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Series Preface

Tony Rousmaniere and Alexandre Vaz

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

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

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

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

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

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

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

About This Book

This book in the series is on emotionally focused couple therapy (EFCT), an evidence- and attachment-based couple therapy approach within a humanistic and systemic framework designed to help distressed couples by altering their dysfunctional, interactive cycles. Guiding partners to take new and often quite vulnerable emotional risks with each other is the primary way for EFCT therapists to restructure attachment bonds from insecure to secure. Although this book focuses on the treatment of couples, it should be noted that EFCT has expanded its client base and can also be used (with modifications) with individual clients (EFIT; Johnson & Campbell, 2022) and families (EFFT; Furrow et al., 2019).

In this book, we adopt deliberate practice methods to support experiential—learn by doing—training opportunities. This experiential focus is consistent with EFCT's training model (Palmer-Olsen et al., 2011). Importantly, this book is not intended to replace core

readings, exposure to foundational EFCT theory, and principles of practice. Rather, it is intended to augment the wide diversity of other training components. For more information on these training components, please refer to the International Centre for Excellence in Emotionally Focused Couple Therapy (<https://iceeft.com/>).

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

Introduction and Overview of Deliberate Practice and Emotionally Focused Couple Therapy

CHAPTER

1

As a trainer and a supervisor of emotionally focused couple therapy (EFCT), we often hear about the struggles that our trainees go through as they are learning this elegant, straightforward, yet complex model. We hear things like this:

"This is way too complex."

"I don't know if I am doing this right!"

"It sounds so simple when I read about EFCT, but doing it is something else!"

"I never remember what step or stage I am in or what to do next!"

"I never seem to do what I'm supposed to, in the moment, when I need to."

"I watch my tapes and I am embarrassed by how many things I let pass where I could have intervened."

"I keep tracking the negative cycle but don't know how to advance to the next step like exploring the couple's underlying emotions."

"If I just let a few days or weeks pass without reviewing the model, it seems to become fuzzier in my head and I can't seem to remember everything that I am supposed to do."

Perhaps some of you reading this today can identify with one or more of these. We all have been there.

Sue Johnson, in a communication to her EFCT trainer team (personal communication, 2024), suggested that after years of focusing on steps and stages, they should also turn their focus to micro skills and macro skills as a more effective and reliable way to help their trainees learn how to create new change events in the couple's work. She shared that her own work improved when she focused on teaching and practicing skills.

Following the growing (but still nascent) trend of using deliberate practice to learn various psychotherapy approaches, we (Hanna and Sam) decided to write this book alongside our colleagues and series editors Tony Rousmaniere and Alexandre Vaz. We realized that we had an advantage applying deliberate practice to EFCT because EFCT has always espoused experiential learning as one of its primary values. However, in the actual training, EFCT has usually relied on open-ended role-plays and watching videos of expert therapists performing EFCT as well as discussion of the concepts and interventions involved.

<https://doi.org/10.1037/0000436-001>

Deliberate Practice in Emotionally Focused Couple Therapy, by H. Levenson, S. Jinich, A. Vaz, and T. Rousmaniere

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In other words, although the training has been rich and effective (Montagno et al., 2011), there has been the absence of deliberately practicing an intervention repeatedly until it becomes “muscle memory.” In this book, we take EFCT to the next level of strategically and programmatically focusing on specific skills that can be practiced individually or in combination with other skills to improve performance and confidence in the model.

Twenty years ago, Hanna and Sam met in Ottawa, Canada (although we both lived just a few miles from each other in the San Francisco Bay Area of California). We traveled to Canada to learn EFCT from Sue Johnson and her colleagues in one of their 5-day externships in the early days of their training program. When we returned, we were so impressed by this emotionally focused, process-oriented, humanistic, attachment-based approach to working with couples that we organized a handful of therapists interested in learning the model and, as a group, invited two of the EFCT founders, Alison Lee and Gail Palmer, to come help us learn EFCT in what became the first Core Skills series taught.

In my (Sam's) journey to become an EFCT therapist, I discovered that as time elapsed, I was forgetting what I had learned from the externship and the Core Skills training. As soon as the training was over, things became fuzzier, and I felt like there was something wrong with my ability to learn the model or that there was something uniquely challenging about this particular model. It seemed organic and simple when watching Sue and her EFCT trainers do a live case or watch them on video, but it was quite challenging for the skills to feel like they came naturally to me. I thought perhaps that I just needed more experience. This changed when I became a trainer 9 years later. I often admit publicly that I learned EFCT after I became an EFCT trainer, and I often tell my students that the best way to master the model is to try to teach it. I promise you that by practicing with others, your skills will improve dramatically, your outcomes will improve, and, best of all, you will not feel like there is anything wrong with your ability to learn EFCT.

My (Hanna's) original training was in social psychology and personality theory. So when I became a clinical psychologist several years later, it seemed natural to me that one would look for the social (between) and individual (within) influences on personality, difficulties, and growth. Also, as a researcher and a teacher, I was eager to use models that had an empirical basis. Since I learn best when I am researching something, I (working with two outstanding graduate students) developed a self-report fidelity scale to help practitioners know when they were doing (and not doing) EFCT (Levenson et al., 2009; Montagno et al., 2011). This project developed into a larger research endeavor on the effects of training in EFCT. Long story short, when I found EFCT, it felt like I had a home base that made sense clinically, empirically, didactically, and idiosyncratically. I was hooked.

