Copyright American Psychological Association

Introduction

Healing-oriented and attachment based, accelerated experiential dynamic psychotherapy (AEDP) is a comprehensive, integrative, and transformative model of psychotherapy. Its fundamentally experiential approach synthesizes attachment research, emotion theory, experiential ways of working, developmental models, trauma studies, body-focused treatments, and affective neuroscience into a coherent theoretical framework that informs both therapy and supervision.

AEDP supervision is a psychotherapy-based model that has emerged from AEDP theory and clinical practice. Supervisees develop AEDP skills and increase their relational and affective capacities through the experience of AEDP and by learning specific techniques described in this book.

Until now, the transmission of how to practice AEDP has been from supervisor to supervisee and from teacher to student, and through the

http://dx.doi.org/10.1037/0000016-001
Supervision Essentials for Accelerated Experiential Dynamic Psychotherapy, by N. C. N. Prenn and D. Fosha
Copyright © 2017 by the American Psychological Association. All rights reserved.

Copyright American Psychological Association

collective viewing of videotapes in seminars, workshops, and supervision groups. This book provides a foundation for and articulates the basic principles that inform AEDP supervision. Here, for the first time, we unpack its methodology—not only to guide supervisors seeking how to best help supervisees learn AEDP but to help supervisees change and develop so that they can be more effective psychotherapists. Clinicians come to AEDP because they want to change the way they work and be transformed. AEDP faculty around the world teach through showing videotapes of AEDP psychotherapy sessions and documenting transformations, big and small. Given emotion contagion (Hatfield, Cacioppo, & Rapson, 1992) and resonance phenomena (Siegel, 2010), right-brain-to-right-brain communication (Schore, 2009), and mirror neurons (Rizzolatti & Craighero, 2004), we know that many therapists come into AEDP supervision and training already having a *felt sense* (Gendlin, 1981, 1996) of the AEDP transformational experience; that is, they already know in a visceral way the AEDP change process (Fosha, 2000a, 2009a). Once they have had this experience, they want more of it and want to learn how to work in this way with their clients.

In this Introduction, we provide a brief overview of the historical origins of an AEDP approach to supervising and describe the salient issues in treatment and supervision. We also describe each of our own pathways to becoming an AEDP supervisor. Diana Fosha's clinical journey is synonymous with her path to developing AEDP, so she has detailed the progression of her training and her responses to that training. Natasha Prenn's clinical and supervisory trajectory, which has grown out of Fosha's work, parallels the expansion of the AEDP Institute and its trainings. Then we describe the readership for whom this book is intended and offer readers a chapter-by-chapter road map to the rest of the book.

ORIGINS OF AEDP SUPERVISION

AEDP officially was born in 2000 with the publication of Diana Fosha's (2000b) book *The Transforming Power of Affect: A Model for Accelerated Change*. After the creation of the AEDP Institute in 2005, the growth of the AEDP model has expanded in two ways: (a) by contributions from

Copyright American Psychological Association

the institute faculty and certified supervisors, some of which are reflected in their publications—Anne Cooper, Ron Frederick, Kari Gleiser, Yuko Hanakawa, Hilary Jacobs Hendel, Jerry Lamagna, Ben Lipton, David Mars, Miriam Marsolais, Jenna Osiason, Karen Pando-Mars, SueAnne Piliero, Eileen Russell, Steve Shapiro, Jessica Slatus, Barbara Suter, Dale Trimble, Gil Tunnell, and Danny Yeung—and (b) by contributions of those who have conducted research on AEDP: Conceiçäo, Iwakabe, Edlin, et al. (2016); Faerstein and Levenson (2016); Iwakabe and Conceiçäo (2015, 2016); Lee (2015); Piliero (2004); and Schoettle (2009).

