

# Taming Your Critic: A Practical Guide to EFT in Group Settings

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## Introduction

We would like to acknowledge the importance of supporting and promoting the principles of equity, diversity, and inclusion in our work, fundamental principles foundational to the work of Ryerson's Student Affairs professionals. In alignment with these principles, we aim to use accessible language throughout this document, acknowledging that not all readers will have English as a first language. We use the gender-neutral pronoun 'they' when pronouns are needed referring to clients in the plural or singular. We also acknowledge that effective psychotherapy is inaccessible to many due to prohibitive costs. As such, we hope that EFT in a group format may increase access to effective care for a broader population.

In this document, we will provide an overview of our rationale for providing EFT in a group context, and we'll provide preliminary data from our own EFT group program at Ryerson University. From there, we will walk you through the pragmatics of setting up and running an EFT group: what is required of therapists, how to screen appropriate participants, and how to structure your group sessions. The contents of this document are meant to provide scaffolding and guidance for those who wish it, rather than to limit your own creativity and application of therapy based on your own expertise.

For those of you new to the topic, running EFT groups is an amazing way to assist your clients in transforming shame, fear, and loneliness while learning to build confidence and community. It may be a more cost-effective way of delivering service, and we argue that the combination of EFT theory and practice with therapeutic group dynamics creates a memorable and transformative experience for clients.

In accordance with best practices in group therapy, we have organized our group around a common human experience: having an inner critic. We recruit for individual clients who share this experience and who are willing and able to both be vulnerable in a group setting, and to feel and express compassion to fellow group-mates. From the initial screening interviews, we begin to orient prospective clients to their internal world, assessing capacity to deepen experience and express what is evoked.

Once a new group of participants is established, our first group session includes structured exercises to begin to pair adaptive and maladaptive emotion from the time the group starts, to build understanding of the solid rationale for bringing up painful feelings, and to scaffold self-disclosure, invitations into vulnerability, and development of group identity and cohesion from day one forward.

Following the first group, with a few exceptions, each group session has a common format creating for clients (and therapists) a predictable framework to deepen experiencing. Each of these groups begins with a 15 minute check-in, and offers one group participant an opportunity to come to the 'front' of the group to engage in a 45 minute individual session with a therapist. This experience is then debriefed with all group members for an additional 45 minutes, followed

by a 15 minute check-out experience. In this guide, we will refer to these sessions as the 'chairwork sessions.' Although the individual session typically involves chair work, this is not always the case if relevant markers are not present. After all participants have had a chance to engage in chairwork one time, we have a session without chairwork in which we either terminate the group, or during which we review goals, progress, and desired next steps. When a group is in agreement to continue, a second round of chair work is offered for each participant, extending the group to allow for a second chairwork session for each client followed by a session with a focus on group termination processes. This final group session focuses on articulation and consolidation of gains, and a termination exercise as participants prepare to close off this intensive experience.

This document provides details relevant to each stage of the group process, ending with a brief discussion of bonus features (unanticipated positive consequences of running these groups), limitations, and future research questions.

## Why provide EFT in a group setting?

### Merits of Group Psychotherapy

There is an extensive body of literature related to the merits and effectiveness of group therapy, a review of which goes beyond the scope of this document. Those familiar with the work of Irvin Yalom and Modyn Leszcz will recognize the influence of their theoretical approach to group psychotherapy throughout this document. For those interested in reading more about fundamental principles of group psychotherapy, we recommend reading Yalom and Leszcz's (2005) *The Theory and Practice of Group Psychotherapy*, learning about Tuckman's stages of group development, and exploring the websites of the Canadian and American Group Psychotherapy Associations for more information (or your local group psychotherapy association).

Yalom and Leszcz (2005) highlight eleven common therapeutic factors integral to group psychotherapy. While research is inconclusive regarding the precise nature and effectiveness of individual factors, there is general agreement that these factors provide an effective paradigm to guide the provision of group psychotherapy. These eleven factors include:

- Instillation of hope
- Universality
- Imparting information
- Altruism
- The corrective recapitulation of the primary family group
- Development of socializing techniques
- Imitative behaviour
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors

While some of the language of Yalom and Leszcz is particularly compatible with EFT, other terms are less consistent. For the purpose of this document, we will accept that valuable information is embedded within each paradigm without an intensive analysis of points of convergence and divergence and associated implications for practice, research, or theory development.

Based on our own observations, we find that a subset of therapeutic factors appear to be of most central importance in EFT groups including: group cohesiveness, instillation of hope, universality, and some combination of development of socializing techniques, imitative behaviour, and interpersonal learning. Feeling part of a cohesive group with shared experiences begins to reduce isolation and normalize impacts on human experience of self-criticism. Seeing others who are further along in their journey of transforming their critic, and learning through the therapists' reactions and shared information that change is both possible

and likely inspires hope. As clients witness others' deep affective processes alongside reactions from therapists and group members to authentic and deep emotion processes, group members are exposed to novel modes and ranges of emotion expression, and to novel implicit and explicit beliefs regarding emotion experience and expression. Through witnessing others' chairwork, others' emotion expression styles, and through hearing others' stories related to familial and cultural emotion socialization norms, clients learn to challenge their own patterns of secondary emotion, and their internalized rules for emotion experiencing and expression. Finally, several members have expressed the positive impact of altruism, that being able, even from a place of personal despair or anxious paralysis, to give something of value to another human being, be it support, validation, identification, or bearing witness is fundamentally growth- and hope-promoting.

In EFT terms, we see in group the power of individuals explicitly and implicitly learning to move from avoidance of core pain, building their individual and collective capacities to approach, tolerate, and transform core maladaptive emotions after deeply identifying with others who express genuine empathy and compassion. Telling one's story, especially when paired with the experience and expression of felt emotion, in front of a group is a tremendously vulnerable act. Feeling compassion towards one's peers, feeling connected to one's peers, and feeling safe in the presence of others when vulnerable has tremendous capacity to shift maladaptive emotion schemes. When maladaptive schemes are repeatedly evoked (directly and vicariously), when fundamental needs are repeatedly articulated, and when adaptive schemes are repeatedly evoked towards others, and towards one's self, profound restructuring of emotion schemes occurs. In a group setting, after feeling profound compassion *for* others, and after having deeply identified with the experience of self-criticism described and enacted by others, it becomes harder and harder for clients to maintain the belief that they are truly different and undeserving of compassion themselves. In this group then, we see deep changes in evoked emotion schemes, and in clients' narratives regarding their own and others' experiences, pairing affective change with new meaning.

*"...it was like I genuinely cared for the experience and what they had gone through um, and so like, why wouldn't that be the same for me?" (EFT group member, Toronto, ON)*

### **Pre-requisites: Preparing for a Good Start**

In our practice, several variables have been instrumental in laying the foundation for a positive and effective group experience. These include the presence of two therapists in an appropriate space with clients screened for specific inclusion and exclusion criteria.

## **Two therapists: EFT competence and group competence**

In any given group, one therapist will conduct individual work, typically chair work with the group member who volunteers for this role (referred to as the “chair participant”). The second therapist will sit amongst the observing group members (referred to as the “observers”) watching for signs of stress or emotional reactions amongst the observers to identify those who may require more support during the second half of the group meeting during which the chair participant’s piece of work is debriefed.

At least one therapist must be well-versed in EFT theory and practice. It is very important that the primary therapist is sufficiently comfortable with, and competent in EFT practice that they are able to reliably engage in chairwork at the front of a small group. Therapists should be comfortable with cultivating therapeutic presence, developing and maintaining rapport, and engaging in marker-driven tasks including: focusing, two chair work (for self-critical splits, for self-interruption, and for self-compassion tasks), and empty chair work.

Having a therapist well-versed in group theory and practice is also required. Knowledge bases will include management of group cohesion, which we think of as the group equivalent of rapport, as well as knowledge of group developmental processes and resolution of common challenges in group formation and functioning.

