



THIRD INTERNATIONAL EFT SUMMIT *New York City*
The Power of Emotions
Loving Connections, Lasting Bonds



healing
attachment
injuries

with Emotionally Focused Therapy

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Notes:

This workbook was designed to be used two ways. First, you may print out the workbook and use the right hand column to take hand-written notes during the presentation. An alternative method is to take notes directly into the document using your own laptop or PC. Instructions:

1. Open up workbook document using Adobe Reader.
2. Save the document on your computer.
3. Click the purple button on the upper right which says, "Highlight Existing Fields".
4. You will now see blue highlighted areas in the notes section of the document.
5. Anywhere that you see a blue highlighted area, you may place your curser and begin typing. You will also see the word "Notes" at the top of each of these sections.
6. Be sure to save your document often in order to keep the notes safe.
7. Save one last time before closing the document.
8. You will now have access to your saved notes.
9. You will not be able to make any changes to the document itself or type in areas that are not highlighted.

With the exception of the front cover (logo included) all graphic design and layout for this workbook were created by Julie Wells, M.S., MFTI #67654, under supervision of Patrick Healey, LMFT.



Meet Your Presenters

Scott R. Woolley, PhD

is a Distinguished Professor and the System-Wide Director of the MFT Masters and Doctoral Programs in the California School of Professional Psychology at Alliant International University. He is a founder and Director of the San Diego Center for Emotionally Focused Therapy and the Executive Director of the Training and Research Institute for EFT at Alliant (TRI EFT Alliant).



Dr. Woolley has provided over 50 international trainings in various countries in Asia, Europe, and South, Central and North American and over 100 trainings across the United States, and works closely with Dr. Sue Johnson, founder of EFT.

Dr. Woolley earned a B.S. in Economics and an M.S. in Marriage and Family Therapy from Brigham Young University, and a Ph.D. in Marriage and Family Therapy from Texas Tech University. Dr. Woolley is an AAMFT Clinical Member and Approved Supervisor, and a Certified EFT Therapist, Supervisor, and Trainer.

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is founder and Director for the San Diego Center for EFT, Director of Operations and Development of TRI EFT Alliant and Research Faculty at Alliant International University. Becca has devoted her career to healing trauma and compulsive sexual behavior, couple therapy and counselor education.



Dr. Jorgensen is an experienced educator, specializing in distance learning. She is passionate about advancing and innovating the education and training of Emotionally Focused Therapy. She is a frequent speaker and presenter on EFT and Relationship Improvement and does internet based training and supervision.

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Schedule/Learning Objectives/EFT Review

Notes:

11:15 a.m. — 12:45 p.m.

11:15	Intro to EFT and attachment view of the topic
11:25	Defining attachment injuries & case example
11:45	7 Steps of healing an attachment injury
12:00	Case demonstration and discussion
12:40	Completion of program evaluations and sign out

Learning Objectives

Participants who attend this workshop will:

- 1) Gain an understanding of the unique trauma that result from attachment injuries in romantic love relationships.
- 2) Learn to use the 7 steps for healing an attachment injury.
- 3) Learn when to apply the 7 Steps for healing an attachment injury.

Quick Review of EFT

- 1) EFT is an empirically validated, attachment based, integrative approach to treatment.
- 2) EFT views couple distress in terms of negative cycles and injuries that make secure bonding impossible.
- 3) Uses a variety of change process based in experiential learning.
- 4) There are 9 interactive steps divided into 3 stages.



EFT Research/The Nine Steps of EFT

Notes:

Research on EFT Outcomes

- 1) Effect size of 1.3- 90% treated couples better than controls. (Clinical Psychology: Science & Practice, 1999, 6, 67-79.)
- 2) 70-73% of couples recovered from distress at follow-up (trend- improvement continues after therapy).
- 3) Two-year follow-up on relationship distress, depression, and parental stress – results stable – 60% maintain gains or continue to improve.
- 4) Positively impacts depression, intimacy, trust and low sexual desire.

