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SUPERVISION IN EMOTION FOCUSED THERAPY: INSIGHTS FROM SECOND-GENERATION EXPERTS

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Abstract

Supervision finds its origins as a spontaneous interprofessional support, in the form of accounts or case discussions between peers and mentors (Fernández-Alvarez, 2015). As time passed supervision was studied and empirically supported, becoming a standard part of training in psychological practice, including in the training and practice of Emotional Focused Therapy (EFT). The success of the Emotional Focused Therapy model has led to a demand for more effective and plentiful supervision (Palmer-Olsen et al., 2011).

Therapists in EFT hold the beliefs that individuals are self-organizing meaning makers, and that dysfunction comes from a dysfunctional style of processing emotion and not from the individual themselves being dysfunctional (Greenberg & Tomescu, 2017). These beliefs inform the supervisory process, in how the supervisor and supervisee approach cases and the human beings involved in them. There is a larger focus on the process, than on the problem itself. The body of work specific to supervision in EFT is still very lacking, however, and as such one of the goals of this study is to add to that body of work, to help further future research in EFT Supervision.

This study aims to gather expert insights into themes such as current praxis in EFT supervision and characteristics of the supervisor and supervisee. Furthermore, it aims to provide a window into the thoughts and feelings of expert EFT supervisors, regarding the highs and lows of supervisory practice. Results indicate a heavy focus on a strong supervisory alliance through humility, respect, and a shared passion for EFT. The alliance can be tested when difficulties arise, and this highlights the importance of the supervisor's ability to properly manage the supervisee emotionally, relationally and professionally.

Keywords: Supervision; Emotion Focused Therapy; EmpoweringEFT@EU; EFT

Resumo

Supervisão tem as suas origens como uma forma de apoio interprofissional espontânea, frequentemente sob a forma de exposições ou discussões de casos entre pares e mentores (Fernández-Alvarez, 2015). Com a passagem do tempo, a supervisão foi estudada e tornou-se numa prática empiricamente suportada, adotada como padrão no treino da prática da psicologia, incluindo no treino e prática de Terapia Focada nas Emoções (TFE). O sucesso do modelo de Terapia Focada nas Emoções veio a levar à procura de supervisão mais abundante e eficaz (Palmer-Olsen et al., 2011).

Terapeutas em TFE mantêm a crença que indivíduos são produtores auto-organizadores do seu próprio significado, e que a disfunção provém de estilos de processamento emocional disfuncionais, e não de uma disfunção presente no indivíduo em si (Greenberg & Tomescu, 2017). Estas crenças informam o processo de supervisão, na forma como o supervisor e supervisionando abordam os casos e os seres humanos neles envolvidos. Há um foco maior no processo, ao invés de na problemática em si. O corpo de trabalho académico específico a supervisão em TFE continua a ser insuficiente e como tal, um dos objetivos deste estudo é adicionar a esse corpo de trabalho de forma a assistir o progresso de futura investigação relativa a supervisão em TFE.

Este estudo procura reunir perceções de peritos relativas a temas como a prática atual em supervisão em TFE e as características do supervisor e supervisionando. Para além disso, procura providenciar uma janela para os pensamentos e sentimentos de supervisores peritos em TFE, em relação aos altos e baixos da prática da supervisão. Os resultados indicam um foco intenso na criação de uma aliança de supervisão forte, através da demonstração de humildade, respeito e paixão por TFE. Esta aliança pode ser testada quando surgem dificuldades, o que enaltece a importância do supervisor ter capacidades de gestão emocional, relacional e profissional do supervisionando.

Palavras-Chave: Supervisão; Terapia Focada nas Emoções; EmpoweringEFT@EU; TFE

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List of Abbreviations

EFT	Emotion Focused Therapy
TFE	Terapia Focada nas Emoções
CBT	Cognitive Behavioral Therapy
isEFT	Institute for Emotion Focused Therapy
TA	Thematic Analysis
APA	American Psychologist Association

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Introduction

EFT is an evidence based experiential therapy co-developed by Leslie Greenberg, Robert Elliot, and Laura Rice, originally called process-experiential therapy, then developed for couples as Greenberg found that working with emotion to soften the critic would lead to resolution. This couple's development would come to be called Emotion Focused Couples Therapy, and the name came to encompass both the individual and couples form of the therapeutic model (Greenberg & Goldman, 2019; Rice & Elliott, 1996). This therapeutic method focuses on the working alliance and functions based on markers of personal experiencing as a guide for the therapist (Krupka, 2017).

The present study focuses on EFT supervision, and more specifically, on what we can learn from direct accounts of second-generation EFT experts. Supervision is a well-accepted part of psychotherapy training, where supervisors are expected to provide guidance and impart knowledge onto their supervisees, with the objective of stimulating professional growth and improve client outcomes (Fernández-Alvarez, 2015; Russel & Petrie, 1994 as cited in Greenberg & Tomescu, 2017). Supervision in EFT is based on the relationship and work between the participating members, and in many ways makes use of concepts present in EFT therapy, such as empathic exploration and a focus on process diagnosis (Greenberg & Tomescu, 2017).

This study is developed in the scope of the *Empowering Emotion-Focused Therapy practice in Europe* (EmpoweringEFT@EU) project, and carried out by a Portugal based researcher, under coordination by Carla Cunha, PhD (University of Maia), one of the project's members. This project aims to facilitate the training, supervision, and dissemination of the EFT model, through international collaboration and is financed by Erasmus+ (Erasmus+ Project N.º 2020-1-PT01-KA202-078724). This study finds precedence in Lopes' (2021) study and seeks

to analyse insights from EFT experts in order to assist in the progression of supervision in psychotherapy, more specifically EFT supervision.

Chapter 1 - Supervision in psychotherapy

As this dissertation focuses on supervision in Emotion Focused Therapy (EFT) through the lenses of interviewed experts, it is important to first define what supervision is in the context of psychological training and practice, and how this may change between supervision in EFT and in other models. Furthermore, it is important to gather information on how far investigation into EFT supervision has come, so that we may discuss the ideal course to take into the future.

An early definition of supervision in psychotherapy, by Derek Milne (2007, p. 439), in his search for an empirical definition of clinical supervision reads as follows:

> *"The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused, and which manages, supports, develops and evaluates the work of colleagues."*

The official American Psychologist Association (APA) guidelines for Clinical Supervision in Health Service Psychology define the practice as follows:

"Supervision is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counselling, and school psychology." (APA, 2014, p.2)

Supervision in psychotherapy is not a fledgling subject, it is a well historied topic and has been the focus of much discussion and investigation. However, investigation specific to supervision in Emotion Focused Therapy is still under-developed and lacks the necessary body of work to keep up with older models. (Alfonsson et al., 2018; Qiu et al., 2020; Nødtvedt et al., 2019; Simpson-Southward et al., 2017). One of the goals of this dissertation is to complement the work that has come before, and serve as another steppingstone for the work that is still to come.

Clinical supervision for psychologists finds its earliest roots in the copying of the classic methods of medical schools, and in professional practices like the historical "learn, watch, do, teach" method – Edwards (2013, p. 3). This early supervision lacked any sort of structured systematic model, and much like Freud reproduced the norm in medicine with his followers and pupils, this being, discussion of diagnostics and treatment on a case-by-case basis, classic supervision was often spontaneous and dependent mostly on the supervisee reaching out to the supervisor in a mostly informal registry (Fernández-Alvarez, 2015).

More modern forms of supervision have their foundations in evidence-based models, that generally have their core focuses set on the relationships between supervisor, the supervisee, and the content of supervision (Simpson-Southward et al., 2017). The proposed causal chain of improvement between these aspects is the major justification for the presence of the supervision model (Watkins, 2011, cit in Alfonsson et.al., 2018).

These models guide the supervisor's approach and inform on what goals to set and what tasks to undertake in order to achieve both immediate and ultimate goals (O'Donnovan et al., 2011). In 2017, Gillian E. Hardy and associates published a content analysis of 52 models of supervision. From their work, we can gather that supervisee development and supervisor role are most often the central themes of the models, which is expected. Beyond

that, the methods and content of models most often resort to tend to be reporting and feedback on therapy sessions (often through recordings), interactive discussion and experience sharing by the supervisor (Simpson-Southward et al., 2017).

The supervisor provides to the supervisee both knowledge born from their superior experience, and guidance in matters of emotional conflict, technical difficulty, burnout, among others (Weck et al., 2017). The model in use is meant to guide relationships between the parts (supervisor, supervisee, client). It is a scaffolding to build upon so the supervisee can develop (Palmer-Olsen et al., 2011).

The specific goals and forms of supervision vary between models of therapy, country, and even region. There is still no blueprint for clinical supervision across the whole psychological spectrum that has gained any sort of mass adoption. Even so, some factors are common and seem inescapable, such as the focus on the alliance between supervisor and supervisee, the ways of communicating evaluation, and even socioeconomic disparities and balance of power between supervisor and supervisee (Fernandez-Alvarez, 2015). Close observation of the supervisee's clinical work is also imperative, whether through direct observation, recordings or even accounts. So is effective delivery of feedback. Finally, the supervisor's ability to facilitate learning is one of the most critical aspects that predicts successful outcomes, regardless of the model (Coleiro et al., 2021).

Looking at how supervision is handled in Cognitive Behaviour Therapy, Prasko, et al. (2012) state that supervision is not therapy and should not be viewed as such. The line can often blur, however, as the supervisor is also a therapist and can swiftly fall into this trap, but supervision is meant to be an educational process, working toward the betterment of the supervisee as a professional, acting on behalf of the best interests of their clients (Guiffrida, 2014). Whilst the supervisor is a therapist, the supervisee is not a client, and in "in-mode"

supervision models that mimic the processes of therapeutic practice itself, this dissonance can cause problems. One of the main criticisms levied against it is how this supervision based on the therapeutic model may not be carried out with adequate fidelity, and training in applying these guidelines to a new type of receptor is very scarce (Milne, 2008).

