Two Chair Work, Therapist EFT Response Modes, More Theory & the Evidence

EFT Level 1, Day 3

Day 3 Schedule

Time	Topic
9.30 – 10.00	A. Therapist Response Modes; Dialectic Constructivism
10.00 – 11.15	B. Two Chair work: Intro & example
11.15 - 11.30	Break
11.30 – 12.30	B. Two Chair work: Practice
12.30 – 13.30	Lunch
13.30 – 15.00	C. More on Two Chair Work; hints, video & practice
15.00 – 15.30	Break
15.30 – 16.30	D. Still more Two chair Work practice!
16.30 – 17.00	E. Humanistic-Experiential Therapy Evidence Review

Therapist Experiential Response Modes - 1

A. Empathic Understanding	**Responses intended primarily to communicate understanding of immediate client experiencing.**
Empathic Reflection	Accurately represent most central, poignant or strongly-felt aspect of client's message or person.
Empathic Following	Brief responses that what client is saying (acknowledgments).
Empathic Affirmation	Offer validation, support, or compassion when client is in emotional distress or pain.

Therapist Experiential Response Modes - 2

B. Empathic Exploration	**Responses intended to encourage client exploration while maintaining empathic attunement.**
Exploratory Reflection	Simultaneously communicate empathy and stimulate client self-exploration of explicit and implicit experience, through open-edge or growth-oriented responses.
Empathic Repetition	Repeat emerging or tentative experiences back to client word-for-word, in order to help client to stay with or elaborate the experience
Evocative Reflection	Communicate empathy while helping client to heighten or access experience, through vivid imagery, powerful language or dramatic manner.

Therapist Experiential Response Modes - 3

B. Empathic Exploration, cont.	**Responses intended to encourage client exploration while maintaining empathic attunement.**
Process Reflection	Nonconfrontationally describe client in-session verbal or nonverbal behaviour (usually with Exploratory Question).
Empathic Conjecture	Tentative guess at immediate, implicit client experience (usually with Fit Question).
Empathic Refocusing	Offer empathy to what the client is having difficulty facing, in order to invite continued exploration

Therapist Experiential Response Modes - 4

B. Empathic Exploration, cont.	**Responses intended to encourage client exploration while maintaining empathic attunement.**
Empathic Formulation	Describe the client's difficulties in EFT terms, such as emotional avoidance or action on the self, while remaining close to the client's experience.
Exploratory Question	Stimulate client open-ended self-exploration.
Fit Question	Encourage client to check representation of experience with actual experience.

Therapist Experiential Response Modes - 3

C. Process Guiding Responses	**Responses intended to directly facilitate useful client experiencing.**
Experiential Teaching	Provide information about nature of experiencing or treatment process/tasks.
Structuring Task	Set up and offer specific help for continued work within a specific therapeutic task (including proposing, creating context, or offering encouragement for task engagement).
Process Suggestion	Encourage client to try things out in the session ("coaching": feeding lines, proposing mental actions, directing attention).
Awareness Homework	Foster experiencing outside of session.

Therapist Experiential Response Modes - 4

D. Experi-ential Presence	**Responses intended to reveal therapist's emotional presence to client.** Generally communicated via paralinguistic or nonverbal manner (e.g., warm/gentle vocal quality, responsive facial expression, gentle humour, exploratory manner, respectful silence).
Process Disclosure	Share own here-and-now reactions, intentions or limitations.
Personal Disclosure	Share relevant information about self.

Dialectical Constructivism

Dialectical Constructivism

- A form of dynamic systems theory
  - Piagetian/Post-Piagetian (J. Pascual-Leone)
  - Can be between self and other, or between aspects of the self
  - Both epistemology and ontology
- **Epistemology/Theory Knowledge**: Knowing changes both the state of our knowledge and the thing itself
  - "Fact" = joint construction of the "things themselves" and our knowing process.

Dialectical Constructivism: The Self

- Constructed of multiple aspects or “voices” in varying relationships to one another.
- Ongoing process of synthesizing experiencing

  “Do I contradict myself?
  Very well then I contradict myself,
  (I am large, I contain multitudes.)”

