

AEDP process for Client

Please circle the appropriate number to show how you feel about this session.

1. This session was:

bad

good

1

2

3

4

5

6

7

2. This session was:

difficult

easy

1

2

3

4

5

6

7

3. This session was:

valuable

worthless

1

2

3

4

5

6

7

4. This session was:

shallow

deep

1

2

3

4

5

6

7

5. This session was:

relaxed

tense

1

2

3

4

5

6

7

6. This session was:

unpleasant

pleasant

1

2

3

4

5

6

7

7. This session was:

full

empty

1

2

3

4

5

6

7

8. This session was:

weak

powerful

1

2

3

4

5

6

7

9. This session was:

special

ordinary

1

2

3

4

5

6

7

10. This session was:

rough

smooth

1

2

3

4

5

6

7

11. This session was:

comfortable

uncomfortable

1

2

3

4

5

6

7

12. Right now I feel:

happy

sad

1

2

3

4

5

6

7

13. Right now I feel:

angry

pleased

1

2

3

4

5

6

7

14. Right now I feel:

moving

still

1

2

3

4

5

6

7

15. Right now I feel:

uncertain

definite

1

2

3

4

5

6

7

16. Right now I feel:

calm

excited

1

2

3

4

5

6

7

17. Right now I feel:

confident

afraid

1

2

3

4

5

6

7

18. Right now I feel:

friendly

unfriendly

1

2

3

4

5

6

7

19. Right now I feel:

slow

fast

1

2

3

4

5

6

7

20. Right now I feel:

energetic

peaceful

1

2

3

4

5

6

7

21. Right now I feel:

quiet

aroused

1

2

3

4

5

6

7

Session Rating Scale

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

1. Relationship:

I did not
feel heard,
understood,
and
respected.

I felt heard,
understood,
and
respected.

2. Goals and Topics

We did not
work on or
talk about
what I
wanted to
work on
and talk
about.

We worked
on and I
talked
about what
I wanted to
work on
and talk
about.

3. Approach or Method

The
therapist's
approach is
not a good
fit for me.

The
therapist's
approach is
a good fit
for me.

4. Overall

There was
something
missing in
the session
today.

Overall,
today's I
session
was right
for me.

AEDP In-session Emotional Experience Scale-Patient

This scale consists of a number of words that describe different feelings and emotions. Please read each item and click the appropriate option to show how you feel as a result of the session.

1. I feel excited/interested/motivated.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I feel calm/peaceful.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I feel depressed.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I feel satisfied/content.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I feel lonely/alone.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I feel embarrassed.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I feel joyful.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I feel irritated/frustrated.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I feel determined.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I feel love.

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I feel sad.

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**12. I feel ashamed.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**13. I feel fearful.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**14. I feel moved.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**15. I feel angry.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**16. I feel engaged.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**17. I feel worried/doubtful.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**18. I feel disgust.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**19. I feel cared about.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**20. I feel guilty.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**21. I feel unhappy.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐

22. I feel regretful.

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**23. I feel connected.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**24. I feel seen/known/felt.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**25. I feel numb/disconnected.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**26. I feel anxious/nervous.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**27. I feel proud.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**28. I feel caring.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**29. I feel grateful.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐**30. I feel hopeful.**

Not at all

☐

A little

☐

Moderately

☐

Quite a bit

☐

Extremely

☐

POST SESSION REFLECTION: Significant Therapy Moments in a Session

Are there any significant, good and/or remarkable moments from today's session that stand out to you? What are they? For each moment: how would you describe it?