

AEDP's Magnificent Nine: 9 AEDP Change Mechanisms

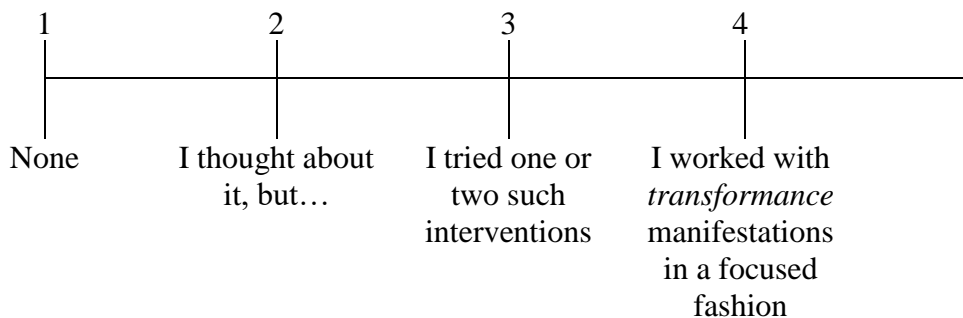
Therapists' Post-Session Questionnaire

The following table is a guide to rating AEDP'S 9 fundamental mechanisms of change. Clinical definition are in AEDP theoretical constructs. Interventions specific to each of 9 mechanisms are listed in the middle. The right column is for 9 out of the 10 questions the therapist has to answer at the end of each psychotherapy session. The 10th question has to do with the spirit of AEDP and transcends specific interventions.

	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
1.	<p>TRANSFORMANCE Detection; HEALING from the GET-GO; PUTTING POSITIVE NEUROPLASTICITY in ACTION, I (the daisy through the concrete)</p> <p>-- TRANSFORMANCE Detection</p>	<ul style="list-style-type: none"> - Detection of glimmers of transformance, resilience, connection - Affirming and explicitly and experientially exploring positive aspects of patient's experience and behavior - Interpreting the patient's behavior, symptoms, patterns through the lens of healing rather than psychopathology

1. TRANSFORMANCE Detection; HEALING from the get-go (the daisy through the concrete)

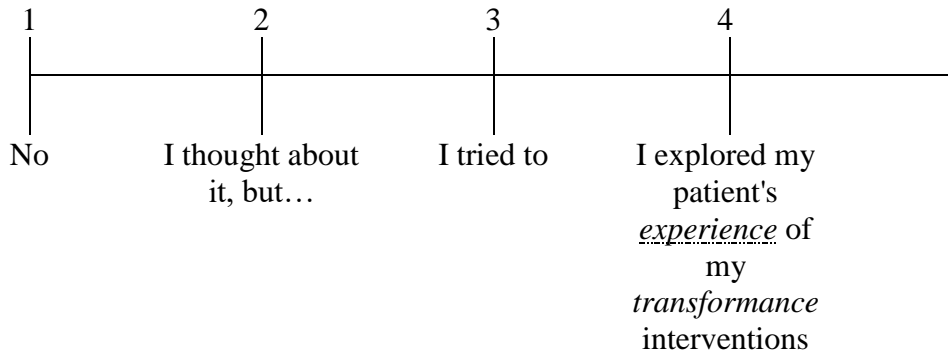
1a. Did you make any *transformance detection* interventions in today's session?



if NO (i.e., you circled 1 or 2 in item 1a above), please go to the next change mechanism

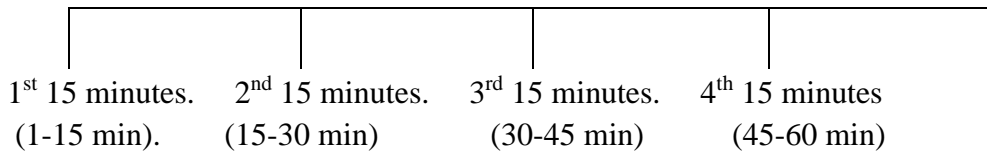
if YES (i.e., you circled 3 or 4 in item 1a above), please continue with the following questions:

1b. Did you explore the patient's *experience* of your *transformation* intervention?



1c. ABOUT: Please briefly tell us about your *transformation detection* interventions and your patient's response to them.

