SHORT-TERM AND LONG-TERM EFFECTS OF TRAINING IN EMOTIONALLY FOCUSED COUPLE THERAPY: PROFESSIONAL AND PERSONAL ASPECTS

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This study investigated the immediate and long-term personal and professional effects of a 4-day externship training in emotionally focused couple therapy (EFT). EFT externship training uses lecture, discussion, video vignettes, live demonstrations, and role-plays to convey an attachment-based approach to working with couples. The two samples included clinicians (N = 76) who completed surveys immediately before and after training, and a subset of these clinicians (N = 29) who completed measures an average of 8 months later. Results indicate that following training, participants increased in their EFT knowledge and competence, became more open to their feelings, were more self-compassionate, were less likely to use avoidant attachment behaviors, and improved their own personal relationships.

The purpose of this study is to explore the short-term and long-term effects of a 4-day emotionally focused therapy (EFT) externship training. In particular, this study asks whether this experiential and attachment-based training has the potential to increase self-reported levels of knowledge and competence in EFT. It also examines whether such training impacts the learner personally—changing levels of self-compassion, emotional processing, attachment style, and personal relationships.

EFT TRAINING AND THE POTENTIAL FOR PROFESSIONAL GROWTH

Despite decades of research, there are limited data on the professional effects of psychotherapy training. There is an even greater gap in the field’s understanding of the long-term consequences of training. Researchers have most frequently sought to measure training effectiveness by examining trainee satisfaction, increase in content knowledge (Miller & Mount, 2001; O’Donovan & Dawe, 2002; O’Donovan, Bain, & Dyck, 2005; Tori, 1989), or improvement in clinical skills (Buckley, Conte, Plutchik, Karashu, & Wild, 1982; Henry, Schacht, Strupp, Butler, & Binder, 1993; Hilsenroth, Defife, Blagys, & Ackerman, 2006; O’Donovan & Dyck, 2005; Sholomskas et al., 2005). Many training studies report optimistic findings regarding therapists’ skill acquisition (Burlingame, Fuhriman, Paul, & Ogles, 1989; Henry et al., 1993; Hilsenroth et al., 2006; Multon, Kivlighan, & Gold, 1996), but some conclude there are little to no effects (or even negative effects) with training (Bein et al., 2000, Miller & Mount, 2001; Swartberg & Stiles, 1994).

Even less is empirically known about training in EFT. Developed in the early 1980s as an attachment-based model used for couples therapy, EFT strives to understand partners’ underlying emotions and core attachment issues that lead to negative interactional cycles and prevent couples from forming a secure bond (Johnson, 2004). Empirical evidence supports the effectiveness of EFT as a treatment modality (Baumoc, Shoham, Mueser, Daiuto, & Stickle, 1998; Johnson, Hunsley, Greenberg, & Schlinder, 1999; Naaman, Pappas, Makenin, Zuccarini, & Johnson-Douglas, 2005), but this study is the first to examine prospectively what happens in learning how to apply this model.
EFT TRAINING AND THE POTENTIAL FOR PERSONAL GROWTH

To date, there is very little documentation about the effects of training on therapists’ personal lives (e.g., Guttman, Feldman, Engelsmann, Spector, & Buonvino, 1999; Sandberg & Knestel, 2009). With regard to personal factors and training in EFT, Palmer and Johnson discussed how therapists “who know themselves well, including their inner strengths, conflicts, and issues, that activate countertransference will be more able to effectively implement EFT” (2002, p. 18). Nonetheless, Palmer-Olsen (2007) found that for more than 50% of her sample of certified EFT therapists (N = 17), “self-of-the-therapist” issues were not addressed during any of their EFT supervision or training.

Duplassie, MacKnee, and William (2008) examined factors that helped and hindered learning EFT. Through interviews with EFT practitioners (N = 14), they found that all participants said they were personally affected by the EFT training. Sandberg and Knestel (2009) received 124 responses to a questionnaire they posted on an EFT listserv. Consistent with Duplassie et al.’s findings, respondents reported that they experienced improved relationships and personal functioning, as a consequence of learning EFT. And Wittenborn (2009) found that therapists’ attachment style is related to one’s capacity to identify and intervene at the level of primary emotions when doing EFT couple therapy. However, her findings were based on a small sample (N = 8).