AEDP's name and initial letters pay tribute to its early lineage in psychodynamic psychotherapy and short-term dynamic psychotherapy (STDP; Malan, 1999), and then in the transformation from STDP to intensive short-term dynamic psychotherapy (ISTDP; Davanloo, 1990, 2000). From STDP and especially ISTDP, AEDP understands and lives by the transforming power of affect. However, AEDP replaces the ISTDP focus on confrontation and intrapsychic crisis with the concepts of dyadic affect regulation (Fosha, 2000b, 2001), pressuring with empathy (Russell, 2015), affirmation (Fosha, 2000a), and privileging the positive (Fosha, 2000a; Russell, 2015; Russell & Fosha, 2008), among other things. Most fundamentally, STDP and ISTDP's pathology-based orientation is fundamentally supplanted by AEDP's foundational healing orientation. With the shift from ISTDP to AEDP comes a move from an understanding of symptoms and maladaptive patterns—that is, the stuff that brings people to seek therapy—as reflections of psychopathology and self-punishment (Davanloo, 1990; Della Selva, 1996) to an appreciation of them as reflecting fundamentally adaptive processes. When viewing symptoms as healthy best efforts that, nevertheless, are inadequate to meet the challenges of thwarting environments, it is easy to see how a neutral confrontational stance should be supplanted by a "together with," affirmative, explicitly empathic, emotionally engaged, "we're in it together" stance.

These principles of AEDP all come to life in AEDP supervision. As we describe in the chapters that follow, the focus on healing and on undoing aloneness, the strategies of affirmation, and privileging the positive are key aims and interventions of AEDP supervision.

Copyright American Psychological Association

TREATMENT MODEL AND SUPERVISORY MODEL

Attachment theory and research currently are front and center in the conversations about psychotherapy, and yet, when clinicians turn to the literature to learn how to practice an attachment-informed therapy—seeking to put theory and research into clinical practice, they find little written guidance about how to be a good enough attachment figure. What specifically do you do and say in your sessions to bring about earned attachment security? This question is even more apparent in supervision: What are the actual skills you need as a supervisor to be experienced as an earned-secure attachment figure by your different supervisees? What kinds of things might you say and do to work in this way? AEDP's supervisory model responds to and offers guidance to precisely these questions.

AEDP clinicians strive to help the client have a new experience and have that experience be good (Fosha, 2002). All subsequent work, understanding, learning, and restructuring of existing expectations and dynamics are rooted in that initial positive, transformative experience. Similarly, we want the supervisee to traverse a new or challenging situation together with a caring, engaged other, and we want that experience to be good. The subsequent work of learning theory and interventions—and the many how-tos—is rooted in the positive experiences of the supervision.

We often read that safety and attachment—the secure base—need to be in place before further work can be done. AEDP argues that corrective emotional and relational experiences in therapy and in supervisory sessions themselves create earned-secure attachment (Prenn, 2009; Wallin, 2007) and change in attachment status over time. Secure attachment doesn't precede the work of supervision; rather, it comes out of the work of supervision. We seek to establish a secure attachment relationship from the get-go by leading with supervisor risk-taking—our self-disclosures, and vulnerability (Fosha, 2006; Lipton & Fosha, 2011; Prenn, 2009)—which allows the supervisee to take more risks and, in this way, the work becomes deeper. As the supervisor and supervisee are able to traverse increasingly challenging moments together, the relationship becomes more solid, allowing both to take even more risks, so that the "thickness" of the relationship increases (Tronick, 2003, p. 479).

Copyright American Psychological Association

As discussed in Chapter 1, AEDP understands psychopathology as being the result of unwilled and unwanted aloneness in the face of overwhelming experiences (Fosha, 2000b). Lacking support in which one's resources are just insufficient to the task, the individual becomes reliant on short-term solutions (i.e., protective mechanisms or defenses), which do the job of ensuring survival in the short run but produce constriction and distortion (i.e., psychopathology) when relied on over the long term. To transform psychopathology and restore access to adaptive emotions, the AEDP therapist above all seeks to undo the client's aloneness. With support and dyadic affect regulation in place, the client can relinquish his or her reliance on defenses and can begin to risk genuine emotional experiencing, knowing that he or she has a supportive, emotionally engaged other with whom to share the suffering and the joys. All that holds true for an AEDP client holds true for our supervisees.

PATHWAYS TO AN AEDP MODEL

Diana Fosha

My initial training was in psychoanalytic theory. Given the bent of my graduate program, City University of New York's doctoral program in clinical psychology, and the nature of my own interests, I entered the field studying psychoanalytic theory with a strong developmental orientation. I was immersed not only in Freud and other classical analysts but also in Ferenczi, Suttie, Guntrip, Winnicott, Searles, and Kohut, and in the developmental work of Piaget and that of Mahler, Pine, and Bergmann. They remain influential in my thinking to this day. However, the length of psychoanalytic treatment and the relative selective inattention to issues of effectiveness and evidence made me uncomfortable.

