



EFT Level I Day 4 2019

- Task Review
- Open Marker Work
 - Practical Issues
- Client Populations
 - Research Tools
- Where from Here?
 - Processing



EFT Level 1, Day 4

Time	Topic
9.00 – 10.00	A. Review of tasks
10.00 – 11.00	B. Open marker work
11.00 – 11.15	Break
11.15 – 13.00	C. More open marker work
13.00 – 14.00	Lunch
14.00 – 15.45	D. Practical issues, client populations
15.45 - 16.00	Break
16.00 – 17.00	E. Research tools; Where from here?; Processing


Marker List

- A1. Begins therapy
- A2. Alliance Difficulty: (a) Confrontation: Expresses or implies complaint or dissatisfaction about nature or progress of therapy, or therapeutic relationship; (b) Withdrawal: disengages from therapy process
- A3. Vulnerability: Expresses distress over strong negative self-related feelings (usually with hopelessness & sense of isolation)
- A4. Contact Disturbance: Immediate in-session state takes client out of psychological contact with therapist (hearing voices, dissociation, panic, narrowly focused interest)
- B1. Unclear Feeling: (a) Vague/nagging concern; (b) global, abstract, superficial, or externalized mode of engagement
- B2. Attentional Focus Difficulty: (a) Overwhelmed by multiple worries or one big worry; (b) Stuck/ blank: Unable to find a session focus
- C1. Narrative pressure: Refers to a traumatic/ painful experience about which a story wants to be told (e.g., traumatic event, disrupted life story, nightmare)
- C2. Problematic Reaction Point: Describes unexpected, puzzling personal reaction (behavior, emotion reaction)
- C3. Meaning Protest: Describes a life event discrepant with cherished belief, in an emotionally aroused state
- D1. Conflict Split: Describes conflict between two aspects of self, in which one aspect of self is (a) critical (self-criticism split), (b) coercive toward (coaching & decisional splits), or (c) blocks another aspect (self-interruption split).
- D2. Attribution Split: Describes over-reaction to others, in which others are experienced as (a) critical of, (b) coercive toward, or (c) blocking of the self
- D3. Unfinished Business/Unresolved Relationships: Blames, complains, or expresses hurt or longing in relation to a significant other
- D4. Anguish with inability to regulate: Expresses strong emotional pain in presence of severe self-criticism or lack of connection/support, and is not helped therapist empathic affirmation



Group Quiz - 1


● Identify:

- The 5 elements of an emotion scheme
 - The 4 kinds of emotion response
 - Some ways to help clients moderate overwhelming emotions
 - The steps in the emotional deepening model
 - Some kinds of therapist empathy response
- 




Group Quiz - 2

● Identify:

- The main EFT tasks we covered this week
 - Their markers
 - The general thing you do
 - (For extra credit: The key change point)
- 




Focusing for an Unclear Feeling: Marker (Stage 1)

- *Client Process*: Something not right (e.g. general sense of foreboding / discomfort, something eating away)
 - (1) Particular internal experience
 - (2) Difficulty articulating or symbolizing
 - (3) Distress or disturbance in connection with
 - Not a puzzling reaction
 - *Therapist Response*:
 - Identify, reflect marker to client
 - Propose task
- 



Task Resolution Stage 2: Attending

- *Client process:* Attending to the unclear feeling, including whole thing
 - *Therapist Response:*
 - Encourage focusing attitude: Invite client to turn attention inward to what is troubling or unclear
 - Encourage attitude of receptive waiting
 - Encourage attention to whole feeling
- 




Task Resolution Stage 3: Finding a Handle

- *Client process:*

- Searching for & checking potential descriptions (label, symbolic representation)
- Including checking accuracy of label


- *Therapist Response:*

- Ask client to find word or image for unclear feeling
 - Reflect exactly what client says
 - Avoid interpretation
 - Encourage client to compare label to unclear feeling, until “fit” is found
- 



Task Resolution Stage 4: Feeling Shift

- *Client process:* Nonverbal display of easing or relief

 - *Therapist Response:*
 - Go back to Step 2 (what is X about?)
 - Or use exploratory shift questions:
 - What else is there?
 - What is at the core/bottom line?
 - What does it want/need to change/shift?
- 