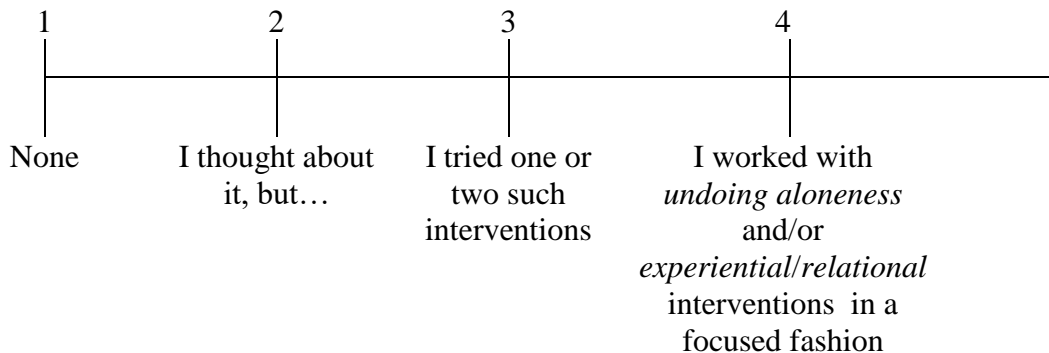
1d. WHEN: Please tell us approximately when in the session this/these moments of *transformation detection* work occurred.



	<p>Clinical Definition of the CHANGE MECHANISM</p>	<p>Specific AEDP Interventions</p>
<p>2.</p>	<p>UNDOING ALONENESS</p> <p>EXPERIENTIAL Work with RELATIONAL EXPERIENCE</p> <p>-- Undoing Aloneness; -- Affirmation of the Patient; -- Delighting in the Patient; -- Experientially Exploring the Patient's Receptive Affective Experience -- Experiential Work with the Patient's Receptive Affective Experience</p>	<ul style="list-style-type: none"> - <i>Undoing the patient's aloneness</i> explicitly and experientially - Attunement and resonance: right brain to right brain communication through tone and non-verbals of gaze, body posture etc - Affirming the patient - Explicit kindness, support - Exploring the patient's receptive affective experience - "We" statements - "Me too" statements: judicious self-disclosure - Explicitly offering support, help - <i>Undoing the patient's aloneness</i> explicitly and experientially - Explicitly stating " I am with you" - Validation of the patient and their efforts - Empathy - Explicit Attachment and/or Relational Interventions - Exploring attachment and/or relational experience

2. UNDOING ALONENESS; EXPERIENTIAL/RELATIONAL (Attachment) Interventions

2a. In today's session, did you make "*undoing aloneness*" interventions and/or *experiential relational* interventions?



if NO (i.e., you circled 1 or 2 in item 2a above), please go to the next change mechanism

if YES (i.e., you circled 3 or 4 in item 2a above), please continue with the following questions:

2b. Did you explore the patient's *experience* of your *undoing aloneness* and/or *experiential/relational* interventions?

1	2	3	4	
No	I thought about it, but...	I attempted to	I explored my patient's <i>experience</i> of my <i>undoing</i> <i>aloneness</i> and/or experiential/relational interventions	

2c. ABOUT: Please briefly tell us about your *undoing aloneness* and/or *experiential/relational* interventions and your patient's response to them.

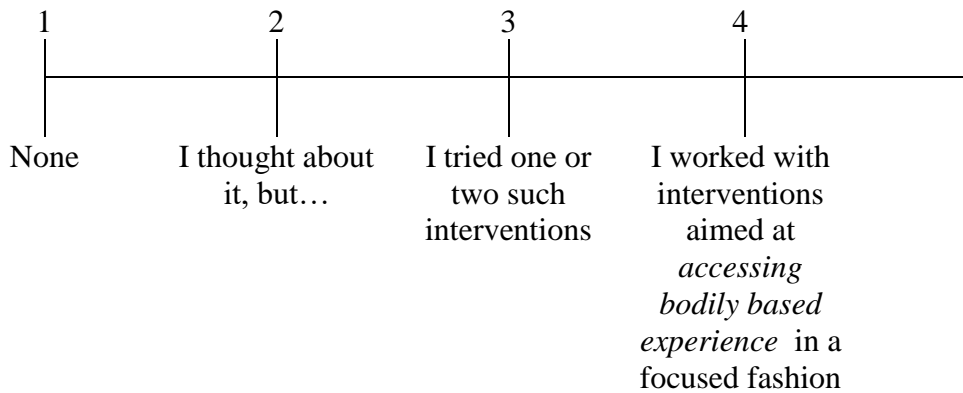
2d. WHEN: Please tell us approximately when in the session this/these moments of *undoing aloneness* and/or *experiential/relational* work occurred.

