INTRODUCTION

A 30-year-old man moves into his parents' basement after losing his job and separating from his wife. He is suffering from serious depression, rarely leaving his room and refusing to engage socially with anyone. His parents, who oscillate between worry, helplessness, and frustration, contact you for support. You urge them to encourage their son to seek help, and you suggest they set limits, if necessary, but you are left with a nagging feeling that this family needs more. Although you feel deeply for this family, you too feel helpless. Now imagine that you receive this same phone call, but you have at your disposal a set of tools tailor-made for this scenario. You inform the parents that, despite their son's reluctance to connect and access supports, there is much that can be done and you can help them to support their son using interventions from emotion-focused family therapy (EFFT).[1]

[1]Emotion-focused family therapy is not to be confused with the similarly titled emotionally focused family therapy. Although they share similar roots, to our knowledge, the latter is a more traditional approach to family therapy, whereas emotion-focused family therapy is primarily focused on equipping caregivers with advanced skills to support their loved one struggling with a behavioral or mental health issues. Techniques from both models can work well together and we encourage readers to benefit from the models' strengths in supporting families.

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Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions, by A. Lafrance, K. A. Henderson, and S. Mayman
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EFFT is an innovative transdiagnostic approach to the treatment of mental health issues across the lifespan that involves caregivers for their healing power. EFFT is a flexible approach that can be used to treat many behavior or emotion-based disorders, and specific interventions can be adapted for use in other treatment approaches. Unlike other family therapies that are more systemic in nature, the goal of EFFT is to support parents, partners, and other carers to increase their role in promoting the health and wellness of their loved ones. To do so, EFFT clinicians teach a set of skills to caregivers that allow them to provide emotional and practical support to individuals of all ages and with a wide variety of challenges. In addition, EFFT practitioners attend to and transform the unprocessed or maladaptive emotions that can impede treatment progress, whether their own or those of caregivers, using a variety of techniques for improved outcomes. The EFFT model was designed to be flexible in its implementation with single families, carers only, dyads, and multicaregiver groups. In fact, one of the key strengths of the EFFT approach is that clinicians can guide caregivers to provide home-based support, even when their loved one refuses or is unable to access service. The tools and techniques of EFFT can also be integrated within other treatment modalities and at various levels of care to empower families and clinicians alike.

CORE PRINCIPLES

EFFT is built on a foundation of core principles that guide clinicians and therapists in their work. The first and perhaps most important guiding light is the belief that it is most therapeutically worthwhile for caregivers to implement behavioral and emotional interventions with their loved one. As such, EFFT privileges the caregiver's role as an active agent of healing, regardless of their loved one's age or motivation for change, and even when caregivers present with difficult behaviors or emotional challenges of their own. Second is the emphasis on the role that emotion processing plays in the onset and maintenance of mental health difficulties, given that it is a factor that may be more easily targeted in the service of symptom reduction. It is expected that in supporting their loved ones in these ways, caregivers will require "advanced caregiver skills"—skills not previously acquired or that are not required for "typical" caregiving. As such, a third principle relates to a focus on skill development and experiential practice. EFFT is also guided by the principle of "no blame," meaning that caregivers are not to blame for the development of mental health challenges in their loved ones; they are instead conceptualized within a broader framework of historical and societal

influence, intergenerational trauma, and the expression of individual differences. Clinicians also commit to collaborating with caregivers in a manner that is transparent, in particular when it comes to clinical decisions. For example, the clinician does not determine whether the caregiver is capable of engaging in a particular intervention. Rather, they discuss together the risks and benefits of doing so, boosting caregiver empowerment and reducing the likelihood that the clinician will impede treatment progress on the basis of their own unspoken fears or assumptions. The final guiding principle of EFFT lies in the concept of the one-degree effect, in that even small shifts in caregiver attitudes and behaviors can lead to meaningful change in their loved one over time. This principle is meant to encourage EFFT clinicians to brainstorm ways to include caregivers who initially present as "incapable" or who may have previously been excluded from treatment due to limited resources or capacities.

