



April 13, 2010

To: Institute Directors; Directors of Admissions; and Education Committee Chairs
c/o Administrators

Dear Colleagues,

I am writing to encourage you to contact me (617-731-6614 or steviesmith@msn.com) before you prepare a Committee on Preparedness and Progress (COPAP) waiver, **in order to confirm that your applicant is ready to apply for a COPAP waiver, and to be certain that the applicant really needs a COPAP waiver in order to apply.** I am available for consultation throughout the waiver process and would also be pleased to help you plan for and guide potential applicants towards eligibility.

COPAP recommends that you thoroughly inform possible waiver applicants including those who have already begun auditing institute classes, that their acceptance is provisional and dependant upon receiving a waiver from COPAP and from the Board of Professional Standards. I want to emphasize that the COPAP Committee only accepts applications from clinicians with a clinical license. Non-clinicians must apply to the Committee on Research and Special Training (CORST) for a waiver. I have included the relevant sections from the most recent version of the *Principles and Standards for Education in Psychoanalysis* document with this letter.

I look forward to hearing from you.

Sincerely,

Stephanie Dee Smith, M.A., LICSW
Chair, Committee on Preparedness and Progress

Enclosure:

**Principle and Standards for Education in Psychoanalysis:
IV. Selection for Psychoanalytic Education and Clinical Training**

The American Psychoanalytic Association
Principle and Standards for Education in Psychoanalysis

IV. Selection for Psychoanalytic Education and Clinical Training

A fundamental requirement for psychoanalytic education and clinical training is an established identity as a professional whose conduct assures a firm and enduring commitment to responsible and ethical patient care.

Psychoanalytic education begins with the selection process, which therefore requires much care and thought. Selection is based on an applicant's suitability, eligibility, and readiness. It is the official position of the American Psychoanalytic Association that an applicant is never excluded on the basis of age, sexual orientation, religious affiliation, racial, or ethnic background.

A. Suitability

The selection of an applicant for psychoanalytic education and clinical training involves an assessment of suitability: the possession of certain character traits and ethical values necessary for every psychoanalyst. An applicant should present to a reasonable extent evidence of integrity, inherent honesty, maturity, flexibility, and strength of character. In addition, the applicant should demonstrate to a reasonable extent a capacity for self-observation, self-monitoring, and the ability to maintain proper interpersonal boundaries.

B. Eligibility and Readiness

The selection of an applicant for psychoanalytic education and clinical training is also based on the assessment of eligibility and readiness: prior education, clinical training, clinical experience, aptitude, and potential for psychoanalytic competence. Such eligibility and readiness for psychoanalytic education can be achieved through a variety of pathways.

Applicants who are in the following categories of applicants are automatically eligible for admission if they have also met the other eligibility requirements listed in this section. Applicants who are not in these categories do not have automatic eligibility; such an applicant may receive clinical training if the Institute supports this course and also receives a waiver from the Board on Professional Standards. Within those categories of applicants that are automatically eligible for admission, each constituent Institute has the discretionary authority to determine which category of applicants that it will accept for training.

1. Doctors of Medicine or of Osteopathic Medicine who have graduated from an accredited medical school or osteopathic medical school, and are in or have completed a psychiatry residency program and are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.
2. Mental health professionals who have completed a doctoral level degree from an accredited mental health clinical program, who are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.
3. Mental health professionals who have graduated from an accredited mental health degree program with a clinical master's degree. This must be a degree generally recognized as the highest clinical degree within a specific mental

health profession (masters in social work, in marriage and family therapy, and in psychiatric nursing). These individuals must also have completed at least two additional post masters' degree years of didactic and clinical training including 3000 hours of clinical experience as well as 1) 60 hours post masters of psychodynamic psychotherapy supervision and 60 hours post masters of psychodynamically oriented courses and clinical seminars or, 2) a two year organized post masters psychodynamic psychotherapy program including supervised clinical experience. They must be licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.