However, despite EFCT's commitment to learning through experiential exercises, workshops, and training videos, the learning curve was steep, bumpy, uneven, and not always clearly marked. As I became more experienced in the model, first as an EFCT-certified therapist and then as a certified supervisor, I wanted to help my supervisees and colleagues who were struggling how best to learn this powerful model.

Why Are We Writing This Book?

Ostensibly we are writing this book to help you learn how to do EFCT more effectively and efficiently. But we want to do more than that: We would like to inspire you! First, we would like to embolden you to harness the energy behind this powerful model so that you can have an increased ease and enthusiasm as you work with distressed couples. Second, we would like you to appreciate your own capacity to learn and even master skills—a capacity that perhaps you didn't even realize you had—through deliberate practice.

Overview of the Deliberate Practice Exercises

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

Throughout all the exercises, trainees work in pairs or in groups of three under the guidance of a supervisor and role-play as clients and therapist, switching back and forth between the two roles. Each of the 12 skill-focused exercises consists of multiple client statements grouped by difficulty—beginner, intermediate, and advanced—that calls for a specific skill. For each skill, trainees are asked to read through and absorb the description of the skill, its criteria, and some examples of it. The trainee playing the client then reads the statements, which present possible scenarios relevant for EFCT clinical practice. The trainee playing the therapist then responds in a way that demonstrates the appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the supervisor. Guided by the supervisor, the trainees will be instructed to try statement–response couplets several times, working their way down the list. In consultation with the supervisor, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The group (supervisor–clients–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment.

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

TABLE 1.1. The 12 Emotionally Focused Couple Therapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Evocative inquiry: identifying patterns and eliciting attachment fears and needs	6. Tracking the therapist's inner experience	8. Gathering and assembling elements of emotion
2. Evocative reflection: eliciting and heightening emotional experience	7. Providing a rationale for emotionally focused couple therapy	9. Enactments: deepening emotional experience and choreographing engaged encounters
3. Validating partners' experiences and tracking dysfunctional patterns		10. Slicing the risk thinner: helping partners express difficult emotions
4. Attachment-reframed validation		11. Interrupting negative process early in therapy: catching the bullet I
5. Deepening emotions with RISSSSC: speaking simply, slowly, and softly		12. Interrupting negative process later in therapy: catching the bullet II

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

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

The Goals of This Book

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

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

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

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

Who Can Benefit From This Book?

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

1. The supervisor is knowledgeable about and competent in EFCT.
2. The supervisor is able to provide good demonstrations of how to use EFCT skills across a range of therapeutic situations, via role-play and/or video. Alternatively, the supervisor has access to examples of EFCT being demonstrated through psychotherapy videos. (We have provided a listing of such resources in Appendix C.)
3. The supervisor is able to provide feedback to students regarding how to craft or improve their application of EFCT skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of EFCT and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

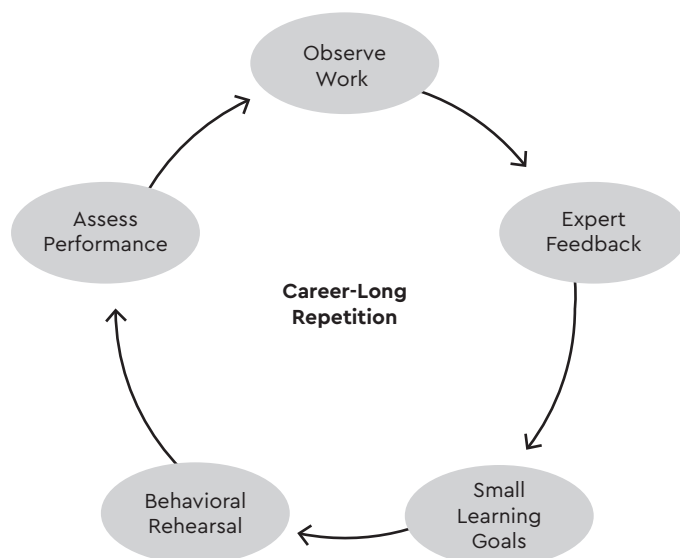
The exercises covered in this book series were piloted in multiple training sites across four continents (North America, South America, Europe, and Asia). This book is designed for trainers and trainees from different cultural backgrounds worldwide. This book is also designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists, emphasizing the importance of lifelong learning. All exercises feature guidance for assessing and adjusting the difficulty to target the needs of each individual learner precisely.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable and what is simply beyond our reach, due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. A mixture of awe, admiration and even confusion surround people such as Mozart, Leonardo da Vinci, or more contemporary top performers such as athletes Serena Williams, Michael Jordan, or Caitlin Clark and chess virtuoso Garry Kasparov. What accounts for their consistently superior professional results? Evidence suggests that the amount of or time spent on a particular type of training is a key factor in developing expertise in virtually all domains (Ericsson & Pool, 2016). "Deliberate practice" is an evidence-based method that can improve performance in an effective and reliable manner.

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

FIGURE 1.1. Cycle of Deliberate Practice



Note. From *Deliberate Practice in Emotion-Focused Therapy* (p. 7), by R. N. Goldman, A. Vaz, and T. Rousmaniere, 2021, American Psychological Association (<https://doi.org/10.1037/0000227-000>). Copyright 2021 by the American Psychological Association.

Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known "10,000-hour rule" popularized by Malcolm Gladwell in his 2008 book *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool, 2016). This, however, perpetuated two misunderstandings. First, that this is the number of deliberate practice hours that everyone needs to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

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

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

Instead, good psychotherapy is more like improvisational jazz (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are co-constructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) lists 18 skill areas that students must master, each of which has multiple discrete skills, including tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. As legendary jazz musician Miles Davis put it, "You have to play a long time to be able to play like yourself" (Cook, 2005, p. 112).

