

# Attachment in Action: Combining EFT with EMDR for traumatised couples and individuals



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Attachment in Action:  
Combining Emotionally Focused Therapy (EFT) and EMDR

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### Introduction

- Foreign correspondent (1994-2000)
- British Red Cross/ICRC delegate (2000-2007)
- Retrained as psychotherapist (2007)
  - Psychodynamic
  - Dynamic Interpersonal Therapy (DIT)
  - EMDR (2016)
  - EFT (2020)

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### Where are we headed?



- EFT and EMDR overview/shared foundations
- Theoretical Framework – Attachment Theory
- Introduction to EFT
- Introduction to EMDR
- How do they work together?

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**Emotionally Focused Therapy (EFT)**  
Dr Sue Johnson (1943 – 2024)

**Eye Movement Desensitization and Reprocessing (EMDR)**  
Dr Francine Shapiro (1948-2019)



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**Shared Foundations**

- Experiential and process-oriented, centred in present-moment here-and-now awareness
- Emotion as central to healing
- Attachment-informed
- Neurobiologically informed
- Focus on trauma, emotional processing and relational repair
- Therapist as attuned presence

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**Theoretical Framework - Attachment**



- Fundamentally interpersonal
- A theory of threat management
- A development theory
- A theory of motivation

**Secure Base/Safe Haven**

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*"All of us, from cradle to grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure(s)."*

John Bowlby 1988

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How do we learn to regulate our feelings?



The "Strange Situation" – Mary Ainsworth (1970s)  
Secure – Insecure Avoidant – Insecure Ambivalent ... Disorganized

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The Adult Attachment Interview (Main & Hesse, 1990)



- Secure/autonomous
- Dismissing (idealizing and derogatory)
- Preoccupied
- Unresolved/disorganized

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### Adult Attachment Styles



- Secure
- Avoidant
- Anxious/ambivalent  
(Hazan & Shaver, 1987)
- Fearful avoidance  
(Bartholomew, 1990)

“Earned Security” (Main & Solomon, 1990)

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### Relationship Questionnaire

**A.** It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

**B.** I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

**C.** I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

**D.** I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

Bartholomew, K., & Horowitz, L. M. (1991).  
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### The Dynamic Maturational Model (DMM)

Attachment as self-protective, adaptive strategy  
Focus on danger, trauma and adaptation  
Information processing focus (avoidant, ambivalent and balanced strategies)  
Developmental progression

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### Attachment Insecurity

- Vulnerability to depression and various forms of anxiety disorders
- Vulnerability to the development of Post Traumatic Stress Disorder
- Personality disorders
- Substance-related and addictive disorders

(Johnson, 2019)

Risk pathway

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### Clues in the Office

**Secure**  
Able to open up emotionally/reflect upon emotions, thoughts, wishes, motivations/imagine the emotions and thoughts of others/evaluate and revise perceptions and ideas/integrate new information. Balance of emotions and thoughts.

**Dismissive derogatory**  
Guarded with thoughts and feelings. Little emotion in language. Pattern of derogatory comments towards certain others or toward certain relationships. Limited capacity to self-reflect or reflect upon the feelings of others.

**Dismissive idealizing**  
Guarded with thoughts and feelings. Minimal emotion in language. Reduced capacity to acknowledge events or situations as hurtful. Minimal capacity to acknowledge negative emotions. Idealizes childhood relationships. Limited capacity to self-reflect or reflect upon the internal state of others.

**Preoccupied**  
Underlying anxiety regarding relationships, managed by intense expression of emotions and needs. May be more angrily preoccupied or more fearfully preoccupied. Limited capacity to self-reflect or reflect upon the internal state of others.

**Unresolved/disorganized** Emotions and perceptions related to child states and unprocessed trauma are easily triggered. Limited capacity to self-reflect or reflect on the feelings of others when nervous system is activated.

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### Attachment Security

- Proximity-seeking, safe haven, and secure base
- Resilience in the face of stress (capacity for emotional balance, and to reach to and rely on others)
- Confidence and high self-esteem
- A sense of belonging and the ability to self-disclose and assert self
- Capacity to tolerate ambiguity
- Optimism
- Capacity to engage in reflective metacognition and grasp different perspectives

(Johnson, 2019)

Resilience pathway

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### Qualities of a Safe Haven alliance



- ACCESSIBLE – Can I reach you? – Are you emotionally available when I need you?
- RESPONSIVE – Can I rely on you to respond to me? - Do you tune in to my emotional cues and respond sensitively?
- ENGAGED – Do I know you value me and stay emotionally present? – Do you stay connected and involved in our relationship?

ARE you there for me?

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### Towards Earned Security



- Insecure attachment patterns can be updated with new interactional experiences.
- Finding consistent and reliable relationships that establish a sense of personal and relational security.
- Counselling/psychotherapy, friendships, romantic relationships, psychological safety at work, supervision, participation in spiritual communities.