1 st 15 minutes. (1-15 min).	2 nd 15 minutes. (15-30 min)	3 rd 15 minutes. (30-45 min)	4 th 15 minutes (45-60 min)	

	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
3.	<p>EXPERIENTIAL Focus on the BODY & Facilitation of SOMATIC Experience</p> <p>MOMENT-to-MOMENT Tracking of Fluctuations in Experience</p>	<p>Using moment-to-moment tracking, active work to increase your patient's <i>access to somatic, bodily rooted emotional or relational experience</i></p> <ul style="list-style-type: none"> - asking them to s-l-o-w down, - mirroring and articulating moment-to-moment shifts in bodily experience - focus in on their bodily somatic experience, asking questions such as “What are you aware of?” OR “What do you notice” - asking them questions like “if your pain could speak, what would it say”? OR

3. MOMENT-to-MOMENT Tracking EXPERIENTIAL Focus on the BODY

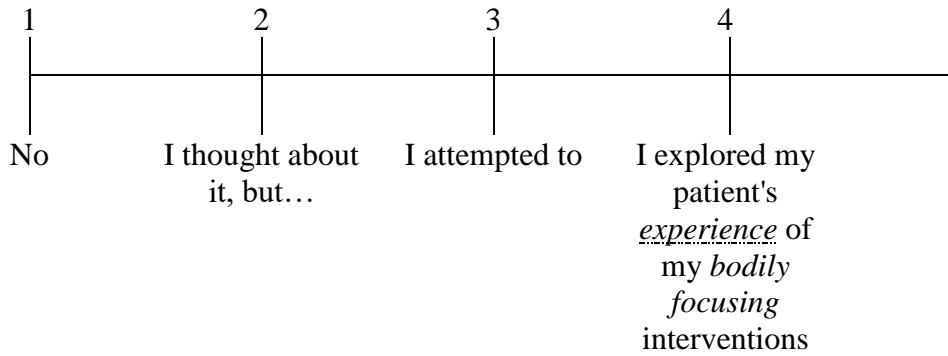
3a. In today's session, using moment-to-moment tracking of fluctuations in experience, did you do any specific interventions aimed at helping your patient get out of her/his head and into her/his body, increasing access to her/his somatic bodily rooted experience?



if NO (i.e., you circled 1 or 2 in item 3a above), please go to the next change mechanism

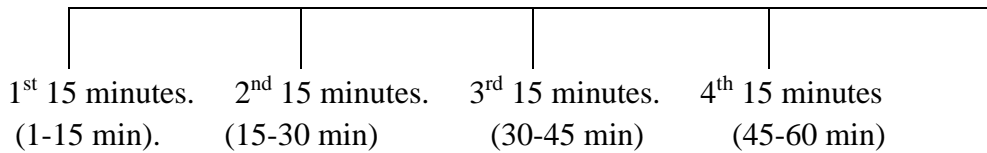
if YES (i.e., you circled 3 or 4 in item 3a above), please continue with the following questions:

3b. Did you explore the patient’s *experience* of your work with *her/his bodily based experience*?



3c. ABOUT: Please briefly tell us about your *attempts to shift your patient's experience to her/his bodily based experience* and patient’s response to them.

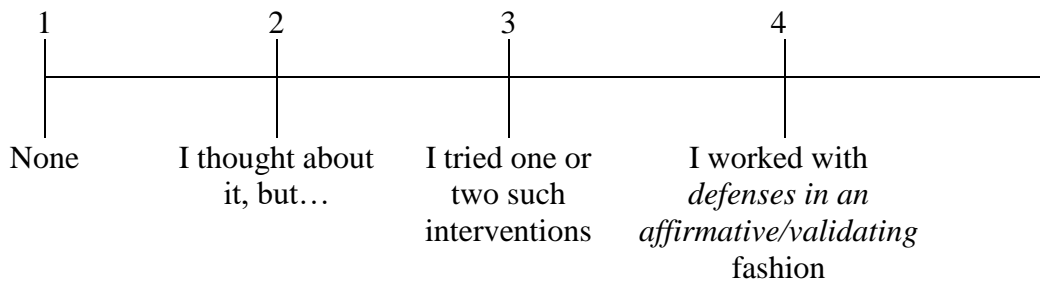
3d. WHEN: Please tell us approximately when in the session this/these moments of *focusing on somatic experience* occurred.



