, believe, and trust that what the other partner is describing in terms of underlying emotional needs is accurate.



The Nine Steps of Emotionally Focused Couples Therapy

Steps 5 – 7 Changing Interactional Positions and creating new bonding events.

7. Facilitate the expression of needs and wants and create emotional engagement and bonding events that redefine the attachment between the partners.

- Help them learn to express their emotional needs and wants directly rather than through the old patterns and create emotional engagement. This will help each person see the other person in a more benign manner. (Feeling vulnerable and insecure rather than rejecting.)



The Nine Steps of Emotionally Focused Couples Therapy

Steps 8 – 9 Consolidation / Integration.

8. Facilitating the emergence of new solutions to old relationship problems.

- Without the old negative interaction style and with the new emotional connection and attachment, it is easier to develop new solutions to old problems.



The Nine Steps of Emotionally Focused Couples Therapy

Steps 8 – 9 Consolidation / Integration.

9. Consolidating new positions and new cycles of attachment behaviors

- Help couples clearly see and articulate the old and new ways of interacting to help the couple avoid falling back into the old interaction style.



Overview of Treatment Process

- 1) Develop an alliance, identify cycle, identify and access underlying emotions, and work to deescalate
- 2) Engage the withdrawer
- 3) Soften the pursuer/blamer
- 4) Create new emotional bonding events and new cycles of interaction
- 5) Consolidate new cycles of trust, connection and safety, and apply them to old problems that may still be relevant



EFT Assessment

Therapist Tasks

- 1) Create a collaborative therapeutic alliance
- 2) Explore agendas for the relationship and for therapy



EFT Assessment

3) Assess relationship factors:

- a) Their perceptions of their strengths
- b) Their cycle –
 - 1) Action tendencies (behaviors)
 - 2) Perceptions
 - 3) Secondary Emotions
 - 4) Primary Emotions
 - 5) Attachment Needs



EFT Assessment

4) Therapist Tasks

- a) Relationship history / key events
- b) Brief personal attachment history
- c) Observe interaction (enactment)
- d) Check for violence / abuse / drug usage
- e) Briefly check of their sexual relationship, particularly if and how often they cuddle.



EFT Assessment

Therapist Tasks

5. Assess prognostic indicators:
 - a) Degree of reactivity and escalation – intensity of negative cycle
 - b) Strength of attachment/commitment
 - c) Openness – response to therapist – engagement
 - d) Trust/Faith of the female partner



Attachment History

- An attachment history involves doing a history of each person's experiences in attachment relationships.
- It is particularly important to focus on
 - 1) what people learned about comfort and connection in relationships
 - 2) past traumas and how people adapted
 - 3) how people may have found healing in relationships.



Attachment History

Childhood Attachment Relationships

- 1) Who did you go to for comfort when you were young?
- 2) Could you always count on this person/these people for comfort?
- 3) When were you most likely to be comforted by this person/these people?
- 4) How did you let this person/these people know that you needed connection and comfort?



Attachment History

- 5) Did this person/these people ever betray you or were they unavailable at critical times?
- 6) What did you learn about comfort and connection from this person/these people?
- 7) If no one was safe, how did you comfort yourself? How did you learn that people were unsafe?
- 8) Did you ever turn to alcohol, drugs, sex or material things for comfort?



Attachment History

Romantic Attachment Relationships

- 1) Have there been times when you have been able to be vulnerable and find comfort with your spouse?
- 2) Have there been any particularly traumatic incidences in your previous romantic relationships?
- 3) How have you tried to find comfort in romantic relationships?



Overview of Interventions

Access, expand, and reprocess emotional experience

- 1) Empathic reflection.
- 2) Validation of client realities & emotional responses.
- 3) Evocative Responding: Questions and prompts that call up emotion through open questions about stimuli, bodily responses, desires, meanings, or action tendencies.
- 4) Heightening: Expand and intensifies emotional experience through repeating, re-enacting, focusing, refocusing, and using imagery.
- 5) Empathic conjecture, interpretation and inferences.



