

Client Initials: _____

Therapist: _____

Date: _____

Change Mechanism	Some Specific AEDP Interventions	Ways To Say It
1. Detecting Transformance & Affirmation and/or Recognition of Self a) Detecting transformance glimmers b) Affirmation of and/or recognition of Self	<ul style="list-style-type: none"> ○ Detection of glimmers of transformance, resilience, connection – “the daisy through the concrete” ○ Affirming and experientially exploring positive aspects of patients experience and behavior ○ Interpreting patient’s behavior through lens of healing (rather than psychopathology) 	<ul style="list-style-type: none"> ○ <i>I SEE you/r [self-at-best] – courage, bravery, desire, hope, strength, tenderness</i> ○ <i>Wow, this feels so essential about you</i> ○ <i>What you’re saying is a really big deal and shows me so much about your ability to understand yourself (and others, complicated circumstances)</i>
2. Privileging Emergence: Seizing a Moment of Change---for--the--Better or a Moment of Emergent Affect	<ul style="list-style-type: none"> ○ Explicitly & experientially privileging the emergent positive experiences, reactions & behaviors, i.e. the <i>new and good</i> over the same old, same old ○ Affirming and experientially exploring positive aspects of patient’s experience and behavior ○ Naming what’s new and different; Normalizing the new and weird ○ “Holding” the patient through the experience of the change 	<ul style="list-style-type: none"> ○ <i>Yeah, I’m hearing how it used to be and you’re saying something is different now. Say some more!</i> ○ <i>No wonder it’s scary (weird, etc.): it’s brand new</i> ○ <i>Can we take a breath here & see what else is here besides weird?</i> ○ <i>I’m feeling your clarity in this moment</i>
3. Undoing Aloneness a) Undoing aloneness explicitly and experientially b) Undoing aloneness with respect to social location and differences in social location in the therapeutic dyad c) Dyadic attunement and coordination in the service of undoing aloneness	<ul style="list-style-type: none"> ○ Undoing pt’s aloneness explicitly and experientially – attunement and resonance: right brain to right brain through tone, non-verbals, gaze, posture ○ Affirming /validating the pt; explicit kindness, support & offer to help ○ Empathy, Exploring patient’s receptive affective experience 	<ul style="list-style-type: none"> ○ <i>“Me too” and judicious self disclosure - I thought of you when . . .</i> ○ <i>“We” statements, “I am with you”</i> ○ <i>Explicit relational interventions; What’s it like for me to notice?</i> ○ <i>Maybe I missed what you just said, could we check in?</i>
4. Maintaining an Experiential Focus; Facilitating Somatic, Bodily-based Experience & Access to its Felt Sense	<ul style="list-style-type: none"> ○ Use moment-to-moment tracking to increase access to somatic, bodily rooted emotional or relational experience ○ S-L-O-W down! ○ Mirror and articulate moment-to-moment shifts in bodily experience 	<ul style="list-style-type: none"> ○ <i>Ahh, a tear, a smile, a big reaction, mmmmm</i> ○ <i>Can we just stay with what you’re noticing right now?</i> ○ <i>What would that smile say?</i> ○ <i>Let it come say more . . .</i> ○ <i>Mumm, this touches something, where is this beating in you?</i>
5. Disarming Defenses – Undoing Experiential Avoidance a) Affirmative defense work: melting, bypassing, pressuring with empathy b) Restructuring: naming function, costs and benefits; psychoed c) Relational work with defenses: Undoing aloneness to diminish need for defense d) Intra-relational defense work: work with part carrying the defense e) Championing the Self: transforming self-negating & entrenched pathogenic states	<ul style="list-style-type: none"> ○ Explicit affirmative defense work interventions: ○ Aiming to bypass defense. ○ Naming it. Validating defense and its survival value. Expressing gratitude for helping patient to survive in the past. ○ Empathy for need for defense in the past. 	<ul style="list-style-type: none"> ○ <i>It has been so scary/awful/unbearable . . . you’ve been so brave, needed to protect yourself (others)</i> ○ <i>[This] has really, really helped you</i> ○ <i>Oh, this makes sense, there was such a price for <anger, pride> in your family</i> ○ <i>When I X, I see you Y (move away, stiffen), do you notice that?</i>

