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Series Preface

Tony Rousmaniere and Alexandre Vaz

We are pleased to introduce the Essentials of Deliberate Practice series of training books. We are developing this series to address a specific need that we see in many psychology training programs. The issue can be illustrated by the training experiences of Mary, a hypothetical second-year graduate school trainee. Mary has learned a lot about mental health theory, research, and psychotherapy techniques. Mary is a dedicated student; she has read dozens of textbooks, written excellent papers about psychotherapy, and receives near-perfect scores on her course exams. However, when Mary sits with her clients at her practicum site, she often has trouble performing the therapy skills that she can write and talk about so clearly. Furthermore, Mary has noticed herself getting anxious when her clients express strong reactions, such as getting very emotional, hopeless, or skeptical about therapy. Sometimes this anxiety is strong enough to make Mary freeze at key moments, limiting her ability to help those clients.

During her weekly individual and group supervision, Mary's supervisor gives her advice informed by empirically supported therapies and common factor methods. The supervisor often supplements that advice by leading Mary through role plays, recommending additional reading, or providing examples from her own work with clients. Mary, a dedicated supervisee who shares tapes of her sessions with her supervisor, is open about her challenges, carefully writes down her supervisor's advice, and reads the suggested readings. However, when Mary sits back down with her clients, she often finds that her new knowledge seems to have flown out of her head, and she is unable to enact her supervisor's advice. Mary finds this problem to be particularly acute with the clients who are emotionally evocative.

Mary's supervisor, who has received formal training in supervision, uses supervisory best practices, including the use of video to review supervisees' work. She would rate Mary's overall competence level as consistent with expectations for a trainee at Mary's developmental level. But even though Mary's overall progress is positive, she experiences some recurring problems in her work. This is true even though the supervisor is confident that she and Mary have identified the changes that Mary should make in her work.

The problem with which Mary and her supervisor are wrestling—the disconnect between her knowledge about psychotherapy and her ability to reliably perform psychotherapy—is the focus of this book series. We started this series because most therapists experience this disconnect, to one degree or another, whether they are beginning trainees or highly experienced clinicians. In truth, we are all Mary.

To address this problem, we are focusing this series on the use of deliberate practice, a method of training specifically designed for improving reliable performance of complex skills in challenging work environments (Rousmaniere, 2016, 2019; Rousmaniere et al., 2017). Deliberate practice entails experiential, repeated training with a particular skill until it becomes automatic. In the context of psychotherapy, this involves two trainees role-playing as a client and a therapist, switching roles every so often, under the guidance of a supervisor. The trainee playing the therapist reacts to client statements, ranging in difficulty from beginner to intermediate to advanced, with improvised responses that reflect fundamental therapeutic skills.

To create these books, we approached leading trainers and researchers of major therapy models with these simple instructions: Identify 10 to 12 essential skills for your therapy model where trainees often experience a disconnect between cognitive knowledge and performance ability—in other words, skills that trainees could write a good paper about but often have challenges performing, especially with challenging clients. We then collaborated with the authors to create deliberate practice exercises specifically designed to improve reliable performance of these skills and overall responsive treatment (Hatcher, 2015; Stiles et al., 1998; Stiles & Horvath, 2017). Finally, we rigorously tested these exercises with trainees and trainers at multiple sites around the world and refined them based on extensive feedback.

Each book in this series focuses on a specific therapy model, but readers will notice that most exercises in these books touch on common factor variables and facilitative interpersonal skills that researchers have identified as having the most impact on client outcome, such as empathy, verbal fluency, emotional expression, persuasiveness, and problem focus (e.g., Anderson et al., 2009; Norcross et al., 2019). Thus, the exercises in every book should help with a broad range of clients. Despite the specific theoretical model(s) from which therapists work, most therapists place a strong emphasis on pan-theoretical elements of the therapeutic relationship, many of which have robust empirical support as correlates or mechanisms of client improvement (e.g., Norcross et al., 2019). We also recognize that therapy models have established training programs with rich histories, so we present deliberate practice not as a replacement but as an adaptable, transtheoretical training method that can be integrated into these existing programs to improve skill retention and help ensure basic competency.

About This Book

This book in the series is on accelerated experiential dynamic psychotherapy (AEDP), an integrative model of psychotherapy that focuses on the positive experience of corrective emotional and relational interactions within sessions and session to session, not only to alleviate suffering (like many psychotherapy models) but also to enhance functioning and encourage “flourishing” (Fosha, 2000, 2017a; Fosha & Thoma, 2020). Its methods center on relational dynamics to undo aloneness, and draw on advances in attachment and emotion theory, affective neuroscience, and positive psychology.

A trainee may read about AEDP and be knowledgeable about the theory of AEDP, but this knowledge often does not translate to skillful implementation of AEDP practices. Practicing AEDP skills, with ongoing feedback, is needed to build and deepen a clinician’s use of AEDP in clinical settings.

In this book, we adopt deliberate practice methods to support experiential—learn by doing—training opportunities. The described methods and prompts facilitate practicing

a range of important AEDP skills. In addition, it supports fine-tuning the “how” of intervention delivery, including in a flexible manner across diverse clinical scenarios. Importantly, this book is not intended to replace AEDP training courses and their exposure to foundational AEDP theory and principles of practice. Rather, it is intended to augment training programs.

Thank you for including us in your journey toward psychotherapy expertise. Now let’s get to practice!