Overview of Interventions

Restructuring Processes

- 1) Track and reflect process of interaction, make positions and cycles explicit.
- 2) Reframe experience/interaction in terms of attachment context and interactional cycles.
- 3) Restructure and shape interactions (enactments).



Intervention Examples & Functions

Reflecting Emotional Experience

Example: “So this gets so painful, it hurts so bad that you just close up. Am I getting it right?”

Main functions: Focuses the therapy process; builds and maintains the alliance, and clarifies emotional responses underlying interactional positions.



Intervention Examples & Functions

Validation

Example : “Yes, when you are in this kind of pain, of course you have a hard time concentrating – that is normal.”

Main functions : Legitimizes responses and supports clients to continue to explore how they construct their experience and their interactions. It also builds the alliance.



Intervention Examples & Functions

Evocative Responding: Questions and prompts that call up emotion through open questions about stimuli, bodily responses, desires, meanings, or action tendencies.

Examples: (a) "What's happening right now, as you say that?" "What's that like for you?" (b) "Your face just seemed to change – can you tell me what is happening for you right now?"

Main functions: Expands elements of experience to help reorganize the experience; accesses unclear or marginalized elements of experience and encourages exploration and engagement.



Intervention Examples & Functions

Heightening: Expand and intensify emotional experience using repetition, images, metaphors, focusing, or enactments.

Examples: (a) “So you want to crawl into a ball - this is painful, very painful, when he says he still loves her, the hurt is so deep, so painful, so difficult that you just want to crawl into a ball” (b)“It seems like this is so hard for you, like climbing a cliff, so scary ” (c)“Can you turn to him and tell him, 'It's too hard to ask. It's too hard to ask you to take my hand.'”

Main functions: Highlights and intensifies key emotions, experiences and new formulations of experience that help re-organize the interaction.



Intervention Examples & Functions

Empathic Conjecture or Interpretation

Examples: (a) "You don't believe it's possible that anyone could see this part of you and still accept you, is that right?" (b) "I am getting the idea that underneath your frustration you may feel sad.

Am I getting that right, that you feel sad?"

Main Functions: Promotes a more intense awareness of emotional experience, meanings, or action tendencies.



Restructuring Interventions

Tracking, reflecting and replaying interactions.

Example: "So what just happened here? It seemed like you turned from your anger for a moment and appealed to him. Is that right? But Jim, you were paying attention to the anger and stayed behind your barricade, yes?"

Main functions: Slows down and clarifies steps in the interactional dance; replays and clarifies key interactional processes.



Restructuring Interventions

Reframing in the context of the cycle and attachment processes.

Examples: (a)"You freeze because you feel like you're right on the edge of losing her, is that right?" (b)"You freeze because she matters so much to you, not because you don't care."

Main functions: Shifts the meaning of specific responses, clarifies their attachment significance, and fosters more positive perceptions of the partner.



Restructuring Interventions

Restructure and shape interactions (enactments).

Examples: (a) "Can you tell him, 'You don't get to devastate me again'". (b) "This is the first time you've ever mentioned being ashamed. Could you tell him about that shame?" (c) "Can you ask him right here, right now for what you need?"

Main Functions: Clarifies and expands negative interaction patterns, creates new kinds of dialogue, new interactional processes and bonding events; leads to positive cycles of accessibility and responsiveness.



Interventions in EFT

Enactment – having one partner talk directly with the other usually with specific direction.

- 1) Enacting present positions.
- 2) Turning new emotional experience into new interactions.
- 3) Highlighting rarely occurring responses.



Interventions in EFT

Impasses

- 1) Diagnostic pictures explicate impasse.
- 2) Individual sessions.
- 3) Disquisition.