Success in psychoanalytic education and clinical training cannot be predicted simply on the basis of prior education, degree category, or years of clinical experience. The quality and extent of previous mental health education and clinical training must be assessed. While psychoanalysis may be the most effective treatment for properly selected patients, it is a highly specialized procedure. Because many patients require treatments supplementary to psychoanalysis or other modalities of treatment, a psychoanalyst must be competent in psychodiagnostic assessment in order to either provide care or make appropriate dispositions for such patients. Psychoanalytic education itself does not include all of the theoretical background knowledge or clinical experience that optimally prepares the future psychoanalyst for competence in these functions. Rather, competence should already be achieved, or be well along in the process of achievement. In addition, psychoanalytic education alone does not afford the degree of clinical immersion necessary for the development of basic professionalism and professional identity that underlies an uncompromising commitment to responsibility for patients.

Post-graduate education before undertaking training in clinical psychoanalysis must entail full immersion in a rigorous, organized, didactic curriculum, a portion of which includes psychodynamic seminars, all of which is accompanied by an organized and supervised clinical training experience. The specific elements of the required immersion are described below. For mental health professionals who are Doctors of Medicine or of Osteopathic Medicine, who are in or have completed a residency, or for mental health professionals who have completed a doctoral level degree, this full immersion may occur during the post-graduate training, afterwards, or some combination of both. Individuals who have graduated with a clinical master's degree that is generally recognized as the highest clinical degree within a specific mental health profession must also complete at least two additional post masters' degree years of didactic and clinical training as specified above.

The overall goal of the prerequisite experiences should be to teach the student to conceptualize mental illness in terms of the biological, psychological, and sociocultural factors that influence normal and abnormal behavior. The education should also teach the student to gather and organize data about a mental health situation, integrate this data with a comprehensive formulation of the problem that supports a well-reasoned differential diagnosis, a treatment plan, an implementation of the treatment plan, and a follow-up. The program should also have provided the applicant with sufficient opportunities to develop knowledge, clinical skills, professionalism, professional principles, and commitment to patient care.

The following specific requirements for didactic education, clinical training, and clinical experience have been established as necessary core prerequisites for psychoanalytic education and clinical training. These requirements must be fulfilled by any applicant for candidacy, regardless of mental health degree, in order for that

candidate to be automatically eligible for candidacy. In the event that an otherwise suitable and eligible applicant has not fulfilled a necessary prerequisite for clinical training, this pre-requisite must be fulfilled prior to matriculation. In the event that this is not possible, an Institute may request a waiver for full clinical training from the Committee on Preparedness and Progress of the Board on Professional Standards (see below).

1. Didactic Education:

The didactic curriculum of prior education should include courses in:

- a. Human development leading to recognition of the psychological and sociocultural factors that influence development in infancy, childhood, adolescence and adulthood.
- b. Psychopathology leading to a theoretical and clinical understanding of neurotic, characterological, borderline, and psychotic disorders, and disorders caused by substance abuse. This should include central nervous system determined psychopathology, including those medical disorders presenting symptoms likely to be regarded as psychiatric or behavior problems and those psychiatric disorders which might present symptoms likely to be regarded as medical disorders.
- c. The major psychological theories such as behavioral, cognitive, and learning theories, in addition to a basic understanding of the psychoanalytic theories of the mind.
- d. The range of therapeutic approaches to mental disorders leading to a theoretical and clinical understanding of the differential indications for psychopharmacological, supportive, psycho- dynamic, or other psychotherapeutic treatments.
- e. Interviewing techniques, history taking, information gathering, and report writing.
- f. The techniques of psychotherapy such that the applicant has a theoretical understanding and clinical experience with a range of psychotherapeutic techniques.
- g. At least 60 hours participation in psychodynamically oriented courses and clinical seminars during which the applicant gains understanding of basic psychoanalytic concepts as well as the basics of a psychotherapeutic clinical process.
- h. The principles of clinical and professional ethical conduct.