Therapists decide before the first group meeting whether one therapist will lead each segment of prolonged individual intervention in the group, or whether therapists will alternate in facilitating the individual work. If one person will lead all individual intervention segments, we recommend that the second therapist lead other segments of the group (e.g. check-in, check-out, group exercises) in order to balance the dynamics between the therapists and the clients. If therapists will alternate in facilitating the individual intervention segments, we recommend that therapists announce to the group a set schedule (e.g. alternating weeks) so that clients may choose the timing of their volunteering to coincide with the therapist they feel most comfortable with.

## **Space**

As with any psychotherapy group, appropriate space is important. We recommend a quiet and private group therapy room, with one or more individual therapy rooms accessible nearby. We have experimented with sizes from four to eleven participants and have found that the ideal size for a two hour group in our setting is seven to eight participants (plus two therapists) requiring a group space comfortable for up to 10 individuals, seated in chairs in a circle. On occasion, clients will request a brief check-in following group if particularly evocative material has been covered, and so access to nearby individual therapy offices where each therapist could see a client is recommended.

## **Participant Selection**

In our modern post-secondary setting, the experience of an internal critic is a near universal experience. We know that, sadly, this is not unique to our setting. In general, clients are immediately able to identify with the idea of 'being hard on themselves,' of using 'should' language in their self-talk, of second-guessing themselves, of catastrophizing, or of not allowing themselves to feel their feelings. Beyond the experience of living with an inner critic (or self-interrupter), our experience has taught us that several additional variables are important in participant selection for a successful group.

### **The ideal EFT group client**

In our experience, the ideal client for EFT group is someone with a harsh critic (contemptuous or anxious) who easily expresses emotions once evoked, and who feels deep compassion for others. In any group, we recommend at least 50% of the clients fit this profile as they anchor the emotional depth and tone of the group. Anecdotally, we have observed that depth of experiencing and expression of emotion in group appear to be associated with positive group outcomes for individual members, and with clients' beliefs that the group experience has been impactful and meaningful.

### **Balancing clients with predominant self-criticism versus self-interruption**

While the common element in this group is self-criticism, we see some individuals in intake whose anxious self-critical processes appear in the form of self-interruptive processes, often blocking access to more primary anxiety-producing or depressogenic emotion schemes. In our experience, the inclusion of two (see the matching principle below) individuals with explicit self-interruption rather than evident self-criticism is workable in this group setting. For group members new to chair work, the distinction between self-criticism and self-interruption is not generally evident and does not lead to feelings of being 'different than' other group members. When we structure group intakes, we prime 'ideal' EFT clients to volunteer for chairwork early in the group meetings, and those who are working primarily with self-interruption to volunteer later in the process, first giving themselves permission to develop a level of comfort in the group. As over-regulated or high self-interruption clients witness the depths of others' experiencing and expression, they learn implicitly about the range and depth of human emotion that is possible, and they witness compassionate responses to intense emotion from other group members. For some of our over-regulated clients, this is their first time witnessing safe experience and expression of deep emotion.

### **Depth of experiencing and capacity to express emotion**

It is important to ensure that a prospective client is able to experience and express emotion at a sufficient depth. This is characterized by a capacity to speak about an event with clear patterns of mild to moderate evoked emotion. This may involve a client having the capacity to feel and



express sadness or anger at the treatment of self in the experiencing chair by their inner critic, to feel maladaptive emotions such as shame or fear, and to be aware of a shift in internal states as one moves from the experiencing to critic chair and vice versa. For individuals with moderate to severe alexithymia, very low interoceptive awareness, or whose self-interruptive processes are on the spectrum of dissociation, we recommend preliminary individual therapy or an alternative group experience to increase capacity to feel, differentiate, and express emotions.

### **Capacity to differentiate feelings**

Clients must be able to demonstrate a minimum capacity to differentiate their self-critic (e.g. the voice of their inner critic with attendant verbal and nonverbal markers of contempt, catastrophizing, etc.) and their experiencing self (the part of themselves that receives messages from the critic, with associated emotion responses). In practice, this may include a client who is harshly self-critical in one chair, berating the self for poor progress towards goals, or scaring the self with references of impending failure. Following a change in chairs, this same client will then experience the impact of harsh criticism in a differentiated form, collapsing into fatigue or hopelessness, or experiencing suffocating anxiety.

For clients who carry the critic into the experiencing chair and are not able to differentiate between self-criticism and its impact, we recommend individual or alternate group experiences prior to EFT group to increase capacities in emotion differentiation and internal awareness. In some cases, challenges with emotion awareness and differentiation may stem from a highly cognitive processing style, focusing on thoughts, facts, and state-dependent memory bias without developed skills in mindfulness and body awareness. For such a clients, a focus on developing a capacity to identify, differentiate, label, and tolerate physical sensations associated with emotion schemes may be a prerequisite. Having said this, in some cases we have included one to two individuals with poorly developed internal awareness and/or little capacity to differentiate or name emotions into group primarily to assist in exposing the client to the possible richness and complexity of internal experience of others. In some cases, we have observed that individuals high in alexithymia and low in interoceptive awareness (typically associated with feelings of emptiness and protracted dysthymia or depression, often in the context of significant emotional neglect in childhood) have benefited from EFT group through exposure to perspective taking, and through increased understanding that internal self-states exist that are radically different from their own in both thought complexity and intensity of physiological sensations and affect. This implicit role modelling has, on at least one occasion, resulted in an awakening of interest in people, in growth, and the beginnings of new templates for what is possible in a client's own emotional experience.

## **Access to compassion**

For clients to successfully contribute to positive group cohesion, each client must be able to experience and express genuine compassion towards others when observing fellow group members experiencing and expressing painful affect. Competitive or narcissistic responses can themselves be signs of childhood wounds, but such responses to others' pain are contraindicated for participation in this style of EFT group therapy as they reduce group cohesion and psychological safety and may result in emotional re-injury of other clients.

## **A note on trauma**

We have specifically excluded use of detailed trauma-retelling in EFT group sessions. For clients presenting with trauma histories, we set clear expectations for group participation. Group sessions may focus on feelings in response to abuse, and/or to abusive others, but will not include specific recountings of past traumatic memories. In our experience, such work is better reserved for individual therapy. For our purposes, the risk of vicarious traumatization, or retraumatization of an observing group member not yet ready to face a similar history of abuse outweighs the benefit of seeking to include trauma-retelling as an active intervention in these groups.

## **A note on social anxiety and social skills deficits**

While this group can be especially effective for social anxiety, clients who strongly fear being judged by others and/or who are particularly inhibited in their self-expressions in front of others must have sufficient resilience and motivation to challenge their intense fear and/or shame by risking expressing themselves with authenticity to other group members. Clients who are unable to imagine sharing their inner world with others are not yet ready for an EFT group experience and are likely to benefit from preliminary individual work, or group work that is less evocative in nature such as a psychoeducational or CBT group for social anxiety.

For those with true interpersonal skills deficits, intervention to teach interpersonal skills is recommended before reassessment for participation in an EFT group. Requisite skills include social reciprocity in dialogue, attending to verbal and nonverbal information, use of "I" statements for self-expression, reflective listening skills, and the capacity to differentiate another person's experience from one's own experience.

## **A note on empathic over-identification with others**

Prospective clients who struggle to differentiate their pain from others' pain may benefit from participation in a group of this nature, but will require support to engage in active differentiation processes through use of "I" language when speaking, and in working to refrain from assumptions that they feel or experience in exactly the same way as another client. Frequent expressions of feeling "exactly" as others do, strong assertions that one "completely understands" another's pain, or feeling flooded with emotion after hearing another's story can be

signs of over-identification. Such statements often serve to turn attention from another's pain to the speaker and may be experienced as invalidating by other group members.

### **Matching principle**

When possible, we seek to match each person in the group with at least one other group member on key qualitative variables. For example, in open gender groups we would seek to include at least two individuals of any one gender (e.g. female, male, trans, non-binary) within the group. Likewise, while we do not seek to match backgrounds of racialized individuals, for our setting we would seek to include at least two members from racialized backgrounds in a predominantly Caucasian group. Additional variables we seek to match across participants by including at least two individuals with any given demographic group membership include: sexual orientation, socioeconomic status, visible disability, age range (developmental stage), tendency towards over-regulation or alexithymia, predominance of self-interruption over self-criticism, and presenting with a primarily anxious versus depressogenic critic. Matching is not always possible, but including a group member who is unlikely to identify in meaningful ways with any other group member tends to undermine group cohesion.