DEFINITION OF KEY TERMS

Throughout this manual, the individual delivering EFFT is referred to as the *clinician* unless the technique being described is psychotherapeutic in nature and therefore reserved to those authorized to practice psychotherapy. In these cases, the term *therapist* is used. In the context of the model, we also use the terms *loved ones* and *caregivers*. The term *loved one* is defined as an individual who is affected by a behavioral or mental health issue, including a diagnosed mental disorder. A *caregiver* (also referred to as *carer* throughout this text) is an adult who cares about the welfare of the identified individual and who, in the context of their relationship, engages in caregiving to various degrees. Within this framework, caregivers can refer to parents or guardians, stepparents, grandparents, or other extended family members. A caregiver can also be a spouse, partner, or friend. Depending on the nature of the relationship, the caregiver's involvement may differ in its intensity, and additional factors may be considered. For example, in parent–child dyads, there is a strong attachment within a hierarchical relationship, making it such that there is an expectation they will care for their child, and more so than other family members or important others. The extent to which they actively provide caregiving may change over time as a function of their child's increased need or independence, their living situation, their relationship status, and the severity of their issues, but not simply because of their age. With respect to romantic partnerships, although there is an expectation of caring for one another, there is also an expectation of reciprocity, which requires consideration to maintain the health of the union.

When family members, significant others, or close friends are available on a limited basis or altogether unavailable, personal support and group home staff or nursing home attendants can also be recruited as caregivers, but this within the parameters of their employment.

PURPOSE OF THE MANUAL

This book serves as a clinical manual for the delivery of EFFT in the treatment of behavioral and mental health issues. It is intended to provide a comprehensive introduction to the model for those who are new to EFFT and a deepened understanding of its theory and application for those already familiar with the stance and its interventions. Throughout the book, we provide theory, research evidence, treatment protocols, and clinical examples of the application of EFFT across the lifespan in the context of different caregiving relationships, and across diagnoses.[2] We also provide an in-depth description of its application in the context of eating disorders as an example of the therapeutic process that clinicians can apply to other disorders.

INTENDED AUDIENCE

It is our hope that this clinical manual will appeal to a wide range of health care professionals. Clinicians and students in the fields of psychology, social work, psychotherapy, and family counseling, including divinity counseling, will find this manual useful whether they adopt EFFT as a primary approach or as an adjunct to other approaches. We also hope to inspire our colleagues rooted in other therapeutic modalities to explore the amalgamation of theory, principles, and techniques of EFFT within their current work. In fact, we believe that whether someone is trained in cognitive and/or behavioral techniques, process experiential modalities, or structural family therapy, this book will build on existing clinician strengths and add significantly to one's skill set in working with caregivers of individuals struggling with mental health issues. We also believe that clinicians working with children, adolescents, or adults can benefit from this manual to supplement individual interventions. We have found that doing so can offer hope to individuals and families who are suffering, especially when standard approaches have not yielded expected outcomes. Others who may benefit from this text include

[2]Client information in the case examples has been disguised to protect confidentiality.

those in community public health and nursing, allied health (e.g., dietitians, physiotherapists, occupational therapists) education (e.g., teachers, professors, guidance counselors), and child and youth work. The skills in this book can help to navigate difficult conversations, improve treatment engagement and cooperation, and guide caregivers to support their loved one's health and wellness in various contexts.

CHAPTER OUTLINE

The five modules in EFFT include (a) emotion coaching, (b) behavior coaching, (c) therapeutic apologies, (d) caregiver blocks, and (e) clinician blocks. In the first three modules, caregivers are equipped with tools to support their loved one to process overt and underlying emotions fueling problematic behaviors, interrupt symptoms and increase health-focused behaviors, and heal relational injuries to strengthen the power of their efforts. The remaining modules are clinician-led and involve techniques to address the emotional states fueling therapy-interfering attitudes and behaviors in caregivers and clinicians that arise throughout treatment.

Chapter 1, "Emotion-Focused Family Therapy Explained," provides an in-depth exploration of the development and application of EFFT, including an elaboration of core principles and modalities of treatment delivery.

Chapter 2, "Emotion Coaching," introduces theory and research supporting the focus on emotions and emotion processing, followed by a practical introduction to the model of emotion coaching. Commonly encountered challenges faced by caregivers and the clinicians who support them are also presented.

Chapter 3, "Behavior Coaching," provides a framework for empowering and supporting caregivers to lead behavioral interventions in the home setting. Clinical scenarios and sample scripts are provided.