	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
4.	<p>AFFIRMATIVE WORK with DEFENSES:</p> <p>Explicit AFFIRMING, VALIDATING and/or EMPATHIZING with DEFENSES, aimed at lessening their inhibiting impact</p>	<p>Explicit <i>affirmative defense work</i> interventions</p> <ul style="list-style-type: none"> - aiming to bypass the defense - naming the defense, - validating the defense, and its survival value - expressing gratitude to the defense for helping the patient survive in the past - empathy with the need for the defense in the past

4. AFFIRMATIVE Work with DEFENSES: Affirming, Validating and/or Empathizing With (State 1 Work)

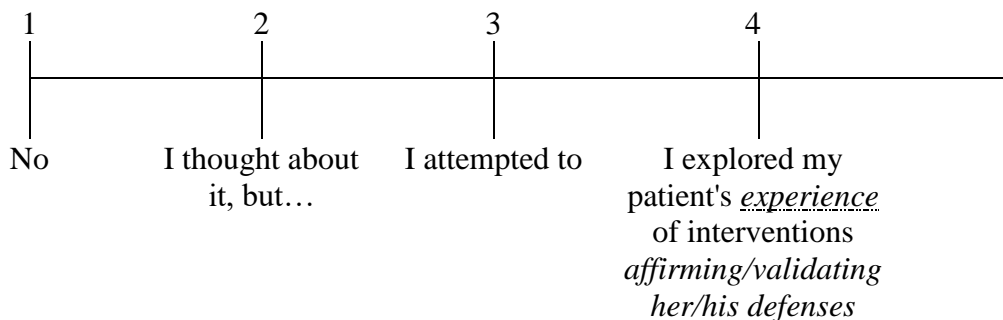
4a. Did you make any interventions *explicitly affirming, validating and/or empathizing with your patient's defenses* in today's session?



if NO (i.e., you circled 1 or 2 in item 4a above), please go to the next change mechanism

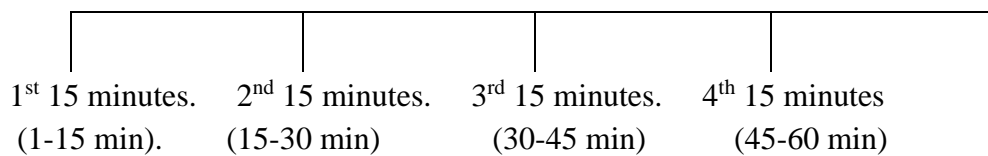
if YES (i.e., you circled 3 or 4 in item 4a above), please continue with the following questions:

4b. Did you explore the patient's *experience* of your interventions *affirming/validating their defenses*?



4c. ABOUT: Please briefly tell us about your *affirming/validating defenses* interventions and your patient's response to them.

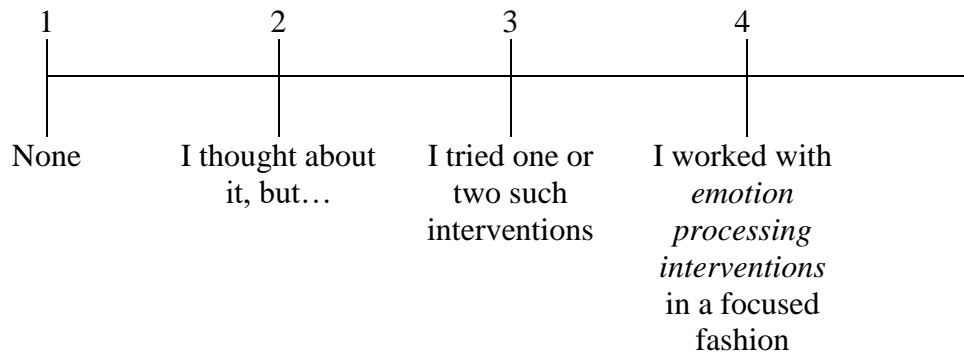
4d. WHEN: Please tell us approximately when in the session this/these moments of *working with defenses affirmatively* occurred.