### **Exploring for pre-existing relationships with group members**

During the first group meeting, as part of check-in, we ask if any members know one another. Given the level of vulnerability requested of participants in this group, prior relationships can pose a barrier to immersion in evocative tasks due to increased self-consciousness, or fears that information may not stay confidential within the group setting. It is recommended that therapists have established protocols in advance for dealing with such dual relationships to guide the challenging task of removing one member from group should either individual in a known pair express discomfort in continuing in a group with a member of their outside social circle. In our Centre, we prioritize students who are: within one year of graduation (after which they will be ineligible for further service), who were first placed on the waitlist for the group or who first expressed interest, and in rare cases, based on matching principles in considering which member's participation may add more strongly to patterns of group cohesion.

### **Optimal size of group membership**

We have found that six to eight members is an optimal group size. More than this can result in insufficient time, within a two-hour group, for sufficient processing of all members' reactions to the individual participant's chairwork. Given the intensity of evoked affect, we believe it may be unhealthy to leave insufficient time for all group members to express and process what they are feeling to at least a minimal degree. In addition, with documented high rates of suicidal ideation and affect dysregulation in Canadian post-secondary populations, we err on the side of safety in ensuring sufficient time to process strong emotion in a safe setting. While a group could theoretically be expanded to run two-and-a-half to three 3 hours, in our experience, groups running beyond two hours duration tend to promote emotional exhaustion. In addition,

prospective group members may be unwilling to commit to weekly sessions lasting longer than two hours.

Running groups with fewer than six participants has been associated with lower than optimal attendance, which can negatively affect group cohesion. While attendance rates are high for this group generally, given post-secondary contexts where students sometimes will miss a group due to a mid-term or exam scheduled in close proximity to the group time, or due to illness, dropping from five to four or three participants appears to have a negative impact upon sense of cohesion.

### **Balance of over-regulated individuals in a group**

In a group of six to eight individuals, we recommend no more than two (25-30%) are included who demonstrate significant patterns of over-regulation. Having too many group members who are over-regulated significantly reduces the depth of experiencing in the group as a whole, including reducing the depth of experiencing of those individuals watching the individual chairwork or intervention in any given group.

### **Exclusions**

Capacity to safely regulate emotion is critical for entry into the group. While we have accepted individuals engaging in non-suicidal self-injury, and living with persistent patterns of suicidal ideation with or without a past suicide attempt, therapists are confident at intake that each client can safely regulate their emotions without risk of serious or enduring injury to self or others. Our preference is to rule out clients who have engaged in a suicide attempt within the past year unless the client and clinician reach agreement that current, robust, and predictable safe emotion regulation strategies exist.

This group is not recommended for individuals struggling with psychosis or possible prodromal psychotic features, or for other presentations where explicit attention to ‘aspects’ of self may be psychologically destabilizing as in the case of significant dissociative processes.

A note on “Pollyanna” coping or the predominant use of positive self-talk for coping is warranted. In cases where ‘positive self-talk’ is used implicitly or explicitly as a strategy for self-interruption and affect regulation, and where a participant does not have insight into the function and role of genuine emotion, group participation is not recommended. This pattern may preclude a capacity to truly empathize with other group members’ experience, resulting in low demonstration of genuine empathy and compassion for others.

## Intake process

We recommend an intake process for all clients. We meet with each client for one to three 50-minute sessions before commencement of the group. Through the intake process, we screen for suitability for the group and we engage in some preliminary work to prepare clients for a positive and meaningful group experience. Intake processes also begin a process of building rapport and trust with the therapist which may assist in anchoring the development of group cohesion and risk-taking with respect to vulnerability in group. An intake process also facilitates informed consent as all clients participate in chairwork individually before joining the group.

Our typical client intake includes several components. We begin by welcoming the client and acknowledging their interest in group. We typically ask about prior knowledge of EFT or the EFT group to address any misconceptions that may exist and to learn of any anticipatory anxiety regarding chair work. As a side note, we do ask that referring therapists *not* advise clients that they will be doing chairwork in the intake to avoid anticipatory anxiety which we have found inhibits capacity to participate in chairwork in a spontaneous fashion. When clients have been primed for chairwork ahead of time, we have found that they tended to arrive with heightened anxiety about the chairwork process, having engaged in attempts to prepare themselves for chairwork by exploring their critical voice and its impact. Rather than deepening processes at intake, this appears to be associated with a 'scripting' of self-critic processes leading to a more cognitive exploration of the split, with more difficulty deepening the client's level of experiencing.

The specific sequencing of intake components varies for each client depending upon their unique dynamics but includes:

- a brief conversation to establish rapport
- a request that the client introduce the therapist to their critic: identifying how their critic manifests in their lives, and the impact of self-criticism on daily functioning
- chairwork for a self-critical split, aiming to facilitate a felt sense of differentiation between the critic and experiencing side with or without partial resolution of the critic split (approximately 20-30 minutes)
- psychoeducation regarding the process of changing emotion with emotion and the need to evoke and experience challenging emotions to change them
- identification of a possible idiosyncratic goal for the participant's in-group individual intervention or chair work session. This may include working on a specific self-critical voice or experience; priming a client to volunteer for chairwork early or late in the chairwork sessions; limit-setting regarding trauma-retelling; advising that trauma retelling can be an instrumental part of recovery from past traumas and redirecting to individual therapy or an alternate group if trauma treatment is deemed a current priority
- an overview of what to expect in the first group
- pragmatic information about the structure and timing of the group itself including our collection of questionnaire data following each group and, if relevant, advising that a request to audio- or video-record sessions may be forthcoming.

- requesting a firm commitment to attend a minimum of 95% of sessions for the first round of group including the first session, first round of chairwork, and interim or final session. In our setting, we have found that students are hesitant to commit to a weekly two hour group lasting more than a semester in length. However, after having completed one round of group, clients are typically highly motivated to continue into a second round.
- Information about our process should two individuals with a pre-existing relationship join the group and find that they are not able to work together in a group such as this.

## **First Group Session: From Fear to Relief**

### **Entering the group space**

During the first group, most clients are understandably nervous. To mitigate this, we have clients wait in our waiting room until group begins when they are met by one of the therapists and shown to the therapy room. For subsequent groups, clients are welcome to enter immediately into the group room.

Clients find a seat in chairs that have been set up ahead of time, in a circle, with boxes of tissue on the floor between several of the chairs. The therapists welcome clients to the group, and outline the agenda for the session including learning one another's names, collaboratively identifying group behavioural guidelines, and beginning to explore participants' self-critics in pairs and then in the larger group.

### **Identifying pre-existing relationships and introductions**

At this point, we ask if any of the group members know one another or are familiar with one another. When there is a pre-existing relationship, we ask for minimal information about how the participants know one another (e.g. close friends, classmates, former dating partners, teaching assistant/student) to better understand the nature of the relationship. We indicate that if the pre-existing relationship results in feelings of intense discomfort, a participant may, of course, leave the room if needed. Otherwise, we encourage participants to share in this first group what they are comfortable sharing in the context of the pre-existing relationship. We advise participants that a therapist will reach out after the group to explore their comfort in continuing, to explore any anticipated consequences of the pre-existing relationship on the client's experience in the group setting, and to explore possible impact on group dynamics. When a participant advises us that they wished not to continue the group, we selected which student will continue based on criteria communicated in intake, as articulated above.

We then proceed to request that clients introduce themselves around the group. Relevant introductory information such as name, and for our setting, academic program and year of study are shared.

## **Ice-breaker exercise: The group juggle**

We recommend an ice-breaker exercise that incorporates movement and laughter to help shift clients from an experience of physical tension and anxiety to a state of greater spontaneity and laughter to help increase comfort in the group space. We engage in a 'group juggle' activity. To begin this activity, one therapist pulls out a soft foam ball and introduces the rules of a game that everyone will participate in. The holder of the ball will say the name of another person in the circle (client or therapist) and will throw the ball to that person. The person who receives the ball then repeats the activity.

