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# Introduction to Emotion-Focused Therapy for Trauma

## *Development, Defining Features, Strengths, and Contributions*

Trauma, in general, involves emotionally overwhelming experiences that can have devastating psychological, physical, and societal effects. Complex trauma, specifically, involves repeated exposure to violence and betrayals of trust, frequently in relationships with attachment figures. Abuse and neglect at the hands of caregivers and loved ones at any age can be devastating, but when these experiences occur in childhood, they can have deleterious effects on development and result in a constellation of long-term effects. Documented sequelae include chronic posttraumatic stress disorder (PTSD), anxiety disorders, depression, substance dependence, self-harm behaviors, personality pathology, and enduring neurodevelopmental disruptions (e.g., nervous system dysregulation, alexithymia). Perhaps most devastating are the negative effects these experiences have on emotional development and competence, the person's sense of self, and their capacity for interpersonal relatedness. Although experiences of abuse and neglect can involve feelings of helplessness and terror, PTSD is not necessarily a defining feature of the difficulties that can ensue. Many painful and threatening emotions, besides fear, are considerable sources of distress to individuals with histories of abuse. These include guilt, shame, and self-blame for victimization; anger at violation and maltreatment; and sadness about the many losses associated with trauma, especially trauma perpetrated by loved ones.

Childhood maltreatment is disturbingly common, both in the general population and even more so in clinical samples. A history of childhood maltreatment

is a risk factor associated with virtually every form of psychopathology in adults (American Psychiatric Association, 2013; Ingram & Price, 2010). Furthermore, because child abuse trauma is a significant risk factor for repeated victimization, most of these individuals have been exposed to multiple types of abuse and neglect, often at the hands of multiple perpetrators. Simply put, most clinicians will work with clients who have a history of complex trauma, and there is a need for training in effective treatment approaches.

This book presents a manualized treatment that, on the one hand, is sufficiently specific and rigorous to be used in research and, on the other hand, is flexible enough to be used by clinicians in their daily practice. The text also can be used in graduate training programs and is consistent with the American Psychological Association (APA) recommendations to provide training in evidence-based approaches. Ultimately, the aim of this book is to present theoretical and practical aspects of emotion-focused therapy for trauma (EFTT), as well as supporting research, with enough specificity that clinicians from different theoretical perspectives can apply the complete package or integrate aspects of the model into their current practice. The model can be modified while keeping with key intervention principles to meet the needs of different clients in terms of trauma type and severity, symptom profile and severity, and length of treatment.

## **WHAT IS EFTT?**

Exposure-based procedures are considered a staple approach to helping people work with trauma. However, these are difficult and aversive experiences for clients, so noncompliance and dropout rates in these approaches are notoriously high. This makes it particularly important for clinicians to be aware of other effective treatment options. Furthermore, lasting treatment for complex trauma is not just about “feeling less fear and distress,” but also about “feeling more healthy emotion.” EFTT is an effective individual treatment modality (Paivio et al., 2010; Paivio & Nieuwenhuis, 2001) that provides this comprehensive focus and makes a strong and unique contribution to theory, research, and practice in this area.

EFTT targets the constellation of disturbances associated with complex trauma. In addition to symptoms of distress and problems in functioning, EFTT particularly focuses on resolving issues with past perpetrators of abuse and neglect, usually attachment figures. Clients not only are disturbed by their current problems but also have been unable to heal these specific emotional injuries. Resolving issues with significant others and cultivating a strong therapeutic relationship reduces symptom distress, increases self-esteem, and improves global interpersonal functioning. The standard model of EFTT presented in this text involves a short-term (16–20 sessions) individual therapy for people dealing with different types of childhood maltreatment (emotional, physical, sexual abuse, emotional neglect). At the beginning of this treatment, clients identify the types of experiences and the abusive or neglectful

others they want to focus on in therapy. Following that, the protocol is sufficiently flexible to address individual client treatment needs. Furthermore, while research has focused on survivors of childhood maltreatment, this work extends more broadly to relational trauma that may have occurred in other intimate and/or significant relationships during adulthood.