  -Song of Myself, Walt Whitman

- Clinical implication: Clients need help discovering more variety & conflict within themselves, and bringing different aspects into dialogue
  - Especially experiential/internal vs. conceptual/external “voices”

Dialectically Constructive Process

- **Requires:**
  - 1. Clear separation among different aspects/modules/ schemes
  - 2. Direct contact among aspects/ schemes reveal discords, harmonies
- **Success**:
  - Impossible to predict results in advance, but understandable after
  - Generate newness
- **Leads to change in both aspects (assimilation and accomodation)**

Dialectically Constructive Processes in EFT

EFT Process	Self/Inner Experiential Process	"Other" Opposing/ Interacting Process
Empathy/Alliance Formation (Task Stages 0/1)	Client	Therapist
Task Entry/Evocation (Task Stage 2)	Growth/mastery/ curiosity/ openness	Fear/self maintenance/ protection / safety
Focusing for Unclear Feeling	Felt sense	Label/symbol/image/ shift question
Clearing a Space for Attentional Focus Difficulties	Problems/concerns/ issues	Imagined places/containers
Systematic Unfolding for Problematic Reaction Point	Felt reaction to situation; new ways of perceiving situation	Stimulus situation that evoked the reaction; habitual ways of perceiving situation

Dialectically Constructive Processes in EFT

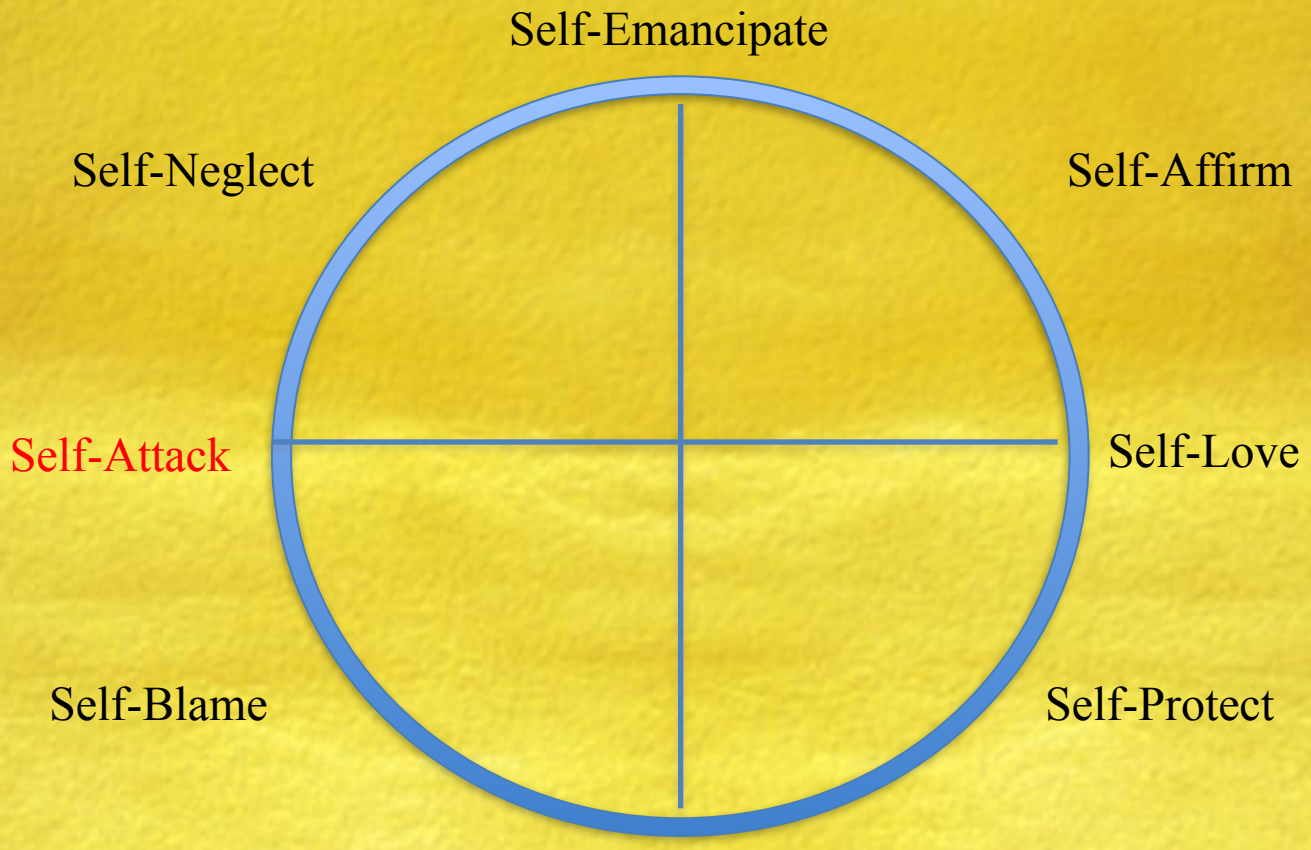
EFT Process	Self/Inner Experiential Process	"Other" Opposing/ Interacting Process
Meaning Creation for Meaning Protest	Experience of shattering life event	Cherished belief
Two Chair Work for Conflict Splits	Experiencer	Negative treatment of self (Critic, Coach, Interrupter, Guard, attributed part)
Empty Chair Work for Unresolved Relationships	Self	Mental representation of Other
Compassionate Self-Soothing for Anguish with inability to self-regulate	Vulnerable Self Experiencer/ inner child	Comforting Self/Other figure