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

Simulation-Based Mastery Learning

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

Declarative Versus Procedural Knowledge

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

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

Now we turn to a little theoretical background on EFCT to help contextualize the skills of the book and how they fit into the greater training model.

Overview of Emotionally Focused Couples Therapy

EFCT was conceptualized by Leslie S. Greenberg and Susan M. Johnson in the early 1980s, culminating in a book on the topic in 1988. This version of EFCT was primarily a theoretical integration of two orientations—that of Rogers's (1961) intrapersonal, humanistic/experiential approach and that of Minuchin and Fishman's (1981) interpersonal, family systems approach. Johnson and Greenberg focused on the dancer and the dance and the system that held them together by simultaneously considering the intrapsychic experience (within the self) and the interpersonal experience (between the partners).

Emotion was privileged and seen as both the target and the agent of change. What resulted was an experiential, emotion-processing model to help distressed couples.

Johnson then expanded on the model by integrating John Bowlby's (1969, 1988) and Mary Ainsworth's (1962) attachment theory. She (Johnson, 2008) defined the core attachment question as "Are you there for me?" with each of the letters in the verb (ARE) standing for a different component of a secure bond: **a**ccessibility, **r**esponsiveness, and emotional **e**ngagement. "The approach became increasingly focused on strengthening a couple's bond" (Furrow et al., 2022, p. 5). The strategy for strengthening this bond is helping partners get in touch with their vulnerable (primary), attachment-based emotions; share their deep longings; and respond to their partners from a place of emotional vulnerability, ultimately building a safe and secure platform where various issues can be discussed and resolved. The approach was succinctly described by Wiebe and Johnson (2016):

Couples are encouraged to explore here-and-now emotional experiencing, uncovering primary emotions that are often blocked from awareness by reactive surface emotions and responses, and share these with their partner in the session. Their partner will then be shown how to listen and respond in an emotionally attuned way. The new emotional music then elicits new responses and, gradually, changes the dance between partners. (p. 390)

Insecurely attached couples are wired, in moments of threat or danger, to fight, flee, freeze, or fawn, but they rarely reach for their partner in a vulnerable state to tell them that underlying their reactive (secondary) emotional response they feel hurt or afraid. Securely attached couples, by contrast, do reach for each other in moments of distress and talk openly about feeling sad, hurt, scared, or lonely. They have a more organized, coherent, and positive sense of self. They tend to view others as basically trustworthy, and their internal working model and view of self as lovable, competent, and worthy of care, comfort, and safety. Thus, when as therapists we can discover the implicit connection-seeking intent beneath the negative reactivity, change becomes possible. Many of the skills outlined in this book are designed to focus on the micro skills to guide these couples to connectedness.

Today, EFCT has been modified so that it can be applied to individuals (Johnson, 2019; Johnson & Campbell, 2022) and families (EFFT; Furrow et al., 2019; Johnson, 2019). In this book, we focus on partners' bonding relationships.

Three Key Principles

EFCT is based on three core principles: attachment theory, emotion regulation, and a systemic approach.

Attachment Theory

EFCT draws heavily on attachment theory, which maintains that humans have an innate, hardwired need for emotional connection and security, especially when under threat. It emphasizes that the quality of the attachment formed in childhood influences adult relationships (Mikulincer & Shaver, 2017). We never outgrow our need for others. As Englishman Bowlby poetically stated, "Whilst especially evident during early childhood, attachment behaviour is held to characterise human beings from the cradle to the grave" (1969, p. 129). You might want to watch an 11-minute video that captures the essence of attachment behavior from the "cradle to grave" (Johnson, 2016).

Concurrent with the development of EFCT, the empirical, developmental, and theoretical literature on attachment theory exploded (Duschinsky et al., 2023). This increased

information helped us understand that isolation, deprivation, loss, and rejection, as well as feelings of being intruded upon, pressured, and criticized by those we rely on in times of need, are inherently traumatizing. Burgeoning scientific work in the emerging specialization of the neurobiology of attachment (Coan, 2008; Cozolino, 2017; Siegel, 2020) has helped us understand how our nervous system is wired to recognize emotional disconnection from our loved ones as a threat signal to our security that in turn triggers pain, panic, fear, and disorientation. It is the attachment perspective that gives EFCT therapists a pragmatic way of seeing distress and conflict between partners as a means through which they are actually protesting their disconnection from each another. At the heart of EFCT lies the belief that emotions are the key drivers of human behavior and that a secure emotional bond is essential for a thriving relationship.

Johnson likes to say that emotions are like the music in the dance of intimates; the couple enters therapy dancing to the emotional music of their relationship. Unfortunately, they are often out of step with each other—mis-attuning and misinterpreting the signals their partner is sending them—and quick to say their own dance moves are the right ones. This dysfunctional dance unfortunately leaves both partners feeling threatened, which can manifest as withdrawal, anger, or both. What they perceive from their partner, and what they in turn send their partner, are danger cues or threat signals. By exploring and helping to change the dance steps (interactions) as well as the music driving the dance (emotional responsiveness), EFCT therapists can effectively improve the couple's intimacy, safety, and secure bonding. In keeping with the metaphor, it is not surprising that one of the roles the therapist plays is that of a choreographer, helping partners have more rewarding and intimate moves, enabling "conversations for a lifetime of love" (Johnson, 2008).