When one thinks of particular personal attributes that might be important in learning how to do EFT, self-compassion and characteristics linked to it, such as the ability to attend to one’s own emotional well-being, come to mind (Gilbert & Proctor, 2006; Jennings & Skovholt, 1999). Self-compassion is not only linked to psychological health and well-being, it is also associated with openness, curiosity, and exploration (Neff, Rude, & Kirkpatrick, 2007)—important traits for therapists seeking connection with their clients.

Researchers also assert that the more compassion people have for themselves, the more they will have for others (Brach, 2003; Neff et al., 2007). In turn, greater therapist compassion has the potential to strengthen the therapeutic alliance with clients, which is one of the strongest and most robust predictors for therapy outcome (Lambert & Barley, 2001; Norcross, 2002). In addition, self-compassion has been linked to other positive traits, such as self-esteem. In fact, it has been endorsed as a healthier alternative to self-esteem, as bolstering self-compassion does not appear to have some of the negative consequences associated with increases in self-esteem, such as developing unrealistic views of the self and tendencies toward narcissism (Neff, Hsieh, & Dejitthirat, 2005). Research also suggests that the therapeutic alliance grows the more the therapist is securely attached (e.g., Black, Hardy, Turpin, & Parry, 2005).

FOCUS OF THE PRESENT STUDY

We believe EFT training has the potential to create changes in therapists professionally and personally, both in the short term and the long term. We, therefore, undertook this study to examine immediate and long-term shifts in the therapists’ knowledge, competency, and emotional experience (i.e., self-compassion, emotional processing, and attachment style) as a function of a specific EFT training experience. We reasoned that training that not only improves therapists’ skill levels but also their personal capacities that will result in more effective treatments. We have six main hypotheses. Specifically, following training in EFT, therapists will report (a) increases in EFT knowledge and (b) increases in EFT competence, as well as (c) decreases in anxious and avoidant attachment behaviors. The study also proposes that (d) increases in EFT competence will correlate with increases in self-compassion and emotional processing and (e) increases in emotional processing will correlate with increases in self-compassion. Lastly, we predict that (f) the EFT training experience will impact the therapists’ personal lives.

METHOD

This research is comprised of two related studies. Study 1 asks trainees about changes that occur immediately posttraining. Study 2 attempts to evaluate long-term changes that occur up to 8 months (average) after the original training.
Participants and Procedures

The participants were clinicians and graduate students who attended a 4-day EFT externship training in San Francisco, Houston, Los Angeles, Salt Lake City, or Ottawa in 2008. Participants were recruited on the first day of training and asked to complete surveys assessing demographic information and level of EFT knowledge, skills, and relationship to self and others, both before and after training. All attendees read an informed consent outlining the purpose of the studies and were informed that confidentiality would be protected through anonymity. To match baseline, posttest, and follow-up data, participants were asked to identify themselves on all questionnaires using the last three digits of their drivers’ licenses. They were also asked to provide a self-addressed mailing label for the follow-up study. This label was turned in separately from their questionnaire data at the time of testing, so that they could be contacted by mail approximately 6 months after training. All participants were informed that if they filled out a label or made a request (whether or not they completed a questionnaire), then they would receive a copy of the results at the end of the study. Both studies were approved by the Use of Human Subjects Review Board of the Wright Institute.

Of the total attendees, 110 responded to all measures on the first day of training. Of these, 81 (74%) took the posttests on the afternoon of Day 4. The 76 attendees with complete data sets (pre and post) form the subject pool for Study 1. Three to ten months later (an average of 8 months following the EFT externship), the 81 original participants were mailed the measures again, plus an additional questionnaire regarding the effects of training on the therapists’ own relationships with self and others. After two mailings, 40 participants (49% response rate) returned the questionnaires. Twenty-nine participants had complete data for all three time periods; they form the subject pool for Study 2.

Description of the Emotionally Focused Therapy Externship Training

The 4-day externship training was comprised of experiential and didactic components and was open to any mental health professional or student. Participants learned about the theory of attachment, as it relates to the EFT model, as well as about specific clinical techniques used to implement the model. The format consisted of lecture, didactic presentations, skill training exercises, observation of both taped and live EFT therapy, discussion of specific cases, role-plays, and on-site consultation. The stated goals of the training include learning to (a) understand partner distress from an attachment perspective, (b) help partners reprocess emotional responses that maintain partner distress, (c) shape new interactions and bonding events, and (d) overcome therapeutic impasses (International Centre for Excellence in Emotionally Focused Therapy, 2009).