General Emotional Engagement

RISSSC

- 1) R – Repeats
- 2) I – Images
- 3) S – Simple
- 4) S – Slow
- 5) S – Soft
- 6) C – Client's words

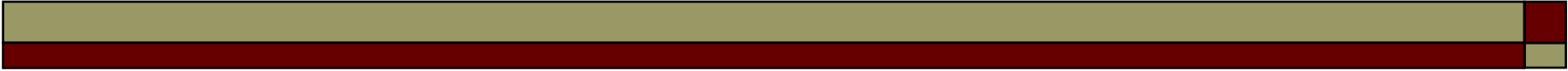


Expanding Emotional Experience in EFT

Client Statement: “I feel numb/empty”

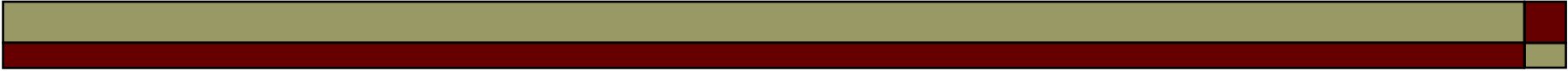
Therapist Responses:

- Can we just stay there a moment? (process directive)
- You feel numb (reflect)
- When Mary says “.....”, you feel numb. (repeat stimulus, put in context of cycle/interaction)



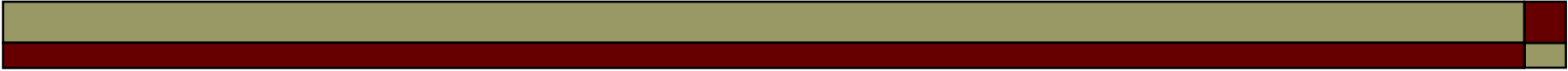
Expanding Emotional Experience in EFT

- And then you stay silent, say nothing?
(action primed by “numb” withdrawal).
- What’s that like for you, to go numb, stay numb?
- How do you feel as you talk about this right now?
- What’s happening for you as you talk about this? About going numb?



Expanding Emotional Experience in EFT

- How do you do that? (Frames client as agent in creation of experience).
- That's how you protect yourself? (Conjecture about function)
- If you didn't do that what would happen?
- As you say that, you clench your fist tight, like holding on?
- That must be hard, to feel you have to numb out all the time?



Expanding Emotional Experience in EFT

- That's the way you have of protecting yourself here?
- You shut down, shut off, go somewhere else, go away, hide, chill out.
- It's like, I won't feel, is that it? You can't get me?
- And then you feel like he's not there with you? (to other)
- You can't stay and hear her say "...", you have to go away?



Expanding Emotional Experience in EFT

- Can you tell her “I shut you out”? (enactment)
- For you it’s like you feel so battered, so criticized that you are numb?
- When you talk about this it reminds me of one of my other clients. He spoke of how it was so painful to hear that he had disappointed his wife that he’d just space out... (Disquisition).



Cycle De-escalation

- 1) Connect and develop an alliance with both partners.
- 2) Assume that there is a good reason for the reactivity.
- 3) Access underlying emotions (Step 3).
- 4) Validate each person's position.



Cycle De-escalation

- 1) Use the power of reflection (emotion, the cycle etc.) in managing the process in the room, and in developing and strengthening the alliance.
- 2) Use metaphors and imagery.
- 3) Reframe the problem in the context of the negative cycle, which becomes the common enemy (Step 4).



Withdrawer Re-engagement

- 1) Involves engaging the withdrawer in the process of therapy and in the relationship.
- 2) It is essential to access and expand the underlying emotional experience of the withdrawer (fear, shame, sadness etc.).
- 3) Primary and secondary emotions need to be tied to the perceptions, action tendencies, and to the relationship cycle.
- 4) Withdrawal is generally a way people learn to protect themselves and manage conflict.



Withdrawer Re-engagement

- 5) Reframe withdrawal as an attempt to protect the relationship or protect the self rather than as rejection or not caring.
- 6) The withdrawer often takes a stand with the spouse in the process of coming out and engaging.
- 7) A reasonable degree of withdrawer re-engagement is essential for a softening to occur.

