

Application for the SF Bay Area AEDP for Couples Core Training

**Facilitated by David Mars, Ph.D., MFT, AEDP Institute Senior Faculty Member
With Karen Pando-Mars, MFT Guest Faculty and Senior Faculty Member**

If you have any questions regarding this application please contact David Mars at davidmarsphd@gmail.com.

Note: when you have completed the application please email it to David Mars at davidmarsphd@gmail.com. He will be directly in touch with you regarding next steps.

Name: _____ Date: _____

Degree: _____

Profession (i.e., social worker, psychologist, LPC): _____

Number of years licensed: _____

Address: _____

Phone(s): home _____ office _____ cell _____

Email address: _____

Current work setting (i.e., private practice, hospital) and population(s) served:

Number of years practicing psychotherapy and with what populations historically:

Please briefly describe your current orientation: _____

How did you hear about the AEDP for Couples Core Training?

Please tell some relevant highlights summarizing your previous training:

What is your degree of exposure, experience and/or training to date with AEDP and other Experiential Dynamic Psychotherapies or EMDR, IFS, SE, EFT, etc.) Please include whether or not you have completed the AEDP Immersion Course, and, if so, where and when?

Please tell me how you became interested in AEDP. And what about it makes you want to pursue the AEDP for Couples Core Training? Why now?

What professional growth do you hope to achieve as an outcome of the AEDP for Couples Core Training?

What, if anything, would be helpful for me to know about you in a group setting?

Please describe your history specifically of working in a couple therapy context?

What orientation in couples therapy has influenced your work the most?

What is most challenging and most motivating for you about the idea (or practice) of applying AEDP in a couple therapy context?

Do you videotape any couples currently? What do you see that might stand in the way for you to share videotaped sessions in the Core Training?

You are almost done! You may find this next and last section challenging. Please hang in and complete both parts. This section is both a needs assessment and a marker of where you are now. I will ask you to check in with your self-ratings again in the future as we progress in the AEDP for Couples Core Training. Just respond as best as you can for now, as you have probably not been asked to do this before.

Each of the seven channels of experience listed below has three dimensions in which we can develop in ourselves as clinicians and in our relationship with our clients and ourselves. These capacities are intimately related to our internal working model:

Perception (noticing, tracking, being aware of)

Reception (permeability, “taking in”, allowing ourselves be affected by)

Expression (showing, describing, “giving out” relationally).

Going from left to right for each channel of experience below, please go by impulse and enter a 1, 2 or 3 for *each* of the channels listed below *prioritizing* your perceived need/desire to further develop that dimension of your capacity in that channel of experience:

(Use 1 as the highest priority, 2 for medium, 3 for lowest priority.) You may or may not find that a pattern emerges.

Perception of Sensation Reception of Sensation Expression of Sensation
(Perceiving, receiving and expressing the sub-components of body sensation)

Perception of Emotion Reception of Emotion Expression of Emotion
(Tracking feeling states, nuance of affect, language for mood states, your emotional permeability, and your fluency of expression of well titrated affect in your work)

Perception of Energetic Reception of Energetic Expression of Energetic
(Ranges of energetic phenomena: chills/streaming energy, luminance/dullness in the eyes and face, fullness/emptiness, charged/discharged, aliveness/deadness, heaviness/lightness, etc)

Perception of Movement Reception of Movement Expression of Movement
(Kinesthetic cues: body language, gesture, body alignment, hand and finger position, body attitude, movement, your own body language as a conveyance of your experience of attunement, resonance, empathy, mirroring, etc.)

Perception of Visual Reception of Visual Expression of Visual
Seeing and being affected by facial coloration changes, client's expression and *showing* through your own visible cues your expressions of resonance with your client(s), etc.)

Perception of Imaginal Reception of Imaginal Expression of Imaginal
"Seeing" in imagination, "hearing" in your imaginal ears what sound you imagine your client is making "inside", while being ostensibly quiet, sharing your own imagery, etc.)

Perception of Auditory Reception of Auditory Expression of Auditory
(Voice prosody, voice resonance, and pacing, as well as letting in the meaning of sound and speech and reflecting your experience through your own voice, sounds and breath what you feel, sense, resonate with, etc.)

Finally, please rate below from 1 to 7 what do you see as being your currently *Most Used to Least Used* channels of experience. Then rate your *Most Developed to Least Developed* channels of experience in your work as a therapist.

Just go by impulse starting with 1 being most and moving to 7 being least in each column, acknowledging that there is overlapping between these channels.

Most Used to Least Used

Most Developed to Least Developed

Sensation

Sensation

Emotion

Emotion

Energetic

Energetic

Movement

Movement

Visual

Visual

Imaginal

Imaginal

Auditory

Auditory

Is there anything else you think is important for me to know about you, your practice or your needs?

Thank you!

Org: 3/15/15

**Please email your completed application to David Mars at davidmarsphd@gmail.com
He will be in touch with you regarding next steps.
Thank you!**

**If you would prefer to send your application via USPS please mail to:
David Mars
117 Sequoia Drive
San Anselmo, Ca 94960**