

PSYCHOANALYTIC TRAINING: GRADUATION CRITERIA FOR VARIOUS ApSA INSTITUTES

Compiled in 2024 by the Task force on transparency of institute graduation
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Dedicated to Marvin Margolis MD, PhD (1927- 2023)

An unrelenting champion for the empowerment of Analysts -in- Training

Introduction and background

(Dated: June 5, 2024)

Psychoanalytic training is an arduous (and potentially rewarding) process which includes several the state components. In 2023, when I took over as the elected president of the candidates' council of the American Psychoanalytic Association (APsA), I conducted a gap analysis which revealed that there was a great need to create a repository for graduation criteria for psychoanalytic training amongst the 30 + institutes affiliated with APsA. If anyone wished to find out what psychoanalytic training at any given APsA institute entailed, it was often described as a frustrating and opaque process, with unsatisfactory results culminating in incomplete and /or contradictory information. It was surprising to find that even several candidates (also known as analysts-in-training) who could not describe well the details of the psychoanalytic training they were currently immersed in!

The potential reasons for this confusion and obscurity are complex and multifactorial and will not be described here since they are out of the scope of the purpose for this document.

In the spring of 2023, I appointed a small task force the goal to collect cross-sectional data about the graduation criteria from each of the institutes affiliated with APsA. Each member of the task force was assigned a certain number of institutes to reach out to. In round one, the task force received contact information from APsA's central office, and completed the pain staking task of reaching out to the executive directors, leaders of the education committees, and/or candidate representatives (if applicable) of each institute affiliated with APsA. If this did not result in a successful outcome, in round two, Himanshu himself reached out to the remaining institutes via various channels (institute websites, the APsA candidates' listserv, professional contacts etc.) to receive this information. Once the information was compiled, Himanshu sent an email to each institute to review and approve the criteria for their respective institutes. At each stage, revisions were made in collaboration with the individual institutes (where applicable) Eventually, he heard from each institute included in this document, with nobody objecting or prohibiting the publication of this information.

The reader will find that there is variation in the format of each institute's documents, which is likely reflective of the individual culture of each institute.

The goal of this document is to establish a cross-sectional 'starting point'. Given that we are in an exciting time of evolution of psychoanalytic training, regular updates and revisions to training curriculum and policy are likely. The hope is that this list will be updated regularly (at least once a year) going forward, and will benefit prospective candidates, current candidates, alumni, administrators, educators and the general community at large- anyone who is interested in psychoanalysis and the world of psychoanalytic training.

Like any new endeavor , this document is likely to be imperfect. Hopefully, it will serve as a 'good enough' place to start and build upon. Whatever the reason may be for you to view this document, I wish you all the best in your journey!

- Himanshu Agrawal, MD, DF-APA
President, APsA Candidates' Council

Information Manual for AIP Candidates

Academic Year 2021-2022

Information Manual for AIP Candidates

Name of Candidate

Matriculation Date

This manual describes policies and procedures that have been developed to aid Candidates in the course of training at the American Institute for Psychoanalysis. Please read it and review it periodically. It is important that the Institute office be notified whenever indicated below so that work in progress is accurately recorded.

The Director of Academic Affairs, the Chair of the Progression of the Education Committee and the Registrar are available to answer questions and provide guidance.

Education Committee

The Education Committee oversees all academic aspects of the Institute, and it is able to provide assistance at all stages of training.

All requests – whether routine, such as a request to begin the first supervision or to advance to senior status, or special, such as a request to receive permission as a junior to take a senior course – should be forwarded to the Education Committee.

The Director of Academic Affairs, or the Chair of the Progression Committee is responsible for giving feedback on the candidate's overall progress in training.

Progression Committee and Mentoring

The Progression Committee will be working with the Education Committee in order to facilitate Candidate's concerns and more closely monitor training. In this mentoring capacity, the Progression Committee offers support and assistance in the realization of the Candidate's professional goals. Each Candidate is required to meet with the liaison member of the Progression Committee at least once a year to review the Candidate's Educational Record and progress in the psychoanalytic program.

It is anticipated that after the initial months of training, the Candidate will become familiar with and connect with at least one member of the Progression Committee, and that they will be meeting regularly while the Candidate is in training.

Required Courses

The curriculum is designed to give substantial grounding in the fundamentals of psychoanalytic theory, technique, and practical clinical work to each Candidate. Basic and advanced courses in

these subjects are provided. These include courses in the major psychoanalytic theories as well as recent developments in psychoanalysis and related fields.

Please understand that adjustments and improvements in the curriculum require course changes from time to time. When such changes occur, the Education Committee will determine what courses are required of each Candidate in order to advance and be certified.

The academic year for the first four years is based on a 64-week schedule with courses held either on Monday or Wednesday mornings or evenings. The fifth year is based on a 48-week schedule. At present all courses are held on-line due to COVID restrictions. Once the restrictions are lifted, courses will be held in person with the option to attend on-line if the candidate cannot attend in person. Courses are an hour and fifteen minutes or an hour and a half. Instructors of advanced courses may schedule classes at times that differ from the usual times.

Candidates are required to take a minimum of thirty-two weeks of courses per year to remain matriculated. In order to maintain continuity, Junior Candidates should fulfill this requirement by taking at least one year-long sequence.

A continuous clinical colloquium (32 credits) is required for Candidates who have finished the official four-year curriculum but have outstanding requirements.

In order to be certified, the Candidate must complete all the courses (192 Required Junior Credits & 112 Required Senior Credits) offered upon their matriculation, as listed in their Information Manual for Candidates, or the course equivalence, as determined by the Education Committee.

Elective Credits (Courses)

Candidates are required to take a minimum of four elective credits during their training: two in the junior years and two in the senior years. Attendance at Scientific Meetings of the AIP is mandatory. In addition, attendance at Journal Clubs, Book Clubs, and Case Conferences can be used to fulfill the elective credit requirement. Attendance at a total of eight meetings per year constitutes one elective credit. Scientific Meetings are scheduled on Thursday evenings.

Attendance at outside psychoanalytic conferences, upon pre-approval by the Education Committee, can be considered for elective credit. With respect to conferences, other than the above-mentioned ones, one and one-half hours of conference attended is equal to one session.

Eight sessions (or a total of twelve hours) constitute one elective. A brief summary of each conference must be submitted to the Registrar in order for a Candidate to receive credit.

Registration Fees

Formal registration for courses may be done by mail, or in person. There is a \$50.00 registration fee each semester. A late registration fee of \$50.00 per week will be charged after the deadline. A yearly matriculation fee of \$150.00 is charged to all Candidates enrolled at the Institute, and is also required of all Candidates not taking classes or on leaves of absence. There is an additional material fee of \$40.00 per semester. Student Record Update Forms must also be completed and returned at the time of registration. All fees are subject to change by the AIP Budget Committee.

Tuition Fees

The tuition for the first year is \$40 a credit. The second year \$45 a credit. The third year is \$50 a credit. The fourth year is \$55 a credit and the fifth year is \$60 a credit. The first four years are based on 64 credits a year and the fifth on 48 credits a year. All fees are subject to change by the AIP Budget Committee.

Year 1 \$2,560

Year 2 \$2,880

Year 3 \$3,200

Year 4 \$3,520

Year 5 \$2,880

Payment of Course Fees

Fees for courses are indicated on the registration form and are paid at the time of registration. Checks are made payable to the American Institute for Psychoanalysis.

There is no financial penalty accruing to a Candidate who attends only two sessions of a class before deciding to drop the course. A twenty-five percent financial credit toward future tuition will be granted for attendance up to 1/2 of the number of sessions. No monetary credit will be granted to a Candidate after one-half of the sessions have been held.

Credit for Academic Courses

To qualify for certification, all required courses must be completed satisfactorily. If there is a loss of credit due to absences, unsatisfactory course evaluations, or delay in submitting required papers or assignments, it is essential that the Candidate make up for the missing credit, in order to fulfill the minimum requirements. Candidates may repeat a required course and make up the missing credit. In general, the Candidate should request permission in writing from the

Education Committee about making up for loss of credit. The Education Committee decides on any/all substitutions after consultation with the Chair of the Progression Committee and the course Instructor. In case of loss of credit because of absences the Education Committee will advise the Candidates about the approved substitutions.

Credits are assigned according to the number of sessions each course meets. For example, if a course meets for 8 sessions the course is worth 8 credits.

Attendance

Candidates are expected to attend all sessions of a course to obtain maximum benefit. Credit deductions for absences are listed below:

	<u>Number of Absences</u>									
	9	8	7	6	5	4	3	2	1	0
<u>Length of course</u>										
4-5 weeks									*	0
6-7 weeks								*	2	0
8-10 weeks							*	2	0	0
11-15 weeks						*	2	0	0	0
16-20 weeks					*	4	3	0	0	0
21-24 weeks				*	5	4	3	0	0	0

*No credit will be granted for course.

Instructors' Reports

The prime purpose in the evaluation of a Candidate's work is to enable him/her to get as much out of a course as possible and to give the Candidate a statement of opinion as to the quality of her/his work. At the end of the course, the Instructor will give a written statement containing an evaluation of the work, including participation in discussion, progress and the quality of the case presentations when these are required. A copy of this evaluation will go into the Candidate's file. Attached (p. 14) is a copy of the Instructor's Reports.

Instructors will hand out a reading list on or before the first class. Candidates are responsible to complete all reading assignments. The paper assignment for the class and the date the paper is due will be announced at the first class meeting of a course. No papers will be accepted after the due date. Instructors are required to return course papers to Candidates within one month of completion.

Attendance and the Instructor's evaluation will determine credit. Each academic year following a meeting with their Progression Committee liaison, the Candidate will receive a statement concerning their status and credits. Candidates may inquire, in the Registrar's office, as to their evaluations and credit during the year. Candidates are encouraged to discuss difficulties pertaining to their progress with their Instructors, the Chair of the Progression Committee and the Director of Academic Affairs.

Course Evaluations by Candidates

In order to ensure that everyone's feedback is heard, each Candidate/Student is required to write an anonymous evaluation of the course.

The Instructor will leave at least 20 minutes at the end of the last session of the course for the evaluation process. All Instructors as well as any Analysands of the Instructor should leave at that time, however the Analysand may complete the evaluation form and hand it in to the Registrar directly. The class should appoint a chairperson who is responsible for conducting a discussion. The Candidates have up to two weeks to submit these evaluations to the Registrar. Once all Candidates handed in their Course Evaluations, and after the Instructor has submitted his/her student evaluations for the course, the Registrar will tally the numerical evaluations and type a copy of the Candidate's narrative comments, which will be sent to the Instructor and the Candidates will receive a copy of their individual Instructor Report. See Course Evaluation Form (pp. 15-16).

Examination of Records

Candidates will receive copies of all Instructors' and Supervisors' evaluations. Candidates have the right to examine their files. The procedure for doing so is to make an appointment with the Chair of the Progression Committee, or the candidate's liaison to the Progression Committee, in whose presence the Candidate may look over his/her records. The Progression Committee liaison is then prepared to answer any questions or respond to any reaction the Candidate may have.

Personal Analysis

The following are the requirements regarding personal analysis:

1. The Candidate is to select an analyst who has met the Education Committee requirements and begin personal analysis at the latest six months past matriculation.
2. The Candidate must notify the Education Committee when and with whom training analysis begins, and receive formal permission.
3. The Candidate is to be in personal analysis for a minimum of 500 hours from the date of matriculation.
4. The Candidate is to be in personal analysis for a minimum of three individual sessions weekly. However, more frequent treatment is strongly recommended. Once the 500-hour requirement has been met, frequency may be changed or the analysis may be terminated upon mutual agreement with the personal analyst. The Education Committee should be notified of any such prospective changes including a written statement from the personal analyst confirming that the requirement of 500 hours has been reached. Notification of

the Education Committee of any such changes should be made at least three months prior so that the Education Committee can consider making its own recommendation.

5. The Institute office must receive an annual written confirmation from the Training Analyst of the Candidate about the following:
 - frequency of sessions in the last year
 - total number of analytic hours to date. [See Verification of Required Personal Psychoanalysis Form for Training Analyst's confirmation (p. 17).]

Supervised Analytic Work

The clinical requirement is to have at least four patients in analytic treatment: one First Control Case (Transformation Case) and Three Additional Psychoanalytic Control Cases. Each of the four Institute supervisions should consist of weekly meetings with the Supervising Analyst for a minimum of 50 hours. Candidates are required to satisfactorily complete supervised analytic work for a minimum of 200 supervision hours in total, in these four supervisions, with four different Supervising Analysts. Upon completion of the first supervision the candidate can apply to the Education Committee to see the remaining supervisions concurrently.

Candidates are required to notify the Education Committee in writing as to when they plan to start supervised analytic work, with whom they plan to work, and when the work is discontinued or completed. No credit will be given without the written permission of the Education Committee. Please consult the AIP Active Supervising Analysts List before making a selection. To request the list please email the Institute Office at info@aipnyc.org.

The supervision of the First Control Case (Transformation Case) is to help the junior candidate to move appropriate psychotherapy patients into psychoanalytic treatment. See below the detailed description of First Control (Transformation Case).

Following the completion of the First Control Case, Three Psychoanalytic Control Cases must be seen at three times, four times or five times per week frequency while in analytic training. See below the detailed description of the Three Psychoanalytic Control Cases.

Candidates must have at least begun their second supervision, their first Psychoanalytic Control Case supervision, in order to advance to senior status.

The Supervising Analyst at the last supervisory meeting evaluates the supervision; discussing specific issues, concerns and recommendations with the Candidate. Both the Supervising Analyst and the Candidate sign the evaluation form. See the attached form (pp. 18-19).

First Control Case (Transformation Case) (50 weeks)

It is recognized that most patients do not come into treatment requesting psychoanalysis, therefore the Candidate needs to learn how to help patients move from a psychotherapeutic modality into psychoanalytic treatment, where clinically indicated. At the time of starting

clinical work the Candidate should select an AIP Supervising Analyst. The purpose of this First Control Case (Transformation Case) supervision is to help the Candidate convert a psychotherapy case into a psychoanalytic case meeting three, four or five times per week, as required by the training. In this first supervision, the AIP Supervising Analyst will work with the Candidate weekly, for 50 hours, discussing 2-3 cases that have the potential to become psychoanalytic cases.

An AIP candidate who works at the KHC may receive AIP First Control Case (Transformation) Supervision of possible psychoanalytic cases (up to 5 clinical hours), at the Clinic. In order to use KHC patients in this first required supervision, the Candidate must secure the permission of the Executive Director of the KHC.

AIP candidates who work at the KHC for more than 5 treatment hours, must request an assignment of a Karen Horney Clinic Supervisor by the Executive Director of the Clinic, in order to receive ongoing Clinic supervision for the rest of their caseloads.

If the candidate decides to use 2-3 Karen Horney Clinic patients in this First Control Case (Transformation Case) Supervision, then the supervision is provided free of charge by the AIP Supervising Analyst.

If the potential psychoanalytic cases for the First Control (Transformation) Supervision are private practice patients, then the Candidate should discuss the fee for this supervision with the AIP Supervising Analyst.

Three Additional Psychoanalytic Control Cases (50 weeks each)

Candidates are required to satisfactorily complete Three Additional Control cases of supervised analytic work for a minimum of 150 supervision hours in total, with three different Supervising Analysts. Each of the three Additional Control Case supervisions should consist of a minimum of 50 hours.

Completion of the First Control Case (Transformation) Supervision and completion of at least six months of personal analysis, following matriculation, are required before the Candidate is eligible to begin the Second Supervision, the first Psychoanalytic Control Case. It is the responsibility of the Candidate to first consult with the Progression Committee liaison regarding the selection of the Institute Supervisor. Once a tentative selection took place, it is the responsibility of the Candidate to consult with the prospective Supervising Analyst, regarding the Analyst's availability, fee and time arrangements as well as the suitability of the patient the Candidate would like to present in supervision. The Candidate's Training Analyst may not serve as one of the Candidate's Supervising Analysts.

Patients in the three additional psychoanalytic control cases being presented for Institute supervision must be in analysis three, four or five times per week. If a patient reduces sessions to less than 3x per week during the course of institute supervision, credit will be granted for two months while the patient continues treatment, although less frequently than 3x per week. If the patient does not resume sessions at least three times per week within that time, another, at least

three times per week patient must be substituted in order for the Candidate to continue receiving credit towards the supervision requirement.

Candidates can also receive a one-month's credit for working with their Supervising Analyst to convert a psychotherapy patient into a three or more times weekly patient. Candidates may request another two months' credit from the Education Committee if the patient is considered a good patient for analytic supervision, is thought likely to increase to at least 3x per week, and the request is approved by the Supervising Analyst. The Education Committee will take up exceptions and any extenuating circumstances on a case-by-case basis. If the Supervising Analyst does not approve the use of a particular patient for supervision, the Candidate is to select another patient.

Progress in Supervision

Following successful completion of the first Control Case (Transformation) Supervision, the Candidate may proceed with further supervisory work. It is the responsibility of the Supervising Analyst to inform the Candidate if he/she is doing poorly during supervision. Should a supervisor feel that the supervision should be interrupted or terminated; the Supervising Analyst is required to bring this recommendation to the Progression Committee of the Education Committee. The Education Committee will make the final decision. Should the supervisor, at the end of the supervision, feel that there should be a delay before the Candidate begins the next supervision, the supervisor is required to bring this recommendation to the Education Committee, which will make the final decision.

The Supervising Analyst will formally evaluate the supervised work. At the completion of the supervision, the Supervising Analyst is required to give the Candidate an evaluation of the Candidate's work. See the attached form (pp. 18-19). A Candidate who has received a failing evaluation in a supervision will receive no credit for that supervision.

On-going-Supervision

Each Supervising Analyst of the three Psychoanalytic Control Cases will inform the Candidate that continued supervision of all training cases is strongly recommended by AIP after the required hours for training are met.

On-going supervision is also strongly recommended for Candidates who have outstanding academic requirements after their completion of the previous supervisions and before their certification.

Case Presentations

Beginning in their second year, Candidates are required to present at least four Case Presentations throughout their training. Those include two public case presentations and two given to a "committee presentation" composed of a chair person and two other analysts. The candidate will have the option to choose the committee chair and one right of refusal of the two other members. Candidates should discuss the case presentation with the Faculty member

chosen to be the discussant or the Committee Chair well in advance of the presentation date. Please see the attached (p. 20) Instruction to Candidates about the Case Conferences. The First Case Presentation maybe about a patient who is a good candidate for three time a week psychoanalytic treatment, although seen at less frequency. The following Three Case Presentations should be on patients who are in psychoanalytic treatment at a frequency of three or more times per week.

Two Intake/Assessment Expositions

All Candidates are required to perform one supervised initial intake/assessment during their junior years and one during their senior years.

For this purpose, a patient is selected who is being seen for the first time. Supervision must be arranged with a Supervising Analyst, as with any other supervision. The assessment of the patient is to be written up using the outline (see attached pp. 21 - 22). In order to secure sufficient information for the psychodynamic assessment suggested in the outline, it is most likely that the evaluation process will take 4 to 6 sessions. The written report will be used as the basis of the supervisory session. The supervisor will evaluate the Candidate's work and submit an evaluation to the Institute office. The increasing psychoanalytic sophistication of the Senior Candidate should be reflected in the Senior Analytic Assessments.

Advancement to Senior Status

Candidates must apply to the Progression Committee of the Education Committee in writing when applying for senior status. In order to be considered for senior status for the Fall semester, all requirements and the written request to be considered for senior status must be in the Candidate's file in the Registrar's office no later than the previous May 31. Exceptions to this are any courses ending after May 31. The requirements for advancement to senior status are:

1. Satisfactory completion of required junior courses plus two elective credits.
2. Completion of the First Control (Transformation) Case Supervision.
3. At least one patient in three or more times weekly individual treatment.
4. Initiation of First Psychoanalytic Control Case supervision.
5. One satisfactory supervised patient Intake/Assessment Exposition.
6. The required number of case presentations.
7. Payment of outstanding debts owed the Institute.
8. Meeting with the Chair of the Progression Committee to confirm that the advancement to senior status is appropriate.
9. Letter requesting advancement to senior status.

Individual Seminar in Psychoanalytic Writing (Course #403) - The AIP TC voted (on Friday, February 2, 2018) to move the paper requirement to the application level of “first time” Supervising Analysts or Training Analyst.

Continuous Clinical Seminar for Seniors having finished all other academic requirements. (Course #404)

A continuous clinical colloquium (32 credits) is required for Candidates who have finished the official four-year curriculum but have outstanding requirements. This colloquium will provide ongoing case presentations and further clinical explorations.

Evaluation of Progress in Training

Each Candidate will meet at least once a year with their Progression Committee liaison in order to discuss their work and their progress within the program.

The Education Committee will evaluate each Candidate’s progress every year throughout the training program. If a Candidate’s progress is not considered satisfactory, all efforts will be made to help the Candidate. The Mentor/Advisor liaison of the Progression Committee is available for help in all matters that concern the Candidate’s progress in training. It is also the Candidate’s responsibility to evaluate his/her own progress in training. In the event these efforts are not successful, training will be terminated.

Certification

In order to be considered for certification, the Candidate must apply in writing to the Education Committee. The Board of Directors makes certification as a “Certified Psychoanalyst” on the recommendation of the Education Committee. Following the certification, the clinician may use the title of Psychoanalyst.

Following are criteria for Certification in Psychoanalysis:

1. A minimum of 500 hours personal analysis (from the date of matriculation) at a frequency of three, four or five times per week with an Institute Training Analyst. (Reports from training analysts simply state that 500 hours of psychoanalysis at a frequency of three, four or five times per week have been completed.)
2. Satisfactory completion of all required supervisions.
3. Satisfactory completion of all required courses, plus all elective credits.
4. One supervised patient Intake/Assessment Exposition in the junior years and one in the senior years.
5. A minimum of four case presentations.

6. Settling of outstanding debts owed the Institute.
7. Meeting with the Director of Academic Affairs or the Chair of the Progression Committee to confirm that the request for certification is appropriate.
8. Letter requesting certification.

In general, Candidates can apply for certification at any time during the academic year, once all requirements are fulfilled. As soon as the Education Committee receives the written request for certification, it will be acted on, so that Candidates can be certified at any time during the year. Regardless of the date of certification, the Candidates are invited to be part of the awarding ceremony at the following Commencement.

In order to be considered for certification in time to receive your “Certificate in Psychoanalysis” at the Commencement, all requirements and relevant paperwork including the request to be considered for certification must be in the Candidate’s file in the Registrar’s office by May 31st, preceding the Commencement. The exceptions to this are any courses that end after May 31 and any supervisions and analyses to be completed after May 31. In those cases, interim reports from supervisors and training analysts will be necessary.

Friday Conferences

Case Presentations, Book Clubs, Film Clubs and Journal Club Meetings are held on Fridays from 11:30 a.m. to 1:00 p.m., in the Library. Candidates are urged to attend these valuable meetings. These meetings can be used to fulfill the elective requirement. When the conference is a Journal Club meeting, the paper for discussions will be announced in advance of the meeting. Copies of the papers are available in a folder outside of the Registrar's office at least two weeks before each Journal Club meeting.

Leaves of Absence

Any Candidate considering a leave of absence from the course in training shall make this request in writing to the Education Committee after discussion with the Progression Committee. Leaves of Absence are granted for the academic year. Matriculation fees must be paid in order to maintain candidate status with the American Institute for Psychoanalysis.

Library Facilities

The Muriel Ivimey Library is maintained at the Institute for the use of Candidates, Students and Graduates. Additional Journals can be obtained at the Registrar’s Office.

Candidates and Students Association (CSA)

The CSA is run by and for Candidates and Students in training. It provides a forum for issues regarding training and provides representation of the Candidates and Students to the Board of

Directors of the Institute. In addition, it sponsors meetings and social events. All members of the CSA may request complimentary copies of *The American Journal of Psychoanalysis*.

Association for the Advancement of Psychoanalysis

The Association for the Advancement of Psychoanalysis, also established in 1941, owns the *American Journal of Psychoanalysis*, an international psychoanalytic quarterly. The Editor of the *American Journal of Psychoanalysis* is a senior member of the Karen Horney Psychoanalytic Center. Many on the Editorial Board are distinguished members of the AIP. Candidates may serve as Section Editors of the Journal. The AJP is on the PEP (1941 to date): <http://www.pep-web.org/toc.php?journal=ajp>

The Association conducts a Book Service. Books are sold at a 10% discount off the regular publishers' list prices to students and members of the Association and the AIP.

Karen Horney Clinic

The Karen Horney Clinic provides low-cost mental health treatment through a variety of programs in which Candidates may serve. The Clinic was founded in 1955 in honor of Karen Horney. The Clinic's current missions are the same as those when it was founded: to offer low-cost psychoanalytic and psychotherapeutic services and, in association with the American Institute for Psychoanalysis, to provide postgraduate training opportunities.

Candidates who are interested in working at the Clinic should contact its Executive Director.

AIP Education Committee

1. Director of Academic Affairs, Chair of the Education Committee (Elected by the Membership of the AIP)
2. Director of the Psychodynamic Psychotherapy Program (Elected)
3. Chair of the Professional Education Committee (Elected)
4. Chair of the Progression Committee
5. Chair of the Curriculum Committee
6. Chair of the Recruitment and Liaison Committee
7. Chair of the Admissions Committee

THE AMERICAN INSTITUTE FOR PSYCHOANALYSIS

329 East 62nd Street — New York, NY 10065 — (212) 838-8044 — aipnyc.org — info@aipnyc.org

INSTRUCTOR'S REPORT

DATE: _____

Name of Candidate _____

Title of Course _____

Dates of Course _____ Attended ___ out of _____ sessions

Case Presentation

Appropriateness _____

Organization of material _____

Grasp of dynamics _____

Other comments _____

Class Participation

Activity _____

Quality _____

Pertinence _____

Originality _____

Critical thinking _____

Other comments _____

Progress _____**Willingness to learn** _____**Impression of potentiality** _____

Credit: Full _____ Partial _____ Reason _____

Method to make up: _____

Instructor_____
Instructor

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COURSE EVALUATION by CANDIDATES

Program:

Course:

Instructor(s):

Date: **Chairperson:**

Please choose one number per question.