“Corrective Emotional Experience”  
(Alexander & French, 1946)

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### Implications for trauma care

*“Empathic, attuned relationships provide the emotional safety required for trauma survivors to access and reorganize limbic memories.” - Alan Schore in Affect Dysregulation and Disorders of the Self (2003)*

*“The experience of being psychologically alone in the midst of unbearable pain.” - Jon G. Allen in Journal of Trauma and Dissociation (2013)*

*“Trauma becomes a source of unending emotional pain when it cannot find a relational home—when the person has no one with whom the experience can be shared, understood, and emotionally held.” - Robert Stolorow in “Trauma and Human Existence” (2007)*

*“It is imperative to treat trauma relationally.” (Linder et al, 2021)*

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TRAUMATIC EXPERIENCE	SECURE ATTACHMENT
<ul style="list-style-type: none"> <li>Floods us with physical fear / helplessness.</li> </ul>	<ul style="list-style-type: none"> <li>Offers a safe haven.</li> </ul>
<ul style="list-style-type: none"> <li>Colors the world as dangerous / unpredictable.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes affect regulation / integration.</li> </ul>
<ul style="list-style-type: none"> <li>Creates overwhelming emotional chaos.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes personality integration.</li> </ul>
<ul style="list-style-type: none"> <li>Threatens a cohesive sense of self.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes confidence / trust in self and others.</li> </ul>
<ul style="list-style-type: none"> <li>Assaults self-efficacy and a sense of self control.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes openness to experience, risk taking and new learning.</li> </ul>
<ul style="list-style-type: none"> <li>Scrambles the ability to engage fully in the present, and so to adapt to new situations.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes engagement in here and now and resonance with others.</li> </ul>

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### Introducing Emotionally Focused Therapy (EFT)



- Tripartite origins
  - Humanistic/experiential (Rogers/Perls)
  - Systemic (Minuchin/Fishman)
  - Attachment (Bowlby/Ainsworth/Main)
- Intersubjective psychoanalysis – the “relational turn” (Mitchell, Stern, Stolorow) – “experience near”
- Interpersonal neurobiology/affective neuroscience (Siegel/Schore)
- Mentalisation-Based Therapy (Fonagy/Bateman)
- Accelerated Experiential Dynamic Psychotherapy (AEDP)

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### Evidence base



- Six meta-analyses since late 1990s. Most recent (Spengler et al, 2022) with 300 couples found 70% symptom free at the end of therapy and gains stable up to two years post-treatment.
- High success rates and sustained outcomes
- Increased attachment security
- Neuroscience and physiological evidence
- Adaptative and effective across populations and cultures
- Evidence-based recognition

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Key ingredients of change - TEA

- TASK ALLIANCE
- EMOTIONAL EXPERIENCING
- AFFILIATIVE INTERACTIONS

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### Key ingredients of change

"The two most general clinical implications of attachment science are that *harnessing the power of emotion within* the client is the most potent way to promote change ... and that *change is inherently interpersonal* in nature, sculpted by the emotional messages that occur in dialogue with another."  
Johnson, 2019



Emotion is both the TARGET and the AGENT of change.

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### Granularity

- Better emotional regulation
- Improved mental and physical health
- More adaptive coping strategies
- Greater resilience in stressful situations

(Barrett, 2004)

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### The Experiencing Scale (Klein et al, 1969)

1. The client simply talks about events, ideas or others
2. Refers to self but without expressing emotions.
3. Expresses emotions but only as they relate to external circumstances.
4. The client focuses directly on emotions and thoughts about self
5. Engages in an exploration of his or her inner experience
6. Gains awareness of previously implicit feelings & meanings
7. On-going process of in-depth self-understanding, which provides new perspectives to solve significant problems

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### Appraisal Theory of Emotion

*"Emotion is not just a feeling, but a judgment about the significance of events to the individual."*

— Magda Arnold (1960)

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### Elements of Emotion



- Trigger/cue
- Initial perception/body response
- Meaning creation
- Action tendency/reactive emotion
- Core emotion/ underlying attachment fear

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### Organizing emotions - TEMPO



**T — Trigger:** This is the cue that starts an emotional response.

**E — Emotion:** What happens in body, what's the immediate feeling? Deepen new emotions.

**M — Meaning:** When cognitive appraisal kicks in; the significance we make out of the situation. What do I believe about myself?