Task Resolution Stage 5: Receiving

- *Client process:*

- Self-criticism
- Appreciating, consolidating felt shift

- *Therapist Response:*

- Encourage C to stay with feeling that has shifted
 - Help C to temporarily set aside critical or opposing feelings
- 




Task Resolution Stage 6: Carrying forward

- *Client process:*


- Carrying forward outside therapy
- New in-session task



- *Therapist Response:*

- Listen for, facilitate carrying forward if appropriate
 - What is next? Where does it lead?
- 





Clearing a Space: Markers

- Main Marker: *Overwhelmed*:
 - multiple worries
 - over-identified with problem
 - Alternate marker: *Blank*:
 - client doesn't know what to work on
 - helpless stuckness of depression
 - avoidant numbing of PTSD
- 




Task Resolution Stage	Therapist Response
1. <u>Marker:</u> <u>Attentional</u> <u>Focus Difficulty:</u> Client overwhelmed; stuck or blank.	Identify, reflect marker to client; propose task.
2. <u>Attending</u> to internal “problem space.”	Invite client to turn attention inward (focusing attitude).
3. <u>Listing</u> concerns or problematic experiences.	Ask client to attend to things that “keep you from feeling good.” “Anything else?”





Task Resolution Stage	Therapist Response
4. <u>Setting aside concerns or problems</u> : Client able to create emotional distance from problems, identify most important to work on.	Ask client to imagine setting concern aside; may suggest containment imagery; may facilitate negotiation with concern; make use experiential teaching about optimal working distance as needed.
(Repeat 3 & 4 as needed, until client runs out of concerns)	



Task Resolution Stage	Therapist Response
5. <u>Appreciating cleared internal space</u> : Client enjoys relief, sense of free or safe internal space.	Suggest client stay with, explore felt sense of clear internal space.
6. <u>Generalizes cleared space</u> : Client develops general appreciation for need, value or possibility of clear or safe space in his/her life.	Explore value or possibility of cleared, safe space in client's life to help deal with overwhelming feelings.




Systematic Evocative Unfolding

1. Marker: Problematic Reaction Point

● 3 elements:


- 1. Stimulus situation described
- 2. Personal reaction described (feeling or behaviour)
- 3. Described as puzzling or not understood

● Therapist:

- Identify marker
 - Propose task
- 




Stage 2: Building the scene

- **Client describes the situation vividly and concretely almost as if they were playing a movie of the scene**
 - **Therapist helps client to construct the details so as to bring situation alive in the session**
 - **The more vivid the description the more likely that clients will access their emotional response**
- 




Stage 2: Building the scene

- Determine when reaction occurred
 - Get an impressionistic sense of how things had been going just prior to reaction
 - It is important to blow up moment when reaction occurs in order to identify the stimulus or trigger
- 




Stage 3: Identify Salience

- Track the feelings
 - Identify moment when feelings change
 - Help client identify trigger e.g. thought, tone of voice, facial expression
 - Explore meaning of stimulus
 - Explore clients' construal of situation
- 




Stage 4: Meaning Bridge

- Identify dominant scheme or way of being
 - Provides understanding
 - Characteristic style
 - Important value
 - Organizing schema
- 




Stage 5: Recognition and re-examination of self schemes

- Listen for and encourage broadening
 - Help client explore broader meanings
 - Help client explore alternative self-schemes as they emerge
- 




Stage 5

- Explore characteristic style / scheme
 - Examine origin
 - Examine its accuracy in light of other examples
 - Evaluate its efficacy currently and work out new way of being
- 




Stage 6: Consideration of new options

- Listen for and explore emerging new understanding:
 - of self in relation
 - self-in-the world
 - Help client explore implications for change
- 




Empty Chair Work: Unfinished Business Marker

- 1. Bad feelings (hurt, anger, resentment)
 - 2. Toward a specific developmentally-significant other (e.g., parent, spouse, intimate or authority)
 - 3. Lingering: unresolved and current (experienced in session)
 - 4. Restricted: feeling is not fully or directly expressed, as indicated by self-interruption in the form of:
 - ◆ Verbal signs: giving up, despair, cynicism
 - ◆ Nonverbal signs of self-interruption (e.g., biting lips, gulping down tears, tightening jaw / fist)
- 



End State/Goals:

- 1. Completed expression of unexpressed feelings
 - 2. Letting go of unfulfilled expectations/ needs re: other
 - 3. Change in perception of self (Self scheme: separate, stronger, more positive)
 - 4. Interpersonal understanding/ insight into other (change in Other scheme) (sometimes forgiveness)
 - 5. Emotional relief
- 

Task Resolution Scale

1. Marker: Blames, complains, or expresses hurt or longing in relation to a significant other.
2. Setting up/starting. Speaks to imagined other and expresses unresolved feelings (e.g., resentment, hurt).
3. Expressing and differentiating. Differentiates complaint into underlying primary feelings; experiences and expresses relevant emotions (e.g., sadness, anger, fear, shame) with a high degree of emotional arousal.
4. Partial resolution. Experiences unmet need(s) as valid and expresses them assertively.
5. Changed view of other. Comes to understand and see other in a new way, either in a more positive light or as a less powerful person who has/had problems of his/her own.
6. Full resolution. Affirms self and lets go of unresolved feeling, by understanding, forgiving, or holding other accountable.

Therapist Responses

1. Listen for, reflect toward possible unfinished business markers (including during other tasks, e.g., two chair dialogue).

2. Offer task

- Obtain client agreement by offering experiential teaching, experiential formulation related to task
- Help client make psychological contact with, evoke presence of representation of other
- Listen for and help client deal with difficulties engaging in task.

3. Use empathic exploration responses • Encourage first-person language

- Recognize and distinguish primary and secondary emotions
- Listen for, help client work with emergent self-interruptive processes,

4. Help client explore and express unmet needs

- Provide empathic affirmation for emerging unmet needs.

5. Encourage elaboration of imagined perspective of other.

6. Encourage dialogue, offer support for forgiveness, understanding, or holding other accountable

- Help client explore and appreciate emerging self-affirmation.



Two Chairwork for Conflict Splits

● A. Conflict Split Marker

- 1. Two wishes or action tendencies (configurations)
- 2. Description of contradiction, conflict between
- 3. Expression of struggle, coercion

● Prototypical Split = Decisional conflict

● Experience: uncomfortable "tornness"

● Subtypes:

- 1. Self-Evaluation (self-criticism)
- 2. Coaching splits (self-coercion, motivational)
- 3. Self-Interruption

● Related Task: Attribution splits (externalized; over-reaction to others)



Conflict Splits: Task Resolution Scale

1. Marker /Task Initiation: Client describes internal conflict in which one aspect of self criticises, coerces or interrupts another aspect.

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

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

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

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

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

Two Chairwork: Facilitating Therapist Responses

1: Identify client marker (including pre-marker work). Elicit client collaboration in task

2: Structure (set up) experiment. Create separation & contact. Promote owning of experience. Intensify client arousal

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

4: Facilitate emergence of new organismic feelings
Create a meaning perspective (=processing)

5: Facilitate softening in critic (into fear or compassion)

6: Facilitate negotiation between aspects of self re: practical compromises



To Sum up: Follow the Deepening Emotion Process


● Current consensus model in EFT:

- Pre-deepening: Overwhelmed/Interrupted/Instrumental/Undifferentiated**
- => Secondary Reactive: Presenting emotional issue**
- => Primary Maladaptive: Old familiar stuck places**
- => Primary Maladaptive: Core pain => unmet need**
- => Primary Adaptive: Changing emotion with emotion; self-empowerment & self-soothing**





Open Marker Work

- Naturalistic
 - Client: presents whatever they want to work on
 - Therapist: listens for and reflects toward possible task markers
 - Try: Pause after 5 min to consider possible markers; T consults with observers, client
 - Therapist: Confirms marker and offers task
 - Client and therapist carry out task
- 




Practical Aspects of EFT






Practical Aspects: Therapy Parameters

- Weekly 50-minute sessions
 - Incremental step model/flexible length:
 - initial trial period (3 sessions, if desired)
 - short-term (5-15 sessions)
 - long-term (blocks of 8-10 with periodic review of progress)
 - 16-20 session protocols for depression, trauma, social anxiety; longer for borderline processes, severe problems
 - Best if client decides
- 




Practical Aspects: Use of Therapeutic Tasks

- Balance of empathic exploration and other tasks
 - Early (<session 3 or 4): generally avoid chair tasks
 - Short-term (after session 3): 30%-50% specific task work
 - Long-term/difficult/fragile processes: more interpersonal emphasis
- 