1 = UNSATISFACTORY 2 = BELOW AVERAGE 3 = AVERAGE
4 = ABOVE AVERAGE 5 = SUPERIOR

Evaluation of Instructor(s):

1. Organization of the course material	1	2	3	4	5
2. Current preparation of course material	1	2	3	4	5
3. Clarity of presentation	1	2	3	4	5
4. Stimulation of thought	1	2	3	4	5
5. Encouragement of open discussion and varying opinions	1	2	3	4	5

Evaluation of Course Objectives and Content:

1. Were clearly defined	1	2	3	4	5
2. Were clearly differentiated from other courses required	1	2	3	4	5
3. Were aided by the choice of readings	1	2	3	4	5
4. Were reasonable with respect to time allowed	1	2	3	4	5
5. Were enriched by the assignments	1	2	3	4	5
6. Were applicable to clinical practice	1	2	3	4	5
Course Overall Rating	1	2	3	4	5

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Candidate's suggestions for changes in this course:

Additional comments (e.g., for clarification of any of the ratings, elaboration of the instructor(s)' strengths and/or weaknesses, and the achievement of the course objectives, guest lecturers, etc.).

THE AMERICAN INSTITUTE FOR PSYCHOANALYSIS

329 East 62nd Street — New York, NY 10065 — (212) 838-8044 — aipnyc.org — info@aipnyc.org

VERIFICATION OF REQUIRED PERSONAL PSYCHOANALYSIS

Dear Colleague:

Personal psychoanalysis is a requirement of the Psychoanalytic Training Program. Please complete this form and mail it to Joanna Merren, the Registrar of the Institute by

Name of Candidate: _____

Date of beginning treatment: _____

Date of **matriculation** as Candidate: **September** _____

Number of sessions **since matriculation** (approximate): _____

Frequency of treatment per week: _____

Name and Degree of Analyst: _____

License Number of Analyst: _____

Name of Certifying Analytic Institute: _____

Date of Graduation: _____

Date:

Signature of Analyst:

Thank you for your prompt attention to this matter.

Kenneth Winarick, PhD
Director of Academic Affairs
1-917-369-1721

THE AMERICAN INSTITUTE FOR PSYCHOANALYSIS

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Note to Supervisors: If you prefer to evaluate the student-in-training by using a standard form, please use the form below.

EVALUATION OF SUPERVISED CASE WORK
Psychoanalytic Training Program

Candidate: _____ Supervisor: _____

Beg. Date: _____ End Date: _____ Number of Hours: _____

Mark the appropriate supervision:

1st Control Case (Transformation) Supervision _____ 2nd Institute Supervision _____

3rd Institute Supervision _____ 4th Institute Supervision _____

Please circle one: (1) = Unsatisfactory (2) = Poor (3) = Fair
(4) = Good (5) = Excellent (6) = No Judgment

At this time how would you rate your Supervisee in each of the following categories:

- | | |
|----------------------------------------------------------------------------|-------------|
| 1. Punctuality and responsibility in keeping supervisory appointments ... | 1 2 3 4 5 6 |
| 2. Clarity of presentation | 1 2 3 4 5 6 |
| 3. Capacity for observation | 1 2 3 4 5 6 |
| 4. Psychodynamic/Psychoanalytic understanding | 1 2 3 4 5 6 |
| 5. Ability to locate the trend or theme of a session | 1 2 3 4 5 6 |
| 6. Ability to locate and maintain continuity from session to session | 1 2 3 4 5 6 |
| 7. Ability to conduct the treatment/analysis | 1 2 3 4 5 6 |
| 8. Pertinence and timing of interpretations | 1 2 3 4 5 6 |
| 9. Feeling for process | 1 2 3 4 5 6 |
| 10. Ability to elicit constructive forces | 1 2 3 4 5 6 |
| 11. Ability to identify and work with blockages | 1 2 3 4 5 6 |
| 12. Ability to form therapeutic/analytic relationship | 1 2 3 4 5 6 |
| 13. A sensitivity and ability to tolerate own and patient's anxiety | 1 2 3 4 5 6 |
| 14. Attitude towards patients | 1 2 3 4 5 6 |

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[Evaluation of Supervised Case Work Standard – Page 2]

15. Human help/Basic reassurance	1	2	3	4	5	6
16. Ability to use therapeutic/analytic relationship	1	2	3	4	5	6
17. Understanding of and ability to work with dreams	1	2	3	4	5	6
18. Awareness of his/her own personal difficulties and how they may effect work	1	2	3	4	5	6
19. Ability to learn from the patient	1	2	3	4	5	6
20. Ability to learn from the supervisor	1	2	3	4	5	6
21. Commitment to patient's growth rather than to amelioration of symptoms or behavioral changes	1	2	3	4	5	6
22. Patient's progress	1	2	3	4	5	6
23. Supervisee's progress	1	2	3	4	5	6
24. Supervisee's potential	1	2	3	4	5	6

Please feel free to make any recommendations below or on a separate sheet.

Evaluation of entire supervision: Satisfactory _____ Unsatisfactory _____

Supervisor

Date

Candidate

Date

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CASE PRESENTATION REQUIREMENTS**PUBLIC CASE PRESENTATION FORM LETTER**

Dear Candidate,

You are scheduled to present at the Friday Case Conference on (date) from ... AM to ... PM. Your discussant will be (name and contact information of discussant). Please send your case material to your discussant at least four weeks prior to the presentation, no later than (date).

Your presentation should take no longer than 35 minutes to allow time for discussion. This means 14 double spaced pages in print (Times New Roman font, size 12) maximum. Please present your discussant with a question or problem to "frame" the presentation to help them structure their piece. Information should include relevant aspects of the patient's personal history, clinical and mental status, the analytic relationship (transference/countertransference), at least one dream and clinical process. In your presentation please make every effort to attend to issues of patient confidentiality.

Sincerely,

Director of Academic Affairs

cc: Discussant
Chair of Progression Committee

COMMITTEE CASE PRESENTATION FORM LETTER

Dear Candidate,

This is to confirm that you are scheduled to present your Case Presentation on Friday morning (... AM – ...AM) at the Institute. As previously requested, and approved, this will be your first Committee Presentation. The members of your committee are: (Name..., Chair; Name!....., Member & Name!....., Member).

Sincerely,

Director of Academic Affairs

Cc: Committee Presentation Chair & 2 Members

Intake/Assessment Exposition

A narrative initial evaluation should include the topics listed below. The completed interview should be signed by the Supervising Analyst, indicating that the requirement was fulfilled. The candidate should mail the completed, signed evaluation to the office of the Registrar.

DATES OF INTERVIEW

PRESENTING PROBLEM

HISTORY OF PRESENTING PROBLEM

PREVIOUS TREATMENT

PAST HISTORY

FAMILY HISTORY

FAMILY MEDICAL/PSYCHIATRIC HISTORY

HISTORY OF TRAUMA

DREAMS

**DESCRIPTION OF THE ANALYTIC RELATIONSHIP
(TRANSFERENCE/COUNTERTRANSFERENCE)**

CONSTRUCTIVE/OBSTRUCTIVE FORCES

MENTAL STATUS EXAMINATION

- 1. GENERAL DESCRIPTION**
- 2. STATE OF CONSCIOUSNESS**
- 3. SPEECH/LANGUAGE**
- 4. MOOD/AFFECT**
- 5. THOUGHT PROCESS & CONTENT**
- 6. HALLUCINATIONS/ILLUSIONS**
- 7. INTELLIGENCE**
- 8. MEMORY**
- 9. SUICIDAL/HOMICIDAL IDEATION/POTENTIAL**
- 10. INSIGHT**
- 11. JUDGMENT**

12. IMPULSE CONTROL

DIAGNOSTIC IMPRESSION

A.) DSM DIAGNOSIS

B.) PSYCHOANALYTIC DIAGNOSIS

HORNEYAN DYNAMIC FORMULATIONS

TREATMENT PLAN:

A.) SHORT TERM PLAN

B.) LONG TERM PLAN

Supervising Analyst

Date

Evaluator (Candidate)

Date

FORM REVISED: April 7, 2022

Boston Psychoanalytic Society and Institute

ADULT PSYCHOANALYSIS TRAINING PROGRAM ELEMENTS

BPSI's Adult Psychoanalytic training program consists of three major parts, which take place concurrently:

- [A FIVE-YEAR CURRICULUM](#)
 - [THREE OR MORE SUPERVISED PSYCHOANALYSIS CASES](#)
 - [PERSONAL PSYCHOANALYSIS](#)
-

CURRICULUM

BPSI is the largest psychoanalytic institute in the United States. Founded in 1933, its members have been and continue to be among the most prominent contributors to the development of psychoanalysis in this country. BPSI candidates benefit from a comprehensive exposure to historical currents in psychoanalysis as well as contemporary controversies and debates in our field. BPSI's curriculum immerses candidates in the development of psychoanalytic theory and technique in the context of current ideas, nationally and internationally. Our classwork offers a rich and lively interchange with faculty and fellow candidates designed to advance each candidate's knowledge of psychoanalytic theory and practice and to develop his or her individual psychoanalytic identity and capacity to engage deeply with patients.

The core curriculum consists of five sequences, which are interwoven throughout the five years of seminars. These sequences include:

- Theory
- Technique
- Psychopathology
- Development
- Clinical Practice

In the first year of academic coursework, we provide candidates with an historical overview of basic psychoanalytic concepts (including Transference and Countertransference, the Unconscious, Repetition Compulsion, Defense, Resistance, Therapeutic Action), starting with an essential grounding in Freud. Over the course of five years we trace the evolution of psychoanalytic theory and practice through Freud, Klein and the Modern Kleinians, Bion, contemporary developments within American Ego Psychology, and the schools of Object Relations, Self-Psychology, and Contemporary Relational Psychoanalysis. Our attempt throughout is to encourage inquiry and foster ongoing critical thinking in psychoanalytic theory as well as practice.

In addition, the curriculum addresses a number of key themes across different seminars, including developmental issues, neuroscience and evidence-based research, ethical practice, socio-cultural awareness, sexuality and gender issues, case development, and thinking contextually regarding what we know and what we do. BPSI also believes that writing substantially enriches one's understanding of the analytic process and provides support for writers at all levels of experience with seminars, workshops, and writing mentors.

Traditionally, classes are held on Thursday evenings at BPSI from 5:30pm- 7:00pm and 8:00pm – 9:30pm, with an hour free for dinner, over eight-week periods from September to June.

Although BPSI has conducted some virtual classes this year, our focus is on in-person learning when safety allows and applicants are expected to be able to attend classes at BPSI, at 141 Herrick Road in Newton Centre.

[Click here for the syllabi from the 2020-2021 Academic Year.](#)

Our faculty draws from an extensive list of experienced, dedicated and enthusiastic clinical scholars. Many are nationally recognized leaders in the field and publish frequently in major psychoanalytic journals.

Click [here](#) for a list of our faculty.

BPSI enhances our core seminars with electives, open academic lectures, considerable support for clinical writing and mini seminars. Candidates and faculty work together to continually expand and build upon the curriculum so that it is current and relevant for our Candidates.

Throughout our training programs BPSI provides several [mentors](#), volunteers from faculty who are committed to supporting Candidates throughout their education and into their professional advancement.

BPSI provides Continuing Education Credits for Social Workers, Psychologists, and Psychiatrists some of our seminars.

SUPERVISION

As part of their analytic training, BPSI Candidates treat at least three patients in psychoanalysis under supervision from a qualified analyst, one for each case. Candidates choose their supervisors from a list of experienced and vetted psychoanalysts.

The relationship between Candidate and Supervisor offers a significant mentoring experience. Through the lens of a concentrated single-case focus, supervised cases help Candidates learn to integrate theory and technique within the clinical process and develop their analytic skills. Throughout the experience, Supervisors help Candidates develop:

- criteria for evaluating the indications and contraindications for conducting a psychoanalysis with a particular patient,

- an analytic stance that fosters free association,
- an ability to be attuned to the patient's feelings and to listen to analytic material at different levels,
- an ability to identify and understand transference and countertransference feelings,
- a capacity to use different conceptual models in understanding clinical material, and
- an ability to make interventions that facilitate the development and deepening of the psychoanalytic process.

Supervision Guidelines

- Fees are arranged privately between the Candidate and supervisor.
- Supervisors may be selected from the BPSI list of Supervising Analysts.
- For graduation, Candidates must undertake three supervised cases, with at least one of each gender. 150 supervisory hours are required, with 50 hours dedicated to one of the three cases.
- After approval for a third case, Candidates may apply to begin unsupervised cases.
- For Candidates also studying child psychoanalytic training at BPSI, one child training case may count toward their three supervised cases.

Consultation and Referral Service

BPSI's Consultation Service, offered by our Consultation and Referral Committee, can be an excellent source for referrals. The committee provides information and assistance to individuals who are considering psychoanalysis and/or psychoanalytic psychotherapy. Committee members meet in consultation with adults, adolescents and children and, whenever possible, provide referrals.

When appropriate, committee members work to facilitate analytic referrals to Candidates who are willing to take a reduced fee for training purposes.

PERSONAL PSYCHOANALYSIS

BPSI considers Candidates' personal analysis to be a crucial part of thorough psychoanalytic training. Through a personal analysis, Candidates develop a deeper understanding of themselves and the analytic process while gaining a greater openness to their own feelings and those of others.

The exploration, understanding and insight afforded by the analysis allows each Candidate the experience of free association, transference, resistance and termination. By participating in their own analysis, Candidates develop a fuller appreciation of the nature of their patients' experience

with the analytic relationship and process and come to feel more responsive and freer in their personal and professional lives.

In the context of a close, working relationship with their analyst, Candidates are able to identify and address conflicts and therefore enhance their capacity to be good psychoanalysts. Ultimately, each Candidate's personal analysis contributes to the development of his or her self-analytic skill and an analytic identity.

The personal analysis is fully confidential, and fees are arranged privately between Candidate and analyst.

A Training Analysis at 4- 5x per week with an approved BPSI Analyst is required by matriculation. Candidates are in analysis during at least part of the time concurrently with their supervised cases. For graduation, Candidates need 300 hours of psychoanalysis with a BPSI Training Analyst. In some cases, well established analyses with BPSI Psychoanalysts may be eligible for a Waiver for the analysis to serve as the training analysis. If you are already engaged in a 4-5x/week analysis with a BPSI Psychoanalyst who is not yet designated as a Training Analyst, or you wish to work with an APsA/IPA Training Analyst who is not at BPSI, the Analyst may inquire about a waiver to continue as an approved Analyst for the Candidate's training.



**MANUAL FOR CLINICAL CANDIDATES AND
ACADEMIC ASSOCIATE CANDIDATES
OF
THE CENTER FOR PSYCHOANALYTIC STUDIES**

This manual has been prepared for Candidates in the Studies in Psychoanalysis and the Studies of Psychoanalytic Thinking programs of the Center for Psychoanalytic Studies-Houston-Austin.

900 Lovett Boulevard, Houston, Texas 77006

Revised April 29, 2021

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Welcome to the Center for Psychoanalytic Studies-Houston-Austin (the “Center”). Whether you are a Clinical Candidate or an Academic Associate Candidate, the following sections outline how analytic training ordinarily unfolds.

I. Studies in Psychoanalysis: Clinical Candidates

Being a Clinical Candidate and becoming a psychoanalyst involves three components: a personal analysis, psychoanalysis of at least three cases in consultation with an Educational Consultant, and coursework.

A. Personal Psychoanalysis

The keystone of analytic training is your own psychoanalysis. At the time of your acceptance, you are asked to arrange for your personal psychoanalysis with one of the training analysts of the Center if you have not already done so. A list of them is available on the Center’s website, <http://www.cfps-tx.org/>, and from the Administrative Staff. Arrangements for a training analysis should be made directly between you and the analyst you have selected. If you are engaged in your personal psychoanalysis with a training analyst at the time of your acceptance as a candidate, you may simply continue your analysis.

It is expected that you be in analysis with a training analyst for at least one year prior to beginning seminars and supervised clinical work.

As the Center is a non-reporting institute of the American Psychoanalytic Association, your analyst does not report to the Center about your analysis. It is your responsibility to notify the Administrative Staff of the name of your analyst and the beginning and ending dates of your analysis. Also notify the Administrative Staff if you change analysts during your time in training.

B. Coursework

1. Beginning Seminar Work

The seminar schedule is distributed yearly. The basic coursework involves four years of seminars. Each year is divided into three trimesters with three courses offered in each trimester. The curriculum includes courses in psychoanalytic theories, techniques, and clinical case conferences.

Once you begin clinical psychoanalytic training, you will be expected to attend all seminars. Active participation in the seminars will enhance your experience and those of your classmates. As teachers, the faculty is very interested in optimizing the educational experience at the Center; consequently, we are interested in the quality of your work and the quality of ours. The Curriculum Committee will request your feedback about each seminar through your faculty mentor and your class coordinator. The Faculty Committee will request your

feedback about each faculty instructor through evaluation forms that you will return anonymously. Seminar instructors will provide written evaluation of your work to the Progression Committee.

Attendance and active participation in seminars is very important in fulfilling individual training goals and objectives as well as in fostering the cohesiveness of the class and developing a productive and enjoyable learning environment. Therefore, candidates are expected to punctually attend and participate in all seminar meetings and to refrain from cell phone use, texting, side conversations, internet distractions, and early departures. At a minimum:

You are required to attend all seminar meetings for each course. If you must miss more than three of any courses, you will need to retake the course the next time it is offered in order to receive credit.

The Center hosts distinguished visiting faculty from other psychoanalytic institutes twice a year, in the fall and spring. These visiting faculty serve as discussants for a candidate case presentation held from 2 to 5 pm on the Friday during their visit, in lieu of classes. These visiting faculty seminars are part of the curriculum and attendance is required.

When a seminar is taught by your analyst, you and your analyst are encouraged to discuss whether attendance at the seminar is advisable for you. If the decision is made that you do not attend, you are to contact the Curriculum Committee Chair to arrange for a tutor for that seminar. There is no charge to you for the tutorial.

The Center is approved to offer continuing education credit by various accrediting agencies. Please see the required certifying statements in Appendix A. As with any other continuing education activity, you will be required to submit seminar and program evaluations in order to receive certificates of attendance.

2. Curriculum for Advanced Candidates

When you have completed the four years of course work, you will be considered an Advanced Candidate until you graduate. This period of training is considered a time of transition between candidacy and full status as a graduate psychoanalyst. You are encouraged to join in the intellectual and clinical atmosphere of the Center.

Beginning with the 5th year of training, Advanced Candidates will:

- a. Co-teach one class per year, until graduation.

- b. Attend the Advanced Candidate Seminar for three years of Advanced Candidacy, after which attendance is optional. The seminar meets once per month during the academic year. The attendance requirement is that attendees miss no more than three classes per year. This attendance requirement also applies to candidates choosing to attend this seminar beyond three years of Advanced Candidacy.

C. Beginning Clinical Psychoanalytic Work

In the first month of coursework, you will meet with a first Educational Consultant to begin the work of selecting and developing a first case for analysis. You will notify Administrative Staff of your first and all subsequent Educational Consultants through Smartsheet. Most Educational Consultants offer reduced fees; you and the Educational Consultant should discuss a mutually satisfactory fee.

You are responsible for finding a patient suitable for analysis, in consultation with your Educational Consultant. Clinical Candidates often find it necessary to accept analytic cases at reduced fees in order to progress in a timely fashion. Although the Center does not operate a low fee clinic, potential patients may contact the Administrative Staff for analysis. The Administrative Staff will contact the Progression Committee Chair, who will then solicit Clinical Candidates who may be interested in accepting the potential patient referral for analysis. These cases are often low-fee cases. You have no obligation to the Center to accept such a referral, but once you have agreed to see the patient, you will then perform an evaluation and in discussion with your Educational Consultant and make a suitable disposition. This may consist of analysis by you or by someone else, psychotherapy by you, or a referral to a psychotherapy fellow or other practitioner.

When your Educational Consultant determines that a case appears suitable for analysis four times a week and you begin seeing the patient three or four times a week, you should declare the case on Smartsheet using the Case Declaration Form.

Prior to declaring the control case, you must explain to your patient your role as a candidate in training at the Center for Psychoanalytic Studies as well as other issues of informed consent such as the risks and benefits of psychoanalysis as a treatment. The Consent Form for Psychoanalysis can be found in Appendix C. Some of the content in this consent is similar to one you may already use in your practice. It is important to also inform your patient of issues particular to being a control case. This includes but is not limited to the use of an Educational Consultant and your use of written records. Please review this with your patient and obtain their signature prior to declaring a case. Please review this with your patient and obtain their signature prior to declaring a case. It is necessary to obtain and verify you have obtained their signature on this consent form and it is part of their patient records in order to declare a control case.

During the course of your clinical psychoanalytic training, you and one of your Educational Consultants may feel that the treatment of a control case would be facilitated by the option of meeting at a frequency of three rather than four or five times a week. This option is available for one of your three cases only, with the others expected to meet at a frequency of four or five times a week. All other requirements for control cases remain the same for the case seen at three times a week. If and when your Educational Consultant determines that a case appears suitable for analysis three times a week and you begin seeing the patient three times a week, you should declare the case on Smartsheet using the Case Declaration Form.

Taking new cases while continuing your personal analysis and attending classes is vital to optimizing your psychoanalytic training experience.

You are required to have an established case by the end of the fourth year of training. Inability to do so will result in your receiving a certificate of completion from the Studies in Psychoanalytic Thinking Program.

Two analyses conducted at a minimum of four or five sessions per week, and one additional analysis conducted at a minimum of three sessions per week (all of which are conducted in collaboration with an Educational Consultant), constitute the minimum clinical requirements which may be considered for graduation. Three adult cases are required for graduation. These 3 cases must be composed of persons of at least two different gender identities. One or more of your cases must have been conducted in collaboration with an Educational Consultant for at least two years, and one case for at least one year. A minimum of 200 total hours of educational consultation is required for graduation.

It is expected that one case will be conducted in conjunction with an Educational Consultant through termination; this may occur before or after graduation. A waiver to graduate before a control case has terminated may be presented to the Progression Committee. (See Art. IV.C. below.)

It is recommended that, when possible, you seek Educational Consultants of different theoretical orientations and of both sexes. Your Training Psychoanalyst may NOT be your Educational Consultant. It is expected that you will be in psychoanalysis during a significant period of your work with Educational Consultants. It is expected that you will work with an Educational Consultant during the major phases of a psychoanalysis and demonstrate a capacity to establish, facilitate, terminate, and understand a psychoanalytic process.

D. Case Reports

If you have begun an analytic case during your first year, you will submit a case report on April 1. During subsequent years, you will be required to complete and submit case reports for all of your cases semiannually on October 15 and April 1. Each report should be 500-1000 words in length, double-spaced, using Times New

Roman 14 pt. font, and uploaded as a PDF to Smartsheet. You will be notified by email each time they are due. For information on the format of reports, please refer to Bernstein, S.B. (2008). Writing about the Psychoanalytic Process. *Psychoanal. Inq.*, 28:433-449, and to Appendix B for case report guidelines taken from that article.

Be very careful about guarding the identity of the patient. Your reports should be written with confidentiality in mind. Do not use the patient's real name or initials, and do not give any more personal information than is necessary.

Before submitting a case report to the Center, you should review your case report with the Educational Consultant for that case. This will help consolidate your learning, your conceptualization of patients and the analytic process, and what you are doing as analyst with your patient.

Reports should be directly submitted into the Smartsheet program online that the Center uses for all reports submitted by candidates, psychotherapy trainees, and faculty. This program will ask you to enter information that allows for tracking of such information as gender of the patient, date of the first analysis session, number of recent/total hours of analysis, name of the Educational Consultant, date of first contact with the Educational Consultant, and number of recent/total hours of educational consultation for each control case. Your report will be made available to your reader.

At your reader's suggestion, you may be required to rewrite and resubmit your case reports in conjunction with formal consultation with a faculty member. You will be provided a list of faculty who have been helpful to Clinical Candidates in analytic case report writing.

Failure to complete reports in a timely fashion will result in your being unable to take the next step in your training, i.e., getting credit for attending seminars, starting another case, requesting a colloquium, etc. Your reports need to be turned in on time so that your reader, Educational Consultants, and the Progression Committee can give you timely feedback on your progress as an analyst in training.

E. The Second Analytic Case

When you and your Educational Consultant have determined that your first analytic case is established in analysis, you may then select a second Educational Consultant in order to begin developing a second case. It is often helpful to discuss with your Educational Consultant what "established" means.

The frequency of educational consultation sessions is left to the discretion of the individual Educational Consultant. The frequency will usually be once per week with each new case. You and your Educational Consultant may reduce the frequency of meetings when the analysis is progressing smoothly.

If a case interrupts, your Educational Consultant will decide whether the case may be recognized (counted) as one of the three required for graduation.

F. The First Colloquium and the Third Analytic Case

When you and your second Educational Consultant determine that your second case is established in analysis, you may request your first colloquium notifying the Administrative Staff and the Chair(s) of the Progression Committee at the time that you submit your colloquium case reports.

The purpose of the first colloquium is to assess your development approximately halfway through training. It is intended as an opportunity for you and the faculty to evaluate your experience and growth as an analyst and to further this process. Discussion with your advisor and Educational Consultants is often helpful. In preparation for your first colloquium, you will prepare a colloquium case report for each case. Candidates may choose between 2 options in preparing these reports:

1. Two case reports: not to exceed 1500 words in length, double-spaced, using Times New Roman 14 pt. font, uploaded as a PDF to Smartsheet.
2. Two case reports: not to exceed 5000 words in length, double-spaced, using Times New Roman 14 pt. font (uploaded as a PDF to Smartsheet), as per the most recent ABP certification guidelines. This second option may facilitate application for ABP certification. Detailed guidelines for preparation of write-ups for ABP certification may be found at: <http://www.abpsa.org/>, under “Certification Standards, Procedures, and Guidelines.” These guidelines may be helpful in preparing colloquium write-ups.

Please keep in mind that you may submit colloquium case reports in place of case reports, i.e., you do not have to submit colloquium case reports in addition to your required semiannual case reports. Please review your colloquium case reports with the Educational Consultants for those cases. This process provides an opportunity for further clinical learning, consolidation, and integration of theory and practice. After you have submitted these reports and requested your first colloquium, your Colloquium Committee will be appointed. A Colloquium Committee is an ad hoc subcommittee appointed by the Chair of the Progression Committee that reports to the Progression Committee. You may give input to the Chair of the Progression Committee regarding potential examiners and may request in advance for some persons to be excluded, based on specific conflicts.