Measures

The Demographic Survey used in baseline testing asked for personal information such as age, gender, and relationship status. It also asked about the participants’ professional degree, theoretical orientation, and level of experience doing therapy in general and EFT in particular.

The EFT Knowledge and Competency Scale1 (EFT-KACS; Levenson & Svatovic, 2009) is a 12-item measure constructed for this study based on the EFT-Therapist Fidelity Scale (EFT-TFS; Denton, Johnson, & Burleson, 2009)—a checklist that raters watching therapy sessions can use to assess therapist fidelity (adherence and competency) to the EFT model. Denton and colleagues derived their scale by doing a content analysis of EFT skills and submitting these items to raters (N = 97) trained in EFT. Raters felt that all items were “essential, important, and necessary” (Denton et al., 2009, p. 229) to doing EFT. Levenson and Svatovic (2009) reformatted this rater version for use as a self-report instrument. Each item on the EFT-KACS represents a major EFT skill (e.g., continually reframing the problem in terms of the cycle) from the EFT-TFS and is accompanied by two 7-point Likert scales—one asking about perceived knowledge of the skill and the other for perceived competence in executing that skill, ranging from 1 (not at all) to 7 (quite a bit). Participants in the EFT trainings responded to the EFT-KACS at all the three time periods (baseline, posttest, and follow-up).

Because the EFT-KACS is a new measure, a principal axis factor analysis with varimax rotation on the items for the entire baseline sample (N = 81) was conducted (Montagno,
2009). Items loading at 0.40 or above in the rotated factor matrix were considered to have loaded on a factor. It was predicted that two separate factors would emerge. This was confirmed, with 10 of the 12 knowledge items loading on one factor, and 10 of the 12 competence items loading on a second factor. In addition, two knowledge items and the two parallel competency items loaded on a third factor. Specifically, these items asked about “creating safety in the session and maintaining a positive alliance,” and “validating one partner’s emotions without invalidating the other partner’s emotions.” We called this third factor Alliance. Together, the three factors accounted for 72% of the variance. A factor analysis of posttest EFT-KACS items yielded similar factors, which accounted for 73% of the variance. Three scales (Knowledge, Competence, and Alliance) were constructed based on the three factors; each scale has high internal consistency (Cronbach’s alphas range from .92 to .96; Levenson, Svatovic, & Montagno, 2009).

The Experiences in Close Relationships-Revised Scale (ECR-R; Fraley, Waller, & Brennan, 2000) is a 36-item, self-report measure (scored 1 = strongly disagree; 7 = strongly agree) with half of the statements addressing romantic attachment anxiety (e.g., “I often worry that my partner will not want to stay with me”) and the other half attachment avoidance (e.g., “I prefer not to be too close to romantic partners”). Previous research has indicated that ECR-R scale scores are stable over 3–6 weeks with test–retest reliabilities above 0.90 (Fraley et al., 2000; Sibley & Liu, 2004). Discriminant and convergent validity has also been demonstrated, establishing the ECR-R as a measure of romantic relationship attachment versus familial or platonic attachment (Sibley, Fischer, & Liu, 2005).

The Emotional Processing Inventory (EPI; Reid & Harper, 2008) is a 26-item, self-report measure assessing how often one identifies, communicates, and regulates his or her own feelings (scored 1 = never; 5 = very often). Research (Reid & Harper, 2008) supports the separation of the items into three subscales: Appraisal (e.g., “I am in tune with the things I feel”), Expression (e.g., “It is challenging to talk about how I feel with others, even those who know me well”), and Stability of emotions (e.g., “I feel emotionally unstable”). Test–retest reliabilities are high ($r_s = .78$ to .82) for the EPI as a whole and for each subscale. The scale has also demonstrated high overall internal consistency (Cronbach’s alpha = .91), with subscale alphas ranging from 0.88 to 0.92.

The Self-Compassion Scale (SCS; Neff, 2003) is a 26-item self-report measure (scored 1 = almost never; 5 = almost always) divided into six subscales that are summed to create a total score. Neff (2003) reported test–retest reliabilities of 0.93 for the overall SCS. Construct validity has also been demonstrated, with practicing Buddhists reporting higher self-compassion than college students (Neff, 2003). In the same study, Neff provided evidence for convergent and discriminant validity; the SCS correlated significantly with a measure of social connectedness, negatively with a measure of self-criticism, and only moderately with self-esteem.