Accessing and Expressing Emotion

EFCT recognizes that emotions play a vital role in shaping thoughts, behaviors, and interactions. "It is seen as the essential transforming element in effective psychotherapy" (Furrow et al., 2022, p. 3). By helping couples identify, process, and express their emotions in a way their partner can hear, EFCT enables needs, fears, and desires to be recognized more effectively by themselves as well as their partners. Helping partners to identify and share their underlying, more vulnerable emotions fosters empathy, understanding, and compassion between them.

Systemic Approach

EFCT views the couple as a system, where the actions and emotions of one partner impact the emotions and actions of the other. It focuses on the dynamics and patterns within the individual and between the partners in the relationship, based on the understanding that negative cycles of interaction perpetuate distress. As outlined in the second edition of the workbook *Becoming an Emotionally Focused Therapist* (Furrow et al., 2022), EFCT is consistent with the basic tenets of systems theory: Causality is circular; behavior must be considered in context; couples' interactions are patterned and stable; all behavior is considered communication; and the major task of the therapist is to interrupt negative cycles of interaction. An important part of the initial stage of therapy is helping the couple identify their dysfunctional cycle and thereby realize that the enemy is the cycle, not their partner. By reshaping these cyclical patterns, EFCT aims to create positive cycles of connection and intimacy.

Thus, EFCT using an attachment frame, a systemic lens, and experiential interventions offers therapists a map of the couple's pain and stuck places, and what is needed to move them into health and well-being (Furrow et al., 2022; Johnson, 2019).

The EFCT Map: Three Stages, Nine Steps, and a Tango

The three stages of change comprise a series of nine recursive steps that are designed to restructure the attachment bond between couples. In the first stage, *de-escalation of the negative cycle*, the therapist helps the partners identify their interactional cycles and reframe this pattern as the problem, not each other. The EFCT therapist does this by carefully tracking the partners' behaviors. In addition, the therapist validates the partners' protective behaviors while accessing the vulnerable emotions that underlie these defensive maneuvers. The second stage, *restructuring the interactional patterns* from insecure to secure, happens by helping each member of the couple reach for their partner and disclose to them in a vulnerable manner their attachment fears and longings. Process research on EFCT has consistently linked the clients' depth of emotional experiencing to positive therapeutic outcomes (Greenman & Johnson, 2013). The last stage, *consolidation*, focuses on appreciating the accomplishments in achieving a stronger bond and finding ways to foster continued success through attachment rituals. Throughout the therapy, the EFCT therapist maintains a stance of empathy, emotional presence, genuine attunement, and emotional responsiveness.

The most significant macro skill intervention that is used by EFCT therapists is a sequence of five key moves that, when combined, are commonly referred to as the *EFT tango*.¹ If you were to observe an EFCT therapist in action, you would notice them doing the same five moves in every session and in every step and stage of the model. In Move 1, the EFCT therapist focuses on the here-and-now inner emotional experience of each member of the couple as well as the experience between the partners. The therapist then focuses on each partner's triggers, meaning making and action tendencies, "assembling" their emotional experience in a coherent manner (Move 2), followed by choreographing an engaged encounter in which the partner vulnerably shares their heightened emotion with their partner (Move 3). The therapist then processes what it is like to share their feelings in this new, vulnerable way and what it is like for their partner to hear it (Move 4). The final move (Move 5) of the EFCT tango is a summary and an integration of this new way of engaging. Guiding partners to take new and often quite vulnerable emotional risks with each other is the primary way for EFCT therapists to promote corrective emotional experiences through healing interpersonal interactions.

The focus of this book is on learning EFCT skills that therapists can use to help clients more effectively access their underlying vulnerable emotions, communicate those in a vulnerable manner to a receptive partner, and engage in a series of positively cascading, interactive experiences.

Research on EFCT Practice and Training

Numerous studies have demonstrated the effectiveness of EFCT in improving relationship satisfaction, reducing distress, and promoting lasting change with a wide range of presenting problems (e.g., a partner facing end-stage cancer, infertility, posttraumatic stress disorder, attachment injuries requiring forgiveness; for reviews, see Furrow et al., 2022; Wiebe & Johnson, 2016). No other approach to couples therapy can claim the number of successful outcome studies (Sexton et al., 2011). A meta-analysis with a database

1. Sue Johnson became enamored with tango, the dance, while she was developing EFCT. She defines the tango, which originated in Argentina and Uruguay in the 1880s, as "a dance based on attunement and mutual resonance structured by emotional music. At first you have to learn the steps but then you dance it from muscle memory and can flexibly play with moves and music" (Johnson & Campbell, 2022, p. 72), which sounds a lot like the desired outcome from doing deliberate practice exercises.

of 20 studies and 332 couples provides support for EFCT as an evidence-based couple therapy approach, where 70% of couples are expected to be symptom free at the end of treatment, and 2-year follow-ups indicate maintenance of treatment gains (Spengler et al., 2024). Worthy of note is that the strongest moderator of outcome is EFCT treatment fidelity, indicating that the more one adheres to the EFCT model, the greater the therapeutic benefits to the couple. This finding of model specificity has particular relevance for the application of deliberate practice to EFCT skills training.