	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
5.	<p>EMOTION PROCESSING</p> <p>EMOTION PROCESSING EXPERIENTIAL WORK with CORE AFFECTIVE EXPERIENCE;</p>	<p>The <i>processing of core affective experience</i>, aimed at helping your patient gain access to core affective experience and then experientially process one or more core affective experiences (emotion, sensation, relational experiences, parts work) to completion</p> <ul style="list-style-type: none"> - facilitate access to somatic experience - focus on core affect - work with emotion, sensation, intra-relational work (i.e., parts work), self experience, relational experience - use of portrayals - seek to process to completion, i.e., process until there is a shift from a negative affective valence to a positive affective valence - acknowledge and validate completion - heighten the patient's experience of the change, and how different that experience is from when they started

5. PROCESSING EMOTIONAL EXPERIENCE (State 2 Work)

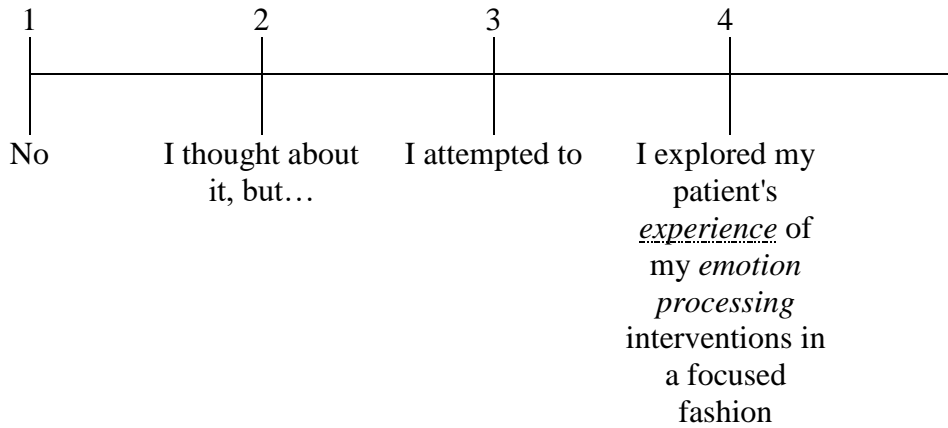
5a. In today's session, did you do any *emotion-processing* interventions aimed at helping your patient experientially process one or more core affective experiences?



if NO (i.e., you circled 1 or 2 in item 5a above), please go to the next change mechanism

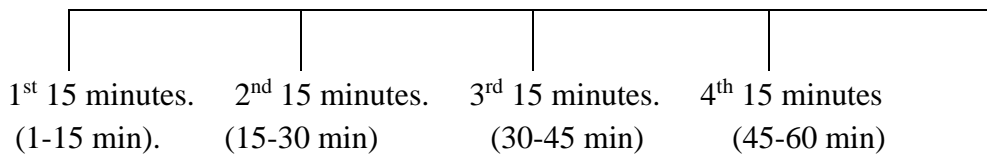
if YES (i.e., you circled 3 or 4 in item 5a above), please continue with the following questions:

5b. Did you explore the patient's *experience* of your *emotion processing* interventions?



5c. ABOUT: Please briefly tell us about your *emotion processing* interventions. and your patient's response to them. If you helped your patient process an affective experience to completion (i.e., process it to an affective shift from a negative to a positive experience?), please make sure to tell us about it.

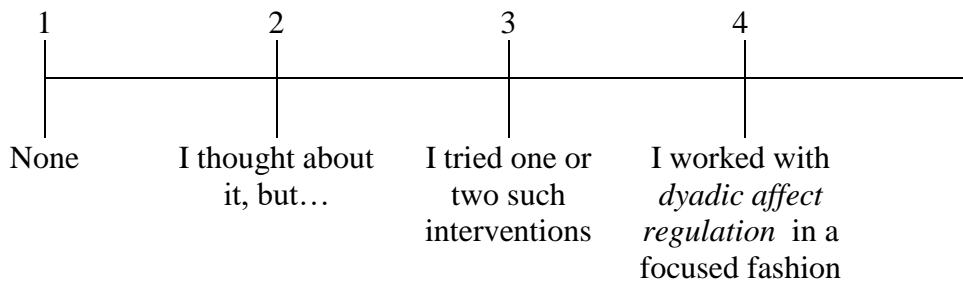
d. WHEN: Please tell us approximately when in the session this/these moments of *emotion processing* occurred.