The general view of clinical supervision in CBT is that of an educational tool. It is often paired with basic training in the application of the therapy model itself, providing more accurate and individually involved guidance to the learner (Alfonsson et al., 2018). Supervision in CBT seems to be mostly mentioned in the context of learning, a tool for the supervisee to develop applicable theoretical knowledge and basic skills through a supervisor's experience and expertise (Prasko et al. 2012)

CBT supervision functions within a goal-directed approach where specific concerns are identified collaboratively, within a problem-solving focus. The first central objective is the betterment of client outcomes, through teaching, developing and strengthening the basic skills, reflective processes and decisions of the supervisees. (Prasko et al. 2012; Alfonsson et al., 2018).

Supervision in Emotion Focused Therapy

Supervision in Emotion Focused Therapy (EFT) focuses first and foremost on the building of a positive relationship between the supervisor-supervisee dyad, in order to create an environment that facilitates the professional growth of the supervisee (Greenberg & Tomescu, 2017). The guidance of a supervisor can help novice therapists by acting as a scaffolding for their learning, through the focus EFT supervision places on analysing the moment-to-moment processes of therapy, frequently through the review of video tapes (Qiu et al., 2020)

For the sake of clarity and to make this text as accessible as possible, I will take this opportunity to explain the basics of Emotion Focused Therapy very briefly.

EFT can be described as an evidence based, experiential and integrative therapeutic model born of an integration between person-centered therapy, existential therapy, and Gestalt traditions, all whilst providing its own distinct perspectives on emotion as a source of meaning (Elliott & Greenberg, 2007; Krupka, 2017).

Experience, and the act of experiencing is one of the major pillars of being, according to the EFT perspective. This is further emphasized by its original denomination of "Process Experiential Therapy", reflecting its focus on embodying an experiential-focused approach (Greenberg, 2010). As such, this experience is not something that simply happens passively, but instead it is a "synthesized product of a variety of innate sensory and motor responses and acquired emotion schemes, tinged with conceptual memories, all activated in a given situation" (Greenberg, 2016, p.33). This interplay of biological, psychological, and social factors results in an internal world of untold complexity and possibility, wherein people are seen as directly narrating their own experience, constructing meaning about themselves and others around them, as well as every life events.

Adequate practice of EFT focuses deeply on the person and their awareness and regulatory capability when it comes to felt emotions. It focuses on making sense of emotions through processes of expression, reflection, and transformation, by taking maladaptive narratives and giving them new, healthier meanings, therefore strengthening the self (Greenberg & Tomescu, 2017, p6). In simpler terms, the primary aim of EFT is to help clients to better process and navigate their emotions. This skill is defined by Greenberg and Goldman (2019, p. xi.) as "approaching, accepting, tolerating, symbolizing, making narrative sense of, and utilizing or transforming emotions."

For all of this to be possible, EFT places heavy importance on the therapeutic alliance, the bond between client and therapist, and in the building of an intimate understanding of the subject's inner world to identify a series of "markers or indicators of personal experience", which the therapist uses as direction when choosing effective processing tasks (Krupka, 2017).

These markers include the individual's characteristic style of dealing with experiences (hostile, neglectful, invalidating, nurturing, etc.…), the mode of engagement, this being, how clients process emotional experiences (rational and distant/ attentive and aware) and multiple specific markers, such as interruption of experience and difficult relations with significant others (Watson, 2010).

The crux of practice in EFT is not only identifying these markers, but also being able to direct the patient toward the more adequate processing tasks they specifically need in order to deal with their problems and achieve the goal of emotional growth. Tasks such as Two Chair Work to combat the interruptions of the self, or Systematic Evocative Unfolding, when presented with puzzling emotions or reactions (Krupka, 2017).

Emotion-Focused Therapy is still a relatively recent addition to the toolbelts of therapists worldwide, and as such, it presents a trove of untapped potential and calls for the building of a vast body of work to support it. This dissertation is meant to be a piece of that puzzle, to cast further light on questions of clinical supervision, and its benefits to up-and-coming EFT specialists.

The process of EFT supervision

Whilst clinical supervision itself has come to amass a large academic basis, supervision in EFT has a history of being somewhat informal, as it lacks a large body of work to support

further studies. So, just as EFT itself is a relatively recent therapeutic model, which continues to grow and expand, so must the supervision models meet this demand for expansion (Bernard & Goodyear, 2018).

> *"Just as the EFT model continues to be enhanced by the latest research, the development of the model of supervision must be enhanced by the latest research to most effectively assist supervisees in the process of becoming competent, effective EFT therapists."* (Palmer-Olsen et al., 2011, p. 425)

Steps have been taken in this direction, however, with programmes and models being developed over the years.

Pioneering publications such as Greenberg and Tomescu's (2017) book detailing the theoretical dimensions, processes and focuses of EFT supervision serve as a bedrock to the study of supervision in this model, as well as Krupka's (2017) studies into an "in-mode" supervision approach that applies the structure of EFT therapy to the supervisory process, blurring the lines between supervision and therapy.

Just as EFT is person centred and experiential, focusing on the emotional experiencing of the subject's world, so can supervision follow these ideals striving toward sparking internal reflection and constructive conceptualization of important topics in the supervisee's professional path (Callifronas et al.,2017).

By breaking models apart into their key components, we can identify how the most important aspects of each supervision model demonstrate congruency with the main tenants of EFT practice. By emphasizing the importance of unconditional empathy and positive regard, models demonstrate as a philosophical basis, the understanding that the capacity for personal and professional growth is innate to the supervisee, and the supervisor's role is to potentiate this capacity in a proper environment (Krupka, 2017).

How one creates this environment is left up to the supervisor, and the context in which they operate. One could take a deeply constructivist approach, with the belief that knowledge and learning comes from engagement and reflective discovery through the meaningful guidance of the supervisor (Guiffrida, 2005; McAuiliffe, 2011, cit. by Guiffrida, 2014). Additionally, one could follow the guidance of Greenberg and Tomescu (2017) and focus heavily on the growth of the supervisee and the development of the therapist-client dyad, which should in turn positively affect client outcome. The supervisory alliance, and the development of the supervisees' technical and interpersonal skills, as well as the emotional process and experience of the client are the ultimate focuses of this model.

If, like Krupka (2017), a supervisor chooses to model supervision congruently with EFT principles, they could focus on a dialectical constructivist model, working with emotion and meaning-making. This model focuses on guiding the supervisee through ways of making sense of those emotions, thereby constructing new ways of experiencing. It also focuses on facilitating client change in both emotional experiencing and the underlying narratives that motivate said emotions (Greenberg, 2010).

A final example of a possible model for EFT supervision, is a systematic research-based model, as presented by Palmer-Olsen and associates (2011), and set within a much more structured framework which aims to achieve with supervisees a solid theoretical mastery in EFT, ability to deepen client emotions so as to help in regulating them, and the ability for supervisees to master their own emotions so they do not impact negatively the therapeutic process. To achieve these aims, this model resorts to methods such as the use of an EFT workbook (Johnson et al., 2005 cit. by Palmer-Olsen et al., 2011), tape review, experiential methods such as modelling and role plays, and the processing of supervisee emotional responses, among others.

All of these approaches warrant merit and validity in their own right, and deserve to be studied in further projects, thus expanding and refining the body of work dedicated to EFT supervision and research on this topic.

The role, characteristics, and impact of the supervisor

The role of the supervisor changes alongside the supervision model one puts into practice. However, there seem to be some pillars to be found among most of them. As the early stages of supervision in humanistic focused therapies evolved mainly from the work of Carl Rogers (Rogers, 1942, *cit in*. Bernard & Goodyear, 2018), and as he states in a 1984 interview, regarding his role as a supervisor (Hackney & Goodyear, 1984, p. 283): "[I think] my major goal is to help the therapist to grow in self-confidence and to grow in understanding of himself or herself, and to grow in understanding the therapeutic process."

Rogers believed in providing to the supervisee the conditions necessary for growth, the same conditions a therapist would provide to his client in humanistic therapy (e.g., genuineness, empathy, unconditional understanding). So how may a more modern conception of the supervisor's role look like?

All of the main points levied by Rogers have remained core principles of supervision throughout the years, although the goals of supervision and role of the supervisor have gained some added formality due to the advancement of the science. For example, in CBT, supervision goals now include evaluation of the supervisees decision making process and monitorization to ensure ethical principles are upheld (Prasko et al. 2012).

The ability to establish a secure learning environment through empathic, yet respectful challenging of the supervisee is also regarded as one of the key points of any model's supervision process, as well as the ability to facilitate learning through discussion, sharing of knowledge and effective feedback (Greenberg & Goldman, 2019). And, on a more personal

level, the supervisor's more diplomatic capabilities, such as being able to negotiate expectations and manage differences and strains in the personal relationship (Coleiro et al., 2021), since considering EFT supervision's preference for tape based supervision, the supervisee is at their most vulnerable when all their potential shortcomings are exposed for the supervisor to see (Qiu et al., 2020). Additionally, to those personal characteristics, supervisors are also expected to conceptualize the expressed thoughts and feelings of the client, as well as to know how to interpret feelings and behaviours both in the supervisee and in their clients (Guiffrida, 2014).

Additionally, we would like to highlight the relational skills expected from a supervisor. Empathic understanding is the core skill and indispensable to the functioning of any supervisory relationship (Greenberg & Tomescu, 2017). Self-awareness, humour, humility, and the capability to handle the supervisory relationship in a way that is not perceived as patronizing also seems to be a critical component of effective supervising (Watkins, et al., 2019).

All these requirements set a high standard of expectations for emerging supervisors, which further supports the need expressed in the EFT community to create accessible and comprehensive supervisor training programmes. This need becomes even more evident once we look at the effects of training and supervision on supervisee development, both professionally and personally. Training and supervision are found to have a relationship with increased self-awareness in the supervisee, particularly regarding emotional understanding of themselves and clients, their own professional development and their frustrations when faced with difficult moments and obstacles (Pascual-Leone, 2013, as cited in Kennedy & Moore, 2017; Huhra et al., 2008, as cited in Qiu et al., 2020).

Personal accounts of supervisees, as analysed by Qiu and collaborators (2020) revealed that many of them noted an increase in self-confidence regarding their own competences as a direct consequence of receiving supervision. The importance of supervision as a safe space to expose and discuss difficulties has also been noted.