To begin the game, each group member repeats their name aloud and the therapist holding the ball begins the game. When the game is progressing smoothly and clients are beginning to develop some comfort with the game, and some familiarity with each other's names, one therapist introduces, without forewarning, a second ball into the game. At this point, one or more balls are typically dropped and laughter begins! Once it is clear that individuals are familiar with each other's names, the game is ended and debriefed.

Some preliminary patterns may emerge early in the game including: noticing who throws the ball to whom, and noticing who receives the ball more or less often. Any preliminary signs of one or more clients being subtly excluded should be addressed implicitly by the therapists who can throw the ball to quieter or more peripheral group members.

This game must be modified if individuals are attending who have variations in physical or sensory ability that preclude participation in the activity, in which case a new activity should be planned that prioritizes full participation by everyone.

## **Group guidelines**

Following the ice breaker, we engage in collaboratively establishing group behavioural guidelines to promote psychological safety and well-being in the group. We ask participants to generate group guidelines and, while idiosyncratic goals are welcome, most typically guidelines include and/or address:

- Agreement to maintain a non-judgmental space and be supportive of one another.
- Respect for privacy: agreement that stories shared in group will stay in group. Typically a therapist will assist with differentiating this guideline further such that group members understand that they may speak about their *experience* in group to others (e.g. how they personally felt and reacted) including their reactions to other group members' stories, but that the details of stories and identifying information about other clients are not to be shared.
- Agreement that group will start on time.
- Agreement that cell phones will be set to vibrate and put away for the duration of group, unless someone is awaiting a call of sufficient importance that there is collective agreement that the phone may stay on (e.g. an unfolding emergency in the client's life).

- Review of the importance of use of “I” statements for clear communication in a group setting.
- Identification of how clients wish to be greeted if they run into one another on campus, especially when with groups of other students.

## **Review of theory**

Following check-in, one therapist moves into a 10-15 minute review of emotion theory, with a particular focus on the rationale for evoking painful emotions in order to transform them. (See Appendix A). Typically, this is conveyed conversationally, rather than through a ‘lecturing’ style. This gives time for group members to settle in, to observe the therapists’ styles, and to observe each other. At the same time, this exercise reviews the rationale for accessing and expressing painful emotions to scaffold willingness to allow for vulnerability in the service of healing.

## **Self-criticism exercise - scaffolding vulnerability**

*“What does your critic say to you, like asking those kind of questions. It was nice to sit in a group and hear everyone’s responses. And be like yep, yep, yep, um-hmm. And everyone was saying it in a little bit of a different way but it all like kind of came back to the same message of like ‘you’re not good enough, you’re worthless, you don’t deserve happiness,’ like sort of those core messages that I believe about myself. So there’s a lot of power in realizing that you’re not alone in that experience, and it isn’t something that you talk about on the street with your friends.” (EFT group member, Toronto, ON)*

Following review of the rationale for the group, clients are asked to divide themselves into groups of two to three people to complete a 15-20 minute exercise. Each client is provided with a copy of a Self Critic Summary worksheet (See Appendix B) and is asked to work together in their small group as each client completes their own worksheet. We have found that engaging in this process in small groups rather than individually, or in one large group, assists in promoting more rapid sharing of information and self-disclosure allowing individuals to quickly begin to find commonalities between themselves and others, and laying the groundwork for tolerance of vulnerable self-expression in the group. We find that this quickly leads to the promotion of positive group cohesion. The most common refrains we here during this exercise are: “Me too!” and “Wow, it’s like our critics are cousins/twins/siblings!”

## **Critic introductions - scaffolding to greater heights (or depths)**

Following completion of the worksheets, we reconvene as one group for approximately 30-40 minutes and each client introduces their critic to the other group members. This facilitates rapid discovery of commonalities and scaffolds increasing risk taking as clients share their information with increasingly large numbers of individuals. We find that that this process also begins to co-activate adaptive emotion schemes including compassion for others, relief at finding common



ground with others, and a sense of belonging. These adaptive emotions are then increasingly present alongside the anticipatory anxiety, fear, and shame that many clients feel as they first enter the room. As clients introduce their inner critics to one another, therapists may help group members articulate and refine their goals for the client's own individual chairwork session in the group. For example, one participant may wish to focus on shifting paralyzing fear-inducing self-criticism associated with facing academic evaluation. Another might wish to focus on projected critic processes underlying social anxiety and patterns of social withdrawal, while a third participant might wish to focus on patterns of self-contempt and disgust underlying protracted symptoms of depression.

### **Check-out / check-in**

Finally, we shift clients' attention to the time, indicating that 10-15 minutes of group time remain. One therapist then introduces the group to check-out processes. Check-out begins with the question, "Given all that you have experienced today, take a moment to go inside. What are you feeling right now? [Pause.] Given what you are feeling now, what do you need as you transition out of this space and into your next activities?" In our first checkout, a brief review of the link between emotions, needs, and action tendencies may be reviewed. Each client is supported to express how they are currently feeling, to identify one or two associated needs, and one or two actions they may take as they leave the group room to meet those needs as they prepare to go on with their day. Therapists participate in check-out, focusing on expression of adaptive and positive feelings toward the group and group process. These typically draw from experiences such as therapists' feelings of compassion, pride in group members' risk-taking accomplishments, gratitude for the opportunity to witness healing, and hope for continued change. Participants are advised that each successive group will begin with a similar check-in process.

### **Chairwork Sessions: Pull Up a Chair**

Following the first group sessions are a number of sessions with a similar structure - one group session for each client in the group. We refer to these collectively as the 'chairwork' sessions. Each of these sessions includes check-in, any administrative announcements, individual chairwork with one client, group debrief of the chairwork, and check-out.

The group room is set up for the group ahead of time, with chairs organized in a circle. Clients are welcome to enter the group space as they arrive. This often provides time for informal discussions between members. The therapists enter at the beginning of the group time, inviting participants to begin the check-in process.

### **Check-in**

Check-in begins with the question "Take a moment to check inside. What are you feeling right now as you come in today?" Depending on the skill level of the majority of group members in identifying their individual feelings, we may begin with a brief mindfulness exercise. During such

an exercise, we invite participants to close their eyes and follow a set of instructions. Participants are directed to bring their attention to their breath, and then to different areas of their body moving gradually from the top of their head to their feet, inviting awareness of physiological sensations arising from each location, and then identifying a word or image that will help them to communicate 'the whole' of what they are currently experiencing (e.g. sensations and/or feelings) to the rest of the group. This is used to assist clients in becoming aware of and communicating their embodied state at the beginning of group to others. This is often helpful in allowing clients to understand how previously evoked emotions may impact their experience in the group, and to differentiate 'here and now' evoked emotion (e.g. "I feel sad as I hear you say that.") from emotion stemming from earlier experiences in their day, or in their lives (e.g. I feel sad today because my partner broke up with me last week, and that is impacting how I feel about everything today.)

Following check-in, any administrative announcements are made. This may include changes to the group schedule due to closures or therapist holidays, notifications of any client absences, etc.

### **Requesting a volunteer for chairwork**

The therapist who will be leading chairwork then asks for a volunteer to engage in chairwork. In the first instance, we will occasionally remind the group that it is wise for volunteers to go early if they are able to freely feel and express their feelings. Individuals who do not believe that this is possible are encouraged to allow themselves to observe others' work before volunteering themselves.

*"I've never gone first in the group. And there is always someone that's really brave that does it, and they really just then shatter all the assumptions and feelings of, you know, the unsure feeling that everyone has – like they help to dispel all of that, ya, and then we just get right into it. That's the thing, in my experience it's only momentarily in the beginning that you're unsure and scared and then when you see someone go up and do all that chairwork it's like so intense and emotional and you get really drawn into their story and um, and really, when we all come together and talk about it, people just start opening up and they're so compassionate and they're so loving and we just really want that person to feel like oh you're not alone. We're here for you. We're outraged for you. We're, you know it's just everything. We want to support them, so you don't, you kind of forget about all those thoughts at the beginning." (EFT group member, Toronto, ON)*

After a volunteer has been identified, the observing clients are reminded of their role as they witness their peer's chairwork. Observers are directed to attend to the chairwork at the front and, in particular, to attend to what happens inside themselves as they witness another's work. Observers are advised that chairwork will typically last for 30 to 45 minutes, after which we will debrief the experience collectively. During the debrief, observers will be asked to focus their feedback on sharing their own internal experiences in response to the chairwork. Thus, the focus of debrief is sharing reactions to the chairwork and expressing how one was impacted as

an observer. Debrief does not involve a critique of another's work, or attempts to 'fix' or find solutions.