	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
6.	DYADIC AFFECT REGULATION	As your patient accesses difficult potentially overwhelming emotional experiences, explicitly and experientially engaging in <i>dyadic affect regulation</i> -- psychobiological state attunement, i.e., using the therapist’s affect and non-verbals to help regulate the patient -- offering self and/or another attachment figure (actual or imaginary) for accompaniment, <ul style="list-style-type: none"> - explicitly offering to help, either in the here-and-now and/or in the portrayal - be in it together, - breathing together, - offering to guide

6. DYADIC AFEFCT REGULATION

6a. In today's session, did you do any *dyadic affect regulation* interventions aimed explicitly and experientially accompanying your patient in dealing with difficult, potentially overwhelming emotional experiences?



if NO (i.e., you circled 1 or 2 in item 6a above), please go to the next change mechanism

if YES (i.e., you circled 3 or 4 in item 6a above), please continue with the following questions:

6b. Did you explore the patient's *experience* of your *dyadic affect regulation* interventions?

No	I thought about it, but...	I attempted to	I explored my patient's <u>experience</u> of my <i>dyadic affect regulation</i> interventions in a focused fashion	

6c. ABOUT: Please briefly tell us about your *dyadic affect regulation* interventions. and your patient's response to them.

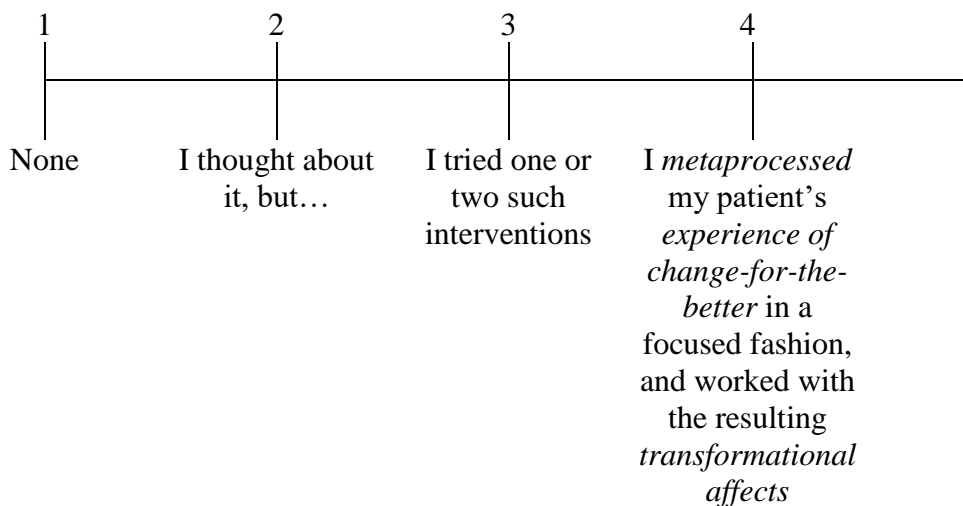
d. WHEN: Please tell us approximately when in the session this/these moments of *emotion processing* occurred.

1 st 15 minutes. (1-15 min).	2 nd 15 minutes. (15-30 min)	3 rd 15 minutes. (30-45 min)	4 th 15 minutes (45-60 min)

	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
7.	<p>METAPROCESSING, i.e. METATHERAPEUTIC PROCESSING of TRANSFORMATIONAL EXPERIENCE</p> <p>EXPERIENTIAL WORK with TRANSFORMATIONAL EXPERIENCE</p>	<p>-- Name and affirm the change-for the better, be it big or small</p> <p>--<i>Metaprocess the patient's experience of change, i.e., experientially explore the patient's experience of the change-for-the-better , be it big or small, and ask "what is it like...?"</i></p> <p>--Alternate between experience of the change and reflection on the experience of the change</p> <p>--<i>Experientially explore the patient's experience of the transformational affect: if the 1st metaprocessing intervention is followed by the emergence of a transformational affect, experientially process the patient's experience of the transformational affects</i></p> <p>--Celebrate the change</p> <p>--Therapist judicious self disclosure of her/his affective response to the change</p>

7. METAPROCESSING: Processing Transformational Experience, Working with Transformational Affects (State 3)

7a. Did you make any *metaprocessing* interventions in today's session, helping your patient experientially process and reflect on her/his experience of change-for-the-better? If *transformational affects* arose, did you help your patient process their experience of the transformational affects?



if NO (i.e., you circled 1 or 2 in item 7a above), please go to the next change mechanism

if YES (i.e., you circled 3 or 4 in item 7a above), please continue with the following questions:

7b. Did you explore the patient's *experience* of your *metaprocessing interventions* and/or of the resulting *transformational affects*?