Practical aspects: General Organisation of Sessions -1

- Opening: State Check: What are you experiencing? Where are you this week?
 - Identifying the work
 - Client catches us up if they want
 - Discuss/identify tasks for today
 - Work on one or more tasks
 - Experiential formulation before or after
- 



Practical aspects: General Organisation of Sessions - 2


- Processing the work/ Closing the session
 - Book-marking
 - 5 – 10 min warning
 - State Check
 - How has the session been today?
 - As needed: Mini-self-soothing or working distance
 - Ending
- 



Practical Aspects: General Organisation of Therapy


- *Based on treatment protocols for depression, anxiety, trauma (~20 sessions)*

- ***Phase I: Making contact and beginning to explore the Presenting problem***

- Roughly: Sessions 1 – 2; Tasks:
 - Alliance formation
 - Empathic Exploration of presenting problem and associated emotions
 - Narrative retelling of life story and presenting problem
- 




Practical Aspects: General Organisation of Therapy

- ***Phase II: Initial work with presenting secondary processes***
 - Roughly Sessions 4 – 10; Tasks:
 - Unfolding episodes of presenting process
 - Conflict split work re: presenting process
 - Emotion Regulation Work
 - Opens deeper maladaptive emotion processes & stuckness
- 




Practical Aspects: General Organisation of Therapy

- ***Phase III: Deepening: Working with primary maladaptive processes***
 - Roughly Sessions 9 - 16; Tasks:
 - Deeper Conflict split work: Deeper maladaptive emotion processes & stuckness
 - Unfinished Business re: sources of stuckness => core pain
- 



Practical Aspects: General Organisation of Therapy

- ***Phase IV: Working with and repairing the sources key problems***
 - Roughly Sessions 17 - 20; Tasks:
 - Transformative Compassionate self-soothing for anguish
 - Consolidation of change
 - Ending work
- 



EFT for Different Client Populations: A Brief Tour

EFT Treatment Development Model

- 1. Adapt EFT to different client populations/presenting problems
 - a. Invest time and energy getting to know issues common with particular client populations
 - b. Use EFT task analysis and emotion theory as a framework for understanding a new client population

EFT Treatment Development Model

- 2. Listen for common recurring EFT tasks & emotion processes (may be tied to specific diagnostic symptoms)
 - a. Adapt existing tasks as appropriate to the client population (eg depression & anxiety splits)
 - b. Describe and map new tasks specific to the client population
 - c. Identify key problematic emotions (including common emotion scheme elements & emotion response types)
 - d. Identify common emotion processing modes (dysregulated, restricted, working & change modes)

EFT Treatment Development Model

- 3. Carry out clinical case series of systematic case studies
 - Adapt & fine-tune model




Depression

- EFT main source of new Counselling for Depression (CfD) Model




Basic View of Depression

- Depression is a message I send myself that something is broken in my life
 - => Important to listen to what it is saying
 - Depression is form of Stuckness (blocked Process); very easy for therapists to feel stuck also
 - => important to learn how to not get stuck with your clients
 - Depression feels like it just happens but it is in fact something that I do
 - Or rather: something in me does it to me
- 



Depression:

Dysfunctional processes


- 1. Emotion processes/sources: (Many causes)
 - Vulnerabilities (early loss/attachment injuries; internalization of critical others)
 - Loss/neglect/trauma => sadness/anger (= unfinished business)
 - Anger => retroflection => Critic (=conflict splits)
 - Depressed emotion cues negative thoughts, perceptions, memories
 - Depressive withdrawal = pain/injury response (physical => emotional) (also shame)
 - Blocked access to emotions/emotional avoidance
- 



Depression:

Dysfunctional processes


● 2. Self-organization:

- Weak/Bad Self Experienter (collapses in face of Critic)
 - Angry/Critical Self
 - Ineffectual Coach
 - Rebellious Experienter
- 




Depression:

Change processes:

- 1. General:
 - Alliance => attachment repair
 - Empathic exploration
 - 2. Initial tasks:
 - Start with Empathic Exploration of sources of depression
 - Use Focusing for overly conceptual/blocked experiencing
 - 3. Key tasks:
 - Two chair dialogue for depressive splits (self-criticism)
 - Empty Chair work for Unfinished business
 - 4. Other tasks:
 - Two chair enactment for self-interruption
- 