Regarding EFCT *efficacy* studies in naturalistic, clinical settings, significant improvements in relationship satisfaction have also been found. In addition, EFCT has been shown to increase attachment security in both anxious and avoidant partners, with this change maintained at follow-up (Burgess Moser et al., 2016; Wiebe et al., 2017). *Process-of-change* studies, linking therapeutic process and outcome in EFCT, have improved our understanding of how to create necessary conditions and procedures within the therapy and have added greatly to EFCT supervision and training specificity. For example, the therapist's ability to promote emotional depth and to direct enactments using heightened affect are related to successful outcomes (Bradley & Furrow, 2007; Burgess Moser et al., 2016; Greenman & Johnson, 2013). In addition, there are some excellent case studies (e.g., Mendelson, 2024a) and commentaries on the case studies (e.g., Kelly, 2024) and rejoinders (e.g., Mendelson, 2024b) that allow us to examine, in a more fine-grained manner, EFCT processes in light of the uniqueness of the individual case.

The research on the impact of EFCT training on therapist knowledge and competency is also robust. The usual pattern for formal learning in EFCT is to attend a 4-day externship training held by an International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) certified trainer. The next step is to complete a core skills training, usually comprising four 2-day workshops led by an ICEEFT certified trainer or supervisor. The format for these trainings involves lecture, watching videos of clinical sessions with commentary, open-ended role-plays, and discussion. If one wishes to become a certified EFCT therapist, 8 hours of supervision by a certified EFCT supervisor is required.

Research using a self-report modification (Levenson et al., 2009) of the Emotionally Focused Therapy Therapist Fidelity Scale indicates that after externship training, therapists and trainees significantly increased their knowledge about and competency in EFCT (Montagno et al., 2011) and that much of the gains remained at follow-up. These findings have been replicated with therapists learning EFCT in Hungary (Koren et al., 2021) and six Spanish-speaking countries (Rodríguez-González et al., 2020, 2022). The Koren and colleagues (2021) study found that additional improvements in knowledge and competency also occurred after taking a course in core skills. In fact, most of the competency improvements were due to the core skills course, which makes sense because that course focuses on role-plays with individualized feedback, making another case for applying deliberate practice to EFCT.

The process of learning EFCT has also been studied in the United States (Sandberg & Knestel, 2011) and nine Spanish-speaking countries in Europe, Central America, and South America (Sandberg et al., 2020). In a questionnaire asking for their experiences learning EFCT, although the U.S. respondents mentioned many positive things (e.g., the EFCT framework and structure, improved personal relationships), the "results also show that the transition to EFT from another model can be taxing and requires time, support, and additional supervision/training to increase comfort level and competency with EFT" (Sandberg & Knestel, 2011, p. 393). The Spanish-speaking therapists, however, had a "heightened sense of appreciation for and resonance with the focus

on core emotion in EFT and less frequent reports of difficulty learning and adapting to the model" (Sandberg et al., 2020, p. 256). The researchers concluded that these differences were in keeping with Latin American and Spanish cultural values and forms of emotional expression.

Concerning the Format of Skill Exercises: Diversity, Relationship Composition, and Pronouns

The pedagogical challenge of writing a deliberate practice workbook for EFCT skills has been to select critical skills, distill them into their component parts, and create straight-forward exercises. As authors of this book, we have found that trying to do these tasks while holding people as complex, cultural beings has been a humbling experience. Although the attachment theory underpinnings of EFCT are considered universal, most of EFCT's formulation and intervention practices have been based on a Eurocentric, cis-gender, heterosexual, middle-class value system. Kelly (2024) has pointed out how all mainstream relationship therapy models are "assumed to be universally applicable despite being developed by, for, and with the dominant group" (p. 110). However, EFCT is ever-growing and becoming more inclusive, with an increasing number of papers and practice procedures highlighting diversity issues that need to be taken into consideration in the sessions (e.g., Allan et al., 2023; Franz et al., 2023; Greenman et al., 2009; Kelly, 2017; Kelly & Omar, 2017; Mendelson, 2024a, 2024b; Nightingale et al., 2019; Young et al., 2023). We certainly lack expertise with the many identities that readers will have. Nonetheless, we have intentionally set about to address three diversity-related matters in this book.

1. **Diversity:** In our skill exercises, we have included examples of individuals from diverse backgrounds (with regard to identities such as age, sexual orientation, culture), with a variety of issues (e.g., sexual dysfunction, life transitions, depression), and types of relationship distress cycles (e.g., pursue-withdraw, pursue-pursue, withdraw-withdraw). However, in the exercises, examples of individuals from explicitly named diverse backgrounds are limited. We found that including fully contextualized examples for every exercise was not possible without shifting the focus of this book and needing to add criteria and more exercises. Although we did not want our book to be devoid of multicultural references, we certainly did not want to provide just a token number in a performative manner either. In wrestling with this conflict, we consulted with a diverse group of EFCT certified therapists, supervisors, and trainers. There were clearly no simple answers. We eventually settled on a compromise solution of some inclusion but not primary focus. Hopefully, others (perhaps you?) will pick up where we left off and contribute further to creating skill-building exercises that can help EFCT therapists practice in culturally sensitive and informed ways.
2. **Relationship composition:** Although the title of this book contains the word *couple* (as does the approach itself!), we wish to acknowledge that there are many people involved in romantic and committed relationships who do not adhere to pair-bonded, monogamous partnerships. Our perspective is that whether the people seeking help are dyads or multiple members forming an attachment group or are in exclusive or explicitly open relationships (or some blended form of the two), the skills outlined in this book are applicable. However, additional EFCT training and even specialization are required to treat more complex relationship configurations successfully. This book does not presume advanced knowledge of EFCT; therefore, almost all the examples herein are based on two-person relationships.