### **Developments in the Emotion-Focused Approach**

EFTT is among a growing group of psychological treatments identified as emotion-focused approaches for specific disturbances or disorders (see Greenberg & Goldman, 2019a). As such, the current treatment for complex trauma has adapted the general emotion-focused therapy model originally proposed by Greenberg and Paivio (1997) by modifying its interventions and tailoring its structure and emphases to the specific needs of trauma victims. These developments are based on a long program of research that began in 1993 and have resulted in some key differences from the original model to suit the targeted population better.

In contrast to depressed clients being treated with emotion-focused therapy, for example, chronic interpersonal trauma frequently needs to address issues of symptom management and emotional dysregulation. Moreover, individuals with PTSD or complex PTSD frequently have disturbances in narrative memory and difficulties with labeling or describing their feelings (i.e., alexithymia). Chronic avoidance and resultant poor awareness of internal emotional experience are also highly prevalent in this client group, and these deficits must be addressed in successful trauma therapy. It is also common that these clients have comorbid social anxiety and are reticent in new relationships. All these client difficulties can require a more directive style from the therapist, more explicit emotion coaching and guidance, as well as changes in emphases from the original emotion-focused therapy model.

Furthermore, the classic empty-chair procedure used in emotion-focused therapy for addressing long-standing interpersonal issues or “unfinished business” with significant others is not always suitable or appropriate, in its original form, when addressing issues with perpetrators of abuse. Traumatized clients can experience considerable difficulty in imaginarily confronting perpetrators, and interventions frequently require more attention to affect regulation or the use of alternative interventions for these individuals. Compared with the original model, this task in EFTT more explicitly involves principles of gradual trauma exposure. Thus, working with complex trauma has necessitated changes to interventions as well as the addition of memory work to address a unique set of treatment needs.

Finally, although the general model of emotion-focused therapy can incorporate tasks to address self-criticism or self-interruptive processes and long-standing interpersonal injuries, these tasks do not necessarily co-occur, nor do they occur in any specific order. In contrast, observations of therapy with victims of complex trauma indicated that treatment virtually always required addressing both self-related and other-related disturbances. Moreover, we found

that clients were unable to resolve past interpersonal issues until self-related disturbances (fear, avoidance, self-blame) were first reduced. The result is that EFTT is a treatment innovatively structured in three sequentially ordered phases, each of which can be later revisited in a recursive fashion.

### **Treatment Indicators and Contraindicators**

The characteristics of client suitability for EFTT are consistent with best practices for most trauma therapies (e.g., Courtois et al., 2017; Ford & Courtois, 2020). In general, EFTT is designed for clients who are suitable for short-term trauma-focused therapy who have the capacity to form a therapeutic relationship over a few sessions and focus on a circumscribed issue from their past—in this case, childhood trauma. The standard version of EFTT is not suitable for clients whose primary presenting problem is severe affect dysregulation with a risk of harm to themselves or others, whose current problems (e.g., domestic violence, substance dependence) take precedence over a focus on past issues or who wish to focus primarily on current rather than past relationships (e.g., a focus on parenting, marital distress). However, aspects of EFTT have been integrated into longer term treatments, ones that devote more time to training in emotion regulation skills and addressing current life difficulties that may be among the sequelae of past trauma.