A deficiency in the supervisory alliance has been linked with supervisees feeling unsafe or uncomfortable sharing issues and difficulties, which results in lower levels of disclosure and cooperation within the dyad (Coleiro et al., 2021). When the supervisor fails to demonstrate the positive traits and capabilities described above, supervisees may find themselves in a state of felt vulnerability and anxiety regarding the learning process, which acts as a detriment to overall professional development and may lead to more exhaustion and burnout (Watkins, 2014).

Since EFT supervision is also often structured in groups, and as such, group dynamics come to play a part in how the supervisory alliance develops, and what the supervisor must do to manage it. Hedegaard's 2020 study delves into the ways in which the supervisory alliance can both positively and negatively influence the group. Positively speaking, a sound and cohesive group can support and compensate for the supervisor and relieve them of stress and pressure through peer feedback and collaboration. On the other hand, issues with a supervisee can resonate through the entire group, negatively impacting the process for everyone. Furthermore, dealing with group dynamics can add pressure on the supervisor, and the lack of a solid group relationship can foster anxiety and non-disclosure in a supervisee, as well as the possibility of feelings of being left out or rejected.

Ultimately, a very large responsibility rests on the shoulders of the supervisor, regardless of what mode of supervision they engage in, which further cements the need for the training of more formally certified supervisors in EFT.

The Present Study

In the hopes of furthering studies on supervision in EFT, the need for a broader and deeper body of work has been identified. The purpose of the present study is precisely to meet that need, and to help push the science forward.

We do not have to start from zero, however. There is a precursor study conducted by Pedro Lopes (2021) and focused on analysing the views, opinions, and insights of first-generation EFT specialists, the founders of the model itself. Both of these studies fall under the wing of the EmpoweringEFT@EU project (Cunha et al., 2022).

Just like the present dissertation, Lopes developed a qualitative study reviewing interviews to a first-generation of EFT experts (nine in total) and through the method of thematic analysis (to be explored later in this text), extracted meaning units from the interviews and separated them into domains, categories, and sub-categories. Through this data analysis, Lopes arrived at a set of results regarding the first-generation experts' insights and opinions about supervision in EFT.

With Lopes' results in mind, this study aims to take the next step forward, looking to their pupils and approaching them with the same interview script to gather, categorize and interpret the perspectives of second-generation EFT specialists, and compare them to the previous generation, to give us an idea of how supervision in EFT has progressed both in practical reality and the surrounding mentality.

The present study is qualitative in its nature (and it will follow a similar methodology to Lopes (2021) and Cunha and colleagues (2022), with the added comparative dimension). What can that comparison tell us about how supervision in EFT has evolved? And can it help us know what to expect regarding its continued path forward? These are some of the questions we seek to answer.

Chapter 2 - Method

Research goals

By bringing together some of the most prominent minds to emerge from the second generation of EFT experts, this study aims to compile and explore their views, experiences, and insights regarding clinical supervision (from their perspectives both as supervisor and supervisee) and from there, determine what they consider to be the most effective tactics, and most crucial characteristics that lead to successful and enriching supervision experiences.

As has been mentioned above, this study follows on the footsteps of its sister investigation, and aims to compare their results, in order to give us a view into the evolution of clinical supervision in EFT through the years. More specifically, while Lopes (2021) studied the perspective from a first generation of nine EFT Experts (with several of its founders interviewed), the present study explores the perspectives of a second generation of EFT experts.

As such, the goals of this study are as follows:

1. To analyse the participants' opinions regarding their current clinical supervision practices and processes in EFT.
2. To gather what the experts view as the most important contributions to a successful supervision process.
3. To better understand the supervisor-supervisee relational dynamic and how it may promote growth in the supervisee.
4. To receive first person accounts of what the interviewed experts view as their greatest achievements and largest shortcomings as EFT supervisors.

5. To compare the perspectives of the first generation and second-generation EFT experts and to understand how clinical supervision in EFT has evolved across that generational leap.

Participants

Interviewees

The participants for this study were nominated non-randomly by the partners of the EmpoweringEFT@EU project and the first-generation EFT experts interviewed previously (see Lopes, 2021), resulting in the selection of 6 experts in total. The APA dictionary of psychology defines "expertise" as "*a high level of domain-specific knowledge and skills accumulated with age or experience*" (VandenBos, 2015, p. 398).

All the participants are recognized as experts by the isEFT – International Society for Emotional Focused Therapy (www.iseft.org), and by their peers at an international scale. These experts have gathered large amounts of experience in clinical practice, investigation, training, and supervision of new psychotherapists, and are all credited as international trainers of level D or above by the isEFT.

A wide demographic distribution was also considered for selecting participants and, as such, the 6 selected experts hail from the European and North American continent(s), 2 of which self-identify as male and 4 of which self-identify as female.

Every participant was granted full explanation of the purposes of the interview, and its means of dissemination. Additionally, every participant signed and agreed to the terms mentioned in the informed consent form (see Annex I).

Researchers

Research work done for the purposes of this thesis was a joint effort and should be credited as such.

The interview process itself, as well the process of selecting and reaching out to the various experts, was done entirely by this thesis' scientific advisor. She is a Psychologist and a clinical researcher, with a PhD in Clinical Psychology. As a member of the OPP (Ordem dos Psicólogos Portugueses – Portuguese Psychologists' Professional Association), she has a specialization in the field of Clinical and Health Psychology and an advanced specialization in Psychotherapy, namely in the modality of Emotion-Focused Therapy. This researcher has gathered 20 years of professional experience across multiple facets of psychological practice, such as clinical practice, academic investigation, and teaching.

Interview transcription, data analysis and interpretation, as well as the building of a theoretical foundation and writing of this thesis was conducted by its primary author, José Lima, under supervision and guidance of researchers #1 and #3. This researcher has a bachelor's degree in Psychology and, as of the writing of this text, is currently a student of a master's degree in Clinical Psychology by the University of Maia (ISMAI).

Transcription, analysis, and interpretation, as well as general guidance was also done by a third researcher, author of this thesis' sister study (Lopes, 2021). This researcher is a psychologist, with a master's degree in Clinical Psychology. Currently, as of writing of this text, he is in his first year of professional practice for the OPP and currently a PhD student in Clinical Psychology at University of Maia.

Each participating researcher was involved in the EmpoweringEFT@EU project (Cunha et al., 2022) and working for the purpose of moving the project forward.

Interview

For the express purposes of this investigation's qualitative analysis, a semi-structured interview was developed by the EmpoweringEFT@EU project team and carried out with each participant (full script available as Annex II). Each interview's length was flexible, but

the average duration for the entire process stands at approximately 3 hours. The utilized script is also the same as was used in Lopes (2021).

The supervision focused half of the interview (the one pertinent to this study) focuses its questions firstly on the expert's current experience as a supervisor, inquiring about matters such as their specific style of supervision, what markers they search for, and the main difficulties they contend with. From then on, the focus shifts to the expert's opinions regarding the best way to become an EFT supervisor, how supervision within this model differs from supervision under different models of therapy, and what could be done to improve EFT supervision in specific.

Procedures

The "EmpoweringEFT@EU" project

As has been mentioned above, this dissertation is being developed under the umbrella of the "Empowering Emotion Focused Therapy practice in Europe – EmpoweringEFT@EU", financially supported by the Erasmus+ Agency (Erasmus+ Project N. º 2020-1-PT01-KA202-078724). This project aims to help disseminate EFT by facilitating training and supervision initiatives and building theoretical support for the model in the form of publishing research, and manuals for training and supervision (Cunha et al., 2022).

The project is coordinated by Professor Carla Cunha, PhD, and as of the writing of this text benefits from international partnerships with experts from 5 different European countries (Portugal, Spain, United Kingdom, Germany, and Ireland).

Interview Procedures

Each participant was discussed and selected by the EmpoweringEFT@EU project, and subsequently contacted through e-mail with an interview invitation and the proposal to present the goals of this project. To those who demonstrated interest in participating, an

initial contact presented the structure and goals of the interview, as well as relevant information regarding data protection and the dissemination of the interview results within the EmpoweringEFT@EU project. All the relevant information regarding confidentiality, distribution and purpose was submitted within an informed consent form, and those who accepted moved on to the scheduling phase. Through email correspondence, the interviews were scheduled and, as mentioned above, executed, and recorded using the Microsoft Teams platform as the main form of communication among the investigation team, as it allows for videocall recording without the need for third-party software, and it is known as a safe platform for data exchange between investigators. Using this platform, and with full consent on the part of the participant, the interview is recorded and stored for transcription and analysis.

Data Analysis

The qualitative nature of the present dissertation, and the use of interviews as data, begs the question of how one analyses the interviews to learn and reach conclusions. For these purposes, the chosen tool was Thematic Analysis, a flexible data analysis method used for extracting and analysing themes and patterns of meaning in speech (Braun & Clarke, 2013). As this technique evolved throughout the years, multiple varieties sprang into existence. The one we will follow closest during our process is Experiential Thematic Analysis – a method for conducting Thematic Analysis while focusing on the specific opinions and points of view of the participant, namely How they view and experience things (Braun & Clarke, 2013). This is the ideal approach to take considering the personal, exploratory, and insightful nature of our interviews to these experts.

As we have clear questions and goals in mind, the first step is transforming the data *corpus* (the full body of transcriptions) into a data set (the useful information we will be using), so we can then extract themes and individual meaning units from that set (Braun &

Clarke, 2006). The interview script itself was built with consideration for this objective, as participants are directed toward discussing the main themes of interest when it comes to clinical supervision, and their specific experiences with it, as second-generation experts.

And so, the data analysis procedure takes shape. The data *corpus* is systematically analysed to remove any redundancies and repetitions in the raw data and arrive at a suitable data set. From there, main themes are identified and coded for every meaning unit that can lead us to understanding these experts' perspectives, how they form, how they differ and how they're similar. Through Thematic Analysis, we systematically review and refine the identified themes, and narrow them down to the most crucial, so we can then interpret these themes and the meaning units that comprise them. It is important to understand that themes do not need to be isolated, they can influence each other, and so, beyond differentiation of themes, we were also looking for possible interconnectedness between them.

There will be a deep dive of these concepts when analysing the results of this study. As this dissertation follows an identical structure to Lopes (2021), some domains are common between the two studies, although the contents of those domains differ.