No	I thought about it, but...	I attempted to	I explored my patient's <i>experience</i> of my <i>metaprocessing interventions</i> and/or of the resulting <i>transformational affects</i> in a focused fashion	

7c. ABOUT: Please briefly tell us about your *metaprocessing* interventions, your work helping your patient *process their transformational affects* and your patient's response to them.

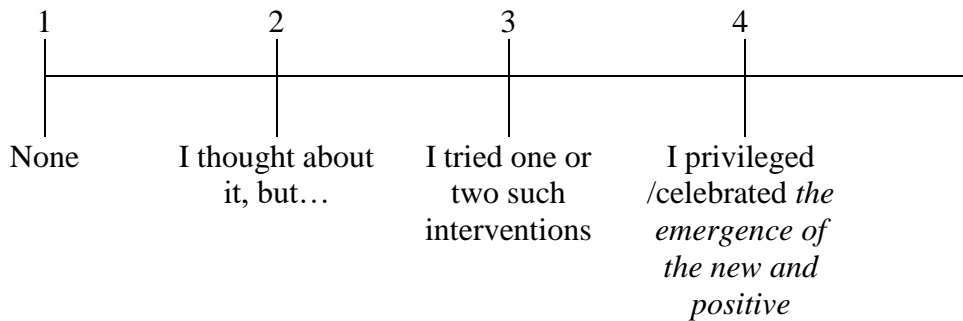
7d. WHEN: Please tell us approximately when in the session this/these moments of *emotion processing* occurred.

1 st 15 minutes. (1-15 min).	2 nd 15 minutes. (15-30 min)	3 rd 15 minutes. (30-45 min)	4 th 15 minutes (45-60 min)

	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
8.	Privileging EMERGENCE: privileging emergent positive experiences, i.e., the New and Good (even if weird) PUTTING POSITIVE NEUROPLASTICITY in ACTION, part II (venturing out across the Plexiglas)	-- Explicitly and experientially <i>privileging emergent positive experiences</i> , reactions and behaviors, i.e., the new and good, over the same old, same old --Affirming and explicitly and experientially exploring positive aspects of patient's experience and behavior -- Naming what's new and different --- Focusing in on new, positive experiences and behaviors (different from same old, same old) --Normalizing the new and weird -- "Holding" the patient through the experience of the change

8. Privileging/Celebrating the EMERGENCE of the Positive & New (the Plexiglas)

8a. In today's session, did you make *interventions that privilege the emergence of positive new experiences, responses and behaviors*, and choosing to focus on them (rather than on the same old, same old), notice them and celebrate them?



if NO (i.e., you circled 1 or 2 in item 8a above), please go to the next change mechanism

if YES (i.e., you circled 3 or 4 in item 8a above), please continue with the following questions:

8b. Did you explore the patient's *experience* of your *privileging* – and *celebrating/acknowledging*-- the emergence of positive new behaviors and experiences?

No	I thought about it, but...	I attempted to	I explored my patient's <i>experience</i> of my <i>privileging/celebrating</i> the emergent of the new and positive	

8c. ABOUT: Please briefly tell us about your *privileging/celebrating emergence of the new and positive*, and your patient’s response to them.

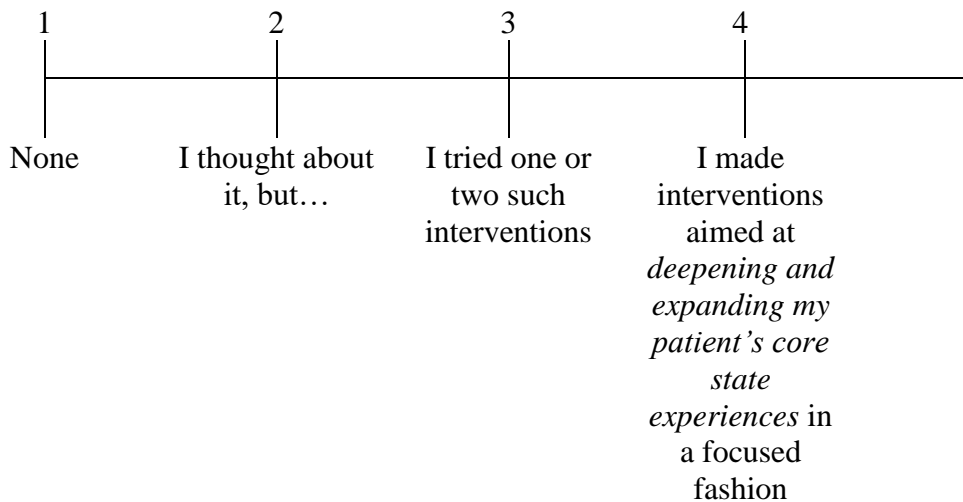
8d. WHEN: Please tell us approximately when in the session this/these moments of *privileging/celebrating emergence of the new and positive* occurred.