Two Chairwork for Conflict Splits

The Conflict Split Marker

- Classic Definition:
  - 1. Two wishes or action tendencies
  - 2. Description of contradiction, conflict between
  - 3. Expression of struggle, coercion (= Negative Treatment of Self [NTS])
- Contemporary definition:
  - 1 Evidence of negative treatment of self
  - 2. Expression of struggle/distress
- Main Forms of Negative Treatment of Self:
  - 1. Self-Evaluation (self-criticism)
  - 2. Coaching (self-coercion)
  - 3. Self-interruption (self-blocking)
- Alternative presentation: Attribution splits (externalized; over-reaction to others)
- Other specific kinds: decisional, depressive, anxiety, motivational/self-damaging, toxic/destructive/ annihilating

Treatment of Self: SASB Introject Model



L.S. Benjamin's Structural Analysis of Social Behaviour (SASB) Introject Model

Conflict Splits: Task Resolution Scale

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

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

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

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

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

6. Negotiation. Clear understanding of how various feelings, needs and wishes may be accommodated and how previously antagonistic sides of self may be reconciled.

Two Chairwork: Facilitating Therapist Responses

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

Stage 1: Marker/Task Initiation

- Client:
  - Describes split in which one aspect of self is critical of, or coercive toward, another aspect.
  - Broadly: Describes two aspects, whether attributed or in somatic form.
- Therapist:
  - Identify client marker (including pre-marker work)
  - Elicit client collaboration in task

Stage 2: Entry

- Client: Clearly expresses criticisms, expectations, or "shoulds" to self in concrete, specific manner.
- Therapist:
  - Structure (set up) experiment
  - Create separation & contact
  - Promote owning of experience
  - Intensify client arousal

