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Introduction

It's a battle to get my son to school. He just wants to sleep all day . . . and then game all night. He doesn't go out or see friends . . . or if he does, it's just to get high. When I do actually see him, and I try to say a casual, "Hey, bud," I'm met with a cold, silent wall. I die a bit inside every time. I feel completely powerless. I can't reach him at all, and it actually feels like . . . kind of like I've just given up. I'm so ashamed that I've failed him. I've failed as a father. And I think I like him a bit less each time he rejects me. And I don't like myself either.

Being the parent of a child with challenging behaviors is extremely hard. In fact, being a parent in any circumstances is a challenge. But when our children's struggles and refusals and moods and meltdowns stir up our own strong painful emotions, the challenge just increases. Those emotions can get the better of us. We get worn down. Frustrated. Resentful. Hopeless. At the same time, there's this pressure to get it right and be a "good parent." Our kids should do well at school. Be into sports. Have the right number of friends. The right kind of friends. Socialize but not too much. Be industrious and obedient . . . but also independent and adventurous. Have good manners and be polite, sensible, good-natured, helpful, thoughtful, and kind. And happy. Our kids are supposed to be happy. Where do the unpleasant emotions fit in all of that? How do we cope when our child is unkind to their siblings, rude to their parents, self-centered and ungrateful, or just plain miserable? How do we cope when our kids are deeply unhappy? It's our worst nightmare. And what does it say about us as parents? That we've failed. And worse, that our children are going to fail. It's like we have a voice in our head that fills us with fear and self-blame. An inner critic ready to tell us that we aren't good parents after all. That we're ineffective. Impatient. Getting it all wrong. This kind

of internal messaging creates and reinforces more painful emotions in parents. And it is precisely that fear and self-blame, along with the shame and other painful emotions that come with them, that get in the way of parents being able to show up emotionally for their child.

Those of you reading this book were once children, and the experiences you've gathered through your life journey influence how you behave as a parent and how you practice your profession in your role as a therapist. Think back to a situation that was difficult or troubling when you were a child, when you were feeling scared, sad, angry, ashamed, or some other emotion. See if you can bring to mind a very specific situation when you struggled as a child. Try to feel, deeply, what it was like to be you in that situation. What was happening inside you? What did you need from the adults in the situation? How were you treated by the adults around you? Were your emotional needs met? Was someone there for you? Or were you alone with no one to turn to? Were you met with kindness, interest, and understanding, or were you shouted at, dismissed, or maybe ridiculed? Did the adults hear what you were feeling in a way that validated those feelings? Did you feel taken care of? Or were you met in a way that made you feel ashamed, scared, lonely, or invisible?

If you're able to answer these questions, then you already have a good understanding of how to respond – or not – to a child's feelings when they are struggling with a difficult situation. All of us carry a great deal of inner wisdom if we can just take the time, and the emotional energy, to remember and feel our own experiences. Parents have a special and very valuable expertise when it comes to their children. The problem is, it's not always easy for them to get access to that expertise and knowledge when they need it the most. If you, the reader, have your own children, think now of a situation where your child was having a challenging time. Maybe they were being bullied, or they were afraid, disappointed, angry, or suffering from a broken heart. Choose a concrete example of a time when your child was not doing well, and picture the child's situation from your standpoint as the parent. What is the first feeling you sense that your child is experiencing? What do they show outwardly? Now put yourself *in* your child's shoes. Try to imagine, as if you *were* your child, what's going on internally at this moment. Is the feeling the same as what you perceived? Or are there other emotions going on? Maybe you sense something that is vulnerable or painful? What did your child need in this situation? How were you able to respond to your child in this moment? Were you able to do so in a way that made it clear to your child that you understood how they were feeling inside? Did you meet your child's emotional needs? Or

did you say or do something that might have made them feel misunderstood, alone, wrong, or scared?

Are you thinking, “I handled that pretty well!” or are you thinking, “I cringe a bit when I think about how that went.” The important thing isn’t whether you “got it” in the moment, but that you know your child so well, you do know how they’re feeling. If you can see that it’s normal not to get it right every time, that it’s not the end of the world, that you can listen to and learn about your child’s feelings and maybe get it right next time – then you have the chance to tap into your inherent parenting skills, and use your feelings as guides. For example, feeling remorse about a past situation is a signal telling us that we may want to apologize. The trouble is, it’s easy to lose access to that internal wisdom when it comes to our own children. Their feelings stir up our feelings, making it very challenging for us to see theirs clearly. It’s hard to be accepting and understanding when their difficult emotions and annoying or disrespectful behaviors push our buttons and our limits. We can get rattled by the violence of their strong feelings, or anxious and worried when we think they lack certain emotions.

The way we deal with emotions in our kids is related to how we deal with our own emotions, which we learned from the way we ourselves were treated when we were sad, afraid, angry, or ashamed. In EFST, we have parents explore their relationship with their own emotions in order to gain access to the innate expertise they have to help their children with theirs. Which emotions are we comfortable with and which do we avoid? What happens to us inside when we say something dumb to our kids, or when we don’t handle something as well as we could have? And how do we deal with those things afterwards? Why do we make the same foolish mistakes over and over again when we know so well that they don’t work? Is it even possible to change old, ingrained patterns and counterproductive strategies?

In EFST, we have two main goals: enhanced knowledge of emotions, and training in new skills. Given that it is parents who know their children best, we believe that parents are the best at helping their children to face challenges. But when we, as parents, feel angry, tired, useless, scared, or despairing, it becomes even more difficult to be a good parent. The father in the example at the beginning of this introduction is an illustration of this. He feels helpless and ashamed, while also feeling worried for his son, and angry and sad about the distance between them. How can we help this father to regain the belief that he can help his son? How can we help him to feel that he is still one of the most important people in his son’s life – even if his son is rejecting him? How can he handle his own emotions and meet his son with kindness, understanding,

and clear boundaries? How can he meet his son's emotional needs? How can he repair the painful chasm between the two of them? How can he get his son to go to school?

As a therapist, it's easy to understand parents' despair, and the desperate feeling that someone else should "fix" their child. It can be easier to agree that the child needs therapy rather than insist on counseling for the parents, because the latter would give the parents more responsibility, more obligations, and, potentially, more defeats. Perhaps the therapist has previous experience in counseling parents where the process did not help the child's struggles, or there was the thought that "these parents are not good for the child, and so it's better that I step in." As a counselor and therapist, it can be extremely overwhelming to feel that you are responsible for the future of a child. Self-criticism can also come creeping in - "I'm not a good enough therapist." This can make the situation even more challenging, and make us rely even more heavily on mastering methodological skills to do an effective job, rather than take the risk of relying on a parent who may not have shown the competence needed to address their child's difficulties.

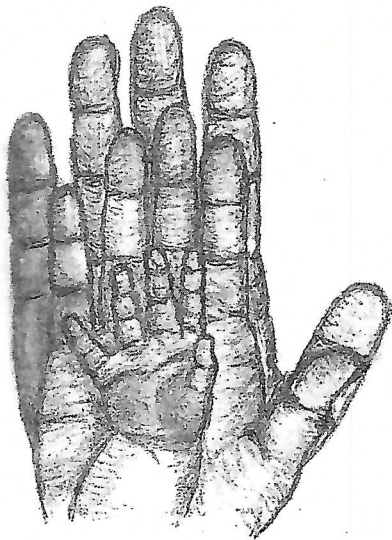
Principles – We know you want to, and we believe you can!

Emotion focused skills training for parents is grounded in a fundamental belief that parents want the best for their children. A cornerstone of the approach is the therapist's trust in parents' inherent resources and competence. As EFST therapists, we work to make parents aware of what skills and knowledge they already possess in regard to their child's feelings and needs, and what can get in the way of making the best use of this knowledge. We train parents to use specific, and concrete, caregiving skills. The main goal is to strengthen the parent's belief in their own abilities to deal with the child's difficult feelings and demanding behavior, so that they can see themselves as a part of the solution in helping their child.

We believe that all parents can cope with their child's emotional needs if they receive the proper help, guidance, and support. We start from the place of assuming that there are no unmotivated parents, just scared, powerless, or ashamed parents, who need to be seen, understood, and met with empathy and warmth. In EFST, we work actively and purposefully to help parents deal with their own emotions and inner processes that prevent them from being present for their child. When a parent's own emotions prevent them from understanding and meeting the child's emotional needs, resolving challenges in the parent-child relationship, or creating healthy boundaries, we call them *feeling traps*. We will explore feeling traps and motivation in Chapter 3.