6. Regulating Dysregulated Experience a) Validation, empathy, “me too” self-disclosure b) Cognitive means – Top down: engaging left brain to regulate c) Somatic means: Bottom up: breathing, grounding d) Dyadic affect regulation to allow processing of core affective experience e) Regulation of maladaptive affect outside window of tolerance	<ul style="list-style-type: none"> ○ As patient accesses difficult, potentially overwhelming emotional experiences, explicitly & experientially engage in dyadic affect reg. ○ Psychobiological state attunement (using therapist’s affect and non-verbals) to help regulate patient ○ Offering self and/or another (real or imaginary) attachment figure for accompaniment 	<ul style="list-style-type: none"> ○ <i>Breathing together, grounding together, rating anxiety</i> ○ <i>Explicitly offering help/ to guide (in here and now or in portrayal)</i> ○ <i>Do you feel my presence here with you now?</i> ○ <i>A lot of what’s happening now seems like flashback-y stuff, and what I’m going to ask is if we can keep one foot here in today, here with me now.</i>
7. Processing of Core Affective Experience to CEE (Corrective Emotional Experience) a) Emotion processing b) Intra-relational processing c) Relational processing & work with receptive affective experience d) Relational work to repair a relational rupture and working to restore coordination, connection e) Experiential processing of Self experience f) Experiential processing of Core Affective Experience NOS	<ul style="list-style-type: none"> ○ Helping patient gain access to core affective experience, then process one or more (emotion, sensation, relational experience, self experience, parts work) to completion ○ Facilitate access to somatic experience; focus on core affect ○ Use of portrayals – prime the pump, seek specificity ○ Seek to process to completion (until a shift from negative affective valence to positive affective valence) ○ Acknowledge and validate completion ○ Heighten patients experience of change and how different experience is than when it started 	<ul style="list-style-type: none"> ○ <i>Can we just stay with what you’re experiencing right now?</i> ○ <i>What’s it like inside that sadness/anger/fear?</i> ○ <i>What was the worst part for you?</i> ○ <i>If you gave that part some sensitivity/attention, what happens?</i> ○ <i>What does that part need?</i> ○ <i>Oooh, oh, so sad... mmmmm</i> ○ <i>Ohh, this has been a long time coming, just make room</i>
8. Metatherapeutic Processing of Transformational Experience & Setting Flourishing into Motion	<ul style="list-style-type: none"> ○ Name and affirm the change for the better (big or small) ○ Metaprocess the patient’s experience of change, i.e. experientially explore the patient’s experience of the change for the better ○ Alternate between experience of the change and reflection on the experience of change ○ Experientially explore the patient’s experience of transformational affect (if/when this emerges); ○ Celebrate the change ○ Judicious self-disclosure of therapist’s affective response to change 	<ul style="list-style-type: none"> ○ <i>Wow, what a shift . . . from the there and then to the here and now, the pain before and the good now, being alone and now accompanied – highlighting the contrast</i> ○ <i>Mummmm, so different</i> ○ <i>You DO know, we’re just giving the words time to catch up</i> ○ <i>How are you feeling about yourself to be noticing this shift?</i> ○ <i>What’s it like to be seeing this together?</i>
9. Expanding Integration & Core State Processing	<ul style="list-style-type: none"> ○ The New Truth, the New Self, “This is me”, “This is my story” ○ I/Thou stance; honor & participate in I/Thou experiences ○ Core state work; encourage and acknowledge the development of the new autobiographical narrative, the new understanding, the new truth; help pt. integrate & consolidate therapeutic work ○ Acknowledge the patient’s ownership of self, story, qualities, truth. ○ Share in and explore core state phenomena – calm, clarity, confidence, the truth sense ○ honor & witness integrative experiences/unitive states (at times possessed of transpersonal qualities) 	<p><u>(Mainly stay out of the way!)</u></p> <ul style="list-style-type: none"> ○ <i>Is there more? Say more. Keep going . . .</i>

+1. The Sprit of AEDP	How AEDP-ish was this session? And/or how much of an AEDP session was this? How quintessentially AEDP was this session? How much was this session done in/informed by the spirit of AEDP.	<i>This is not a judgment question (was it a good or bad session?) but rather a qualitative felt-sense question (was it informed by the spirit of AEDP or not?) In other words, you can have a very good session without it being an AEDP session, or your session might not have gone as well as you would have wished, but it was a quintessentially AEDP session, deeply informed by the spirit and ethos of AEDP.</i>
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In order of importance, select the 3 *most important change processes* you made use of intoday's session. Feel free to use either a main category or a sub--category.

- 1.
- 2.
- 3.

Notes on Triangles of Experience, Self-Other-EmoAon & RelaAonal Comparisons