**P — Protection:** The Action Tendency; what we actually do automatically

**O — Organization:** Put elements together and validate.

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### Exercise 1



- Trigger/cue
- Initial perception/body response
- Meaning creation
- Action tendency/reactive emotion
- Core emotion/ underlying attachment fear

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### Assembling emotions and trauma



- Clarifies confusing or overwhelming emotions
- Reorganizes maladaptive emotion schemes
- Creates safe emotional contact with others
- Keeps client within Window of Tolerance

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**The Map – EFT Stages**

Stage 1 – Stabilization (Identify the pattern)

Stage 2 – Restructuring: Engagement and Softening (Reorganize the pattern)

Stage 3 – Consolidation




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<b>The Map – EFT Stages</b>	<b>Three-Stage Trauma Recovery Model</b>
Stage 1 – Stabilization	Stage 1 – Safety and Stabilization
Stage 2 – Restructuring: Engagement and Softening	Stage 2 – Trauma Processing
Stage 3 – Consolidation	Stage 3 – Reintegration and Recovery
(Johnson, 1996)	(Herman, 1992)

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**EFT and the neurobiology of trauma**



- Stage 1: Reduce limbic activity, especially hyper-responsive amygdala, by fostering co-regulation and somatic tracking.
- Stage 2: Leverage experience-dependent neuroplasticity, enabling new emotional learning by rewiring neural pathways, reducing trauma-driven avoidance and hypervigilance and promoting relational safety.
- Stage 3: Narrative integration promoting coherence between left and right hemispheres and strengthening executive function and emotional regulation.

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**EMOTIONALLY FOCUSED THERAPY**  
EFT Therapy Process

Source: © 2014, Cengage, Diane R. Gehret, Ph.D.

<b>01</b> De-escalation of Negative Cycles.	<b>01</b>	Create alliance and identify attachment struggle.
	<b>02</b>	Identify the negative cycle.
	<b>03</b>	Access unacknowledged emotions and positions.
	<b>04</b>	Reframe the problem in terms of attachment & negative cycle.
<b>02</b> Change Interactional Patterns & Create Engagement.	<b>05</b>	Promote identification of disowned attachment needs.
	<b>06</b>	Promote acceptance of partner's experience.
	<b>07</b>	Direct expression of needs while strengthening attachment.
<i>Start with withdrawal, then move to the pursuer.</i>		
<b>03</b> Consolidation & Integration.	<b>08</b>	Facilitate new solutions to old problems.
	<b>09</b>	Consolidate new positions and attachment.
<i>Steps are not perfectly linear; most clients move back and forth.</i>		

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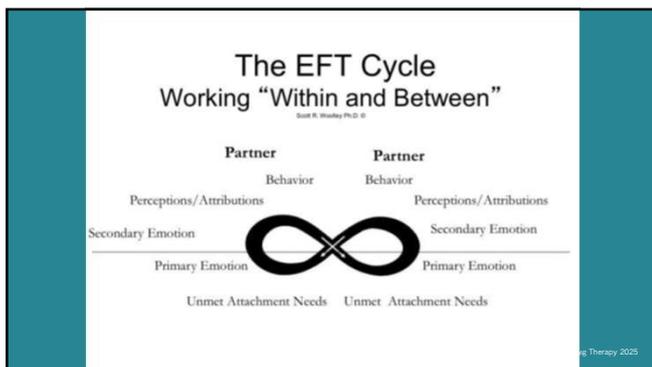
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**Mapping the Cycle**

<b>Withdrawers cope by:</b>	<b>Pursuers cope by:</b>
> Turning off the emotional heat	> Turning up the emotional heat
> Numbing and zoning out	> Pushing, pulling, poking
> Sucking it up	> Worrying, fretting
> Hiding	> Nagging, demanding
> Turning away, withdrawing	> Catastrophizing
> Stonewalling	> Burning out and pulling away
> Becoming angry and dismissive (the "flashbang")	

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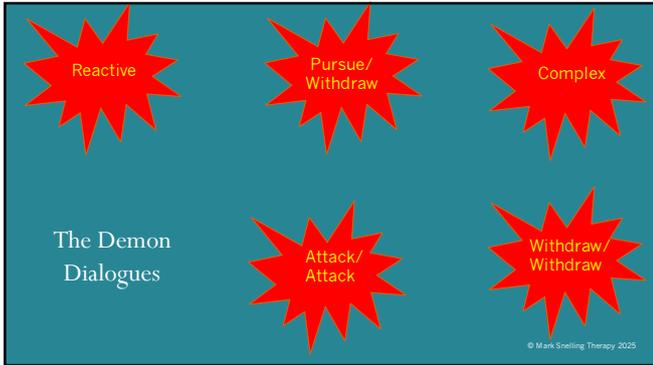
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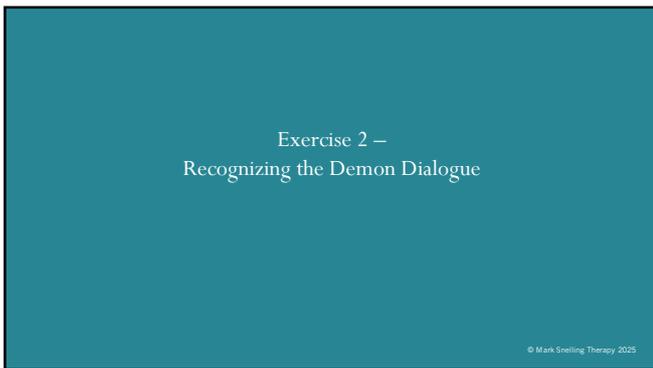
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### The EFT Tango