The Nine Steps of EFT

Steps 1-4 Assessment and Cycle De-escalation

- 1) Create an alliance and identify the conflict issues in the core struggle.
- 2) Identify the negative interaction cycle, and each partner's position in that cycle.
- 3) Access unacknowledged emotions underlying the interactional positions.
- 4) Reframe the problem in terms of underlying emotions and attachment longings

Steps 5-7 Changing Interactional Positions and Creating New Bonding Events

- 5) Promote identification with disowned needs and aspects of self; integrating these into relationship interactions.
- 6) Promote acceptance of the partner's experience and creating new interaction patterns.
- 7) Facilitate the direct expression of needs and wants to create emotional engagement

Steps 8-9 Consolidation

- 8) Facilitate the emergence of new solutions to old relationship problems.
- 9) Consolidate new positions/cycles of attachment behaviors.



The EFT Negative Cycle

The EFT Negative Cycle

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Pursuer

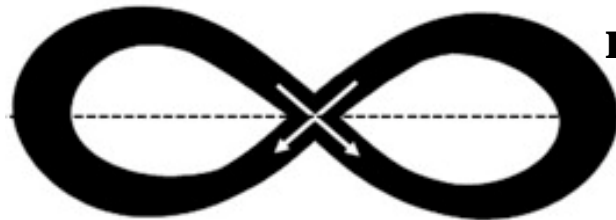
Withdrawer

Behaviors

Behaviors

Perceptions

Perceptions



Secondary Emotions

Secondary Emotions

Primary Emotions

Primary Emotions

Unmet Needs

Unmet Needs



Treatment Process/Attachment Injuries

EFT Treatment Process

Notes:

Stage 1 – Cycle De-escalation

- Develop an alliance, identify cycle, identify and access underlying emotions, and reframe the problem as the cycle (Steps 1-4)

Stage 2 – Re-engagement and Bonding

- Engage the withdrawer (Steps 5-7)
- Soften the pursuer/blamer (Steps 5-7)
- Create new emotional bonding events and new cycles of interaction (Step 7)

Stage 3 Consolidation

- Consolidate new cycles of trust, connection and safety, and apply them to old problems that may still be relevant (Steps 8-9)

Attachment Injuries

- An attachment injury is a specific type of betrayal, abandonment or violation of trust that is experienced in a couple relationship.
- The betrayal usually occurs at a crucial moment of need that fundamentally redefines the relationship as insecure for the injured party.
- Attachment injuries can be viewed as relationship traumas which call into account basic assumptions about the relationship.
- In couples therapy attachment injuries come alive and create impasses in the process of relationship repair.
- Sometimes there is a single injury and sometimes there are multiple injuries that have occurred over a period of years.
- Are best understood in terms of their attachment significance, not the content.
- Can involve flash back at moments of risk, emotional engagement.
- Form pivotal moments in relationship definition.
- Parallel PTSD type symptoms (excessive rumination, hyper vigilance)
- Cannot be left behind or ignored - they leave an “indelible imprint”.



Relational Injury Paradox/Attachment Injury Trauma

Notes:

Relational Injury Paradox

1)Paradox:

The **Offending Partner** is *BOTH*

The Source of the Injured Partner's injury
& **The Solution** to healing that injury

2)Trauma Impacts the **Processes** that
*Facilitate Bonding & therefore Safety and
Healing:*

- Affect Regulation
- Information Processing
- Communication

Attachment Injury Trauma

- Injured Partner's distress often triggers shame, defensive anger, and withdrawing responses from the Offending Partner.
- These types of responses from the Offending Partner result in the Injured Partner re-experiencing the trauma of the injury.
- Injured Partner's distress and related symptoms are maintained and potentially exacerbated by the Offending Partner's inability to provide a safe haven.