Chapter 3 - Results

The present study sought to gather first person accounts from various EFT experts and analyse their insights into the past, present, and future of supervision in EFT. To this effect, thematic analysis was the selected method, which allowed the researcher to extract domains, categories, and sub-categories from the data set, to seek answers to the research questions.

The domains arrived at resulting from this study are as follows: (1) Current practices in EFT supervision; (2) Differences between Group and Individual EFT Supervision; (3) Differences between Online and In-person EFT supervision; (4) Professional characteristics of a competent EFT supervisor; (5) Personal characteristics of a competent EFT supervisor;

(6) Separation and convergence between supervision and therapy; and (7) Markers of a successful supervision process.

Current practices in EFT supervision

This domain describes the main and current practices employed in EFT supervision, according to the perspective of the experts interviewed, as well as ways in which they believe supervision in EFT may be pushed forward. Furthermore, a comparison between the fundamental characteristics of EFT supervision and other popular models is also explored.

Five categories were identified (see Table 1*): a) How to become an EFT supervisor; b) Common structures in supervision; c) Supervision foci and techniques; d) What should be improved in supervision; e) Differences between EFT supervision and other models.*

Table 1

Current practices in EFT supervision

Categories and Sub-categories	Participants
Category 1: How to become an EFT supervisor	6/6
Being supervised themselves	[1] [3] [4]
Shadowing and Facilitation as steppingstones	[1] [2] [3] [4]
Being in therapy themselves	[1] [2]
Being a skilled and competent therapist	[2] [4]
Acquiring certification in supervision	[1] [2] [3] [4] [5] [6]
Category 2: Supervision foci and techniques	6/6
Tape review and analysis	[1] [2] [3] [4] [5] [6]
Case formulation	[1] [3][4] [5] [6]
Adaptive focus	[1] [2] [3] [4] [5] [6]
Maps and checklists	[3]
Markers in supervision	[1] [2] [3] [4] [5] [6]
Making explicit what is implicit	[1] [4] [6]
Category 3: What should be improved in EFT supervision?	6/6
Develop more complete and accessible training programmes	[1] [3] [4] [5] [6]
Stricter and more formal standards to ensure supervisor competence	[3] [4] [5] [6]
Supervision of supervision	[1] [2] [3]
Building EFT communities and infrastructure to allow growth	[1] [4] [5]
Category 4: Differences between EFT supervision and other models	6/6
Differences in approach and technique	[1] [2] [3] [4] [5] [6]
Different priorities	[2] [3] [4] [5] [6] [6]

The first category identified within this domain, "**How to become an EFT supervisor**", details the main qualifications expected of one who aims to become a supervisor in EFT. First and foremost, an applicant needs to be an expert EFT therapist in their own right, with all the experiences that contribute to such a title. Having real clinical experience with a variety of cases and clients is invaluable in providing the supervisor with the necessary background to apply that experience to supervision. Many second-generation supervisors became supervisors out of experience and expertise, and by emulating the supervision they themselves received throughout the years. Specific training and certification were somewhat rare during the professional journey of these second-generation EFT experts, as demonstrated by the following quote:

"So and then the second thing I think would be I never had a training in being a supervisor. So this is all implicit for me… yeah, I have an interview this afternoon with Carla about EFT supervision. And, and she's going to ask me, So what do you do in supervision? And probably I'm going to have to say, I don't know. I'm just exactly right. So I think that I'm just doing something but it's not so explicit. So I think it would be a good idea to have some kind of training in somehow" (P6).

This does not in any way detract from the competence of these experts, but instead paints a picture of how one frequently became a supervisor in this second generation of EFT. By gaining experience, proving expertise, and being asked to supervise by individual therapists or an EFT community. No formal training was required or was available, apart from what came through learning by direct experience.

The experts were asked what they considered to be, today, the best way to become a supervisor in EFT. Participant number one explains that one of the modern requirements for becoming a supervisor in EFT is to participate in therapy and supervision as client and

supervisee, respectively, to experience what it is like to be on the other side of the dyad: "*So I mean, we have we have those criteria's as the basic thing you need to have like, I think it's about 50 or 60 hours of therapy. And you have to have at least 100 hours of supervised supervision by an EFT expert." (P1).*

Beyond personal certification in psychotherapy and certification specific to EFT supervision, some experts have also mentioned certain steppingstones that would help one develop into a future supervisor, namely shadowing a supervisor in their practice, and being a facilitator in training and therapy.

Shadowing a supervisor allows learning through direct observation and modelling, as mentioned by participant number two: *"…have a graduate student who is learning EFT and can certainly shadow, see how feedback is given and how that kind of thing works… that's wonderful, observing, they're there and it's kind of a dual role, what are you noticing in the client? What are you noticing in the therapist?" (P2).* This direct observation also presents the unique benefit of an external point of view, as the shadowing therapist is not the one being supervised and can focus on the therapist in a way that would be impossible if they we're reviewing their own supervision.

Finally, the role of facilitator was also brought forward by participants three and four. According to isEFT guidelines (isEFT, 2015), a facilitator's job is to assist EFT trainers at workshops, by facilitating and supervising small skill practice groups. While the practice of shadowing may help a prospective supervisor develop their intuition and critical analysis skills, facilitation develops one's relational management skills, as well as provides practice regarding the management of time and setting of goals. This is considered by participant number three as a potential requirement for EFT supervision accreditation: *"But I just want to*

emphasize like being the EFT facilitator for many, many years, like that was really invaluable. And I feel Yeah, I think it should be a requirement for people." (P3).

The following category, **"Supervision foci and techniques",** aims to describe and explore some of the techniques utilized by experts in supervision, and what are the main markers of their supervision practices they may focus upon to ensure supervisee growth and progress.

Initially supervision can be more technical, even instructive, as the supervisor gauges the general skill level and therapeutic styles of the supervisee, and they work on building a strong supervision alliance. As time goes on and the supervisee gains experience and expertise, or if they are highly competent from the start (for example, when supervisees have been psychotherapists for many years, with high clinical experience and are being trained in EFT, as a new psychotherapy model for them), supervision should steadily transition into a more self-reflective process, a consultation of sorts. Participant number two illustrates this difference in delivery: *"Well, the delivery is going to depend on the on the person, right? on the trainee, what they what their needs are, what their level is, what their sophistication is, how experienced of a therapist they are. Yeah, so it's going to vary. vary a lot." (P2)*

From a technical point of view, tape review was identified by the interviewed experts as the main method used. In EFT supervision, the supervisees record their sessions with clients (with expressed permission from the clients themselves), in audio or video form, and bring these tapes to supervision where they can be analysed in order to facilitate therapist competence. From the supervisee, it is expected that they keep and maintain a comprehensive case formulation map for clients they intend to bring up during supervision sessions. Writing about cases (case formulation) is important to structure thoughts and theories in a way that is easy to review and revise, for both supervisor and supervisee, as stated:

"I think the writing is important. And it's surprisingly challenging, right even to, to identify, for example, what is the core maladaptive emotion scheme? What it's the core sense of self, give me some examples of the core maladaptive self? What is it that they say? How do you know, this is the core issue? That why would you distinguish a shame based from a fear based? Why is it important to make that distinction?" (P2)

Beyond that, it is also expected of the supervisee that they have questions and problems prepared in advance of supervision, so as to save time and promote a more efficient process.

On the other hand, from the supervisor, it is expected of them to carefully analyse the tape and identify therapist mistakes or shortcomings, as well as to guide the supervisee toward a better therapist performance and case conceptualization through inquiry and guidance, as can be exemplified through the following quote:

"As a therapist, then you look at the tapes, in that we look at the identify a section in the tape, we look at the tape. Focus on so some of it will be focusing on the moment-by-moment process, some of it will be clarifying conceptualization of the client of the client. helping them identify were in the process of resolution. That's a that's a, that's an important part of the case. Conceptually, if you're saying it's unfinished business, where are they, in that process of resolution? What's that step or stage in the model? Are they and what does that mean, in terms of your intervention and your intentions?" (P1)

Through this process, supervisors make explicit to a supervisee what often is implicit and automatic to an expert. Asking direct questions such as "what is the core pain, how do clients regulate themselves, how do they express emotion?" helps bring into the consciousness the automatic mechanisms and signs an expert looks for while with a client.

Another aspect of supervision approached by every expert is the usage of markers in supervision. Markers may be difficulties, signs or behaviours from the supervisee that inform the supervisor where to focus his/her attention when it comes to supervisee growth. For example, markers such as fear of deepening pain, personal unresolved problems and avoidance of emotions or topics with their clients provide targets for the supervisor to question and guide the supervisee out of. This requires the supervisor to be attentive and prepared to deal with the litany of problems that may arise, much like a therapist needs to be attentive towards a client. Examples of markers experts look for can be identified in the following: *"You know, the worst case scenario is I think, a trainee or a supervisee, who just has so many of their own unresolved problems that they really just fear, it interferes, and they really need their own therapy." (P2)*

The third category, "**What should be improved in EFT supervision?",** aims to look into the possible future of supervision in EFT, compiling what the experts view as the ways in which clinical supervision in EFT could improve.

A common theme of improvement mentioned by five out of six experts is an ever growing need to develop more complete and accessible supervision training programmes, with formal standards to ensure supervisor competence in the future. As the population of EFT therapists grows with time, the demand for competent supervisors will follow. One participant expresses this desire in the following words:

"We need more supervisors. And we need good supervisors. I mean, you know, maybe not just anybody or just a lot of supervisors, but a few good ones who are available to do supervision…. Just because they are now, you know, they are responsible for the next generation of EFT therapists. So that EFT competencies are really passed on in a good way." (P6).

As the EFT population and teaching methods grow, so should the support infrastructure grow alongside it. Recording, coding, and making publicly available more recording/tapes on EFT supervision, similarly to the famous "Dion tape" (APA, 2007) can serve as a fantastic support tool in the training of EFT therapists and EFT supervisors, as examples and practice material. *"I also think it would be good to have more tapes of EFT supervision, because I mean, it's like with therapy, it's really helpful to see it in practice both when it goes well and when it doesn't, so I think that would be really nice." (P1)*

Along with that, the emergence of EFT communities in several countries have come to build a foundation for all of these improvements, from accessibility of EFT training to a larger body of eligible supervisors.