Those in the observing role are asked to assist in balancing respect for the progress being made by the chair participant with their own need for psychological safety. Observers are reminded that they may experience strong emotions themselves, and strategies for tolerating and regulating strong emotions are reviewed. These may include distraction techniques, emotion tolerance techniques, and use of imagery to assist in emotion regulation. When possible, observers are guided to remain seated quietly throughout the chairwork. However, if they find that they are absolutely unable to tolerate evoked affect, observers are advised that they may step out to the waiting room and the therapist seated with the observer group will step out to confirm that they are safe or to provide immediate supports if needed. In our groups to date, no participant has needed to step out, although several group members have reported thinking about doing so.

During the chairwork, the second therapist's primary role is to periodically observe the observers, noting signs of over- or under-regulated emotion and making a mental note to assist, if necessary, any client with a strong reaction to express their experience during the debrief.

### **Setting the Stage**

To begin the chairwork, the furniture is rearranged. The chairwork therapist and chairwork participant come to the front of the room. The therapist sets up three chairs as indicated in the picture below, with two chairs facing one another for the two chair task. The chairwork therapist ensures that tissue is available and that a clock or timepiece is within their line of sight. Observers move their chairs into an arc, drawn back from the chairwork area with tissue boxes available once every few chairs. If possible, the lights may be dimmed in the part of the room occupied by the observers to allow them to recede into the background for the chair participant.



As the observers rearrange their chairs, the chairwork therapist speaks briefly to the chairwork client, welcoming them to the front of the room, acknowledging any apparent nervousness or apprehension, and briefly inquiring about the desired area of focus for the chairwork. This

question aims to help participants recall their established goals for their chairwork, or to create an opportunity to identify markers for a more pressing piece of work that has emerged.

The therapist and client collaboratively agree upon a focus and a 30-45 minute individual therapy session ensues. In order to evoke maladaptive primary emotion schemes, client and therapist first explore specific episodic memories related to the therapeutic goal until markers for currently evoked processes emerge. At this point, a structured evocative task is commenced, typically within 5-10 minutes of beginning the individual segment of work.

It is noteworthy that we do find that chairwork in group tends to have a different 'feel' than chairwork in an individual session. First of all, it tends to be longer, often running around 30 to 40 minutes of evocative work. Chairwork tends to be very focused with more initial guiding or directing by the therapist than might be present in an individual session, bringing focus and awareness to self-criticism. Often clients benefit from assistance in staying with the task initially, being directed to set aside any self-consciousness that may naturally emerge in the early stages of beginning a task in the presence of observers. This self-consciousness fades for most clients as they become deeply immersed in their own experience. Within the task, therapists seek to deeply evoke emergent maladaptive emotion schemes before assisting clients in articulating the associated need. While partial resolution often occurs within the task, our primary focus is evocation of primary maladaptive emotions schemes, with expression of associated feelings and needs. Additional opportunities for co-evocation of adaptive emotion schemes occur as chairwork participants are asked to identify their need from the therapist and group members at the end of the task, and as they take in feedback from observers.

## Structuring the 'individual' session within the group work - our guiding principles

We aim to observe the following principles when engaging in individual therapeutic work within a group setting:

- Collaborative goal setting to facilitate trust in the therapists and in the therapy process.
- Prioritizing group cohesion over individual gains. In individual therapy we cannot work productively within the context of an alliance rupture. In a group setting, productive group work rests on a foundation of solid group cohesion and trust in the therapists and other group members. To this end we:
  - watch the time closely, with a clock visible to the therapist engaging in chairwork, being sure to leave 50-60 minutes to allow for sufficient time for group debrief and check-out following individual work. This allows all members time to identify, express, and make meaning of evoked affect.
  - do not engage in trauma retelling (although we may refer someone for concurrent individual therapy to do so). As previously mentioned, we avoid specific trauma-retelling, prioritizing the psychological safety of the collective group members over emergent individual needs that may compromise group cohesion and reasonable capacity of each observer to regulate affect.

*"I had lots of feelings that I did not accept. And some that I didn't even know that I had. And I was able to identify them through that group...because when somebody else was talking, it would sometimes wake up feelings in me that, 'Oh my God, I do have that feeling too!' ... And it made me go even further into myself." (Lafrance Robinson, McCague, & Whissel, 2012)*

- Maintaining a focus on a limited task set in the first round of chairwork including two chair work for critic splits, self-interruption, self-compassion and focusing as needed. Maintaining an initial focus on focusing and two chair dialogues (as opposed to following any marker that may emerge) facilitates predictability, group cohesion and a sense of universality within the group. In addition, this common focus tends to maximize the coactivation of adaptive emotions in observers who typically report some combination of compassion towards the chairwork client's experiencing self, and anger towards the chairwork client's inner critic. By the third or fourth session, we typically begin to see shifts in clients' relationships to their own inner critics, even if they have not yet volunteered for chairwork themselves. Our hypotheses as to why this may be the case include the possibility that clients are increasing their own differentiation of critic and experiencing self through observation of this process in others, and through vicarious experiencing as they observe. Clients may also be positively impacted by repeatedly feeling compassion towards those they identify as having similar self-critical processes, fostering a foundation self-compassion towards one's self, and assertive anger towards one's own critic. In the second round of chairwork we may expand our task focus to include empty chair work.

- Remember that therapy does not have to be perfect to be helpful. When 'stuck' in a task, we fall back to basic EFT principles including facilitating client processes of:
  - Identifying, differentiating, tolerating, and regulating affect.
  - Co-activating maladaptive and adaptive emotion schemes.
  - Working to move from secondary to primary emotion.
  - Moving away from secondary 'coach critic' processes to primary self-critical processes.

Following completion of the chairwork, the chairwork therapist and client collaboratively bring the individual work to a close. The therapist identifies a reasonable end point and asks the client if this may be a good time to end the chairwork. The therapist then asks the client to check-in with themselves and to share how they are feeling right now given what they have experienced, and in the context of rejoining the larger group. The therapist responds empathically, and asks what the client needs from the therapist and the observers before they rejoin the group. It is the primary responsibility of the two therapists to assist in meeting the reasonable needs of the chair participant as part of providing safety during moments of heightened vulnerability. Typical needs articulated by clients at this time include requests for "total honesty" from observers or requests for gentle compassion from observers. Clients then return their chairs to a circle formation.

After reforming the group in a circle, the chairwork therapist briefly reiterates the needs of the chair participant and inquires about the experience of the observers, keeping in mind the chair participant's needs. Most commonly, the first person to speak articulates one of the following: tremendous compassion for the chair participant's experiencing self; astonishment at the similarity between their critics; acknowledgement of the profound bravery of the chair participant, and/or anger, indignation and disagreement with the chair participant's critic. It is not uncommon for feelings of protectiveness to emerge from observers towards the chair participant in response to the chair participant's self-critical dialogue.

Each observer is encouraged to share their experience in a natural unfolding, with therapists gently inquiring about the experience of any clients who remain silent. If a client does not share at all, we recommend that a therapist ask that they remain for a few moments after the group for an individual check-in to confirm safety and sufficient affect regulation. In our population of Canadian post-secondary students where base rates of suicidal ideation and affect dysregulation are high, we take these extra steps to facilitate a psychologically safe environment.

During the group debrief segment, we recommend adhering to general principles aimed at facilitating effective group therapy process. As previously indicated, we recommend that at least one of the therapists be well versed in facilitating effective group processes - a thorough discussion of which lies beyond the scope of this document. Therapists divide their attention between monitoring the needs of the chair participant, the needs of individual observers, and overall interpersonal group process. Main foci for us include the maintenance of group cohesion, highlighting common areas of experience, assisting all clients to express their feelings

productively (identifying, differentiating, and expressing emotion, with a moderate level of arousal; assisting each client to work within their window of tolerance), and seeking to selectively strengthen and reinforce patterns of evoked primary adaptive emotion.