Softening

A softening is when a previously hostile/critical spouse asks, from a position of vulnerability, a newly accessible partner for attachment needs and longings to be met (Johnson, 2004).

- Powerful, watershed process, second-order change (Johnson, 2004)
- Powerful healing attachment event that helps to redefine the relationship and bring a shift towards positive emotional engagement, accessibility, and responsiveness.
- Often most difficult task for therapist & couple (Greenberg & Johnson, 1988).
- THE most common impasse in EFT (Johnson, 1996).
- Requires the effective implementation of steps 1 - 7.



Levels of Change in a Softening EFT

With an female blamer and a male withdrawer:

- 1) She expands her experience and accesses attachment fears or shame and the longing for contact and comfort. Emotions tell us what we need.
- 2) She engages her partner in a different way. Fear organizes a more affiliative stance. She articulates emotional needs and changes her stance in the dance. New emotions prime new responses/actions.



Levels of Change in a Softening EFT

3. He sees her differently, as afraid rather than dangerous, and is pulled towards her by her expressions of vulnerability.
4. She reaches and he comforts. She sees him differently. A new compelling cycle is initiated – an antidote to negative interactions – a redefinition of the relationship as a secure bond.



Levels of Change in a Softening EFT

5. They exhibit more open communications, flexible problem solving and resilient coping. The couple resolve issues and problems (Stage 3 of EFT).
6. There are shifts in both partner's sense of self. Both can comfort and be comforted. Both are defined as "lovable".



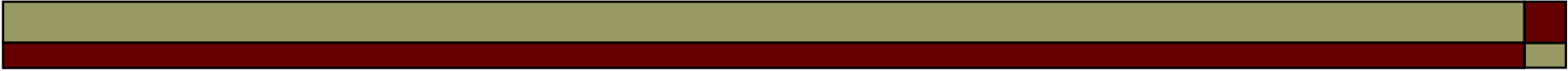
Therapist Checklist

- 1) What is the cycle that characterizes this relationship?
- 2) What are the hypothesized or acknowledged primary emotions embedded in this cycle?
- 3) What are the attachment issues/fears/needs?
- 4) Where are they in the process of change – in the nine steps? The next step/task is?
- 5) Are there pivotal incidents that crystallize issues, in relationship history, in session?



Therapist Checklist

- 6) Are they key images, definitions of self and partners used?
- 7) What are the current blocks to engagement with emotions, engagement with other?
- 8) Is the alliance with the therapist in tact?
- 9) What happened in the last session (process)?
- 10) What are this couple's strengths?



The hope for a better human future lies not in an endless succession of technological developments but in a realistic grappling with the fundamental issue of the quality of human relationships; and central to that fundamental task I see the urgent need to make the achievement of a deeply satisfying and rewarding relationship possible for an emerging number of married couples.

(David Mace, April 1987, *Journal of Marital and Family Therapy*)



Recent Books

- 1) Johnson, S., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D., & Woolley, S. R., (2005). Becoming an EFT therapist: The workbook. New York: Brunner-Routledge.
- 2) Johnson, S. M (2004). The practice of emotionally focused couple therapy: Creating connections. New York: Brunner-Routledge.
- 3) Johnson, S.M. and V. Whiffen (2003). Attachment Processes in Couples and Families. New York: Guilford Press.
- 4) Johnson, S.M. (2002). Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds. Guilford Press.
- 5) Johnson, S.M., & Greenberg, L.S. (1994). The heart of the matter: Perspectives on emotion in marital therapy. New York: Brunner Mazel