Finally, participants in this study responded to four questions at follow-up (scored 1 = strongly disagree; 7 = strongly agree) about the perceived effect of EFT training on their personal lives; the questions also had qualitative components. For example, participants were instructed to indicate how strongly they agreed with the statement, “EFT training has changed the way I approach romantic relationship(s)” and then to explain their rating in an open-ended, narrative format.

**RESULTS**

**Preliminary Analyses**

Prior to examining the main hypotheses, statistical analyses were performed to assess how representative the sample was of those who chose to complete all of the testing compared with those who did not—assessing the impact of a possible self-selection factor. Cross-tabulations with chi-squares and analyses of variance (ANOVAs) were run to compare demographic and background characteristics of participants who responded to the instruments at all three time points compared with those who only completed the baseline measures. Analyses show that the groups did not differ significantly on any demographic or background measures. This
demonstrates the likelihood that the smaller sample that completed the measures at all three time points is representative of the total sample.

To ensure that additional postexternship trainings did not affect the Knowledge or Competency Scale scores in Study 2, repeated measures ANOVAs were run examining these potential relationships. Results indicate that there were no significant between-subjects effects for postexternship training or any significant interactions of postexternship training with time. Given that additional postexternship training is not significantly related to EFT-KACS scores, this variable was not statistically controlled for in the analyses that follow.

Further analyses also indicate that there were no significant associations among Length of Time until follow-up data were collected (from 3 to 10 months) and Knowledge or Competence scores. Thus, Length of Time until follow-up was not controlled for in subsequent analyses.

To control for potential differences among the five EFT externship training sites, ANOVAs were run to identify trainer or site effects (i.e., whether certain workshop leaders or parts of the country more conducive to learning EFT). In Studies 1 and 2, findings reveal that there were no significant changes in Knowledge or Competency Scale scores over time associated with trainer or training sites. Finally, preliminary analyses were run to assess for any baseline differences or changes over time owing to the respondents’ gender, age, professional discipline, and educational level. No main effects for these were found.

Demographic characteristics of the subjects in Study 1 and Study 2 are shown in Table 1. On average, the majority of participants were middle age, Caucasian, female Marriage and Family Therapist (MFT). Most described themselves as in a relationship with a significant other and had been in practice longer than 10 years, where they saw an average of five couples

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Demographic Characteristics of the Samples in Study 1 (Pre–Post) and Study 2 (Follow-up)</th>
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</thead>
<tbody>
<tr>
<td>Demographic variables</td>
<td>Study 1</td>
</tr>
<tr>
<td></td>
<td>$N = 76$ (%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26 (35)</td>
</tr>
<tr>
<td>Female</td>
<td>48 (65)</td>
</tr>
<tr>
<td>Relationship status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>10 (13)</td>
</tr>
<tr>
<td>Partnered</td>
<td>53 (70)</td>
</tr>
<tr>
<td>Didn’t state</td>
<td>13 (17)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>6 (8)</td>
</tr>
<tr>
<td>MFT</td>
<td>30 (40)</td>
</tr>
<tr>
<td>LCSW</td>
<td>7 (9)</td>
</tr>
<tr>
<td>PhD/PsyD</td>
<td>17 (23)</td>
</tr>
<tr>
<td>Other</td>
<td>15 (20)</td>
</tr>
<tr>
<td>Orientation</td>
<td></td>
</tr>
<tr>
<td>Integrative/eclectic</td>
<td>35 (47)</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>8 (11)</td>
</tr>
<tr>
<td>Humanistic</td>
<td>8 (11)</td>
</tr>
<tr>
<td>Systems</td>
<td>7 (10)</td>
</tr>
<tr>
<td>Cognitive behavioral</td>
<td>4 (5)</td>
</tr>
<tr>
<td>Existential</td>
<td>3 (4)</td>
</tr>
<tr>
<td>Narrative</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (10)</td>
</tr>
</tbody>
</table>
per week. Additional data indicate that, prior to training, over 90% had read at least one book on EFT, and two-thirds had seen with at least one EFT video or DVD. Most identified themselves as having an eclectic–integrative theoretical orientation.

**HYPOTHESES**

**Hypothesis 1**

Participants self-reported knowledge of EFT will increase with training.