All transformative work depends largely on the therapist's and client's trust and belief in the method (Duncan, Miller & Sparks, 2011; Wampold, 2013). In EFST, it is also essential for the therapist to believe that parents are the best ones to help their child. We see it as our job to convey our confidence in this to the parents, because this will increase the likelihood that they can make a difference for their child. We believe in parents so that they can believe in themselves. We include here the parents of adults, who may struggle to see a role for themselves, and may have had it reinforced in previous encounters with the mental health system that they have no real role. Recent work suggests otherwise, and gives us evidence that even in the face of an adult child with significant life and mental health issues, parents can be empowered to intervene and be effective in facilitating change (e.g., Dulberger & Omer, 2021). When they are met with openness, acknowledgement, acceptance, empathy, and warmth – and they experience how good it feels to be met in this way – parents are more able to recognize and face their child's challenging feelings and struggles.

We call EFST a cascading *waterfall model* because we train therapists to do the same things with parents as we want parents to do with their kids. This way of learning through modeling is central to experiential learning, and is an important mechanism of change in this method. During training, therapists are required to work actively with their own emotions, and practice skills based on their own close relationships. They work on feeling traps that may get in the way of attending to and understanding



Dear Vanja,

thank you for seeing, and acknowledging, the extraordinary grief of losing your child to someone else.

Best of luck as you go forward in your work of inspiring, and teaching about, good relationships.

Figure 1. Waterfall model

the parents' difficult emotions. The "cascading" therefore flows down from the EFST trainers and consultants, to the therapists, to the parents who can then help their child in the same way. EFST differs from many other methods in that the learning environment requires the active use of personal issues, and the processing of one's own emotions, both in the training of therapists, and in skills training for parents.

A mother who attended an EFST parent workshop and whose children have been removed and placed in foster homes or institutions, created this drawing, which illustrates how the waterfall model works by allowing the therapist to "hold" the parents' emotions, so that they can then "hold" the emotions of their child.

Breaking the cycle

EFST is a model with the potential to prevent problematic and/or ineffective caregiving from being passed down from one generation to another. Often as parents, we end up treating our children in many of the same ways that our own parents treated us. Or we may work so hard *not* to make the same mistakes as our parents, that we end up at the other extreme of the spectrum, which can be equally problematic. If we can help parents break the pattern passed down to them, of avoiding difficult or painful feelings in themselves and their child, this can lead to breaking negative patterns passed down along the generations, creating change in both directions: healing wounds from the past, and preventing the cycle from repeating in the future. Interrupting the powerful tendency to repeat old and internalized patterns of emotion avoidance and thereby preventing future psychological difficulties is what we mean when we talk about *breaking the cycle*.

Perhaps most poignant and therefore one of the best illustrations of this relationship between breaking the cycle and preventing future mental health issues in the next generation, lies in the parents we work with who have permanently lost custody of their children. The extent of the pain, injury, loss, and resentment in both children and parents in these situations, if left unresolved, would reinforce the likelihood of the next generation repeating the cycle. It has been incredibly moving to us to see these parents willing to do the work of EFST, with no promise of the reward of regaining custody, but only to set their child free from the cycle.

Let's imagine a couple who have lost the care of their child due to violence. The parents are angry at child protection services, and at the rest of the system, because they feel misunderstood and unfairly treated. They've given up hope, having not received the help they needed to prevent the removal, and are now in deep grief from

having lost their child. When they do have the chance to be with their child in supervised visits, they feel awkward, afraid of doing something wrong, and afraid of letting the child see how wretched they feel. In EFST counseling, these parents have their feelings acknowledged by the therapist, who says, for example, "Of course you're angry with the system. You made contact. You wanted help. But you were met with suspicion, and no respect. You felt totally misunderstood. It's no wonder you got frustrated and angry. And you must have been so worried about what was coming next." The parents get help to explore and process their own emotions and, with counseling, the parents' focus evolves from an angry despair to being more tuned in to their child's experiences, feelings, and needs. Throughout the counseling, they also work at seeing, understanding, and validating the child's emotions. They have an "aha moment" when they realize that their child feels at fault for having to go to a foster home. They immediately express a desire to apologize and reassure the child that it was not the child's fault. The parents receive help in taking radical responsibility for the violence, and their child receives a genuine and profound apology from the parents. Even though the parents may only get to see their child a few times a year, imagine the effect such an apology can have on a child who feels so full of guilt and shame. If the child manages to accept the apology, it can ease the sense of responsibility they carry. Maybe it can slowly sink in that "there isn't anything wrong with me, and I didn't do something that made me be unloved. It was my mom and dad's responsibility; they should have done things differently. They should have figured out how to be parents in a different way."

What does it do to children's feelings about themselves when parents apologize? What does it do to their self-esteem? What does it do to the child's relationship with their biological parents? And with their foster parents? And what does it do to the child's relationship with their future children? We believe it increases the child's ability to cope with their own emotions, to be more emotionally present for their own children one day, and that the child, once an adult, is more likely to take radical responsibility in the relationship with their own children – because they've learned this from their own parents.

Why are emotions important?

Our emotions are internal phenomena that we all have a relationship with, for better or worse. Emotions are the foundation of both attachment and identity, and therefore form the basis for our relationship with others as well as our own self-concept. In emotion focused approaches, emotions are considered to be our central signaling and

motivation system. Without knowing what we feel, it becomes difficult to know what we need from those around us, or what they need from us. When we don't deal with our emotions, it becomes difficult to know what we want, what choices we should make, and how to find the motivation to act. It can also become difficult to figure out what is meaningful in our lives and, in fact, who we are. Emotions color our experiences and our memories, and organize us internally. They motivate us both to achieve, which gives us pride and self-respect; and to seek out and maintain relationships with others, individuals and social groups, which protects us and gives us an experience of belonging. Emotions also help us to process experiences of loss and to re-orient us when external circumstances change. Emotions act as a guide for how to make sense of things, what we need, what to do, and who we are.

Imagine a two-year-old playing alone over a long period of time while their dad is cooking. Suddenly the two-year old realizes he is alone and he feels a bit sad. That feeling of sadness gives him the information that he has a need for closeness and to be with his dad. He begins to cry and stretches his arms out to his father. Dad hears the child crying, sees his outstretched arms, and picks him up. The child hugs him close. He stops crying, starts to smile, and then is happy to go down and play again. Guided by his emotions, with an adequate response from the environment (i.e., in this case, his dad), the sequence is simple and sets the child up to know himself in future situations that may be similar – to know how to recognize his feeling, and act to get his need met.

We are all born with a set of fundamental emotions, and individual differences are expressed by varying thresholds of how easily various emotions are activated or calmed down, and with what intensity and duration they are expressed. Our emotional style is closely related to our innate temperament. One child might wail out loud when feeling sad, where in another you might see only a quivering lip and a tear welling up in their eye. One father might shout and bang his fists when angry, while another shows only a stern expression on his face.

How we develop and relate to our own emotions and the emotions of others is learned through early relationships with the important people in our lives (Bowlby, 1969; Greenberg, 2002; Brar.dtzæg, Smith, & Torsteinson, 2011). Emotions will also greatly affect the development of our identity, as well as our self-perception, self-esteem, self-belief, self-image, self-compassion, and self-care. Communities, cultures, groups, and families can all develop different norms for how to relate to emotions. Some emotions may be accepted and valued, while others may be considered unim-

portant or taboo. In this way, emotions have an impact at the individual, relationship, group, and societal level.

Emotions are first and foremost important because they give us vital information about potential danger, and they motivate us to act in a way that promotes our survival (LeDoux, 1998). In addition, emotions give us important information regarding our needs – both what we need, and what we don't need. Emotions are felt in the body, where they manifest themselves as physiological activation and as a particular physical experience. Physical reactions inform us of our physiological needs, such as when we need or want food, water, sleep, or sex. In addition, the bodily sensations give us an indication of which emotion we are feeling in a given situation, so that we can know what our emotional needs are. Emotions give us information about what is meaningful and important to us, such as the need for personal safety, and the need for safety for our family, as well as the need to have enough resources and be in good health. Emotions tell us that we need relationships with others through friendship, love, intimacy, belonging, acceptance, and respect from others. Emotions are also important in ensuring a good relationship with ourselves through positive self-esteem, a healthy self-image, self-efficacy, and self-actualization. Emotions tell us when we need to create boundaries, assert ourselves, calm down, provide comfort, or acknowledge ourselves or others.

