**Application for becoming an AEDP Supervisor in Training**

*to be submitted to AEDP Institute; send to carolynf@aedpinstitute.org*

**Section 1 Personal Information:**

1) Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Highest Education Degree Achieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Years of Experience in Clinical Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) License information: State/Province/Country, License Type / Board, License Number

(ex: NY, USA, LCSW, #12345LC)

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5) Home Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Work Mailing Address if Different:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other languages spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9) Date you became an AEDP Certified Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Please list all the AEDP Supervisors you have worked with for more than an hour or two in individual or group supervision (including core training) until today:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11) If you are trained in any other psychotherapy models, please list them here with approximate current training level:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12) Have you ever formally supervised therapists before (i.e. in a model other than AEDP?)

\_\_\_\_No   \_\_\_\_Yes - if Yes please indicate the number of years you have supervised and the model:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Prerequisites for Applying to enter the Supervisor in Training Track**

**A) Experiential Assisting:** By the time you become a Certified Supervisor, you will need to have assisted in a minimum of 1 Immersion, 5 ES1 modules and 1 Advanced Skills Module. **To enter the Supervisor in Training Track you need to have assisted in at least 1 Immersion and 3 ES1 modules\*;** we recommend that you also have plans in place to complete the balance of the assisting requirement as soon as possible. Please note that we will be reviewing the comments from participants and Lead Assistants in these courses as they relate to your work there and possibly contacting the Lead Assistants for more information. If you would like to include any notes about your assisting in the courses you list below, feel free to do so here:

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Immersion(s) I have assisted in - please list the dates of up to 2:

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ES1 modules I have assisted in (please list the dates of up to 5 modules (need help with the dates? Contact pennyg@aedpinstitute.org):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Future ES1 modules I am scheduled to assist in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Advanced Skills Module(s) I have assisted in or will assist in in the future (please list the faculty presenter and date(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Non-English speaking candidates and those who live in time zones where assisting may be very difficult: please include equivalent course assisting done in Institute-recognized trainings (in-person or online) or supervision groups / core trainings OR contact the certification committee to discuss alternatives*.

**B) Supervision Essentials of AEDP:** I have read the book Supervision Essentials of AEDP by Natasha Prenn and Diana Fosha.

\_\_ Yes I have read it!

**C) Self Reflection:** Please write a (roughly) 200 word self-reflection based on this prompt and share your self reflection with your two supervisors of supervision (at least one of whom is a faculty member).

Prompt: As you prepare to submit your application to enter the Supervisor in Training track, we invite you to reflect on and write about your preparation and readiness to train as an AEDP Supervisor. Supervision requires  a range of skills above and beyond therapy. Please tell us about your areas of strength/mastery in AEDP and areas that need development. We are not expecting you to have mastered all of these, but we expect candidates to have a good foundation of readiness to build upon for these skills:

\* Teaching relevant/emergent AEDP Theory; i.e., attachment, triangles, 4 States, emotion theory, etc.

\* Teaching relevant/emergent AEDP Interventions including moment to moment tracking, working experientially, facilitating full waves of processing, portrayals, work in all 4 states, metaprocessing, etc.

\* Balancing left brain understanding/analysis and right brain emergent processes

\* Balancing teaching and processing, guiding and listening.

\* Holding the big picture of the therapy process vs. moment to moment tracking

\* Metaprocessing the experience of supervision itself

\* Ability to focus on the therapy dyad, the supervisee, or the supervision dyad - unfolding experience on all three levels.

\* Ability/willingness to do discrete pieces of experiential processing when a supervisee encounters emotional blocks in a session.

\* Giving feedback on what's working well - i.e. affirmation and transformance detecting -  and ability to address what's not working /alternatives /give constructive observations or course corrections.

*Continue to self reflection on next page*

**Self Reflection**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 3: Supervisors of Supervision**

Who will be your two Supervisors of Supervision? At least one must be AEDP Institute Faculty or Senior Faculty; the other may be a Faculty member or an AEDP Certified Supervisor who has been a Supervisor for at least two years and therefore is eligible to be a Supervisor of Supervision.

Please have them sign this form below attesting to the fact that they have a) read your self-reflection and b) agreed to be one of your two supervisors of supervision for the certification process, meeting with you for a minimum of ten hours where the focus will be the review of your supervision tapes. Note that the maximum number of supervision hours is however many is needed for you to be certification ready including review by at least one supervisor of your Culminating Project.

**Faculty Member 1, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I have read this candidate’s personal statement and I am prepared to be one of their 2 Supervisors of Supervision starting on roughly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

\_\_\_\_I will help this candidate prepare their Culminating Project and review it before it is submitted (only one of the two supervisors needs to say yes to this - it should be the supervisor who works with the candidate at the end of the process.)

I have supervised this person for roughly \_\_\_\_ hours before today (I understand that Supervisor in Training candidates are asked to work with at least one new-to-them supervisor during the supervisor certification process

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified Supervisor (for at least 2 years - i.e. qualified to be a supervisor of**

**supervisors)/ or Faculty Member 2, Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I have read this candidate’s personal statement and I am prepared to be one of their 2 Supervisors of Supervision starting on roughly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

\_\_\_\_I will help this candidate prepare their Culminating Project and review it before it is submitted (only one of the two supervisors needs to say yes to this - it should be the supervisor who works with the candidate at the end of the process.)

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Submission Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other comments you would like to include?

Note that Carolyn Fitzgerald will get back to you within 2 weeks. If you do not hear from her in that time please reach out to her again or contact admin@aedpinstitute.org.