A repeated measures ANCOVA was run to examine changes in EFT Knowledge Scale scores over time (comparing baseline and posttest data for Study 1, and baseline, posttest, and follow-up data for Study 2). Table 2 shows that participants significantly increased their knowledge following the externship. Using Denton et al.’s (2009) guideline, which scores superior fidelity (adherence to the EFT model) as at or above the 80th percentile, 17% of the current sample had superior baseline scores prior to training, with an increase to 54% following the externship. Additional analyses reveal that attendees who had read the fewest books reported the most change in knowledge (accounting for 76% of the variance), compared with participants who had read two books (60%) or three or more books (48%).

Study 2 results show the same significant main effect for time with increases in knowledge from pretest to posttest; however, post hoc contrasts revealed there was a significant decrease in knowledge from posttest to follow-up. Nonetheless, the long-term follow-up Knowledge score was still significantly higher than scores prior to training (see Table 2). Thus, Hypothesis 1 was confirmed; participants tended to report increases in the amount learned after training, although there was a decrease in self-reported knowledge as time increased.

**Hypothesis 2**

Participants’ self-reported competence in EFT will increase with training, but to a lesser extent than their increases in knowledge.

### Table 2

**Repeated Measures ANCOVAs for Outcome Variables: Significant Time Effects**

<table>
<thead>
<tr>
<th></th>
<th>Baseline M (SD)</th>
<th>Posttest M (SD)</th>
<th>Follow-up M (SD)</th>
<th>Source</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1 (N = 71)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EFT-KACS knowledge</td>
<td>4.02 (1.37)</td>
<td>5.47 (1.02)</td>
<td></td>
<td>Time (T)</td>
<td>1</td>
<td>18.62**</td>
</tr>
<tr>
<td>EFT-KACS competence</td>
<td>3.39 (1.11)</td>
<td>4.50 (1.07)</td>
<td></td>
<td>Time (T)</td>
<td>1</td>
<td>15.15**</td>
</tr>
<tr>
<td>Study 2 (N = 27)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFT-KACS knowledge</td>
<td>3.91 (1.36)</td>
<td>5.41 (0.88)</td>
<td>4.94 (1.08)</td>
<td>Time (T)</td>
<td>2</td>
<td>15.83**</td>
</tr>
<tr>
<td>EFT-KACS competence</td>
<td>3.25 (1.12)</td>
<td>4.33 (0.90)</td>
<td>4.33 (0.95)</td>
<td>Time (T)</td>
<td>2</td>
<td>10.53**</td>
</tr>
<tr>
<td>Anxious attachment</td>
<td>2.60 (1.08)</td>
<td>–</td>
<td>2.43 (0.96)</td>
<td>Time (T)</td>
<td>1</td>
<td>0.87</td>
</tr>
<tr>
<td>Avoidant attachment</td>
<td>2.44 (1.03)</td>
<td>–</td>
<td>2.15 (0.15)</td>
<td>Time (T)</td>
<td>1</td>
<td>9.71**</td>
</tr>
<tr>
<td>&lt; 8 years practice</td>
<td>3.11 (1.33)</td>
<td>–</td>
<td>2.56 (1.11)</td>
<td>Years (T)</td>
<td>1</td>
<td>5.16*</td>
</tr>
<tr>
<td>(n = 9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8+ years practice</td>
<td>2.10 (0.66)</td>
<td>–</td>
<td>1.90 (0.80)</td>
<td>Years (T)</td>
<td>1</td>
<td>2.92</td>
</tr>
</tbody>
</table>

*Note. Scales scored \(^1\)1 = not at all, \(7\) = quite a bit, \(^2\)1 = strongly disagree, \(7\) = strongly agree. Analyses for Knowledge and Competence control for Years of practice (<8, 8 or more) and Number of EFT books read at pretest; analyses for Competence in Study 1 control for training site. In post hoc tests, means marked a are significantly lower than means marked b, which are significantly lower than means marked c and means marked d are significantly lower than those marked e. **p < .01, *p < .05.
A repeated measures ANCOVA (using Competency Scale scores as the dependent variable) was used with baseline and posttest data for Study 1, and with baseline, posttest, and follow-up data for Study 2. Study 1 results indicated that there were significant effects for time confirming Hypothesis 2 that those who attended the externship increased in their competency. Furthermore, at baseline, only 3% of the participants reported they already had superior Competence Scale scores (80th percentile or higher); this increased to 15% at posttest. Additional analyses show that effects for time accounted for 44% of the variance in the Knowledge Scale scores compared with only 13% of the variance in the Competence Scale scores. This finding confirms the latter part of Hypothesis 2, which predicts that it is easier to improve one’s knowledge than competency. It should also be noted that, as expected, the attendees entered and left training with significantly more knowledge than the skill to practice what they knew (i.e., in both Studies 1 and 2 attendees’ Knowledge Scale scores were significantly higher than their Competency Scale scores).

