

Emotion Coaching (EC) General and Micro-skills **A module of Emotion-Focused Family Therapy**

Emotion Coaching - General Skills

Step 1- Validate:

- A. Convey understanding of their experience & prove that you “get it” using three because-statements. Ensure the statements convey sincerity and reflect the other’s positive intentions, vulnerable feelings, or attempts for relief from pain:

I could understand you...

I could imagine you...

No wonder you...

It would make sense that you...

...might feel/think/want to/not want to __ because 1: __ because 2: __ because 3: __

Step 2 – Support:

- A. Emotional Support: comfort, reassurance, communication of understanding, positive regard, belief in the other or togetherness, time-limited space, etc.

Sample statements: “It’s going to be ok”; “I understand you”; “I hear you”; “I know you are doing the best you can right now”; “I believe in you; “I believe you can do this”; “We’re in this together”; “I want the best for you”; “Why don’t I give you a few minutes and we’ll try again tonight”

- B. Practical Support: offer suggestions to meet their needs in the short-term and/or the long-term. These can include ideas for: distraction, redirection, teaching skills, exposure to anxiety-provoking stimuli etc. Practical support can also include setting limits and/or taking over should the individual require such care.

Emotion Coaching - Micro-Skills

Micro-skills – Validation:

1. Because-statements that end with a downward inflexion in tone are more likely to yield the desired effect. Otherwise, the other is conditioned to respond with defensiveness (expecting a “but” – whether or not you intend to use one).
2. Because-statements that refer to the other are not as powerful as because-statements that refer to the relationship or the individual offering the validation.

Example: I can understand why you might not want to speak with me because:

- You don’t like talking about feelings (*about the other - least powerful*)
- We aren’t in the habit of talking about tough stuff (*about the relationship - more powerful*)
- I don’t always understand your perspective (*about the self - most powerful*)



3. Because-statements that reflect an understanding or a reflection of: the goodness of the other, their vulnerable needs or the extent to which they are suffering will increase the effectiveness of your efforts.

Example: I can understand why you might not want to eat because:

- You want control (*less powerful*)
- When you restrict it distracts you from the distress (*more powerful*)

4. Because-statements that are structured in three complete sentences can be more effective than a series of because-statements within a single sentence.

I could understand you might feel _____ because #1 _____ because #2 _____ and because #3 _____

vs

I could understand you might feel _____ because #1

No wonder you might feel _____ because #2

It would make sense that you might feel _____ because #3

5. Validating statements communicated from the heart will be more effective than validating statements that are more rote or strategic in their delivery. When in doubt, caregivers can be inspired by the 3 Hs of validation: “it’s hard”, “it’s heavy” and “it hurts” (I can understand why you’d feel the urge to cut because life feels really hard right now, and the pain is heavy, and it really hurts.)

6. Validating statements should reflect the other’s current state of mind/being. In other words, you may validate their thoughts, attitudes/urges, emotional experiences or core emotions. Should the other be more open to more surface-level validation of thoughts, attitudes and urges, you can use the first two because-statements to do so, followed by a third because- statement that supports a transition from the surface thought or feeling to an underlying emotional state to deepen the effect.

For example:

I could understand you might think this is useless (attitude) because #1

It would make sense that you might feel disappointed (emotional experience) because #2

I can imagine that you might also feel sad/scared/embarrassed (core emotion) because #3

The more frequently emotions can be named and validated, the better as “to name it, is to tame it (D. Siegel)” and individuals who can name their emotions reduce their risk of the development of mental health issues.

7. When validating emotional content, it can be important to mirror the other’s display of affect with respect to tone, volume, facial expressions and physicality. For example, if the other is angry, the validating statements are said with energy and animation; whereas if the other is feeling sad or hopeless, the validating statements are communicated with a softer and slower tone and stance.