*"The tango is a direct expression of something that poets have often tried to state in words: the belief that a fight may be a celebration."*

– Jorge Luis Borges (1899 – 1986)

*"Pick up the music that's in the room."*

– Michael Preston, EFT Supervisor

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### Session Focus

- From past to present-moment experience
- From individual to relational
- From content to process
- From label to specific behaviour
- Process consultant

*"Having reviewed thousands of hours of video-taped sessions, time and time again, the merciless video-tape reveals therapists turning away from emotional states at crucial times"* – Leigh McCullough , Psychotherapy Researcher

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### Clients tell us they want more challenge. Why do therapists avoid it?



- Of 1,300 clients, more than 70% expressed a preference for directive, structured, goal-focused therapy.
- Accomodating preferred therapy style significantly improves incomes and reduces dropout.

Cooper, M., Norcross, J. C., Raymond-Barker, B., & Hogan, T. P. (2019). Psychotherapy preferences of laypersons and mental health professionals: Whose therapy is it? *Psychotherapy*, 56(2), 205–216.

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### Session management

- 0-10 minutes: Check-in – Picking up from last session – where were they most stuck/poignant/vulnerable/confusing?
- 10-20 minutes – Move 1 – Explore the cycle – PRESENT PROCESS – Find Target Working Zone (TMZ)
- 20-40 minutes – Move 2 – Emotional Handle/heightening, then encounter (Move 3)
- 40-50 minutes – Move 4 and 5 – Process and summarize




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### Move 1 – Reflect Present Process

GOAL: To help clients own and recognize their habitual ways of engaging with self and others. (e.g. “What happens when you try and talk about this?”)

STEPS:

- Attune to most poignant impact
- Resonate in your own body (Limbic resonance/regulation/revision)
- What is the cue?
- What’s immediate feeling/perception
- What do you do? (Look for protective moves)

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### Move 1 – Reflect Present Process

*“John, the more Jane complains about the messy house, the more you sink into depression and loneliness, which then makes you pull away. And Jane, the more John pulls away into what you call “The Sulk”, the more irritated and annoyed you become. Each of you is alone and miserable, feeling unwanted and lonely.”*

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### Move 2 – Assemble and Deepen Emotion

GOAL: To discover elements of emotion, to assemble, link and distil them into coherent whole, to deepen core emotion into an alive, vivid experience of previously implicit feelings and meanings.

STEPS:

- Move with therapeutic authority from aerial view to focused emotional handle. ("This is where you get so stuck, can we stay here for a while and find out a bit more of what it's like for you?")
- Evoke the trigger, sense of threat, bodily arousal, meaning (what does it tell you?), action tendency (what do you feel like doing?).
- RISSSC – Repetition, Images, Simple, Soft, Slow, Specific, Somatic, Client's words.

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### Move 2 – Assemble and Deepen Emotion

*"John, can we stay here at a moment, will you let yourself feel a small bit of this place? You see that look on Jane's face (trigger), a look that tells you that you are not accepted or wanted (meaning), and you find yourself freezing up and going numb, but underneath that frozen exterior is that horrendous feeling of fear that you cannot reach her."*

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### Move 3 – Shaping Engaged Encounters

GOAL: to shape an engaged encounter preceded by different degrees of emotion assembly, chosen for different functions dependent on where clients are in the process (e.g. to own action tendency, to access/deepen core emotion, to share newly accessed emotion, to make a specific request to meet a need.




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### Move 3 – Shaping Engaged Encounters

STEPS:

- **Sharpen** – “John, you say that what Jane feels about you matters so much, but you find yourself pulling away, going quiet, losing motivation, because on the inside you fear that she’s had enough of you.”
- **Heighten** (proxy voice) – “I’m so afraid that you’re fed up with me, I just feel helpless.”
- **Anticipate** – “Looking at Jane in front of you, John, can you imagine sharing this message, telling Jane, yes I am pulling away from you when inside I’m terrified I have no way of regaining your approval.”
- **Present** – “Can you share this with Jane now (repeat the message)
- **Engage** – “I know it feels awkward, but I’d really like each of you to have this experience of you letting her know what’s really happening for you.”