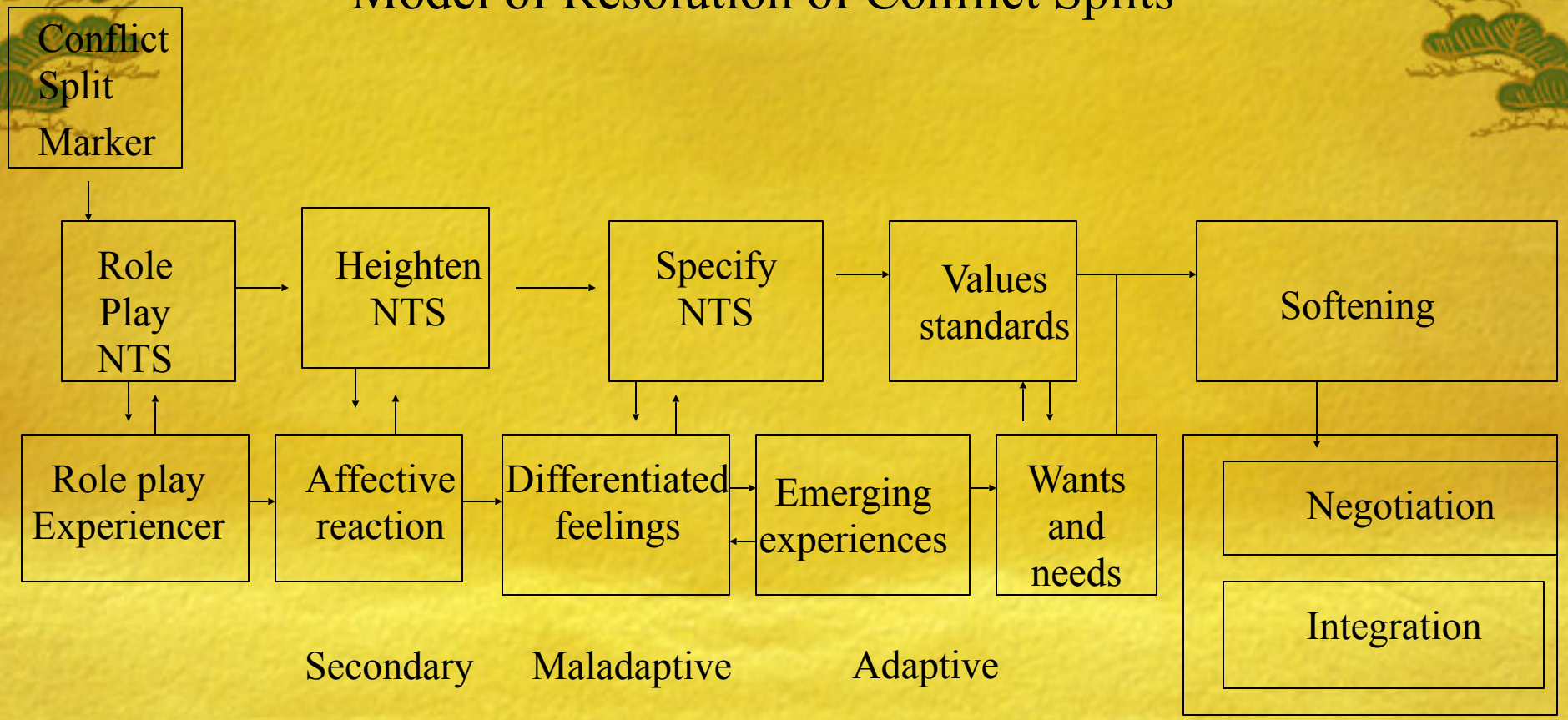
Stage 3: Deepening

- Client:
  - Experiencing chair may agree with critic/ controlling aspect (“collapse”)
  - Primary underlying feelings/needs begin to emerge in response to the negative treatment
  - Critical/controlling aspect differentiates values/standards.

Stage 3: Deepening

- Therapist:
  - Access and differentiate underlying feelings in the experiencing self (including collapsed self process)
  - Differentiate values and standards in the critical aspect
  - Follow deepening forms of the conflict
  - Facilitate identifying with; expressing; or acting on organismic need
  - Bring contact to an appropriate close (=closure/ ending experiment w/o resolution)

Model of Resolution of Conflict Splits



Example of Two Chair Work

- EFT over time: Session 2, 24:30 -

Skill Practice: Practice Stage 3 Deepening in Two Chair Work:

- In skill practice groups, practice the first three steps (Marker/Task Initiation, Entry & Deepening) for 30 mins.
- After 30 min, if the client hasn't reached at least Stage 4 Resolution, tell them you need to need end shortly and help them come to closure on the work for now using *book-marking*.
- Observers: Keep track of time and model. Do 1 or 2 of these brief sessions, then process.

Introducing Chairwork to Clients

- Prior use of language/framework
- Start with clear markers
- Use Experiential Teaching: Explain purpose (clarify, get to deeper issues, identify central underlying needs, values)
- Use "nonheavy" manner: gentle; humor; propose as "experiment"; but not wishy-washy
- Be sensitive to client "safety" issues (depth/intensity, self-consciousness, performance fears)
- Respect but explore client discomfort, refusal (exploring refusal may prove very useful)

Practical Suggestions for Chairwork: Allow creativity, flexibility

- Don't follow rigidly - adopt "experimental attitude"
- Follow evolving/deepening splits
  - Use as exploration tool; don't set resolution as a standard of "success": e.g., clarifying impasse can be useful step
- Provide “coaching” such as:
  - Repetition/heightening
  - Dramatizing/enacting
- "Side trips" are OK (e.g., mini-unfinished business within split)
- Be creative & have fun! (hand puppets, role play for client etc)

Alternative: Configuration Work

- Suggest that client speak first from one aspect or configuration, then speak from the other
- Can use your arms as place holders