PTSD

- "Post-Traumatic Stress Difficulties"
 - Not "disorder"
 - Both:
 - Single/criminal victimization
 - Complex PTSD (related to Fragile process)
- 




PTSD: Dysfunctional processes:

- Emotion processes/sources:
 - Trauma produces conflicted processing (Self-interruption split: avoidance vs. reexperiencing to resolve)
 - Narrative processing disrupted (narrative gaps; broken life narrative)



PTSD: Self-organization


● Trauma reverses important emotion schemes:

- Vulnerable Self (vs. powerful self)
 - Unsafe World (vs. safe world)
 - Malevolent Other (vs. neutral other)
 - Unhelpful Others (vs. helpful others)
- 



PTSD: Change processes


● 1. General:

- Presence of caring other restores community
 - Re-empowerment (support client agency; express anger)
 - Experiencing parts of world as partially trustworthy
 - Reprocessing trauma
 - Need to pay attention to emotion regulation
- 



PTSD: Change processes

● 2. Main Tasks:

- Facilitating Retelling of trauma related stories
 - Space Clearing
 - Empathic Affirmation for vulnerability
 - Empty Chair & Speaking Your Truth work with unhelpful others (perpetrator comes later)
 - Conflict splits: First Self-interruption; also Self-critical; anxiety splits
 - Meaning Creation
- 




Fragile Process/Complex Trauma



● “Borderline Processes”






Fragile Process:

- These processes exist on a continuum with normal experience
 - 1. Emotion processes/sources:
 - Role of emotional injury
 - Central process: emotion dysregulation
 - Maladaptive anger
 - 2. Self-organization:
 - Damaged/crazy/evil self
 - Unhelpful/malevolent others
 - Implacable splits
 - Inner emptiness
- 



Fragile Process: Change processes


- 1. General:
 - Relationship is central
 - Emotion dysregulation must be dealt with from the beginning
 - 2. Main Tasks:
 - Space Clearing
 - Alliance Dialogue
 - Two chair dialogue for implacable splits
 - Self-soothing (two chair work)
- 



EFT for Anxiety Difficulties:




EFT for Anxiety Difficulties: What Kinds are There?

- Excessive fears (=phobias; social most common; medical populations: disease recurrence/progression)
 - Episodes of overwhelming fear (=panic)
 - Excessive worry (=generalised anxiety)
 - Post-trauma difficulties (=PTSD)
 - Persistent anxiety-provoking unwanted thoughts (=obsessions)
 - Feeling driven to do things to feel less anxious (=compulsions)
 - => All of these lead to avoidance of fear-related situations and experiences
- 




Specificity

- Hypothesis: Anxiety difficulties organized by primary maladaptive emotion schemes
 - (= automatic & overgeneralized)
 - Vary with type of anxiety difficulty, e.g.,
 - Vulnerability-related fear (phobias, PTSD, panic, generalized anxiety)
 - Shame (social anxiety Shahar & Elliott)
 - Guilt/self-disgust (Obsessive-compulsive)
 - Worried hyper-responsibility/guilt (generalized anxiety)
 - Overwhelming loss of control (panic)
- 




Emotion-Focused Therapy (EFT) Theory of Anxiety Difficulties: Key Concepts

- 1. Anxiety Splits, by which person makes themselves anxious
 - 2. Multiple levels of Anxiety Splits
- 




EFT Understanding of Social Anxiety

- Commonly accompanied with clinical depression, substance abuse, employment & interpersonal problems
 - Integrated EFT Protocol for Social Anxiety: see Model slides
- 




Additional Client Populations with EFT Treatment Models/Protocols

- Couples (Johnson/Greenberg/Goldman; Attachment injury task)
 - Conflicted Families of troubled teenagers: Diamond: Attachment-based family therapy
 - Emotion-Focused Family Therapy (EFFT): Dolhanty & LaFrance
 - EFT Group Therapy (Thompson, Dolhanty; self-criticism)
 - Eating difficulties (Wnuk, Dolhanty, Oldershaw; different formats)
 - Generalised anxiety (Timulak, Watson/Greenberg)
 - Aspergers/High functioning autism (A Robinson)
- 



Other Promising Client Populations for EFT Treatment Development

- Transdiagnostic protocol: anxiety, depression (Timulak et al)
 - Coping with chronic medical conditions (eg, cancer, auto-immune conditions)
 - Other anxiety difficulties (other phobias; obsessive-compulsive difficulties; panic difficulties)
 - Psychosis
 - Substance misuse
- 




● Course Evaluation....