Your Colloquium Committee may request that you bring specific materials, such as dreams or process notes, to your first and/or second (graduation) colloquium.

Spend several hours going over each case; review your current formulations, and consider how your thinking developed and changed over the course of the analyses. Review basic clinical concepts and be prepared to use examples from your cases to

illustrate these concepts. For example, review resistance, transference, and countertransference, and be prepared to use case material to illustrate how these phenomena come to life and evolve.

Some candidates find it helpful to practice by presenting their work to a colleague. Such experience may help you crystallize your thinking about your work and may familiarize you with the situation and process of discussing an analysis with interested colleagues. The most important thing to remember is that your Colloquium Committee is a group of colleagues who are very interested in promoting your growth.

Following a favorable report to the Progression Committee from the colloquium committee, you should select a third Educational Consultant in order to develop or start a third analytic case.

A requirement for graduation from the Center is significant analytic work with a minimum of three analysands, one of whom has satisfactorily terminated or will terminate around the time of your second colloquium. (See Art. I.H. below for information on Waiver of Terminated Case requirement). At least two gender identities must be represented in the patient selection. In most instances, you are advised to undertake the analysis of at least four analysands to assure the chances that you will meet the requirements for Center graduation and subsequent certification by The American Board of Psychoanalysis.

G. The Second (Graduation) Colloquium and Criteria for Graduation

When you and your Educational Consultant determine that your case is in a termination phase and you have completed all of the requirements of the psychoanalytic curriculum, you may request a second (graduation) colloquium by writing and submitting your colloquium reports, and contacting the Administrative Staff and Chair of the Progression Committee.

1. Colloquium Reports

Candidates may choose between 2 options:

- a. Three write-ups: not to exceed 1500 words in length, double-spaced, using Times New Roman 14 pt. font, uploaded as a PDF to Smartsheet.
- b. Two write ups: not to exceed 5000 words in length, double-spaced, using Times New Roman 14 pt. font (uploaded as a PDF to Smartsheet), as per the most recent ABP certification guidelines. This second option may facilitate application for ABP certification. Detailed guidelines on write-ups for ABP certification may be found at: <http://www.abpsa.org/>, under “Certification Standards, Procedures, and Guidelines.” These guidelines are helpful in preparation for colloquium write-ups.

As with the first colloquium, the second colloquium provides an opportunity for further learning, consolidation, and integration of theory and practice. The second colloquium also provides an opportunity for you and the faculty to assess your development as a psychoanalyst, and provides one measure the faculty uses to decide if you are ready for graduation and to practice psychoanalysis independently. During the colloquium, the committee may ask you to discuss any areas of theory and practice it feels will help assess your knowledge and experience. As stated previously, your Colloquium Committee may ask you to bring specific materials, such as dreams or process notes, to the colloquium.

2. Approval by Progression Committee and Board of Directors

Following a favorable report to the Progression Committee by your Colloquium Committee, the Progression Committee will determine that you have completed the curriculum, as summarized below:

- a. Satisfactory completion of all course work and all case reports.
- b. Significant psychoanalytic work with a minimum of three patients, preferably more, including at least two different gender identities, in conjunction with consultation with at least three Educational Consultants. Educational Consultants will make the final decision on the suitability of a given training case to count toward the completion of training.
- c. Psychoanalysis of one patient that has carried through to a satisfactory termination or, with Progression Committee approval, is nearing termination with the patient deeply engaged in working through and internalizing analytic gains. In such cases, it is required that candidates re-enter consultation through the (future) termination phase.
- d. Satisfactory completion of your second colloquium.
- e. Recommendation of the Progression Committee, based on a review of your entire record, indicating that you have completed the curriculum and have achieved sufficient competence and maturation to function as an independent psychoanalyst.

On advisement by the Progression Committee that these criteria have been satisfactorily met, the Board of Directors will confer graduation, send you a congratulatory letter, and award you a certificate of graduation.

As the graduation requirements of the Center for Psychoanalytic Studies also meet the formal requirements for full membership in APsA, you will automatically qualify upon graduating. Further information about active membership and certification may be obtained directly from APsA and the ABP (American Board of Psychoanalysis).

Psychoanalysts develop and mature at different rates. The duration of a candidate's training is highly variable in equally good psychoanalysts. For a variety of reasons, members of your class will graduate from the Center at different times. However, if you have not graduated within eight years of the beginning of class work, the Progression Committee will conduct a review of your training history, meet with you and your advisor, and make recommendations regarding your continued training.

H. Waiver of Terminated Case

Each psychoanalysis progresses at its own individual rate. If you reach your sixth year in training and have at least three cases in analysis but no case nearing termination, you may request a waiver of the requirement that you have a terminated case for graduation. You must discuss the possibility of a waiver with your advisor and current Educational Consultants. If all approve, a decision to grant a waiver will be made at the next meeting of your Progression Committee. After the waiver is granted, you may request your second colloquium.

I. Approval for Long-Distance Analysis via Phone/Video

If an analysand moves to another city in the course of an established control analysis, you and your Educational Consultant may consider the appropriateness of continuation of analysis via distance accommodations (e.g. phone, video) and submit a request for a waiver from the Progression Committee to continue the case using distance technology. To request a waiver, you and your Educational Consultant will each email a request to the Progression Committee Chair for consideration at the next Progression Committee meeting. If approved, approval will be pending provision of the necessary documentation described in item 3 below. Considerations for an approved waiver by the Progression Committee would include but not be limited to:

1. The case is well-established and the duration of the analysis and educational consultation on the analysis, are sufficient that the case meets extant progression requirements to "count" towards graduation.
2. Your Educational Consultant and you agree that clinical considerations indicate that such a plan is in the best interest of the analysand and clinically preferable to other available treatment options.
3. You explore and arrange to take any necessary legal and regulatory steps to be eligible to continue treating the analysand in the analysand's new residence via phone/video (e.g., should the analysand's new residence be in a different state). The candidate will supply copies of any relevant documentation to the Progression Committee.
4. The continuation of the control case remotely is consistent with your training needs.

J. Flow of Psychoanalytic Training

The following is an outline of psychoanalytic training. Please note that once you begin your clinical work, case reports are due on April 1 and October 15 throughout your training:

CLASS YEAR NO. 1

Start classes.

Begin work with an Educational Consultant on a first case.

CLASS YEAR NO. 2

Continue classes.

First case in analysis

Begin second case with second Educational Consultant.

CLASS YEAR NO. 3

Continue classes.

Two cases in analysis

First colloquium

Begin third case with third Educational Consultant.

CLASS YEAR NO. 4

Continue classes.

Three cases in analysis

CLASS YEAR NO. 5

Three cases in analysis

Advanced candidate curriculum

CLASS YEARS NOS. 6 & 7

Continue analyses and Educational Consultation.

Advanced candidate curriculum

May request waiver of terminated case.

CLASS YEAR NO. 8

Graduation

K. The Candidate as a Psychoanalyst

By signing your application to the Center, you have agreed to not represent yourself as a graduate psychoanalyst or to conduct psychoanalysis without educational consultation until graduation. You may say you are "a candidate at the Center for Psychoanalytic Studies." If you wish to advertise yourself on a personal or

organizational website, you may state that you offer psychoanalysis as one of the services you provide. However, in your credentials section, you should state that you are a candidate in training at the Center. You may not publicly state or imply that you have graduated or have been certified, and you may not publicly refer to yourself as a psychoanalyst. You should inform potential analysts of your training status prior to beginning psychoanalysis including obtaining their written informed consent.

At all times during and after your training, you are expected to maintain the highest standard of professional and ethical conduct as detailed in APsaA's Code of Ethics as well as those of your professional licensing association and to maintain absolute confidentiality regarding the lives of your own patients and those of your colleagues of whom you may have learned.

II. Studies in Psychoanalytic Thinking: Academic Associate Candidates

The four-year didactic curriculum for academic associate candidates involves the same seminars as in clinical training on clinical psychoanalytic theory, technique, and development. You are encouraged to seek out personal psychotherapy/psychoanalysis, and you may choose to work with an Educational Consultant on your psychodynamic psychotherapy cases if you desire. Both of these options would enhance your educational experience.

As further discussed in Article IV below, an advisor will be assigned to help you negotiate your work at the Center and to provide feedback from the Progression Reviews. Discussions with your advisor may help you to formulate a personal educational plan for your training. Upon graduation from this program, you will receive a letter of completion. You may not represent yourself as a psychoanalyst.

Academic associates may apply to become clinical candidates by the end of the first year of their program provided that they have undertaken a personal analysis with a training analyst before the end of that year and are in good standing. Associate Academic Candidates interested in clinical training must submit a request to the Chair of the Progression Committee prior to the end of their year of training.

III. Child/Adolescent Psychoanalysis Training

If you are a Clinical Candidate in good standing in this Center (see above for details of expectations and requirements) and/or a graduate of an institute of APsaA, you may apply for child analytic training. You may begin your studies in child analysis at any time during your training. Submit your application to the Chair of the Child Analysis Committee. The Center policies described in this manual apply to child and adult candidates. Variations in requirements for child training are listed below.

The four-year comprehensive curriculum covers child and adolescent psychoanalytic theory and technique of psychotherapy. The seminars integrate contemporary, historical and developmental perspectives.

The course of study for working with children and their parents is divided into developmental stages: first year: infancy and early childhood, second year: middle childhood, and third year: adolescence. The fourth year in this program will be Special Topics as determined by the class.

The seminars meet weekly for one-and-a-half hours, for ten weeks each for three semesters. The first two semesters are clinical curriculum, and the third semester is a case conference. As part of the first-year infancy course, a ten-week infant observation is required. A brief write-up of each session in which you observe mother and child and their interactions will be part of your class experience.

To graduate, you will need to analyze three children four or more times a week, optimally including a pre-latency child, a latency child, and an adolescent, at least two gender identities represented, and complete one analysis. From three or more supervisors, you will need enough Educational Consultation to give you an understanding of child and adolescent work. You will need to meet with each Educational Consultant once a week for the first year of the analysis and perhaps less often after that.

Child Progression follows the same terminated case requirements as Adult Analysis Progression. It is optimal for a child to have moved from one developmental stage to another. These matters are to be discussed with a candidate's Educational Consultant with input from the Child Analysis Progression Committee.

The child program requires one report for each case annually, due October 15. Guidelines for writing reports are found in Appendix B of this manual. One of the three child cases can be substituted for one adult case in the adult program. In addition to terminating one child or adolescent analysis, you must pass a final colloquium covering your child work. Requirements for final colloquium are described in Section I Article G of this manual.

The *Child-Focused Psychoanalytic Program* allows individuals to become child/adolescent psychoanalysts without adult psychoanalytic training. In addition to the above requirements, candidates in this program participate in all courses and independent projects of the Studies in Child Psychoanalysis to meet the required hours for graduation according to the American Psychoanalytic Association. As the current course set up may only provide about half of these hours, a candidate may choose to attend additional courses to be determined with the Child Analysis Progression Committee.

Studies in Child Psychoanalytic Thinking allow for clinicians to participate without completing the case requirements in the other programs. Clinicians participate in the same four-year curriculum program described above for candidates.

Licensed mental health clinicians may apply to become full clinical candidates during the first two years of this program. Requirements for application are to have undertaken a personal analysis of at least one year's duration, had weekly supervised clinical work with two child psychotherapy cases including parent work for one year's duration, and are in

good standing. Candidates interested in clinical training must request this change in status from the Progression Committee.

Child/Adolescent candidates have the responsibility for obtaining patients as private practitioners (see Adult Patient Referral Procedures.)

Child-focused candidates may start a child or adolescent analysis for their first case. When the case is established, the supervisor can then recommend to the Child Analysis Chair that they be given approval to start additional cases. Subject to approval by the Child Analysis Chair, the supervisor's recommendation is then in effect, and no further approvals are required to begin additional child and adolescent cases, subject to ongoing review or modification by the Child Analysis Progression Committee.

IV. Pertaining to All Candidates

A. Advisor

The Progression Committee will assign a faculty member to serve as your advisor. The advisor serves as your liaison to the Center, chairs your progression reviews, and provides feedback to you following those meetings. You may request a meeting with your advisor at any time to discuss questions, difficulties, or any issues arising during training. It is recommended that you meet with your advisor before and after your progression meetings. You may request a change of advisor at any time and without prejudice by contacting the Chair of the Progression Committee.

B. Class Mentor and the Class Coordinator

1. A member of the faculty is assigned to each class to serve as a mentor and educational facilitator of the collaborative work between candidates and teachers. In this role, the mentor serves two important functions:
 - a. The mentor serves the class as a primary resource for information and discussion regarding questions of procedure, protocol, and tradition at the Center. The class mentor can thus help the class "figure out the system" and take appropriate action to enhance the educational experience.
 - b. The mentor serves as the interface between the class and the Curriculum Committee to convey information and feedback regarding the class's educational activities.
2. The class nominates one of its members each year to serve as their class coordinator. The class coordinator may contact the class mentor with any class difficulties or issues which may arise. Through the mentor, a class may inform the Curriculum Committee of educational difficulties which may arise, and with the collaboration of the mentor, take measures to address the situation. Examples might be situations where teaching seems poor or where undue tensions between class members arise and affect the educational tone of the

class work. In particularly difficult situations, the mentor could have a meeting or a series of meetings with the class to address and process what is going on.

At the end of each trimester, the class mentor meets with the class to discuss their educational experience in the context of the trimester's courses and the class dynamics. At these meetings, the mentor will be interested in hearing about what the candidates have found particularly useful, relevant, well presented or well processed in a course or by a particular teacher. The mentor will be interested in the educational quality of reading selections, case material presentations, discussion of theoretical positions, and the like. The mentor will also ask the trainees about the class dynamics and how they facilitate or impede learning among the group.

The role of the class coordinator involves three principal tasks:

- a. To arrange with the class mentor a time for 45-minute feedback discussion with the class at the end of each trimester. This discussion is usually held on the last day of class and should be scheduled with the class mentor several weeks in advance so that everyone can attend.
- b. To be a point of contact for the faculty should the need for an ad-hoc meeting with the class arise.
- c. To serve as a member of the Curriculum Committee.

C. Leave of Absence

In view of the fact that psychoanalytic training is a long, complex, and highly individualized experience, it is expected that each person may complete the required work at different times and in different ways. It is possible that you may decide to interrupt your training for personal reasons.

You may request a leave of absence of up to two years by writing to the Chair of the Progression Committee at least 30 days prior to the beginning of the desired period of leave. You should include your reason for requesting a leave and your plans for handling your casework, educational consultation, and reports during the leave. You must specify a date upon which you will return to full participation as a candidate.

If you wish to further extend your leave, you must request to do so 30 days prior to the end date of your current leave by writing to the Chair of the Progression Committee and include the same information as in your original request. The Chair of the Progression Committee will communicate the Committee's decision to you.

In the event of an emergency requiring a leave of absence, you must notify the Progression Committee Chair as soon as possible by phone or email and must make a formal leave request in writing by the thirtieth (30th) day following the initiation of

the leave. The general reason of the leave and expected end date of the leave must be stated in all leave requests.

While on leave of absence, you are expected to continue your training analysis and control analyses and supervisions initiated prior to the leave unless otherwise specified in your leave request. Reports on control analyses will be due as usual at the end of each reporting period.

If you fail to notify the committee and/or do not return to active status at the specified time without notifying the Progression Committee and requesting an extension, you will be considered to have resigned from your respective training program. You may reapply to the Admissions Committee.

It is important to note that while on a leave of absence, you may not take on additional analytic cases.

If you have been on leave of absence, you may be out of phase with the seminar schedule when you seek to resume your work at the Center. The Progression Committee will determine, in consultation with you and your advisor, how the specific curricular difficulties can be resolved. Clinical work that you have undertaken with analysands and supervision of this work should continue during any such hiatus, even if you do not resume formal training. Your handling of these responsibilities should be discussed with your Educational Consultant.

D. Probation and Withdrawal

The Center may place you on probation and/or ask you to withdraw from the program if you fail to meet the educational, personal, and professional requirements of the program.

E. Appeal Procedure

Any progression decision by an Educational Consultant or by the Progression Committee may be appealed by the following methods:

1. You may ask your advisor to resubmit your point of view to the Progression Committee.
2. You may request to attend a meeting of the Progression Committee (the Chair of the Progression Committee and at least one other Progression Committee member) to discuss the matter.
3. If none of the above result in a satisfactory resolution of the issue, you may meet with the Chair of the Education Coordinating Committee (ECC), who will take the matter to the ECC for a decision regarding any further action to be taken.

F. Course Readings

Required course readings are obtained in three ways:

1. Books that you will purchase.
2. Book chapters and journal articles that you will access through the Center's website at <http://www.cfps-tx.org>. You will receive instructions on how to log in to access candidate materials.
3. Journal articles listed on the PEP WEB at: <http://www.pep-web.org/>.

APPENDIX A: DISCLOSURE INFORMATION FOR ALL LEARNERS

Continuing Education Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of American Psychoanalytic Association and Center for Psychoanalytic Studies. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Psychoanalytic Association designates this Live Activity for a maximum of 135 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Center for Psychoanalytic Studies (sponsor number CS1391) is approved by the Texas State Board of Examiners of Social Worker Examiners to offer continuing education units to the social workers.

The Center for Psychoanalytic Studies (CE Provider Number 379) is approved by the Texas State Board of Examiners of Professional Counselors to offer continuing education credit to licensed professional counselors.

The Center for Psychoanalytic Studies (Continuing Education Provider Number 340) is approved by the Texas Board of Examiners of Marriage and Family Therapists to provide continuing education activities for marriage and family therapists.

The Center for Psychoanalytic Studies maintains responsibility for the program.

IMPORTANT DISCLOSURE FOR ALL LEARNERS: None of the planners and presenters of this CME program have any relevant financial relationships to disclose.

APPENDIX B: Format for Case Reports

Format for First Case Report

1. A short introductory paragraph (2-3 sentences) in which you give basic identifying information about the patient.
2. History of present illness and relevant family and relationship history.
3. Case formulation.
4. A detailed process section that illustrates what you describe in the third paragraph. What you want in this section is to bring the patient, and the relationship between you and the patient, alive on the page for the reader. This section will mostly revolve around your understanding of the patient's transference to you. What is the nature of the transference? How do you understand the way the patient relates to you in the context of his/her history and overall approach to life, especially in closer relationships? This section should include an expanded process discussion, focusing on a single session or two and including the experience-near, back-and-forth process between the two of you that illustrates some aspect of the patient's dynamics that the two of you have come to understand in the reporting period, including your interventions and the effect of your interventions. Perhaps most important, this would include descriptions of your countertransference during the process and how you used your countertransference to more fully understand the patient and craft interventions. This will be by far the longest section of the paper.
5. A concluding paragraph that reflects on the process that you've described.

Format for Case Reports (after the first one)

Future reports, since they do not require as much history and theoretical formulation, can be short. You will need only four sections:

1. A short introductory paragraph (2-3 sentences) in which you give basic identifying information about the patient, primarily to remind the reader who the patient is.
2. A paragraph in which you describe the trends and progress of the six-month reporting period, perhaps including a brief theoretical formulation.
3. A detailed process section that illustrates what you describe in the second paragraph. What you want in this section is to bring the patient, and the relationship between you and the patient, alive on the page for the reader. This section will mostly revolve around your understanding of the patient's transference to you. What is the nature of the transference? How do you understand the way the patient relates to you in the context of his/her history and overall approach to life, especially in closer relationships? This section should include an expanded process discussion, focusing on a single session or

two and including the experience-near, back-and-forth process between the two of you that illustrates some aspect of the patient's dynamics that the two of you have come to understand in the reporting period, including your interventions and the effect of your interventions. Perhaps most important, this would include descriptions of your countertransference during the process and how you used your countertransference to more fully understand the patient and craft interventions. This will be by far the longest section of the paper.

4. A concluding paragraph that reflects on the process that you have described.

APPENDIX C: Consent Form for Psychoanalysis



Consent Form for Psychoanalysis

Please put on your letterhead and review with your control case before obtaining their signature. Your Educational Consultant needs to verify consent has been obtained in writing, but they do not keep a copy for their records.

I acknowledge that my therapist, _____ is in an advanced training program in psychoanalysis with the Center for Psychoanalytic Studies. I am aware their participation in this program requires them to have clinical consultation and treatment review of our sessions with a psychoanalyst who is on the faculty of CFPS. This includes confidentially altered written records of my treatment to maintain my anonymity. I am aware that CFPS is not responsible for my treatment, and my therapist will inform me of any changes with their participation with CFPS.

Signature of Patient (or guardian, if minor)

Signature of Clinic

Date

Date

Appendix D: First and Second Colloquium Guidelines for Candidates and Faculty

FIRST AND SECOND COLLOQUIUM GUIDELINES FOR CANDIDATES AND FACULTY

The objectives of both the first and the second colloquium are not only evaluative, but also of important educational value to the candidate in a variety of ways:

1. A valuable consolidation and integration of knowledge, theory, and experience occurs when the candidate re-reviews his/her cases with his/her supervisors during the process of preparing colloquium case reports. It is highly recommended that candidates use supervision for this process.
2. An important educational opportunity exists for candidates to be able to discuss their work with other analysts so that they may be exposed to how other analysts might think (differently) about their cases. In this view, the function of the colloquium is not to pass or fail the candidate if the candidate's view of the case is different than that of members of the colloquium committee, but to expose the candidate to other ways of thinking about how they are working, and how they are thinking about their cases.

FIRST COLLOQUIUM GUIDELINES

The progression committee regards the importance of the first colloquium as establishing the candidate's working grasp of basic, fundamental psychoanalytic concepts. From this perspective, the Progression Committee has historically suggested, and continues to suggest, that the main objective of the first colloquium is to assess the candidate's recognition of, and clinical work with, transference, countertransference, and resistance, within the theoretical framework(s) in which he/she is conceptualizing the case.

Other basic topics for the first colloquium might include:

1. How does the candidate assess a patient's suitability for analysis?
2. What does the candidate think he/she is doing that is helping the patient?
3. How does the candidate think about, and work with, issues involving the treatment frame?

SECOND COLLOQUIUM GUIDELINES

The American Board of Psychoanalysis has developed a list of core competencies believed to be present in competent analytic work. The Progression Committee has furnished this list below (items 1-10).

Most competencies can be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written reports or colloquium discussion.

This list is intended as a set of guidelines only, not as a set of required criteria rigidly held in a perfectionistic view of analytic technique, process or clinical results. We hope that both candidates and faculty will find this useful in deciding what to include in reports (Colloquium Case Reports and Faculty Colloquium Committee Reports). We also hope that this list may orient both candidates and faculty to objectives of the second colloquium.

This list is not intended for use in such a way as to skew, constrain, or refute the candidate's way of conveying what is essential to each individual case; nor to constrain the faculty's ability to tailor objectives of the colloquium according to what is essential in each individual case.

The intention of including the examples listed under each of the core competencies 1-10 is to provide examples which might illustrate competence in each of these categories. The inclusion of the numerous categories and examples is not intended to suggest that all of these are expected to be present in the

candidate's work. It is worth emphasizing—given the condensed nature of case reports, varied writing abilities amongst candidates, and time constraints of the colloquium—that explicit assessment of every category of competency (listed below) is not usually possible. That said, evaluation of a candidate's competence in analysis of transference, countertransference, and resistance (categories 5, 6, and 7 below), almost invariably forms the basis of a colloquium committee's assessment.

Categories of Core Competence

1. Assessment and Diagnostic Skills. The analyst:

- a. Demonstrates the ability to assess the phenomena of the patient's psychopathology and make a clinical diagnosis.
- b. Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. as determinants of these phenomena.
- c. Demonstrates the ability to make an assessment of the patient's suitability for psychoanalysis.
- d. If there was a previous treatment, the analyst demonstrates understanding of the potential effects of this on the analysis.
- e. Demonstrates the ability to assess a patient's need for psychotropic medication; if prescribed, demonstrates the ability to assess the effects of the medication on the patient and on the analysis.
- f. Demonstrates competence in assessing the influence on the analysis when either the analyst functions in a dual role as analyst/prescriber or an outside consultant provides medication.

2. Conceptualization and Formulation. The analyst:

- a. Distinguishes between evidence and hypothesis.

- b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.
 - c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
 - d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.
 - e. N.B. Conceptualizations and formulations do not necessarily have to be articulated directly in the reports, as understanding of these can be conveyed through the narrative of the work itself.
3. **Psychoanalytic Attitude and Attunement.** The analyst:
- a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.
 - b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
 - c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
 - d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.
 - e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
 - f. Demonstrates an ability to help patients engage in the psychoanalytic process.
 - g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
 - h. Demonstrates ability to work with patients of both sexes.
4. **Technique**
- a. Interventions are succinct, to the point, and experience near.
 - b. Demonstrates sensitivity as to timing of interpretations.
 - c. Can assess the effects of interventions on the process of the analysis.
 - d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
 - e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
 - f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.
5. **Transference**
- a. Demonstrates recognition that transference is central to the analytic work.
 - b. Demonstrates the capacity to interpret within the transference.
 - c. Can be available for and facilitate the development of manifold transferences.
 - d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
 - e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.
 - f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.

- g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the transference.
- 6. Resistance**
- a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.
 - b. Demonstrates ability to expand patients' conscious awareness of the nuance and complicated workings of resistance and enactments.
- 7. Role of the Analyst**
- a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.
 - b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.
 - c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.
 - d. Interventions do not impose the analyst's own personal agendas.
 - e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.
 - f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).
- 8. Psychoanalytic Progress and Process**
- a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.
 - b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.
 - c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
 - d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
 - e. Demonstrates evidence of improvement in the patient's problems and changes in the analyst's way of perceiving and relating to self and others as a result of the analysis.
 - f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
 - g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.
- 9. Ending of the Analysis**
- a. If the analysis comes to a natural termination, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
 - b. If the analysis comes to a premature termination, but nevertheless ends with a termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.

- c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
- d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.

10. Ethical Considerations

- a. Demonstrates a professional identity with an uncompromising commitment to patient responsibility.
- b. Demonstrates uncompromising integrity and consistently maintains the highest of ethical standards.
- c. Demonstrates recognition of need for personal consultation should possible boundary or other ethical challenges emerge.