Analyses for Study 2 also found a main effect for time. Post hoc comparisons showed that competence increased from baseline to posttest and then remained constant from posttest to follow-up (See Table 2). In the second study, Knowledge Scale scores were also significantly higher than Competency Scale scores at all three time periods.

**Hypothesis 3**

At follow-up, participants will have decreased in their attachment-related anxiety and avoidance.

The first part of this hypothesis was not confirmed, using a repeated measures ANCOVA design (controlling for baseline levels of attachment anxiety and avoidance). Participants in Study 2 did not change significantly in their Anxiety Scale scores on the ECR-R over time (See Table 2). However, it should be noted that this may have been because of floor effects, as the subjects’ reported anxiety, as measured on the 7-point scale, was already quite low compared with national norms: 2.5 vs. 3.6 (Fraley, 2005).

Although attendees also reported very low degrees of avoidant attachment compared with national norms (2.4 vs. 3.6; Fraley, 2005), Avoidance Scale scores did significantly decrease from baseline to follow-up (see Table 2), confirming the latter part of Hypothesis 3.

**Hypothesis 4**

As participants become more competent, they will increase in self-compassion and ability to process emotion.

Regressions testing this hypothesis controlled for years of practice, as it was positively associated with the SCS at pretest, $r(62) = .35, p < .01$ and posttest, $r(71) = .42, p < .01$. (That is, clinicians with more experience reported more compassionate attitudes toward themselves than those with less experience.) Increases in Competence (as represented by posttest scores, controlling for pretest scores) were not significantly associated with increases in self-compassion. The first part of Hypothesis 4 was, therefore, not confirmed.

With regard to the relationship between competency and processing of emotions, results from a hierarchical regression predicting EPI posttest scores found a significant and positive association with Competence ($b = .38, p < .01$), after controlling for baseline EPI scores ($b = .27, p < .02$) and baseline Competence Scale scores ($b = -.03, ns$). This suggests that as participants’ competence increased, so did their emotional processing (EPI scores), supporting the second part of Hypothesis 4.

**Hypothesis 5**

As participants improve in their emotional processing, they increase in their self-compassion.

A hierarchical regression (controlling for baseline SCS scores) found that changes in the EPI were significantly and positively associated with changes in the SCS ($b = .46, p < .01$), supporting Hypothesis 5.

**Hypothesis 6**

Participants will report that the EFT training had an effect on their personal lives.
Participants in Study 2 reported the greatest impact occurred with their romantic relationships (M = 5.89 of 7, SD = 0.92), followed by understanding life experiences (M = 5.79, SD = 1.18) and relationships with others (M = 5.65, SD = 1.74); participants reported less impact on self-compassion (M = 5.02, SD = 1.35). These four items were highly intercorrelated (Cronbach’s alpha = .82). Respondents were also asked to explain their ratings for each item. See Table 3 for a sampling of their responses.

### DISCUSSION

**The Professional Effects of EFT Training**

As anticipated, attendees entered the training with more knowledge about EFT than competence in practicing it. Looking at changes over time, the results of this research support our hypotheses that an intensive training experience in EFT increases one’s self-rated knowledge and competence. Specifically, results from Study 1 show that participants achieve significant gains in knowledge and competence, immediately following the 4-day EFT externship. Not only are these differences statistically reliable they are also clinically significant (Jacobson & Truax, 1991) with attendees increasing their self-rated superior scores over three times as much by the end of training (17% vs. 54% for knowledge; 3% vs. 15% for competence). As predicted, Knowledge scores increased more than Competence. The results of Study 1 are consistent with previous findings on the immediate outcomes of trainee satisfaction and increases in knowledge (Miller & Mount, 2001; O’Donovan et al., 2005) as well as competence (Bennett-Levy & Beedie, 2007; Milne, Baker, Blackburn, James, & Reichet, 1999). At follow-up, participants continued to rate themselves as more knowledgeable and competent than they were before training. This suggests that participants not only made immediate gains but also retained them. As one participant noted, “I feel more competent in my work with couples and individuals in helping them with relationships.”