1 st 15 minutes. (1-15 min).	2 nd 15 minutes. (15-30 min)	3 rd 15 minutes. (30-45 min)	4 th 15 minutes (45-60 min)

	Clinical Definition of the CHANGE MECHANISM	Specific AEDP Interventions
9.	<p>Processing INTEGRATION and CORE State Experiences from an I/Thou Therapeutic Stance</p> <p>The New Truth, The New Self "This is me;" "This is my story;"</p> <p>Experiential work with integrative experiences and unitive states</p>	<p>--Core state work: encourage the development of the new autobiographical narrative, the new understanding, the new truth</p> <p>--Help patient integrate and consolidate the therapeutic work</p> <p>--Acknowledge and witness the emergence of "the real me," the core self, the true self</p> <p>--Acknowledge and witness the patient's ownership of her/his self; her/his story; her/his qualities; her/his truth;</p> <p>--Share in and explore core state phenomena: calm, clarity, confidence, the truth sense</p> <p>--Share in, deepen, expand and elaborate experiences of compassion, self-compassion, generosity, wisdom</p> <p>--Honor and participate in I/Thou experiences</p> <p>--Honor and witness integrative experiences and unitive states, at times possessed of transpersonal qualities</p>

9. DEEPENING & EXPANDING CORE STATE: Promoting & Processing INTEGRATION and CORE State Experiences from an I/Thou Therapeutic Stance (State 4)

a. In today's session, did you do any *integration-promoting and integration-processing interventions* aimed at *deepening and expanding core state experiences*?



if NO (i.e., you circled 1 or 2 in item 9a above), please go to the next change mechanism

if YES (i.e., you circled 3 or 4 in item 9a above), please continue with the following questions:

9b. Did you explore your patient's experience of your helping *them expand their core state experiences*? Did you explore your patient's *experience* of your being with them as they are integrating their therapeutic experiences?

No	I thought about it, but...	I attempted to	I explored my patient's <i>experience</i> of my helping them deepen and expand core state experiences

9c. ABOUT: Please briefly tell us about your *interventions to help your patient expand and deepen their core state experience*, and your patient's response to them.

9d. WHEN: Please tell us approximately when in the session this/these moments of *expanding/deepening core state experience* occurred.

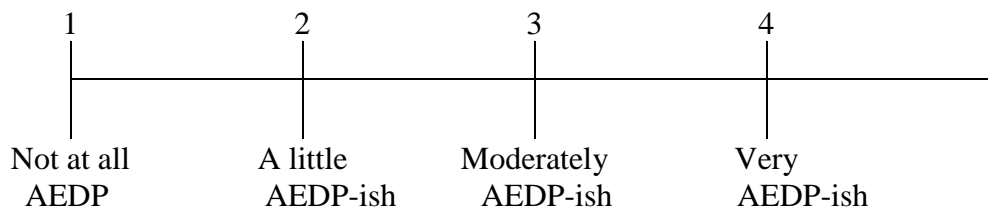
1 st 15 minutes. (1-15 min).	2 nd 15 minutes. (15-30 min)	3 rd 15 minutes. (30-45 min)	4 th 15 minutes (45-60 min)

10. The Spirit 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?

NB: 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

Please rate on a 1-4 scale, and tell us the reason for your rating. Please know that the reason for your rating need not be “a reason,” i.e., it can be a felt sense, or a gut feeling, or a heart reason, or a "that's just how it felt to me" reason



Please briefly tell us about why you rated the AEDP-ishness of your session as you did.

Feel free to share with us anything else about this session and/or your own experiences and struggles in this session.

Our deep gratitude for your participation