While emotions are crucial to both survival and well-being, they can also be deeply painful experiences that we are motivated to avoid. If we shut ourselves off from our basic emotions – or just stick a lid on them – we will, at the same time, lose touch with our fundamental needs. Then it becomes difficult to live a life of meaning and fulfilment; we risk losing close relationships, as well as our sense of who we are. In fact, avoiding emotion puts one at risk of developing psychological difficulties.

Humans are pack animals. We need other people for our survival. Proximity to others, and care and consideration, can be an even more important motivation for us than food and nourishment (Harlow & Zimmermann, 1958; Sroufe, 1997). We do not survive alone. We also need to find our place in the social structure, to find our role, to find our identity, and to find out what we have to contribute. Without self-esteem, we will find ourselves separate from community. We need, therefore, to have access to our emotions in order to survive on multiple levels.

If as parents, we can manage to attend to our children's emotions, and meet their emotional needs, children can develop good strategies to understand and relate to their own feelings, and to the feelings of others. This type of emotional competence allows children to feel more securely connected to their parents, as well as giving them

better pathways to positive identity development, and a better ability to solve challenging relationship situations. Secure attachment and a strong sense of identity, as well as good relationships, are protective factors to ensure that children maintain good mental health (Sroufe et al., 1999; Blatt & Blass, 1990; Blatt, 2004, 2008; Siegel, 2015a; Stern, 1985).

In Greenberg's emotion focused approach, mental disorders are understood as the result of emotions ceasing to act as predictable warning signals, or no longer contributing to meeting one's needs, both of which result in emotional pain (Greenberg & Paivio, 1997). If an individual does not develop the ability to embrace and cope adaptively with the array of human emotional experience, and instead copes by avoiding their feelings, they may turn to maladaptive coping strategies, and become vulnerable to developing symptoms of anxiety, depression, substance abuse, self-harm, or eating disorders.

It is essential for us as humans to acknowledge our emotions and be aware of how we can sense these feelings in our body. When we allow our emotions to have an impact on us, we gain important information about emotional needs, and then we are able to choose actions that help us to meet those needs in ourselves or in others. Emotions can also help us to understand and respond appropriately to the feelings of others. If we don't pay attention to our emotions, and if we don't acknowledge and allow them in, or connect them to our emotional needs, then we prevent emotions from working as they are meant to work. They will no longer give us information about how we are doing and what we need.

When we actively try to control or avoid emotions that we fear or do not want to accept, these emotions can go "underground" and be buried. We may then appear to be emotionally "shut down" or feel disconnected from our body – empty or numb. Feelings that are overcontrolled or interrupted can result in a loss of vital information about our needs and about what actions we should take. Over-controlled emotions are often difficult to keep in check, and over time, they can rise to the surface with an intensity that now becomes impossible to control. Violent emotions are often associated with the experience of losing control, followed by feelings of shame and guilt, which in turn work to strengthen and reinforce the strategy of attempting to over-control them. A common dynamic is that over-controlled emotions create a pressure that causes them to explode when exposed to heightened stress. Someone who over-controls their emotions can thus alternate between being very suppressed and then explosive. High emotional activation often creates an experience of being overwhelmed, with a sense that one's emotions are running wild. Or the suppressed emotion can become so violent and unmanageable that it can cause the individual to dissociate, somatize, or

become psychotic or suicidal. Both over-controlled emotions and explosive emotions can be understood as associated with emotional coping strategies that can lead to increased risk of developing emotional problems and mental disorders.

Theoretical and methodological basis for EFST

The emotion focused framework of understanding has a transdiagnostic view of psychological symptoms and mental disorders. A transdiagnostic approach includes the assumption that the same underlying factors may manifest in different symptoms and disorders, and that it is the underlying cause that requires treatment (Stiegler, 2015; Timulak & Keogh 2019; Sauer-Zavala et al., 2017). Within emotion focused approaches, emotional pain is regarded as the underlying cause of psychopathology, expressed through primary maladaptive emotions, which reflect past unmet emotional needs that have a negative impact on healthy functioning in the present (Greenberg & Goldman, 2019). “Primary emotions” refer to the immediate emotional response one has in any given situation, and these emotions can be adaptive or maladaptive. Adaptive emotions provide useful information that helps us deal with the situation at hand, whereas maladaptive emotions are old, stuck emotions that do not help us in the moment. Primary maladaptive emotions are described in detail in Chapter 1.

As a transdiagnostic model, EFST is based on the fact that children’s struggles – regardless of whether they involve behavioral problems, a severe eating disorder, anxiety and avoidance, or depression and withdrawal – have common underlying emotional processes that govern the struggles (Timulak & Keogh, 2020; Foroughe et al., 2018). This understanding indicates that treatment and interventions should be aimed at these underlying emotional processes. Furthermore, since parents are the child’s most important source of emotional support, closeness, and security, it makes most sense that the measures be aimed toward strengthening the parents’ ability to help their child. In EFST we take the effective therapeutic principles developed through 40 years of research in how to shift emotions in psychotherapy and break them down into simple skills that can be taught to parents. The attachment bond between child and parent makes the parent the one who is best able to meet the child’s emotional needs. Since the child’s primary emotional needs are directed at the parents, it is the parents who the child needs most. It is therefore better for parents to get help and be supported to help their child, than it is for the therapist to help the child.

Based on the transdiagnostic understanding, the interventions and skills taught in EFST are the same regardless of children’s different symptoms or diagnoses. This is

precisely because it is the underlying emotions that are the target. Through counseling, parents are helped to see “underneath” their child’s symptoms and problematic behavior, so that they may identify what feelings the child is struggling with, and what unmet needs they have. The parents can then receive help to meet those emotional needs in their child.

EFST is a *humanistic-based counseling method* with roots in Carl Rogers’ client-centered therapy, in which empathic presence and the therapeutic relationship are key elements in all therapeutic change work. In the *humanist tradition*, there is a fundamental belief in the inherent ability of people to change and grow, as long as they are met with empathy, unconditional acceptance, and authenticity (Rogers, 1959; Rogers, Stevens, Gendlin, Shlien & Van Dusen, 1967). This is the approach toward parents that we strive to adopt in EFST. Accepted in this way, and with the therapist’s help, the parents can begin to accept and understand their own emotions, and have experiences of changing even old, ingrained, negative patterns of interaction. New knowledge of their own emotions, and firsthand experience that change is possible, increases parental self-efficacy. This strengthens the relationship with their child, and allows for the possibility that they are indeed the most important people in their children’s lives. It is crucial that the therapist convey that they see this potential in the parent. Humanistic counseling shines a light on the individual’s strengths and offers a non-judgmental attitude from the therapist. There is a fundamental assertion within the humanist tradition that people are inherently good. The ethical principles in EFST are developed from this assertion and assume that all parents want the best for their children.

A unique aspect of applying an emotion focused approach with parents is the *experiential approach* to change, in which parents work on acknowledging and verbalizing their emotions through exercises and experiential training. In EFST, parents don’t just talk about feelings. We activate feelings in the sessions, and “process” them with naming and validating, and seeking to identify associated needs. We support this processing of the parent’s emotions with the help of a gestalt therapeutic intervention known as “chair work.” We use this not only to support the parent being able to understand their own emotions and emotional needs, but also their child’s. We don’t simply explain the child’s emotional needs to the parents, but instead have the parents adopt the child’s perspective in the chair work, to experience and understand what it feels like to be the child. This facilitates an experienced-based understanding of what the child needs.

An important exercise in emotion focused skills training is teaching the parents *how* to connect to their child's feelings and help their child deal with those feelings in a more appropriate way. We help parents accept that their child feels the way they feel, in the present moment, rather than searching for a *why* in the form of a reason: "What's really wrong with my child? Why does he always act like that, and get so angry for no reason?" "Why is she so scared? Why is she so vulnerable?" We help parents to find the *why* in a more relational and emotional manner: "This pain that always comes up – what is she really feeling? How does it feel for her when I get worked up and say 'Stop! There's nothing to cry about.' What goes on inside her then?" To understand what the child feels, the parents must dare to delve into the child's emotions. They have to practice putting themselves into their child's shoes so they may truly understand their child's inner experiences.