Chapters

- 1) Woolley, S. R. & Johnson, S. (2005). Creating Secure Connections: Emotionally Focused Therapy. In Jay Lebow, (Ed.) Handbook of clinical family therapy. New York: John Wiley & Sons.
- 2) Johnson, S. M. (2003) Attachment theory: A guide for couples therapy. In S. M. Johnson & V. Whiffen (Eds.), Attachment processes in couples and families New York: Guilford Press.
- 3) Johnson, S. M. (2003) Introduction to attachment: A therapists guide to primary relationships and their renewal. In S. M. Johnson & V. Whiffen (Eds.), Attachment processes in couples and families. New York: Guilford Press.
- 4) Johnson, S. M. (2003) Facing the dragon together: Emotionally focused couples therapy with trauma survivors. In D. Catherall (Ed.), Stress, Trauma and the Family. Washington, DC.: APA Press.



Chapters (Continued)

- 5) Johnson, S. M. (In press) Emotionally Focused Couples Therapy: Empiricism and Art. In T. Sexton, G. Weeks, M. Robbins (Eds.), *The Handbook of Family Therapy*. New York. Brunner/Routledge.
- 6) Johnson, S. M. (2002) Marital Problems. In D. Sprenkle (Ed.), *Effectiveness Research in Marriage and Family Therapy*, pp. 163-190. Alexandria, VA.: American Association for Marriage and Family Therapy.
- 7) Johnson, S. M., & Makinen, J. (2003) Creating a safe haven and a secure base: Couples therapy as a vital element in the treatment of post-traumatic stress disorder. In D. Snyder & M. Whisman (Eds.), *Treating difficult couples*. New York .Guilford Press.



Chapters (Continued)

- 8) Johnson, S. M., & Denton, W. (2002) Emotionally Focused Couples Therapy: Creating Connection. In A. S. Gurman (Ed.), *The Clinical Handbook of Couple Therapy*, Third Edition, pp. 221-250. New York : Guilford Press.
- 9) Johnson, S. M. (2003). An antidote to post-traumatic stress disorder: The creation of secure attachment. In L. Atkinson (Ed.) , *Attachment issues in psychopathology and intervention*. Erlbaum. 14.
- 10) Johnson, S. M. & Best, M. (2002) A systematic approach to restructuring adult attachment: The EFT model of couples therapy. In P. Erdman & T. Caffery (Eds.), *Attachment and family systems: Conceptual, empirical and therapeutic relatedness*, pp 165-192 New York: Springer.



Chapters (Continued)

- 11) Johnson, S.M. & Lee, A. (2000). Emotionally focused family therapy: Children in Therapy. In Everett Bailey (Ed.), *Working With Children in Family Therapy*, pp. 112-116. New York: Guilford Press.
- 12) Johnson, S.M., & Boisvert, C. (2002). Humanistic couples' and family therapy. In D. Kane (Ed.), *Humanistic Psychotherapies*, pp. 309-337 APA Press.
- 13) Johnson, S.M., & Sims, A. (2000). Creating secure bonds in couples therapy. In T. Levy (Ed.), *Handbook of Attachment Interventions*, pp. 167-191, Academic Press.
- 14) Johnson, S.M. (in press, 2001). An antidote to post-traumatic stress disorder: The creation of secure attachment. In L. Atkinson (Ed.), *Attachment and Psychopathology*, Cambridge University Press.



Chapters (Continued)

- 15) Johnson, S.M. (2000) Emotionally focused couples therapy: Creating a secure bond. In F. M. Dattilio (Ed.), *Comparative Treatments in Relationship Dysfunction*, pp. 163-185. New York: Springer.
- 16) Johnson, S.M. (1999) Emotionally focused therapy: Straight to the heart. In J. Donovan (Ed.), *Short Term Couple Therapy*, pp. 11-42. New York: Guilford Press.
- 17) Johnson, S.M. (1998). Emotionally focused interventions: Using the power of emotion, pp. 450-472. In F. Dattilio (Ed.) *Case studies in couple and family therapy: Systemic and cognitive perspectives*. New York: Guilford Press
- 18) Johnson, S.M., & Greenberg, L.S. (1995). The emotionally focused approach to problems in adult attachment. In N.S. Jacobson & A.S. Gurman (Eds.). *The Clinical Handbook of Marital Therapy*, 2nd. Edition. New York: Guilford Press.