11. Overall Competence of Analyst

- a. Overall coherence of application
- b. Growth over the course of the analyst's work

Appendix E: Evaluative Guidelines for Educational Consultant and Case Reports

Evaluative Guidelines for Educational Consultant and Case Reports

This is a summary of the most salient criteria by which candidates and trainees are evaluated by their Educational Consultants:

1. The candidate/trainee's ability to consolidate and integrate theory and practice, using their own palette of theoretical orientations.
2. An evaluation about the candidate/trainee's current clinical formulations, and how their thinking develops and changes over the course of the analyses.
3. The candidate/trainee's ability to recognize and work with resistance, transference, and countertransference as seen by case material they bring to consultation to illustrate how these phenomena come to life and evolve.
4. The candidate/trainee's understanding of their patient's transference to them. What is the nature of the transference? How do they understand the way the patient relates to them in the context of his/her history and overall approach to life, especially in closer relationships?
5. How well does the candidate/trainee recognize and utilize their countertransference to more fully understand both themselves and the patient and craft interventions?
6. The candidate/trainee's level of preparation and organization in their use of consultation, as well as their professionalism in making and keeping appointments, punctuality, clear communication, etc.
7. Evidence of the candidate/trainee's commitment to ethical and sensitive behavior with their patient, and their adeptness to maintain the frame, boundaries and confidentiality so important in our work.



STUDENT HANDBOOK

PSYCHOANALYTIC EDUCATION PROGRAM

Effective September 1, 2021

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ADDENDA

[Psychoanalysis for Scholars Program](#)

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WELCOME

The faculty and administration of the Chicago Psychoanalytic Institute welcome all new and returning candidates to the Institute.

We have prepared this handbook as a reference for your use during your education. Included are the general policies and procedures of the Institute, along with program-specific information for the Psychoanalytic Education Program. This handbook will help answer questions that may arise during the course of your studies. From time-to-time changes may be made in these policies and procedures. This revision of the Student Handbook reflects the changes in the evaluation procedures that were made in the Fall of 2019. Notably, a Dean's Evaluation Committee which oversees annual evaluations has replaced the Progression and Evaluation of Learning Committees and the colloquia. Issues related to the Termination Seminar are also clarified in this revision. All changes will be communicated in writing through an updated version of this manual.

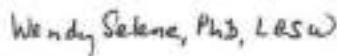
The definitive version of this handbook can be located in the Institute's student information system, *Orbund*, at <https://server7.orbund.com/> under **Reference, Repository, Psychoanalytic Education Program-Candidate Resources**. Our administrative staff offers group and individual help in familiarizing students with the Orbund system. In addition, a training video is available on the Student Portal of the Institute website: **chicagoanalysis.org > Student Portal (at bottom of page) > password: Student2020**

Please feel free to approach any member of the administration or leadership to ask questions about content that is unclear to you, or make suggestions about matters that need further clarification.

With all best wishes,



Erika Schmidt, LCSW, President



Wendy Selene, PhD, LCSW, Dean

Mission: The Chicago Psychoanalytic Institute transforms the lives of individuals, families and communities using psychoanalytic knowledge to help them grow and thrive.

STATEMENT OF CONFIDENTIALITY

Student records are maintained in secured electronic or locked files in the Institute's administrative offices and in conformity with applicable local, state and federal laws. These records are confidential. Appropriate administrative, physical and technical safeguards are in place to protect confidentiality, integrity and availability of and to prevent the use or disclosure of student and protected health information (PHI). Only the President, Dean, faculty members and administrative staff directly involved with the candidate's training have access to these records.

It is the policy of the Institute that faculty discussions about the educational and clinical progress of candidates and the documentation of committee discussions remain confidential and not available to candidates. Feedback from discussions about student progress will be provided to the candidate by a member of the Dean's Evaluation Committee and/or the Dean.

Any person who becomes a PEP student or continues as a candidate after the publication of this Student Handbook thereby agrees with and accepts this policy of confidentiality and non-disclosure of such parts of the candidate's record.

Electronic recording of classes is only permitted with written permission of the Dean for sole use by the Chicago Psychoanalytic Institute. Students are not allowed to record classes under any circumstances. On-site students who do not want to participate in a class that is being recorded should consult with the Dean about options for that class. In accordance with law and regulation, participants will be notified in advance of such recording.

In order to ensure technology is working correctly in the classrooms, Education staff periodically access classes by remote access. There is no sound with this access so staff cannot hear anything being said. The sole purpose is to ensure that technology is working, so staff will not be reviewing attendance, whether cameras are on or off, or any other aspect of how the class is being conducted. In order to avoid disruption, this access is not discernible to instructors or students.

PERSONAL ANALYSIS

The Training Analysis

All students in the Psychoanalytic Education Program are required to be in analysis with a Training Analyst or a personal analyst approved by the Institute's Personal Analyst Subcommittee. The analysis is required to extend through a substantial part of the student's training.

The Chicago Psychoanalytic Institute recommends anyone who is seriously considering psychoanalytic training and is not in analysis enter into analysis with a Training Analyst designated by the Chicago Psychoanalytic Institute.

The candidate's analyst must be either a qualified Training Analyst designated by the Chicago Psychoanalytic Institute or an experienced analyst who qualifies under the pathway known as the "personal analyst" path and meets these criteria:

- The analyst has completed the Chicago Psychoanalytic Institute's Psychoanalytic Education Program or a "substantially equivalent" psychoanalytic training program (as determined by the Institute);
- The analyst has five years' post-graduation experience;
- The analyst demonstrates commitment to the field through participation in study groups, seminars, publications, etc.;
- The analyst adheres to the Statement of Professional Ethics of the Chicago Psychoanalytic Institute, completes the ethics attestation in the application provided by the Training Analyst Committee and adheres to the ethics standards of their professional discipline.

Applications for personal analyst status are located in Orbund or by request to the Chair of the Training Analyst Committee or the Education Office.

The analyst requesting personal analyst status must be reviewed and approved by the Institute's Personal Analyst Subcommittee prior to the applicant being accepted for admission or within the first quarter of attendance. The personal analyst pathway applies only to the applicant seeking approval for an exception to the Training Analyst requirement and is not a permanent appointment to Training Analyst status.

Timing, Frequency and Duration

Candidates are required to be in a personal analysis at a frequency of 4 times per week by the time that they begin classes as a candidate and are required to have one year in their personal analysis before beginning their first analytic case. The personal analysis is conducted at a frequency of at least four times a week. Candidates must be in analysis during a significant period of supervised clinical work.

Confidentiality

The Chicago Psychoanalytic Institute is a “non-reporting” institute. This means that at no point in a candidate’s training will their training analyst be asked about the individual’s progress or for any other information with the exception of the beginning and end dates of the analysis.

The only requirement of a candidate’s training analyst is that they report in the candidate’s education record when the candidate has begun and terminated the analysis. Candidates are also required to report to the Institute the dates they have begun and terminated their analysis.

TUITION PAYMENT POLICY

Tuition and fees are due in full by the end of the registration period, which is posted online each quarter in Orbund. Students have the option for a payment plan which can be requested by a form located in the Student Portal of the Institute website.

If all tuition and fees due are not paid, or other approved financial arrangements are not in place prior to the start of the quarter, a student will be withdrawn from classes and must pay in full or as part of a payment plan before they may return to classes. Late payment penalties may be assessed for outstanding balances.

Students are expected to educate themselves about all tuition and fees applicable to their status and registration. This information can be found in the Tuition and Fees page of the Institute website. Questions about fees and tuition can be directed to the Education Office.

Scholarships and Grants

As part of its efforts to make psychotherapy and psychoanalytic training accessible, the Institute provides limited scholarship assistance to students who can demonstrate financial need. Students who believe they qualify for these resources should submit a [Scholarship](#) Application, which is located on the Institute’s website. All communication is confidential. The deadline for scholarship applications is August 1st of the academic year for which it is being requested.

Opportunities for financial assistance may be available through the following:

American Psychoanalytic Association (APsaA)

- Tuition support for Academics. <http://www.apsa.org/content/tuition-support-o>
- Candidate Assistance Fund--interest free loans for candidate with financial need. <http://www.apsa.org/content/candidate-assistance-fund>

Grants specific to Child Analysis Candidates providing low-fee child/adolescent analysis:

- The Association for Child Psychoanalysis <http://www.childanalysis.org/>
- The Harold Balikov Fund, Chicago Psychoanalytic Institute

TRANSCRIPTS

Unofficial academic transcripts showing completed coursework, coursework in progress, and continuing education credits earned can be located in Orbund.

Requests for official transcripts, including for the purposes of transferring earned credits, should be directed to the Education Office.

Students should maintain copies of course syllabi for their own records in the event that transferring institutions request course descriptions. Digital versions of syllabi can also be accessed in Orbund.

COURSEWORK

Schedule of Classes

The academic year consists of three 11-week terms - Fall Quarter, Winter Quarter, and Spring Quarter. Classes are generally taught Wednesdays over the video conferencing technology (ZOOM) and on-site at the Institute on Fridays. Remote participation for all classes is available through ZOOM for candidates enrolled and accepted as distance learners. During the Covid-19 pandemic, all classes will be taught over ZOOM until the proper authorities deem it safe to conduct classes in person.

All class times are published in Central Standard Time (CST). Following is the regular class schedule:

Adult Psychoanalytic Education Classes

Wednesday evenings:

6:15 PM-7:30 PM

7:45 PM-9:00 PM

Friday Mornings:

8:30 AM-9:45 AM

10:00 AM-11:15 AM

Child and Adolescent Psychoanalytic Education Classes

Friday mornings:

11:30 AM-12:45 PM

Some elective classes may be offered at alternative times, depending on the instructor's availability.

Course offerings and times are published quarterly in Orbund.

The Four-Year+ Curriculum

The Four-Year+ Curriculum (Beginning September 2021) is divided into three types of courses with unique requirements for each type. Detailed course listings are available in Orbund and in the Curriculum Addendum to this Manual. The general categories and requirements are:

Fundamentals Year Courses (FY)

These courses are taken in the first year and must be completed before advancing to the second through fourth year required courses.

Years two through Four: Required Courses (R)

These courses must be taken prior to graduation. Advanced Case Conference is required yearly until graduation or a period of five years, unless given a waiver by the Dean.

For students in the Child and Adolescent Psychoanalytic Education Program, Child and Adolescent Case Conference is required yearly until graduation or a period of four years while seeing Child and Adolescent supervised analytic cases.

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The Fifth Year: Electives (E)

The Fifth Year is designed as an opportunity for additional coursework that expands the Four-Year+ curriculum and extends the educational choices for candidates and others in the Institute community. They are not required for graduation.

These courses are offered to Advanced Candidates who have completed all required courses in Years One through Four. Advanced Candidates, Alumni and Faculty are all eligible to take electives in the Fifth Year as part of our lifelong learning community.

The Legacy Curriculum

(for students who entered prior to the 2020-2021 Academic Year)

The Curriculum is divided into five types of courses with unique requirements for each type. Detailed course listings are available in Orbund and in the Curriculum Addendum to this Manual. The general categories and requirements are:

Fundamentals Year Courses (FY)

These courses are taken in the first year and must be completed before advancing to Initial Required courses.

Initial Required Courses (IR)

These courses must be taken by all candidates, preferably in year two, before progressing to advanced courses.

Required Courses (R)

These courses must be taken prior to graduation.

Selective Sequences (S)

These are two- or three-quarter course sequences that explore various areas of psychoanalytic theory and practice. They are generally offered on a rotating basis.

Selective Sequences are divided into three areas, with the following requirements:

- General Selective Sequences: Two sequences required
- Clinical Selective Sequences: Two sequences required
- Psychoanalytic Points of View: Three sequences required (from at least two points of view)

Electives (E)

Six quarters of Electives are required. Any course taken and not used to fulfill the Initial Required, Required or Selective Sequence requirements may be used to fulfill the Elective Requirement. Upon approval of the Dean, Independent Study options that satisfy the elective requirement may be arranged by individual students and faculty members.

No single course may be used to fulfill both the Elective and the Selective Sequence requirement.

The Legacy Curriculum is sunsetting at the end of the 2022-2023 academic year. Beginning in the 2023-2024 academic year, candidates in the Legacy Curriculum will be able to fulfill the rest of their requirements through courses in the Four-Year+ Curriculum or electives in the Fifth Year. (See above under Four-Year+ Curriculum.) Any questions about completing requirements for graduation can be directed to the Dean.

Requirements for Course Credit

The education process is one of active engagement and participation.

Class attendance is required. Should a student need to miss a class session, the Education Office and the instructor should be notified. A student who misses more than one session of a class should speak with the instructor about a make-up assignment. A student who misses two or more class sessions must speak with the Dean about whether or not, and under what conditions, course credit can be obtained.

Remote participation is intended for students who live outside the Greater Chicago Metropolitan Area. Local students are permitted to attend class via video conferencing on the rare occasion that extenuating circumstances occur. Students should notify the instructor and the Education Office if they need to attend remotely.

Course evaluations are a valuable source of information regarding course content, teaching methods and instructor effectiveness and students are strongly encouraged to participate. Feedback on course evaluations is anonymous and the survey respondent is never identified. **In order to receive continuing education credits, students are required to complete and submit course evaluations to the Institute within two weeks of receipt.**

Registration Requirements

Students must be in good standing in order to register for classes each quarter. Good standing includes full payment of tuition and fees due. In the event a candidate cannot meet this requirement, the Business Office should be notified. The Business Office will consult with Institute leadership to determine how to remediate the situation.

Student Status

Leave of Absence The Institute recognizes a candidate may encounter situations where they are temporarily unable to continue advancement toward graduation. The Chicago Psychoanalytic Institute's goal is to assist candidates in such circumstances so they may resume their progress. A student considering a Leave of Absence should arrange a meeting with the Dean to discuss their circumstances and arrange a plan. In exceptional cases, candidates may be asked to withdraw from training.

Leave of Absence may be granted by the Dean upon request and is valid for up to one year. During a Leave of Absence, analytic cases must be continued, along with supervision and record keeping. Resumption of training is automatic after the leave of one year. The required administrative fee for a Leave of Absence is \$250/quarter or \$750/ year to be paid during the approved Leave. The Leave of Absence Request Form is located in the Student Portal of the Institute Website.

Part-Time Enrollment Students who enter the Institute on a full-time status may, upon approval of the Dean, reduce to part-time enrollment status. Depending on the circumstances, this request may be temporary or permanent. The Request for Part-Time Enrollment Form is located in the Student Portal of the Institute Website.

Candidates acknowledge that reducing to part-time enrollment affects the availability of classes and they are responsible for ensuring all classes are completed as necessary for graduation.

Advanced Candidate Students who have completed all required coursework but have not yet completed all clinical requirements are Advanced Candidates. The administrative fee during Advanced Candidacy is \$500/quarter or \$1,500/ year and is paid until graduation.

SUPERVISED CASE REQUIREMENTS

General Considerations

A broad spectrum of clinical experience, along with the use of supervision, facilitates the deepest possible learning of analytic skills. Formal psychoanalytic education is the beginning of a lifelong learning experience and one goal of this education is to provide a foundation for ongoing learning. To develop a strong foundation, candidates are required:

- To provide analysis to supervised patients at a greater rather than lesser frequency to maximize the learning opportunity;
- To provide analysis to patients from a variety of cultural and racial backgrounds, socioeconomic situations, gender identifications and sexual orientations;

Candidates are encouraged:

- To plan to seek consultation following graduation to continue the lifelong learning process and because any analyst inevitably encounters clinical situations that will challenge them as they grow in experience and skill.

Supervised Case Requirements - Adult Psychoanalytic Education

Number of Supervised Cases

Three supervised cases

One supervised case may be a child or adolescent (See Child and Adolescent Psychoanalytic Education requirements)

Requirements Regarding Supervised Cases

A candidate is required to be in analysis **at a frequency of four times per week** for one year prior to beginning their first analytic case.

No more than one distance case can be counted towards graduation.

Approval of Supervised Case

When a candidate is ready to begin treating a new case, they must complete the Candidate's New Case Request Form and submit it to the Dean for approval. Completion of this form requires approval from all current supervisors as well as the proposed supervisor of the new case. The supervisors are asked to affirm that the candidate is ready to take on a new case and the prospective supervisor is affirming that

they are willing to supervise that case. In the event there are any disputes or disagreements, the candidate should consult with the Dean.

Frequency

The first two supervised cases will be conducted at a frequency of 4-5 times per week. The third supervised case, begun after the other two cases are underway, may be conducted at a frequency of 3-5 times per week.

Depth and Duration

Each supervised case must be treated for at least 200 hours and show evidence of a psychoanalytic process.

Termination Requirement

One adult supervised case must be supervised through to an acceptable analytic termination and presented to the Termination Seminar.

The case supervisor will determine whether the case demonstrates evidence of a psychoanalytic process and if a case qualifies as an acceptable analytic termination. If the candidate disagrees with the supervisor's recommendation, the candidate should consult with the Dean. If there is not a satisfactory resolution, the candidate may appeal the decision.

Five-Year Exception

A well-conducted analysis that does not show the likelihood of an imminent termination, even after several years, may satisfy the terminated case requirement provided that:

- the analysis has been ongoing for at least five years
- the candidate can demonstrate an understanding of the ongoing issues in the analysis as they relate to why termination is not yet indicated

The five-year case must be presented to the Termination Seminar. The candidate will include information about the status of the patient regarding the duration of the analysis and termination in their final case report.

The candidate is encouraged, but not required, to remain in supervision and to return after graduation to re-present to the Termination Seminar, if and when the case has terminated.

Child Supervised Cases Conducted By Adult Candidates

The Child and Adolescent Analysis Committee approves child and adolescent supervised cases for the candidates in the Adult Psychoanalytic Program. The candidate should contact the Chair of the C/A Committee to request this approval. The candidate must have a Child and Adolescent supervisor for the case, and the case must be seen at a frequency of 4-5 times a week.

Adolescent Cases and the Terminated Case Requirement

In special circumstances, a case beginning in adolescence and either terminating or meeting the Five-Year Exception will satisfy the requirements for a terminated case for both the Adult and Child and Adolescent Psychoanalytic Programs. This requires the approval of the supervisor and Dean.

Preliminary Supervision

The candidate should consult with a Child and Adolescent Supervisor when considering analytic treatment for a child or adolescent prior to recommending analysis to the family or initiating analytic treatment.

Supervised Case Requirements for candidates in the Child and Adolescent Psychoanalytic Education

Child and Adolescent Psychoanalytic Education Committee

This committee is responsible for admitting candidates to the Child and Adolescent Psychoanalytic Education Program, approving cases, participating on the Dean's Evaluation Committee, making other decisions regarding cases and providing support and guidance to candidates in the C/A program. Requests and questions should be directed to the Chair of the C/A Committee. The Institute Dean has oversight for this program and is available for consultation and resolution of problems.

Number of Cases

Five supervised cases

- Two adult supervised cases
- Three child/adolescent supervised cases
 - Two supervised cases must begin during latency age or younger and one during adolescence

Frequency

One of the adult supervised cases will be conducted at a frequency of 4-5 times a week
One of the adult supervised cases may be conducted at a frequency of 3-5 times a week
The first child/adolescent supervised case will be conducted at a frequency of 4-5 times per week. After the first child/adolescent supervised case is underway, subsequent cases may be conducted at a frequency of 3-5 times a week

Depth and Duration

Each case must be treated for at least 200 hours and show evidence of a psychoanalytic process.

Termination Requirement

At least one child/adolescent supervised case must be supervised through to an acceptable analytic termination, or, in some circumstances, a Five-Year Exception may be granted.

Five-Year Exception

The candidate is encouraged to remain in supervision and to return after graduation to re-present to the Child and Adolescent Case Conference, if and when the case has terminated.

NOTE: When candidates begin the Child and Adolescent Psychoanalytic Education Program subsequent to graduation from the Adult Psychoanalytic Education Program, the usual requirement of three adult cases (that have been completed during Adult Training) and three child supervised cases applies.

SUPERVISION

Preliminary Supervision

Candidates should engage a supervisor before initiating discussion with a potential analytic patient and before starting an analysis. The purpose of this preliminary supervision is to help the student identify potential cases, think about issues of readiness and understand the process of recommending psychoanalysis to a patient.

For subsequent cases, candidates are required to have the approval of a supervisor before recommending analysis to a potential supervised case

Selection of Supervisors

Candidates may select their own case supervisors. A list of approved Supervising Analysts is available in Orbund. If the supervisor and candidate find they are not a good fit, the candidate may choose another supervisor.

Supervision Hours

A minimum of 175 hours of supervision is required for graduation, with at least 50 hours on each case.

Frequency of Supervision – Adult Supervised Cases

Supervised Case 1 and 2

Supervision of the first two adult cases begins at a frequency of one hour per week, decreasing to less frequent consultation as the candidate's ability to work independently increases. The weekly frequency may be reduced at the discretion of the supervisor after the first year.

Supervised Case 3 and Additional Cases

The supervision of all additional cases, including the third supervised case and any other cases, must be at a frequency of once every other week for the first year. As in the first

and second supervised cases, the frequency may be reduced at the discretion of the supervisor after the first year. Supervision of each supervised case must remain at a minimum of once monthly until graduation.

Frequency of Supervision - Child & Adolescent Supervised Cases

Candidates in the Child and Adolescent Psychoanalytic Program need a minimum of 150 hours of supervision of child and adolescent analyses in order to graduate.

Supervised Case 1

Supervision during the first year of analysis with the first child or adolescent supervised case, supervision is on a weekly basis. The weekly frequency may be reduced at the discretion of the supervisor after the first year.

Supervised Case 2, 3 and Extra Cases

Second, third and extra cases can begin supervision on every other week basis.

Supervisory Reports

Supervisors are required to submit to the Education Office one supervisory report per supervised case each Academic year. Supervisor's reports are expected to be complete and submitted prior to the candidate's annual evaluation by the Dean's Evaluation Committee. Prior to submission of a report, the candidate and supervisor will devote one supervisory hour to a discussion of the candidate's work. Supervisory reports are maintained in Orbund and are available for review by the candidate. Supervisors should use the Supervisor's Report Form that can be found on the Institute website in the Faculty Portal.

Other Supervisory Responsibilities

The candidate and supervisor should discuss the candidate's readiness to start each supervised case.

The supervisor is responsible for reading and assessing the adequacy of the Case Report, and advising the student if the Case Report, or sections of it, need rewriting or revision. The supervisor must sign each Case Report to indicate approval.

Payment for Supervision

All students admitted in 2015 and later make individual arrangements for payment with each supervisor. Supervisors may consider a reduced fee for students upon request, but individual supervisors vary in their capacity to take on supervisees at reduced fees. Supervisors do take into consideration that students have considerable expenses during their education. Supervisees should expect to pay a minimum of \$50-\$75 per supervisory session and sometimes may pay a fee equivalent to one analytic session for the supervised case. Depending on the number of supervisees and other circumstances, a supervisor

may not be able to reduce the fee. If the student and supervisor cannot agree on a fee, the student should seek another supervisor.

SUPERVISED CASE TREATMENT RECORDS AND CASE REPORTS

Records for Supervised Cases are maintained by the Institute in compliance with local, state and federal law and regulation, including the Illinois Mental Health and Developmental Disabilities Confidentiality Act. This act protects the confidentiality of all records and communications of patients receiving services from candidates enrolled at the Chicago Psychoanalytic Institute. Access to Supervised Case treatment records are restricted, in accordance with HIPAA and Institute policy.

Candidates are responsible for submitting all required documents for each supervised case to the Education Office, or by uploading documents directly to their Orbund accounts on a timely basis. Required documents include reports on openings, closings, interruptions and transfers, which are then maintained in the Supervised Case treatment record as part of the student's file. Students should retain copies of each form, write-up and supervisory report for their own records.

Candidates are expected to have all case reports and all records in Orbund up to date by the time of their annual evaluation.

Opening a Supervised Case

All cases must be registered with the Education Office, and all analysts being treated by candidates must sign the following required documents (available in Orbund). Students will not receive credit for treatment hours until a case is opened and properly registered.

- Patient Information I
- Patient Information II
- Consent for Release of Medical Responsibility
- Receipt of Notice of Privacy Practices
- Consent for Evaluation and Treatment
- Consent for Release of Confidential Information of a Minor (as applicable)

Reporting of Treatment and Supervisory Hours

Treatment and supervisory hours are to be reported for all cases seen throughout the course of training and submitted no less than quarterly. All hours are required to be up to date prior to each Annual Evaluation. Report forms to document these hours are available in Orbund.

Clinical Case Reports

The following reports are required for each Supervised Case and should be uploaded to the candidate's Orbund account or submitted to the Education Office for inclusion in the candidate's academic record.

- The Unified Case Report
- Case Closing Reports

Case Report Guidelines are available in Orbund to assist candidates in preparing reports prior to their Annual Evaluation.

The Unified Case Report

Each supervised case should have an ongoing case report of approximately 20 pages. This single document will serve multiple functions:

- Supervised Case Treatment record
- Terminated case write-up for graduation
- Case submission for external certification after graduation (optional)

This single, cumulative write up begins as the Six-Month Report, then is modified into an Annual Report each year, and ultimately becomes a Termination Report.

Initial Six-Month Report

An Initial Six-month Report on each case, focusing on issues of diagnostic formulation, analyzability and initiation of the psychoanalytic process is required for each analysis the student undertakes.

Annual Reports

Thereafter, an Annual Report is due prior to the candidate's Annual Evaluation by the Dean's Evaluation Committee. Each Annual Report should be a revision of the previous one, incorporating the developments in the analysis subsequent to the previous report into the new document, with evidence of the candidate's evolving understanding of the analytic process. An addendum to the previous report will not be accepted as an adequate Annual Report.

Termination or Interruption Report

If a case terminates or is presented as a 5 Year Exception case, that year's Annual Report is the Terminated Case Report. It should include a discussion of the termination process or of the issues that make ongoing analysis advisable and termination unlikely in the foreseeable future.

An Interruption Report, which describes the reason for interruption, should be made in lieu of a regular progress report if the supervised case is interrupted prior to meeting the requirements for a 5 Year Exception and before being carried through to an analytic termination.

Termination or Interruption reports are to be submitted within three months of closing the supervised case.

All clinical case reports must be read, discussed and signed by the supervisor prior to submission. Candidates may also consult with other faculty members on their writing. The heading of each report should include: (a) the interval of time elapsed since the prior report, (b) the number and frequency of both treatment and supervisory sessions since the prior report and (c) the supervisor's name.

Direction and guidance about format and content of write-ups can be found in the section on Case Report Guidelines in Orbund.