Healing For Both Partners

Notes:

Healing Injured Partners:

What They Need

- 1) Feel fully heard and understood
- 2) Answers to his/her questions regarding the injury
- 3) Reassurance from the OP - providing concrete evidence of current faithfulness (texts, emails, checking in, etc.)
- 4) Experience the OP as understanding and deeply empathizing with the pain of the IP
- 5) Owning Responsibility for the Betrayal and Genuinely Being Remorseful
- 6) Experience the OP as Accessible, Responsive, and Engaged

Healing Offending Partners:

What They Need

- 1) Help acknowledging and processing any shame, guilt, sadness, fear and other emotions.
- 2) Hope of becoming the source of IP's healing instead of the source of IP's pain.
- 3) Assistance in providing IP with answers to his/her questions in a non-defensive, emotionally connected manner.
- 4) Assistance with providing reassurance and concrete evidence of current faithfulness (texts, emails, checking in, etc.)
- 5) Support in learning how to empathy, and being Accessible, Responsive, and Engaged.
- 6) Help in providing consistent, sincere reassurance from a vulnerable emotional place, especially when IP reaches for him/her from a vulnerable emotion position.
- 7) Guiding them to provide consistent verbal and behavioral lifelong faithfulness and investment in the relationship



Healing Quotes/Corrective Emotional Experience

Notes:

Healing Quotes

“The marital relationship can be considered one of the most important elements of the recovery environment. The ability to derive comfort from another human being predicts recovery more powerfully than the trauma history itself.”

Van der Kolk, Perry, and Herman, 1991, *American Journal of Psychiatry* 1991; 148:1665-1671

“The stated goal of attachment informed therapy has often been to change internal working models. EFT assumes that the fastest way to change such models is by new corrective emotional experiences that are placed in the context of and used to transform attachment responses.” Johnson, 2009

Corrective Emotional Experience

(Johnson 2009)

The Therapist:

- Provides a safe collaborative validating alliance providing a secure base and safe haven.
- Offers a deep understanding of hurts, fears and longings and the reactive responses that often accompany them.
- Facilitates both coherence and congruence in personal experience leading to shared narratives that bring meaning and resource to a couple's relationship.
- Facilitate specific events that enable partners to more deeply engage their core experience of connection.



Healing An Attachment Injury—7 Steps

1. Injured partner articulates injury & impact – “Never Again!”

Notes:

- The therapist encourages the injured partner to begin to risk connecting with her/his now accessible partner.
- The injured partner begins to describe the incident where there was violation of trust that damaged belief in the relationship as a secure bond.
- This partner speaks of this incident in a highly emotional manner. The incident is alive and present in the room rather than being a calm recollection.
- Often the other partner discounts, denies or minimizes the incident and the partner’s pain in a defensive stance.

2. Injured partner integrates narrative and emotion and accesses attachment fears and longings associated with injury event.

- With the therapists help, the injured partner stays in touch with the injury and begins to articulate its impact and attachment significance.
- New emotions frequently emerge at this point. Anger evolves into clear expressions of hurt, helplessness, fear and shame.
- The connection of the injury to present negative cycles in the relationship becomes clear. For example, a spouse says, “I feel so hopeless. I just smack him to show him he can’t pretend I’m not here. He can’t just wipe out my hurt like that”.



Healing An Attachment Injury—7 Steps (cont.)

Notes:

3. Other understands significance of the event and acknowledges the partner's pain and suffering.

- The partner, supported by the therapist, begins to hear and understand the significance of the injurious event.
- As the partner understands the injury in attachment terms it becomes a reflection of his/her importance to the injured spouse, not as a reflection of personal inadequacies or insensitivity.
- This partner then acknowledges the injured partner's pain and suffering and elaborates on how the event evolved for him/her.

4. Injured partner moves toward a more integrated articulation of the injury and ties it to attachment bond.

- The injured partner then tentatively moves towards a more integrated and complete articulation of the injury.
- This allows for the expression of grief at the losses involved and fear concerning the specific loss of the attachment bond.
- This partner allows the other to witness his/her vulnerability.
-

5. Other acknowledges responsibility and empathically engages.

- The other spouse becomes more emotionally engaged and acknowledges responsibility for his/her part in the attachment injury and expresses empathy, regret and/or remorse.



Healing An Attachment Injury—7 Steps (cont.)

Notes:

6. Injured partner asks for reparative comfort & caring.

The injured spouse then risks asking for the comfort and caring from the partner, which were unavailable at the time of the injurious event.