Enter STDP, first via the work of David Malan (1999), then ISTDP by way of the work of Habib Davanloo. The appeal of Malan's work was his stated intention and goal to preserve the depth and intensity of psychodynamic treatment but shorten its length and increase its effectiveness. Key aspects of Malan's work that are implicit in AEDP to this day are the ability to maintain a tight focus while staying closely attuned to the client

Copyright American Psychological Association

and the close moment-to-moment tracking of the material according to the categories of the triangle of conflict (which became restructured and renamed in AEDP as the *triangle of experience*; see Chapter 1). This now famous triangle is in the process of being renamed the *change triangle* by Hilary Jacobs Hendel (in press), tipping its hat to the purpose of our work to change or help make a shift from anxiety and defense to core feeling. In 1979, however, Malan had a conversion experience when he witnessed the power of Davanloo's model of ISTDP (Davanloo, 1990, 1995).

ISTDP became the next station on the path that eventually culminated in the development of AEDP and the publication of *The Transforming Power of Affect* (Fosha, 2000b). Separate from Malan's extraordinary endorsement, what personally drew me to Davanloo's work was the power of the affective phenomena systematically evoked by his techniques, and the rapidity with which visceral experiences of deep emotion were accessed and worked through to a transformative result from the first session onward. In addition, he taught, presented, and supervised from videotapes of actual therapy sessions, and would only supervise trainees who would present their own therapy work from videotapes of their sessions.

I trained with Davanloo for 3 years. It was a powerful, if difficult, training. However, my next wave of discomfort, now with ISTDP, continued to spur what became the eventual development of AEDP. Two areas of profound unease permeated my experience: The first was the aggressively confrontational nature of the work with defenses in ISTDP; the second was that ISTDP theory, such as it was, did not do justice to the transformational power of the experiential phenomena to which the techniques yielded access.

My quest became twofold. First, I wanted to see if it were possible to have the same rapid access and powerful emotional phenomena yielded by ISTDP work if the therapist and client engaged defense work as allies and partners, rather than as adversaries in a confrontation or a battle. Second, it was important to me to have a theory that accounted for the powerfully transformational effects of affective phenomena that could be systematically elicited once the effect of the defenses was minimized. Initially, I engaged in the first quest with a group of colleagues led by Michael Alpert (1992), with whom I joined forces from 1988 to 1993. During that time, Alpert and

Copyright American Psychological Association

I also worked in close and collegial collaboration with Leigh McCullough (1997; McCullough et al., 2003). The second quest, namely, that powered by transformational phenomena in search of a theory, was my own.

Working together with and in parallel to both Alpert and McCullough, our shared struggle was to preserve the essence of Davanloo's therapeutic effectiveness—the power of visceral experience and the capacity to get to it quickly, from the initial moments of the first encounter with the client—while evolving a more supportive, kinder, yet effective user-friendly mode of relating that could hold the deep affect work. Gradually, we were able to switch from the "head-on collision" stance (Davanloo, 1990, p. 7) that involves radical challenge and pressure to relinquish maladaptive defenses to a therapeutic stance of radical empathy and emotional engagement. We moved beyond the metaphor of a head-on collision with a client's resistance and defenses to a therapeutic stance, the aim of which was to "melt" the client's defenses through empathy. This stance involves helping the client feel safe in a relationship with an emotionally engaged therapist, thereby minimizing the need for defenses. After an amicable parting of ways between Alpert and me, that stance continued to evolve in my work, increasingly informed by developmental research into caregiver–infant interactions and attachment theory.

AEDP's subsequent relational techniques flow from a stance of explicit empathy, care, and compassion instead of challenge, pressure, and relentless confrontation. Through this stance, a paradigm shift occurred: The focus was radically switched from ISTDP's focus on what is wrong to AEDP's focus on what is right and away from ISTDP's pathology-oriented model to AEDP's healing-oriented model.