### **Managing “Groupfeel”**

If the group as a whole enters a period of shared maladaptive evoked emotion (e.g. “critic contagion,” or a shared sense of collapse in the face of a harsh critic that evokes others’ criticisms simultaneously), be ready to be creative, adaptable, and flexible during the debrief. We have found that a group imagery exercise can be helpful in shifting group process and individual experience simultaneously. Examples include use of a grounding exercise for the entire group (for collective dysregulation), or use of a sufficiently generalizable imagery exercise to assist each individual in moving towards self-compassion, such as imagined self-soothing of one’s younger self. In such cases, it is not essential that all group participants experience a shift in their experience. When the exercise is debriefed, the experience of witnessing another’s transformation tends to inspire hope (and thus a shift) for those who remain in personal maladaptive emotion throughout the exercise.

In the rare cases where group comes to an end with a participant continuing to experience intense primary maladaptive emotion (such as despair or hopelessness), we reserve time at the end of the group to offer a 15-20 minute individual session to facilitate therapeutic intervention to assist the client before they leave the premises. This may include risk assessment and safety planning if needed. On average, we find that this may be required a few times in the first three to four group sessions, and is typically less frequent as the chairwork sessions progress.

### **Interim session**

Typically, when there are two to three chairwork sessions remaining, therapists remind group members that chairwork sessions are nearing completion. Clients are asked to reflect and decide individually whether they each wish to end their participation in the group or to continue to a second round of chairwork. When there are a sufficient number of clients wishing to continue, a second round of chairwork is agreed to. In this instance, once all chairwork has been completed, group members meet the following week for a session without chairwork. We refer to this group as an ‘interim session.’

During the interim session, group begins with check-in, followed by open processing, and ending with check-out. During open processing, therapists assist clients in a mindful exploration of their experience in group to date. This may include making meaning of the first round of chairwork, exploring each client’s observations of their shifts in experience over time, and reviewing progress towards individual goals. Observed shifts typically include, but are not limited to increases in self-compassion, changes in symptom presentation, increased emotion awareness, and improved affect regulation capacities.

Group members who identify as wishing to commit to a second round of the group are encouraged to reflect upon their progress, and to identify goals for their second round of chairwork. We typically find that 95-100% of group members wish to continue, although some are unable to do so due to changes in their course schedules across semesters. Goals for a second round of chairwork typically include continuing to work to transform self-critical processes, seeking to further reduce self-interruption, seeking to increase self-compassion, or working through unfinished business identified in the first round of chairwork. During this interim session, we typically ask clients to complete a worksheet to assist clients and therapists in identifying a new goal for the second round of chairwork (See Appendix C: My Process Worksheet).

Those individuals who will be ending their group participation are identified, and group members are given an opportunity to say goodbye to one another to facilitate a positive and meaningful ending for those departing.

### **Chairwork Sessions: Round Two**

These sessions proceed in the same format as the round one chairwork, with participants working towards updated therapy goals identified during or after the interim session. Typically, participants deepen their experiential process during the second round of chairwork. For some, this means moving from building capacity to identify and differentiate feelings in round one, to meaningful engagement in two chair work to resolve self-critical splits in round two. For others, this means moving from significant resolution in a two chair task to working with an empty chair task to deepen resolution of unfinished business with primary caretakers.

### **Final session**

Following completion of the second round of chairwork, the group meets for a final session with the aim of engaging in a healthy termination process. In the second-last group, therapists will ask group members if there are any rituals they wish to engage in together for the final session. In our experience, group members have often asked for time together in the final group to talk about their experience and reflect on their progress and the relationships that have developed during the group. Some groups have asked to share food, volunteering to each bring snacks to share. The final group itself begins with check-in and an acknowledgement of it being the final session. We then have open process time, ending with check-out.

We have experimented with a variety of activities during final sessions including:

- Review of the self-critic worksheets from the first group, having participants note and speak to changes that have occurred since their initial session, including the overall impact of the group experience upon them. We have found this to be productive, and group members are often surprised to see what they wrote months earlier, remarking on



how much stronger their critical voice had been, and the transformations they have experienced related to reduced self-criticism at completion.

- Writing a goodbye to other group members. In this exercise, we have each group member write their name at the top of piece of paper. They then each pass the page to their right. The person to their right writes a personal good-bye to the group member, noting how they have been impacted by that group member's presence in the group. This is repeated until all members have written on all pages and each member has their own sheet back. Group members are then invited to read the feedback quietly, and to express the impact of reading this feedback upon them as the group comes to an end. Typically, therapists also write a statement to each group member.
- Having group members identify what they will take away from this group experience and what next steps they identify for themselves in their personal growth or healing journey.

Group ends with a final check-out. Each member identifies what they are feeling in response to ending, and in response to their experience of the final group. Each group member identifies what they need as they leave the group space for this final time, and how they might meet that need.

### **Lessons learned**

We have run EFT groups in this format for four years at Ryerson University. Below are some lessons learned.

#### **“This group teaches empathy.”**

Anecdotally, this group leads to sustained gains in self-compassion. During one of our first EFT groups, one client began the group with profound social anxiety. Having received treatment for disordered eating, her weight and daily functioning had stabilized, and indeed she was a very strong student. However, her anxiety created a terrible and persistent burden in her life, impacting most moments of most days. As she left group, she shared with us that she had begun group “*knowing*” that everyone was judging her as she walked through the halls of campus, and through the streets of Toronto. Leaving the group, she shared that that had changed. Upon completion of the group she left “*knowing*” that everyone had a story, just like her, and this left her feeling significant compassion for those around her, rather than living in fear of judgment. She taught us that, in her words, “It’s like this group teaches empathy.”

#### **Sometimes, you need to set aside the chairwork**

Not surprisingly, chairwork is not always the answer. In some cases markers emerge that suggest that a different intervention is needed, and when that occurs, it is best to follow the marker (unless doing so would reasonably threaten group cohesion).

When working with someone who is sitting with evoked primary maladaptive sadness, or a deep sense of lonely abandonment, we have found that expression of evocative empathy, deep compassion, and validation of need are most effective in facilitating client processing and dyadic regulation of related maladaptive emotion schemes.

At times, a group may enter a period of threatened or ruptured group cohesion. This has happened with us in two contexts. The first was a group characterized by a high degree of discomfort with the expression anger. When one group member expressed anger towards another group member, many group members withdrew from dialogue for fear of triggering anger towards themselves. In this case, it was important to take a break from chairwork for two sessions to help the group to process the expression of anger (its intent, its meaning, its impact), to create opportunities for clear communication and mutual respect and understanding (not necessarily agreement), to restore group cohesion, and to then continue with chairwork when a sense of psychological safety in the group had been restored.

The second time we broke from chairwork occurred in a group in which a critical mass of individual group members had been so deprived of empathy and compassion in their lives that they explicitly or implicitly competed with one another for compassion - often through one-upmanship of painful stories in the guise of empathy (e.g. "That must have been so painful for you. It reminds me of a time in my life when [something even worse] happened to me"). Therapists discussed this pattern privately following the group, and then took a break in the chairwork to explore their observations with the clients as a group. When shared from a place of empathy and understanding, including validating group members' underlying needs, group members came to understand the negative impact of these behaviours on the group, including limiting their own opportunities to receive much-needed compassion. Chairwork was then resumed successfully.

When cohesion is threatened, it is important to note the rupture and to suspend chair work for one to two sessions until the rupture can be successfully repaired. We have found it helpful to focus on interpersonal group processes including facilitating direct communication between group members regarding painful feelings arising between group members or between members and therapists, providing psychoeducation as needed about group dynamics and emotion theory, and facilitating healing of the rupture. In some cases, this has involved assisting clients in communicating clearly and directly about perceived boundary violations or values transgressions, and assisting parties to understand the other's experience while facilitating apology or clarification as needed. In cases of fear, it has involved working to strengthen individual and collective affect regulation capacities. In cases of competition for compassion, it has involved validating collectively individuals' strong and understandable need for compassion, and highlighting the challenge that occurs when individuals become more focused on receiving compassion than on giving it.