Emotion processing occurs when a feeling is activated, and one is allowed to experience it and to put words to the feeling so that it acquires new meaning. We then get access to information about the needs associated with the emotion, and we can act according to those needs. In this way, the feeling is processed, making it more understandable and easier to handle. Emotion processing allows one to see maladaptive emotions and change them to adaptive emotions (Greenberg, 2002; Greenberg, Auszra & Herrmann, 2007). Adaptive emotions are simply new, healthy emotions that provide good information. These are described in detail in Chapter 1.

In EFST, emotion processing is facilitated on two levels: through the therapist's empathic validation of the parents' feelings, and through the parents' validation of the children's emotions – the waterfall model. Facilitation means to facilitate, set up, or assist with a process or action, which when led by the therapist, guides a parent through key emotional processes, with the use of empathic interventions and chair work. When we talk about validation, we are referring to the acknowledgment and acceptance of another's emotions and experiences in such a way that the other feels seen and understood, and feels more able to understand and handle the experience. Examples of a simple validation could be: "Of course you get angry when you're treated unfairly;" or: "It's hurtful to be left out; no wonder you feel sad."

We often see an emotional change in the parent when the therapist confirms and validates the parent's feelings. Through empathic exploration, we find several layers of emotion that we did not see when we first met them. For example, when a mother is angry at her son because he is not being kind or doesn't listen, the therapist meets her with validation and understanding in regard to her anger. The mother is then able to see underneath her anger and realize that she has a fear

that her son is not being empathic, and that this may cause problems for him with others. When the therapist validates the mother, she is able to put words to her feelings. It becomes easier for her to understand her own reactions and handle her anger and fear. It also makes it easier for the mother to see and meet her son's vulnerable and painful feelings and remember times when he *has* been kind and empathic. In new situations, these emotional shifts will allow the mom to validate her son's feelings rather than be controlled by her own. When parents go home and validate their child's feelings, they often have the immediate experience of seeing that validation leads to an emotional shift in their child.

For therapists to help parents with emotional processing, the therapist needs to focus on the parent's feelings rather than on the story being shared. This gives the therapist the opportunity to validate the parent's feelings and meet their emotional needs during the counseling.

Focus on emotions

Take the example of a parent who is angry and says: "So, he comes home yesterday and tells us there's been yet another incident at school, and that the teacher blames him even when it's not his fault. He said the teacher grabbed his arm, hard, and threw him out into the hallway, in front of the whole class."

Focus on the emotion instead of the story:

Therapist: "And it sounds like that made you really angry. Like that was over the top and really unfair to your son?"

Validate the parent's feelings:

Therapist: "It's no wonder you got angry because it is not okay for the teacher to handle your son that way. And it's not the first time this has happened."

Meet the emotional need:

Therapist: "Of course you want to stand up for your son when he's being treated unfairly. It's not okay for him to be treated this way. I understand completely that you need to notify the school and talk to the teacher about the incident."

It's also important to work with the therapist's emotions, which can potentially get in the way. If, for example, the therapist gets anxious when a parent shows anger, or if the therapist feels anger or some aversion toward the parent, it would be very difficult to meet the parent with empathy and understanding. Just as we teach the parents to take *radical responsibility* and apologize if there is difficulty between them and the child, it is also the task of the therapist to take radical responsibility for the therapeutic relationship, and apologize if a sense of discomfort, an emotional rift, or any other rupture in the therapeutic alliance occurs in the relationship with the parents.

"Radical responsibility" means having the one who holds the "power," or who is the less vulnerable one in a relationship, take full responsibility for the direction the relationship takes. This does not imply "fault." It is a choice to unburden the other by shouldering the burden oneself. In a parent-child relationship, radical responsibility means that it is the parents who have responsibility for the child's emotional development, for their relationship with the child, and for the child's relationship with others, including siblings. If a child hits his little sister, the parents take responsibility for ensuring that the situation is resolved, and for preventing it from becoming a pattern. The parents can first validate the feelings of the child being hurt, followed by healthy limit-setting and boundary adjustment to ensure hitting does not become a habit. They can also validate the feelings of the child who does the hitting, thereby ensuring better cooperation with the rule that will be reinforced. For example, "I see. It was really frustrating that you asked her to stop and she didn't. No wonder you got mad. We're going to help you stop her next time. No matter how frustrated you get, hitting your little sister is not an option. We have to find another way."

The parents can help the child by validating the feeling of guilt that comes after hitting his sister and help him understand that this feeling is trying to tell him that what he did wasn't okay. It's not uncommon for parents to tell the child in these situations, "Say you're sorry." In EFST, we find children, like adults, come to apology naturally when they are allowed to feel their angry feelings first. When parents can validate the anger and validate how hard it is to say "I'm sorry" and mean it when they're still feeling angry (because we all know that feeling), this will help the child to reconnect with their empathy for the other, and eventually lead them to apologize spontaneously. When a child needs emotional understanding or support from parents, but doesn't get it, it's the parents' responsibility to make amends and apologize, even if the child did something wrong or contributed negatively to the situation. Children learn to empathize and apologize by experiencing their parents do the same towards them, that is, by their parents telling them when they've done something wrong and apologizing.

Forced apologies, given or received, will not feel good and will not help the child learn to apologize in a healthy way. In fact, the opposite can happen. Forced apologies can contribute to an instrumental strategy in which a child apologizes to avoid an unpleasant situation, rather than apology being a way to help a child use their feeling of remorse to take responsibility for their own actions and apologize in a genuine way.

In the therapy context, radical responsibility means that the therapist takes complete and total responsibility for the therapeutic relationship and for how the work of therapy is going. If the counseling has gotten stuck, or the connection is weak, it is the therapist's responsibility to look inward, assess what has interfered, and plan how to make amends and set things right. The therapist will apologize if they have missed something or offended in some way, thereby strengthening the connection and setting the stage for getting the process back on track.

Key points of focus in EFST

In emotion focused skills training, we work from the starting point of the importance of family, knowledge about emotions, strengthening of the parents' self-efficacy, awareness of competing motivations, and experiential skills training.

Family

Emotion focused skills training for parents is a method that takes as its starting point the belief that parents and family are the key to a child's healthy development and well-being. Within the family system, patterns of interaction emerge from the way parents handle their own and their child's feelings. The parents' strategies are a reflection of how their feelings were met by their own parents, which implies a generational perspective on understanding how family systems and patterns of interaction develop. Through new emotional experiences in the counseling environment, parents receive training in emotion skills such as validation. In this way, parents can help alleviate mental health difficulties or symptoms that the child may be experiencing, and help the child relate to, and handle, their emotions in a way that enables them to grow from the experience.

Let's go back to the example of the father whose son isolated himself in his room playing computer games. This father received help in seeing and understanding the emotional pain behind his son's seemingly lazy and irresponsible attitude. He came to see that his way of approaching his son actually helped to reinforce the boy's hurt feelings and evasive behavior. He was then able to meet his son's emotions in a new

way, and this became a turning point for the son. The boy was ashamed that he wasn't doing well at school and wasn't living up to his parents' expectations. With counseling, his father came to understand that the real reason his son was feeling hurt was that he was left alone without any emotional support from his parents after a friend had drowned six months earlier. There had been four of them, swimming while drunk, and the accident had happened just after the son's girlfriend had broken up with him. The parents supported their son and grieved with him after the incident, but as time passed, they had an expectation that their son should move on. They started to fear that he would be "stuck" in his pain, and so when he expressed feelings of being down and upset, they asked him to think about something else and get his life going again. They would tell him that he needed to live for his friend who had died, and that he was young and there would be other girls who he'd love. Their son therefore did not get the amount of help he needed to mourn the loss or deal with his own guilt. Instead, he slid into a lonely and hopeless existence, which his father had no idea how to handle.

With assistance, support, and training in how to put himself in his son's shoes, the father managed to "get" deeply what his son had been going through. The father was able to say to his son: "I can see that you're hurting. I'm wondering if it has to do with your friend who died and the breakup with your girlfriend? It must have been so hard for you to handle all that without any help from me and mom. We didn't realize how much you were struggling. We haven't been seeing or getting what you've been going through." In saying this, he opened the door so that their relationship could heal, and so his son could start his journey out of depression and back to school. Given that parents are the most important people in a child's life, any attempts toward positive changes in the parents will potentially have an enormous effect on the child's experience of being seen and understood.

