

AEDP Psychotherapy: An Evidence-Supported Practice

There is direct empirical support for AEDP's effectiveness as a psychotherapy model. The materials presented in the seminar series are thus based on theory, the clinical observations of AEDP therapists around the world, and empirically supported research.

The results from Iwakabe and colleagues' (2022, 2020) practice-research network study examining treatment outcomes of 16 session AEDP in ecologically valid private practice settings, showed that AEDP is effective with a variety of psychological symptoms and issues, including depression, emotion dysregulation, negative thoughts, experiential avoidance, and interpersonal problems. AEDP is also effective in enhancing positive functioning such as self-compassion, well-being, and self-esteem. These improvements are maintained over 12 months, and the maintenance of improvement was observed in all areas of functioning. These improvements are maintained over 12 months, and the maintenance of improvement was observed in all areas of functioning.

Nonetheless, AEDP is not proposed to be well suited to all patients. et. al (2022; 2020) included: active suicidality; addiction and substance abuse; psychosis and severe impulse disorders, bipolar disorder, or moderate to severe autism spectrum diagnosis, and a current crisis situation requiring immediate crisis intervention (e.g., intimate partner violence). In order to mitigate potential risks of people experiencing severely dysregulated affect, significantly outside their window of tolerance, and subsequently engaging in harmful coping strategies outside of session, people suffering the above should be referred either to their physician, a psychiatrist, or to a clinician who practices another different form of therapy that might better meet their needs.

Additionally, it is not realistic to expect that all clients will feel as connected to their therapist as we might hope, despite the best efforts and intentions of the therapist. When a therapist senses that the therapeutic relationship is less strong than desired, this too can present a challenge to successful treatment using AEDP. Therapists trained in AEDP address this concern openly, and process potential complaints, misunderstandings, misattunements, and ruptures, in order to redress these. Then the AEDP therapist explores the client's experience of the therapist's willingness to repair, and to be accountable and own their part in the client's experience of disconnection. Additionally, AEDP therapists employ interventions to melt defenses against closeness.

However, if a client and therapist both feel that they have not made a sufficient connection, a referral to a different therapist or to a different modality (e.g., group) or model of therapy might be appropriate.