### **Strengths and Distinctive Features of EFTT**

The two primary change processes in EFTT are the therapeutic relationship and emotional processing of trauma memories. These are consistent with the change processes posited in other psychological treatments for trauma. Emotion-focused therapies, however, make distinct contributions to understanding and promoting these change processes. First, we emphasize advanced empathic responding as the primary intervention used throughout therapy. An empathically responsive therapeutic relationship enhances emotion regulation, promotes emotion awareness and competence, and helps to correct the effects of early empathic failures. Second, emotion-focused therapies such as EFTT are characterized by a highly differentiated approach to understanding and treating different emotion states and processes. For example, the pain of sadness and loss and the “bad feelings” associated with depression (which can include sadness at loss) are both aversive, and people can exert considerable effort to avoid both these types of experiences. However, these involve different change processes and require different intervention strategies. Similarly, hostile and rejecting anger at rejection, rage at violent harm to loved ones, suppressed anger at violation, and anger at self for having been victimized are different experiences that require different intervention strategies.

A major distinguishing feature of emotion-focused approaches is their emphasis on changing emotion with emotion rather than with rational cognition or interpretations (Greenberg & Goldman, 2019a). This is the process of emotional transformation which is at the heart of EFT. Information associated

with healthy adaptive emotions, such as anger at maltreatment and sadness at loss, is used to modify the maladaptive meaning associated with emotions such as fear and shame. This is particularly relevant to therapy for complex trauma because many people who have been victimized learn to suppress their feelings of adaptive anger and sadness and so have been unable to assert interpersonal boundaries and grieve important losses. EFTT also draws on well-developed technology in the experiential therapy tradition for overcoming experiential avoidance, accessing inhibited emotion, promoting meaning construction processes, and resolving attachment injuries. In this book, we present guidelines for cultivating a strong therapeutic alliance and implementing different interventions specifically tailored to these different types of emotion and emotional processing difficulties.

## **DEVELOPMENT OF EFTT AS AN INTEGRATIVE APPROACH AND UPDATES IN THE SECOND EDITION**

Emotion-focused therapies, including EFTT, integrate seminal developments in emotion theory and research and affective neuroscience that emphasize emotion as an adaptive orienting system (e.g., Damasio, 1999, 2010; Frijda, 2016; Izard, 1977, 2002; LeDoux, 2012). The EFTT emphasis on adaptive processes also is consistent with recent interests in the phenomena of trauma resilience and posttraumatic growth. EFTT especially draws on the vast theoretical, research, and practice literature in the areas of trauma and attachment (e.g., Ford & Courtois, 2020). Strengths from the cognitive and behavioral traditions, for example, include the construct of exposure to and emotional processing of trauma memories as a mechanism of change, as well as the use of memory work and emotion regulation techniques (e.g., Cloitre et al., 2006; Foa et al., 2019). Similarities with the psychodynamic tradition include an explicit focus on working through the effects of negative attachment relationships and the therapeutic relationship as a corrective emotional experience (Herman, 1992). Outside the emotion-focused therapy tradition, technically, EFTT most resembles recent experiential and dynamic or relational approaches (e.g., Fosha, 2021) that emphasize therapist empathy and experience-near interpretations. Moreover, in outlining concepts and treatment interventions in this book, we present comparisons with other treatment approaches to highlight similarities and differences. Consequently, we expect that this manual will be useful to practitioners from divergent theoretical perspectives and professional backgrounds.

EFTT is fully integrative at the levels of theory, research, practice, and training—each aspect informs the other. First, as described, the model is based on a sound theoretical foundation. Second, EFTT is based on an empirically derived model that identifies steps in the process of resolving “unfinished business” with significant others (especially attachment figures) from the past (Greenberg & Foerster, 1996; Greenberg & Malcolm, 2002). This process model was further developed and refined through years of programmatic research that

involved both randomized clinical trials (e.g., Paivio & Greenberg, 1995; Paivio et al., 2010; Paivio & Nieuwenhuis, 2001), as well as observation and analysis of hundreds of videotaped therapy sessions with clients working through complex trauma (e.g., Paivio et al., 2001). These process-outcome studies supported the posited mechanisms of change in therapy and thus are highly relevant to clinical practice.