The dynamics in the whole family can improve when a parent adjusts their emotional style and behaves differently toward just one of the children. We often hear stories from parents in counseling who say that their relationship with another of their children, or a sibling relationship in the family, has suddenly improved as a result of this work. The parents may have validated the feelings and needs of one of the children, or they may have taken responsibility for a mistake and apologized for it. Yet the positive impact appears to be on the whole family. The discovery is that showing more vulnerability and having a better understanding that a partner or child's irritation or frustration is only covering other more vulnerable underlying emotions, leads to increased closeness, warmth, and caring in the relationship. Parents also very often report that their relationship as a couple improves with EFST, and this also has a pos-

itive effect on children and siblings. When the parents can stand together as a united force, it provides increased stability and predictability, and the reduction or absence of conflict and arguing in the couple creates a better atmosphere for the whole family.

The strong emotional bond between children and their parents – and the positive impact on the well-being of the entire family system when we work on supporting, strengthening, and healing that bond – is the basis of the fundamental principle in EFST: the best route to improving a child's mental health is by treating the parents. The bond between child and parent means that it is in the relationship with the parent that the child will have the greatest needs and the strongest longing to be seen and understood. Such needs and longings persist even when the child has endured very painful experiences in that relationship. The child will almost always be prepared to give parents a "second chance" once their emotional needs are taken into consideration.

Emotion

Every time my daughter got angry, I gave her a hug. I wanted to calm her down so that we could be close again. Either she'd get even angrier, or it was as if she just faded away and got silent. I have finally learned, and understood, that she doesn't want a hug when she's really angry. At least, not when she's angry at me. I realize now that she needs to be allowed to use her boundaries, and let me know that she needs me to back off and give her some space. I then have to tolerate the discomfort that comes up in me when I feel rejected. Because that is just my stuff. Actually, it's much easier to tolerate when I understand that she truly doesn't need a hug in that moment. That she has the right to let me know if I've been too much. And that's what it takes for us to feel close again afterwards.

Recognizing different emotions and emotional needs is a learned skill that we acquire through the way our own emotions and emotional needs have been met. As adults, we often relate automatically to emotions without being particularly conscious of how we understand or handle our own or others' feelings. It is more often when things get stuck, get difficult, or go wrong, that we need to be extra aware of emotions and emotional needs, and maybe even learn some new skills.

Emotions are at the forefront of EFST, in building a therapeutic alliance, in the empathic interventions that are the very backbone of the model, in skills training, and in the education we provide to parents about emotions. The central role and function of emotions is explained in the Introduction under "Why are emotions important?" and in Chapter 1, "Understanding emotions."

Increasing parental self-efficacy

Parents who lack the belief that they are the most important people in their child's life, and that they can help their child, will be less likely to try and help their child when things are difficult. Like in the example of the boy who was smoking pot and playing computer games, the father felt helpless and did not have faith that he could contribute, and so he eventually just stepped away from his role as a father. Self-efficacy is a key term taken from Albert Bandura's social-cognitive theory, where it is defined as the perceived capacity to perform particular tasks, to achieve specific results, or to exert influence over one's own thoughts, circumstances, actions, or changes in a situation (Bandura, 2010). Parental self-efficacy can be defined as the parents' assessment of their own competence in the parenting role (Bloomfield & Kendall, 2012; Kendall & Bloomfield, 2005). Within emotion focused approaches, self-efficacy is used to increase the parents' trust that they can take a leading role in helping their children cope with emotional or behavioral challenges (Foroughe et al., 2018).

The "twist" in EFST is that while Bandura framed self-efficacy as a cognitive concept, embedded in thoughts and beliefs about the self, in EFST, we redefine self-efficacy in regard to emotions and emotional functioning. We find that the ability to allow, label, and express one's feelings, as well as identify and meet one's emotional needs, results in high self-efficacy. We see this very clearly in our observations of and work with parents. Parental self-efficacy is closely related to how parents handle their own emotions. If parents experience a great deal of fear or self-blame, this maladaptive emotional process could negatively affect the parents' self-efficacy and the ability to use their inherent parenting skills to help the child with their emotional difficulties (Strahan et al., 2017). Parental self-efficacy is a strong predictor of a child's successful recovery from a mental health issue (Foroughe et al., 2018; Byrne, Accurso, Arnow, Lock & Le Grange, 2015; Robinson, Dolhanty & Greenberg, 2015; Stillar et al., 2016; Dimitropoulos, Freeman, Lock & Le Grange, 2017; Kyriacou, Treasure & Schmidt, 2008).

In EFST, the goal is to strengthen parental self-efficacy by first having the therapist convey, in words and actions, a fundamental belief in the importance of parents to the child, and in the parents' capacity to change. Furthermore, the therapist strengthens the parents' self-efficacy by helping them understand and handle their own emotions, for example, by meeting the parents' fears and self-doubt with understanding and validation. As therapists, we highlight parents' inherent parenting skills and we shine a light on the competence they already possess in regard to their child's emotions. It is the parents who know their child best and they often know intuitively what their

children are feeling and what they need, even if their strategies for meeting the child's emotional needs are not always available when they need them most (Smith, 2014; Stern, 1998). Skills training during counseling, and practicing the skills in interaction with the child, provide parents with a personal experience that can change old strategies and strengthen the relationship with their child. In this way, the parents are able to experience how important they are to their children.

When parents show reluctance or unwillingness to get involved in their children's difficulties, we understand this as an expression of some underlying emotion, such as fearing a negative outcome, or low self-efficacy or faith in their ability to help, rather than as a lack of motivation or genuine refusal to give help or support. When children struggle with symptoms that are expressed as negative emotions or behaviors, parents can experience feelings of helplessness, shame, anger, or fear. Parents often feel they have "tried everything." They are stuck in old patterns and feel like they don't have the necessary skills. When parents fall into this low self-efficacy, this fear of the new and unknown, and this tendency to be stuck in old and well-known strategies, we refer to it as falling into a "feeling trap." We believe that all parents are motivated to be there for their children, even if sometimes they seem more motivated in the moment by a desire to avoid their own painful feelings. We have faith that all parents can develop the ability to help and support their children, by working through their own feeling traps and by acquiring good skills in meeting their child's emotional needs. Feeling traps are explored in detail in Chapter 3.

As humans, we develop an emotional style as a result of how we have had our own feelings met. Our emotional style implies a tendency toward, or preference for, how we relate to our own feelings and the feelings of others. This is discussed in more detail in Chapter 5. By making parents aware of their emotional style, they are more likely to be able to shift strategies and break negative cycles of emotion-avoidance and feeling traps. By the parents taking radical responsibility for their own contribution to something that has become painful and difficult for their child, they can heal old emotional wounds and strengthen the relational bond to their child. In this way, the child can be freed from any sense of guilt or responsibility, and can open up to having their needs met by their parents. The child gets better and functions better emotionally because they no longer need their mental health symptoms or maladaptive strategies to cope with everyday life.

A prerequisite for parents being able to feel secure in responding to their child's most vulnerable emotions, is that we, as therapists, face the parents' painful feelings with empathy and validation.

Competing motivations

EFST draws upon principles from “motivational interviewing” (Miller & Rollnick, 2012) and also introduces a unique concept that we call “competing motivations.” Experience in working with parents shows that even when they are strongly motivated to help their children, they are often caught in old fears and avoidance that may make them appear to be “unmotivated” to help. Parents commonly have a powerful inner-critic that berates them and blames them for what is happening to their children. They may also have experienced feeling blamed in treatment, where the focus has been on what the parents have done wrong and what they should do differently. These kinds of experiences with the mental health system will have contributed to an attitude of defensiveness, attack, or resignation in the parents, as it triggers in them their own magnets of old, unresolved emotions. Advice and counseling can be taken as criticism, and can contribute to self-blame, rather than being motivators for change. Parents can be crippled by guilt and shame, and be caught in their own feeling traps, where they become more motivated to avoid emotional discomfort than to validate, apologize, and create boundaries. In other words, there is a “competing motivation” which overrides the motivation to help the child. EFST places a significant focus on working with these competing motivations.

In our earlier example, we know the father is motivated to help his son, even though he has virtually given up his role as parent and initially did not present as being motivated to receive counseling. We are convinced there is still an inner-father fighting to come out and be there for his son. But in the meeting with his son, the father becomes more motivated to avoid his own pain. The father lost his mother when he was 14 years-old and he has avoided feeling grief for many years because he doesn't trust that he can tolerate it. He is afraid of collapsing and never being able to get up again. Because of this, it is impossible for him to jump in and help his son with his grief. It's as though the father dreads the endless, lonely, sad feeling of abandonment that arises in him every time he approaches his son, and so he works hard to push this feeling aside. Behind all of this, stands a slightly awkward man bereft of power and courage. Through EFST counseling, it became clear to the father that he had to process his own grief, and as the counseling came to an end, he was considering entering individual therapy. But the work with his son could not wait. And when he discovered, so genuinely and truly, in his whole being, that the boy needed his father to muster the courage to speak to him about his grief, there was a shift. This experiential insight enabled the father to put aside his own grief, in this critical moment, and to hold on to his motivation to help his son, rather than be swayed by the competing motivation to avoid his own profound sadness.