Other Clinical Issues

- Balance: process suggestions with gentle manner
- Alternate between types of responses that evoke/ stimulate/suggest; explore; and support
- Clinical Populations: depression, borderline processes, substance abuse, PTSD, anxiety
- "Implacable splits"; impasse typical; takes hard work over time; resolution often takes many tries
- Closing: Processing; book-marking; awareness homework

Working with the Collapsed Experiencer

- Important in depression and social anxiety

Working with the Collapsed Self within Stage 3 of Conflict Split Work

Micro-process Marker:
Collapsed Self: Agrees with critic, expresses hopelessness

Route A: Accept/deepen/ differentiate Hopelessness/Vulnerability (Empathic Prizing task)		Route B: Encourage greater specificity in Critic (return to Stage 2 of Two-Chair Dialogue)	
Client Micro-process	Therapist Responses	Client Micro-process	Therapist Responses
Deepen, differentiate hopelessness/ vulnerability	•Empathic validation •Heighten awareness •Empathic conjecture •Experiential teaching	Specify, heighten critic	•Request specificity •Heighten criticisms •Propose enactment of critic
Micro-resolution. Access underlying growth-oriented aspects of self	•Listen for, support growth-oriented aspects of self	Micro-resolution. Self-assertive reaction evoked in Experiencing aspect	•Listen for, support self-assertive aspects of self

Working with Collapsed Experiencer: Video example

- Dawn: 11:20 -

Skill Practice: Practice Working with Collapsed Experiencer

- (up to 50 min)
- *Clients:* After enacting your Critic (or Coach or Interrupter), pay attention to any genuine desire on the part of your Experiencer to give up and go along with the Critic.
- *Observers*: Keep track of time and model.

Skill Practice: Practice Working with Collapsed Experiencer

- *Therapists:* Help your client heighten/specify their Critic (or Coach or Interrupter).
- If the client doesn't collapse in the first couple rounds, have them go back to the Critic chair and continue to help them heighten/specify.
- *Note*: If the client accesses vulnerability in either chair, halt the process of heightening and have them move the Experiencer chair so that you can offer them empathic affirmation.
- Don't forget to bookmark and process at the end.

EFT Effective?: Summary of Meta-Analytic Evidence

- Two reviews of evidence for Humanistic-Experiential Psychotherapies (HEPs):
  - Elliott, Watson, Greenberg, Timulak & Freire, 2013: 1948 – 2008
  - Elliott, Sharbanee, Watson & Timulak, 2019: 2009 – 2018
  - Will focus on EFT outcomes here

HEP Meta-Analysis Project Generations

Authors	Pub. Year	Years reviewed	N HEP studies	N EFT studies
1. Greenberg, Elliott & Lietaer (individual therapy only)	1994	1974 - 1992	37	4
2. Elliott	1996	1947 - 1994	63	14
3. Elliott	2002	1947 - 1999	86	24
4. Elliott, Greenberg & Lietaer	2004	1947 - 2002	112	28
5. Elliott & Freire (published 2013 as Elliott et al.)	2013	1947 - 2008	191	34
6. Elliott, Watson, Timulak & Sharbanee	**2021**	**2008 - 2018**	**91**	**18**

Inclusion Criteria

- Exhaustive search: attempted to find all existing studies:
  - Therapy must be labeled as Client-/Person-centred, (Process)Experiential, Focusing, or Gestalt; or described explicitly as empathic and/or centering on client experience
  - 2+ sessions
  - 5+ clients (later increased to 10+ clients)
  - Adults or adolescents (12+ years)
  - Effect size (Cohen's d) can be calculated

PRISMA DATA

Stage	N of Studies included	N of Studies excluded
1. Search Result (Jan 2009 – March 2018)	**32,171**	
2. Duplicates removed	**28,118**	4053
3. Initial abstract screening: Possible HEP Outcome studies	**1000**	27,118
4. Second abstract screening: Likely HEP outcome studies	**395**	605
5. Motivational Interviewing studies dropped	**212**	183
6. Full text retrieval	**197**	15
7. Met criteria after full text review by two reviewers	**76**	121
8. Final data set (with added studies)	**91**	(15 studies added from other sources)
9. Extract EFT studies	**18**	73

Recent EFT studies:

Study Number	First Author	Main Publication Year
10.0	Burgess-Moser/Johnson	2015
16.0	Compare	2013
19.0	Cornish	2015
21.1	Diamond- ABMT	2016
21.2	Diamond- EFT	2016
25.1	Elliott EFT	2018
32.0	Greenberg	2010
34.0	Hazrati	2017
54.0	McLean	2013
57.0	Motaharinasab	2016
62.1	Paivio- EFTT-EE	2009
62.2	Paivio- EFTT-IC	2009
63.0	Pascual-Leone (post-only)	2011
72.0	Shahar	2012
73.0	Shahar 2017	2017
79.1	Stiegler -EFT	2017
80.0	Strahan	2017
83.0	Timulak	2017
91.0	Wnuk	2015

Converging Lines of Evidence

- 1. **Pre-post studies:** "Open clinic trials" & effectiveness studies:
  - Addresses question of whether clients change over therapy
  - 2013: 34 studies/samples; 1124 clients
  - 2019: 17 studies/19 research samples; 478 clients
- 2. **Controlled studies:** vs. waitlist or nontreatment conditions
  - Addresses question of therapy causes change
  - 2013: 12 research samples/studies (8 RCTs)
  - 2019: 6 research samples/studies (3 RCTs); 159 EFT clients; 268 control clients

Converging Lines of Evidence, cont.

- 3. **Comparative studies vs. non-PCE therapies**
  - Usually: CBT; also TAU, other approaches
  - Addresses question of whether which therapies are most effective
  - 2013: 11 comparisons/studies (9 RCTs); 186 clients
  - 2019: 5 comparisons/studies (2 RCTs); 260 clients
- 4. **Comparative studies** ***vs other HEPs***
  - Usually person-Centred
  - 2013: 3 comparisons/studies; total 114 clients
  - 2019: 5 comparisons/ studies; 2 RCTS; total 260

Study Sample Stats: A Portrait of recent EFT outcome Research

- Client populations: (non-mutually exclusive)
  - **Interpersonal difficulties: 14** (specific relationship difficulty/ injury, complex trauma, interpersonal violence, general/social anxiety)
  - Anxiety: 8 (mixed, social, PTSD, GAD)
  - Depression: 7 (mild/moderate)
  - Self-Damaging activities: 2 (eating difficulties)
  - Medical: 2 (cancer, obesity)
  - Psychosis: 0
  - Other/general population: 0

Study Sample Stats: A Portrait of recent EFT outcome Research

- Researcher allegiance very high: 16/19 samples: Pro-EFT allegiance
- Mostly individual therapy: 10/19 samples
  - Group/programme: 7
  - Couples: 2
- Region: most often North America: 8
  - Middle east: 4; Europe (except Germany, UK): 3
- Range of designs: RCTs: 6
  - But no ”modern RCTs with ITT/specified randomization
  - Creative practice-based studies & one-group sequential designs: 6
  - One-group treatment development designs: 6

Effect Size (ES) Calculations:

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

- Allows use of largest number of studies
- Used Hedge's *d* for pre-post differences
  - more conservative, controls for small sample bias
- Averaged across subscales within measures; then across measures; then across assessment periods