Additional findings reveal that while participants markedly increased in their Knowledge scores during the externship, at follow-up, these dropped, while their more modest gains in skill level held firm. While effects of regression toward the mean cannot be overlooked, it is reasonable to consider that experiential learning may have more long-lasting effects than book learning (Schon, 1983). It is important to note that the training methods used in the EFT externship capitalize on experiential approaches such as skill training exercises and role-plays, viewing recorded and live therapy, and on-going feedback and on-site consultation (Alliant International University, 2008).

A remarkable finding, with major training implications, is that there were no trainer effects for either Study 1 or Study 2, demonstrating that comparable learning was achieved regardless of who was conducting the training. This consistency among trainers may stem from the fact that the core elements of EFT are well articulated. Furthermore, therapists undergo rigorous,

### Table 3

**Examples of how emotionally focused couple therapy (EFT) Training Personally Impacted Respondents**

| I have been reflective of my attachment relationships and attachment style across time. I am much more thoughtful about my attachment needs as well as others |
| I’ve had more compassion toward myself in regards to my past and current behavior in my relationship with my partner |
| I have been much more grateful and happy in my marriage for our good bond |
| I am much more gentle with myself and willing to reframe an experience to see the primary emotion that has gotten triggered |
| Overall, EFT has helped me link my own internal dynamics to an understanding of my early attachment experiences. These understandings have helped me in my marriage and other relationships! |
standardized training to become designated EFT trainers, including passing several certification steps requiring a demonstration of content mastery and teaching skill.

It should also be mentioned that none of the demographic variables (e.g., gender, age, education) were significantly related to knowledge or competence, perhaps challenging the cliché that women are more suited than men to do emotionally based therapy.

**Personal Effects of EFT Training**

The results from these studies demonstrate that not only are there significant increases in professional aspects (i.e., knowledge and competency) posttraining, but there are also immediate and long-term personal changes. With regard to the attachment styles of the participants, findings suggest that for less experienced clinicians, there are significant drops in avoidant behavior over time. The finding that attachment security can change is consistent with Bowlby’s (1979) contention that working models both accommodate as well as filter incoming information. These findings about shifts in avoidance are particularly important, because they are a departure from existing research that has found that attachment avoidance is resistant to change over the lifespan (Klohnen & Bera, 1998).

EFT training may provide unique opportunities for more avoidantly oriented participants to relate to others in emotionally connected, yet structured (e.g., safe) ways. Hence, they may have had opportunities to disconfirm their working models of the dangers of attachment (Fraley & Shaver, 2000). An experiential and attachment-based training, such as EFT, might activate the attachment system of more avoidantly oriented participants by turning their attention toward attachment relationships. The training is designed and conducted to create a safe place for clinicians to explore the emotional facets of connecting to themselves and others. Trainers model emotional immersion and encourage participants to empathically engage during role-plays. This environment may provide more avoidantly oriented participants the opportunity to understand their attachment longings and behaviors, as well as to engage with their emotions in new ways—in a sense providing a new attachment experience for them. However, it should be noted that, overall, this sample is a relatively securely attached group—having both low anxiety and low avoidance scores compared with normative data. Therefore, generalizations to other more heterogeneous samples cannot be made.

Contrary to expectation, attendees’ attachment scores on the anxiety subscale did not change significantly over time. As anxious individuals’ attachment manifests in relationship-seeking behaviors, perhaps they are already accustomed to being in relationships and having opportunities to test out and challenge their working models.

Results from Study 1 also show that as participants’ competence increased, so did their ability to process emotions. This finding is entirely consistent with the emotional focus of the model. In EFT, therapists need to help couples deepen and express their primary emotions. In so doing, they use their own emotions to reflect, intensify, and attune to their clients’ feelings. Such a reverberating resonance between clients and therapists may have a neurological basis (i.e., the role of mirror neurons; Iacoboni, 2005; Schore, 2003). As a consequence, an increased awareness of one’s own sensations and feelings is likely to occur. Furthermore, the experiential learning strategies used to teach EFT in the externship (e.g., role plays) are also likely to heighten the attendees’ emotional responsiveness.