Where from Here?

● Key books:

- Elliott, Watson, Goldman & Greenberg, 2004: *Learning Emotion-Focused Therapy*
 - Timulak, 2015. *Transforming emotional pain in psychotherapy*
 - Greenberg & Watson, 2006: *Emotion-Focused Therapy for Depression*
 - Paivio & Pascual-Leone, 2010: *Emotion-Focused Therapy for Trauma*
 - Goldman & Greenberg, 2015: *Case Formulation in EFT*
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Where from Here?

● Websites:

- www.iseft.org [International Society for EFT website]
- www.iceeft.com [Sue Johnson's website]
- EFT Network UK Google site: Slides for all the levels; articles; research measures; list of UK-based EFT supervisors & supervisors-in-training:
<https://sites.google.com/site/eftnetworkuk/>
- Glasgow EFT Network Google group: <http://groups.google.co.uk/group/EFT-training> [email Robert for invitation]




EFT UK Training Preview: 2019-20

- **EFT Level 2:**

- **Strathclyde: Complete 9-day EFT Level 2 (including Advanced Empathic Attunement): 3 X 3-day modules:**
 - 14-16 Nov 2019 (Relational Processes)
 - 16-18 March 2020 (EFT Fundamentals)
 - 11-13 May 2020 (Advanced Methods in EFT)



EFT Network Glasgow Meetings


- Quarterly: Saturday afternoons 12 – 5pm
 - Robert's flat, Hyndland: Flat 1-2, 84
Novar Drive, Glasgow G12 9ST phone:
0141 334 4681
 - Format: (a) Practice check in; (b) EFT
Video; (c) Food; (d) Skill Practice; (e)
Group Supervision
 - 7 Sept & 9 Nov 2019; 25 March 2020; etc
- 

UK EFT Qualification Criteria (Based on ISEFT Guidelines) (Aug 2017)

- **Prerequisite: Prior training in humanistic-experiential psychotherapy w/ solid empathy training**
- **Level A: Completion of EFT Training**
 - 10 days workshop training + 5 hrs EFT supervision
- **Level B: Completion of EFT Supervised Practice**
 - 10 days workshop training + 15 hrs EFT supervision
- **Level C: Qualified EFT Therapist**
 - Level B + submit & pass 2 recordings
- **Level D: Qualified EFT Supervisor**
 - Level C + prior supervisor training + shadow/facilitation




EFT Supervision - 1

- There is currently a shortage of EFT supervisors
 - Often done by Skype or Zoom
 - Often monthly “EFT top-up” supervision in addition to your regular supervision
 - Focusing on your EFT practice
 - Main mode: video-recording-based (at least half of supervision sessions)
- 



EFT Supervision - 2

- Other supervision modes:
 - Case formulation
 - As appropriate, personal work on stuck places that interfere with your work
 - Supervisee embodies client; supervisor models how to work with client
 - Recommended readings
 - Regular process & outcome monitoring
- 

EFT Supervisor Continuum

- 1. EFT-Friendly Supervisor: Tolerates and supports your EFT practice
- 2. EFT-Informed Supervisor: Has at least EFT Level 1 training (preferably Level 2)
 - See <https://sites.google.com/site/eftnetworkuk/eft-therapist-referral-list>
- 3. EFT Supervisor in Training: Working toward EFT Supervisor accreditation
 - Hours count toward Level A accreditation
 - see: <https://sites.google.com/site/eftnetworkuk/certified-eft-therapists-supervisors>
- 4. Accredited EFT Supervisor
 - Hours count toward Level B+ accreditation
 - See ISEFT.org for list



Research Tools

- Helpful Aspects of Therapy Form
- Change Interview
- Therapist EFT Session Form

Available at: <https://sites.google.com/site/eftnetworkuk/>



Where from Here?


- **Contact us:**

- Robert: fac0029@gmail.com

- Lorna: lorna.carrick@strath.ac.uk



Workshop Processing: Focusing Exercise

- 1. How do I feel after these four days?
 - 2. What have I learned? What will I take away to do differently?
 - 3. What would help me put this into practice?
- 



● Certificates...