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### Exercise 3 – Encounter

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### Micro-skills

- Block the exits
- Slicing it Thinner
- Seeding Attachment
- Catching the Bullet




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### Move 4 – Processing Encounter

GOAL: To shape and guide new, emotionally significant interactions between partners in session — often involving risk-taking, vulnerability, and emotional engagement.

STEPS:

- "Mine the moment" to deepen and make the most of the moment
- Repeat the core message that was shared
- Reflect Red/Amber/Green response

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### Move 4 – Processing Encounter

*"How was it, John, to look right at Jane and tell her what's really going on when you pull away? ... and Jane, I imagine this is something that you don't get to hear, especially when John has pulled away and gone distant. What's it like for you right now?"*

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### Move 5 - Integrate and validate

GOAL: To reinforce, validate, and integrate the new emotional experience and interaction that just occurred (in Moves 3 and 4), helping partners make sense of it and solidify it into the therapy process and relationship.

STEPS:

- Focus on positive affect and emotional balance
- Draw contrast with old cycle and the new moves
- Highlight emerging changes
- Strengthen new patterns by naming and normalizing

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### Move 5 - Integrate and validate

*“Today, John, you shared so clearly with Jane what happens inside you when you pull away, but instead of falling into that old pattern, I really want to acknowledge that you took a huge risk and sent a very different message. And you, Jane, instead of getting frustrated and loud, welcomed hearing that from John. I can see how touched you were.”*

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### Markers of Stabilization in Stage 1

- Each partner has experiential sense of alarm bell and how they react
- Beginning to see how their behaviours pull their partner into the cycle and trigger their core fear
- Naming and expressing vulnerable emotions and longings
- Both partners have a clearer sense of the cycle as the enemy
- Less reactivity and more safety in the relationship
- Interactions are more fluid, but basic organization remains the same
- Pursuers relieved to see their partner as not uncaring, less hostile and angry, beginning to talk about sadness
- Withdrawers relieved to see partner as not purely critical and able to see the desperation that sits underneath their escalations. More able to frame going numb as paralysis.

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### Stage 1 adaptations for C-PTSD



- > Slower pacing, prioritizing safety and regulation
- > Emphasis on grounding and dual awareness techniques
- > Begin with describing emotions, not deepening
- > External focus, describing the cycle from safe, observing distance.
- > Target ownership of position in the cycle ahead of attachment longings.
- > Co-regulate, rather than confront (attunement ahead of insight)

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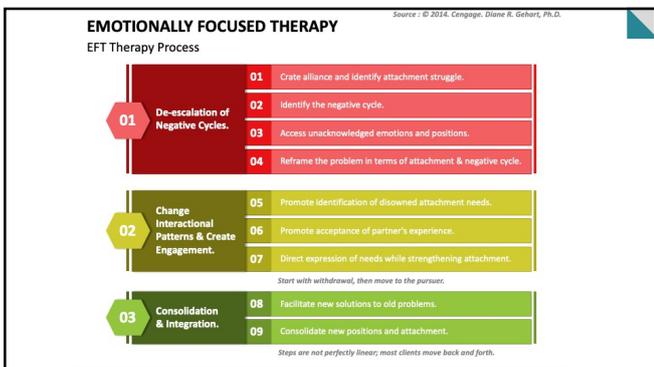
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### Engagement Change Event



- Evoke the primary emotion
- Heighten and own the emotion
- Frame in terms of attachment
- Risk a new expression
- Partner receives and responds
- Reinforce and integrate the new interaction

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### Softening Change Event

- Access underlying attachment fears and longings
- Expand and deepen emotional experience
- Link to attachment themes
- Risk a vulnerable reach
- Withdrawer responds with attunement
- Reinforce and integrate the new interaction



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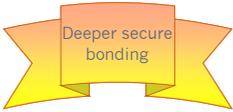
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### Stage 2 change process

<p><b>Withdrawer</b></p> <p>Shifts from distance to emotional risk</p> <p>Accesses fear of failure, shame, inadequacy</p> <p>Learns to reach with vulnerability</p> <p>Partner learns to receive, stay present</p> <p>Outcome is renewed presence</p>	<p><b>Pursuer:</b></p> <p>Shifts from protest to vulnerable reach</p> <p>Accesses hurt, fear of rejection, longing</p> <p>Learns to ask for love instead of protest</p> <p>Partner learns to respond with attunement and acceptance</p>
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Renewed presence



Deeper secure bonding

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Stage 2 adaptations for C-PTSD

- Carefully access primary emotions
- Watch for triggering
- Work explicitly with dissociation
- Slow emotional engagement
- Use therapeutic bond for attachment repair
- Titrate into manageable steps (e.g. can you just a piece of what you feel right now?)
- Slice it thinner in encounters

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Stage 2 markers

- Primary emotional vulnerabilities are shared
- Partners responds with empathy and engagement
- Change events have occurred
- Negative cycle de-escalated and replaced
- Attachment bond is strengthening