Introduction and Overview of Deliberate Practice and Accelerated Experiential Dynamic Psychotherapy

CHAPTER

1

I (Natasha Prenn) am fortunate to have come to accelerated experiential dynamic psychotherapy (AEDP) early in my career change from a teacher of Latin and ancient Greek to psychotherapist. I did not have to “unlearn” other ways of working therapeutically. Yet as I started my psychotherapy training, I asked over and over again, “I understand the theory but what do I say and do in session with clients?” I was always struck by how few examples of words that psychotherapists actually said were included in otherwise useful books. Over the years, this led to my compiling lists of interventions and things to say when I was reading psychotherapy books. Within the AEDP community, I became known and teased for my notebook of interventions.

Fortunately for me, when I found AEDP, not only were there videotapes of sessions to watch and from which I could copy interventions, there were also transcripts in every AEDP article so that I could select interventions to practice and experiment with. Relying on my background as a language teacher, I started to put together the best and most effective interventions in a workshop I called “What Do I Say? How Do I Say It? And Then What Do I Do?—AEDP and Experiential Language.” I discovered that there are some interventions that work reliably and can be used and reused to great effect.

On top of this, I also had my own experiences in psychoanalysis where my analyst made a brilliant interpretation almost every session, but I didn’t get much better. My AEDP therapist said some version of “stay with it, and stay with me” every session, and that seemed to help me a lot!

By this time, I was a faculty member at the AEDP Institute in New York City. My compilation of the most productive interventions coincided with the development of the AEDP Essential Skills courses where we taught AEDP through the nuts and bolts of what a therapist actually says—one skill at a time. It was deliberate practice lite! More than one course participant described it as ballet steps that they practiced over and over again until they had it in their bones and could then improvise. So when Hanna invited me to join her in writing this book, I jumped at the chance to upgrade deliberate practice lite into a full-fledged, formal book of deliberate practice for learning AEDP skills.

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Deliberate Practice in Accelerated Experiential Dynamic Psychotherapy, by N. C. N. Prenn, H. Levenson, A. Vaz, and T. Rousmaniere

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And I (Hanna Levenson) was so excited that Natasha took me up on my invitation! She was *the* person I wanted to collaborate with on this project; the materials she created for AEDP were so helpful to me in learning the model. Even before I met Natasha 15 years ago, I knew we were kindred spirits with our zeal for preciseness, simplicity, and clarity in making the implicit explicit and in making the explicit teachable.

I came to AEDP after many years of working on a model of time-limited dynamic psychotherapy (TLDP; Levenson, 1995, 2017). In my approach to TLDP, I privileged experiential learning (especially corrective emotional experiences between the therapist and the patient) over insight, and focused on emotional processing, influenced by decades of doing emotionally focused couple therapy (Levenson et al., 2025). Was it any wonder that AEDP felt like the “whole package” to me: short term (accelerated), experiential, dynamic, and emotionally based with a focus on the therapeutic relationship?

From there I began taking AEDP trainings, helped Diana Fosha and her AEDP Institute Faculty construct the AEDP Fidelity Scale (Levenson et al., 2011), and conducted some research on the model (Faerstein et al., 2016). I then invited Natasha and Diana to write a book on AEDP supervision for a supervision series I was coediting for APA (Prenn & Fosha, 2017), and hosted and interviewed Diana about her supervision of a trainee—all of which was recorded for a professional video (Fosha & Levenson, 2016). I consider this book not only a culmination of those experiences but also a boon to my learning AEDP skills, illustrating the old saying that if you truly want to understand something, try to teach it to someone else.

Overview of the Deliberate Practice Exercises

The main focus of the book is a series of 14 exercises that have been tested and modified based on feedback from AEDP faculty, supervisors, and supervisees. The first 12 exercises each represent an essential AEDP skill. Exercises 13 and 14 are more comprehensive, consisting of an annotated AEDP transcript and improvised mock therapy sessions with six client profiles. Both these exercises are designed to facilitate the trainees' learning how to integrate the 12 essential skills into the flow of a real therapy session. In Exercise 14, we have tried to provide a diversity of client profiles in terms of age, race, religion, socio-economics, gender, and sexual orientation. We hope trainees' practicing these role plays will feel free to change the client profiles in ways that make them feel most comfortable. Table 1.1 presents the 12 skills that are covered in these exercises.

Throughout the exercises, trainees work in pairs under the guidance of a trainer and role-play as a client and a therapist, switching back and forth between the two roles. Each of the 12 skill-focused exercises consists of multiple client statements grouped by difficulty—beginner, intermediate, and advanced—that calls for a specific skill. For each skill, trainees are asked to read through and absorb the description of the skill, its criteria, and some examples of it. The trainee playing the client then reads the statements that present possible problems and emotional states, or client markers. The trainee playing the therapist then responds in a way that demonstrates the appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

1. We use the generic words *trainer* and *trainee* throughout this book. In this way, *trainer* can refer to a teacher, professor, or instructor in the classroom who might be using the text, whereas in a different context, it can refer to a supervisor in a supervision session. Similarly, *trainee* can refer to a student in a classroom learning environment or a supervisee in a supervision session.

TABLE 1.1. The 12 Accelerated Experiential Dynamic Psychotherapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Moment-to-moment tracking	5. Self-involving self-disclosure	8. Working with anxiety
2. Exploring and staying with physical experience	6. Self-revealing self-disclosure	9. Affirmative work with defenses
3. Undoing aloneness	7. Metaprocessing	10. Initiating portrayals
4. Affirming		11. Privileging transference strivings
		12. Metatherapeutic processing

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the trainer. Guided by the trainer, the trainees are instructed to try statement–response couplets several times, working their way down the list. In consultation with the trainer, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The triad (trainer–client–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment.

