

in the beginning it was good, you
I did at one point really love,
other's drinking, and maybe with
your life, and then you lost your
dealing with things was to be cold.
not that you didn't want to be. I
Ily understand or I can try to feel
u did the best you could knowing

nd of the session, the client says
itting on my chest anymore."
e can now accept that her father
emotion episodes of pride and
gs. Her shame-based core mal-
has shifted to include the emo-
his own pain in his life and that
ive in loving ways toward her or
triggers hopelessness, and giving
I that she is worth loving, and
has to offer at this point in her
needs, to protect herself from
sisters has also developed.

within training in intervention.
agnosis are seen as an inherent
, 1988). Therapists are trained
identification, and in moving
described previously. Various
(1988) and Elliott, Watson,
e steps involved in training in
et al. (1993) specify many of
formulation method. In addi-
sures mentioned previously in
uality (CVQ) Scale (Rice &
il, 1969). Such training helps
for self-focus to improve his
nally, demonstration films of
Greenberg, 1989, 1994, 2005)
ut-by-moment processing and

RESEARCH SUPPORT FOR THE APPENDIX

The EFT tasks have been studied extensively (Greenberg, Elliott, & Letaer, 1994; Elliott, Greenberg, & Letaer, 2004). Manuals that guide the identification of six particular markers and tasks have been specified and studied (Greenberg et al., 1993; Elliott et al., 2004b). Each of the problematic experiential states is identified by a marker that indicates that the client is currently emotionally involved in a particular affective problem state. The marker indicates both the presence of the state and the client's current amenability to intervention. Thus, during a particular session, an emergent marker represents an opportunity for intervention of a particular kind; an intervention that will uniquely address the processing difficulty presented by the marker.

A task appropriate to the marker is then introduced. The stages involved in the resolution of the tasks have been intensively analyzed empirically and task resolution has been shown to relate to treatment outcome (Watson & Greenberg, 1996b; Greenberg & Pedersen, 2001). The resolution models offer specific guidance to therapists on how to make appropriate momentary "process diagnoses," or assessments of current cognitive-affective states, and how to determine at what point, a particular intervention would facilitate further exploration and ultimately the resolution of the particular task (Greenberg et al., 1993).

For example, working according to the model of the process of resolution of a self-evaluative conflict split (Greenberg, 1984), when an internalized self-critic has been accessed, the therapist attempts to help the person to express some of the contempt or harshness of the critic (i.e., "You make me sick"). Once the harshness of the critic has been accessed, the therapist may then make a momentary diagnosis that it would facilitate the dialogue to encourage the expression of more specific criticisms ("You do not work hard enough. You are stupid."). This work with the critic continues until such time as the underlying maladaptive emotion scheme of failure and inadequacy is accessed in the experiencing self. At this time the therapist makes another process diagnosis that it would be helpful for the client to express the underlying feelings and therefore asks the person to express feelings to the critic from the self chair (i.e., "I feel worthless when you say that, I feel like a nothing."). The therapist will continue to make such process diagnoses throughout the dialogue, facilitating the appropriate action at the appropriate moment. After accessing primary adaptive feelings, the therapist will then facilitate an assertion of needs toward the critic. Once the needs on the one hand and the values and standards underlying the criticisms on the other have been put in dialectical opposition, the therapist will continue to work to facilitate a shift or a softening of the critic. All these steps are viewed as helping the client to integrate the conflicting aspects of self (Greenberg et al., 1993). As is evident through this example,