## **Therapists need to be flexible**

This is true of any group endeavour where, to use an English idiom, the whole experience is truly greater than the sum of its parts. Therapists need to be flexible in their style and approach to managing emergent markers in individual therapy segments of the group, and to shifts in group process overall. It is helpful if therapists have flexibility in their schedules to allow a client to access a 15-30 minute check-in following group, or to book an individual appointment between group sessions when critical maladaptive processes have been strongly evoked during a group session and the client is unable to move out of primary maladaptive evoked schemes on their own. Unlike more traditional interpersonal or process-oriented therapy groups, we do not believe it is essential that all work be conducted in the group setting. Occasional individual sessions outside of group may assist a client in deriving maximum benefit from the group therapy process. Individual sessions typically focus on addressing self-interruption, increasing affect regulation capacities, or on assisting an individual to address problematic patterns in interpersonal communication that may be negatively impacting either their progress in group or group cohesion as a whole.

## **Bonus Features**

As is often the case when launching a new program, there have been some unexpected 'bonus features' that have resulted from offering EFT groups at our Centre.

## **Opportunities for training environments**

In addition to benefits to our clients, we have found that running EFT groups has provided a phenomenal training opportunity for student clinicians and staff interested in learning EFT. Graduate psychology students seeking out EFT training opportunities at Ryerson are paired with an EFT supervisor for eight months where they participate in didactic seminars and weekly individual supervision of their EFT practice. Interested students are also invited to co-facilitate an EFT group where they act as the co-therapist sitting with the 'observers' during chair work. In this role, student clinicians are able to watch a senior therapist engage in flexible, marker-driven EFT interventions on a weekly basis - witnessing both 'textbook' interventions that flow in a somewhat predictable fashion, and interventions where the senior therapist experiences stuck points, and then follows and leads the client in different directions before opportunities for deepening experience, for expression, and for transformation of emotion are arrived at and utilized. When a student therapist is co-facilitating, the student therapist is invited to meet with the supervisor for an hour immediately following the group to join in writing the clinical notes, and to debrief the group processes and interventions to assist the student to deepen and consolidate learning. As time progresses, student clinicians are taught to write a group clinical note and then are assigned the task of writing the clinical notes for the group, further assisting with consolidation of learning as students learn to observe and then formulate progress in terms of an EFT framework. Students love it!

Staff in our Centre are currently on a waiting list to co-facilitate an EFT group. While they may or may not wish to pursue further training in EFT, their curiosity is high (often after having seen changes in their own clients following participation in group). Regardless of whether clinicians continue on for further training, co-facilitating the EFT group helps clinicians make stronger referrals to group, and exposes clinicians to new ways of working directly with strong emotion. For our colleagues trained in CBT, it gives an opportunity to witness and understand, at an experiential level, the power of 'entering through the emotion door' in addition to the 'cognition door' in the five-factor model of change.

### **Provision of long-term clinical intervention in a group setting**

In our setting, we do not always have needed resources to provide clients with longer term care, even when it is warranted. The Taming Your Critic group has become a valuable resource for clinicians wishing to provide access to longer term psychotherapy opportunities for students presenting with depression and anxiety, who have achieved a level of safety and affect regulation capacity through individual psychotherapy work of two to four months duration, but for whom the issues underlying depression and anxiety have not been resolved.

We have begun experimenting with 'EFT-continuation groups' where we invite individuals who have completed the "Taming Your Critic," or level one EFT group to enter into an open-ended marker-driven continuation group. In the continuation group, the format is less structured, and all participants are familiar with the theory and practice of marker-driven interventions from their past experience in the 'Taming Your Critic' EFT group. Each participant also typically comes into group with an identified therapeutic goal based on their previous EFT experience. Typical goals upon entry into the EFT-continuation group revolve around resolving unfinished business with primary caretakers or healing from past interpersonal trauma.

The EFT continuation group currently follows a more flexible structure than the Taming Your Critic group. This includes check-in, open discussion of goal-related issues, marker-driven interventions in the moment, interpersonal process work as needed, and check-out. Examples of marker-driven interventions include assisting one client with a 5-10 minute focusing task to clarify and make meaning of an unclear felt sense, followed by group debrief, and then moving into a 15 minute empty-chair task with a participant who demonstrates markers of evoked schemes associated with unfinished business with a parent. Thus, in any given group two to three participants might engage in a briefer piece of marker-driven work based on their own emergent patterns of evoked emotion schemes. In this group, we tend to remain seated in a circle continuously, rather than shifting to an 'at the front' experience. This is a modality we continue to experiment with actively. Early 'lessons learned' include:

- The need for therapist competence in a group psychotherapy model that lends itself to working with group process including attending to time sharing between group members, and monitoring group cohesion across longer time scales.
- The need for excellent communication between therapists, especially when both may take a lead role in facilitating marker-driven EFT tasks within the setting. This includes

establishing modes of communication that allow therapists to communicate who may be best suited on any given day to lead a given task, making room for client preference in engaging with a particular therapist in a given task, and managing the dyadic relationship between therapists.

- Importance of attending to individual case conceptualizations, tracking clients' progress in resolving underlying emotional challenges over time to facilitate goal-directed progression in resolving core therapeutic issues.

### **Limitations**

Information presented here is based largely on anecdotal observations. We do not seek to make definitive claims about which aspects of this process are most therapeutic or linked most strongly to measured reductions in symptoms. This document is meant to assist individuals who wish to start groups based on EFT principles in managing the pragmatics of doing so, in learning from our mistakes and successes, and in assisting clients in moving towards health in new ways. We hope this may also raise possible avenues for future programs of research into group change processes.

### **Research questions**

*“You don’t need to heal alone. Like, you know, I feel like doing it with other people speeds it up in a way – at least it did for me. I just noticed that like everyone, like after group and especially if I was dealing with something, I always carried what they said for weeks on end. You know? And I would just remember. I would be home alone and just remember “oh yeah, she said that to me and I guess I am great! You just carry it with you.” (EFT group member, Toronto, ON)*

Based on our group experience to date, we have many questions! We share some of them with you here.

- Is there a difference in the degree or rate of resolution for chair work conducted in group versus individual therapy?
- Do depth of processing and productive emotion expression outside of chair work (in the observer roles and debrief periods) predict outcomes?
- To what degree does vicarious experiencing (witnessing chair work and processing reactions) predict emotion scheme shifts and subsequent symptom resolution?
- Is there a unique benefit to group for individuals with core maladaptive shame (transformation of core shame in the context of a validating environment) and core sadness/loneliness (exposure to empathic connection and facilitation of emotion awareness and associated needs) compared to those with core fear?

- Does sequencing of task resolution in group process matter (e.g. self-critic splits, then unfinished business)?

*"I worked with him for a year, and he made more progress in one session of eft group."  
(Individual therapist from Ryerson University referring a client to our group.)*

- Is this format, with a focus on group-individual therapy, generalizable to other evocative therapy modalities?

Another area of future inquiry includes identifying markers for specific group interventions. Based on group experiences to date, we have begun to conceptualize group process markers such as:

- Marker: Client response that is non-validating to vulnerable other.
  - Task focus: exploration of the experience of feeling invalidated in group; facilitating expression of experience and need by the invalidated member, followed by meeting of the need, where possible, by the invalidating group member, other members, or the therapists. At the same time, attention to the invalidating group members' process in understanding the intended or unintended consequences of their actions and, when possible, taking responsibility for their actions to facilitate relational repair.
- Marker: Collective collapse of self among group members (e.g. collective expression of collapse of self amongst and between group members, with idiosyncratic self-critical processes across group members.) This may occasionally be precipitated by witnessing lack of partial or full resolution in the chair task, such as when markers of progress include increased capacity to differentiate self-critical from experiencing self, without experiential shift in the dynamic between critic and experiencing side.
  - Task focus: strengthening expression of impact of self-critical processes and needs by the experiencing self in a group exercise. For example, having everyone in the room, by turn, identify what their critic is 'saying' in that particular moment, identifying and naming how they feel in response, identifying and expressing what they need to their critic, and stepping briefly into the critic response. This 'mini' imaginal two chair task, when used with participants familiar with chair work, often assists in shifting out of collapse of self in the short term.
  - Task focus: group-level affect regulation tasks, especially when markers emerge near the end of a group session. This may include a collective deep breathing task or a collective imagery exercise.
- Marker: Current interpersonal conflict between two or more group members.
  - Task focus: identify and differentiate whether emotions underlying the conflict are primary or secondary. If:
    - Primary adaptive: facilitate expression, need, and response.