Trainees, in consultation with trainers, can decide which skills they wish to work on and for how long. On the basis of our testing experience, we have found practice sessions last about 1 hour to receive maximum benefit. After this, trainees become saturated and need a break.

Ideally, AEDP learners will both gain confidence and achieve competence through practicing these exercises. Competence is defined here as the ability to perform an AEDP skill in a manner that is flexible and responsive to the client. Skills have been chosen that are considered essential to AEDP and that practitioners often find challenging to implement.

The skills identified in this book are not comprehensive in the sense of representing all one needs to learn to become a competent AEDP clinician. Some will present particular challenges for trainees. A short history of AEDP and a brief description of the deliberate practice methodology is provided to explain how we have arrived at the union between them.

The Goals of This Book

The primary goal of this book is to help trainees achieve competence in core AEDP skills. Therefore, the expression of that skill or competency may look somewhat different across clients or even within session with the same client.

The AEDP deliberate practice exercises are designed to achieve the following:

1. Help AEDP therapists develop the ability to apply the skills in a range of clinical situations.
2. Move the skills into procedural memory (Squire, 2004) so that AEDP therapists can access them reliably and automatically.
3. Provide AEDP therapists in training with an opportunity to exercise the particular skill using a style and language that is congruent with who they are.

4. Provide the opportunity to use the AEDP skills in response to varying client statements and affect. This is designed to build confidence to adopt skills in a broad range of circumstances within different client contexts.
5. Provide AEDP therapists in training with many opportunities to stumble and then correct their response based on feedback. This helps build confidence and persistence.

Finally, this book aims to help trainees discover their own personal learning style so that they can continue their professional development long after their formal training is concluded.

Who Can Benefit From This Book?

This book is designed to be used in multiple contexts, including in graduate-level courses, supervision, postgraduate training, and continuing education programs. It can also be used as a self-study book. (See some helpful hints about this in Chapter 3, "How to Get the Most Out of Deliberate Practice: Additional Guidance for Trainers and Trainees.") It assumes the following:

1. The trainer is knowledgeable about and competent in AEDP.
2. The trainer is able to provide good demonstrations of how to use AEDP skills across a range of therapeutic situations, via role play and/or video recording of excerpts of psychotherapy sessions.
3. The trainer is able to provide feedback to students regarding how to craft or improve their application of AEDP skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of AEDP and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

The exercises covered in this book were piloted in various training sites. This book is intended to be used by trainers and trainees from different cultural backgrounds worldwide. For guidance on how to improve one's skills in dealing with multicultural issues through deliberate practice, see *Deliberate Practice in Multicultural Therapy* (Harris et al., 2023).

This book is designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists. All exercises feature guidance for assessing and adjusting the difficulty to precisely target the needs of each individual learner. The term *trainee* in this book is used broadly, referring to anyone in the field of professional mental health who is endeavoring to acquire AEDP skills.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable and what is simply beyond our reach, due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. What accounts for consistently superior professional results? Evidence suggests that the amount of or time spent on a particular type of training is a key factor in developing expertise in

virtually all domains (Ericsson & Pool, 2016). "Deliberate practice" is an evidence-based method that can improve performance in an effective and reliable manner.

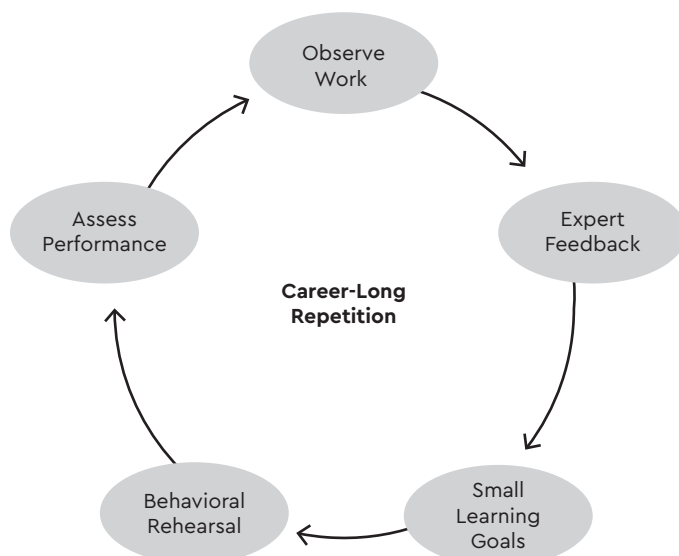
The concept of deliberate practice has its origins in a classic study by K. Anders Ericsson and colleagues (1993). They found that the amount of time practicing a skill and the quality of the time spent doing so were key factors predicting mastery and acquisition. They identified five key activities in learning and mastering skills: (a) observing one's own work, (b) getting expert feedback, (c) setting small incremental learning goals just beyond the performer's ability, (d) engaging in repetitive behavioral rehearsal of specific skills, and (e) continuously assessing performance. Ericsson and his colleagues termed this process deliberate practice, a cyclical process that is illustrated in Figure 1.1.

Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known "10,000-hour rule" popularized by Malcolm Gladwell in his 2008 book *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool, 2016). This, however, perpetuated two misunderstandings. First, that this is the number of deliberate practice hours that everyone needs to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

The second misunderstanding is that engagement in 10,000 hours of work performance will lead one to become an expert in that domain. This misunderstanding holds considerable significance for the field of psychotherapy, where hours of work experience with clients has traditionally been used as a measure of proficiency (Rousmaniere, 2016). Research suggests that the amount of experience alone does not predict therapist effectiveness (Goldberg, Rousmaniere, et al., 2016). It may be that the quality of deliberate practice is a key factor.