Finally, category number four approaches the "**Differences between EFT supervision and other models",** in order to shed light on the ways in which the fundamental foci of supervision, objectives and techniques employed in EFT clinical supervision distinguish themselves from other popular models. The most common comparison between the experts was made between clinical supervision in EFT and CBT.

Regarding differences in approach, the EFT preference for tape/recording review was mentioned by every participant. In EFT supervision, access to the entire process is very highly valued and video tapes allow for full insight into the therapy process while case review and case formulation is likely to leave gaps. EFT supervision shows a much closer focus on the moment-to-moment process of therapy, what is said, how it is said, and the client's response at any given time. This priority is explicitly stated in the following quote: *"As a therapist, then you look at the tapes, we look to identify a section in the tape to focus on. So some of it will be focusing on the moment by moment process, some of it will be*

clarifying conceptualization of the client, helping them identify were [they are] in the process of resolution. That's an important part of the case." (P2)

Beyond recording/tape review, EFT supervision, much like the therapeutic model itself, tends to utilize very experiential techniques such as roleplay and chair work both as a way to help the supervisee navigate blocks, but also as a way for the supervisor to ascertain the supervisees felt sense of the client. Comparing this to CBT, the experts describe it as much more directive and technique based, focusing more on the direct process of performing CBT, skill refinement, and not as much on the emotional deepening aspect of the therapist – client dyad. Participant number four exemplifies this notion in the following words: *"...I have been trained in behavioral therapy, right, and CBT and DBT. And there, it's only skills based, like there's no, I mean, it just happened to be, it was not an interpersonal therapy. They're, they're models that are about delivering a skill." (P4)*

As mentioned above, EFT supervision places a high value in the supervision of the entire therapeutic process. With a comprehensive overview of the entire session, a supervisor can analyse and break down individual moments as to focus on skills such as emotional deepening and alliance establishment and maintenance. The interpersonal relationship between the supervisee and the client is highly valued and focused on during supervision sessions. These differences become even more pronounced when an EFT supervisor works with a supervisee who does not mainly practice EFT, as it is akin to learning a second language. This requires the supervisor to adapt toward imparting the different philosophy of how an EFT therapist views the client, the problems, and the fundamental mechanisms of change, as described by participant number four: *"But then there are kind of more broader things that I find a little bit more difficult, which is like, how do you teach people who believe I mean, it goes much more deep in terms of like, the philosophy, the mentality, the frame?*

Like, where do you believe change comes from? Do you believe it comes from you bestowing some sort of interpretation to your client or giving them a skill?" (P4)

Differences between group and individual EFT supervision

This domain "**Differences between group and individual EFT supervision"** explores the differences between individual and group-based EFT supervision, particularly focusing on group supervision as individual supervision is described throughout the domains.

Two categories have been identified within this domain: a) Group Structure and b) Positive and Negative aspects of Group Supervision. Categories and associated sub-categories are presented in Table 2.

Table 2

Differences between group and individual EFT supervision

Categories and Sub-categories	Participants
Category 1: Structure of group supervision	5/6
Similar goals to individual supervision	[1] [2] [3] [4] [6]
Peer feedback is added to group feedback	[3] [4] [6]
Group size range from four to eight members	[1] [3] [4] [6]
Category 2: Positive and negative aspects of group EFT supervision	3/6
Higher risks and higher rewards (more and better feedback, but increased exposure)	[3] [4]
Expanded role of the supervisor (balancing a larger structure and group alliance)	[3] [4] [6]

The first category, **"Structure of group supervision"**, refers to how group supervision differs from individual supervision in terms of structure and focus. Group supervision is often structured similarly to in-person supervision, maintaining the focus on recording/tape review and humanistic, process focused supervision. Akin to individual supervision, participants are asked to bring their tapes, case formulations, and questions, which are addressed by the supervisor one by one, while integrating feedback from the group, as can be exemplified by the following quote:

"And then we just set up, divide the time between the participants who have tapes or something they need to address. And then they then we do one on one supervision in front of the group." (P1).

Groups seem to be relatively small: the three experts who explicitly mentioned group sizes reported a group smaller than eight to be ideal. Although the small group size seems to be a common factor, the ideal number was different in all three accounts.

For category two **"Positive and negative aspects of group EFT supervision"** regarding the experts' views on the positive and negative aspects of group supervision, the data shows groups can be both deeply rewarding, and extremely delicate.

On the one hand, supervisees get access to multiple sources of feedback with different backgrounds and priorities, allowing one to learn faster and more effectively through the joined effort of the group and the expert supervisor. On the other hand, the social and relational dimension added in group supervision can trigger insecurities in the supervisee, as they can come to feel exposed while showing their video, feeling poorly about or intimidated when receiving feedback from the supervisor or a group member they see as superior.

These inherent risks and rewards also place a heavier burden on the supervisor, as the handling of the alliance between them and supervisees is now accompanied by the

management of alliances between the group itself. This added dimension on the supervisor's role is mentioned in the following quote:

"When I'm doing supervision in a group, I'm probably a bit more mindful of like, giving, like your empathy and warmth shows through and like this is, you know, would have been good to, like, say this, so do this here. So, I think I'm definitely much more sensitive to, you know, people in the group, but I do feel like what happens is everyone is showing their videos, it's sort of a criteria, you can't come to the group supervision unless you're one of the people. So it's not just like, it's not like a spectator sport." (P4)

Differences between online and in-person EFT supervision

The third domain **"Differences between online and in-person EFT supervision"** refers to the differences between online and in-person supervision and has been divided into two categories: a) In-Person Supervision and b) Online Supervision. The categories and respective sub-categories can be found in Table 3.

Table 3

Differences between online and in-person EFT supervision

Categories and Sub-categories	Participants
Category 1: In-person supervision	3/6
The relational aspect is not as rich	[1] [2] [4]
The presence of body language	[2]
Some techniques do not translate well into an online medium	[2]
Category 2: Online supervision	4/6
Practicality	[1] [2] [3]
Schedule flexibility	[3]
Supervision over long distances	[3] [4] [6]

Regarding category number one, "**In-person supervision**" this approach seems to be preferred, as four out of six interviewees mentioned how online supervision can often feel isolating, whilst in-person supervision creates a social environment that can promote growth and a stronger supervisory alliance, as shown in the following quote: *"So it's it's a much less rich personal experience, easy to feel… easy to feel isolated. So I've had to work harder to bridge that that gap and make a point of not being so business oriented"* (2). In-person supervision also allows the supervisor to observe the participant's body language which can cue them into insights regarding the supervisee's emotional state.

Beyond the relational aspects, some supervision techniques are also easier and more effective in an in-person context, particularly ones based on trust and intimacy which can often feel lost or dulled in an online medium, such as chair-work and roleplays, as stated by participant number two: *"I find the chair work often just fussy, overly fussy to have to end which takes away from the process when you have get your chair, where's your chair?" (P2)*

The second category "**Online Supervision"**, on the other hand, benefits from the flexibility and practicality of technology and long-distance communication, at the cost of some of the "richness". This convenience seems to be the main point in favour of this form of supervision, as stated by participant number 2: *"Like convenience, it is tremendously convenient, right? I have I can have a trainee or supervise someone in, in Portugal, Hong Kong. You name it. So it has very many advantages, but it's not. It's not as rich obviously." (P2)*

Regarding the supervision goals, participants also mentioned how online supervision tends to be more focused on skill refinement and technical expertise, as the absence of the relational aspect makes technical markers more evident on supervisees.

Professional characteristics of a competent EFT supervisor

The following domain seeks to report what experts identified as the main professional characteristics of a competent EFT supervisor, wherein two main categories were found: a) Adapts to the needs of each supervisee, and b) Builds and maintains a strong supervisory alliance. The results are displayed in Table 4.

Table 4

Professional Characteristics of a Competent EFT Supervisor

Categories and Sub-categories	Participants
Category 1: Adapts to the needs of each supervisee	4/6
Can deal with novice and experienced supervisees	[3] [6]
Can adapt to supervisees who are not "native" to EFT	[4] [5] [6]
Can perform both didactic and collaborative supervision	[2]
Category 2: Builds and maintains a strong supervisory alliance	5/6
Balances the supervisees ego, as to avoid alliance rupture	[2] [3] [4] [5] [6]
Are validating in their criticism, but are not afraid to deliver it	[2] [3] [5]
Do not respond to defensiveness with defensiveness of their own	[4]
Makes use of self-disclosure	[5] [6]

Category number one, "**Adapts to the needs of each supervisee**", is a consequence of how the interviewed experts value the ability to adapt to the individual traits and

circumstances of each supervisee. These traits and circumstances can vary greatly, but the ones who stood out were the supervisee's level of experience and preferred therapeutic model.

As has been mentioned before, supervision can be very different when the supervisee in question is highly experienced or more technically gifted, often turning into a more collaborative process, and a competent supervisor should be able to make these adjustments, when necessary, as supervision is a fluid and evolving process.

In a similar way to this variation of experience, supervisors may also find themselves working with a therapist who is not "native" to EFT and may have built their experience on a different model. Here, the adaptation can become more philosophical in nature, guiding the supervisee through the fundamental beliefs and underpinnings of EFT practice that may be harder to access due to the habits they developed in their other model, as shown in the following quote:

> *"And it's very hard to I don't want to say to undo their native either, you know, whatever therapeutic approach of origin, right? It's to me, it's like, I always tell people, to me, it's like learning a second language, right? It's like your first language may have been CBT, or psychoanalysis. And now you're learning this language. And of course, your accent is gonna come through, like, that's just how it's gonna go." (P4)*

The second category, "**Builds and maintains a strong supervisory alliance**", focuses more on the supervisor's capacity to handle the relational aspect of supervision while guiding the supervisee toward growth and the best client outcome possible.