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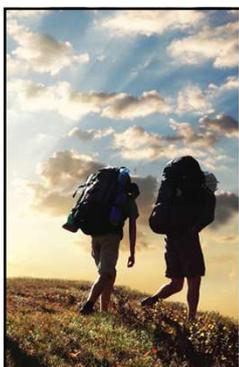
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Stage 3

*"The relationship now becomes a secure base from which to explore the world and deal with the problems it presents and a safe haven that provides shelter and protection."*

— Dr. Sue Johnson (2020)



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### Stage 3 - Broaden-and-Build

- Less directive than Stages 1 and 2
- Integrating new security with old pragmatic problems (e.g. sexuality, spirituality, extended family relationships, step-children, location of residence, school choices etc.)
- Consolidating change by creating a resilience story and building rituals to nurture secure connections (tracking how partners now respond differently in the face of familiar cues)
- Heightening joy and relief, deepening capacity to reflect on where they have come from and where they are now headed.

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### Stage 3 for C-PTSD

- Validate fear of regression and ambivalence
- Expect slower integration and aftershocks
- Reinforce new bonding
- Build trauma-informed narrative (it happened, it happened to me, it's not happening any more.)
- Anchor in daily functioning
- Plan for future distress

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### Emotionally Focused Individual Therapy (EFIT)

- Create A.R.E. alliance – therapist as safe haven
- Goal is earned security, stable sense of self and other
- A focus on evoking and distilling "frightening, alien and unacceptable emotions."
- Co-regulation is key – with therapist, wiser self, and attachment resource figures
- Identify and validate stuck protection strategies
- Privilege disconnection and aloneness as inherently traumatic
- Lead into and through vulnerability to craft corrective moments
- Dissolve blocks and allow organic growth – e.g. adult self offers helpless self a safe haven.

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*"A secure connection shapes balanced, adjusted human beings who then have better relationships with loved ones and friends, which then foster ongoing mental health and adjustment and a greater ability to relate to others."*

— Sue Johnson, 2019, p. 10

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### EFIT and parts work



- Establish emotional safety with self and other
- Build capacity to regulate – assembling emotions, mapping present process
- Mapping inner landscape – naming parts – longing vs protection
- Attachment frame – understanding the roles of parts
- Reprocess and reorganize

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### Encounter between vulnerable child part and harsh inner critic

**Therapist:** Let's take a breath and give space to the other part now—the one who says those harsh things. The part that speaks like the critical parent. Can you step into that voice for a moment and tell us a bit more about what's happening when you get so angry?

**Inner critic:** "If I don't keep her in line, who will? She's too soft. She'd mess everything up. She'd get hurt. She'd fail. I push her because no one else will. I say those things so you don't forget what happens when you're not perfect."

**Therapist:** "You sound very driven... like you're trying to prevent something bad from happening. I wonder if underneath all this control, there's fear. Is there something you're afraid of, if you stop pushing her?"

**Inner Critic:** "Yes... I'm scared. If she lets go, she'll be weak. And if she's weak, people will hurt her... again. They'll reject her. She won't be safe. I don't want her to feel that pain again."

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EFIT encounter (contd.)

**Therapist:** "That's a big shift. I can hear how deeply this part is trying to protect her. It's not just criticism—it's fear. A fear of being rejected, unseen, or hurt. Can you tell her that?"

**Inner critic:** "I'm not trying to ruin you. I'm trying to protect you. I remember how bad it was when they laughed at you... when they didn't show up for you. I didn't want that to ever happen again."

**Therapist:** Can I ask the little girl what it was like to hear that critical part share the fear that sits underneath all that harsh treatment?

**Vulnerable child part:** "I didn't know that... I thought you hated me. I didn't realize you were scared too. I don't want to be hurt again either. But when you yell at me like that, it feels like you're hurting me too."

**Therapist:** "You're beginning to really see each other now. The critic isn't the enemy—it's a scared protector. And the child, underneath all the shame, just wants to be safe and accepted. Let's stay with this new connection for a moment..."

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EMDR



- 1987 – Developed by Francine Shapiro
- Began with combat veterans
- Initially used to treat just PTSD
- 1995 – EMDR Humanitarian Assistance Programs launched.
- 2014 - 25<sup>th</sup> anniversary of EMDR celebrated at EMDRIA conference.
- Millions helped to recover from trauma, but controversy continues.

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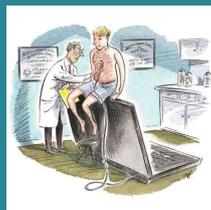
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Evidence Base

- Rapid growth in peer-reviewed literature
- Two reports in 1989 to 257 in 2001 (Leeds, 2009)
- Initial research only on military
- First study on civilians in 1995 (Wilson, Becker & Tinker)
- Review of seven meta-analyses in 2009 (Foa, Keane, Friedman & Cohen) revealed large effect sizes across all studies.
- Controversy about eye movements, but meta-analysis in 2013 (Lee & Cuijpers) found significant additive effects.
- Well supported for single-incident PTSD, moderate for C-PTSD, emerging for Depression/Anxiety, exploratory for chronic pain/OCD.