Psychotherapy scholars, recognizing the value of deliberate practice in other fields, have called for deliberate practice to be incorporated into training for mental health professionals (e.g., Bailey & Ogles, 2019; Hill et al., 2020; Rousmaniere et al., 2017; Taylor & Neimeyer, 2017; Tracey et al., 2015). There are, however, good reasons to question

FIGURE 1.1. Cycle of Deliberate Practice



analogies made between psychotherapy and other professional fields such as sports or music because by comparison, psychotherapy is so complex and free-form. Sports have clearly defined goals, and classical music follows a written score. In contrast, the goals of psychotherapy shift with the unique presentation of each client at each session. Therapists do not have the luxury of following a score.

Instead, good psychotherapy is more like improvisation (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are coconstructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) listed 18 skill areas that students must master, each of which has multiple discrete skills including tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. Legendary jazz musician Miles Davis summed it up: "You have to play a long time to be able to play like yourself" (Cook, 2005, p. 112).

The main idea that we would like to stress here is that we want deliberate practice to help AEDP therapists become themselves. The idea is to learn the skills so that you have them on hand when you want them. Practice the skills to make them your own. Incorporate those aspects that feel right for you. Ongoing and effortful deliberate practice should not be an impediment to flexibility and creativity. Ideally, it should enhance it. We recognize and celebrate that psychotherapy is an ever-shifting encounter and by no means want it to become or feel formulaic. Strong AEDP therapists mix an eloquent integration of previously acquired skills with properly attuned flexibility. The core AEDP responses provided are meant as templates or possibilities, rather than "answers." Please interpret and apply them as you see fit, in a way that makes sense to you. We encourage flexible and improvisational play!

Simulation-Based Mastery Learning

Deliberate practice uses simulation-based mastery learning (Ericsson, 2004; McGaghie et al., 2014). That is, the stimulus material for training consists of "contrived social situations that mimic problems, events, or conditions that arise in professional encounters" (McGaghie et al., 2014, p. 375). A key component of this approach is that the stimuli being used in training are sufficiently similar to the real-world experiences so that they mimic that they provoke similar reactions. This facilitates *state-dependent learning* in which professionals acquire skills in the same psychological environment where they will have to perform the skills (Fisher & Craik, 1977). For example, pilots train with flight simulators that present mechanical failures and dangerous weather conditions, and surgeons practice with surgical simulators that present medical complications. Training in simulations with challenging stimuli increases professionals' capacity to perform effectively under stress. For the psychotherapy training exercises in this book, the "simulators" are typical client statements that might actually be presented in the course of therapy sessions and call on the use of the particular skill.

Declarative Versus Procedural Knowledge

Declarative knowledge is what a person can understand, write, or speak about. It often refers to factual information that can be consciously recalled through memory and is

often acquired relatively quickly. In contrast, procedural learning is implicit in memory requiring *repetition of an activity*, which then is evidenced in *improved task performance* (Koziol & Budding, 2012). Procedural knowledge is what a person can perform, especially under stress (Squire, 2004). There can be a wide difference between their declarative and procedural knowledge. For example, an “armchair quarterback” is a person who understands and talks about athletics well but would have trouble performing it at a professional ability. Likewise, most dance, music, or theater critics have a very high ability to write about their subjects but would be flummoxed if asked to perform them.

The sweet spot for deliberate practice is the gap between declarative and procedural knowledge. In other words, effortful practice should target those skills that the trainee could write a good paper about but would have trouble actually performing with a real client. We start with declarative knowledge, learning skills theoretically and observing others perform them. Once learned, with the help of deliberate practice, we work toward the development of procedural learning, with the aim of therapists having “automatic” access to each of the skills that they can pull on when necessary.

Let us turn to a little theoretical background on AEDP to help contextualize the skills of the book and how they fit into the greater training model.

Overview of Accelerated Experiential Dynamic Psychotherapy

Healing oriented and attachment based, AEDP is a comprehensive integrative and transformative model of psychotherapy. Its experiential approach incorporates attachment research, emotion theory, experiential ways of working, transformational studies, developmental models, trauma approaches, body-focused treatments, and affective neuroscience. AEDP understands psychopathology as being the result of “unwilled and unwanted aloneness” in the face of emotionally overwhelming experience (Fosha, 2009, p. 182; Tunnel & Osiason, 2021, p. 89). To transform psychopathology and restore access to adaptive emotions, the AEDP therapist seeks relentlessly to undo the client’s aloneness with explicitly relational, affirming, and self-disclosing interventions. With the visceral experience of knowing that there is a supportive, emotionally engaged other with whom to share both suffering and joys, the client can relinquish their reliance on defenses and begin to risk genuine emotional and relational experiencing, emotional processing, and healing.

AEDP has its lineage in psychodynamic psychotherapy and the short-term dynamic/experiential psychotherapies. However, in AEDP the attachment relationship is center stage. From the very first moments of the very first session, the AEDP therapist works to let the client know they are a team using an explicitly empathic, emotionally engaged, “we’re in this together” stance.