3. **Personal pronouns:** In writing this book, we have tried to use pronouns for the therapist that are gender-neutral (e.g., they/them) so that all trainees will be able to move into the role of therapist more comfortably. In the exercises, we have written the client statements using a variety of personal pronouns (e.g., they/them, he/him, she/her). Trainees role-playing therapists responding to these client statements should try to use the pronouns that the clients prefer in referring to themselves and their partners. Attention to these aspects of the client's identity can be viewed as *microaffirmations* (Fischer et al., 2024).

The EFCT therapist needs to be accustomed to working skillfully with people who hold a variety of identities, with different cultural backgrounds and experiences in the world. Attending to the values of equity and inclusion in a diverse society allows for deeper and more authentic therapeutic relationships. It is critical that the therapist creates a safe enough space to bring topics of identity, power, culture, and difference into the session in the therapy process (PettyJohn et al., 2020). Under appropriate circumstances, conversations initiated by the therapist that attend to identity factors allow both the client and the therapist the opportunity to acknowledge their own positionality, intersectional identities, and points of privilege (Blow et al., 2023). When therapists develop the skills needed to engage sensitively and effectively with their clients, clients feel safe enough to speak openly about issues related to diversity and equity.

We direct readers to the book *Deliberate Practice in Multicultural Therapy* in which Harris and colleagues (2024) present a deliberate practice method for learning and developing the multicultural orientation (MCO) skills involved in manifesting *cultural humility* (open, curious, and oriented to clients' cultural identity), *cultural opportunities* (making use of moments in sessions to explore relevant cultural aspects), and *cultural comfort* (feeling at ease, open, and calm during culturally relevant conversations; Davis et al., 2018). These three pillars of MCO are associated with improvements in psychotherapy outcome and process (Davis et al., 2018; Owen et al., 2011). EFCT trainer Robert Allan has creatively integrated these "three pillars" into his EFCT teaching (personal communication, January, 2024), viewing them as similar to Sue Johnson's (2008) ARE acronym discussed earlier: He relates cultural humility to *accessible*; cultural opportunity to *responsive*; and cultural comfort to *emotional engagement*.

Another way to incorporate cultural aspects into the EFT frame is exemplified by the CARE model, which was an outgrowth of discussions among five prominent EFCT authors (Campbell et al., 2022). Here the letter C in the acronym stands for *context*, which includes

various facets that shape identity and social location including identity (e.g., race, ethnicity, spirituality, religion, gender, sexuality), environment (e.g., socio-economic, work/organizational, neighbourhood), and related experiences (e.g., ableism, racism, sexism, and discrimination). Context is not a checklist of areas to cover but instead, a lens through which to listen and learn. (p. 1)

Similarly, Calamur and Seiff-Haron in their EFCT trainings include another culturally grounded perspective; theirs emphasizes action by including an S for *systemic change* in their CARES model. This added component highlights the need for actual systems change that might prevent harm to the individual(s) in the future.

We also recommend *Emotionally Focused Therapy With African American Couples: Love Heals* (Guillory, 2022) as another resource that can help EFCT therapists navigate diversity issues, especially when working with African American couples. Guillory (2022) wrote eloquently and with passion about how *race distress cues*, where the Black person's survival feels threatened, are similar to *attachment distress cues*. In a negative

cycle, these two types of cues may interact. The sensitive EFCT clinician needs to be aware of how "racism—external or internalized—creates blocks to [the EFCT concepts of] accessibility, responsiveness, and emotional engagement" (Guillory, 2022, p. 201).

In EFCT, we try to see clients in all their diversity, including the beauty that makes their cultural experiences unique, the negative impact discrimination has on them, the growth and resilience they may have developed as a consequence, and the ways all these intersect to influence their inner working models and relationships. Talking about diversity can bring up difficult feelings and/or be used in ways that can cause unintentional pain by people who are still learning to become more culturally humble, aware, and responsive. To that end, when you role-play therapists working with clients who hold identities different from your own, you should try to do so in a culturally sensitive and informed manner without making stereotyped or limiting assumptions. In addition, when you role-play clients who hold an identity you do not share, (e.g., a male reading a female client's statement, a straight person reading a gay client's statement), please do not try to imagine how that person might act or sound. Instead, just follow the adjective descriptors (provided in brackets for every client statement) that suggest what emotional tone you should convey for that statement (e.g., sad, mad, glad).

We fervently hope that all the EFCT micro skills presented in this book can be used to broach cultural and cross-cultural matters in ways that explore, expand, and deepen the clients' emotional experience. Although not every skill will function in that fashion for every person, we hope that they all can be useful in different ways for different people. The skills in this book should be practiced in a manner that sensitively considers the psychological and somatic impact of discrimination and immigration. An EFCT therapist needs to keep in mind that a client's attachment history, cultural stressors, trauma history, and unmet attachment needs all influence their internal working model (view of self and other) and that this in turn drives their behavioral reactivity associated with their presenting relationship problems. EFCT has been taught and conducted in many countries by therapists from many cultures, and helpful multicultural and diversity materials and relevant research papers can be found on the ICEEFT website (<https://iceeft.com/>).

The EFCT Skills Presented in Exercises 1–12

We have included 12 EFCT deliberate practice exercises in this text, each of which focuses on an individual skill. They represent foundational skills in emotionally focused therapy but are not an exhaustive list of all skills and techniques used by emotionally focused couple therapists. We have categorized the skills into three groups: beginner, intermediate, and advanced. The first five exercises represent fundamental EFCT skills, with the next seven skills being more complex (i.e., two intermediate and five advanced), combining and building on previous skills.