Supervised Case Closing Reports

All supervised cases that are interrupted, terminated or transferred must be documented and reported to the Education Office on the appropriate form. Supervised Cases are considered transferred if: a) it is converted to psychotherapy and the candidate continues to treat the patient, b) the candidate has graduated and continues to see the patient for psychoanalysis or c) if the patient is referred to another therapist for any reason.

Retention of Records

Candidates are required to record the number of treatment hours in the Supervised Case Treatment Record in Orbund. The Supervised Case Treatment Record is maintained by the Institute in accordance with applicable law and regulation.

EVALUATION PROCEDURES

Each candidate will be evaluated annually. Evaluations will be undertaken by the following individuals and in accord with the following procedures:

Supervisors

Supervisors make assessments and recommendations about a candidate's work and progress including:

- Student's overall conduct of the analysis
- Case Reports
- Readiness to take on an additional supervised case
- Whether a case has reached a successful psychoanalytic termination
- Readiness for graduation

Classroom Teachers

Though formal grades are not given, classroom teachers are asked to provide information on students' attendance and class participation and may enter comments into the candidate's record.

Dean's Evaluation Committee

- Each candidate will be evaluated annually by the Dean's Evaluation Committee. The candidate will be contacted by a member of the Evaluation Committee ("the evaluator") informing them of the approximate date of their assessment. Evaluators will also notify a candidate's supervisors of the evaluation.
- The candidate will fill out the Candidate's Status and Self-Report form located in the Student Portal of the Institute website.
- Psychoanalytic Scholars Program candidates will fill out a Psychoanalytic Scholars Program Candidate Status and Self-Report form located in the Student Portal of the Institute's website.
- **Candidates are expected to have all case reports and all records in Orbund up to date by the time of their annual evaluation and should take responsibility for ensuring that all reports and records are properly filed in Orbund.**
- Supervisors will fill out and file a Supervisor's report. Supervisors will discuss their impressions with the candidate prior to the evaluation. The Supervisor should use the Supervisor's Evaluation form available in Orbund under References>Repository>Dean's Evaluation Committee or in the Faculty Portal on the Institute website chicagoanalysis.org
- The designated evaluator will review the candidate's Institute records and ensure that requirements to that point in the candidate's training have been met.
- The evaluator will meet with the candidate's supervisors to discuss the student's progress.
- Subsequently, the evaluator will meet with the candidate individually to discuss feedback from supervisors and other training issues as formulated in the evaluation. The candidate can raise any questions or concerns about the evaluation with the evaluator and, if they choose, with the Dean.
- The evaluator will discuss their assessment and recommendations with the Dean and, when indicated, other members of the Dean's Evaluation Committee.
- In the event of any academic difficulty, the Dean will discuss appropriate options with the candidate.

Termination Seminar Instructor

The Termination Seminar Instructor confirms, by entering a notation in the candidate's Orbund file, that the candidate has adequately completed the requirement to present a terminated or Five-Year Exception case to the Termination Seminar.

Candidates who are ready to present a terminated case or its equivalent to the Termination Seminar should contact the instructor of the seminar to be put on the schedule for presentation. Keep in mind that the schedule may fill up months in advance so contact the instructor in a timely manner.

Note that taking the Termination Seminar as a student is a requirement for graduation. Candidates do not need to have a case ready for termination at the time they take the Termination Seminar. Any candidate in the third year and beyond who has taken two years of a case conference (including the Fundamentals Year) and who has treated an analytic case for two years is eligible to take the seminar. This is separate from the requirement to present to the Termination Seminar and separate from the case conference requirement.

Appeals Process

The purpose of the Student Academic Appeals Policy and Procedure is to provide equitable and orderly processes by which to request reconsideration of a decision that affect the candidate's progression through the program.

The Dean or designee for the program where an academic decision was made is responsible for administering the appeals process. If the Dean is also serving in the role of supervisor, mentor, instructor or evaluator, the President will be assigned to the administrative role in the appeals process.

Procedure for Informal Resolution

The informal resolution process includes two possible steps:

1. The candidate will discuss the matter directly with the party who made or represented the academic decision (instructor, supervisor, Dean's Evaluation Committee representative, etc.) and make a reasonable effort to resolve the issue. The candidate must begin such an informal resolution process within 20 business days of receiving the academic decision.
2. If no resolution is reached through the first step, or if the candidate is not willing to resolve the issue directly with the appropriate party, the candidate should request informal resolution by the Dean. This step must occur within 30 business days of the student's receipt of the original academic decision. The Dean or designee does not play a decision-making role; rather, this person facilitates a resolution when possible.

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Procedure for Formal Appeal

A candidate may initiate a formal appeal of an academic or supervisory decision within 40 business days of receipt of the decision. The candidate submits a written appeal to the Dean or designee and includes in it:

- a full description of the academic or supervisory decision and the basis for the candidate's appeal for reconsideration,
- a statement of the remedy the candidate is seeking,

- any supporting documents, such as
 - evaluation;
 - evaluations of prior learning; and/or
 - written decisions made by the Dean's Evaluation Committees representative, supervisors or other faculty or staff.
- information on when and with whom the candidate attempted an informal resolution.

Review Process

1. Based on its initial review, the Dean or designee may return an appeal to the candidate for further information or clarification. If the appeal is returned for further information or clarification, the candidate must submit the requested information or revision within 10 business days for the appeal to be heard.
2. Upon review of the initial or resubmitted appeal, the Dean or designee may determine that there is no claim of unfairness or incorrect application of Institute policies is made or information to support such a claim is not included and rejects the appeal and/or refers the candidate to more appropriate policies, copying the primary academic or supervisory faculty member.
3. The Dean or designee should convey a decision not to hear an appeal within 5 business days of receiving the initial or resubmitted appeal.
4. If the appeal is accepted, the Dean or designee works with the candidate and the supervisor or faculty member to provide an appropriate remedy.
- 5. The Dean or designee's decision is final.**

REQUIREMENTS FOR GRADUATION

To qualify for graduation, candidates must complete the following prerequisites no later than three months in advance of the expected graduation date:

Coursework

Satisfactorily complete the psychoanalytic curriculum and elective course requirements.

Supervisory and Clinical Hours

Complete the required clinical work and number of hours of supervision.

Termination Seminar

Analyze one supervised case through to termination and present that case to the Termination Seminar or present a case to the Termination Seminar under the Five-Year Exception.

Terminated Case Report

Submit a final Case Report of a terminated case or a Five-Year Exception case that includes either the termination process or reflections on the status of the patient regarding the reasons for continuing the analysis and the way termination has or has not entered the analytic work.

Other Reports

Submit all Case Reports to the supervisor(s) and to the Supervised Case Treatment Record.

Financial

Pay all outstanding tuition and fees due.

Final Evaluation

The candidate's final evaluation by the Dean's Evaluation Committee will include a review of their overall work and recommendation for graduation. This recommendation will be reviewed and a final decision regarding graduation will be made by the Dean.

If all requirements have been met and approved by the Dean, graduation may take place at any time during the academic year.

REQUIRED DOCUMENTS

THE FOLLOWING DOCUMENTS ARE AVAILABLE IN ORBUND

<https://server7.orbund.com/> under Reference/Repository/Psychoanalytic Education Program-Candidate Resources.

Guidelines for Case Reports

Supervised Case Forms

- Agreement to Return Required Patient Release Forms
- Patient (Adult) Information Form I
- Patient (Child) Information Form I
- Patient (Adult and Child) Information Form II
- Consent for Release of Medical Responsibility
- Consent for Release of Medical Responsibility of a Minor
- Receipt of Notice of Privacy Practices Form
- Notice of Privacy Practices (HIPAA)
- Adult Consent for Evaluation and Treatment Form
- Child Consent for Evaluation and Treatment Form
- Consent for Release of Confidential Information of a Minor
- Case Closing Form
- Patient Registration Form for Institute Files
- Patient Session and Supervisor Report

Evaluation Forms

- Candidate's New Case Request Form
- Candidate's Status and Self-Report Form
- Psychoanalytic Scholar's Program Candidate's Status and Self-Report Form
- Application for Personal Analyst Status

Commented [3]: Did we make a decision about this document?

**THE FOLLOWING DOCUMENTS ARE AVAILABLE ON THE CHICAGO
PSYCHOANALYTIC INSTITUTE WEBSITE**

chicagoanalysis.org

Scroll down to the bottom of the first page to the Student Portal. The password is
Student2020

Forms found on the website are:

- Candidate New Case Request Form
- Leave of Absence Request Form
- Reduce to Part-Time Enrollment Request
- Tuition Payment Plan Request
- Candidate Status and Self Report

REFERENCES

The Ethics Casebook by the American Psychoanalytic Association (2017)

– can be located in the Helen McLean Library

[Principles and Standards of Ethics for Psychoanalysts \(APsaA\)](#)

Cincinnati Psychoanalytic Institute

GRADUATION TRACKS

CPI offers two educational tracks . . . The first confers the designation of adult psychoanalyst at graduation. The second leads to graduation as an adult psychoanalytic psychotherapist.

REQUIREMENTS FOR GRADUATION AS AN ADULT PSYCHOANALYST

1) A minimum of three analytic control/supervised cases

At least one case of each gender. One of the control cases can be an adolescent case for adult candidates without prior child psychotherapy experience, and a child or adolescent case for adult candidates who have prior child psychotherapy experience, if approved by the Dean.

Cases that will be credited toward meeting graduation requirements will be at least in the middle phase of treatment, with a clear analytic process underway and proceeding satisfactorily.

While it is desirable to have a planned, completed termination phase in one of the cases in one of the cases, this is no longer required. It is recommended that candidates who graduate without a case that has gone to a planned termination remain in consultation post-graduation through at least the completion of one case that involves a planned termination phase.

More than three cases are required in situations where the Progression Committee feels that the candidate is in need of further exposure in order to further his or her ongoing development and readiness for independent practice as a graduate analyst.

2) Regular consultation by Adult Supervising Analysts on each of the control/supervised cases until the time of graduation. This is typically weekly consultation well into middle phase work for at least the first two cases. (Graduate analysts frequently opt to continue getting clinical consultation on active analytic cases. This is especially important if the graduate analyst plans to apply for certification through APsA.) A criterion for graduation is his or hers consultants' assessments that the candidate has demonstrated competency in his or her functioning and thinking as an analyst.

3) Class attendance

Participation in the five years of classes that are part of the core adult analytic curriculum, attending 80% of classes or more, and completion of responses to all writing prompts that are part of those classes, in a way that demonstrates growth or analytic knowledge.

It is not uncommon that medical or life circumstances interfere with attendance. In situations where it is not possible for the candidate to attend 80% of the cases, the Dean and Curriculum Chair will work with the candidate to develop a plan for making up for the missed classes. This might involve paid tutorials with faculty members, attending classes with other candidate cohorts, or attending classes at other Institutes.

Between the completion of the fifth didactic year and the point of graduation, candidates will continue to attend a post-fifth didactic/ clinical seminar (attending a minimum of 80% of the seminars) or remain engaged in an alternative learning activity approved by the Dean.

4) Completion of all required write-ups These include an initial write-up, completed with the consultation of the supervisor prior to the start of the case, and annual write-ups that are reviewed and revised with consultation of the supervisor. Copies of the write-ups, with all identifying information removed, are submitted to the CPI office at the time of completion. Candidates are not permitted to start a new case until all write-ups concerning previous cases are completed. Completion of all required write-ups is also a condition for entering into the Colloquium process.

5) Progression in terms of analytic understanding and clinical technique, as demonstrated in the candidate's clinical work and as assessed by consultants and other faculty.

6) Completion of a clinical colloquium

The colloquium involves several meetings between the candidate and two faculty members who are not supervisors of the candidate's control/supervised cases. The purpose of the colloquium is to provide the candidate and the Progression Committee with an overview of the candidate's analytic development in terms of the technique and conceptual understanding. The colloquium is intended to have both educative and evaluative elements. Most candidates have found the meetings interesting and helpful, even when they are challenging.

The colloquium is optimally undertaken in the second half of the third year or the beginning of the fourth year of psychoanalytic training, after the candidate has two analytic cases that are in middle phase (optimally, but not necessarily, one patient of each gender). The colloquium is often, but not always, a two-part process, with a second meeting or set of meetings closer to or after the end of the fifth year of psychoanalytic training.

The colloquium involves write-ups of ongoing analytic work. Generally the candidate prepares a brief history and introduction to the case. This, along with detailed clinical material from two to three sessions with each patient, is usually distributed ahead of time to Colloquium Committee members. The number of meetings is determined by the two faculty members as the process unfolds, but it is not unusual for there to be three or more meetings.

7) Personal training analysis A fundamental requirement of analytic training is the candidate's personal analysis. It is generally expected that candidates remain in analysis at least through the middle phase of their analytic work with a few control cases, but each candidate's situation should be considered individually. The idea is that ongoing work in one's personal analysis can be very helpful, if not essential, as one begins working as an analyst oneself. CPI is a non-reporting institute, meaning that a candidate's personal analysis remains confidential and entirely separate from discussions of education and progression. That there is a personal analysis, and that it extends well into the period of one's training, is of importance educationally. What happens privately in one's personal analysis, however, has no bearing on educational decisions made by the Institute. CPI is a non-reporting Institute, meaning that the candidate's training analyst has no communication with the Institute other than informing the Institute of the start and end dates of the analysis, assuming that the analysis ends during

8) Leave of absence In situations involving prolonged periods during which the candidate is unable to participate in classes and/or regular consultation, the candidate will be asked to take a leave of absence until their situation allows for full resumption of participation in the training program.

9) Prompt payment of tuition is required for ongoing participation in the program. If a candidate becomes unable to keep up with tuition payments, he or she should contact the Dean and the

Administrative Director to discuss potential payment plans.

10) Ethical good standing is a requirement for continuation in the program. If an ethical complaint is filed that involves a candidate, he or she should seek consultation from the Chair of CPI's Ethics Committee and inform the Dean. This will only lead to dismissal from the program if it is deemed that the candidate's ethical functioning is compromised in a manner that will interfere with his or her functioning as a clinician.

PROVISIONAL REQUIREMENTS FOR CONFERRAL OF ADULT PSYCHOANALYTIC PSYCHOTHERAPY DESIGNATION

1) Regular consultation by Adult Supervising Analysts on control/supervised cases, and documentation and verbal report by the consultant(s) to the Progression Committee, indicating that the student has demonstrated proficiency as a psychoanalytically oriented psychotherapist.

2) Class attendance

Participation in the five years of classes that are part of the core adult analytic curriculum, attending 80% of classes or more, and completion of responses to all writing prompts that are part of those classes. It is not uncommon that medical or life circumstances interfere with attendance. In situations where it is not possible for the candidate to attend 80% of the cases, the Dean and Curriculum Chair will work with the candidate to develop a plan for making up for the missed classes. This might involve paid tutorials with faculty members, attending classes with other candidate cohorts, or attending classes at other Institutes. In situations involving prolonged periods during which the candidate is unable to participate in classes, the candidate will be asked to take a leave of absence until their situation allows for full resumption of participation in classes.



HANDBOOK FOR CANDIDATES

FALL 2020

Welcome to the Cleveland Psychoanalytic Center's (CPC) Psychoanalytic Training Program. The purpose of this handbook is to familiarize you with details of a psychoanalytic career, from beginning interest to graduation and postgraduate teaching opportunities. We hope the information included here will help prepare you for what to expect from our programs as you progress through training and beyond. We have confidence that our Training Program will provide you with a rich learning experience.

Beginning Training in the Psychoanalyst Training Program (PTP)

There are three basic components to the **Psychoanalyst Training Program** at the Cleveland Psychoanalytic Center. They are:

- 1) A personal psychoanalysis with a Training and Supervising Psychoanalyst of the candidate's choosing, at a fee established between the analyst and analysand;
- 2) Supervision of three psychoanalytic treatment cases including one of each gender (one can be a child psychoanalysis);

3) Four years of twice-weekly seminars on development, theory, and technique. These are supplemented by clinical case discussions over the entirety of the training experience.

Child and adolescent psychoanalytic training has the same requirements. Combined adult training with child and adolescent training is also available.

All of the three above components are required for participation in training. Ideally, there is considerable overlap in the components for maximal learning effect. We feel that full participation in all three components will lead to a successful training experience and will provide the candidate with the opportunity to develop an understanding of psychoanalysis, to acquire skills as a practicing psychoanalyst, and to grow professionally as a psychoanalyst in the community.

The **Education Committee**, or EC, provides the backbone of the Training Program. All decisions regarding Candidate education and training are made by the EC. The EC, which meets once a month, is comprised of Training and Supervising Analysts as well as graduate faculty members who are elected by the membership. The members of the EC work together to provide a psychoanalyst training program that meets the standards of the

American Psychoanalytic Association (APsaA) and the Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc), and that meets the expectations of the Cleveland psychoanalytic community.

The **Progression Committee**, which is a subcommittee of the EC, reviews the progression of candidates throughout their training and makes recommendations to the EC. The Progression Committee, which meets once a month, is comprised of members of the EC. Each candidate's progression is reviewed twice yearly by the Committee. The candidate can request to be informed of the date of his/her review. Supervisors report orally and in writing to the Committee regarding each candidate's progress. Course and case seminar instructors also report to the committee by narrative summary and an evaluation form for each course they teach.

Our Psychoanalyst Training Program is a "non-reporting" training program. This means that the candidate's psychoanalyst is removed from all discussion about the candidate's work. For instance, the candidate's analyst does not attend when the candidate is reviewed for progression; the analyst does not report on the candidate's progress in analysis; the analyst does not see any reports written on the candidate; and the analyst recuses

him/herself whenever the candidate comes up in discussion in the EC.

When a person is accepted into the Psychoanalyst Training Program and becomes a candidate, s/he chooses a **mentor** with whom to get started. **Any graduate member** of the Center may serve as a mentor; they do not have to be a Training and/or Supervising analyst. The mentor's role is to help the candidate get started in the community and to answer questions about practice development, setting up an office, or the PTP itself. There is no fee for the mentor. The same analyst cannot serve a dual role as mentor and supervisor, so if the mentor is a Supervising Analyst and is selected by the candidate to supervise a control case, then the candidate will be expected to choose a new mentor.

If the candidate has to wait for a period of time to begin the course work, there are activities in which the candidate can become involved. The mentor can help the candidate evaluate which activities might be best suited for the candidate. Candidates are invited and encouraged to participate in case seminars, seminars with visiting analysts, and workshops. Many workshops and educational programs are offered to candidates at a reduced cost.

For all candidates, regular attendance at PTP Seminars, Saturday Clinical Case Conferences, Continuous Case Conferences, Friday night Scientific Meetings, Saturday morning Candidate meetings with Visiting Speakers and Visiting Scholar Weekend is expected, with a minimum of at least 75% attendance for each activity. If candidates have religious, health, or other reasons why they cannot attend any of the required activities, they should inform the EC, so appropriate accommodations can be made.

As part of the training program we offer a **Dean of Candidates**, with whom the candidates can think through any problem that might arise. From time to time, the Dean might meet with the entire group. The Dean of Candidates is available to help candidates work out a plan in which a problem might be dealt with in a professional manner. For example, the Dean and candidate(s) might decide together to have the Dean talk with the EC, they might decide that the candidate should communicate with someone on the EC, or they might feel it would be appropriate for the candidate to seek consultation outside the Center.

Progression through training for the PTP Candidate

Once the training analysis and seminars are underway, candidates are encouraged to select a supervisor from the list of adult and/or child Supervising Analysts of the Center. They then can consider how to begin identifying and developing a suitable first supervised psychoanalysis (control case). When a case is ready, the candidate writes a 1-2 pp letter of request for consent to begin analytic work. The letter should contain a brief formulation of the case. In practice, it is the Progression Committee that considers the request in light of how a candidate is doing overall in their training. A summary recommendation is then presented to the EC itself for approval. If approved, the candidate submits the Candidate and Supervisor's Confirmation of Supervision form and may proceed with the case under supervision. This process should take place for each of the required supervised analyses. Advanced candidates, with prior approval of the EC, may consider an unsupervised case while completing their training.

Initial candidate supervision is weekly. It can be reduced as the supervisor and candidate evaluate the candidate's need for supervision and come to an agreement on frequency of supervisory meetings. The fee for supervision is arranged

between the candidate and supervisor.

The candidate's supervised analytic work of each case is presented once a year to the candidate group and a seminar leader assigned by the EC. Write-ups for these conferences are the subject of work in the PTP writing course, coordinated carefully to anticipate the scheduled presentation. Candidates are consulted about their individual schedules, so that the final schedule (distributed at the beginning of the academic year) is convenient for them. All reports and written material for classes, seminars, and presentations must be submitted two weeks ahead of time to the Administrative Coordinator of the Center, and in compliance with the format requested by the instructor, supervisor, or seminar leader.

For reasons of confidentiality, it is a matter of principle that absolutely no unencrypted clinical material should be sent electronically. Candidates are expected to submit any training-related documents containing clinical material (e.g. case reports for candidate case conferences and letters to the EC) in hard copy. If unusual circumstances require the use of electronic transmission, documents must be encrypted and password-protected. Also, we have concluded that Skype is not accepted by the Center as a confidential videoconferencing system and must

not be used in your training. In the event that teleconferencing is necessary for distance learning, the Center will provide suitably secure technology.

Feedback from the Progression Committee to the candidate is variable. Some, but not all, supervisors choose to share their written report ahead of time with candidates. After the meeting, supervisors share a general sense of the meeting with the candidate. If there are any concerns regarding the candidate's progression, these concerns will be addressed by one or more of the candidate's supervisors directly with the candidate. The goal is always to support progressive development of a sound psychoanalytic identity.

Progression toward graduation for the PTP Candidates

Each candidate is evaluated for **graduation** by the Progression Committee to determine the candidate's readiness to conduct a psychoanalytic treatment independently. This standard is compatible with the standards of the American Psychoanalytic Association and the Accreditation Council for Psychoanalytic Education, Inc.

The Progression Committee considers several areas when evaluating the candidate for graduation. Some of these areas are: evaluation and formulation of a psychoanalytic understanding of each patient; capacity to establish a therapeutic relationship; ability to make timely interpretations that deepen the treatment; recognition of, and useful responses to transference, countertransference, resistance, enactments, etc.; and understanding of theory and concepts and their application to clinical work.

To be considered for graduation, the candidate and each of his/her supervisors discuss their mutual assessment of the candidate's readiness for graduation. The candidate may then submit a written request to the EC stating his/her wish to graduate. Graduation is discussed first in the Progression Committee and then is reviewed by the EC. The candidate is informed of graduation by the Chair or Secretary of the EC.

Prior to graduation from the Center all fees from training must be paid in full.

Upon graduation the candidate is not required to complete any previously scheduled presentations but is welcome to present if s/he wishes to do so. The candidate is not required to continue

supervision or consultation for any cases. The candidate is advised to inform supervisors or consultants of his/her wish to terminate the supervision or consultation. It is recommended that graduates consider consultation in anticipation of the termination of one supervised case.

Transition to graduate analyst

Upon graduation we offer and encourage an interview with a member of the EC to review the educational experience. We also encourage each graduate to continue to be an active member in the psychoanalytic community in Cleveland and beyond.

Following graduation from the Psychoanalyst Training Program, a graduate analyst is encouraged to:

- Become an Active Member of the Cleveland Psychoanalytic Center,
- Join the Center's Faculty and begin teaching or co-teaching seminars,
- Join a study group as a way to continue one's own psychoanalytic education through discussions with colleagues,

- Contribute one's expertise to the Center's committees,
- Become an Active Member of the American Psychoanalytic Association, which will be notified of the graduate's status at the Center,
- Become Certified by the American Board of Psychoanalysis (ABP or ABPsa) in adult and/or child and adolescent psychoanalytic practice,
- Following certification, take steps toward becoming a Training and Supervising Analyst.

Certification

Certification is a post-graduate credential offered by the American Board of Psychoanalysis (ABP or ABPsa). For Cleveland trainees, there are two ways to become certified:

1. The first method, following graduation from the Program, involves submitting two formal case reports of psychoanalytic work to the ABP, one of a man, one of a woman, one of whom has terminated. Additionally, there is an in-person interview with

two Certification committee members at one of the national meetings, in January or June. This interview will review the write-ups and consider additional detailed notes from a third case. There is a similar process for certification in child and adolescent analysis, which is sometimes pursued simultaneously but can be obtained alone.

2. The second method is “Pre-graduation Certification.” An advanced candidate submits write-ups of two cases in mid-phase (can be of the same gender) and brings in process notes to an interview at a national meeting in which ABP meets. If successfully completed, the applicant is awarded Part I Certification. Upon graduation, and having a terminated case, the applicant can apply for Part II of certification. This entails presenting that one terminated case. This method allows for certification soon after graduation and capitalizes on the writing courses available in the PTP curriculum.

The Education Committee of the Cleveland Psychoanalytic Center strongly encourages candidates and graduates to pursue certification. It constitutes a rigorous peer review of clinical work. It provides a credential that is a source of distinction. It satisfies one requirement for further advancement in the field as a Training and Supervising Analyst. Other requirements include a rigorous

local review of a graduate analyst's practice and an intensive study of a case with an outside analyst from another institute.

The Early Admission Program (EA)

The Early Admission Program is for students interested in becoming psychoanalysts but are not yet eligible for or ready to commit to the PTP. Upon acceptance, Early Admission students will choose a mentor from the CPC Faculty who will work with them to choose how to best participate in the Program. The following opportunities are available to the student, based on his/her level of training and clinical experience:

- Supervision of psychotherapy cases by Supervising Analysts.
- Personal psychotherapy or psychoanalysis with a Training Analyst (those already engaged in a personal psychoanalysis with a waiver-eligible non-TA prior to admission may continue with that analyst).
- Participation in PTP seminars. When students matriculate to the PTP, they are potentially eligible to receive credit toward completion of PTP seminar requirements for courses already

taken. However, the EC may place limits on the courses for which a student may receive PTP credit, and there may be situations in which students are asked by the EC to repeat courses already taken. This may occur, for example, if course evaluations indicate that students did not master the material, if the Progression Committee deems it necessary to address gaps in the candidate's knowledge, if courses were not taken in an appropriate order, or if necessary, to provide a tripartite experience. Candidates will not be charged if asked to repeat a course they have already paid to attend. These decisions will be made by the EC on a case-by-case basis. Students should consult with their mentor and the EC when planning their course of study.