2. Clinical Experience:

As a part of or subsequent to the mental health educational program, the applicant should have attained sufficient immersion in mental health clinical practice to have developed the professionalism and professional identity described above. This immersion should include appropriate experience with psychodynamic therapeutic approaches. Applicants achieve eligibility for psychoanalytic training when they have attained:

- a. A minimum of 3000 hours or the equivalent of two years full-time mental-health clinical experience under weekly individual supervision. Although this experience may be gained primarily from outpatient care situations, it should include at least some experience with inpatient and

emergency care situations, experience with the full range of mental disorders, and with psychodiagnostic assessment differential diagnosis.

- b. A minimum of 60 hours of individual supervision in the practice of psychodynamic psychotherapy such that the applicant can demonstrate a capacity to establish a clinical process and the potential for psychoanalytic clinical competence.

C. Evaluation of Suitability, Eligibility and Readiness

The evaluation of suitability and eligibility relies on an assessment of the applicant's character and integrity, didactic education, clinical training, clinical immersion, and professional identity and maturity. It also includes an assessment of readiness: the applicant's level of clinical competence, capacity for growth, and aptitude for learning psychoanalytic methodology. In addition to personal interviews to determine suitability and review of the applicant's curriculum vitae and transcripts to determine if prerequisites have been met which confer eligibility, evaluation of readiness should include interviews that permit the applicant to present reports of psychotherapeutic work in oral and/or written form. These presentations, especially if they reflect work supervised by an analyst, will be helpful in assessing the applicant's capacity to elicit and integrate clinical data, to maintain proper boundaries, and to establish a therapeutic process. These presentations should also be helpful in judging the applicant's potential for psychoanalytic competence. Assessment should also be made of an applicant's awareness of the ways in which his or her own responses may influence the psychotherapeutic process.

D. Waiver of Eligibility Standards

The Board on Professional Standards has developed procedures and criteria for the consideration of a waiver of the usual eligibility standards for psychoanalytic education and clinical training to Institutes wishing to accept candidates who, on assessment appear to be suitable to become psychoanalytic clinicians but do not fully meet the above eligibility criteria. Waivers for two categories of professionals have been established:

1. Mental Health Clinicians

The Committee on Preparedness and Progress (COPAP) of the Board on Professional Standards receives requests for waivers of eligibility requirements for full clinical training from Institutes wishing to train mental health clinicians who, on assessment, appear to be suitable to become psychoanalytic clinicians but who are not automatically eligible because they have not fulfilled all of the eligibility requirements.

Included are:

Individuals whose mental health graduate degree is not at the highest educational level generally obtained to practice clinically within their profession (e.g., masters in clinical psychology, in counseling, in education, in pastoral counseling), but who nevertheless have completed at least two additional post masters' degree years of didactic and clinical training including 3000 hours of clinical experience as well as 1) 60 hours post masters of psychodynamic psychotherapy supervision and 60 hours post masters of psychodynamically oriented courses and clinical seminars or, 2) a two year organized post masters psychodynamic psychotherapy program including supervised clinical experience.

They must be licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.

2. Clinicians Other than Mental Health Clinicians

The Committee on Preparedness and Progress (COPAP) of the Board on Professional Standards receives requests for waivers of eligibility requirements for full clinical training from Institutes wishing to train clinicians other than mental health clinicians who plan to make psychoanalysis their primary career and who, on assessment, appear to be suitable to become psychoanalytic clinicians but who are not automatically eligible because they have not fulfilled all of the eligibility requirements.

Included are:

- a. **Individuals who have satisfactorily completed the degree of Doctor of Medicine or Doctor of Osteopathic Medicine, but who are not planning to complete a residency training program in psychiatry.**
- b. **Individuals who do not possess the highest recognized clinical degree but who are in the later stages of completing the expected educational and clinical prerequisites such as a medical student or Ph.D. candidate.**