Reaching in Smaller Steps - Session activity

Facilitate a structured practice of reaching in smaller steps with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Sam tries naming that a canceled plan felt lonely rather than making a global accusation.

0-5 min | Agree on purpose and fit

Explain the educational scope. Ask what would be useful, check readiness and access needs, and establish choices to observe, adapt, or pass. Use an ordinary example; do not solicit trauma narratives.

5-10 min | Orient with an example

Vulnerable contact is offered in manageable doses. Fictional example: Sam tries naming that a canceled plan felt lonely rather than making a global accusation. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Draft one low-intensity reaching statement and a less exposed alternative; practice only with clinician support and mutual consent. Offer quiet individual work, a supported conversation, or an observing role. Compare two possible responses without evaluating people as right or wrong.

20-25 min | Reflect on meaning

What level of openness is manageable today? Ask what fit, what did not fit, and how culture, power, disability access, or external conditions affect the options.

25-30 min | Integrate and close

Invite one optional next step or support request. Orient to the current setting, allow an unfinished question to remain unfinished, and agree how to revisit it. End early or adapt if activation increases.

Adaptations

For a group, use fiction and no compulsory round-robin disclosure. For remote use, allow off-camera reflection and private notes. For brief use, keep one example and one question while retaining opening and closing choices.

Reflection

What adaptation or follow-up is needed?

Scope and adaptation

Joint exercises require private safety assessment, voluntary participation, and appropriate EFT training. Do not invite joint vulnerability, enactments, or disclosure where coercion, violence, fear, or retaliation may be present. Use individual support and appropriate referrals instead. This collection concerns attachment-based Emotionally Focused Therapy, not tapping or Emotional Freedom Techniques.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: What is EFT?. Full source links and scope: library.morethantherapy.org/approaches/resources/EFT-A06-4