To achieve these goals, a supervisor needs to successfully balance the ego of the supervisee, validating their struggles but delivering feedback and criticism in an honest

fashion when it is warranted. As has been previously discussed, the supervisory alliance is fundamental to a successful supervision process, and the mishandling of criticism may lead to a defensive response. To avoid these situations, the supervisors focus on validating the struggle, before inviting the therapist to consider their role in what the problem may be or delivering a suggestion. This balancing of criticism and the feelings of the supervisee can be a difficult one, as three out of six supervisors specifically mentioned delivering harsh criticism when needed to be one of their main difficulties in supervision, as we can see in the following quote:

> *"...if we come in and make a recommendation, it doesn't mean that you're a bad therapist, that's like a big, you know, even, you know, and I think I'm pretty gentle when I'm giving feedback. I think that inevitably, those situations where you don't have a relationship with somebody, and there's people in the group that they don't know, doing this can trigger their feelings of not being good enough. Or criticism." (P3)*

In the case where this rupture does occur, and the supervisee becomes defensive, it is important for the supervisor to not reciprocate that with their own defensiveness, and instead focus on ways to mend the relationship. A supervisor should extend to the supervisee the same unconditional empathy they would to a client, and it seems an effective method to alleviate defensiveness is to relate to the supervisee's struggle and employ the use of self-disclosure and renegotiation.

Personal characteristics of a competent EFT supervisor

The fifth domain, "**Personal characteristics of a competent EFT supervisor**" follows up on the last, this time casting attention towards the personal characteristics the experts

identified as necessary to be a competent EFT supervisor. One category was found within this domain: a) Personal traits of a good supervisor

Table 5

Personal Characteristics of a Competent EFT Supervisor

Categories and Sub-categories	Participants
Category 1: Personal traits of a good supervisor	6/6
Lead, don't direct	[2] [5]
Be empathetic and accepting	[1] [2] [3] [4] [5] [6]
Be welcoming and humble in supervision	[1] [4] [5] [6]
Show passion for EFT	[2] [3] [6]
Be a great communicator	[2] [3] [5] [6]

First and foremost, supervisors should be validating and understanding. A competent supervisor builds a good learning environment and supervisory relationship through this understanding and welcoming warmth. Out of six experts interviewed, five explicitly describe a competent supervisor as someone who is humble and self-aware. An expert who recognizes their own blind spots in supervision and can employ humour and self-disclosure in a way that makes it easier for supervisees to relate to them and create a bond of trust and cooperation. Participant number 5 presents this sentiment in the following words: *"You might be an expert, but nothing more than just an expert. Right? So don't go walking beneath your shoes as we say, manage, be humble, use humour." (5)*

It has also been a very common theme among the participants that supervisors who show a real passion for EFT are the ones who find the most success. These personal characteristics all tie together in the best way possible when the supervisor is a good communicator. Communicating thoughtfully and with clarity can really expedite the supervision process.

Taking a collaborative stance can benefit supervision outcome and lead to clearer goals and expectations for the supervisee. Engagement quality is crucial. The following quote supports this result: *"So I think a very collaborative kind of stance and a lot of transparency right about it, but what you're trying to accomplish, but what's going on above that sort of thing." (2)*

Separation and convergence between supervision and therapy

This domain aims to describe the ways in which supervision and therapy diverge and intersect, the benefits and detriments, and how a supervisor should navigate these situations.

Two categories were identified: a) Separation between supervision and therapy, and b) Convergence between supervision and therapy. Results are detailed in Table 6.

Table 6

Separation and convergence between supervision and therapy

Categories and Sub-categories	Participants
Category 1: Separation between supervision and therapy	5/6
Supervisees are colleagues, not clients	[1] [2] [3] [4] [5]
Personal issues should be deferred to personal therapy	[1] [2] [3]
Setting proper boundaries is key	[2] [4]
Category 2: Convergence between supervision and therapy	5/6
Using EFT techniques and tasks in supervision (experiential interaction)	[1] [3] [4] [6]
Using roleplays to address therapist blocks and difficulties	[4] [5] [6]

The first thing to note from the first category, "**Separation between supervision and therapy**" is that supervision is not therapy and should not be seen as therapy. This is one of the basilar principles of supervision and should be respected. A situation where the supervisor or supervisee confuse or muddle the two can wholly compromise the supervisory process and alliance. While therapy and supervision may share many similarities in how they are structured, individually or in groups, one must always keep in mind that supervisees are colleagues and not clients, Even in supervision situations where the dyad shares a very strong supervisory alliance, this fact needs to be kept in mind, as stated in the following quote: *"And I guess it's communicating that you know what, I am not your therapist, it's not for me to help you work through this, but that really is getting in the way… (P2)*

Every expert stated that the dyad should maintain a clear divide between supervision and therapy. This can be achieved through the setting of proper, well-defined boundaries, making sure the supervisees know that they can feel comfortable sharing struggles that interact with the cases and affect client outcome and their growth as supervisors, but that the resolution of personal problems should be deferred to personal therapy. Supervisors can even suggest that the supervisee seeks out this support if they are not already integrated in therapy.

> *"And I guess it's communicating that you know what, I am not your therapist, it's not for me to help you work through this, but that really is getting in the way… I did just recently help a supervisee, or I made a referral to a therapist, to a to a supervisee that I'm working with. And she followed up, she now has got her therapist, and I'm sure it'll, it'll make it'll make a big difference." (P2)*

In the second category, "**Convergence between supervision and therapy**" we explore how although supervision should not be viewed as therapy, this does not mean that supervisors should not use their expertise as therapists to aid supervisees when this expertise

is applicable. The usage of therapeutical tasks as tools in supervision, such as chair-work for example, has been mentioned by every participant as something they do with supervisees. While it requires a very solid alliance and well-defined boundaries, experiential methodologies such as roleplays can provide very powerful moments and breakthroughs in supervision, as stated by direct account of participant number 2:

> *"He came in as the supervisor as he does as we all do and asked me to imagine a younger me in the other chair, and I just broke down into tears. It was just so evocative, powerful, very powerful experience" (P2).*

These experiences in supervision can be very enriching, giving the supervisee insight into what the client may be feeling when put in the same position, and giving the supervisor insight into the therapist's "felt sense" of the client, how he views the client.

Markers of a successful supervision process

This domain explores the participant's thoughts regarding what they believe constitute markers of a successful and unsuccessful EFT supervision process.

In line with these goals, two categories were emerged from the data: a) Predictors of success in EFT supervision, and b) Pitfalls and difficulties in EFT Supervision, presented in Table 7:

Table 7

Markers of a successful supervision process

Categories and Sub-categories	Participants
Category 1: Predictors of success in EFT Supervision	6/6
The supervisory alliance	[1] [2] [3] [4] [5] [6]
EFT as a main model	[5]
Long term supervision	[2] [6]
A binocular focus	[1] [2] [3] [4] [5] [6]
Category 2: Difficulties in EFT supervision	6/6
Supervisees not "native" to EFT	[4] [6]
Supervisee may lack basic skills	[1] [2] [3] [6]
Infrequent supervision	[2]
Alliance ruptures	[4] [5]

Possibly the most fundamental predictor of success in EFT supervision, according to the interviewed experts is the building and maintenance of a strong supervisory alliance. Every single expert made a point to specify the importance of this alliance, more than once, as exemplified in the following quote:

> *"So that's the first I think, in EFT supervision, we need to build the relationship, we need to be supportive towards or supervisees to make them believe in themselves more, because I think they their self-confidence, (yeah) because the clients will benefit from that as well. (P6)*

Along with a strong alliance, supervision tends to be more successful when a supervisor focuses on building up the supervisee and on maximizing positive client outcome through the supervision process, and participant number 5 describes this as a "binocular focus", helping the supervisee reach the right approach and treatment for the client's wellbeing, while also guiding the supervisee through more effective ways of thinking about any certain case: *"And then I have this binocular vision on EFT supervision. One is that I want to listen to the client and really make sure this client gets the best treatment possible… and the second part of the binocular vision is the therapist growth" (P5*)

Moving on to the supervisee's side of the dyad, multiple experts pointed out that supervisees who are mainly dedicated to EFT are less prone to alliance issues and more likely to become EFT supervisors in the future. There seems to be an agreement that this is not a random phenomenon and is related to how EFT shapes the people who practice it. Longer term supervision, encompassing cases from beginning to end, has also been pointed out as a predictor of success, specifically by participant number two. Finally, this participant also believes following novice therapists in this long-term format of supervision makes it easier to achieve better client outcomes.

Category two, "**Difficulties in EFT supervision**" explores the opposite side of supervision. The difficulties and challenges the supervisees face, either they are technical or relational. Out of six participants, five pointed out how supervision is different when you are supervising someone who practices mainly EFT, in contrast to when you are supervising someone who is trying to integrate EFT into their skillset. Supervising these two types of therapists involves different requirements from the supervisor, such as integrating the conceptual underpinnings of EFT into the supervision process. Under these conditions, supervision can become more comparative, as is exemplified by the following quote:

> *"They may have their initial reflexes from their basic approach, for example, could be CBT. And the colleague could come in and say, Okay, I would do CBT. Now here [in the recording], but I know I could do something differently. And I don't know what, you know, they're a little bit lost, technically." (P5).*

Skills that are considered basic in EFT may not be as commonplace in other models. Supervision becomes slower and harder to perform when the supervisee is not as familiar with the model or is outright unskilled. These supervisees may lack a good grasp on the basics like empathy, responding, evocative empathy and emotional deepening, so the supervisor should strive to guide them toward focusing on owning those capacities.

On a similar, yet opposite way as in the previous category, just as constant and long-term supervision was determined to be a predictor for success, infrequent supervision poses a difficult challenge. This makes it harder to develop a strong alliance and case reviews may become less fluid, as the dyad or group are more likely to spend time re-familiarizing themselves with a case they haven't supervised in a long time and becomes an even larger problem when compounded by the previously mentioned difficulties if the supervisee does not employ EFT as their main therapeutic model.

Finally, what is described as a rare, yet very serious situation, is the case of the supervisee directing anger or frustration toward the EFT model or even the supervisor themselves. Participant number four highlighted this possibility as one of the most challenging situations he has faced, where the supervisee feels stuck in the model, and believes they should be further along in mastering it, or that the model is not suitable to the case at hand. This is stated in the following quote:

> *"…one of the more challenging things that has come up are complaints about the model… she was saying something like, oh, I should know this better, or, you know,*

it's how come I can't master this. It's, it's I learned, you know, some other approach. And I didn't take me this long, I feel so stuck." (P4).