With regard to self-compassion, results indicate that as participants’ emotional processing increases, their levels of self-compassion increase as well. Participants’ increase in self-compassion, as a function of more emotional engagement, makes sense given the intimate connection between self-compassion and attention to and acceptance of one’s feelings (Germer, 2009). We speculate that the ability to process emotions may be a prerequisite to self-compassion, because one must be aware of his or her feelings first, before assuming a compassionate stance toward them. However, this is a relatively unexamined topic; these results are merely suggestive and need more exploration. While previous research has found changes in self-compassion because of training (Gilbert & Proctor, 2006; Moore, 2008; Shapiro, Brown, & Biegel, 2007), the studies were geared toward directly teaching principles of self-compassion (i.e., mindfulness). EFT trainers might consider “more mindfully” incorporating mindfulness-based strategies as part of future trainings, as this might help trainees become better attuned to and accepting of their own emotions.
At follow-up, participants shared insights about how the training affected them personally, “I am gentler with my partner. I am gentler with myself. I can cut to the chase and talk about underlying vulnerabilities.” These quotes illustrate that the effects of training were both impactful and long lasting. Overall, the findings suggest that there are personal effects that result from participation in the EFT training.

Strengths, Limitations, and Directions for Future Research

One of the unique aspects of this study is the comparatively large sample size. Most training studies have used a sample smaller than 25 participants (Buckley et al., 1982; Crits-Christoph et al., 2006; Duplassie et al., 2008; Henry et al., 1993; Hilsenroth et al., 2006; Miller & Mount, 2001). In fact, small sample sizes are one area of criticism in the training research (Fauth, Gates, Vinca, Boles, & Hayes, 2007; Hill & Lent, 2006). In addition, several analyses were performed to assess whether those completing the measures were representative of the total sample and to statistically control for pre- and posttest scale scores where appropriate.

We also assessed for trainer effects.

This study adds to the literature on the professional effects of training and is one of a handful of studies looking at the long-term effects of such training. Examining knowledge and competency separately facilitates our understanding of how learning takes place. In addition, this study is one of the few empirical efforts to examine the personal effects of training on the therapist. Furthermore, our research introduces a self-report measure, the EFT-KACS, that offers promising reliability and validity. Such a self-report measure could be valuable in future EFT process and outcome studies. (For more information about the EFT-KACS, see Levenson & Svatovic, 2009; Levenson et al., 2009.)

The present research, however, is limited in several ways. The lack of a control group limits the generalizability of the findings. Future studies could include a group that received no training, or a group that received only EFT reading materials, to better determine the impact of experiential training versus more general exposure to the theory. This study does not directly assess what contributes to the success of the EFT training—whether it is the subject matter itself, or the use of particular training methods, or a combination of the two. Such information could be useful to improve future training.

Another option to strengthen validity would be to compare the reports of people who received training in EFT with the reports of people who received training in a less emotionally based therapeutic modality, such as CBT. It would be expected that if EFT training were compared with CBT training, then participants in both groups would increase in knowledge and competence, but there would likely be differences in personal effects. For example, CBT trainees might show more increases in their abilities to use logic, whereas EFT trainees would be expected to demonstrate increases in emotional processing.

Another limitation is the comparatively small number of subjects in Study 2. Increasing the N would allow for more refined statistical analyses. Lastly, the use of self-report measures creates a major shortcoming. Self-report measures always involve response errors, because of demand characteristics (Orne, 1962). Respondents could have been pulled to report that they benefitted from the training, because they expended a significant amount of time and financial resources on it. Future research could improve this by obtaining external validation of any self-reported changes. This could be accomplished, for example, by using raters to assess attendees’ pretraining therapies versus posttraining therapies using Denton et al.’s (2009) scale.

CONCLUSION

The present research provides some preliminary evidence about the positive personal and professional effects of learning EFT. These studies suggest that formal training in EFT is effective in helping therapists learn how to do this empirically supported treatment. Furthermore, it presents novel findings on the link between learning and personal growth, both in the short and long term. Thus, learning EFT may not only improve one’s clinical skills but it may also actually improve the life of the therapist.
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NOTES

1For a copy of the EFT-KACS, please contact Hanna Levenson.

2EFT, an experiential therapy model, *implicitly* includes principles of mindfulness, such as present moment awareness, a nonjudgmental attitude, acceptance, and compassion toward self and others (Furrow et al., 2011), but could do so more *explicitly*. 

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