In addition, you can combine this strategy with the previous one to support the other to move from the expression of secondary/maladaptive feeling states to healthy primary emotions. For example:

(said with energy and animation to mirror the other) I can understand you’d feel really angry right now (secondary emotion – rejecting anger) because #1



(again, said with energy and animation to mirror the other) It makes sense to me that you might feel this way because #2

(said with a softer tone and stance) I can imagine that you might also feel sad (primary emotion) because #3

8. When the relationship has been affected by life's challenges, the following validation statements can be very touching and they can be communicated in the context of any dyad:

I can imagine you'd feel hurt/alone/angry/anxious or unsure of the sincerity of my efforts because

- I haven't always been there in the ways that you needed or wanted
- I will never fully understand what it feels like to be in your situation

Micro-skills – Support:

1. Ensure emotional support is consistent with the context of validation. For example, if the loved one doubts the trustworthiness of their caregiver's validating statements, the caregiver would reassure their loved one that they are in fact being sincere. If a person is struggling to resist an urge to be symptomatic, their partner may express belief in their ability to resist the urge with support.

2. When offering practical support, it is best to first *provide* a suggestion that is *concrete* before engaging in a process of collaborative problem-solving or asking the other what they think might be helpful. For example, it may be helpful to avoid initial statements like: "let me know how I can help you" or "let's brainstorm what might be helpful" in favour of statements like: "let's go for a walk" or "why don't you try calling a friend". It's not that there is anything inherently wrong with seeking input and collaboration; however should the other still feel overwhelmed or at a loss regarding what might be effective, leading with the proposal of specific ideas can help them to clarify their current needs. It's also possible they feel uneasy or feel guilty taking up others' time, and this structure makes it easier for them to accept the offer for practical support.

3. Ensure practical support is consistent with the context of validation. For example, if as above, the loved one doubts the trustworthiness of their caregiver's validating statements, the caregiver would reassure their loved one that they are in fact being sincere, followed by a practical support suggestion to book a dyadic therapy session. If a person is struggling to resist an urge to be symptomatic, their partner may express belief in their ability to get through this urge with their support followed by a practical support suggestion for distraction ("Why don't we go for a walk together to shake off that feeling").

Additional considerations:

Scaffolding and Skills Practice: The importance of skills practice using worksheets and role-play cannot be over-emphasized. The reason for this is simple – responding in this way to others' emotionality and resistance goes against our cultural norms and emotional conditioning. Therefore, we must create new neuronal pathways in order to over-ride our conditioning. When doing so, it is important to employ methods that allow for scaffolding. Scaffolding refers to the use of techniques "used to move students progressively toward stronger understanding and, ultimately, greater independence in the learning process"¹.



For example, you might provide 4-5 suggestions for because-statements from which the caregiver can choose to begin crafting their script. When engaging in experiential practice, the therapist might encourage the caregiver to begin by introducing one validating statement at a time, repeating the phrasing until it becomes more natural. Or, the therapist might begin by assuming the role of the caregiver (using the script developed) while the caregiver takes the role of their loved one. This way, the caregiver can first have the experience of being supported using this framework before attempting to do so (while the therapist takes the role of their loved one). That being said, if you teach the structure to the caregiver once or twice and they find themselves unable to implement it in the home environment, allow for the possibility that an emotional block might be interfering with their efforts and consider a piece of block work.

Focus on Difference from Baseline: When teaching caregivers this framework, it can be easy to get caught up in the details of the implementation. It's important to remember that caregivers can become overwhelmed if provided with too many of the aforementioned micro-skills. It's also not necessary for them to internalize them all. What's most important – in addition to the sincerity of their efforts – is the extent to which their efforts are different from baseline. Caregivers new to the approach or whose current style is very different from the framework described can begin by simply following the general skill of validation with one or two because-statements. Once they've practiced this skill in the therapy office and at home, they can refine their skill by adding the support strategies and practising the micro-skills most relevant to their situation.

Ensure Efforts are Targeted: When applying the skills of emotion coaching – and in particular in the beginning, it can be important for caregivers to focus their efforts in terms of their loved one's struggles. In other words, if a teen is struggling with social anxiety, the parents will apply the strategy in this context, rather than in all or other interactions. This targeted practice is encouraged since – like with any new skill – it can be a challenging cognitive exercise and therefore we preserve the caregiver's efforts for when it counts most.