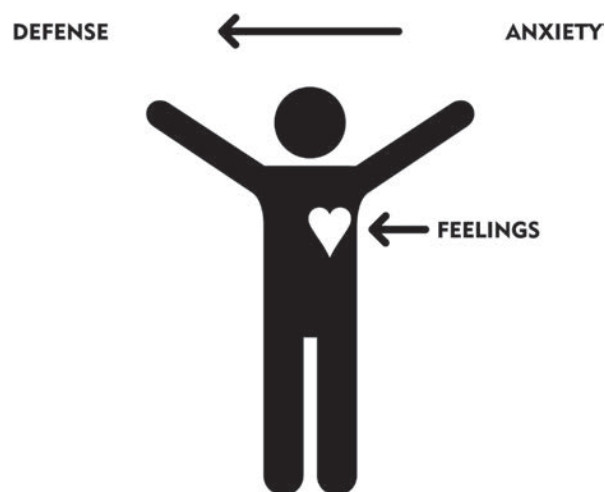
AEDP has a very different lens and focus than most approaches to psychotherapy. We are looking for and have an understanding of what goes right and how to make things go right. In AEDP, we are always striving to help the client have a new experience and have that experience be a good one (Fosha, 2002). We often read that safety and attachment—a secure base—need to be in place before further work can be done. AEDP practitioners argue that corrective emotional and relational experiences in therapy create earned secure attachment (Prenn, 2009; Wallin, 2007), changing one’s attachment status over time. In other words, secure attachment doesn’t precede the work; it comes out of the process of the work.

We seek to establish a secure attachment relationship from the very beginning of each session by leading with risk taking—for example, our self-disclosures and vulnerability (Fosha, 2006; Lipton & Fosha, 2011; Prenn, 2009). This encourages clients to take more risks, and in this way the work becomes deeper. As therapist and client are able to traverse increasingly challenging moments together, the relationship becomes more solid, allowing therapist and client to take even more risks, and in this way the “thickness” of the relationship increases (Tronick, 1998).

There are two fundamental and overlapping maps that underpin all we are doing in AEDP and guide its process: the triangle of experience and the four-state model. The triangle of experience is a triangle standing on its point. It is most easily represented by raising your arms wide in a V-shape and imagining a line between your hands forming a triangle. In your right hand is the defense angle of the triangle, and in your left hand is the anxiety angle. Your heart in your chest is the bottom of the triangle where core feelings and core relational experiences live (see Figure 1.2). In AEDP, we help clients move from defense and anxiety down into their core feelings. With this image in mind, AEDP therapists are guided in all their interventions: feeling core feelings in the context of a secure attachment with another person is transformational.

With regard to the four-state model, the therapist helps the client gently move out of a place of anxiety and defense (what we call State 1) down into core feeling and core relational experiences (State 2). Once the therapist and client have dropped down into State 2 together, they process what it feels like (metatherapeutic processing, State 3). From this place of reflecting on what it feels like to experience deep and core emotions, we can notice that it feels good to do it together—even if at times painful—arriving at core state (State 4), a place of ease and clarity, typified by “This is me and I am okay.” During this stage, the client often experiences a sense of a wise, authentic self-connection to the universe and everything in it. With this in mind, as you learn the 12 skills, think about where each one is positioned from the perspective of the triangle of experience and the four-state model.

FIGURE 1.2. Triangle of Experience



Note. The triangle of experience here is depicted by a person with arms raised and holding defenses in their right hand and anxieties in their left. These join together at the heart, the tip of the inverted triangle, which represents a person's core feelings and core relational experiences. Adapted from *Supervision Essentials for Accelerated Experiential Dynamic Psychotherapy* (p. 34), by N. C. N. Prenn and D. Fosha, 2017, American Psychological Association (<https://doi.org/10.1037/0000016-000>). Copyright 2016 by Victor Koen. Adapted with permission.

Accelerated Experiential Dynamic Psychotherapy Research

Although empirical investigations of AEDP's processes and outcomes "have only just begun" (Iwakabe et al., 2020, p. 550), there are already some impressive clinical research findings. Systematic case studies have been conducted (e.g., Blimling, 2019a; Gonzalez, 2018b; Markin et al., 2018) with commentaries (e.g., Fosha, 2018; Harrison, 2019; Iwakabe, 2018; Slean, 2018) and replies to the commentaries (e.g., Blimling, 2019b; Gonzalez, 2018a), illustrating AEDP's ability to facilitate emotional change processes as applied to specific clinical cases. In addition to case studies, task analyses of AEDP interventions have been qualitatively described (Iwakabe & Conceicao, 2016; Lee, 2015), outlining the essential ingredients and processes of AEDP interventions (e.g., metaprocessing and metatherapeutic processing).

Initial support of the effectiveness of AEDP comes from an outcome study of 62 adults receiving a 16-session version of AEDP treatment that occurred in naturalistic, private practice, outpatient settings in the United States, Canada, Israel, Japan, and Sweden (Iwakabe et al., 2020). According to the authors of this study,

Therapists were instructed to use the AEDP framework actively to optimize the therapeutic relationship and facilitate patients' experiential processing of emotional, relational, and transformational experiences (Fosha, 2013; Prenz & Fosha, 2016). Therapist intervention strategies included: (a) focusing on and working with glimmers of transference from the get-go; (b) strategies to restructure or bypass patient defenses; (c) dyadic affect regulation and other relational strategies aimed at building relational capacities; (d) experiential-affective strategies to process patients' painful emotions; and (e) metatherapeutic processing strategies to deepen and expand the emerging positive affective experiences associated with transformational experiences. (p. 435)

After treatment, most of the patients experienced significantly less distress, and significant improvement in their positive psychological functioning, achieving large effect sizes ($d > .80$), indicating clinically reliable change. These posttreatment outcome results are consistent with AEDP's aim of alleviating suffering while promoting flourishing.