Beginner Skills

Each of the beginner skills reflects a key element of EFCT—evocative inquiry, evocative reflections, validating and tracking defensive behaviors, validating inner attachment fears, and deepening emotions—that must be understood before proceeding to other skills at the intermediate and advanced levels. Exercises 1 and 2 use the same set of client statements so that you can practice using a different skill with a different therapeutic intent prompted by the same client statement. Likewise, a new set of identical client statements is used in Exercises 3 through 5, which are designed to build on each other.

Skill 1: Evocative Inquiry

Evocative inquiry is a key technique to help clients become more aware of their feelings and bodily sensations as they speak and listen to their partners. It takes the form of the therapist's asking simple, open-ended questions, but is fundamental in focusing the clients on the importance of their emotions at a feeling and somatic level. In this exercise, the therapist will be speaking to both partners of a couple asking each of them what is going on inside as they say something to their partner, and what is going on inside as they listen to their partner.

Skill 2: Evocative Reflection

Whereas Skill 1 focuses partners on what they are aware of feeling, in this exercise the EFCT therapist tries to evoke a deeper, fuller emotional experience in each partner. Evocative reflection uses techniques such as vivid language, metaphor, and imagery to heighten emotions on the edge of awareness.

Skill 3: Validating Partners' Experiences and Tracking Dysfunctional Patterns

By validating each partner's self-protective (defensive) behaviors, you will strengthen the therapeutic alliance and create a safe space for clients to explore their emotions and experiences. You will help them come to understand the purpose of these self-protective behaviors by using the next skill.

Skill 4: Attachment-Reframed Validation

Using this skill you are not only validating the client's defensive behavioral reaction as understandable but also, more importantly, validating their inner attachment fears and longings that are driving the defense. Here the EFCT therapist begins to link the client's self-protective behavior to deep, vulnerable feelings of longing for connection. In this way, the therapist begins to seed the attachment needs of each partner for the other.

Skill 5: Deepening Emotions With RISSSSC

Finally, using the same client statement for the third time, you will get to practice going even deeper, using your voice to heighten the client's emotional experience of themselves or their partner. Depth of emotional experiencing has been shown to be related to outcome in EFCT. Thus, the capacity to use the prosody, tone, word phrasing, tempo, and timbre of one's voice is a critical EFCT skill. RISSSSC refers to the therapist's voice and phrasing—repeat (R), imagery (I), simple (S), slow (S), soft (S), specific (S), and using the client's words (C)—and is described in more detail later in this chapter. Exercise 5 focuses specifically on the simple, slow, and soft aspects of this skill.

Intermediate Skills

The intermediate skills involve becoming more aware of clients' inner experiences and offering couples a rationale for using EFCT.

Skill 6: Tracking the Therapist's Inner Experience

The format of practicing this skill is different from that of the other skills. Here the therapist does not practice what to say to clients; rather, the goal of this skill is to help therapists become more aware of their inner experiences, including feelings, thoughts, and bodily sensations, while they are listening to their clients. This awareness is known as

self-reflection and has to do with what is referred to in EFCT as the *self-of-the-therapist*. By being aware of what they are thinking, feeling, and sensing in their bodies, therapists can better understand how their internal experiences might be at once informing them about their clients while also dynamically influencing their interactions with them. Such inner experiences are important to bring up in EFCT supervision sessions.

Skill 7: Providing a Rationale for EFCT

Often when people come into couple therapy, it is their first time. They probably do not know how couple therapy works—particularly an emotionally focused one. This exercise is designed to help trainees become more comfortable and verbally fluid with explaining EFCT concepts, theory, and interventions to couples. The therapist's being able to answer questions and concerns about EFCT in a matter-of-fact and straightforward manner can lessen the couple's anxiety, build hope, and promote their commitment to do the therapeutic work. It is an essential skill but one that is unfortunately often overlooked in training.

Advanced Skills

The following advanced skills are necessary to help a client make sense of relationship triggers and to distill reactive thoughts, sensations, meanings, and behaviors down to core vulnerable emotions such as sadness, fear, and loneliness. The EFT macro-intervention, known as the EFT tango (described earlier), is an empirically supported collection of powerful intervention sequences that explore unmet attachment needs, longings, and fears and then harnesses them into courageous emotionally vulnerable revelations from one partner to another. Skills 8, 9, and 10 were written to be used in a sequence, similar to how the therapist would proceed in actual clinical sessions.

Skill 8: Gathering and Assembling Elements of Emotion

By using a series of questions in a specific order, the therapist helps the client understand in real time what is going on for them at bodily, cognitive, and behavioral levels when having an emotional reaction. In this way EFCT therapists help their clients to "assemble" their emotions to access their experience more clearly and fully with the goal of eventually being able to send a clearer and more vulnerable emotional signal to their partner aided by the therapist using the next skill.

Skill 9: Enactments

This skill focuses on inviting the client to turn to their partner (a choreographed enactment) and tell the partner what the client has learned about their own vulnerable emotional truths. However, sometimes the client refuses the therapist's invitation to do this because it feels too emotionally risky to be that vulnerable. Here the next skill comes to the rescue.

Skill 10: Slicing the Risk Thinner

When the client balks at revealing their vulnerable primary emotions to their partner, the therapist can invite them to express the reasons for their reluctance to share with their partner. This allows the client to communicate their emotions in a slightly less vulnerable ("more thinly sliced") way. With this skill, the therapist learns how to break down overwhelming or risky emotional experiences into smaller, more manageable parts, allowing clients to explore and process them in a safer way.