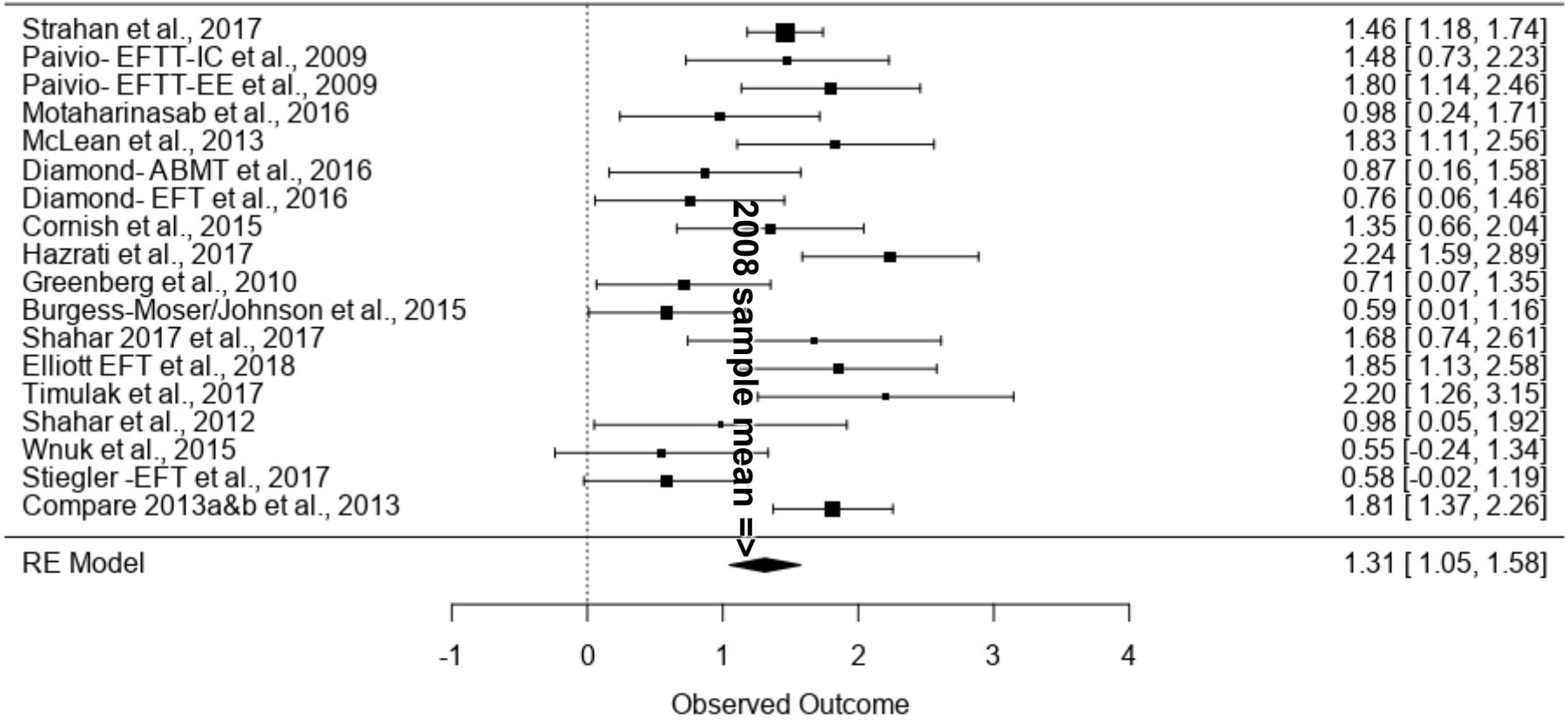
EFFECT SIZE (SD units)

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

1. Pre-Post Studies: Client change on Primary outcomes

	k (samples)	N (clients)	m	95% CI	Q	I^2
Pre-Post Change (weighted mean *g*)						
Overall Mean ES_w	18	464	**1.31***	1.05,1.58	47.8**	67%
2008 Sample	*34*	*1124*	***1.16***	--	--	--
By Assessment Point (2019 sample):						
Post	18	478	**1.33***	1.10,1.57	38.8**	59%
Early Follow-up (1-11mos.)	11	234	**1.49***	1.09,1.89	39.3**	72%
Late Follow-up (12+ mos)	2	32	**1.07**	-.11,2.25	4.5*	78%

Forest plot: EFT Pre-post effects



2. Controlled Outcomes vs untreated clients

	k (samples)	N (clients)	m	95% CI	Q	I^2
Controlled weighted mean difference in effects	6	427	**1.13**	.45, 1.82	37.9**	87%
HEP pre-post ES	6	159	**1.07**	.11, 2.04	76.7**	93%
Control pre-post ES	6	268	**-.12**	-.54, .29	13.6*	63%
Weighted m diff RCTs only	3	57	**1.48**	.67, 2.29	7.5*	73%
2008 Sample: controlled ES	*12*	*255*	***1.05***	--	--	--
2008 Sample: RCTs only	*8*	*116*	***1.31***	--	--	--

3. Comparative Outcome: EFT vs nonHeps

	k (samples)	N (clients)	m	95% CI	Q	I^2
Comparative weighted mean difference	3	202	**.64**	-.27,1.55	23.4**	91%
EFT pre-post ES	3	75	**1.82**	1.52,2.10	.00	0%
NonHEP pre-post ES	3	127	**1.15**	.03,2.27	24.6**	93%
RCTs only	1	38	--	--	--	--
2008 sample: Comparative ES	*11*	*183*	*.57*	--	--	--

4. Comparative Outcome: EFT vs Other HEPs

	k (samples)	N (clients)	m	95% CI	Q	I^2
Comparative weighted mean difference	5	260	**.24**	-.01, .49	2.9	0%
EFT pre-post ES	5	122	**1.02***	.52, 1.53	13.3**	70%
Other HEP pre-post ES	5	138	**.83***	.27, 1.38	18.9**	79%
RCTs only	2	139	**.00**	-.45,.45	1.6	38%
2008 sample: Comparative ES	3	114	**.43***	.06,.81	.6	0%

2008: What Client Problems Do HEPs do Best and Worst With?