Using the same sample, Iwakabe and colleagues (2022) examined AEDP's long-term effectiveness (Iwakabe et al., 2022). For both 6-month ($N = 40$) and 12-month ($N = 52$) follow-ups, patients maintained their gains. Large effect sizes were obtained ($d = 0.74$ – 1.60) for both lessening distress (e.g., depression, negative automatic thoughts, experiential avoidance) and increasing positive mental health (e.g., well-being, self-compassion). Furthermore, the patients reporting the most severe problems had even larger effect sizes. Thus, for both immediate and long-term outcome, AEDP as practiced in "real-world" treatment settings achieved results similar to those found for emotion-focused therapy, short-term dynamic psychotherapy, and cognitive behavioral therapy. "This is particularly notable in that AEDP focuses on in-session change rather than the direct teaching of coping skills and between-session skills practice" (Iwakabe et al., 2022, p. 442). The authors did note that the absence of a control group meant that certain factors (e.g., regression toward the mean) were not controlled.

In looking at the relationship between the working therapeutic alliance and positive emotions in a different sample, Notsu and colleagues (2023) found that higher positive emotions at the end of a session were predictive of better working alliances at the end of the next session. The authors concluded that "patients' experience of positive emotions has a significant role in strengthening the working alliance over the course of therapy" (p. 337).

Levenson, Fosha, and faculty members of the AEDP Institute (2011) constructed a scale to measure therapists' adherence to the AEDP stance and using AEDP interventions. The AEDP Fidelity Scale (AEDP-FS) was designed to capture "what makes AEDP, AEDP." Research with the AEDP-FS (Faerstein et al., 2016) shows good predictive and construct validity: The scale is measuring AEDP-specific and not general clinical skills; a 5-day AEDP training significantly increases participants' knowledge and competency; the ability to identify and evaluate one's feelings is significantly related to proficiency in AEDP; and a factor analysis of the scale reveals most of the items relate to AEDP's transformational processes.

Accelerated Experiential Dynamic Psychotherapy Skills in Deliberate Practice

All 12 of the skills in this book come down to two central principles in AEDP: that we can do with a trusted other what we cannot do alone and that symptoms and suffering come from clients' best attempts to handle overwhelming emotion and experience alone. The phrase "stay with it and stay with me" best sums up AEDP therapists' interventions (Pando-Mars & Fosha, 2025).

Imagine driving alone on a winding country road. You aren't sure you are on the right road and are feeling lost. Now imagine that a trusted friend is in the passenger seat saying, "We'll find our way. What an adventure we are on together!" Very different experiences. This is the essential core of AEDP. When we as therapists invite our clients to stay with it (their internal physical experience) and to stay with us (their therapists), we catapult ourselves into whatever the "it" is that has created the need for anxiety and defense around feelings in the dynamics of the relationship.

In the "undoing of aloneness," we try to give the client a new experience. For example, a client feels overwhelmed by feelings in their body and has learned to handle these feelings alone. As a child, no one helped them or soothed them when they felt sad, so now they might smile and say they're fine or make jokes and avoid their sadness. The cost of this protective strategy over time is that they do not get the benefits that come from knowing that they can feel sad, share their tears and sad feelings with another, and receive comfort. In AEDP, we try to give the client a new experience of staying with whatever feeling was feared and avoided ("stay with it"), helping them learn that they are capable of facing it now because they are not alone. The therapist ("stay with me") is not one of those people who can't handle their sadness. The therapist explicitly wants to be alongside the client when they have big feelings. AEDP says, "We can do together now what you could not do alone then." So as we review each of these 12 skills that you will learn or become more proficient in, keep in mind that each of them exemplifies these two central AEDP principles: staying with it and staying with me.

The Accelerated Experiential Dynamic Psychotherapy Skills Presented in Exercises 1 Through 12

Beginner Skills

Skill 1: Moment-to-Moment Tracking

Moment-to-moment tracking is a skill from which everything else in AEDP stems. It is the zoom-in, tight focus into the here-and-now of the client with the therapist. The

therapist gently tracks the client's nonverbal movements and paraverbals, knowing that in this "talk therapy," the body is communicating just as much, if not more, than the words. It is through moment-to-moment tracking that we notice entry points, sense and name the reactions of our clients, and help what has been called the "unthought known" (Bollas, 1987) become center stage in our therapeutic work. This skill will help you and the client figure out what the "it" of "stay with it is."

Skill 2: Exploring and Staying With Physical Experience

In this exercise, we are focusing on two skills that get used in combination so frequently that we are presenting them together in this skill. The first skill component is exploring the client's physical experience, and the second is inviting the client to stay with that experience. Focusing the client on how they physically experience emotions, and helping them stay with that experience, results in more awareness of whatever is coming up inside. Because we are asking the client two questions, the exercise is in a dialogue format like a typical therapist-client exchange.

Skill 3: Undoing Aloneness

The importance of this skill was emphasized earlier. Undoing aloneness is a critical skill in AEDP. As therapists, we make it clear and explicit that we are with the client. We can do this in three ways: (a) with our body language and paraverbals, (b) by using "we" language and actually saying that we are with the client, and (c) by explicitly inquiring about the client's sense of our presence.