- Attendance is strongly encouraged at Candidate Saturday Clinical Case Conferences, Saturday Conferences with Visiting Analysts, and the Visiting Scholar Weekend.
- Membership in the CPC is strongly encouraged.

Early Admission students may not begin psychoanalytic control cases or attend Candidate Continuous Case Conferences.

Progression for Early Admissions students:

****The Progression Subcommittee will review each student's progress twice yearly.**

****When a student feels ready, s/he may apply to formally matriculate into the PTP and become officially a candidate in psychoanalytic training.**

Admissions into the EA program are now handled by Laura Steinberg, M.D., EC secretary. When the student feels ready to begin full training, their request will be handled by the Admissions Subcommittee of the EC with input from the Progression Committee. Details may be obtained from the chair of the Admissions subcommittee, currently Vera Camden, Ph.D.

ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Psychoanalytic Association and the Cleveland Psychoanalytic Center. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians.”

The American Psychoanalytic Association designates this Live Activity for a maximum of _____ AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IMPORTANT DISCLOSURE INFORMATION FOR ALL LEARNERS: None of the planners and presenters of this CME program have any relevant financial relationships to disclose.

The State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board has designated The Cleveland Psychoanalytic Center as Approved Provider RCS109510. This event provides one credit per hour of Continuing Professional Education to counselors and social workers only.

The Cleveland Psychoanalytic Center is approved by the Ohio Psychological Association-MCE Program to offer continuing education for psychologists. The Cleveland Psychoanalytic Center as Approved Provider 18PO-341019020, maintains responsibility for the program. This event provides one credit per hour of Continuing Professional Education to psychologists.

The Education Committee

September, 2018

Judy Pitlick, MA, LPCC, **Chair**

Laura Steinberg, MD, **Secretary**

Devra Adelstein, LISW-S

Norman Clemens, MD

Javier Galvez, MD

Beatrice Griffin, LISW, MSW, BCD

Anna Janicki, MD

Richard Lightbody, MD

Kay Q. McKenzie, MD

Joanne Naegele, MA, LPCC-S

Luis Ramirez, MD

Barbara Streeter, LPCC-S

Catherine Sullivan, LISW

Elisabetta Superchi

Sara Tucker, MD

Training and Supervising Analysts

Vera Camden, PhD: Adult TSA

Colleen Carney, PhD: Adult TSA [*practices in Pittsburgh PA*]

Anna Janicki, MD: Adult TSA

Richard Lightbody, MD: Adult TSA

Kay Q. McKenzie, MD: Adult TSA

Joanne Naegele, MA, LPCC-S: Adult/Child TSA

Arthur Rosenbaum, MD: Adult/Child TSA

Catherine Sullivan, LISW: Adult TSA

Child Supervising Analysts

Devra Adelstein, LISW-S: Child SA

Beatrice Griffin, LISW, MSW, BCD: Child SA

Judith L. Pitlick, MA, LPCC: Child SA

Barbara Streeter, LPCC-S: Child SA

Victoria Todd, LISW-S: Child SA

Emeritus Supervising Analysts

Norman Clemens, MD, emeritus (Supervision only)

Scott Dowling, MD: Emeritus Adult/Child TSA (Supervision only)

Murray Goldstone, MD: Emeritus Adult TSA (Supervision only)

Sara Tucker, MD: Emeritus Adult TSA (Supervision only)

Patricia Martin, MD: Emeritus Adult TSA (inactive)

TSA=Training and Supervising Analyst

SA=Supervising Analyst

Training Manual

for the academic year
2023-2024

The following is a comprehensive guide to the Columbia University Center for Psychoanalytic Training & Research, with special emphasis on our training programs in adult and child psychoanalysis. The information detailed below should be considered a general guideline to the Center's programs, policies, and procedures. Trainees' and faculty members' unique circumstances often merit review on an individual basis. If you have questions, please contact the Center's administrative team. We are eager to address your concerns.

The policies detailed in this manual are subject to change. The manual is updated once yearly; however, policy changes appear on the Center's website when they are implemented and are communicated to members via email.

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 - A. Remote training policies and resources
 - B. Didactic curriculum
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I. **Psychoanalytic training at the Center**

The adult and child psychoanalytic training programs at the Center represent Columbia's unique application of the standards for psychoanalytic education developed by the American Psychoanalytic Association (APsaA). At all APsaA institutes, psychoanalytic training involves the trainees' simultaneous participation in didactic coursework, supervised clinical work, and a personal analysis.

At Columbia we have designed our programs to enable trainees to achieve a specific set of skills and knowledge needed to conduct psychoanalysis and contribute to psychoanalytic scholarship. [These learning objectives are detailed on our website](#) and serve as the foundation of our teaching and assessment of trainees.

A. **Remote training policies**

Classes

In the 2023-2024 academic year, all Monday classes in the adult psychoanalysis training program will be held in person. All Thursday classes will be held remotely. Classes will be taught on our campus at the New York State Psychiatric Institute. Remote accommodations will be available to trainees who, for medical reasons, are at increased risk of severe COVID-19 or have an at-risk household member.

All classes in the Center's adult and child psychotherapy training programs and CAPE-ASC will be held via Zoom. Our Fellowship, Why Psychoanalysis seminars will be offered in person only.

For classes held on zoom, links to join will be found on the course's Courseworks page and on our website.

Zoom information for classes in our other training programs can be obtained from each program's Chair. [There are a number of resources available on the Center's website](#) to assist faculty members in optimizing their teaching for the Zoom classroom.

Trainees' clinical work, personal analyses, and supervision

From an educational and administrative standpoint, with regard to psychoanalytic and psychotherapy trainees' clinical work, personal analyses or psychotherapy, and supervision, the Center will not distinguish between work conducted in person and that conducted by telephone or video platform. This expansion in the ways trainees can gain credit for their work will remain in effect beyond the duration of the pandemic.

These policy changes derive from the findings of several in-depth surveys of the Center's faculty and trainees regarding the experience of emergency remote training at the Center and follow extensive discussions among members of the Training, Executive, and Steering Committees. [The findings of the most recent and extensive survey are available for review here.](#)

Choosing between in-person meetings and teleanalysis/teletherapy

The process of deciding how a clinician and patient will meet can be complex, and we encourage all members to approach it with the depth of thoughtfulness characteristic of their clinical work in general. In particular, we recommend the following:

- The wish to work via teleanalysis/teletherapy should be respected. If either party is not fully comfortable meeting in person, tele-treatment should be considered. If considering in-person work, trainees and faculty should carefully review the evolving safety guidelines provided by

the [CDC](#), [NY State](#) and [Columbia](#) to make thoughtful decisions about mask wearing and physical distancing while conducting a treatment.

- These decisions may need to be revisited over time as public health risks and recommendations change and as the therapeutic pair learns more about the implications of their choice through experience.
- As in all cases involving risk, safety concerns may be considered in the broader context of the balance of risks and benefits. Trainees, their patients, and their analysts/therapists should explore what they perceive as the similarities and differences between teletreatment and in-person work in their experience.
- A wish to continue working via tele treatment should not be approached purely as a resistance. As with any issues in a psychoanalytic treatment, there will be conscious and unconscious meanings at play for both the clinician and patient. These issues can be explored while working in the modality that is felt to be the most safe.
- In considering a return to in-person treatment, we should be mindful that power dynamics are always operative and thoughtfully examine our motivations (such as the wish to please the other) if deciding to meet in person.
- The reduction in commuting offered by teletreatment can have profound effects on the earning potential of trainees, the accessibility of training, and the quality of life of clinician and patient alike. These advantages go beyond mere convenience and deserve to be carefully weighed in considerations of the treatment modality of choice.
- Some may be in the process of making, or have already made decisions to continue via teletreatment indefinitely, with no plans to resume in-person clinical work. We recognize that this would represent a significant shift in

the treatment frame and encourage open discussion about the ramifications of these choices by the therapeutic pair.

- The Center's consulting analysts (Drs. Berger, Chriss, and Kravis) are available to provide consultations to candidates regarding their personal analyses in situations where these issues can not be resolved internal to the treatment.

B. Didactic Curriculum

Courses

With the exception of electives (of which candidates choose one of two offerings at a time) all courses offered in the psychoanalytic curriculum are required for graduation from the adult program as well as the traditional child and adolescent/emerging adulthood programs. Accelerated child candidates are required to take only the first two years of the adult curriculum.

Adult candidates who have met all other graduation criteria by the end of their fifth year Fall semester and who have taken all courses up to that point are not required to attend further classes. Those who have completed the full five-year curriculum but have not yet satisfied their other graduation requirements may choose to continue taking electives but are not required to do so.

Didactic teaching at Columbia emphasizes the importance of a solid grounding in classical theories, the development of each candidate's ability to think critically about psychoanalytic principles, and a thorough study of the principles of analytic

technique. In exposing our candidates both to the history of psychoanalytic knowledge and to the current frontiers of scholarship, we hope to train analysts who understand diverse points of view and controversies within psychoanalysis and who can think critically and creatively in regards to the development of new theories and clinical interventions. Our curriculum has five key components:

Psychoanalytic Theory

This four-year series of generally year-long classes begins with a study of the writings of Sigmund Freud.

Second and third year theory surveys the major schools of psychoanalytic thought from Anna Freud to the present, with segments on Ego Psychology, Klein and the Contemporary Kleinians, the British Independents, Self Psychology, American Object Relations Theory, Attachment Theory, Bion, Relational Theory and Intersubjectivity, Lacan and Laplanche, and Identity and Context in Theory Making.

There will be no fourth year theory classes in the 2023-2024 academic year. This will give the curriculum committee and a convened task force of faculty and candidates an opportunity to thoroughly and meaningfully revise the curriculum, with a goal of a stronger and more cohesive 4th year theory track. Because the 5th year curriculum does not have a theory track, this one year pause will not delay graduation for most candidates. The revised course will be piloted in 2024-2025, which 4th and 5th year candidates will take together.

Theory of Technique

In each of the first three years, candidates take courses that focus specifically on the understanding of psychoanalytic technique. Topics such as listening, transference, countertransference, resistance, and interpretation are explored

through the lenses of numerous theoretical perspectives at increasing levels of depth and sophistication. Learning is enhanced by the presentation of instructors' clinical material.

Psychoanalytic Process

Over the five year training program, candidates participate in a continuous sequence of process seminars. These seminars, divided into seven- or eight-week segments with specific topics, generally follow the micro-process of one candidate's analytic work with one patient or may include vignettes from several treatments contributed by candidates or faculty. Psychoanalytic sessions are presented to one or two faculty members and classroom discussion centers on specific elements of the clinical work related to the focus of the process course segment. Candidates may confer with instructors in preparing material for class discussion. Each candidate is expected to present process material during the course of training. Over the five years, candidates move from process segments that focus on early work in analysis to midphase and termination. Some of the process segment topics (such as termination) require graduates or faculty members to present process material.

Psychoanalytic Case Writing

The psychoanalytic case writing program helps candidates build the skills they need to formulate their cases, understand psychoanalytic process, and capture their work in writing. These skills are essential for one's own development as an analyst, communication with other analysts, and publication. This program has two key components:

- *Case summaries* - Candidates write up each of their ongoing analytic cases at the beginning of a treatment, annually each summer, and upon termination for discussion with their supervisors.

Initial summaries - At the start of the case, and no later than the third month of treatment, the candidate completes an initial summary focused on case formulation.

Annual summaries - At the end of each academic year the candidate writes a case summary that describes the analysis from the beginning. Annual summaries are written during the summer break to take advantage of the extra time available. First drafts of these summaries are due no later than the first day of classes in September. Trainees share their drafts with their supervisor by uploading them to Sigi, the Center's secure database. Supervisors and candidates read the work together and discuss it in depth. The candidate revises the write-up and uploads a final draft to Sigi no later than October 15th where it remains a permanent part of the trainee's academic record. The supervisor's evaluation of the trainee's written work is an important part of the semiannual supervisory assessment, a principal component of the trainee's academic record.

Termination summary - a complete case summary is written (and submitted as above) when a patient terminates the analysis.

Please see the website for a [complete description of these writing requirements](#), including outlines for each type of case summary and details regarding when an initial or termination summary takes the place of an annual summary.

- *Writing workshops* - Writing seminars are offered in the spring semester for year 1, and fall semesters in years 2-5. These required seminars provide an opportunity for candidates to share their work with colleagues and further

advance their writing skills. Candidates in writing 1 and writing 2 will complete in-class writing exercises. Candidates in writing 3, 4, or 5 will choose the final draft of their longest-running case's annual summary to present to their fellow candidates in the fall seminars. Individual attention to each other's writing is enhanced by a supportive and open atmosphere. Each curricular year expands upon what was taught the prior year, including specific attention to micro-process, macro-process, transference and countertransference arcs, and therapeutic action. Once the 4th year course has been completed, each candidate is assigned a writing mentor to support the development of the culminating case write-up for Writing 5 in the Fall of the fifth year.

Critical Thinking

Taught in several short blocks throughout the entire five-year curriculum, these classes explore areas of convergence and divergence among the various meta-psychologies and theories of technique covered in other classes. Topics include the relevance of child observation for psychoanalysis, theoretical pluralism, perspectives on technique, thinking about psychoanalytic theory and discourse, and perspectives on interpretation of unconscious conflict.

Additional Core Courses

In addition to the five tracks summarized above are a few key, required courses, including Child and Adolescent Development, Research and Psychoanalysis, Psychopathology, Core Concepts in Psychoanalysis, Diversity, Ethics, Evaluation of Patients for Psychoanalysis, Psychoanalysis and Pharmacology ("Combined Treatments"), and Psychotherapy for Analysts. Biannual core courses in Sexuality, Gender, and classroom teaching ("CAPE-Didactics") are offered in alternating years.

Electives

In the latter years of training, candidates choose among the electives that are offered on Monday mornings. Curriculum committee co-chairs solicit proposals from the faculty and choose the electives that will be offered. Recent electives have included Re-thinking Narcissism, Psychoanalytic Treatment of Depression, Bowlby's Contributions to Psychoanalysis, and Relational Perspectives in Psychoanalysis.

Independent Study/Tutorials

Candidates may use elective time to engage in independent study. In order to arrange this, candidates must find a faculty member to serve as advisor for the project and meet regularly with the candidate. They then present a formal, written proposal with intent, goals, and bibliography to the curriculum committee co-chairs for approval prior to beginning the tutorial.

Readings

Course syllabi and readings are accessible through [Courseworks](#). Assigned reading listed in Courseworks is made available to trainees through the site as a PDF or link to the text in the [PEP](#), the psychoanalytic publishing archive, if the article is indexed there. PEP resources comprise the leading psychoanalytic journals and many books and book chapters. Free access to PEP, as well as to the entire Columbia University library system, is a benefit of candidacy.

Attendance

Attendance is expected at all classes. Candidates who know they will be absent should notify the associate instructor (or the instructor, if the class does not have an associate instructor) in advance. If a candidate anticipates an extended absence (for vacation or family emergency, etc.), and especially if the

candidate will be missing multiple classes of the same course, the candidate should notify the chair of training to discuss issues related to receiving credit for that course. (See Leaves of Absence, below.)

Zoom classroom and in person classroom collegiality and confidentiality

Candidates benefit greatly from learning from each other as well as from their teachers. To make the most of the classroom experience, we encourage each candidate to complete the assigned readings and ask that candidates be respectful of one another and instructors during class discussions.

For zoom classes, we ask that all trainees and faculty keep their video on and microphone unmuted whenever possible to facilitate their engagement and participation in the conversation. Please silence your device's notifications and limit chat to the public thread during class.

Please ensure that your classmates and instructors cannot be heard by others in your environment by arranging for a private location in which to attend class or using headphones or earbuds. Candidates are expected to respect the confidentiality of all clinical material shared in class.

For all classes, if you find that the clinical material being presented in class involves someone you know, directly or indirectly, we ask that you discuss the matter with your instructor or course chair and recuse yourself from the class.

Assessment of the trainee's classwork

Each candidate's performance in class is evaluated at the end of the course or semester (for year-long courses) by the course instructors. Instructors evaluate the trainees' preparedness, attitude, participation, and understanding of the material. This

feedback is posted on Sigi where it becomes accessible to the trainee after the trainee has posted their own evaluation of the course.

Trainees' evaluations of their courses

All trainees are required to complete written student course evaluations at the end of each course and at midyear in year-long courses. These evaluations are essential to our efforts to improve our teaching.

Course evaluations can be found and completed on trainees' Sigi pages following the completion of each course (or at mid-year for year-long courses). Trainees' responses are anonymous. Course chairs receive an aggregated report of all trainee evaluations, and individual instructors receive an aggregated report of trainee evaluations of their own teaching. These evaluations are accessible to instructors only after they have submitted their trainees' classwork assessments.

In addition, candidates meet as a class at the end of each semester with a curriculum feedback representative. During these meetings, the representative reviews the semester's curriculum and solicits feedback on each class, instructor, associate instructor, course readings, and related materials. Candidate feedback (without attribution or identifying information) is presented to the curriculum committee co-chairs. These reports provide valuable information to the committee and contribute to substantial improvements in the curriculum. The curriculum feedback reps are appointed by the curriculum committee co-chairs.

C. Clinical Work

Candidates' supervised treatment of their analysands represents the heart of their clinical training at the Center.

Case finding and the case intake process

Candidates find control cases either by referral from the Center's Case Intake Committee or through their own private practice. A candidate initiates the process of evaluating a Center referral by requesting a new case on Sigi. All patients seeking analysis with a candidate, whether from the candidate's private practice or on referral from the Center, fill out a series of consent forms and self-assessment forms on Sigi and undergo a brief diagnostic interview prior to beginning analysis. The results of these evaluations are then made available to the candidate and supervisor, providing detailed diagnostic and descriptive information of the patient's capacities and challenges.

While all patients must complete this evaluation process, they may elect whether or not to be contacted regarding repeating the same measures at intervals during their treatment. Those who elect to do so will be making a contribution to psychoanalytic research at the Center.

The [Clinical Case Intake Manual](#) is an indispensable guide to the detailed policies and procedures governing control cases. It can be found on the Center's website and should be read carefully by all candidates.

Supervision

Candidates are encouraged to obtain as much supervision as possible during their time at the Center. Candidates meet with supervisors weekly and may use their supervision to assess the appropriateness for analysis of private cases and Center referrals, discuss ongoing psychodynamic psychotherapy cases

(for conversion to analysis or simply deepening the treatment), and work together on ongoing analyses. Candidates do not pay their supervisor—supervisors volunteer their time and efforts to the Center— but pay a twice yearly supervision fee which supports the Center (see Finances, below).

Requirements

Adult candidates are required to treat three different patients in three- to five-times-weekly analysis with three different supervisors over the course of their training. In their senior supervisory assessments, candidates are expected to achieve a minimum average rating of their achievement of the Center’s learning objectives midway between “meets goal” and “approaching goal” (this is the competency criterion for graduation). At a minimum, these treatments must total 60 months of supervised psychoanalysis with one of the treatments lasting at least 18 months (this is the exposure criterion).

Matching with a supervisor

Entering candidates are assigned their first supervisor in September of their first year. At the end of their first year, they submit their preferences for their second supervisor during the Spring Supervisor Match in June. At the end of their second year they again participate in the match to obtain their third Supervisor. Every effort is made to accommodate trainees’ supervisor requests. Matches are made to maximize the number of candidates getting their first choice and minimize the number of candidates getting their third choice. All things being equal, preference is given to candidates based on their seniority.

Candidates may speed or delay their second and third supervisor assignments. For example, a candidate with a patient ready for analysis prior to the spring match may request a new supervisor earlier. A candidate balancing outside work or

personal obligations or who has not yet found a case for their current supervisor may choose to delay matching with a new one. These requests should be made directly to the chair of training.

Changing supervisors

Candidates usually continue with each supervisor from the time of their match until graduation, in light of the benefits of continued collaboration over years, but this is not required. Candidates may elect to change the supervisor to whom they are presenting a case at any time if they feel a new perspective would be beneficial to their learning.

Occasionally a trainee does not feel that a particular supervision is advancing their learning. Problems in supervision should first be discussed with the supervisor. If problems persist, a candidate is encouraged to seek advice from others, including other candidates and supervisors, their mentor, the candidate representative, the co-chairs of the faculty advancement committee, and the chair of training. In order to make a change, the trainee contacts the chair of training who arranges for a new match based on the trainee's preferences.

All trainees are encouraged to switch supervisors if making a change is in the best interests of their psychoanalytic education. Candidates who are considering a change in supervisor are encouraged to discuss this with their mentor or reach out to one of the Training Chairs to discuss different possibilities.

Independent Clinical Work

Near the end of training, some senior candidates may be motivated to add independent clinical work in psychoanalysis to their requirements for graduation. Once a candidate meets the following criteria they may begin independent clinical work.

- 1) **Coursework Requirement:** The candidate has completed the first six semesters of the adult psychoanalytic curriculum.
- 2) **Exposure requirement:** The candidate has had a case run continuously for at least 18 months. They need not yet have met the graduation criteria for 60 months total. Unsupervised months, however, do not count toward the exposure requirement for graduation.
- 3) **Competency Requirement:** The candidate has received an average score midway between “approaching goal” and “meets goal” on their most recent senior supervisory assessments.

Candidates who meet these criteria may

- 1) Start a new analytic case without supervision,
- 2) Switch to “as needed” supervision on one case if they remain in at least one other ongoing weekly supervision of an analytic case, or
- 3) Conclude one supervision of an ongoing case (i.e. elect to continue to see the patient without supervision), if the candidate is in 2 or more supervisions. Those who are in 4 or more supervisions may consider ending their work with up to 2 supervisors. Candidates who have only one case in supervision are not eligible for this option.

Note:

- 1) We offer supervision on all cases through the completion of training and encourage candidates to continue in multiple supervisions.
- 2) Candidates seeking to begin independent work who do not meet the three requirements stated here may appeal to the Training Committee for an exception to this policy.

Case summaries

As described above, candidates write up each of their analytic cases several times over the course of a treatment for review by their supervisors. Candidates complete an initial summary within three months of starting a new treatment. Candidates complete an annual summary at the end of each academic year, which describes the analysis from the beginning. Finally, candidates write a complete case summary when a patient ends the analysis. Discussing the formulation of the patient and the understanding of the analytic process captured in these summaries are essential components of the supervision.

Monthly supervision reports

Candidates are responsible for recording their supervised work in Sigi each month by filing a monthly supervisory report. It is essential that these reports are filled out in a timely way. Monthly reports are the program's sole documentation of the candidate's work in supervision. It is only by filing these reports that candidates obtain credit for their analytic work towards their exposure requirement.

Supervisory assessments

We believe that our trainees learn best when we identify as clearly as possible the skills and knowledge we hope they will acquire and then offer frequent, detailed feedback about their progress towards achieving those objectives.

We encourage all trainees to read our [Learning Objectives for Clinical Psychoanalysis](#), found on our website. These objectives describe our goals for trainees at three different stages of their education: first year, intermediate years (2-3), and senior years (4 and beyond).

No analyst, no matter how experienced, can meet all of these goals all of the time. Instead, in evaluating our trainees' work,

we look for a candidate's ability to employ a widening repertoire of emerging skills with growing confidence and at increasing frequency.

At the end of each semester, candidates receive a written assessment of their work from each of their supervisors via Sigi. The candidate should read the assessment prior to their next supervision and discuss it with their supervisor at that next meeting. The supervisor may then revise the assessment based on that discussion and file the final version as a part of the trainee's academic record. These assessments detail in writing the candidate's progress towards achieving the necessary skills to conduct a psychoanalysis competently and independently.

In reporting on the trainee's progress toward meeting specific learning objectives, the supervisor may choose among five levels of achievement defined as follows:

- Exceeds goal – The trainee has mastered this aspect of analytic work.
- Meets goal – The trainee has developed the capacity to perform this skill and employs it most of the time when given an opportunity.
- Approaching goal – The trainee is developing the capacity to perform this skill and has begun to employ it on occasion.
- Emergent skill – The trainee has shown early signs of developing this skill.
- Having difficulty – The trainee has not yet demonstrated the skill in question and may have a special challenge in this area.
- Supervisors who do not have enough experience with a trainee to make an informed assessment of a particular goal may mark a sixth option - Cannot assess.

Following the form's submission, each supervisor receives the assessments of the trainee's other supervisors. Completed assessments are reviewed by the chair of training and remain accessible to trainees throughout their candidacy on their Sigi page.

Determinations of a candidate's achievement of the competency requirement for graduation rest upon these written assessments. An average score midway between “approaching goal” and “meets goal” or above is considered to indicate sufficient command of analytic knowledge and skills to qualify a senior candidate for graduation.

First year candidates who are also PGY4s

Candidates who combine their first year of analytic training with the fourth year of their psychiatry residency conduct all of their clinical work under the auspices of their residents' clinic and may start an analytic case in their first year with approval from their clinic director.

The residency assigns these trainees a supervisor who does double-duty as a residency and Center supervisor for the year. At the end of the year, depending upon the first supervisor's availability, the candidate may match with a new supervisor through the spring match, continue with the first supervisor, or both.

While no first year candidates pay the Center's supervision fee in their Fall semester, first years who are also PGY4s also do not pay a supervision fee in the Spring of their first year, as their supervision is a benefit of their residency training.

D. Candidates' Psychoanalytic Treatment

Requirements

Candidates must be in analysis with a graduate of Columbia, NYPSI, or PANY who has been designated as a training analyst by that institute. ([Information on waivers](#), occasionally granted to those already in established treatments with graduates of these institutes who are not training analysts or with designated training analysts at other institutes, is available on our website.)

All candidates must begin their own analysis on or before the beginning of their first semester of classes and at least six months prior to starting their first psychoanalytic training case. Candidates' psychoanalyses take place at a frequency of four times weekly, although we recognize that occasional, time-limited modifications of the frame, including changes in frequency and the use of the couch, may be necessary from time to time. At a minimum, it is expected that candidates' analyses will overlap significantly with their clinical casework and will continue throughout most of their years in training.

Fees and reimbursement

Candidates and their analysts establish the fee for their work privately. Candidates may opt to purchase Columbia student health insurance which reimburses students 70% of the "reasonable and customary" psychotherapy fees (defined by Aetna as 105% of the Medicare rates).