Chapter 4, "Therapeutic Apologies," introduces the module on this topic and guides the reader through the theory, principles, and intervention techniques to relieve self-blame and strengthen family relationships—and therefore the impact of caregiver supportive efforts. The ingredients of a skilled therapeutic apology are also highlighted through clinical vignettes.

Chapter 5, "Working Through Caregiver Blocks," introduces the reader to the model's conceptualization of problematic caregiver attitudes and behaviors as stemming from unprocessed or maladaptive emotion. Building on this theoretical foundation, the chapter then describes various tools and techniques for clinicians to use in supporting caregivers to work through such blocks.

Chapter 6, "Working Through Clinician Blocks," extends the theory of blocks to clinicians and treatment teams. The reader is guided to engage in self-reflection or guided supervision activities to work through emotional reactions that can affect treatment decisions and therapeutic outcomes.

Chapter 7, "Emotion-Focused Family Therapy for Eating Disorders," provides a detailed example of the model's application in the context of a specific mental disorder. This chapter provides examples of the ways in which each of the modules in EFFT can be integrated in the treatment of eating disorders with clinical examples and vignettes. Although this chapter reviews symptoms and strategies that are specific to eating disorders, such as meal support to promote normalized eating, the underlying principles of EFFT are emphasized throughout the chapter, illustrating a general process that can be adapted to other behavior and emotion-based disorders.

Chapter 8, "Frequently Asked Questions and Future Directions," reviews the answers to questions that are most frequently asked during EFFT trainings and supervision. We also introduce extensions of the model for those individuals who struggle with an eating disorder and a comorbid substance use disorder, as well as emotion-focused applications in school settings and in health care more broadly.

The reader will note that each chapter begins with a quote from a caregiver and ends with a testimonial from a clinician. We share their enthusiasm and gratitude with readers to provide inspiration to integrate these teachings into practice, even if they reflect a shift in practice corresponding to a single degree. The epilogue includes personal reflections from the authors about the impact of EFFT on their personal and professional lives, followed by appendices that include supplemental materials to support the implementation of skills outlined throughout the book, including caregiver handouts and other therapeutic tools.[3]

NEXT STEPS

This manual is meant to serve as an introduction to the model and a guide for implementation. In fact, we encourage readers to integrate these tools and techniques into their work with clients knowing that they can rely on their existing clinical or psychotherapeutic skills should they encounter challenges with implementation. That being said, the interventions presented

[3]The handouts in the appendices are also available online at this book's companion website so that clinicians can download and distribute them to their clients (http://pubs.apa.org/books/supp/lafrance/).

do require a minimum level of training when a clinician is working with a mental health disorder, especially given that competence is an essential element of ethical practice, as stated in Section 2: Competence of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association [APA], 2017a). We also strongly recommend obtaining supervision to ensure implementation adherence. Those interested in deepening their knowledge of EFFT are encouraged to view the this book's companion video where the first author (AL) demonstrates the use of caregiver block chair work in a live demonstration, followed by a discussion of the theoretical underpinnings of the approach more generally.[4] Readers may also be interested in attending one of the many online and in-person trainings recognized by the International Institute for Emotion-Focused Family Therapy. These core and advanced trainings are offered by highly skilled facilitators who provide standardized training opportunities to interested educators, clinicians, and therapists worldwide. Certified facilitators commit to ongoing personal and professional development, as well as the embodiment of EFFT principles in their personal and professional lives. Certification pathways are available for clinicians (e.g., nurses, dietitians) and therapists (e.g., psychologists, psychotherapists, social workers) committed to the practice of EFFT and involve minimum training and supervision requirements. For more information on training opportunities and certification requirements, visit the International Institute for Emotion-Focused Family Therapy's website (https://efftinternational.org).

Finally, although outside of this book's scope, clinicians must consider cultural factors that influence familial structures and behaviors in the implementation of EFFT. Although the model has been shown to be applicable worldwide (including in Europe, Central and South America, and Asia), systematic research is required to clarify the nuances in its application across cultures. Until then, we direct readers to APA's (2017b) recently updated *Multicultural Guidelines* for guidance and inspiration.

[4]This book's companion video is available online (https://www.apa.org/pubs/videos/4310012).