Chapter 4 - Discussion

Supervision is a supported and standardized practice as part of clinical training through most accrediting boards, including isEFT training standards for becoming an EFT therapist (Guiffrida, 2014; isEFT, 2015). Despite this, the academic body of work present specifically regarding EFT supervision has not reached the dimensions available for other models, although strides are being made in this direction (Alfonsson et al., 2018; Qiu., Hannigan., Keogh., & Timulak, 2020; Nødtvedt et al., 2019; Simpson-Southward., Waller., & Hardy., 2017; Kuhne, Maas, Wiesenthal & Kühne, 2019). As has been presented before, this dissertation seeks to play a part in closing that gap, by seeking the insight of several EFT experts.

The first point of discussion is how one becomes an EFT supervisor. In the earlier days of supervision in psychotherapy (roughly between the 1970s and 1980s) this process was more spontaneous and less strictly regulated (Alvarez-Fernández, 2015). This continued up to even the second generation of EFT experts, as some participants specifically mention not having received specific supervision training before becoming supervisors themselves, having reached that position through experience and expertise. Steps are being taken in the right direction, however, as time passes by and EFT communities are built and begin to grow, more formal systems become standard practice, such as properly accredited training and methods of competence certification (Pilling & Roth, 2014). The first generation of EFT had a very nomadic quality to it, with the founders of the model touring the world, delivering training workshops. The second-generation experts interviewed for this dissertation also overwhelmingly mentioned having to travel to Canada (where the main founders developed this model) to be able to train in EFT practice, later leaving and settling in different countries

throughout Europe, finding or creating these EFT communities. Our data highlights the importance of these communities, as they have the potential to become hubs for EFT development in the fields of practice, supervision, and training. The need for the rise of formal standardized training for supervisors also goes hand in hand with the growth of the EFT community worldwide, as EFT training becomes more accessible and therapists strive to learn the model, the need for competent trainers and supervisors will grow.

As to how these supervisors operate, supervision in EFT is a complex and fluid process rooted in the core beliefs of empathic and integrative interaction, a focus on the processes of therapy, and the optimization of client outcomes (Guiffrida, 2014; Palmer-Olsen et al., 2011; Callifronas et al., 2017). These core beliefs are reflected on the methods that are most common in EFT supervision, such as the focus on reviewing session recordings/tapes, allied with case formulations, being a direct reflection of how EFT supervisors value access to the whole process of therapy, not just the outcomes and difficulties presented. More specifically, this translates into a supervisory process where the supervisor can analyse and comment upon, not just supervisee or client blocks and challenges, but also on verbal language, body language, empathic expression and affect used. Through being able to view a recorded session, the supervisor can focus on specific moment-to-moment therapist performance. Through this in-depth analysis, as well as the usage of case formulation maps and the supervisees prepared issues and questions, supervision in EFT gathers beneficial conditions for both the achievement of good client outcomes, and for the professional growth of the supervisee.

From a logistic standpoint, EFT supervision can be practiced individually or in groups, and each of these modalities may be performed in-person or in an online medium. Naturally, these variations present their own benefits and challenges. Regarding the medium (online or in-person), online supervision presents some advantages, mainly the convenience

of allowing for supervision over long distances and eliminating time and cost of commuting to the supervision venue, while also allowing for supervision sessions to be recorded for later review. However, it also presents some concerns. From an ethical standpoint, online supervision facilitates breaches of security and confidentiality, namely the possibility of a participant using the aforementioned recording possibilities unbeknownst to the other participants (Stoll, Müller & Traschell, 2020). Concerns also arise from a technical and relational point of view, as the by nature of online supervision, a large part of body language is lost and dimensions of speech such as articulation, prosody and affect may be harder to discern (Kanz, 2001). The use of an online medium also diminishes the social aspect of supervision, which our participants associated with the building of a supervisory alliance.

Now regarding the structure of supervision (individual or in group form), groups bring additional dimensions to the supervisory process, namely a different kind of supervisory alliance, peer feedback, and a larger relational aspect (Qiu et al., 2020). These differences require the supervisor to adapt, as our participants mentioned a need to be more mindful of showing empathy and warmth during feedback, as the supervisee is in a much more exposed position as one would be in a supervisory dyad. The group itself must participate in this process, being welcoming and understanding among themselves, acting with professionalism both in giving feedback and in maintaining a positive relationship with their peers.

EFT intervention makes use of markers, which are identifiable in-session and point toward blocks and difficulties clients may be experiencing (Greenberg, 2010). EFT supervision mirrors this approach, as supervisee markers cue the supervisors into what type of intervention may be most appropriate at any given moment (Watkins et al., 2019). Being able to identify and act upon these opportunities is seen as a mark of a competent and attentive supervisor, opening the doors for discussion regarding the values, feelings, and techniques a supervisee is employing with their clients. According to our participants,

identifying these markers and acting upon them is the main way in which a supervisor potentiates professional growth in their supervisee.

These markers range from emotional and relational difficulties, such as fear of emotional deepening or personal unresolved problems, to more basilar technical flaws such as difficulty showing empathy, task performance, or self-reflection (Greenberg, 2010; Watkins et al., 2019; Krupka, 2017). A competent supervisor can identify these markers and intervene in an appropriate manner, as to guide the supervisee toward professional growth. This concept of guiding as opposed to directing is an important aspect of EFT supervision, as collaborative discussion facilitates reflective processes in supervisees. This approach is employed particularly when the supervisee is a therapist of similar experience to the supervisor, and supervision becomes much more of a peer collaboration process, where it may be more didactic for a novice therapist who demonstrates a lower degree of proficiency with EFT practice.

When markers become more personal to the supervisee, such as anxiety or self-doubt beginning to encroach onto their practice, and these issues are brought up in supervision, the line between supervision and therapy can be tested. While it has been made clear that supervision should not be therapy, this does not mean that complete separation and rejection of work focused on the supervisee's emotions is a helpful standpoint. When a supervisee exposes a personal issue, experts would take a step back and look at it, validating the struggle and trying to help the supervisee understand where the strong reaction could be coming from. The key to the sometimes "blurry" line between supervision and therapy is to make that line as clear as possible by discussing realistic expectations with the supervisee. Our results showed that supervisors can even help supervisees find therapists for personal therapy, leaving supervision defined as a place of learning and growth, and cementing a well-defined supervisory relationship.

Independently of the personal characteristics of a supervisee, the most stalwart foundation of a successful supervision process is the building and maintenance of a strong supervisory alliance, built on respect, humility, openness and well-defined boundaries and expectations (Palmer-Olsen et al., 2011; Fernández-Alvarez, 2015; Watkins et al., 2019). EFT supervision involves feedback, guidance, and collaboration, and while feedback should always be constructive, it may not always be positive. Our results show that a poor reaction to negative feedback, along with defensive responses or an unwillingness to change, can lead to alliance rupture and severely impair the productivity of a supervisory process, negatively impacting both supervisee growth and their clients' outcomes, although such extreme cases are described as very rare, especially with EFT supervisors. For these reasons, it becomes important for a supervisor to be able to balance the supervisees ego and deliver criticism in a way that triggers a self-reflective process instead of feelings of incompetence or inadequacy. This balancing of criticism and the feelings of the supervisee can be difficult to perform, and it stood out as a common difficulty reported by the interviewed experts.

Every participant, independent of style or preference, painted good EFT supervision as a deeply involved process, a learning environment where therapists can grow as professionals and collaborate with more experienced experts to learn and reach better client outcomes. In a similar way to how supervisors look for markers in their supervisees, us as researchers look for markers in the supervision process and supervisory relationship that may predict positive or negative outcomes, as were defined in **Table 7** and described in the results section. One marker that stands out is the native therapeutic model the supervisee is more experienced in using. EFT has fundamental philosophic differences from other popular models such as CBT. The notions of what problems are, how they originate, how to change, and where change comes from are not the same (Greenberg & Goldman, 2019; Qiu et al., 2020; Beck, 2011) and these differences may become walls for the supervisee. As such,

supervising a therapist that is native to EFT tends to act as a marker of positive supervision outcomes, as it's more likely that this therapist has a deeper understanding of the underpinning philosophies of EFT and a better mastery of EFT's baseline skills such as the demonstration of empathy and understanding.

Finally, we believe it would be beneficial to briefly compare the findings of this dissertation with those of its predecessor (Lopes, 2021), so as to see where the opinions and experiences of first- and second-generation experts converge and diverge.

Beyond the crucial aspects of EFT supervision, such as the importance of the supervisory alliance or the focus on tape review and process supervision, a theme that remained very congruent across both studies is what experts view as the professional and personal characteristics of competent EFT supervisors. This ideal supervisor is someone who, from a professional standpoint, is capable of adaptation to a supervisee's background and level of expertise, creating a productive learning environment through guidance and collaboration. From a personal standpoint, this idealized supervisor is self-aware of their strengths and shortcomings and approaches the supervisee in a warm and welcoming way, making use of humour and self-disclosure when they feel it would help the supervision process. Specifically, participants in Lopes' study chose to highlight characteristics such as friendliness, positive mood, the ability to point out flaws in non-demeaning ways and the ability to incite and nourish interest and passion in others, whilst this study's participants highlighted characteristics such as great communication skills, showing humility, empathy and acceptance, and the ability to guide without being directive.

Looking at how this study may have expanded upon the work done by Lopes, second-generation supervisors further expanded themes such as what markers they look for during

supervision, the advantages and difficulties associated with online supervision, the building and importance of EFT communities, and the separation of supervision and therapy.

Conclusion and Future research

The goal of this investigation was to provide analysis on expert opinions regarding EFT supervision in the present day and on what should be improved for the future, through the Thematic Analysis of semi-structured interviews. As this study falls under the purview of the EmpoweringEFT@EU project, it also aims to help construct a body of work to support the advancement of EFT on an international scale.

Results show that, according to the interviewed supervisees, EFT supervision stands out from other models in the ways in which it enables supervisee growth, through the use of experiential techniques and process-focused supervision. To make these approaches possible, a strong supervisory alliance is an all-encompassing foundation recognized by every participant as vital to the success of the supervision process that has been linked to higher levels of confidence and disclosure in supervision, which in turn potentiates growth.