Prepare for a Second Round: It is common for loved ones to respond to their caregiver's new manner of responding to them with surprise, suspicion, and even rejection. As such, it is wise to prepare the caregiver to respond to such reactions using the same framework as outlined. For example, you may support the caregiver to prepare scripts to validate and offer support to expressions such as: “Why are you trying to talk to me like that?” or: “You're just saying that because the therapist told you to”. Doing so can also increase their confidence when trying out the approach for the first time. However, as above, it is important to practice experientially in order to over-ride default response patterns such as defensiveness or withdrawal.

Address Potential Concerns Related to Conjecture: Many caregivers (and clinicians) worry about the identification of potentially incorrect because-statements. Oftentimes, the concern is that the other may experience the attempts to validate as intrusive. Others may worry about incorrectly validating their loved one's experience, leading them to feel worse. We've found that when the validation statements are made in a tentative manner, and from a place of genuine care and concern, they are likely to be productive – whether immediately or in the future (and you can't implant an emotion by mere suggestion – it's already in there or not). In fact, there are instances when conjecture is highly beneficial – in particular when the loved one isn't clear on their internal experience or when they are afraid or ashamed of the way they are feeling. When the caregiver puts words to their potential experience, it can demonstrate that the caregiver is in fact willing and able to support them with the stress or distress they are experiencing and/or help them to clarify the goings-on of their inner world. For example, a tentative conjecture might help a loved one to



connect with a feeling that was just outside of awareness or they might reject a because-statement and in doing clarify how it is *they are actually* feeling about a situation. and/or

Move from Script to Stance. In addition to practice, it can helpful to use the body to increase the poignancy of your use of the emotion-coaching framework. For example, imagine making the statements from your head, your heart, and then your gut. Feel the difference. In other words, use your words *and* your body to express validation and offer support.

Communicate the Limits to the Approach. It may seem counter-intuitive to regard a communication of the limits of emotion coaching as a micro-skill at first. However, doing so can be incredibly helpful for those with whom you work as it manages expectations and inoculates them against possible discouragement or despair when their efforts do not lead to desired outcomes. It will also help them to remember that there are both short-term (regulation, de-escalation, increase in cooperation) and long-term rationales (building and strengthening the internalization of self-regulation skills) for engaging in this practice with their loved one.

Here are excerpts from the book that may be helpful to describe these processes: Lafrance, A., Henderson, K. A., & Mayman, S. (2020) *Emotion-Focused Family Therapy: A Transdiagnostic Model for Caregiver-Focused Interventions*. American Psychological Association.

“From a neurobiological perspective, when parents attend to their distressed child in a caring and compassionate way, their nonverbal signals (e.g., facial expression, tone of voice) are processed in their child’s limbic system as signals of security and approachability, which leads to a buffering effect (Hughes & Baylin, 2012; Joseph, 1999). Chemically, this process is activated, in part, via the oxytocin system. For example, these caring gestures trigger the release of calming neurochemicals, including oxytocin, from the child’s hypothalamus, sending safety signals to their sensory processing systems and to the limbic system, leading to a calming effect (Hughes & Baylin, 2012).

And...

“Nurturing relationships have also been shown to activate growth-enhancing brain chemistry. This means that when caregivers connect with their loved one in an emotionally attuned manner, it not only creates a short-term calming effect, it also promotes the growth of synaptic connections between the limbic regions of the brain and the frontal lobe, a bridge responsible for emotion regulation (Balbernie, 2001; Hughes, D.A., & Baylin, J, 2012). Given these are neurobiological processes, they are not considered culture-bound or restricted by age, and so it is possible to leverage the neurological power of caregivers in these ways across the life span, and in the context of parental, spousal, and other significant relationships.” (p.30-31)

ⁱ <https://www.edglossary.org/scaffolding/>