Recent Articles

- 1) Joanne Laucius (2003) An Ottawa psychologist is mapping the way to healing marital 'injuries' ©Copyright 2003 The Ottawa Citizen
- 2) Clothier, P., Manion, I., Gordon Walker, J., & Johnson, S. M. (2002) Emotionally Focused Interventions for Couples with Chronically Ill Children: A two year follow-up. *Journal of Marital and Family Therapy*, 28, 391-399.
- 3) Dessaulles, A., Johnson, S. M. & Denton, W. (in press) The treatment of clinical depression in the context of marital distress. *American Journal of Family Therapy*.
- 4) Johnson, S. M. (2003) Let us keep emotion at the forefront: A Reply to Roberts and Koval. *Journal of Couple & Relationship Therapy*, 2, 15-20. Haworth Press.
- 5) Palmer, G. & Johnson, S.M. (2002) Becoming an emotionally focused therapist. *Journal of Couple and Relationship Therapy*, 1, No 3, 1-20. Haworth Press.
- 6) Johnson, S.M., Makinen, & Millikin, J. (2001) *Attachment injuries in couples relationships: A new perspective on impasses in couple therapy*. *Journal of Marital and Family Therapy*, 27, 145-156.
- 7) Johnson, S.M., & Lebow, J. (2000). The coming of age of couple therapy : A decade review. *Journal of Marital and Family Therapy*, 26, 9-24.
- 8) Schwartz, R., & S.M. Johnson. (2000) Does family therapy have emotional intelligence?, *Family Process*, 39, 29-34.



Recent Articles

- 1) Johnson, S.M., & Whiffen, V. (1999). Made to measure: Attachment styles in couples therapy. *Clinical Psychology: Science & Practice*, 6, 366-381. Special Edition on Individual Differences and Couples Therapy.
- 2) Johnson, S., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally focused couples therapy: Status & challenges. *Clinical Psychology: Science & Practice*, 6, 67-79.
- 3) Johnson, S. (1998). The use of emotion in couples and family therapy, Special Edition of the *Journal of Systemic Therapies*, 17, 1-17. New York: Guilford Press.
- 4) Johnson, S. (1998). Listening to music: Emotion as a natural part of systems theory. Special Edition of the *Journal of Systemic Therapies*, 17, 1-17. New York: Guilford Press.
- 5) Johnson, S. and Williams Keeler, L. (1998). Creating healing relationships for couples dealing with trauma. *Journal of Marital and Family Therapy*, 24, 25-40.
- 6) Johnson, S., Maddeux C., Blouin J. (1998). Emotionally focused family therapy for bulimia: Changing attachment patterns. *Psychotherapy: Theory, Research & Practice*, 35, 238-247.
- 7) Johnson, S. (1997). The biology of love. *Family Therapy Networker*, Sept, 1997, 36 - 41.

Empirical Support for the Effectiveness of EFT

- 1) Johnson, S., Hunsley, J., Greenberg, L. & Schindler, D. (1999). Emotionally Focused Couples Therapy: Status & challenges (A meta-analysis). *Journal of Clinical Psychology: Science and Practice*, 6, 67-79.
- 2) Denton W. et al. (2000) A rationalized trial of Emotionally Focused Therapy for Couples. *Journal of Marital and Family Therapy*, 26, pp. 65-78.
- 3) Gordon-Walker, J., Manion, I., & Clothier, P. (1998). A two-year follow-up on an emotionally focused intervention for couples with chronically ill children. Manuscript in review.
- 4) Johnson, S., Maddeaux, C., & Blouin, J. (1998). Emotionally focused family therapy for bulimia: Changing attachment patterns. *Psychotherapy: Theory, Research & Practice*, 35, 238-247.
- 5) Baucom, D., Shoham, V., Mueser, K., Daiuto, A., & Stickle, T. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting & Clinical Psychology*, 58, 53-88.
- 6) Talitman, E., & Johnson, S. (1997). Predictors of outcome in emotionally focused marital therapy. *Journal of Marital & Family Therapy*, 23, 135-152.
- 7) Gordon-Walker, J., Johnson, S., Manion, I., & Cloutier, P. (1996). An emotionally focused marital intervention for couples with chronically ill children. *Journal of Consulting & Clinical Psychology*, 64, 1029-1036.