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### Adaptive Information Processing (AIP)



- Humans equipped with intrinsic information processing system to re-establish equilibrium
- Traumatic events held in "state-specific form"
- Bilateral stimulation (BLS) restores balance to processing system.

(Shapiro, 2001)

Source: Life Science Database (LSDB)

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### Eye movements – how do they work?



- Working memory (van den Hout & Engelhard, 2012).
- Orienting response (Lee & Cuijpers, 2013).
- REM sleep analogy (Stickgold, 2002).
- Interhemispheric communication (Propper & Christman, 2008).
- Decreased amygdala activation and increase PFC engagement (Pagani et al. 2012)

EMDR with eye movements is significantly more effective than EMDR without them

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### The Standard Protocol



1. History-taking	5. Installation
2. Preparation	6. Body Scan
3. Assessment	7. Closure
4. Desensitization	8. Re-evaluation

**Past, Present, Future**

(Shapiro, 2001) © Mark Snelling Therapy 2025

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### Attachment and EMDR



- Attachment-Focused EMDR (AF-EMDR) – Laurel Parnell
  - Greater emphasis on resourcing (resource figures, tapping in)
- Attachment-Focused Trauma Therapy for Adults (AFTT-A) – Debra Wesselman
  - Emphasis on grounding (e.g. safe space for child parts, bolstering competent, adult part) and co-regulation, mentalization work.

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### Conjoint EMDR in couple therapy

- Witnessing partner as container, soothing presence
- Increased attachment security
- Reduced interpersonal reactivity
- Increased compassion, empathy and intimacy
- Increased understanding, commitment, hope, joy
- Need to assess for reactivity, fear of exposure/intrusion, levels of empathy



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### EFT and EMDR



SCAFFOLDING



TOOL

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### Why EFT and EMDR?

- Imperative to treat trauma relationally
- Clients for whom isolation and self-protection have become deep-rooted strategies to buffer against effects of trauma
- Address the "trauma gap" in EFT
- Witnessing partner as container, soothing presence
- Increased attachment security
- Reduced interpersonal reactivity
- Increased compassion, empathy and intimacy
- Increased understanding, commitment
- Need to assess for reactivity, fear of exposure/intrusion, levels of empathy

**EFT on steroids!**

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### Applications



- Military couples (Knox, 2016)
- Betrayal trauma/infidelity
- Childhood neglect/sexual assault in history
- Shared traumatic loss (e.g. death of child)
- Domestic violence survivor couple

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### Assessment (based on AAI)

<p><b>1. Early attachment experiences</b></p> <p>"Could you describe your relationship with your parents when you were young?"</p> <p>"Give me five words to describe your relationship with your mother/father. Attached memories?"</p> <p><b>2. Episodes of distress &amp; comfort</b></p> <p>"When you were upset, hurt, or ill as a child, what would you do, and what would your parent(s) do? Do you remember being held?"</p> <p><b>3. Experiences of separation, rejection or loss</b></p> <p>"Did you ever experience separation from your parents? Do you remember feeling rejected?"</p> <p>"Have you lost someone close to you? Tell me about that experience."</p>	<p><b>4. Experiences of abuse or trauma</b></p> <p>"Were you ever frightened of your parents? Did you experience physical or sexual abuse? Any other experiences which you regard as potentially traumatic?"</p> <p><b>5. Reflections on attachment experiences</b></p> <p>"Why do you think your parents behaved the way they did during your childhood? "How do you think these experiences have affected your adult personality? What have you learned that is positive from your childhood experiences?"</p> <p><b>6. How do you think your childhood affects your relationship now?</b></p>
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### John and Jane



**John** – angry parents who argued frequently, badly bullied at boarding school, including several experiences of sexual abuse. Used alcohol and drugs in his 20s, which he has now stopped.

**Action Tendency:** Shuts down and withdraws in response to tension with Jane.

**Jane** – loving but unpredictable mother, busy and largely absent father. Tendency to feel overly responsible and overwhelmed.

**Action Tendency:** Flares up during arguments, accusing John of not caring about her needs.

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### Early Stage 1



- EFT - Mapping the Cycle – “help me know what happens when things get hard for you two. What would I see if I was a fly on the wall?”
- EMDR Resourcing
  - Competent adult state
  - Safe/calm/serene place
  - Resource figures
  - Flash Technique
- EFT Enactments – “above the line”, go towards the protection, be cautious with core emotions and attachment longings.