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

2019: Effect Sizes for EFT by Selected Client Presenting Problems

Problem/Disorder	Pre-post ES		Controlled ES		Comparative ES (vs. non HEP)	
	k	$ES_w \pm SE$	k	$ES_w \pm SE$	k	$ES_w \pm SE$
Depression	7	1.36 ± .25*	0	--	1	(McLean)
Relationship/ interpersonal/ complex trauma	**13**	**1.36 ± .14***	**6**	**1.13 ± .35***	**1**	**(McLean)**
Anxiety	8	1.49 ± .16*	1	(Shahar)	0	--
Self-damaging activities (eating)	2	1.23 ± .63(+)	0	--	2	.12 ± .25
EFT total sample	**18**	**1.31 ± .14*(+)**	**6**	**1.13 ± .35**	**3**	**.64 ± .47**
Total HEP sample (benchmark)	*94*	*.86 ± .12**	*21*	*.88 ± .32**	*63*	*-.08 ± .13(=)*

Effect Sizes for EFT vs. Other HEP by Selected Client Presenting Problems

Problem	HEP Comparative ES		
	k	ES_w	95% CI
Depression	2	.38 ± .23	-.06, .82
Relationship/ interpersonal/ trauma	4	.20 ± .14	-.08, .47
Anxiety	4	.31 ± .14*	.04, .57

2019: Summary points - 1

- 1. The 10-year EFT update sample is about half the size of the 2008 cumulative sample
  - This is consistent with the larger HEP literature
- 2. Minor differences between Results for 2019 update sample vs 2008 cumulative sample, but are consistent within ±.2 sd
- 3. But EFT continues to outperform the larger HEP benchmark on pre-post changes (**2019: 1.33**; 2008: 1.16 sd)
  - pre-post changes significantly larger for EFT (**1.33)** vs HEP Benchmark (.86)

2019: Summary points - 2

- 4. Large controlled effects (**2019: 1.13**; 2008: 1.05)
  - controlled effects somewhat but not significantly larger for EFT (**1.13**) vs HEP benchmark (.88)
- 5. Middle-sized comparative effects vs. NonHeps (**2019: .64**; 2008: .57)
  - comparative effects vs. NonHeps clearly not significantly larger for EFT (**.64**) vs. HEP benchmark (-.08)
  - But Sample of studies on Comparative vs nonheps is too small to be meaningful (k = 2)
- 7. comparative effects vs other HEPs continue to be small and generally nonsignificant (**2019: .24**; 2008: .43)

2013: HEPS for Specific Client Problems? - 1

- Six client problem areas with bodies of literature:
  - **1. Depression: PCE generally effective; strongest evidence for:**
    - EFT
    - PCT for peri-natal depression
  - **2. Interpersonal/couples problems/complex trauma/abuse: EFT has strong evidence**

2013: HEPS for Specific Client Problems? - 2

- **3. Anxiety: CBT appears to be better than "nondirective-supportive" & PCT**
  - Some research on PCT; none on EFT
  - Promising unpublished results for PCE for Social Anxiety, Generalised Anxiety
- **4. Psychosis: promising emerging evidence for**
  - **NICE ignored own evidence**

2013: HEPS for Specific Client Problems? - 3

- **5. Coping with chronic medical conditions:**
  - Promising emerging evidence for: “Supportive-Expressive therapy”: Yalom/existential;
  - Cancer
  - Auto-immune etc
- 6**. Self-damaging activities (habit/substance misuse):** Promising evidence
  - Compare: Motivational Interviewing
  - Eating difficulties

2019: Summary points – Client Subpopulationd

- Client subpopulations/presenting Problems:
  - Only significant body of RCT evidence is for **interpersonal**/relational problems/complex PTSD (13 pre-post studies, 6 controlled, 4 EFT vs HEP)
    - **EFT as interpersonal therapy?**
  - **Anxiety, Depression**: only EFT vs HEP studies