Empirical Support for the Effectiveness of EFT

- 1) Dandeneau, M., & Johnson, S, (1994). Facilitating intimacy: A comparative outcome study of emotionally focused and cognitive interventions. *Journal of Marital & Family Therapy*, 20, 17-33.
- 2) James, P. (1991). Effects of a communication training component added to an emotionally focused couples therapy. *Journal of Marital & Family Therapy*, 17, 263-276.
- 3) Desaulles, A (1991). The treatment of clinical depression in the context of marital distress. Unpublished doctoral dissertation, University of Ottawa, Ottawa, Canada.
- 4) Goldman, A., & Greenberg L. (1989). A comparison of systemic and emotionally focused outcome studies: *Journal of Marital & Family Therapy*, 15, 21-28.
- 5) Johnson, S., & Greenberg, L. (1985). The differential effectiveness of experiential and problem solving interventions in resolving marital conflict. *Journal of Consulting & Clinical Psychology*, 53, 175-184.
- 6) Johnson, S., & Greenberg, L. (1985). Emotionally focused couples therapy: An outcome study. *Journal of Marital & Family Therapy*, 11, 313-317.

Recent Articles - (by other authors)

- 1) Dankoski, Mary, D. (2001) Pulling on the heart strings: An emotionally focused approach to family life cycle transitions. *Journal of Marital and Family Therapy*, 27, 177-189.
- 2) Denton, W., et al (2000) A randomized trial of emotion- focused therapy for couples at a training clinic. *Journal of Marital and Family Therapy*, 26, 65- 78.
- 3) Vatcher, C, & Bogo, M. (2001) The feminist/emotionally focused therapy practice model: An integrated approach for couple therapy. *Journal of Marital and Family Therapy*, 27, 69-84.
- 4) Protinsky, H. et al. (2001) Using eye movement desensitization and reprocessing to enhance treatment of couples. *Journal of Marital and Family Therapy*, 27, 157-165. - (includes discussion of EFT).
- 5) Bradley, B. (2001) An intimate look into emotionally focused therapy: An interview with Susan M. Johnson. *Marriage & Family - A Christian Journal*, 4, 117-124.
- 6) Keiley, M. (2001) Affect regulation and attachment focused treatment of a husband with OCD and his wife. *Journal of Couple and Relationship Therapy*, 1, 25-44.
- 7) Schwartz, R. & Johnson, S. M. (2000) Commentary: Does couple and family therapy have emotional intelligence? *Family Process*, 39, 29-34.



Further Training in EFT

- 1) EFT Web Site: www.eft.ca
- 2) Attend a 4 day EFT Externship. Externships are offered in San Diego (January), San Francisco (May), Texas, Maryland, or Ottawa - see EFT website www.eft.ca)
- 3) Attend a 2 day advanced training (must have completed the 4 day externship)
- 4) Read Creating Connections and do the Workbook (see attached references)
- 5) Purchase training videos (see the EFT web site)
- 6) Join a training supervision group (phone or in person)
- 7) Send tapes to an EFT trainer for Supervision (see web site)



Contact Information

Scott R. Woolley, Ph.D.

Professor and System-wide Director

Marital and Family Therapy Graduate Programs

California School of Professional Psychology

Alliant International University

10455 Pomerado Road

San Diego, California 92131-1799

<http://www.alliant.edu/>

swoolley@alliant.edu