The quest to develop a rigorous explanatory metapsychology for the transformative experiential work that resulted from the rapid bypassing of defenses was mine. From 1995 to 2000, the same spiraling process that describes AEDP's metatherapeutic processing described the 5 years of gestation and labor in birthing AEDP theory. In attempting to account for the transforming power of the affective phenomena that emerged once the effect of defenses was minimized, I went to emotion theory, beginning with Charles Darwin (1872/1965) and William James (1902/1985), and proceeding to Tomkins (1962), Ekman (1984), and other current emotion

Copyright American Psychological Association

theorists. To account for the power of the relationship and the moment-to moment processes of attunement, disruption, and repair, I reengaged my developmental roots, which had been nurtured in my graduate clinical psychology program, while keeping the videotaping of clinical sessions and the focus on the visceral experience of core affective phenomena and their adaptive sequelae.

In particular, I reengaged attachment theory and research that then were and now continue to be in a renaissance (e.g., Fonagy & Target, 1998; Main, 1995, 1999), as well as the work of developmentalists or "baby watchers" (e.g., Beebe & Lachmann, 1988, 1994; Emde, 1981, 1983, 1988; Stern, 1985; Stern et al., 1998; Tronick, 1989; Tronick, Bruschweiler-Stern, Harrison, et al., 1998). The resonance between the baby watchers studying videotapes of parents and their children engaged in moment-to-moment dyadic interaction and the therapists studying videotapes of therapists and their clients engaged in their moment-to-moment dyadic interactions did not escape me. A lot of ecological validity existed between the two. My studies and attempts to integrate them in my writing energized my attunement to the phenomena of clinical work. What I experienced, videotaped, and studied during the day in my clinical practice I would try to research and understand—through the lens of various readings—at night at home. This process of going back and forth between phenomena and reflection—with increased understanding leading to noticing new phenomena and with new phenomena requiring and thus leading to new theoretical integration and development—is how what came to be called AEDP was born.

I applied it in therapy, and then, as AEDP started to become known and clinicians wanted to learn it, I applied it to supervision.

Natasha Prenn

I came to psychotherapy and AEDP from an earlier career as a teacher of Latin and Ancient Greek language and literature. In my transition from teacher to psychotherapist, I was struck again and again by how little teaching of actual clinical skills was included in most of my clinical training. I often asked, "But what do I say and what do I do?" I felt that

Copyright American Psychological Association

I had entered a field that was rich in theory and rather lacking in clinical application. In May 2004, I saw Diana Fosha's work at an attachment conference. My immediate reaction on a left-brain intellectual level was that the theory behind the clinical practice made complete sense to me. It was the translation of neuroscience into clinical practice grounded in reliably occurring natural phenomena. It was an aha moment, one of those moments accompanied by the click of recognition and a sense of rightness. In a visceral right-brain way, I knew deep down that this was how you helped clients change. This was how to be an attachment therapist. I had found a theoretical and clinical home base, and I was hooked.

After taking Fosha's AEDP Immersion course in the summer of 2004, I entered individual and group supervision with Ben Lipton and flew to San Francisco to take Ron Frederick's core training. I began studying Fosha's transcripts and videotapes for the structure of the magic I was experiencing in her work. She had already begun to articulate in her theoretical writings techniques: ways of being (i.e., stance) and ways of doing and intervening (i.e., specific language). I started collecting AEDP interventions and studying their sequencing in her work and in the work of other AEDP therapists. Working experientially was like learning a new language. I catalogued interventions, and then I practiced using these interventions in my own sessions with my clients. Gradually, I gathered and catalogued the most effective interventions for me and, with this vocabulary and language in place, I experimented and found my own personal voice in the structure and language of AEDP.

In this process, the development of a focus on the experiential language of AEDP and the teaching of specific foundational interventions became the backbone of what is now a 2-year-long AEDP Essential Skills course in AEDP. For information about AEDP training, consult https://www.aedpinstitute.com, the AEDP website. As I taught and supervised AEDP, I found that an essential component of learning was in the language of interventions: Trainees needed the words of actual interventions to answer their questions: "What do I say now?" and "What do I say next?" These are the questions I had experienced in my own training. Foreign language learning directly parallels the experience of change we try to promote in AEDP supervision and therapy, in which there is no established

Copyright American Psychological Association

neural network for a skill or competency; we need experience and to put language to that experience to express ourselves, to communicate what we know that viscerally we want to do. One of my contributions to AEDP to date is this *languaging* and cataloging of how-to interventions, that is, the translation of AEDP theory into specific, easily learnable and integrated steps and sequences. I am now known for my "How to AEDP" and "Nuts and Bolts of AEDP" workshops.