### **Contributions of EFTT to the General Model**

EFTT makes several contributions to the general model of EFT. First, the empty-chair intervention was reconceptualized as *imaginal confrontation* to emphasize the trauma-related process rather than a specific technique (i.e., using furniture and literal enactments) and now speaks to the broader community working to treat trauma. This reframing considered the stressful nature of confronting trauma feelings, memories, and difficulties that a significant minority of clients had with the procedure. Thus, another contribution of EFTT to the general model was the development and evaluation of the *evocative exploration* protocol as a less stressful alternative for clients who decline the imaginal confrontation procedure (Paivio et al., 2010). This gave an important evidence-based treatment option.

Consistent with observed client difficulties with confronting imagined perpetrators, the EFTT model for trauma also emphasizes the central importance of avoidance and addressing blocks to experiencing. Here, the term *avoidance* refers to a commonly recognized self-protective strategy (conscious or unconscious) for coping with painful, overwhelming, and threatening experiences. Although it is self-protective in the short term, avoidance is one of the symptom clusters of PTSD that is known to perpetuate disturbance.

EFTT, as presented in the first edition of this book, also formulated the process of therapy into stages defined by the type of emotion that was the focus of therapy—undifferentiated, maladaptive, and adaptive—to help organize therapists' ongoing case formulations. This innovation of EFTT (Paivio & Nieuwenhuis, 2001) was consistent with Pascual-Leone and Greenberg's (2007) general empirical model of emotional processing as a core way of understanding client change (see Chapter 3, this volume). Applying this model of change to actual clinical practice (i.e., beyond process research models) set an example later adopted by a range of other EFT authors (for examples, see chapters in Greenberg & Goldman, 2019a).

### **Updates in the Second Edition**

In the 10 years since the first edition of this book, there have been many significant developments in traumatology, emotion-focused therapy in general, and EFTT specifically. This second edition includes these developments and thus remains current and relevant to clinicians.

First, the literature review in this volume has been updated to include the most recent scholarship, research, and practice guidelines across divergent theoretical perspectives in trauma and trauma therapy.

Second, since the publication of the first edition of this book, research on the emotional change process in EFT has included more than 25 studies of diverse treatment approaches for diverse client problems, including complex trauma (Pascual-Leone, 2018). This program of research supports the validity of this model of change specifically as applied to EFTT. Relatedly, the identification of different subtypes of “emotional processing” across divergent psychotherapeutic approaches (Pascual-Leone & Greenberg, 2007) led to the development of a new and systematic approach to assessment and client case conceptualization presented in Chapter 5 of this edition. This approach includes identifying specific client emotional processing difficulties to guide intervention over the course of therapy.

Third, abundant research over the past 10 years specifically on EFTT provides additional support for the treatment model and in-session change processes, including the roles of the therapeutic relationship, depth of experiencing, adaptive emotion, and narrative quality (e.g., Carpenter et al., 2016; Harrington et al., 2021; Holowaty & Paivio, 2012; Khayyat-Abuaita et al., 2019; Mundorf & Paivio, 2011). Results of these studies are described throughout this volume.

Clinical material in this second edition of the EFTT book importantly includes a new emphasis and chapter on memory work and trauma reexperiencing (see Chapter 7). The focus on memory work as a distinct therapeutic task places EFTT solidly in the context of trauma therapy research supporting emotional reexperiencing of trauma memories as essential to emotional processing and change.

Relatedly, this second edition explicitly delineates, for the first time, how memory work is central not only to recovery from traumatic fear but also to reducing core attachment-based shame. Guidelines for using memory work as an alternative to two-chair dialogues for self-critical processes that characterize the general model of emotion-focused therapy are presented in Chapter 9. Intensifying painful internalized critical and degrading statements in standard two-chair dialogues can be contraindicated when the message is too toxic, overwhelming, damaging, or retraumatizing (like self-annihilating statements in depression). In these situations, we found it more productive to activate and explore episodic memories of past events when a core shame-based sense of self was formed and/or recent events when this sense of self is activated.