Interviewees also spoke at length about the process of becoming a supervisor, from the steps one should take to the professional and personal characteristics one should embody. The main aspects associated with the path to becoming a supervisor centered around the need for proper accreditation, which has taken leaps since the dawn of second-generation EFT experts, but still has a long road of development ahead. Self-supervision, therapy, shadowing and being a facilitator emerged as adequate requirements for becoming a supervisor in EFT.

Both personally and professionally, a competent supervisor in EFT was described as one who has a warm and accepting disposition, demonstrating humility and relatability through the use of humour and self-disclosure in supervision. A competent supervisor should adapt to the needs and circumstances of the supervisee, managing their level of experience,

expertise, and expectations in a way that avoids alliance ruptures and helps create a suitable learning environment.

Finally, looking at the future of EFT supervision, the interviewed experts highlighted the importance of communities in the growth of EFT. As EFT gets disseminated throughout the world, EFT communities are established and begin to grow. Experts point toward these communities as places where EFT training for practice and supervision should develop, through the setting of more well-defined goals and requirements. A larger number of competent supervisors becoming available will also allow for the training of more EFT therapists.

This study faces some limitations, particularly regarding the number of participants, and the fact that these experts share similar backgrounds in their EFT training. As such, this thesis demonstrates the necessity for following studies focusing on the perspectives of supervisors and supervisees with different cultural and theoretical backgrounds.

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Annex I – EmpoweringEFT@EU interview script

Consent Form Statement for the Interviews with EFT Experts

I, [name to be completed here], as signed below, declare that I have been informed that the present investigation is being developed within the EmpoweringEFT@EU project (Erasmus+ Project N.º 2020-1-PT01-KA202-078724). I was informed that I am participating in a qualitative study, based on recorded interviews to Expert Supervisors and/or Expert Trainers in Emotion-Focused Therapy (EFT).

I was told that interviews, such as the one I am participating, would be made to internationally renowned psychotherapists, with ample experience in training and supervision in EFT, which qualifies them, and myself, as Expert Supervisors and/or Expert Trainers in EFT. These interviews have the goal of documenting my views, experiences and explicit/implicit knowledge on EFT supervision and training, for the future, with the ultimate goal of formulating best practices for EFT practice, supervision and training. The EmpoweringEFT@EU team (and research associates) will analyze the recordings and transcripts of these semi-structured interviews with the purpose of understanding, interpreting and/or coding my views and experiences, related to successful supervision and successful training of Emotion-Focused Therapists.

I have been explained the limits of the confidentiality of this investigation. I have been granted the right to anonymity, and all data relating to my identification will be confidential, if I wish so. I am aware that, through my participation in this study, I will be given the option to keep it confidential, identifiable or public, as congruent with my choices (to be signaled below). I was also informed that, given the goals mentioned above, the researchers involved in this study may ask me some questions regarding my personal experience as an EFT therapist, supervisor and trainer.

I recognize my right to refuse to participate, interrupt or withdraw my participation in this study at any time, without any penalty for this. I am also aware that I have the right to access, alter, delete and oppose to the processing and dissemination of personal data, content or images of this recorded interview. I am also aware that my personal data will be used only for scientific research purposes and for the dissemination of EFT practice.

I know that this study is planned around semi-structured interviews, and I have been explained their purpose and the central points on which the interviewer will focus (having received previously a copy of the interview script). I recognize my right to

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request and consult a summary of the overall results, through a request carried out to the main Coordinator of the EmpoweringEFT@EU team.

If I am unhappy with the way this interview is being developed or with my participation within this study, I acknowledge and retain my right to make a complaint with the National Data Protection Commission in Portugal (country of the EmpoweringEFT@EU Coordinating partner).

All the essential information was given to me clearly and directly and I have had the opportunity to expose my doubts about the present study, namely my participation in it and the handling of my personal data, interview content and recordings. I was also informed about the EmpoweringEFT@EU future plans for the scientific dissemination of the results of this investigation, namely through the publication of scientific publications, books or research papers based on these interviews to the EFT Experts, and the dissemination of these interviews in the project website and social media for reaching a professional audience of psychotherapists and prospective clients/stakeholders, in their efforts for disseminating Emotion-Focused Therapy. All my questions have been clarified by the EmpoweringEFT@EU team. Finally, I agree to participate in the present study, knowing that there are no financial incentives or considerations.

Circle your choice and sign below:

I declare that I authorize the dissemination of the results obtained on a scientific, professional environment.

Yes No

I allow my interview data and identity to be made available for the publication and dissemination, for scientific purposes, of the EmpoweringEFT@EU project results

Yes No

I allow my interview data to be safely recorded and kept by the EmpoweringEFT@EU team, as there is no demand by my part for it to be destroyed by the time the project/study ends.

Yes No

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EmpoweringEFT@EU project

Erasmus+ Project N.º 2020-1-PT01-KA202-078724

December 6, 2020

In case the EmpoweringEFT@EU team wishes to display my interview (or segments of it) on the project website or social media (e.g. Youtube, Facebook page) for disseminating EFT, I authorize to be contacted to exercise my right to review the material and provide specific authorization for that use.

Yes No

FULL NAME OF THE PARTICIPANT IN THIS STUDY:

Date Signature

___/___/_____ _____

FULL NAME OF THE EmpoweringEFT@EU RESPONSIBLE RESEARCHER:

Date Signature

___/___/_____ 

Carla Cunha, Coordinator of the EmpoweringEFT@EU team

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Annex II – EmpoweringEFT@EU interview script

Interview Scripts for the Experts in EFT

Note to the Interviewer: This interview has two main scripts: the first to Expert Supervisors and the second to Expert Trainers. There are also some introductory and concluding questions, to be asked in both interviews (to Expert Supervisors and to Expert Trainers).

Introduction

Information to the Interviewee: This interview was developed during the project EmpoweringEFT@EU and seeks to explore your experience as an Expert Therapist, Supervisor or Trainer in Emotion-Focused Therapy (EFT). With your consent, the present interview aims to gather information concerning your experiences as an Expert Supervisor or as an Expert Trainer in EFT. We want to draw upon, not only your explicit knowledge (formulated in your thinking, writing or work published), but also take into account your implicit knowledge, gathered throughout your career (for example, what books don't say). Throughout this interview, please let us know what you believe may useful for the development of good practices in EFT Supervision and EFT Training.

Section 1. Opening question

Question 1) We would like to start, by explaining your background as an EFT Therapist/Supervisor/Trainer, if you please.

> *(How did you become an EFT therapist/supervisor/trainer; what do you think has helped you achieve your current level of expertise as an EFT Supervisor/Trainer)*

Section 2. For the Experts in EFT Supervision

Question 2.1.) Can you please contextualize how you do EFT supervision?

> *(Type of supervision that you do: some authors talk abut "adherence focused" or "skills focused" supervision, more short-term vs. long-term, global supervision, focused on therapist growth; What kind of supervision practices do you use; Who you supervise/ train)*

Question 2.2) From your perspective, what should supervision in EFT focus upon and evolve? Do you have any explicit or implicit model to orient your practice?

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Question 2.3) Are there markers that orient your supervision practices? What aspects do you want your supervisees to learn and develop?

(Please refer to the process of supervising therapists and training Supervisors, as well as other information will help us develop a manual and a workshop for training EFT supervisors; namely, which supervisory methods do you consider to be more reliable, helpful or effective*)*

Also, some EFT supervisors do online supervision or face-to-face, traditional supervision in EFT? Others use a group format or individual supervision? What is your experience and what can we learn from it?

Question 2.4) What are the main obstacles you have faced in supervising EFT therapists?

Have you experinced relational difficulties within the supervisory supervisory relationship *(e.g. divergence in perspectives/formulation between supervisor and supervisee) or* blocks as an EFT supervisor *(e.g. not pointing out difficulties or deviances from the model)?* How have you deal/dealt with them? How do you deal with the blocks of a supervisor in training?

Question 2.5) Considering the hierarchical levels already determined by the ISEFT, what is, in your personal view, the best way for someone to become a supervisor in EFT (Level D: Supervisor)?

What individual caracteristics do you view as essential in a good EFT Supervisor (e.g. personality, relational caracterists)? And an excelent one?

Question 2.6) From your perspective, which do you consider may be the differences between supervising EFT in relation to other humanistic models? And concerning EFT and non-humanistic approaches?

Question 2.7) What do you think could be done to improve supervision in TFE?

Section 3. For the Experts in EFT Training

Question 3.1.) Can you please contextualize how you do EFT training? And what about the training of new EFT Trainers?

Question 3.2) Considering the hierarchical levels already determined by the ISEFT, what is, in your personal view, the best way for someone to become a Trainer in EFT (Level E: Trainer)?

What individual characteristics do you view as essential in a good EFT Trainer (e.g. personality, relational characterizes)? And an excellent one?

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Question 3.3) From your perspective, how should the training of new EFT Trainers evolve and what should it focus upon? Do you have any explicit or implicit model to orient your practice/conceptualization?

Please refer to the process of training other EFT Trainers, to the methods or practices that you consider more reliable, helpful or effective (e.g.: acting as a facilitator in training events, "shadowing" an expert trainer, among others), as well as other information which will help us develop a manual and a workshop for training new EFT Trainers, to develop training in their local languages.

Question 3.4) What aspects would you want new EFT Trainers to learn and develop? What do you think should appear in a more formal workshop/manual for developing new EFT Trainers?

Now, with the COVID-19 pandemic, most training has been online, which may cause some adjustments. What do you recommend based on those experiences?

Question 3.5) What are the main obstacles you have faced while training new EFT therapists? How do you deal with these issues?

For example, when you train a group of people, several difficulties or challenges may emerge (a trainee that is too fragile or too controlling of the group, a trainee that is too inflexibleo or less open to new perspectives, due to his/her background or occupies too much "space", among others). What do you recommend based on those experiences?

Question 3.6) What do you think could be done to improve training in TFE?

Section 4. Conclusion

Question 3) In this pandemic situation that we are experiencing, in your opinion, what are/were the greatest: Strengths, Weaknesses, Opportunities and Threats to the practice of psychotherapy, supervision and/or training in EFT? *(SWOT analysis)*

Question 4) Is there anything else you would like to add to this interview?

Thank you very much!

For the Interviewer: Record who, when, how long you interviewed, and then safely store the recording.

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