7. Bonding event which is an antidote to the traumatic experience. Relationship is redefined as a safe haven.

- The other spouse responds in a caring manner that acts as an antidote to the traumatic experience of the attachment injury.
- The partners construct together a new narrative of the event.
- This narrative is ordered and includes, for the injured spouse, a clear and acceptable sense of how the other came to respond in such a distressing manner during the event.

“Lasting passion is entirely possible in love. The erratic heat of infatuation is just the prelude; an attuned loving bond is the symphony”



(Johnson, 2008, p.258)



EFT Resources

Books on EFT

- 1) Johnson, S. (2008). *Hold me tight: Seven conversations for a lifetime of love*. New York: Little, Brown & Company
- 2) Johnson, S., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D., & Woolley, S. R., (2005). *Becoming an EFT therapist: The workbook*. New York: Brunner-Routledge.
- 3) Johnson, S. M (2004). *The practice of emotionally focused couple therapy: Creating connections*. New York: Brunner-Routledge.
- 4) Johnson, S.M. and V. Whiffen (2003). *Attachment Processes in Couples and Families*. New York: Guilford Press.
- 5) Johnson, S.M. (2002). *Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds*. Guilford Press.
- 6) Johnson, S.M., & Greenberg, L.S. (1994). *The heart of the matter: Perspectives on emotion in marital therapy*. New York: Brunner Mazel

Empirical Support for the Effectiveness of EFT

- 1) Johnson, S., Hunsley, J., Greenberg, L. & Schindler, D. (1999). Emotionally Focused Couples Therapy: Status & challenges (A meta-analysis). *Journal of Clinical Psychology: Science and Practice*, 6,67-79.
- 2) Denton W. et al. (2000) A rationalized trial of Emotionally Focused Therapy for Couples. *Journal of Marital and Family Therapy*, 26, pp. 65-78.
- 3) Gordon-Walker, J., Manion, I., & Clothier, P. (1998). A two-year follow-up on an emotionally focused intervention for couples with chronically ill children. Manuscript in review.
- 4) Johnson, S., Maddeaux, C., & Blouin, J. (1998). Emotionally focused family therapy for bulimia: Changing attachment patterns. *Psychotherapy: Theory, Research & Practice*, 35, 238-247.
- 5) Baucom, D., Shoham, V., Mueser, K., Daiuto, A., & Stickle, T. (1998). Empirically supported couple and family interventions for marital

- distress and adult mental health problems. *Journal of Consulting & Clinical Psychology*, 58, 53-88.
- 6) Talitman, E., & Johnson, S. (1997). Predictors of outcome in emotionally focused marital therapy. *Journal of Marital & Family Therapy*, 23, 135-152.
- 7) Gordon-Walker, J., Johnson, S., Manion, I., & Cloutier, P. (1996). An emotionally focused marital intervention for couples with chronically ill children. *Journal of Consulting & Clinical Psychology*, 64, 1029-1036.
- 8) Dandeneau, M., & Johnson, S. (1994). Facilitating intimacy: A comparative outcome study of emotionally focused and cognitive interventions. *Journal of Marital & Family Therapy*, 20, 17-33.
- 9) James, P. (1991). Effects of a communication training component added to an emotionally focused couples therapy. *Journal of Marital & Family Therapy*, 17, 263-276.
- 10) Desaulles, A (1991). *The treatment of clinical depression in the context of marital distress*. Unpublished doctoral dissertation, University of Ottawa, Ottawa, Canada.
- 11) Goldman, A., & Greenberg L. (1989). A comparison of systemic and emotionally focused outcome studies: *Journal of Marital & Family Therapy*, 15, 21-28.
- 12) Johnson, S., & Greenberg, L. (1985). The differential effectiveness of experiential and problem solving interventions in resolving marital conflict. *Journal of Consulting & Clinical Psychology*, 53, 175-184.
- 13) Johnson, S., & Greenberg, L. (1985). Emotionally focused couples therapy: An outcome study. *Journal of Marital & Family Therapy*, 11, 313-317.