The process of helping clients to reexperience trauma memories productively involves therapeutic attention to the content and quality of client storytelling about traumatic events. A recent book by Paivio and Angus (2017) articulated the importance of narrative processes in EFTT, and that information is integrated throughout the present volume. Although the general model of emotion-focused therapy includes attention to narrative processes, this has been largely a contextual factor. This second edition of the EFTT book draws on Angus’s large body of research on narrative-emotion processes (Angus et al., 2017; Paivio & Angus, 2017) and places trauma narratives front and center in EFTT as an aid to assessment that can inform intervention.

EFTT also is grounded in our combined years of training and clinical experience using the EFTT model to treat traumatized individuals. This experience has continued to shape and refine the theoretical underpinnings of the treatment. Many new clinical examples drawn from this experience are presented in this volume. In addition, since the publication of the first edition of this book, we both have conducted numerous workshops and training sessions in EFTT in Canada, the United States, Europe, South America, Asia, Australia, and New Zealand. The model thus has been further refined through dialogue with the dozens of graduate students and professional trainees from divergent professional and cultural backgrounds who have participated in these training sessions.

Finally, although it stands as a separate contribution, Appendix D in this edition provides instruction on how body-based interventions might be integrated into EFTT to address the physical experiences related to psychological trauma. That contribution elaborates principles and procedures from yoga therapy for trauma, which could be used to address client difficulties with and to enhance standard EFTT interventions.

## OVERVIEW OF THIS VOLUME

This book is presented in two parts. Part I, Theory, introduces general concepts that are important throughout the treatment. As such, it includes four chapters. These describe relevant features of trauma (Chapter 1), a model of how EFTT addresses these features (Chapter 2), and the core construct of emotional processing (Chapter 3).

Part II, Practice, describes processes and procedures in each of the phases of EFTT:

- Chapters 4 through 6 cover the early phase of therapy. This includes instruction on establishing a safe and collaborative therapeutic relationship and promoting client experiencing, which are the basis of all tasks and procedures. This is followed by introducing the primary imaginal confrontation procedure (or the less stressful evocative exploration alternative) used throughout therapy to resolve issues with perpetrators.
- Chapters 7 through 9 cover the middle phase of therapy, which focuses on reexperiencing trauma memories and resolving self-related difficulties (i.e., reducing fear and avoidance and transforming guilt, shame, and self-blame). These processes interfere with emotional engagement with trauma memories and with appropriately holding offenders responsible for harm.
- Chapters 10 through 12 cover the late phase of therapy, which focuses on resolving past interpersonal issues by accessing adaptive anger at maltreatment and sadness at loss. Experience and uninhibited expression of these emotions and their associated meanings are the catalysts for resolving issues with offenders. Chapter 12 focuses on the termination of therapy.

Intervention chapters in Part II include guidelines for distinguishing among different types of emotion and associated emotional-processing difficulties typical of trauma. These chapters also outline the central principles and goals while giving step-by-step guidelines for conducting interventions and completing therapeutic tasks. Finally, they provide guidelines for addressing client difficulties and therapist errors that typically occur in this type of therapy.

The book concludes with an Afterword which places EFTT in the context of promising current approaches to the treatment of trauma, identifies several new directions for future development of EFTT, and discusses the impact on therapists of deep emotional engagement with client trauma material.

In describing the phase-by-phase treatment process, this book presents case material drawn from a wide range of actual clients, all of whom have given permission to use their material in professional communications. Other cases are drawn from APA-published DVDs and unpublished videotapes that are available to the reader. Still other cases are composites. Identifying information for all clients has been deleted or disguised. Transcribed excerpts from some cases are presented verbatim, and in other instances, dialogue has been modified to illustrate intervention principles better. When a specific case is referred to repeatedly in the book, we have used pseudonyms to provide continuity for readers examining various aspects of a client's process across treatment.