In addition to playing a central role in developing the curriculum for the 2-year-long Essential and Advanced Skills courses, I supervise therapists through the AEDP certification process and train therapists to assist at the Essential Skills course. I also supervise AEDP supervisors-in-training and mentor AEDP therapists who are developing new workshops and presentations. I worked on the AEDP Fidelity scale (see https://www.aedpinstitute.org/wp-content/uploads/2014/01/AEDP-Fidelity-Scale-Self-Report.pdf) and, as cofounding editor of *Transformance: The AEDP Journal*, with Kari Gleiser, I helped expand AEDP theory and practice. This monograph, with its articulation of how to supervise in AEDP, is a natural extension of all of this.

Like Fosha, I had received no academic training as a supervisor when I began supervising. As an educator and teacher, I came to the job of AEDP supervisor equipped with teaching tools and, of course, the tenets of how to work with the supervisory relationship from AEDP therapy. I owe a huge debt to my first supervisors in AEDP: Diana Fosha, Ben Lipton, and Ron Frederick. Unlike Fosha, I was fortunate to have such talented, kind, and generous AEDP supervisors to emulate, imitate, and learn from.

AEDP supervision, like AEDP therapy, is bidirectional and affects both or all members of the therapeutic dyad or triad. Supervisors and teachers of AEDP can attest that we have been profoundly changed for the better because we have had, and continue to have, the privilege of being supervisors and teachers of AEDP. We grow professionally and personally because of the inherent recursive experiences of deep emotion, relatedness, and transformation, repeatedly witnessing and working with the videotaped work of supervisees and clients. The same phenomenon, increased by orders of magnitude, also takes place at AEDP training sessions and workshops in which whole groups of practitioners, through

Copyright American Psychological Association

watching videotapes of transformative therapy, experience vicarious healing, state sharing, and expanded states of consciousness (Tronick, 1989, 2009; Tronick et al., 1998), and are powerfully transformed.

AUDIENCE FOR THIS BOOK

This book is intended for supervisors and supervisees, whether they are in graduate school, clinics, or private practice, and for psychotherapists, psychiatrists, social workers, psychologists, counselors, marriage and family therapists, and teachers. This book also is important reading for dynamic, relational, and interpersonal psychotherapists who want to learn how to supervise in a more experiential, attachment, emotion-focused manner. Being profoundly integrative, AEDP's approach to supervision will be useful to graduate students and experienced clinicians of many different orientations. Given the current interest in attachment and in interpersonal neurobiology, AEDP's phenomenology-based approach to supervision and therapy—and its emphasis on verifiability and thus the centrality of video recording in both therapy and supervision—is likely to make it appealing and useful to different psychotherapy orientations.

OVERVIEW OF THIS BOOK

In Chapter 1, we introduce the key theoretical underpinnings to AEDP therapy and supervision, and introduce the first two prongs in our three-pronged approach to supervision: the knowledge and capacities of AEDP supervision. Chapter 2 is dedicated to the role of the relationship in AEDP and demonstrates the skills needed and the language of interventions to put all of this into immediate action. Chapter 3 offers an immersion in the AEDP supervisory experience via the microanalysis of a video recorded supervision session with Fosha and supervisee, Michael Glavin.[1] The full session is available for viewing on the DVD *Accelerated Experiential*

[1] With the exception of Michael Glavin, who agreed to be quoted in this book, the identities of all other supervisees and clients who appear in this work have been disguised to protect confidentiality.

Copyright American Psychological Association

Dynamic Psychotherapy (AEDP) Supervision (Fosha, 2016) from American Psychological Association Books at https://www.apa.org/pubs/videos/4310958.aspx. Chapter 4 addresses practical issues, including different formats of supervision, documentation, and evaluation. Chapter 5 outlines how to deal with differences in supervisees, from attachment styles to their different levels of experience. Chapter 6 answers the question "Who will guard the guards themselves?" (*Satires VI* by Roman poet Juvenal; trans. Clausen, 1992). The chapter focuses on the training and care of supervisors. We close with a chapter about the research supporting our model of supervision, followed by a suggested reading list, if you find yourself wanting more.