EFT MICRO-SKILLS & RISSSC

Experiential Interventions & Phrasing Quick-Guide

North Carolina Community for Emotionally Focused Therapy (NCCEFT)

Based on the Emotionally Focused Therapy (EFCT) model developed by Dr. Sue Johnson

CLINICAL OVERVIEW

In Emotionally Focused Therapy, *how* we speak is as important as *what* we say. The therapist's voice acts as an emotional surrogate—slowing down processing, regulating arousal, and creating an interpersonal container safe enough for clients to drop secondary defenses and touch raw attachment vulnerabilities.

1. THE RISSSC OPERATIONAL MATRIX

RISSSC is the primary micro-skill set used to assemble, deepen, and heighten emotional experience in Move 2 of the EFT Tango.

Element	Clinical Action	Why It Works	Clinical Example
R – Repeat	Repeat key emotional words, phrases, or vocal emphasis used by the client.	Validates experience and focuses attention on core feeling states.	*"It just feels... empty. Empty."*
I – Image	Use vivid sensory images, metaphors, or somatic depictions.	Emotion is stored non-verbally; imagery bypasses cognitive defenses.	*"It's like standing on the edge of a cold cliff, waiting to fall."*
S – Simple	Keep phrases short, clear, and unencumbered by complex clinical jargon.	Complex language moves clients up into their heads and out of their bodies.	*"It hurts. It just hurts."*

S – Slow	Deliberately drop your pacing, insert long pauses, and let words breathe.	Gives the nervous system time to register and process soft affect.	*"When you hear those words... (pause)... what happens inside right now?"*
S – Soft	Use a soothing, gentle, low-key, and attuned tone of voice.	Signals safety and lowers autonomic threat responses in the room.	*(Lowering volume and tone to match a client's tearful realization)*
C – Client's Words	Re-use the client's exact vocabulary and colloquial expressions.	Maintains attunement and avoids imposing therapist-centered frameworks.	*"You feel like a 'ghost in the house'..."*

2. KEY EXPERIENTIAL INTERVENTIONS & PHRASING

A. Empathic Reflection & Validation

- **Purpose:** Establish emotional safety, align with the client's protective stance, and normalize attachment distress.
- **Phrasing Examples:**
  - *"It makes total sense that you shut down. When everything feels chaotic, quiet is the only safe place you have left."*
  - *"Of course you get loud. When you feel like the person you love is slipping away, getting angry is your way of banging on the door."*

B. Empathic Conjecture (Tentative Guessing)

- **Purpose:** Gently offer a hypothesis about underlying primary affect that the client has not yet explicitly named. Always frame with a tentative, open posture.
- **Phrasing Examples:**
  - *"I wonder if under that flash of frustration... there's a quiet part of you that feels terribly small?"*
  - *"Is it like... no matter how hard you try, you feel like you're going to fail her anyway?"*

C. Heightening Primary Emotion

- **Purpose:** Intensify and bring core feelings into vivid, present-moment awareness so they can motivate new relational behavior.
- **Phrasing Examples:**
    - *"Can we stay right there for a moment? You said 'lonely.' Look at me... how lonely does it get in that big house?"*
    - *"Notice that knot in your chest right now. What is that knot trying to say?"*

D. Tracking & Somatic Reframing

- **Purpose:** Connect bodily sensations and non-verbal cues directly to relational attachment states.
- **Phrasing Examples:**
    - *"I notice your hands clenching as you talk about going quiet. What are those hands holding onto?"*
    - *"Your voice dropped just now, and you looked away. What story is happening inside as you pull back?"*

3. MICRO-SKILL TROUBLESHOOTING

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None
            CLIENT IS FLOODED / OVERWHELMED
                          |
                          ▼
            Grounded Anchor (Lower Voice & Pacing)
            "Pause with me. Take a breath. Look at my eyes."
                          |
                          ▼
            CLIENT IS HEADY / INTELLECTUALIZING
                          |
                          ▼
            Somatic Shift (Move from Cognition to Body)
            "You're giving me the map, but where are you in it right
now?"
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- **When a Client Gets Heady / Intellectualizes:**
    - Gently interrupt the story or cognitive summary: *"Can I interrupt you for a second? You're telling me about what happened Tuesday, but I'm curious what happens in your heart right now as you talk about it?"*
- **When a Client Floods or Escalates:**
    - Become the emotional anchor. Use **Soft & Slow** to down-regulate arousal: *"Take a breath with me. We are right here. You are safe with me. Let's take this one small step at a time."*