Experiential skills training

How can we help our child to feel different when they are lying on the floor, screaming, “No!” How do we connect with the teenager who gives us the finger, slams the door, and yells, “I hate you!” Parents are often in search of advice or skills to put an end to difficult emotions and negative behaviors. EFST uses a version of “chair work” referred to as “emotion guided skill practice” to instill skills in parents based on specific situations where they are struggling to handle their child’s emotions and behavior. The therapist works with the parent’s emotions that come up in the situation, and with how the parent handles the emotions. The therapist also helps the parent to change their perspective and understand the child’s feelings and needs. Emotion guided skill practice is used to raise awareness of the parent’s own emotional processes, and to understand this in their child. Specific interventions and exercises from emotion focused therapy (EFT) for individuals are used in skills training to help the parents process their own emotions and understand and deal with their children’s emotions. The parent physically moves into another chair to get access to the child’s experience, or to understand what in their own emotions is keeping them from being able to put themselves into their child’s experience. This practical exercise allows for experiential and knowledge-based learning, where we don’t just *talk about* feelings, but we help caregivers actually *feel* their child’s pain, which makes the method far more powerful. Concrete examples of actual interventions, and how they are implemented in practice, will be illustrated in the upcoming chapters that deal with validation, competing motivations, feeling traps, apology, and boundaries.

The model of change in EFST

In EFST, we work with two metaphors, one to depict the journey, and the other the process, of change. We represent the journey of change as a bridge to cross; we talk about “crossing the bridge to change.” We use the children’s story, originally a folktale from Norway, of the Three Billy Goats Gruff, to describe the parts of the journey. The story is simple. “You can see that the grass is greener on the other side of the river. There’s the bridge. Cross it.” The issue, of course, is that there is a troll on the bridge. We have them think of the troll as the feeling trap—their own and their child’s. You can see how this is immediately validating. Others have told them: “Change,” i.e., “just cross the bridge.” In EFST, we say: “No wonder you can’t cross. There’s a troll.”

This brings us to the process of how we equip parents to cross the bridge. We support and guide them to develop the skills necessary to face the troll, i.e., to face

and grapple with their own and their child's feeling traps – the unwanted, feared, or avoided emotions that prevent them from being the parent they want to be. We structure the skills required to cross the bridge into a “NET” of emotion-wise skills: “N” for Navigate Emotion, “E” for Enhance Motivation, and “T” for Transform Relationships. The elements within the NET, consisting of the techniques and tools we use with and teach to parents, come from the research on the mechanism of change in the emotion focused approach. We work with emotion in very specific ways that have proven successful in transforming painful, unresolved, and previously unprocessed emotional pain. This emotion processing and transformation work takes place on two levels – with the parents, and with the child. The goal is for the parents to become aware of their own emotions, and develop the skills to handle them in such a way that they are able to help their child with their emotional struggles.

Note that in counseling parents, we don't work as deeply with therapeutic change processes as we do in individual emotion focused therapy. This is important for two reasons. One is that when a child is in crisis, the parent cannot put the child's crisis on hold while the parent does lengthy and deep psychological work of their own. The method is designed explicitly so that short-term intervention with parents can empower them to increase their ability to help their child. Second, we believe it speaks to the appropriateness of enlisting the parent as the main guide in the child's recovery, and speaks to parents' intrinsic motivation to help their child, that with very minimal intervention, they are able to “step over” the roadblocks in front of them, consisting of their own unresolved emotion pain, in order to step up for their child.

EFST does, however, use many of the fundamentals of the core model of emotion focused therapy, and does still work to deepen emotion in the context of short-term intervention. It is a fundamental assumption in EFT individual therapy and EFST that in order to change the emotions, we need to activate them – what Greenberg refers to as “changing emotion with emotion.” We use empathic interventions that provide access to and help intensify emotions, so that they become more accessible for processing and change. It is particularly important to activate and intensify emotions before and during any chair work, because activation is necessary for a deeper experience, which in turn allows for productive processing of emotional experience (Greenberg et al., 2007; Pos, Paolone, Smith & Warwar, 2017; Pos & Choi, 2019; Harrington, Pasqual-Leone, Paivio, Edmondstone & Baher, 2021).

Processing of emotions involves putting activated emotion into words to give it new meaning, changing the experience of the emotion, and expanding the emotional repertoire (Greenberg, 2015). Change also occurs through activation of painful mal-

adaptive feelings that can be explored in the empathic presence of a safe other. Through the therapist showing acceptance and validation of the parent's feelings, and the parents themselves putting words to their emotional experience, the parents can get access to their emotional needs and subsequently to more adaptive feelings. From the experience of the new emotion, they can then form new meanings. A productive process of change consists of a balance between emotional expression on the one hand, and making meaning of the feelings on the other, with emphasis on primary feelings over secondary (Herrmann & Auzra, 2019). "Secondary feelings" are feelings that occur in response to primary feelings, and they protect the primary feelings, as described in the next chapter. In EFST, it is also crucial that the parents' processing of their emotions leads to changes in their behavior toward the child, since the ultimate goal is for the child to receive help. It is not enough for parents to have a changed emotional experience internally; they must use the new inner knowledge to change their behavior.

Research on emotion focused skills training for parents

Research on Emotion Focused Skills Training for parents is in its infancy but is already very promising. A large randomized clinical trial has been completed, and other studies are underway. The clinical trial demonstrated the effectiveness of the model, delivered in a two-day parent workshop format followed by parent counseling sessions, in improving parents' experience of and feelings about their parenting (Ansar et al., 2021) and in significant reduction in children's internalizing and externalizing symptoms that was still evident at follow-up 12 months after the end of the treatment period (Ansar et al., 2022). It is worth noting that this positive effect on children's mental health occurred despite the children not being a part of the intervention. Ansar and colleagues (2021) found that parents experienced a rediscovery of their confidence and faith in the parenting role, new confidence in their skills as parents, and new ways of understanding and relating to each other in the family as a whole. Results (Ansar, Nissen Lie & Stiegler, in progress) indicate that this short term EFST intervention also had a positive effect on the parents' own mental health. They showed reduced overall symptoms, and improved emotion regulation and emotion understanding.

This lends support to the usefulness of the two-day parent workshop format of EFST as a short and cost-effective intervention that parents can attend even when their children are on a waiting list for treatment, or if the child is refusing treatment. It can be offered preventatively to parents whose children are at risk, and it might

even prevent children from needing therapy or being hospitalized. In keeping with humanistic principles, a central part of EFST is to show trust in parents who express that they struggle in the relationship with their child, or that their child is struggling. Both research and clinical experience indicates that these children are at increased risk of developing emotional problems or mental disorders, as long as their parents are having a hard time to understand and handle their emotions. From a socio-economic perspective, EFST can be seen as a simple investment with double gain – improving mental health for both the parents and the children.

Efficacy of Emotion-Focused Parenting Programs for Children's Internalizing and Externalizing Symptoms: A Randomized Clinical Study.

Ansar, N.; Nissen Lie, H.; Zahl-Olsen, R.; Bertelsen, B., T.; Elliott, R.; Stiegler, J.R. (2022).

This randomized clinical trial investigated an Emotion Focused parent-based intervention and its effect on the internalizing or externalizing symptoms in children within a clinical range. 313 parents of 236 children aged 6–13 were included in the trial. Parents were randomly allocated to one of two conditions based on emotion focused principles: One with an experiential component/'chair work' (EXP) and one without (PE) (the remaining aspects of the program and the therapists were otherwise the same, making this a dismantling study). The program consisted of a 2 days' group training and 6 hours of supervision and was delivered to parents. Primary outcomes were parent- and teacher-reported outcomes at baseline, post-treatment and at 4, 8 and 12-month follow-ups. Analyses were done using multilevel modelling and Bayesian analysis.