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### Competent Adult State - Practice

*Can you think of a memory, recent or a while back, when you felt yourself to be in the most adult part of you? Perhaps you were feeling good about yourself? You'd accomplished something or you were involved in something that made you feel competent or confident? Take your time, and then tell me about it.*

*Picture the memory on a movie screen. Watch yourself as the memory unfolds on the screen. What do you notice about your body posture? Your facial expression? Your voice? How do you feel right now as you view this memory?*

*Now I'd like you to step into the memory on the movie screen. Imagine you are right in the situation and allow the memory of the situation to unfold. Place your body in a similar body posture. Allow your facial expression to match the memory. How are you feeling?*

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### Safe/calm/serene place

*I'd like to help you create a place in your mind's eye, a special place where you can go inside yourself to find greater peace, calm, or serenity. Remember that this place is outside of space and time. It is not a place you have in this life. We will use slow BLS to deepen your positive feelings.*

*First, make sure you are in your present-day, adult self, here in this office, today. Feel your feet on the floor, your body comfortable where you're sitting. Take your time to think about an imagined place that would represent calm, peace, and serenity that you would enjoy. Let me know when you have a place in mind. Tell me what you see there/what you might hear and smell there./what you might be able to touch and feel there.*

*Do you need to add anything to make it feel more safe, cozy, or peaceful, or do you like it just as it is? I wonder if you could think about a figure or a being, even an animal figure, who would represent a power greater than our own, who could provide safety and nurturing. Take all the time you need.*

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### Flash Technique

- Identify triggering memory or sensation
- Introduce Flash for regulation
- Ask for the SuD
- Set Up a Positive Engaging Focus (PEF)
- Apply Flash protocol
- Return to EFT Frame



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### Stage 1 into Stage 2



- EFT – beginning to access attachment longings, name core fears and unmet attachment needs underneath protections
- EMDR tools
  - Floatback from trigger (somatic/affect bridge)
  - Loving Eyes for child part
  - Safe place for child part

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### Floatback

John begins to open up about why he shuts down when Jane gets frustrated with him.

*"When she's upset with me, I feel like I'm going to fail her, no matter what I do. It's like I just go blank inside."*

Therapist (Using R/SSSC voice): You go blank inside. Gosh, that sounds hard. And even now as you think about those moments, do you have any sense of what's going in your body.

John: "I guess it's a kind of sinking feeling in my chest and stomach."

Therapist: "So let's stay with that blank, sinking feeling you get when Maria is upset. Notice where you feel it in your body right now. Now, just allow your mind to track back—without forcing it—as far back as you can go, and I wonder what comes up."

John recalls a memory of being a child, trying to comfort his angry father but being told, "Don't bother me, I don't need help."

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### Loving Eyes

*Where is that little boy now? Inside or outside? What's he looking at?*

*Sitting here right now as the wiser, stronger adult that you are today, can you just look at him? Just see whatever you see. (BLS) Where are you in relation to him?*

*(If there is a negative, non-accepting response to the child, ask the client for positive feelings, such as relief, associated with the defensive avoidance:*

*What's good about not looking at that child?*

John: "if I look away, I don't have to feel how awful it was." ...

Therapist: "Go with that" – add BLS

*So now when you look at his eyes, can you see what he might be feeling?*

*How are you feeling about him now?*

*Is there anything that the strong, wiser you might be able to say to that little boy?*

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### Encounter between John's child part and Jane (Stage 2)

- Anchor the child part (intrapersonal)
- Bridge to the partner (interpersonal)
- Invite expression to the partner
- Coach the listening partner
- Facilitate the bonding moment
- Integrate & install

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**Stage 2 – Standard Protocol EMDR**



- Target attachment-related wounds (either within the relationship or from early life)
- Adapt Past-Present-Future processing sequence (Reverse Protocol/Inverted Protocol)
- Emphasis on grounding in the Competent Adult part (can you look at this memory from your authentic, wiser, stronger adult self right now?)
- Interweaves with EFT focus (What would that younger part of you have needed in that moment. If your partner could be there with the child, what would she/he want to say?)
- Two-handed interweave to address attachment dilemmas (in one hand you desperately want to be connected and close to your partner, but in the other you're terrified of being overwhelming and "too much".)

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**Stage 3**

- Consolidate new patterns
- Reinforce security and safety
- Create new solutions
- Strengthen secure attachment
- Practice independent problem-solving
- Create new narratives



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**EMDR tools**



- > Future template
- > Peak Performance protocol

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### Future Template

- Identify future trigger
- Positive belief/attachment focus
- Imaginal rehearsal with BLS
- Check in
- Strengthen and install
- Dyadic body scan

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### Peak Performance

1. Resource figures
2. Peak events - moments of feeling particularly good about oneself
3. Creating a mental rehearsal space
4. Preparation
5. Imagining the actual event



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## Questions?

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