



EXAMPLES OF CLINICAL INTERVENTIONS FOR AEDP CERTIFICATION

Below is a *non-exhaustive* list, with a few examples, of some of the kinds of interventions we expect to see in your work (NB: this is a guide, not a check list).

1. Attachment: Establish Safety and Undo Aloneness

An AEDP therapist seeks to co-create a safe and secure base from which a patient's painful and previously overwhelming relational experiences can be explored and cognitively and emotionally integrated into a coherent narrative. Guided by interventions that are affirming, explicitly empathic, affect regulating, and emotionally engaged, your videotapes should demonstrate the ability to facilitate and co-construct a secure patient therapist relationship from early on and should also demonstrate your ability to detect and foster transference strivings from the get-go. Interventions include but are not limited to:

The use of "we" language:

"Let's be with this." "Can we be with this together?"

Explicit acknowledgment:

"Mmm's, "Wow, I get it."

Affirmation, Validation:

"I see/admire your courage." "This is so important."

Explicit relational interventions:

"How do you experience me?"

2. Experience: Facilitate and Process Emotional Experience

AEDP is fundamentally an experiential model of psychotherapy that fosters the provision and facilitation of new healing experiences involving state transformations of both mind and body. At the core of AEDP is a theoretical model of “The Four States and Three State Transformations” outlining a process of therapeutic movement from Defense to Core Affect to Transformational Affects to Core State. These sessions should illustrate your theoretical understanding of these phenomena and clinical proficiency in facilitating the process of state transformation through stage-appropriate strategies of intervention, including, but not limited to:

Moment-to-moment tracking of bodily-rooted emotional experience and interpersonal relatedness:

*“Something shifted.” “And now, what do you notice as your voice softens?”
“What is that like for you to experience?”*

Noticing and fostering glimmers of Transformance:

“... That sense of wanting, can we make space for that?”

Dyadic regulation of affective states:

Para-verbal: *Therapist slows breathing, and audibly exhales, makes cooing sounds: “Mmm”*

Verbal: *“Slow down here...” “Take a breath.” “This is so big.” “Do you get a sense of me here with you?”*

Somatic focusing:

“What do you notice in your body when you tune inside?”

Regulating Anxiety:

Soothing *“Mmm, this is so hard..” “I really get it (slow soft voice...) “Let’s be with this together, can you feel me with you.”*

Teaching self- soothing, self-regulation *“Take a breath, exhale slowly... Notice what happens when you place your hand on your chest, umm.”*

Use left brain to regulate:

“Describe to me how you experience the anxiety right now. What happens as you name this...?”

Melting defenses:

Being with and empathizing *“ So sad, tears in your eyes...”*

Bypassing defenses:

“Will you set that criticism aside for a moment and see what happens when you tune into your feeling.”

Restructuring:

Showing the process of recognizing the defense:

“Do you notice how you smile when you say you are angry?”

Understanding its historical function:

“This makes sense as there was such a price to pay for showing anger in your family....”

Encouraging and helping patient to choose different experience:

“Would you be willing to give the anger some room, just for a moment here with me...”

Facilitating core affective experiences to completion, until adaptive action tendencies are released:

Attend to sighs following expression of feelings and what comes next. “Stay with it...” “Feel into x,y,z.”

3. Transformation and Integration: Affirm Transformation and Process Healing

In both theory and practice, AEDP is an, integrative model of change for the better. AEDP therapists seek to facilitate positive transformation and to process emotional experiences to completion as indicated by 1) the release of adaptive action tendencies in the wake of deep emotional experiencing 2) a patient’s integration of these actions with coherent cognitions about her/his current state and autobiographical narrative.

Effective AEDP treatment fosters a patient’s emergent and deep understanding of his/her own dynamics, tendencies and processes of healing. Moreover, the process of transformation of the self in the context of a healing relationship is, in itself, a positive affective change process. Therefore, we are looking for you to demonstrate clinical competency in working through the *meta-therapeutic processes of transformation* to deepen and solidify your patient’s self-reflective capacities, positive self-regard, and relational competence. Interventions include:

Meta-therapeutic processing of the experience of transformation of the Self:
“As you sense this strength, what do you feel in your body?” “I notice your spine straighten, are you aware of that? What’s that like?”

Meta-therapeutic processing of the experience of receiving help (feeling seen, understood, and helped by another):

“How has it been to have this experience with me?” “Can you say more about ‘awesome’ or ‘good’?” “What in your body gives you that experience?”

Meta-therapeutic processing of the experience of transformation as an experiential phenomenon:

“Notice the difference of when we started this session and now. What do you see? ...feel? ...sense?”

Facilitating, affirming and processing the experience of healing affects:

“Let’s be with these feelings for you, so moving...so much you’ve been through.” “Such a deep relief to feel the difference now.”

Demonstrating emotional competency as the recipient of deep love and gratitude.

“I feel your gratitude, and want you to know you are so welcome...”

Being with mourning the self:

“Stay with this feeling.” “Are you feeling from the experience of your younger self or for that self?” “Yes... let’s make more space to grieve the loss of so many years...”

Recognizing the tremulous affects distinctly from anxiety and helping the patient to be with the fear of what’s new and unknown:

“On the brink of something new...” “Yeah, just breath into this...” “What’s happening? I want you to keep me with you, for us to navigate this together.” “In what way overwhelming?” “Feeling something you’ve never known before.” “Makes sense you’d feel uncertain, nervous.”

Showing receptivity to gratitude, love, feeling moved:

“I am so touched by you right now.” “So moved.” “I love you!” “This feels so important to my heart.”

Deepening the experience by staying with it:

“Is there more?” “How does safety feel in your body?” And if safety feels important, what is important like?”

Working with the experience of recognition:
“How do you feel as I see this in you?”

4. Work with core state, its truth sense and the coherent, cohesive autobiographical narrative.

At its pinnacle, AEDP treatment facilitates a patient’s co- engendering of secure attachment and the positive valuation of the self. As the transformational processes integrate, the patient “puts things in place” and weaves their autobiographical narrative through a clear knowing of themselves. Here, we are looking for you to demonstrate your ability to support your patient’s integration as they relate to their lives from a newly found place of strength, and understanding. Your interventions show how you help your patients to draw together themes of how their life was *then* and how their experience is *now*, to recognize and draw upon their capacity to utilize their resources and how they can make sense and meaning of their lives. Interventions include:

Reflection:

“What is the experience of having come through all of this to being here now with me?”

“As you see yourself now, having moved through this process, what do you see about yourself.?”

“How would you welcome that very young part of you into this life that is now here for you?”

“Looking back at where you were when we started, how are you feeling about yourself now, from this place...?”