Skill 4: Affirming

The AEDP therapist is supportive, validating, and emotionally engaged from the first moments of the first session and throughout the therapy. Affirming is an intervention that promotes safety and trust by acknowledging and validating the client's experiences, strengths, and emotions. What you will learn in doing this skill is to be specific in what you are affirming and to match your vocal tone and nonverbal behavior to your affirming words. Often part of that specificity includes the therapist's self-disclosing how they are affected by what the client is saying, which leads us to the next skill.

Intermediate Skills

Skill 5: Self-Involving Self-Disclosure

There are two main kinds of self-disclosure. The first, self-involving self-disclosure, happens when the therapist describes their own affect and process, usually in response to something verbal or nonverbal the client expresses, as it unfolds in the session and from session to session. Here again, the therapist makes things explicit and specific. Interventions that demonstrate this skill often use the following format: "When I, the therapist, [see, feel, or sense] you do X, then I feel Y."

Skill 6: Self-Revealing Self-Disclosure

For this exercise, we use some of the same client statements as in the previous exercise, but for practicing a different skill. Self-revealing self-disclosures are when the therapist shares something personal about their own experience that relates to the essence of what the client is saying. It is a way of saying, "I have walked in your shoes." In AEDP, whenever possible we pair such self-disclosure with metaprocessing (Skill 7)—asking the client about how hearing this personal information affects them. Because these self-revealing

self-disclosures are personal, they can be quite impactful on the therapeutic process. In the therapy hour, AEDP therapists use these interventions sparingly. Here, however, in the spirit of deliberate practice, you will get to repeatedly practice this skill.

Skill 7: Metaprocessing

Metaprocessing is used to focus on a very specific moment that is happening between therapist and patient, and inquire about it, without trying to figure it out or having preconceived ideas about what it might mean. This is a skill we use frequently in AEDP. Think of it as an “add-on” to almost any of the other skills to check out how the client is experiencing what is happening in the therapy. The standard format for a metaprocessing question is: “So what is this like for you right now that I noticed X or said Y or did Z?” This is often the next intervention to almost everything we do in AEDP because what is critical is how the client experiences what is going on in the therapy for each specific intervention; metaprocessing helps keep the therapist and client in sync and on track, together.

Advanced Skills***Skill 8: Working With Anxiety***

Anxiety tells us something important is coming up. Using this skill, we first focus on (re)educating clients that, from the perspective of emotion theory, anxiety can be an informative place for understanding when and why we are avoiding certain activities, thoughts, and feelings. Second, we ask permission of the client to explore their experience of anxiety. The goal of this skill is to help clients experience anxiety as a healthy signal from their bodies and not something to be feared, suppressed, or medicated away at its first signs.

Skill 9: Affirmative Work With Defenses

Many clients present in therapy relying on defensive strategies that helped them at one phase of their lives but now are not working, or are overworking, which causes symptoms and problems. In affirmatively working with defenses, you will practice naming what the client does instead of feeling primary affect, and then explicitly appreciating, even celebrating, the client's defense against feeling that affect. The third step is inviting the client to explore the defense or to bypass the defense, thereby opening up other possibilities. This is perhaps one of the most complex skills in the book.

Skill 10: Initiating Portrayals

A portrayal is a role-play technique that sets up a monologue or interaction either interpersonally through addressing an imagined person (real or fictitious), or with a part of the self. Portrayals are used to rework or complete “unfinished business” with another or with the self or work an unprocessed emotion such as anger or grief to completion. Practicing this skill will help you learn how to set up the conditions for this imagined dialogue. It is one of the ways we work with primary emotion in AEDP.

Skill 11: Privileging Transference Strivings

Transference is an individual's innate drive to be transformed—to right one's self, to grow, to be authentic and be known, connected, and recognized by the other. In privileging transference strivings, AEDP therapists try to set up conditions for transference to come to the fore. This skill involves looking out for glimmers of something positive in the client, and then using one of the 10 previous AEDP skills outlined in this

book to promote that healthier behavior. This skill allows you to incorporate other skills you have already practiced and use them to promote growth.

Skill 12: Metatherapeutic Processing

This skill focuses on processing the experience of what is therapeutic about therapy. The goal is to help clients reflect on and take in the positive experience of change for the better. The format here is a therapist–client dialogue in which the therapist asks the client an open-ended question about a positive shift that they have mentioned. After the client has replied with their scripted statement, the therapist continues to ask open-ended questions focusing on deepening the client's experience of positive change.

A Note About Vocal Tone, Facial Expression, and Body Posture

In AEDP, we not only pay attention to the words we say to clients; we also pay exquisite attention to how we use our voice (e.g., tone, pitch, pacing, rhythm), our facial expressions (e.g., animated, still), and nonverbal behavior (e.g., body position, gestures, movement). With regard to the use of our voice in AEDP, we need a variety of tones and different speeds. We go slow and drop our voices into low, soothing tones to invite clients to move out of their thinking heads (usually in State 1—anxiety and defense) and into their bodies, hearts and feelings (Schoore, 2001, 2009). Slowing down is a “foundational skill” in experiential work (Prenn & Fosha, 2017, p. 53). When clients slow down, they have a better chance to connect with their inner experience. Greenberg et al. (1993, p. 346) have underscored how critical a therapist's “experiential presence,” conveyed through vocal tone and paraverbal expression, is for fostering positive outcomes—not just as a reflection of empathy but also as an expression of the therapist's own experience (Geller, 2020; Lipton, 2020; Prenn & Halliday, 2020). Another tone of voice the AEDP therapist needs is that which indicates delight and celebratory enthusiasm for the client's progress, imbuing words with the dynamic energy behind the exclamation points: “You did it! We did it together!” These ways to use the voice and body take some getting used to and refinement if you are only accustomed to the calm, evenly paced “therapist voice” accompanied by a nonexpressive face and still body.

