

PERSON-CENTRED & EXPERIENTIAL PSYCHOTHERAPY SCALE-EFT TAPE-RATING VERSION (VERSION 1.6, 24/08/18)

© 2018, Robert Elliott. (Permission is granted to reproduce this form for educational, training, or supervision purposes, on the condition that it is not changed or sold).

Client ID:	Session:
Rater:	Segment:

EFT-1. EMPATHIC ATTUNEMENT:

How well does the therapist express empathic attunement to the client?

Do the therapist's responses convey an active, accurate and consistent understanding of the client's inner experiences as these evolve from moment to moment in the session. Or conversely, do therapist's responses fail to track important experiences of the client. Empathic attunement is expressed by the use of voice quality that mirrors the emotional tone of the client or conveys prizing or affirmation. It can conveyed by a range of empathic responses focusing on the client's inner perspective:

- *Empathic reflections, which accurately represent most important main aspect of client's message or communicated experience.*
- *Empathic repetitions, which briefly repeat key words or phrases from the client to show tracking.*
- *Empathic affirmations, which express validation, support, or caring if client is in emotional distress or pain, using both words and prizing vocal tone*
- *Exploratory reflections, which communicate empathy and encourage client self-exploration through tentative, open-edge or growth-oriented responses and use voice quality that expresses curiosity and interest.*
- *Evocative reflections, which communicate empathy while helping client to heighten or activate experience, through vivid imagery, powerful language or dramatic manner (including speaking in the first person as if the client or using evocative, expressive voice quality).*
- *Process reflections, which non-confrontationally describe client in-session verbal or nonverbal behavior.*
- *Empathic conjectures, which tentatively guess at immediate, implicit or unexpressed client experiences. (Best if delivered in a respectful, exploratory manner that encourages client check inside whether the conjecture fits.)*
- *Empathic formulations, which describe the client's specific difficulties in theory terms, such as parts of the self, emotional avoidance or conditions of worth.*
- *Empathic refocusing responses, which offer empathy to what the client is having difficulty facing, in order to gently invite continued exploration.*
- *Attunement to client nonverbal behavior, including mirroring of client posture and facial expression.*

- 1 **Much improvement in application needed:** The therapist acted like a beginner, as if they didn't really have the concept of empathic attunement or empathic communication; did not use an appropriate voice quality.
- 2 **Moderate improvement needed:** The therapist acted like an advanced beginner, who is beginning to empathically attune to the client but who really needs to work on communicating it more and better. They tried to adapt the voice quality to the therapeutic process.
- 3 **Slight improvement in empathic attunement, communication and voice quality needed:** The therapist needs to make a focused effort to do the empathic attunement, the communication and the adaption of the voice quality more and better.
- 4 **Adequate empathic attunement, communication and voice quality:** The therapist did enough empathic attunement and communication but needs to keep working on improving how well they do it, such as supporting it with unconditional positive regard and genuine presence.
- 5 **Good empathic attunement, communication and voice quality:** The therapist did enough of this and did it skillfully, doing it in a genuine, present and unconditionally caring manner.
- 6 **Excellent empathic attunement, communication and voice quality:** The therapist did this consistently, to some depth and even carried it out in a creative, carefully nuanced way.

EFT-2. MARKER IDENTIFICATION:**How well does the therapist accurately pick up on key client task markers for what the client wants to work on in the session?**

Markers are observable indicators that the client is ready to work on certain therapeutic tasks. This includes accurately identifying the most important marker(s) and confirming them with the client. Accurate marker identification is “task empathy” for the client’s personal agency, that is, how they want to use the session.

Circle any of the following markers that the therapist accurately picked up on; cross out any that were present but were missed by the therapist:

- *Vulnerability (painful feelings): Empathic affirmation*
- *Unclear feeling (vague, external or absent), unclear or absent felt sense: Focusing*
- *Problematic reaction point (puzzling overreaction to specific situation): Systematic evocative unfolding*
- *Conflict splits (self-critical, self-interruptive, self-coaching): Two-chair work (Two Chair Dialogue or Enactment)*
- *Unfinished business (lingering): Empty-chair work*
- *Anguish/Emotional suffering: Compassionate self-soothing*
- *Attention problems/overwhelmed: Space clearing*
- *Alliance difficulties: Alliance Dialogue*

- | |
|---|
| <ol style="list-style-type: none"> 1 No markers identified: Clear client markers were present but the therapist consistently misses them, and in fact fails to convey any sense of the client as a personal agent with their own agenda or goals for the session. 2 Most markers missed or imposes own tasks on client: Therapist seems to get the concept of markers but misses most of those offered by the client. Alternatively, therapist imposes tasks they think are important on the client in the absence of appropriate markers. 3 Key markers missed: Therapist picks up on some markers but still misses key ones. 4 Key markers picked up: Therapist picks up key markers for work with client but may feed them back to client awkwardly. 5 Key markers differentiated and offered back in a skillful manner: Key markers are picked up and accurately formulated back to the client in a differentiated manner (eg, the precise type of conflict split is accurately reflected back to client). 6 Unusual or new markers creatively and sensitively picked up and offered: Therapist picks up and reflects back key client markers consistently, sensitively, and even creatively. |
|---|

EFT-3. EMOTION DEEPENING:**How well does the therapist help the client deepen their emotional experience?**

How skillfully and sensitively does the therapist facilitate the client in the process of accessing emotion and deepening their emotion experiencing? This often involves the use of appropriate therapeutic tasks but more importantly can be seen in the therapist's close empathic tracking and skillful use of deepening exploratory questions and empathic conjectures as well appropriate use of own voice quality. It can be helpful to assess how well the therapist helps the client to move one or more steps through the following sequence:

- *Global distress (undifferentiated emotions)*
- *Secondary reactive emotional responses (often emotions associated with presenting problems or symptoms)*
- *Primary maladaptive emotional responses (old familiar stuck emotions)*
- *Core pain (the most central or important primary maladaptive emotions)*
- *Unmet needs associated with core pain*
- *Primary adaptive emotional responses (differentiated emotions, primary hurt/grief, assertive anger, self-compassion)*

- 1 **Emotion deepening completely absent:** Therapist consistently misses opportunities to help client deepen their emotional experiences, and instead generally offers responses that move the client away from their feelings and toward more external or less differentiated experiences.
- 2 **Mostly flattening responses:** Therapist often misses opportunities to deepen client emotions and mostly responds in a more external/less differentiated manner.
- 3 **Deepening responses present but poorly done:** Therapist offers opportunities to help client deepen, but these are quite awkward and imposed on client, thus generally interfering with client's process.
- 4 **Deepening responses clearly present but inconsistent or awkward:** Therapist offers deepening responses at key moments but is inconsistent and at times somewhat awkward.
- 5 **Deepening responses consistent and skillful:** Therapist consistently and skillfully takes opportunities to help client deepen emotional experiences, helping them move from global distress toward core pain.
- 6 **Emotional deepening offered in a highly attuned and creative manner:** Therapist sensitively and artfully facilitates client emotional deepening, including skillfully working with client ambivalence about deepening.

EFT-4. APPROPRIATE USE OF EFT TASKS:**How well does the therapist carry out appropriate EFT tasks?**

Having accurately identified one or more appropriate tasks, how skillfully and sensitively does the therapist facilitate the client through the stages of these tasks, including:

- *Introducing and setting up the task*
- *Helping client to enter into the task in order to evoke experience*
- *Staying with the key processes in the task where appropriate*
- *Picking up emerging shifts or new experiences*
- *Shifting to a different or emerging task where appropriate*
- *Coming to closure if the time runs out for further work on the task*
- *Helping client stay with and develop a meaning perspective on any new experiences that might have emerged*
- *Tasks:*
 - *Empathic affirmation*
 - *Experiential focusing*
 - *Systematic evocative unfolding*
 - *Two-chair work (Two chair dialogue or enactment)*
 - *Empty-chair work*
 - *Compassionate self-soothing*
 - *Clearing Space*

- 1 **Avoids even obvious tasks:** Therapist fails to carry out EFT tasks even when the markers are obvious and pressing.
- 2 **Imposes task on client in insensitive, mechanical or intrusive manner:** Therapist imposes the wrong task on the client; or carries it out in a quite intrusive, insensitive or mechanical manner.
- 3 **Offers appropriate task but in clumsy, awkward manner that blocks client:** Therapist offers an appropriate task but does so in a generally wooden, awkward or clumsy manner that blocks the client's process.
- 4 **Generally skillful in facilitating client work on task, but occasional minor awkwardness or missed opportunities:** Therapist facilitation of client's movement through tasks is generally adequate, even though there were minor problems such as missed opportunities to deepen or occasional minor awkwardness in facilitation.
- 5 **Task facilitation is consistent and skillful:** Therapist is fully immersed in the task with the client, consistently and skillfully offering client opportunities to use the task to deepen their emotional experience and progress through it toward resolution.
- 6 **Facilitates client work on tasks in a highly attuned and creative manner:** Therapist is deeply and exquisitely attuned to the client in their shared work on the task, responding in creative ways, such as appropriately implementing the task in a novel manner or skillfully helping the client to navigate difficult blocks such as ambivalence or emotional avoidance.

EFT-5. EFT CASE FORMULATION: ABILITY TO THINK ABOUT CLIENTS IN EFT TERMS:

How skillful is the therapist in thinking about client in EFT terms and using this to facilitate the relationship and therapeutic work?

EFT case formulation takes various forms and can be seen in a variety of ways:

- *Offering explicit empathic formulation responses that simply label aspects of self, emotion response types or markers*
- *Collaboratively constructing with the client more complex narratives that involve sequences of processes (eg, negative interpersonal cycle formulations in couples work)*
- *Giving responses that imply case formulations by orienting to key client processes such as markers, aspects of self, types of emotion response, emotion dysregulation*
- *Co-construction of the case formulation in a collaborative, exploratory, accurate, friendly and specific manner during the therapy session.*

A skillful EFT case formulation is collaborative, exploratory, accurate, friendly and specific, as opposed to imposed, definite, patronizing/critical or generic.

- 1 **Intrusive, pejorative or non-EFT case formulations:** Therapist imposes inaccurate or unwanted case formulations on the client, ignoring the client's objections; therapist's case formulations patronize or pathologize the client, potentially damaging their sense of self; therapist persistently elaborates non-EFT case formulations (eg CBT or psychodynamic).
- 2 **No case formulation:** Therapist offers no empathic formulation responses and makes no apparent reference or response to any EFT concepts or case formulation elements, including markers, aspects of self, emotion responses types and modes of engagement.
- 3 **Awkward, inaccurate EFT case formulations:** Therapist's case formulations are recognizably EFT in their content but are generally inaccurate or are delivered in an awkward manner that interferes with the client's process.
- 4 **Adequate EFT case formulation:** Therapist offers EFT case formulations that are generally, although not always: accurate, collaborative, exploratory and specific. (There may be occasional minor inaccuracies, overly generic elements or awkwardness.)
- 5 **Good EFT case formulation:** Therapist consistently provides EFT case formulation elements that are collaborative, exploratory, accurate, friendly and specific, in such a way that even minor inaccuracies are quickly left behind without distracting the client.
- 6 **Excellent EFT case formulation:** Working in deep collaboration with client, therapist artfully builds up shared, unique EFT case formulations in an exploratory process that affirms client and provides them with a clear way forward in therapy.