Changing analysts

Occasionally candidates choose to change their analyst. Naturally, problems in an analysis should always be addressed within the analysis itself. Candidates who wish to change their

training analyst may also explore this decision with others of their choosing, including their orientation or training mentor, the co-chairs of the faculty advancement committee, the chair of training, the director, or anyone else at the Center with whom they feel comfortable. In addition, candidates may also avail themselves of a private and free consultation on their analysis (described below). Because undergoing an analysis is a requirement of analytic training at the Center, the chair of training must be informed if a candidate changes their analyst during training.

Referrals and Consultations

We offer referrals to analysts as well as consultations on ongoing treatments to all applicants and candidates free of charge. Those interested may contact any one of three senior analysts at the Center to arrange a first meeting. Conversations with the consultant are entirely private and confidential. Trainees may choose to meet with any of the following three consultants and should contact them directly to initiate a consultation: Brenda Berger PhD, Natasha Chriss MD, and Nathan Kravis MD. In some cases, the candidate and consultant may consider the possibility of the candidate consulting with an analyst outside the Center.

Confidentiality

All aspects of the content of a candidate's analysis remain confidential. The analysis is often referred to as "non-reporting" for this reason. The only information reported by the analyst, requested twice yearly via Sigi, is whether the treatment is ongoing, temporarily suspended, or ended.

Candidates' analysts and the classroom

Occasionally a candidate's analyst may be an instructor in a required class. The decision to participate together in a course of the didactic curriculum by candidates and their analyst is a complex one and should be explored in the analysis. Trainees, in conversation with their analyst, may choose not to attend the class. In that case, the trainee should approach the co-chairs of the curriculum committee to make an alternative arrangement for learning the material.

E. Mentorship and advising

The Mentor Program was developed to enhance candidates' educational experience by providing a unique advisory relationship with a faculty member while expanding their career development resources and opportunities. The Program's aim is to promote a mutually meaningful, professional relationship for candidates and mentors. Mentors provide support, guidance, and career resources to assist in the development of candidates' analytic identities.

Candidates begin training with an orientation mentor assigned by the mentor program chair. In the Spring of their 1st year, candidates provide a list of choices to the chair for the selection of a training mentor, with whom they will work for the remainder of their training. Candidates may find it useful to seek out recommendations from faculty, peers, or the chair if they want assistance in generating their list of choices or may opt to ask their orientation mentors to continue on as their training mentors.

Contacts for mentorship pairs include welcoming/orienting candidates to the program, regular meetings and check-ins throughout candidacy, and planning for graduation and post-training Center involvement. At a minimum, Fall and

Spring meetings and a mid-year check-in during each year of training is expected.

The mentor role is a “non-reporting” one, meaning that the discussions between mentor and candidate are confidential. To avoid conflict in providing support or advocacy functions, the mentor does not participate in decisions regarding a candidate’s advancement through training or their readiness for graduation. If issues do arise for candidates, they may invite their mentors’ general assistance and/or their direct participation on the candidate’s behalf.

Mentorship is an opportunity for candidates to make more or less use of depending on their interests and needs over the course of training. Once training mentor pairings have been established, candidates and mentors define the tenor of their relationship and how they actualize their goals. Given that candidates are a diverse group of busy adult learners with varied interests and career aspirations, some may welcome a supportive ongoing conversation about issues pertinent to candidacy while others may opt for less in the way of guidance and support.

Mentors may be particularly helpful in empowering candidates to seek out educational opportunities by sharing their own particular expertise about theory, treatment modalities and clinical populations, by extending their professional networks for collaboration, by encouraging candidate participation at the Center, and by informing candidates about local and national/international events and opportunities.

F. Child and Adolescent/Emerging Adulthood Psychoanalytic Training

The training programs in child and adolescent/emerging adulthood psychoanalysis prepare candidates to assess and treat individuals in different phases of development—from the oedipal phase through young adulthood—via immersion in their personal analyses, supervised analytic work with a variety of young patients, and classroom-based study. The programs offer a modern psychoanalytic approach to child and adolescent treatment, which exposes trainees to classical literature and thinking while integrating contemporary views and findings from neighboring fields (e.g., attachment theory, empirical child research, etc.).

The child and adolescent/emerging adulthood curriculum begins with the Development course required of all adult and child candidates. The child-specific curriculum spans two academic years and covers assessment for analysis, countertransference, interpretation and insight, establishing an analytic alliance and relationship, play therapy, adaptation of analytic technique for different age groups, managing aggression, child and adolescent psychopathology, and working with parents. Teaching includes an ongoing process group in which child and adolescent case material is presented and discussed. Classes are held on Thursday nights, and for the 2023-2024 academic year, will be conducted remotely, on Zoom.

Candidates who are interested in pursuing child and adolescent analytic training can elect to participate in one of the following programs: Traditional Child Analytic Program (a program that is combined with adult training), Accelerated Child-Only Analytic Program, or Adolescent/Emerging Adult Analytic Program (also combined with adult training).

Coursework

Candidates in the accelerated child program take the first two years of the adult curriculum as well as the separate two-year child curriculum. The traditional child candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the two-year child curriculum. The adolescent/emerging adulthood candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the second year of the child curriculum. The first year of the child curriculum may be taken but is not required.

Clinical work

Accelerated child candidates conduct a minimum of 36 months of analyses at a frequency of three to five times weekly, with at least three cases, each supervised by a child supervising analyst. At least one case must involve the medium of play. It is strongly recommended but not required that these cases reflect exposure to the following: a pre or early latency child (3-7 years), a latency or preadolescent child (8-12 years), and an adolescent or emerging adult (13-24). It is also recommended that all of these cases not be of the same gender. It is strongly recommended that the candidate gain exposure to at least one case with a minimum 18-month duration.

The traditional child program candidate satisfies both the adult (60 months total/18 months longest case) and the accelerated child clinical requirements as detailed above. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the child program if that treatment is supervised by a Child Supervising Analyst.

In addition to satisfying the adult program requirements, candidates in the adolescent/emerging adulthood program conduct a minimum of 30 months of analyses at a frequency of

three to five times weekly with at least two different patients (between the ages of 13 and 24 at the start of treatment) and supervisors. It is recommended that at least one of these cases has lasted at least 18 months. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the adolescent/emerging adult program. At least one of these cases must have been supervised by a Child Supervising Analyst. It is recommended that all of these cases not be of the same gender.

Please contact the child division chair, Pamela Meersand, PhD, for additional information about these programs.

G. Learning Challenges, Ethics, Discipline, and Adjudication

We expect that our trainees and faculty, as members of the Columbia University community, will uphold the highest standards of respect, integrity, and civility. These core values are key components of the university experience and reflect the community's expectations of its members. (For more information, please see the [University's website](#).)

If a trainee is experiencing significant obstacles in learning, or a trainee or teacher experiences another member of the community as not upholding these standards, the problem should be addressed directly with that member. If the matter is not resolved, the Center has in place a four-tiered system of intervention, decision making, and appeal:

1. Matters between teacher and student are first referred back to the teacher and student to resolve with facilitation by the chair of training, if necessary. We encourage those involved to address the matter directly and attempt to arrive at a resolution jointly.

2. Any matter not resolved at that level should be referred to the training committee (see Committees below) for exploration and resolution.
3. Should the training committee's resolution not be satisfactory to any of the parties involved, the matter may be appealed to the Center's director.
4. Anyone wishing to appeal the director's decision may initiate an external appeal to the Department of Psychiatry's Vice Chair for Education, Melissa Arbuckle, MD.

H. Graduation Requirements

Trainees may proceed at their own pace through our training programs in psychoanalysis. When they have met the following criteria, candidates will be approved for graduation from the adult program (see above for child program graduation requirements):

Competency

The Candidate has met Columbia's senior level learning objectives as demonstrated by their supervisors' assessments of the preceding semester. (For example, a trainee whose Fall semester assessments attest to their having met this requirement will be eligible to graduate at the end of the following Spring semester.) In their senior supervisory assessments, competency is defined as a minimum average rating midway between "meets goal" and "approaching goal" of the Center's learning objectives. If supervisor assessments do not agree regarding the trainee's competency, the supervisors

will be asked to meet and reach a consensus. If a consensus cannot be reached or if the trainee does not agree with the consensus, the matter will be referred to the training committee to resolve.

Exposure

The Candidate has conducted a minimum of 60 months of analyses at a frequency of three to five times weekly with at least three different patients and supervisors. At least one of these cases has lasted at least 18 months.

Coursework

The Candidate has completed all required courses offered in the four and one half year curriculum.

Writing

The Candidate has completed all writing assignments both required for their clinical cases and the writing curriculum.

Good standing

The Candidate is in good ethical standing, has filed all necessary paperwork, and has no outstanding financial obligations to the Center.

I. Finances

Tuition

Tuition, set by the University, changes yearly, typically increasing by 3%, and is approximately \$5700.00 per year. Payments are made in advance of each semester. Trainees taking only one or two of the three course slots in the first

through fourth year (Monday mornings, Monday afternoons, and Thursday afternoons), or only one course slot of the two in the fifth year (Monday mornings and Monday afternoons) pay one half of the basic tuition per semester. Candidates who have completed their course work but have not been granted the program certificate are assessed a \$500 continuing registration charge per term. Additionally, Columbia University charges each student enrolled in our program a CUMC network fee of \$218 per semester. Late registration and withdrawals after the start of a semester are possible and can be arranged through Madrid Poultney but may result in financial penalties. Please note that the registrar's office sends statements and notices to candidates via their Columbia email addresses only.

Supervision fees

In addition to tuition, trainees pay a fee to the Center for the provision of supervision. Currently, all candidates pay \$1,803 in advance of each semester, regardless of their number of ongoing supervisions and cases, with the following exceptions:

- all first year candidates pay no supervision fee for the Fall semester of their first year,
- first year candidates who are also PGY4 residents pay no supervision fees in the Fall and Spring semesters of their first year,
- some trainees who joined the Center in the Fall of 2019 or earlier have elected to continue paying supervision fees through the old system. Under that system, candidates remit to the Center the amount they collect from their analysands each month, up to a maximum of \$320 per analysand per month.

When candidates change to part-time status or take a leave of absence from classes while continuing their supervision, they continue to pay this fee in full each semester.

Malpractice Insurance

Each candidate must have malpractice insurance and must provide a copy of the certificate annually to the Center. If the candidate is a member of the American Psychoanalytic Association, the candidate may be eligible for psychoanalysts' malpractice insurance which is less expensive than most other malpractice insurance. Contact the American Psychoanalytic Association for information.

Financial Aid

The Center offers various scholarship and loan programs. Once accepted for training, all candidates are eligible to apply for these loans or scholarships to help them finance psychoanalytic training. To apply for a need-based scholarship or loan from the Center, please complete and submit the [financial aid questionnaire](#) found on our website.

- Roger A. Mackinnon, M.D. and Adele R. Levy Scholarship Funds- These funds provide grants to candidates based on need. The income generated by these endowed funds is distributed to candidates who apply for assistance in proportion to their financial needs. Candidates apply for grants in the summer and receive a determination prior to the start of the academic year.
- Margaret Morgan Lawrence, M.D. Psychoanalytic Scholarship Fund - This new scholarship fund, created to honor the memory of Columbia's and the nation's first Black psychoanalyst, provides full tuition support to a deserving candidate for the entirety of their training in an effort to increase access to psychoanalytic training to Black clinicians. The scholarship is need-based. Current funding supports only one MML scholar annually.

- Adele R. Levy Loan Fund - Candidates demonstrating financial need may borrow annually an amount less than or equal to full tuition up to a total indebtedness of \$22,500 from this fund, established exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. The annual interest rate is 5 percent. During training, candidates pay interest-only, at the end of each year. Following training, there is a grace period of six months, after which the loan principal and interest must be repaid within a maximum of five years. The minimum monthly payment is \$300.
- Poe Loan Fund - This loan is administered by the Association for Psychoanalytic Medicine. Candidates may borrow up to a total of \$1,500 interest-free from this fund, which was set up exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. This loan must be repaid over a two-year period beginning two years after completion of training. Contact W. Craig Tomlinson, M.D. for information about applying.
- American Psychoanalytic Association Candidate Assistance Fund - The Candidate Assistance Fund of the American Psychoanalytic Association provides loans up to \$5,000 to candidates training to be psychoanalysts. The loans, to be repaid within a maximum of six years, are made from a revolving fund so repayment is critical in order to continue making loans. Currently, between five and seven loans are made annually. Any questions should be addressed to APsA.
- Federal Direct Unsubsidized Stafford Loan And Graduate Plus Loan Programs - If you are at least a half-time student in the adult and/or child psychoanalysis training program and a US Citizen or permanent resident, these

loans can help you meet your educational expenses. Neither loan is 'subsidized' and interest accrues from disbursement. Interest rates are established each year, and once set apply for the life of that year's loan – i.e. it's a fixed interest rate. The lender is the US Department of Education. The annual loan limit for the Unsub Stafford for graduate students is \$20,500. If you did not attend medical school, the total debt allowed for graduate or professional study is \$138,500 (of which no more than \$65,500 may be in Subsidized Federal Direct Stafford Loans). The graduate debt limit includes any Federal Direct Stafford loans received prior to matriculation here. If you attended medical school the cumulative limit is \$224,000. The Grad PLUS loan allows you to borrow up to the cost of attendance less any other financial aid you receive. This loan has no cumulative limit. Repayment begins 6 months after graduation or if you drop below half-time student status. For more information, please contact the Office of Student Financial Aid and Planning for the College of Physicians & Surgeons at 212-305-4100.

Additional Information - As required by the U.S. Department of Education, information on gainful employment for graduates of the Certificate in Psychoanalytic Medicine program is available. Please see our website.

J. Part Time Study and Leaves of Absence

At the Center we welcome adult learners with busy professional and personal lives. The wealth of our trainees' life experiences and work outside the Center enriches our program immeasurably, and we strive to support trainees' efforts to advance their learning while also meeting their other

commitments and goals. We strongly encourage trainees to enroll full-time; our curriculum is designed so that a given curricular year's technique, process, writing and theory courses work in concert to coordinate and to reinforce both content and process. But in some cases a trainee's schedule cannot accommodate a full course load. In such cases trainees may choose to complete their course work on a part-time basis or take a leave of absence.

Part-time status

Trainees wishing to go part-time may do so for one or more semesters. Typically trainees choose to take either the two Monday classes in a given semester or the one Thursday class. They then take the other classes the following academic year. There is no limit to the number of semesters a candidate can take on a part-time status.

Leaves of absence

Trainees can temporarily withdraw from class work by taking a Voluntary Leave of Absence. Trainees sometimes request a leave for family or medical reasons (such as the birth of a child, the illness of a family member, or their own health reasons) or because of a significant but time-limited change in their professional responsibilities.

A leave for part of a semester or longer should be arranged prior to the start of that semester. Trainees on leave for an entire semester do not register for courses and do not pay tuition (they are however responsible for the continuing registration and supervision fees). Trainees requesting leave status after the start of a semester may not be able to get fully reimbursed for tuition already paid.

Trainees taking a leave for less than a full semester typically register for courses, pay tuition, and obtain credit for the courses if they keep up with coursework by making special arrangements with their course chairs, independently doing readings and reviewing lecture notes, and at times meeting privately with instructors following their leave.

All courses missed during a leave must be taken prior to graduation.

A leave may be extended as long as two years. After that time a trainee will be considered to have withdrawn from the training program and may reapply to the program should they wish to resume their studies.

This information supplements the general information on [Voluntary Leaves of Absence at Columbia](#).

Clinical commitments

Trainees' responsibilities to their analytic patients are not affected by their change in class registration status. Whether trainees opt to take classes on a part-time basis or to take a leave of absence, they are expected to continue their analysands' treatment. This includes continuing in supervision with their supervising analyst for each ongoing control case.

If a trainee must take a leave from their practice as well as from their classroom work, as in the case of a family or medical leave, they are expected to arrange for their control case patients' clinical needs to be met by a colleague during their absence.

Trainees who do not have a case in analysis may suspend their supervision during their leave from classes. Should they choose to do so, as they have no ongoing educational activities at the

Center, they are considered on a full LOA from the University. They do not pay a supervision fee or a \$500 per semester registration fee. They may continue participation in Columbia University Student Health Insurance for up to two semesters. Other University benefits are not available during an official leave.

Trainees who continue in supervision during a leave from classes are considered matriculated Columbia students. They continue to pay supervision fees and their \$500 registration fee and, accordingly, they may continue their enrollment in Columbia Student Health Insurance beyond the two semester maximum for trainees on a leave from all educational activities.

How to change your status

Candidates considering changing their status from full-time to part-time or taking a Leave of Absence, should consider discussing their decision with their Mentor, supervisors, and/or the Chair of Training. Once a candidate has made a decision to change status, they must fill out a [Change of Status Notification Form](#) in advance of specific filing deadlines (below). This form will be reviewed by the Training Chairs, who will contact the candidate to discuss any relevant issues and advise the candidate on how to proceed to make the change depending upon the particulars of their situation.

Bear in mind

Please bear in mind that the Center does not offer classes when enrollment falls below four trainees. In the event of below minimum enrollment, courses for all candidates in the affected curricular year are canceled, resulting in significant disruption to the training of candidates and the schedules of faculty members. In these instances, we do our best to reorganize the curriculum so that learning can continue for as many trainees

as possible. Please note that a course that a trainee is not able to take one year may not be offered the next for similar reasons, which can result in prolonging a trainee's completion of the curriculum.

Notification Deadlines

To enable us to make the necessary curriculum adjustment and meet the needs of as many trainees as possible, we must require that notifications of part-time status or a Leave meet the following deadlines:

For a change in the upcoming Fall semester enrollment, the [Change of Status Notification Form](#) must be submitted **no later than April 30th** of the same calendar year.

For a change in the upcoming Spring semester enrollment, the [Change of Status Notification Form](#) must be submitted **no later than October 31st** of the prior calendar year.

Occasionally, unforeseen circumstances that make it impossible for you to continue full-time enrollment may arise after a filing deadline. If this is the case, you may make a waiver request directly to the Training Chairs, and the Training Committee will work with you to address your circumstances as best as possible.

K. Schedule and calendar

Classes - For training years 1-3, adult psychoanalytic program classes meet on Mondays 11-12:45pm and 1:30-3:00pm and on Thursdays 1-2:45pm. In the 2023-2024 academic year, fourth

year and fifth year classes in the adult psychoanalytic program will only meet on Mondays, as the fourth year theory track is being revised. In the 2024-2025 academic year, fifth year candidates will take fifth year Monday classes and complete the Theory 4 track on Thursdays.

Monday lunch meetings 12:45-1:30 - The Candidate Organization meets during the Monday lunch break at least once monthly, chaired by the co-presidents of the candidate organization. Lunch is provided when these meetings are held in-person at the Center.

Fall Welcome Dinner and Graduation Reception – These two Center-wide events are hosted annually, bookending the academic year and providing an opportunity for all members of the Center to come together for community and celebration. The Fall Welcome Dinner is held on a Monday evening in September. All community members are invited to welcome trainees joining all of the Center’s programs. The Graduation Reception is held on a Monday evening in June to celebrate the graduation of all trainees. Awards for community members are presented. Those graduating are invited to bring one guest.

Center Open House – organized by the recruitment committee, this winter evening gathering at the home of a Center member is an opportunity for prospective applicants to get information about the Center’s various training programs and to meet graduates and trainees. All trainees are encouraged to attend and discuss their experiences with the applicants.

Yearly academic calendar with holidays – a complete calendar can always be found [on the Center website](#).

II. Communication and resources

A. Sigi

Sigi is the Center's database, a portal through which all Center members submit their work and track their progress through training, and the point of entry for all analytic patients to treatment at the Center.

All trainees in all of our programs have their own Sigi page and can obtain their login credentials from Madrid Poultney.

Psychoanalytic candidates are expected to go to their Sigi home page at least once a month where they can:

- fill out monthly supervision reports, creating the record of their supervised clinical work,
- request a new control case,
- upload their case summaries which are then transmitted to their supervisors,
- complete and submit evaluations of their courses,
- read assessments of their work by supervisors and instructors,
- track their progress toward meeting their graduation requirements,
- find a complete list of the courses they are registered for and those they have yet to take, and more.

Patients seeking treatment at the Center, whether through our evaluation service or as trainees' private patients, go to Sigi to fill out their consent forms and a set of structured clinical assessments. The results of these assessments, which also include a structured clinical interview conducted remotely, are conveyed to the trainee responsible for the patient's care.

Instructors and supervisors go to Sigi to complete classwork and supervisory assessments of their trainees, review trainees'

written work, and to read the anonymized evaluations of their teaching by their trainees.

B. UNIs

All adult and child psychoanalytic candidates and all Columbia-appointed faculty are assigned a unique identifying code, or UNI, which consists of their initials followed by a number. Trainees and faculty use this code and their own password to sign into many of the resources below, including the Columbia libraries and Courseworks. Columbia requires users to change their UNI password every 6 months. Reminders to do so are sent only to members' Columbia email address. (Psychotherapy trainees and fellows are not assigned UNIs.)

C. Emailing

CUMC email addresses

All psychoanalytic candidates and Columbia-appointed faculty are provided a Columbia email address using the Microsoft Exchange email client. The prefix of one's address is their UNI. Users create a password for the email address which they must change every six months (this password is separate from the UNI password). The exchange is "cumc.columbia.edu."

Emails sent among users with cumc.columbia.edu email addresses are secure and HIPAA-compliant. To securely email those with addresses outside the CUMC exchange system, add "#encrypt" to the email's subject line. The recipient will create a password to access the secure email on Columbia's HIPAA-compliant server.

While some candidates don't use their CUMC exchange address as their primary address, **it is crucial to check it regularly and maintain it.** The registrar's office sends essential statements and notices to candidates and faculty only at this address. Reminders to change UNI and Exchange passwords are sent via this address. Failure to change passwords on time can result in a loss of access to many essential Columbia services and termination of faculty appointments.

Official Center emails

The Center sends its official emails to all members via the Mailchimp platform. Members may use any email address they wish to receive these communications, although using the CUMC exchange address is strongly recommended. To set or change the address you would like to use, contact Madrid Poultney.

Center listservs

The Center hosts a number of listservs designed to facilitate communication among our members. Post to these lists are not monitored or moderated by the Center, with the exception of the referrals and offices list, postings to which must be on topic and observe patient privacy. Only those eligible to join each list are able to view the postings of their colleagues. Hence, postings to the candidate listserv are not viewed by Center faculty or administration. Listservs include:

cptrapmcommunity - for all members of the Center and APM community

cptrtrainees - for trainees in all of the Center's many programs

cptrcandidates - for trainees in the adult, child, and adolescent psychoanalytic training programs only

cptrreferralandoffices - for seeking referrals for patients and the posting of available or sought offices

To subscribe, address an email to listserv@alipes.cumc.columbia.edu. In the body of the email enter “SUB” followed by the name of the listserv you would like to join, as written above (e.g. “SUB cptrtrainees”). Send the email from the account you wish to subscribe. You will get an automatic response, and when you reply to that email your request will be sent to Madrid Poultney, who will approve your subscription.

You can subscribe using any email address you like. If you choose not to use a cumc.columbia.edu account, the message to confirm your subscription may go to your junk mail or spam folder. Please check that folder shortly after sending your subscription request.

Once you are subscribed, you will be able to post yourself using an email address based on the name of the list formatted as listname@lists.cumc.columbia.edu, e.g., cptrapmcommunity@lists.cumc.columbia.edu. We hope you will join the conversation!

We ask that all those who post to our lists read and respect the [Online Community Guidelines](#) established by APsaA.

D. Website

The Center’s website, psychoanalysis.columbia.edu, provides comprehensive information about the Center to candidates and faculty, as well as to the public and potential trainees. Check the website for information about our training programs, evaluation service, research, courses, committees, people, upcoming events and more. The “People” feature provides contact and other information about faculty and trainees.

We strongly encourage all trainees to submit information for their own page on our website. Contact Madrid Poultney for more information.

E. Courseworks

Detailed information about all adult psychoanalytic program classes can be found at courseworks.columbia.edu, a tool that gives candidates and faculty online access to syllabi, links to readings, lecture notes, and other class media. You can access the Courseworks pages of past classes by paging to prior semesters' listings.

F. Libraries and databases

All of Columbia's many [libraries and online databases](#), including PEP, Medline, and PsychInfo, are accessible to psychoanalytic candidates and Columbia-appointed faculty. When resources are not available through these sites, Madrid Poultney can arrange for interlibrary loans.

G. Student Health Insurance

Among the benefits available to psychoanalytic candidates is participation in [Columbia's Student Health Insurance](#). Candidates may enroll for a fee (per semester) and may remain enrolled if they take a leave of absence. Candidates may opt to cover themselves, a spouse, and their children.

Columbia Student Health Insurance is a PPO paired with a student health center on the Columbia Health Sciences campus. Trainees can go to the student health center for

primary care visits and referrals within the network. These services typically require a small copay.

Alternatively, trainees can see out-of-network providers of their own choosing without obtaining a referral from the Columbia primary care provider. These services are reimbursed as out-of-network expenses, typically at 70% of the reasonable and customary fee.

The Fall open enrollment period begins on August 1st, and the deadline to enroll is September 30th. Coverage under the plan begins on August 15th. Trainees can enroll outside of the open enrollment period if they experience a "qualifying life change event."

III. Additional Educational and Training Programs at the Center

A. Adult Psychodynamic Psychotherapy Program

The Adult Psychodynamic Psychotherapy Program (PPP) is a two-year clinical training program open to clinicians in a number of disciplines (including psychiatrists, psychologists, nurse practitioners, and social workers) residing throughout the United States. Taught remotely, the program provides an in-depth introduction to psychoanalytic models of the mind and treatment and their application to psychoanalytically oriented psychotherapy. Trainees attend Monday evening courses via video and meet weekly with supervisors to discuss their clinical work. Anand Desai, MD & Michele Rosenberg, MD: outgoing chairs; David Schab, MD & Elhav Wienstein, MD: incoming Chairs.