- Primary maladaptive: facilitating identification of roots of the feeling, and intrapersonal working through of the response, followed by relational repair between group members in the 'here and now'.
- Secondary: facilitate tracking to the primary emotion, and proceed as above.

A final area of curiosity pertains to efficiency of change processes in group psychotherapy. In this form of group-individual experiential therapy, clients are encouraged to identify, differentiate and direct primary maladaptive and secondary emotions to the appropriate primary target of the feeling through chairwork - for example, expressing emotion to the self-critic, or to the target of unfinished business. In contrast, in psychodynamic interpersonal groups, these feelings may be more likely to be triggered in group, expressed towards peers and/or therapists, and then interpreted and worked through in the context of one's historical patterns. Our hypothesis is that minimizing expression of secondary and primary maladaptive emotions towards other group members and therapists (e.g. "transference" processes) while maximizing expression towards primary targets (e.g. childhood care-givers) will allow for more rapid and direct transformation of problematic interpersonal and emotion patterns. In this way, the interpersonal field in group is freed up for supporting an individual client's processes through provision of genuine feedback towards a client's experience, and expression of primary adaptive responses, rather than working through the impacts of directing maladaptive or secondary feelings towards fellow group attendees, within the very interpersonal field where healing is meant to occur. Of course, interpersonal dynamics exist and are important to track in experiential group psychotherapy. And, individual client members will experience evoked secondary and primary maladaptive emotions schemes in response to group members and therapists. What is in question here is whether maximizing or minimizing those processes are more conducive to facilitating effective change processes efficiently within a group setting.

Our conjecture is that group-individual therapy creates conditions to deepen the level of individual and collective client experiencing more quickly than in traditional interpersonal therapy groups, thus creating earlier and more frequent opportunities for deeper levels of experiencing, which has been recently posited to be a common factor in psychotherapy change processes (Pascual-Leone & Yeryomenko, 2016). While this is an empirical question awaiting further investigation, in environments where demand for mental health services often significantly exceeds availability of mental health resources, finding ways to more efficiently foster effective change in group settings may be of significant value in offering access to deep change processes to a larger number of prospective clients.

Further exploration lies beyond the scope of this present document, but remains active in our imaginations!

## **Thank you**

If you have taken the time to read this guide, or are thinking of starting a group, we'd love to hear from you - if only to share in the excitement of starting to run EFT groups. We welcome your feedback or comments about this group, and look forward to hearing about how others are approaching group work using EFT in their practices.

With best wishes,  
Sarah and Laura



## References

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## Appendix A

### Sample EFT Psychoeducation Speaking Points

#### Basic information about emotions

- fundamentally adaptive
- signaling system providing information about the self and the world
- prepare us for action: help us to survive by providing an efficient, automatic way of responding rapidly to important information from our environments, guiding our attention.
- precede language-based knowing and have neurological primacy

#### Every emotion...

- has a bodily felt sense
- to which we can apply a label (or image) to communicate what we feel to others
- is associated with a primary need and action tendency (provide examples)

#### Development of maladaptive emotion schemes

- precipitating factors such as loss, failure, trauma; were adaptive when the reactions first occurred.
- when as children we are left alone with overwhelming emotions, without support to modulate them, when we repeatedly experience negative reactions from others towards certain emotions, or when parents are unable or unwilling to attend to our needs, we can learn to shut certain feelings down, or may learn to judge, fear, or reject certain parts of our experience. Once this learning has happened, our emotions can become problematic rather than helpful (give examples of development of secondary and primary maladaptive emotion schemes)
- You can think of maladaptive emotion schemes as 'then and there' responses to 'here and now' events. For example, imagine that a parent always makes a certain specific facial expression when yelling at their child, such as frowning in contempt. Now imagine that the child, let's call her Nicole, typically felt frightened and overwhelmed when this occurred. Now imagine that Nicole is 20 years older and is in a relationship with a partner of her own. If Nicole's partner makes a similar facial expression, frowning in contempt while yelling during a fight, Nicole may feel overcome by fear, even if the fight was over something small. This would

be an example of an overreaction, or what we sometimes call a 'then and there' reaction to a 'here and now' event. If Nicole feels the same fear she felt as a child, she is having a 'then and there' response to her partner's 'here and now' reaction. If not triggered into old feelings, Nicole might have an appropriate 'here and now' response - feeling annoyed at her partner's expression of contempt. By going back and working through old stuck 'then and there' emotions, we become freed up to get back to healthy 'here and now' reactions. These 'here and now' reactions are the adaptive signals that our emotion systems are meant to deliver to us.

### **Problems with avoidance of emotions**

- when we learn to cope with certain emotions by turning them off, numbing them, or suppressing them, we don't learn how to feel them in a regulated way. When this happens, we may not feel these emotions until they are so strong that they break through our coping strategies for numbing, suppressing, or silencing these underlying feelings. We then feel overwhelmed again, and may work even harder to avoid these emotions or experiences in future. This can result in a lot of our emotional energy going into avoiding emotions. As a result of avoiding one emotion, we may need to numb much of our emotion system, losing the capacity to feel positive emotions as well, or we may periodically or frequently collapse into defeat, powerlessness, inadequacy, and shame or become paralyzed by anxiety and fear.
- tend to respond in rigid, non-flexible, over-learned patterns that perpetuate suffering and dysfunction
- may lead to use of problematic behaviors to cope/numb/silence emotions.
- our body may try to keep sending us the signal we are working so hard to avoid; when this happens, it may be very difficult for our body to return to baseline levels of emotional experience, and we may experience chronically heightened physiological stress affecting our physical and mental health
- when we avoid our emotions, we are not able to be aware of what we need in important relationships, and may experience disruptions or disappointment in our closest relationships.

### **The opposite of avoidance**

- allowing and expressing the emotion, identifying and expressing the need, and heeding the action tendency prompts a response from the environment – the emotion 'signal' can then turn off, allowing for a return to more neutral emotional experience.
- when the response from the environment validates the healthy need, it reinforces the healthy action tendency and makes it easier to express healthy emotions and needs the next time they arise.

## **EFT chair work**

- many of our emotion patterns are learned through experience; what has been learned can be unlearned or “re-learned”
- when emotion schemes are evoked, emotions are accessible for change (neurons that fire together, wire together)

Appendix B

**SELF-CRITIC SUMMARY**

(Created by S. Wnuk, J. Dolhanty, and L. Greenberg)

What are the criticisms, expectations or “shoulds” that you hear from your critic? Be specific:

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How do you feel in response to the messages from your critic? Name the feeling(s):

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What are your needs and wants that come from these feelings?

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How can you and your critic listen to and understand each other (e.g. negotiate or compromise) so that you can get these needs met?

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## Appendix C

### My Processes Worksheet (Created by Dr. S. Thompson and Dr. L. Girz)

1. Rate yourself on a scale from 1 to 10:

I control my emotions so tightly that it holds me back.		My emotions are usually in control of me.
1            2            3	4            5            6	7            8            9            10

2. Emotions I feel 'too often' include:

3. Emotions I seldom feel or that I actively block include:

4. Y N            I continue to be very self-critical with myself. If 'Y':

My critic tends to say things like:

In response I feel:

What I need from my critic is:

If relevant, what my critic needs is:

5. Y N            I often having lingering negative feelings towards someone and these feelings

affect me in negative ways. If 'Y':

Who is the 'someone':

What are the negative feelings?

How do the negative feelings impact you?