All of this said, attunement is the key in all we do. If a new client is drawn into themselves in a hunched over position with little movement, we might quiet our own bodies to be in sync with them. If a client is energetic and smiling, we might engage likewise. This is not to say that we merely mirror a client; that is not attunement. Ideally, we will get to sense if a client's excitement is genuine or is covering a sadness they are afraid to feel or show us (or both). If the latter, we might try validating small shifts toward genuine feelings. In any case, our goal is to help clients feel successful in therapy; what we don't want to do is communicate that our clients are doing it wrong if they can't slow down or don't know what to make of the sensations and feelings in their bodies. While I (N. P.) was learning AEDP, I found Russell's (2007) suggestion helpful: “Feel yourself at the bottom of the triangle of experience (State 2 Core Feelings) and invite your client to join you there.” If you remember the physical representation of the triangle described earlier, it is where your heart is.

In addition, AEDP learners will find it invaluable to watch recorded examples of expert AEDP therapists in session, so that they can observe these paraverbal and nonverbal interventions in action. It is important to watch as many AEDP therapists as possible so you can get a sense of how each AEDP therapist has their own unique manner for expressing their therapeutic presence. See the AEDP website for a list of such videos (<https://aedpinstitute.org/apa-video-publications/>).

The Role of Deliberate Practice in Accelerated Experiential Dynamic Psychotherapy Training

Since 1997 and even before, Diana Fosha has been unpacking and making explicit how to practice AEDP. Her 5-day Immersion Course (launched in 2003) immerses trainees in the experience of AEDP right from the very first moments of the very first meeting—rather like an actual AEDP therapy session. Almost immediately, small experiential groups start using AEDP interventions in role-play practice exercises.

In 2008, a few AEDP faculty members had a now famous conversation around my (N. P.'s) kitchen table and came up with the first AEDP Essential Skills Course, which launched 2 years later. Eventually this course evolved and expanded into Essential Skills Courses and Advanced Skills Modules. All these trainings focus heavily on the actual language of AEDP interventions and on lots of practice saying and doing and experiencing AEDP, albeit not in the precise form of this current book. In addition, individual and group AEDP supervision has used various intervention practice sheets and measures like the AEDP Fidelity Scale to keep the supervision on task. In essence, what we have found is that deliberate practice as a theory and a procedure integrates into the existing AEDP training program hand-in-glove. In the AEDP training, we have already been focusing on experiential practice in what might be called "deliberate practice lite." Now it is exciting to imagine how a full-scale application of deliberate practice methods and procedures will make the AEDP trainings even more beneficial.

Overview of the Book's Structure

This book is organized into three parts. Part I contains this chapter and Chapter 2, which provides basic instructions on how to perform these exercises. We found through testing that providing too many instructions upfront overwhelmed trainers and trainees, and as a result, they skipped past them. Therefore, we kept these instructions as brief and simple as possible to focus on only the most essential information that trainers and trainees will need to get started with the exercises. Further guidelines for getting the most about deliberate practice are provided in Chapter 3, and additional instructions for monitoring and adjusting the difficulty of the exercises are provided in Appendix A.

Do not skip the instructions in Chapter 2, and be sure to read the additional guidelines and instructions in Chapter 3 and Appendix A once you are comfortable with the basic instructions.

Part II contains the 12 skill-focused exercises, which are ordered based on their difficulty: beginner, intermediate, and advanced (see Table 1.1). They each contain a brief overview of the exercise, example client–therapist interactions to help guide trainees, step-by-step instructions for conducting that exercise, and a list of criteria for mastering the relevant skill. The client statements and sample therapist responses are then presented, also organized by difficulty (beginner, intermediate, and advanced). The statements and responses are presented separately so that the trainee playing the therapist has more freedom to improvise responses without being influenced by the sample responses, which should only be turned to if the trainee has difficulty improvising their own responses. The last two exercises in Part II provide opportunities to practice the 12 skills within simulated psychotherapy sessions. Exercise 13 provides a sample psychotherapy session transcript in which the AEDP skills are used and clearly labeled, thereby demonstrating how they might flow together in an actual therapy

session. AEDP trainees are invited to run through the sample transcript with one person playing the therapist and the other playing the client to get a feel for how a session might unfold. Exercise 14 provides suggestions for undertaking mock sessions, as well as client profiles ordered by difficulty (beginner, intermediate, and advanced) that trainees can use for improvised role plays.

Part III contains Chapter 3, which provides additional guidance for trainers and trainees. While Chapter 2 is more procedural, Chapter 3 covers big-picture issues. It highlights six key points for getting the most out of deliberate practice and describes the importance of appropriate responsiveness, attending to trainee well-being and respecting their privacy, and trainer self-evaluation, among other topics.

Three appendixes conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a Deliberate Practice Reaction Form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B includes a Deliberate Practice Diary Form that can be used during a training session's final evaluation to process the trainees' experiences, but its primary purpose is to provide trainees a format to explore and record their experiences while engaging in additional, between-session deliberate practice activities without a trainer. Appendix C presents a sample syllabus demonstrating how the 12 deliberate practice exercises and other support material can be integrated into a wider AEDP training course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

Downloadable versions of this book's appendixes, including a color version of the Deliberate Practice Reaction Form, can be found in the "Clinician and Practitioner Resources" tab at <https://www.apa.org/pubs/books/deliberate-practice-accelerated-experiential-dynamic-psychotherapy>.