The main results show that both externalizing and internalizing symptoms significantly improved over time, with large effects for both conditions. Teacher reports indicated a significant reduction in externalizing, but not in internalizing, symptoms. Multilevel analyses did not yield that the EXP condition

outperformed the PE condition. However, a Bayesian longitudinal sensitivity analysis with joint imputation and estimation favored EXP.

This means that children's symptoms can be reduced with a short-term, accessible parental skills training program based on emotion-focused principles, and experiential techniques may have added effect.

Parenthood—Lost and Found: Exploring Parents' Experiences of Receiving a Program in Emotion Focused Skills Training

Ansar N, Hjeltnes A, Stige SH, Binder P-E and Stiegler JR (2021)

Semi-structured in-depth qualitative interviews with 14 parents who had completed the EFST program. Interview transcripts were analyzed using a reflexive thematic analysis approach.

Findings can be categorized into three main themes:

- (1) "Coming home" as a parent, with the following subthemes: (a) New ways of being with their child and (b) Parents' painful inner world.
- (2) Reclaiming parenthood—applying new tools and learning in challenging situations.
- (3) This is us—changing the heart of the story.

The first theme was related to the descriptions of the changes that emerged in parents' inner lives, the second revolved around the employment of their skills intuitively and creatively based on what was required by the challenging situations, and the third theme referred to new discoveries on family dynamics.

Parents' experiences of having wisdom and calmness inside them (*being*) and *doing* parenting differently, as well as the changed perspectives of the family (*living*), resonate with the theoretical ground of emotion-focused therapy (EFT). The findings also indicate that therapists should be aware of potential parental distress when working in view of changing unpleasant emotions in such skill-based programs.

Emotion Focused Skills Training for Parents - Investigation Program Effects and Exploring the Mechanisms of Change

Ansar, N.; Nissen Lie, H.; Stiegler, J.R. (in press)

313 parents who joined the program were randomly allocated to one of the two conditions: experiential EFST and psychoeducational EFST. Outcome measures were parental mental health (OQ-45), adverse childhood experiences (ACE), emotion regulation and emotion awareness (DERS, FSCRS and AII) and parental efficacy (PSOC).

Preliminary results show that:

Parental mental health (OQ45): total symptoms significantly improved over time, with large effects for EXP and medium effect for PE. EXP outperformed the PE condition.

Emotion regulation (DERS): significant improvement in total score over time with large effects for both conditions. Difference between conditions were not statistically significant.

Self-critic (FSCRS): significant improvement over time, with large effects for EXP and medium effect for PE. Difference between conditions were not statistically significant.

Emotion understanding (AII): significant improvement over time, with large effects for EXP and medium effect for PE. EXP condition outperformed the PE condition.

Parental efficacy (PSOC): significant improvement in total score over time with large effects for both conditions. EXP outperformed the PE condition.

Parents' childhood experiences (ACE: $M = 1.55$, $SD = 1.76$) moderate outcome on parental mental health (OQ45, $p < .001$), and the difference between conditions was statistically significant ($p = 0.032$).

Studies in progress:

“Emotion focused skills training for parents in specialized health care”. A qualitative study performed by Møllenberg, H., Wergeleand, M. & Zahl-Olsen, R. in Sørlandet Hospital, Kristiansand, Norway.

“EFST counseling for children and adolescents who struggle with anxiety”. Quantitative pilot study performed by Severinsen, L., Håland, Å. T., Stiegler, J. R., Bertelsen, T. B., Shahar, B. & Zahl-Olsen, R., in Sørlandet Hospital, Kristiansand, Norway.

“Effectiveness of emotions focused skills training for parents (EFST). A randomized controlled trial performed by Severinsen, L., Nissen-Lie, H. A., Stiegler, J. R., Shahar, B. & Zahl-Olsen, R., in Sørlandet Hospital, Kristiansand, Norway.

Additional research on emotion focused interventions for parents

Research on Emotion Focused Family Therapy (EFFT; Dolhanty & Lafrance, 2018) has also shown promising results in the form of enhanced parental motivation, strengthened self-efficacy, and increased ability to help their children with various emotional

challenges (Lafrance Robinson, Dolhanty, Stillar, Henderson & Mayman, 2014; Stillar et al., 2016; Strahan et al., 2017; Foroughe et al., 2018) as well as increased coping ability in parents, especially related to fear and self-blame, and symptom improvement in children (Foroughe et al., 2018). A qualitative study on EFFT has also shown that parents showed an increased sense of security in their parenting role, less conflict, better communication, and an improved relationship with their child (Bøyum & Stige, 2017).

Brief Emotion Focused Family Therapy: An Intervention for Parents of children and adolescents with mental health issues

Foroughe, M., Stillar, A., Goldstein, L., Dolhanty, J., Goodcase, ET & Lafrance, A. (2018)

In this study 124 parents of 90 children with moderate to severe mental disorders, took part in a two-day EFFT parenting intervention.

Findings: The researchers found that the intervention provided immediate and significant reductions in parents' emotional blocks and increased self-efficacy in meeting children's emotional needs when children are struggling psychologically. A significant change was also found in the children, during a four-month follow-up after intervention, in improved emotion regulation and in a decline of clinical symptoms.

"I understand her better now" – A qualitative study of parents' experiences of their relationship to their children after Emotion-Focused Family Therapy (EFFT)

Bøyum, H. & Stige, S.H. (2017)

Norwegian qualitative study with in-depth interviews of six parents who completed a two-day EFFT parenting intervention.

Findings: Parents reported that they experienced positive change in the following areas: increased understanding of the child; greater sense of security in the parenting role; and a belief that attention to emotions brought greater closeness, sense of fellowship and a better relationship with the child, as well as fewer conflicts and better communication.

Increasing parental self-efficacy with emotion-focused family therapy for eating disorders: A process model

Strahan, E., Stillar, A., Files, N., Nash, P., Scarborough, J. Connors, L., Gusella, J., Henderson, K., Mayman, S., Marchand, P., Orr, E. S., Dolhanty, J. & Lafrance, A. (2017)

The study examined 124 parents who completed a two-day EFFT parenting intervention, to see whether processing the parents' maladaptive fears and self-blame increased their ability to support their children undergoing treatment for eating disorders.

Findings: Parents reported increased coping ability, felt empowered, and reported an increased intention to support their children's treatment and healing process.

The influence of carer fear and self-blame when supporting a loved one with an eating disorder

Stillar, A., Strahan, E., Nash, P., Files, N., Scarborough, J., Mayman, S., Henderson, K., Gusella, J., Connors, L., Orr, E. S., Marchand, P., Dolhanty, J. & Lafrance Robinson, A. (2016)

The study examined the relationship between 137 parents' fears, self-blame, self-belief, and parenting behavior.

Findings: Parents' fear and self-blame predicted low self-efficacy when related to helping their own children, as well as an increased risk of behavior which disrupted treatment or sustained symptoms of the eating disorders. The authors stressed the importance of helping parents to process strong emotions in order to strengthen their ability to support their children and improve the prognosis for outcome of the treatment.

Emotion-focused family therapy for eating disorders across the lifespan: A pilot study of a 2-day transdiagnostic intervention for parents

Lafrance Robinson, A., Dolhanty, J., Stillar, A., Henderson, K. & Mayman, S. (2014)

In this pilot study, 33 parents of young and adult children with eating disorders participated in a two-day parent intervention with lessons and experience-based exercises. The parents were trained to take the role of their child's emotion coaching, to repair relationship wounds between the parent and child, to be their child's recovery coach, and to process their own emotional blocks.

Findings: Parents reported increased self-efficacy and a more positive attitude toward being able to help their children with difficult feelings, less fear of involvement in children's treatment, and reduced self-criticism.

Research on parenting interventions focusing on emotion coaching (Gottman, 1997) has found that educational parental programs like "Tuning in to Kids" and "Tuning in to Teens", have shown an effect on child and adolescent behavioral problems and internalized problems (see, for example, Havighurst et al., 2013, 2014, 2015; Kehoe, Havighurst & Harley, 2014).

Which professionals can offer EFST?

Emotion focused skills training is a useful and versatile method that can be used in many areas: schools, hospitals, mental health care, child welfare, and various institutions and health care centers. The method can be adapted to many professional groups such as therapists, counselors, health workers, teachers, managers, social workers, case workers, police, and others.

EFST for parents is a method tailored to empower and develop emotion skills in parents and is also a family-support intervention for parents of young children and adolescents, as well as the parents of "adult children" with mental health issues. EFST for parents is also especially useful in child services, family services, health centers, mental health protection services for children and adolescents, municipal health care services, and other health services for children and adolescents.