Skill 11: Catching a Bullet Early in Therapy

"Catching a bullet" is a metaphor used to describe the therapist's skill in intercepting and redirecting ("catching") negative or critical statements ("bullets") between partners during a therapy session. The so-called catching involves softening the emotional blow of a client's aggressive remark on their partner to avoid triggering the partner's reactive (self-protective) move of distancing or attacking back, thus fueling another negative interactional cycle. This skill also involves practicing how to set limits on what is acceptable in session behavior early on in therapy.

Skill 12: Catching a Bullet Later in Therapy

This skill focuses on another bullet-catching occasion later in therapy when the couple's cycle has been de-escalated. In this situation, one member of the couple says something from a place of vulnerability, and their partner mistrusts or minimizes or even denies what was just said and fires off a bullet as a form of attachment protest. To catch the bullet, the therapist must skillfully interrupt the speaking partner, validate any negative feelings engendered in the vulnerable partner, comment on the process, and ask the partner who fired the bullet what was happening for them. Sometimes the therapist can conjecture that the harmful words (the bullet) came from a place of disbelief that their partner could say something so vulnerable—especially if they had been longing to hear that very thing for so long.

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

As EFCT therapists, we are the agents of change. The skills you master will be rendered ineffective unless you bring your whole self into the work. For those doing in-person therapy, sitting close to your clients and leaning forward can signify caring and presence, consistent with attachment theory. Attunement and empathy demand that you use your voice and posture to signal that you are respectfully following or walking beside the couple, gently guiding and reflecting what you hear and see as they share their emotional experiences. Heightening is made possible with the use of a softer, simpler, slower, repetitive tone and, when needed, the use of self-involving, first-person grammar (e.g., "I"). EFCT is a humanistic, experiential, attachment-based therapy that privileges secure connection between therapist and client; therefore, the nonverbal and prosodic cues we use are the "pixie dust" that will make the other skills you are practicing much more meaningful, effective, and powerful. EFCT therapists keep the acronym RISSSSC in mind as it is a useful reminder of how to be with clients during a session. As noted earlier, the RISSSSC elements are as follows:

1. **R:** Repeat what the client is saying.
2. **I:** Use the client's imagery.
3. **S:** Use simple words.
4. **S:** Use a slow pace.
5. **S:** Use a soft voice.
6. **S:** Have a specific focus.
7. **C:** Use the client's words.

As pointed out by Feuerman (2018), therapists' use of RISSSSC is "the most potentiating element" (p. 30) of one's therapeutic presence in using EFCT skills. Practicing RISSSSC as a key EFCT skill (Exercise 5) is of critical importance because it is used liberally throughout the therapy to create emotional deepening. Research has indicated that therapists can modulate the quality of their voice to increase clients' emotional receptivity

to approach their partners (Furrow et al., 2012). As EFCT therapists, we see ourselves as “amygdala whisperers.” Similar to the parent–infant bond, where the parent can soothe a distressed infant’s nervous system with a soft, soothing, and gentle way of speaking, so too can an EFCT therapist gently soothe their client’s sympathetic nervous system. Reflections and insights are repeated numerous times as a way of aiding the client to resonate with the underlying emotional experience, attachment-reframed meaning, and views of self or other. As the therapist repeats the clients’ words and uses the clients’ own imagery, resistance and reactivity decrease, allowing for new, previously blocked information to come forth.

The Role of Deliberate Practice in EFCT Training

Training in EFCT takes place mainly through oversight provided by the ICEEFT based in Ottawa, Canada, and led by Johnson and the ICEEFT Board of Directors. Therapists interested in learning EFCT typically have earned or are in the process of obtaining graduate degrees in mental health treatment. They typically start their training in EFCT with a 4-day EFCT externship, led by certified EFCT trainers. This training offers a comprehensive introduction to the EFCT model, focusing on the science of attachment and the systematic approach to couple therapy.

The externship is usually followed by 24 to 48 hours of classes in core skills where students practice skills using traditional, spontaneous role-play exercises. There are also classes that go beyond core skills, as well as numerous master classes related to the treatment of trauma, addiction, attachment injuries, sexuality, and partner violence. Trainees interested in becoming certified as EFCT therapists by ICEEFT additionally participate in a minimum of 8 hours of clinical supervision, where they show recordings of their therapy sessions and get feedback from EFCT certified supervisors.

Because of EFCT’s long-standing emphasis on experiential learning, deliberate practice exercises could easily be inserted at every stage of EFCT training. Especially during core skills, beyond core skills, and individual and group supervision, deliberate practice provides an ideal mechanism to teach and assess mastery.

For a full listing of training requirements and resources, see the ICEEFT website (<https://iceeft.com/>).

Overview of the Book's Structure

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

Part II contains the 12 skill-focused exercises, which are divided into three categories based on their difficulty: beginner, intermediate, and advanced (see Table 1.1). Each exercise

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

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

Three appendixes conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a Deliberate Practice Reaction Form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B includes a Deliberate Practice Diary Form that can be used during a training session's final evaluation to process the trainees' experiences, but its primary purpose is to provide trainees a format to explore and record their experiences while engaging in additional, between-session deliberate practice activities without the supervisor. Appendix C presents a sample syllabus demonstrating how the 12 deliberate practice exercises and other support material can be integrated into a wider EFCT training course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

Downloadable versions of this book's appendixes, including a color version of the Deliberate Practice Reaction Form, can be found in the "Resources" tab online (<https://www.apa.org/pubs/books/deliberate-practice-emotionally-focused-couple-therapy>).