All therapists and counselors can learn how to use EFST for parents, regardless of their professional background. EFST for parents works very well for psychologists, psychiatrists, clinical social workers, psychiatric nurses, other RNs, child and youth workers, child welfare specialists, and educators who work therapeutically with children and families, or in counseling parents.

The method can also be useful for therapists who work with adults who have mental health issues, where family-support interventions and involvement of parents can be of significant benefit. It is worth noting that the pioneering of emotion focused work with parents was with the parents of adults struggling from severe eating disorders. The parent, enlisted in the recovery, was able to provide the constancy needed in the recovery of a problem with behavioral intransigence, such as anorexia, bulimia, or addictions. The parents constant monitoring and support can be what is needed to allow the individual to escape the vicious cycle of the disorder. Where constant monitoring and constant support can be what is needed to allow the individual to escape the vicious cycle of the disorder. For the sake of simplicity, this book will use the abbreviation EFST, but we are speaking specifically about EFST for parents.

Which families can benefit from EFST?

EFST is primarily intended for families where there are communication and relationship challenges and difficulties between parents, foster parents, or other caregivers, and their young, teenaged, or adult children; or where the children have emotional or mental health challenges, or special-care needs which require acute emotional care abilities. These may be kids struggling with painful experiences, emotions, conditions,

or mental health symptoms manifesting as school absences, eating disorders, depression, anxiety, acting-out, self-harm, substance addictions, game addictions, and more. EFST is used with parents whose children struggle with learning disabilities, with autism spectrum disorders, or who suffer from terminal or chronic physical illnesses. It can be for parents who have "tried everything" and for those who experience that what has worked for one child is not working for the sibling. This new set of emotion focused skills can help parents understand and manage their own emotions, as well as facing the child's challenging and painful feelings that previously the parents may not have recognized, understood, agreed with, or been able to tolerate. It can help with the self-blame, shame, and fear we have seen in parents who feel unable to ease the suffering of their child.

The method is intended for anyone who is a caregiver for children with developmental challenges, learning disabilities, relational difficulties, psychological difficulties, or those children who are at risk of developing difficulties. EFST is a lifespan model aimed at children of all ages. EFST can therefore be offered to parents who have young children, adolescents, or adult children who are struggling. The goal is that the child receives help to improve their mental health, even when it is the caregiver who actually receives the counseling.

As a rule, one or both of the parents come to EFST counseling, but it could just as well be stepparents, grandparents, foster parents, emergency parents, or social workers, who provide care for children or adolescents, or for mentally ill adults. In this book, we will use the words "parents" and "caregivers" interchangeably. The term "parent(s)" will also include those who have care of the child, and biological parents who have lost custody of their children.

Now that we have given you a peek into what EFST is, let's go through the NET model and describe in detail the various interventions we use in EFST.

PART 1

THE NET MODEL

Christmas calendar

In Ane's family and cultural tradition, children have an Advent calendar where they mark off the days in December leading up to Christmas. Each day has a little gift the kids get when they open the calendar for that day.

It's a December morning and six-year-old Ane races downstairs to open her Advent calendar. Mom, one of the authors of this book, looks forward to seeing Ane open today's gift. Mom has a good feeling about this year's calendar. She found lots of fun gifts that she knows Ane will love.

Mom makes herself a cup of coffee and has her back to Ane as she hears her unwrapping the present. Mom turns around, expecting to see a look of joy on her daughter's face. Instead, she sees an angry little face. Ane throws the flower stickers she got across the kitchen table. Mom turns her back to hide her surprise, and in that split second, several thoughts and feelings race through her. "Oh no, not this kind of morning. I don't have time for this!" Mom feels annoyed and angry. Ane has no reason to be upset. She likes stickers; mom knows that! She's worried that her sweet, lovely girl is actually a selfish and ungrateful child. She worries she's failed as a mother and failed to instill good values in her daughter. Now mom is getting furious as she starts thinking about all the cold, hungry refugees, the scared and lost children, and the heartbreaking images of suffering that flood the news every day. It occurs to mom that Ane has no concept of how lucky she is to grow up in a safe and rich country, living a life full of abundance. And here she is, acting like it's okay to be angry because she doesn't like a gift! As though it's just expected that she should even get gifts! Mom wants to scream at Ane— to tell her that she has no idea how lucky and privileged she is and that she'd better smarten up!

Mom suddenly remembers she's going to be teaching at work today, and the topic is EFST and validation. Mom takes a deep breath, right down into her stomach, and knows she wants to stop herself from dumping these feelings of hers onto Ane. Mom identifies where her own anger is coming from, and realizes it's about her expectations of Ane, which she feels Ane isn't meeting. It is mom's need that Ane be happy, and grateful for the gift. When she wasn't, mom was instantly terrified that she hadn't managed to teach Ane good values, something that is so important to mom.

But all of this is about mom, not about Ane. These are mom's feelings. So . . . what's going on inside Ane? Why did she react the way she did? How is she feeling right now?

Mom turns around, slowly, without saying anything. Ane is still sitting with her arms crossed, as if protecting herself. Her chin is dropped and her mouth hangs open slightly; there are tears in her eyes. She looks more sad than angry. Mom checks in with her own gut feeling. Is Ane sad? Maybe disappointed?

Mom sits down beside Ane and says: "I guess these stickers weren't what you were hoping to get today."

Ane shakes her head, so mom continues: "You were hoping for something totally different."

Ane nods and says, through her tears: "I like princesses way better than flowers!"

Mom says: "Yeah, you like princesses way better, so you were hoping to have stickers with princesses on them. And you got flowers. That's not what you wanted! So you were disappointed. And maybe you were also a bit sad because mom didn't know you wanted princesses instead of flowers, so mom didn't really know what you like or don't like. And that felt so sad inside."

Ane nods, hiccups, takes a deep breath, and looks at her mom. Then she grabs the stickers, looks at them for a bit, and says: "Mom, do you know which flower I like the best?" She points. "This one!"

Emotion focused skills training is a simple model that can be used in a counseling setting or delivered as a workshop. The goal is to have parents develop an "emotion-wise skill NET" comprised of skills in three areas, reflected in the three modules of the NET:

<p>Navigate emotion Enhance motivation Transform relationships</p>
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Navigate emotion refers to giving parents *knowledge about and experience in working with emotions*, and showing them that they already have a lot of emotion wisdom that they've probably learned to ignore. We teach parents to validate their children's painful feelings and experiences, and ultimately to guide their children so they can also deal with emotions themselves.

In the *enhance motivation* module, we explore the nature of motivation and the inherent motivation of parents. We introduce the concept of *competing motivations* as a way of understanding why as parents we don't always do what we want or need to do, even when we are motivated. We also introduce the concept of *feeling traps* and how to get free of them. A feeling trap is what we call it when parents' own emotions "get the better of them" and prevent them from being able to see, and meet, their children's feelings and needs.

The *transform relationships* module has two components, apology and boundaries. We teach parents the power of radical responsibility and the power of apology in healing old emotional wounds, be they from mishaps, or traumas, that their family has undergone. Parents might also apologize for a more general emotional style, or a particular type of caregiving, that has not meshed well with their child's needs. It's important that parents receive a clear rationale if they are to take radical responsibility for their child's well-being, as well as for their suffering. We start with our unwavering belief in the parent's motivation to help their child "feel better." We help them to see what they know implicitly – that their child is weighed down with the burden of the mental health struggle. When we support parents and show that we believe in their motivation to help their child, no matter what has happened to this point, they are more than willing to do what they can to lift that burden . . . even when it is to shoulder it themselves.

In the boundary component, we help parents see that they have an inherent boundary style that affects the way they set limits for their children. The goal is first to raise parents' awareness of their style, and how it may or may not be working with the child. The therapist then uses a technique called emotion guided skill practice to coach the parents on their use of words, tone of voice, body language, and belief in themselves, in setting and communicating clear limits for their children. The goal is to support parents to utilize a healthy boundary style, and have them in turn support the development of healthy, protective boundaries in their kids.

The three modules of the NET will form the overall structure for Part 1 of this book. In Chapter 1, we look more closely at what emotions are, and how we use knowledge about emotions in the training. Chapter 2 deals with empathic validation. Chapter 3, enhance motivation, is about what we call competing emotions and feeling traps. Chapters 4 and 5 deal with solving relationship difficulties through apology (Chapter 4), and through the creation of healthy, protective boundaries (Chapter 5).