B. Transference Focused Psychotherapy

This two-year remote program provides training in a manualized, twice-weekly exploratory and evidence-based psychotherapy modality for the treatment of personality disorders developed by members of the Center's faculty. Past students in this program have found that it helped them get beyond impasses with some of their most challenging patients and begin to make progress. The program is open to clinicians in a number of disciplines living in the US as well as internationally. Eve Caligor, MD, Barry Stern, PhD, Frank Yeomans, MD, Co-Chairs

C. Child Psychotherapy Training: Child and Adolescent Psychodynamic Psychotherapy (CAPP) and Parent-Infant Psychotherapy (PIP)

The Center's 2-year child psychotherapy training takes place on Monday evenings, and is jointly directed by Wendy Turchin, MD and Talia Hatzor, PhD. We offer two distinct tracks that share a core introductory curriculum and then diverge to provide intensive instruction in either parent and infant treatments (PIP) or child/adolescent psychotherapy (CAPP); these are described separately below. Participants in both programs share an initial semester of classes that explore the following topics: core concepts in psychodynamic therapies; psychoanalytically-informed theories of development and psychopathology; principles of assessment and treatment with children; work with parents; and the role of culture, race, and ethnicity in child therapy. After completing this first series, the two groups separate and pursue their specialties, occasionally joining together for case presentations and discussions. Potential students should apply to the individual program, either PIP or CAPP, that best aligns with their scholarly and clinical interests and goals.

1. *Child and Adolescent Psychodynamic Psychotherapy (CAPP)*

The Child and Adolescent Psychodynamic Psychotherapy program, under the direction of Wendy Turchin, MD, is an intensive two-year clinical training in the theory and technique of psychodynamic interventions with children, adolescents and emerging adults. Instructors are primarily drawn from child faculty at the Columbia Center for Psychoanalytic Training and Research; in addition, we benefit from guest presenters who bring expertise in specific topics. CAPP provides each participant with weekly individual supervision (times to be arranged between student and supervisor). Classes take place on Monday nights, from 8-9:30PM; assigned readings draw from both traditional and contemporary papers on psychodynamically-oriented theories of development, psychopathology and child practice. A foundational component of CAPP class work is the presentation of child case material, by faculty and students, and discussion.

In our first year, we focus on issues pertaining to the development, assessment and treatment of young children whose therapy is conducted primarily through the medium of play; then, we advance chronologically to cover middle childhood and preadolescence. The developmental challenges and treatment of adolescents and emerging adults is examined in the second year. Special topics are woven into the curriculum, such as working with parents, current considerations in the treatment of gender diverse youth, and newer models of psychodynamically-derived intervention.

CAPP welcomes child practitioners at all levels of their career who wish to deepen their knowledge and skill via small seminars, individual supervision and lively

discussions with a community of dedicated child clinicians. Participants may include licensed psychiatrists, psychologists, social workers and nurse practitioners with backgrounds in child work (e.g., child fellowship or internship). Those interested in learning more about CAPP should contact Wendy Turchin, MD, at either 212 706-1957 or wendyturchin@gmail.com

2. *The Parent-Infant Program (PIP)*

The Parent-Infant Program, under the direction of Talia Hatzor, PhD, provides an intensive two-year training in the normal development and disorders of infancy and toddlerhood, with a focus on parent-child relationships and treatments. A foundational component of this program involves weekly one-hour in-home baby observation; this unique experience, wherein PIP participants follow a newborn through the first two years of life, is based on the internationally renowned Tavistock method. In addition, each student will be assigned an individual supervisor and will gain experience in intervening with a parent-child dyad. We facilitate matching PIP participants with both the infant observation settings and with their clinical placements.

Monday evening coursework comprises two sections. The first class, from 6:00-7:30 PM, is a seminar devoted to the ongoing experience of infant observation. The second class, which is shared with CAPP participants for the first semester, meets from 8:00-9:30 and is organized around a series of scholarly and clinical topics. In year 1, we read and discuss a range of psychoanalytic and attachment-based theories about early mental life, and begin to examine dyadic and other interventions that enhance parent-infant relationships and support babies' developmental progression. Our syllabus includes readings from and conversations about major theorists

and researchers (e.g., Winnicott, Mahler, Klein, Bowlby, Stern, Main, Fonagy). In year 2, we look more closely at the potential challenges and psychopathologies of parenting and early childhood, including topics such as problems of pregnancy and the postpartum period, grief and mourning in very young children, the emergence of separation anxieties, intergenerational trauma, and disorders of eating and sleeping.

The parent-infant program welcomes clinicians and scholars from a number of backgrounds who are interested in gaining in-depth knowledge of and experience with 0-3 populations and their parents; past participants have included psychologists, psychiatrists, social workers, occupational therapists, and pediatricians. Talia Hatzor PhD, Chair.

D. Psychology Externship

A program of the Psychology Division (Juliette Meyer, PhD, Chair; Brian Smith, PhD, Admissions Coordinator; Eileen Kavanagh, MD, Medical Director), this one year program combines clinical experience and supervision with participation in adult psychoanalytic classwork and is open to advanced graduate students (PhD or PsyD) in clinical psychology.

Psychology externs attend select courses with Center psychoanalytic candidates, are in supervision with the Center's psychology faculty members, and conduct twice-weekly psychodynamic psychotherapy treatments with outpatients overseen by Eileen Kavanagh, MD, Director of the PI Residents Clinic (PIRC) at NYSPI/CUMC. Externs, chosen on the basis of a competitive admissions process, bring to their experience at the Center a considerable background in psychodynamic theory, psychological testing, and research methods.

E. Psychoanalytic Fellowship

Designed to introduce those considering psychoanalytic training to the Center, its faculty, and psychoanalytic thinking, this selective program is one year in length. Fellows attend monthly Why Psychoanalysis meetings and a Great Ideas in Psychoanalysis seminar just for them. They meet individually with a fellowship mentor and participate in selected center-wide academic activities. Daniel Chrzanowski MD and John Burton, MD, Co-Chairs

F. Affiliate Scholars Program

This selective program provides an opportunity for those outside the health professions to deepen their understanding of psychoanalytic thinking for the purpose of advancing their own writing and research projects. Affiliate Scholars enroll in two classes per semester; it is a one-year program, though Affiliate Scholars often choose to add a second year. In consultation with a faculty advisor, Affiliate Scholars create a course of study tailored to their individual interests and the project they are engaged in. They participate in classes along with psychoanalysts-in-training, creating an interdisciplinary atmosphere that is intellectually enlivening for all.

We welcome applications from writers and scholars in the humanities, arts, sciences and social sciences. Affiliate Scholars include authors, research scientists, professors, fellows and graduate students.

Katherine Dalsimer, Ph.D., Chair

G. Why Psychoanalysis

Run by the Center's recruitment committee (Sarah Jane Grossbard, MD, Michelle Merrill, MD, Alexandra Sacks, MD), this open, monthly seminar introduces early career psychologists and psychiatrists, medical students, graduate students, and psychiatry residents to psychoanalysis through the presentations of cases by faculty and candidates. At these seminars, Columbia psychoanalysts present clinical material with the goal of highlighting key psychodynamic and psychoanalytic concepts and helping participants develop psychoanalytic listening skills, including the capacity to appreciate multiple meanings and multiple determinants in patients' words and actions.

H. CAPE-Analyzing & Supervising Candidates (ASC)

This two year training program prepares graduates of the Center to supervise and analyze psychoanalytic candidates. The program includes monthly seminars, monthly individual supervision (for which participants pay privately), and monthly peer supervision meetings. [Information on eligibility](#) is detailed on the Center's website. Ruth Graver, MD and Sharone Ornstein MD, Co-Chairs.

I. CAPE-Didactics

Holly Schneier, MD, Chair

This program is designed to promote excellence in classroom teaching for and by our trainees. It includes a workshop-style course, designed and taught by Dr. Deborah Cabaniss, in teaching techniques for senior psychoanalytic candidates, a program of orientation and enrichment for Associate Instructors, and professional development activities for the Center's teaching faculty.

J. Creedmoor Psychodynamic Psychiatry Residency Curriculum

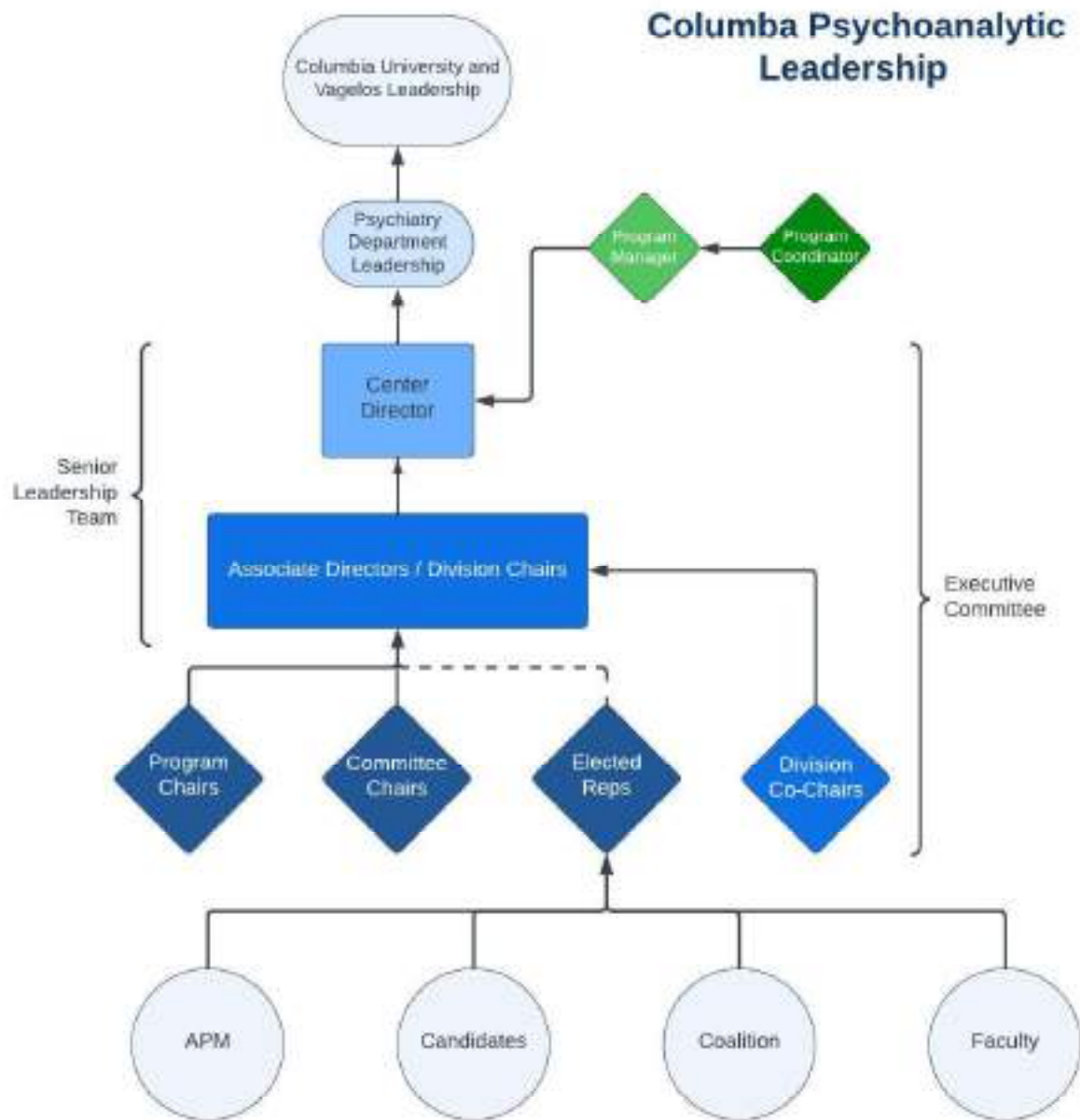
The Center provides a three-year weekly course in psychodynamic psychiatry to Creedmoor residents. These courses are taught by Center faculty to residents remotely or at the Psychiatric Institute. Yael Holoshitz, Chair; Emma Golkin, Co-Chair

K. Psychoanalytic Studies

Adele Tutter, MD, PhD; Chair

IV. Organization of the Center

A. Organizational Chart (See Next Page)



B. Director

the chief academic and executive officer of the Center. The director is appointed by the chair of the psychiatry department.

The director is responsible for all academic and research programs, the Center's finances and operations, and the relationship of the Center to the Department of Psychiatry, the Medical Center, the University, and all outside organizations.
Justin Richardson, MD

C. Senior Leadership Team

Composed of Dr. Richardson and the Center's Associate Directors, each of whom chairs one of the Center's Divisions:
Shirin Ali, MD, Yael Holoshitz, MD, and Alicia Rojas, MD - Associate Directors and Co-Chairs of Training
Eve Caligor, MD - Associate Director and Chair, Psychotherapy Division
Pamela Meersand, PhD - Associate Director and Chair of Psychology Division
Aaron Reliford, MD - Associate Director and Chair, Diversity, Equity, Inclusion & Belonging
Barry Stern, PhD - Chair, Psychology

This group represents the Center's core leadership. The Senior Leadership Team (SLT) develops strategies, priorities, and communications for community-wide review and involvement, mindful of Center history while exploring opportunities for innovation. Important priorities include building belonging among our members through the ethical practices of equity and inclusion, promoting analytic inquiry, curiosity, and humility, collaborating with other psychoanalytic entities, and increasing utilization of our resources at Columbia University. The SLT meets bimonthly.

D. Divisions and Division Leadership

The Center divides its principal activities across five Divisions, each chaired by one or more of the Center's associate directors. The activities of the Divisions overlap with one another and are mutually reinforcing.

Training Division

Oversees all training programs at the Center, functioning as the Center's academic "deans". The chairs of training head the Training Committee, which comprises many members of the executive committee, including the chairs of CAPE, Case Intake, Curriculum, and Mentorship. Shirin Ali, MD; Yael Holoshitz, MD; Alicia Rojas, MD

Psychotherapy Division

Studies and provides training in psychotherapeutic treatments derived from psychoanalytic models of the mind, psychopathology and treatment. Provides a 14-week psychotherapy course (Psychotherapy for Analysts) for advanced candidates and offers a series of courses focusing on the application of psychoanalytic principles to the treatment of patients who are not suitable for analytic treatment. The Division is responsible for directing the Center's psychotherapy training including programs in Adult Psychodynamic Psychotherapy (PPP), Transference Focused Psychotherapy (TFP) and Psychodynamic Psychotherapy for Creedmoor Residents. Eve Caligor, MD Chair: Michele Rosenberg, MD, Anna Schwartz, MD, and Barry Stern, PhD, Co-Chairs.

Child Division

Responsible for directing Columbia's training programs in child and adolescent psychoanalysis and psychotherapy, including the Traditional Child and Adolescent Psychoanalysis Program, Accelerate Child and Adolescent Psychoanalysis Program, and the Adolescent and Emerging Adulthood Psychoanalysis Program (all offered in collaboration with New York Psychoanalytic) and the Psychoanalytic Association of New York) and the Center's psychotherapy programs in Child and Adolescent Psychodynamic Psychotherapy and Parent Infant Psychotherapy. Pamela Meersand, PhD, Chair, Timothy Rice, MD, Co-Chair

Psychology Division

The Psychology Division represents the interests of the psychologist-members of the Center community. Primary functions of the Division are to organize and run a year-long externship program for two senior PhD or PsyD students in Clinical Psychology; promote the participation of psychologists in the full range of Center opportunities; and facilitate community building among psychology faculty, candidates and trainees. The Division also participates in the recruitment of psychologists to Center programs and offers a forum for the Center psychology faculty to discuss common interests. Barry Stern, PhD, Chair, Jay Crosby, PhD, Co-Chair

Division of Diversity, Equity, Inclusion, and Belonging (DEIB) *Aaron Reliford, MD, Chair; Mona Jain, MD, Co-Chair*

This Division works in collaboration with all of the Center's divisions, committees, and programs to promote the principles of diversity, equity, inclusion, and belonging throughout all of the Center's activities with special emphasis on collaborating with Recruitment, Curriculum and Training. This Division develops a wide range of programming in the form of community dialogues and retreats focusing on the relationships among teaching, learning, and race and lead the activities of the Center's outside consultants in DEIB.

They work to help any and all members of the Center to process incidents of exclusion and microaggression, and to help organize support for the affected individual. The Division works to further the mission of developing an organizational conscience against supremacy in all its forms and the way such attitudes are embedded within institutions and the harms they cause to all minority members of our community.

E. Executive Committee

The broader leadership team and principal governing body of the Center, this committee is composed of the director, associate directors of the Center, the division co-chairs (see below), chairs of all committees and training programs, and elected representatives to the Executive Committee: The Association of Psychoanalytic Medicine (APM) president, and president-elect, three elected faculty representatives, representative from the Coalition of Concerned Analysts of Color, and the co-presidents of the Candidate Organization. The Executive Committee meets monthly.

F. Program Manager and Program Coordinator

Madrid Poultney and Chris Doherty

Manage all administrative issues for trainees and faculty. This includes, but is not limited to, providing the interface between the Center and the community, serving as liaison between trainees and the Bursar and Registrar's offices, collecting and distributing assessments of trainees and teachers, managing the academic schedule and and resources available to the community including Sigi, CourseWorks, PEPweb, etc.

G. Committees and Committee Chairs

Faculty members are appointed by the Center director to serve as chairs and co-chairs of the Center's many committees. These appointments last for the five years of a director's term. At the end of that term, committee members complete their term and new Chairs are appointed.

Admissions Committee - Jill Jacobson, MD, Chair - The admissions committee evaluates all applicants for psychoanalytic training through a series of interviews and review of written materials submitted by the applicant. The admissions committee makes a recommendation to accept,

defer, or reject an applicant to the executive committee (EC) and the EC makes the final decision.

Advancement Committee - Susan C. Vaughan, MD, Chair - The Advancement Committee seeks to grow the financial resources of the Center through fundraising to support student financial aid and other efforts.

Case Intake Committee - Abby Mulkeen, MD and Maya Stowe, MD, Co-Chairs - this committee is responsible for overseeing the initiation of all candidate control cases, whether they apply for treatment through the Center or originate in the candidate's private practice. Candidates may choose whether to ask the Evaluation Service for a case to treat or to find the case in their own practice. The Evaluation Service makes every attempt to refer incoming patients for evaluation to candidates who are eager to begin new cases. The [policies and procedures of the Evaluation Service](#) can be found on our website and should be reviewed by all candidates.

Colleague Assistance Committee - Kevin Kelly, MD and Edith Cooper, PhD, Co-Chairs. Providing help and support to Center members facing personal and professional challenges.

Columbia Academy for Psychoanalytic Educators (CAPE)
Sabrina Cherry, MD – career development
Ruth Graver, MD – analyzing and supervising candidates
Sharone Ornstein, MD – analyzing and supervising candidates
Holly Schneier, MD – didactics

Oversees the training of the Center's supervisors and training analysts through the CAPE-ASC program and promotes their ongoing work and development as faculty members. Responsibilities also include consulting to the chair of training on the assignment of supervisors, answering training analyst

waiver requests, and acting in general as a resource for the Center's supervisors and analysts for candidates.

Provides for the training and continuing education of all of the Center's classroom teachers, including running the CAPE-Didactics training program for advanced candidates.

Curriculum Committee - Alison Brown, PhD, Natasha Chriss, MD, Bernadine Han, MD, Co-Chairs - oversees all of the didactic teaching of candidates. This includes outlining the core curriculum, making teaching appointments, reviewing course and faculty evaluations, overseeing the development of electives, and responding to changing educational needs with curricular innovations. This committee typically includes candidates among its members.

Ethics Committee - John Barnhill, MD, Chair - consults to the Executive Committee on various matters involving questions of professional and clinical ethics in collaboration with University resources.

Mentorship Committee - Jane Halperin PhD, MS, Chair -With the aims of fostering candidates' professional growth and affiliation with our Center community, the Mentor Program provides faculty mentors to support, guide and enhance career resources/opportunities for candidates during psychoanalytic training and early postgraduate period. The goal is a mutually meaningful, professional relationship for candidate and mentor.

Nominations, Promotions, Awards and Appointments (NAPA) Committee- David Gutman, MD & Sandra Park, MD, Co-Chairs
The NAPA Committee meets regularly to propose recipients for the many awards and honors bestowed by the Center and nationally. We also help faculty secure appropriate teaching appointments at the Center for their work.

Public Outreach Committee - Brenda Berger, PhD, Chair - produces public lectures and panel discussions which examine topics of interest to the broader community from a psychoanalytic perspective. The Committee shares an interest in connecting psychoanalytic thinking to the compelling contemporary issues. Members have backgrounds in literature, communications, law and other fields and share the mission of widening the engagement of analysts through conversation with members of the public as well as academics and experts in other disciplines.

Recruitment Committee – Michelle Merrill, MD and Alexandra Sacks, MD, Co-Chairs- this committee connects potential trainees with the Center’s training programs in psychoanalysis and psychotherapy. The Committee produces the annual Open House event and runs "Why Psychoanalysis?" Candidate members serve on this committee.

Training Committee - Shirin Ali, MD; Yael Holoshitz, MD; Alicia Rojas, MD, MD, Co-Chairs - comprises the chairs of Curriculum, Columbia Academy for Psychoanalytic Educators, Mentorship Committee, Case Intake Committee. This committee is responsible for creating and implementing educational policy across the Center and addressing the individual concerns of the Center’s trainees and teachers.

H. Programs Chairs

1. Adult Psychodynamic Psychotherapy Program (PPP): Anand Desai, MD & Michele Rosenberg, MD (outgoing Co-Chairs); David Schab, MD & Elhav Weinstein, MD (incoming Co-Chairs)
1. Child and Adolescent Psychodynamic Psychotherapy Program (CAPP): Wendy Turchin, MD, Chair

2. Parent-Infant Psychotherapy Program (PIP): Talia Hatzor, PhD, Chair
3. Psychoanalytic Fellowship: Daniel Chrzanowski MD and John Burton, MD, Co-Chairs
4. Psychology Externship: Juliette Meyer, PhD, Chair, Brian Smith, PhD, Admissions Coordinator; Eileen Kavanagh, MD, Medical Director
5. Psychodynamic Psychotherapy for Creedmoor Residents: Yael Holoshitz, MD, Chair; Emma Golkin, MD, Co-Chair
6. Transference Focused Psychotherapy Program (TFP): Eve Caligor, MD, Barry Stern, PhD, Frank Yeomans, MD, Co-Chairs
7. Why Psychoanalysis: Sarah Jane Grossbard, MD; Michelle Merrill, MD; Alexandra Sacks, MD
8. CAPE-ASC- Ruth Graver, MD & Sharone Ornstein, MD, Co-Chairs
9. CAPE- Didactics, Holly Schneier, MD, Chair
10. CAPE- Post-Graduate, Sabrina Cherry, MD, Chair
11. Psychoanalytic Studies Program, Adele Tutter, MD, PhD, Chair
12. Affiliate Scholars Program: Katherine Dalsimer, PhD, Chair

I. Constituent Groups with Elected Representative to the Executive Committee

1. *The Association for Psychoanalytic Medicine (APM)* is the Center's graduate association. It provides a variety of collegial and scientific activities. These include a monthly scientific meeting on the first Tuesday of each month (trainees are welcome), the Sandor Rado Advanced Psychoanalytic Seminars (RAPS Groups) covering a wide range of topics, an annual winter "Movie Night" (dinner and film screening followed by a faculty member's presentation and audience discussion at the Thalia

Theater when in-person meetings are possible), and the annual Rado Lecture (a scholarly presentation by a selected faculty member). The APM publishes a Bulletin periodically, as well as sponsoring other special events including mini-courses and symposia. President, David Lindy, MD; president-elect, W. Craig Tomlinson, M.D.

2. *The Candidate Organization* - provides a forum throughout candidacy to discuss many aspects of the experience of psychoanalytic training. The CO is led by Co-Presidents, two candidates elected by the candidate body, and meets twice monthly during the Monday lunch break between classes. On the first Monday of the month the candidates meet amongst themselves. The CO often invites faculty members from the various committees to Monday lunches to learn about changes or updates that affect candidate experience and to discuss issues of interest or concern to the candidates. The CO aims to enrich the candidate experience by enhancing peer and inter-class communication, creating a space for candidates to support one another and to collaborate, identifying challenges or difficulties arising in training and working towards creative solutions, and by enhancing communication between candidates and the faculty and administration. The CO selects a recipient of the Howard Klar Teacher of the Year Award to recognize a faculty member who has been a particularly excellent instructor. The CO also identifies candidates each year who are interested in serving on various committees (such as, Curriculum and Recruitment). The CO may also organize social events. Rosemary Busch Conn, MD and Rebecca Nejat MD, Co-Presidents.

3. *Coalition of Concerned Analysts of Color* - an organization of Center trainees and faculty members of color with the stated goals of:

- a) Providing a safe space for POC's to gather.
 - b) Acting as the racial conscience of our Center community.
 - c) Contributing to scholarship in the field.
- Aerin Hyun, M.D., PhD, representative.

4. *Faculty Representatives*—three faculty members, elected by the faculty for staggered three year terms who serve as liaisons between the faculty and the Executive Committee. Hillery Bosworth, MD; Shabnam Shakibaie Smith, MD; and Laura Whitman, MD.

J. Teaching Faculty and Mentors

Supervisors - Center faculty members who have been designated as training and supervising analysts or supervising analysts each work with up to three supervisees throughout the candidates' training. Supervisors work on a voluntary basis.

Course chairs - Course chairs are faculty members who run individual courses, are responsible for curricular development of their course, and oversee teachers, material, readings, and yearly schedules. Course chairs have a yearly faculty meeting in which they review curriculum for their course and also gather feedback on each candidate's classroom performance.

Instructors - Instructors are members of the teaching faculty of the Center selected to teach in the classroom. Most courses have a number of instructors who make up the faculty of that course. Faculty often begin as associate instructors and then take on greater teaching responsibilities as openings arise in their course. Occasionally, a more senior faculty member is brought in as an Instructor in an individual course without first being an associate instructor.

Associate Instructors - The associate instructor of a course is usually a recent graduate who serves both to coordinate the logistics of the course (i.e. readings, evaluations, case presenters, attendance) and to provide continuity over the length of the course. Associate instructors are selected by course chairs in collaboration with the curriculum committee through an open process. All associate instructor openings are announced widely and all members are encouraged to apply. Applicants are interviewed by the course chairs. Associate instructors new to teaching develop their teaching skills through this position and through participation in CAPE-Didactics.

Mentors – Beginning with an assigned orientation mentor and continuing with the candidate’s selection of a training mentor during candidacy and the early post-graduation period, faculty mentors provide support, guidance, career development resources and advocacy. The mentor-mentee relationship is private and confidential.

V. Research at the Center

A. Coursework

“Research and Psychoanalysis” is taught in the Fall semester of the 2nd year of psychoanalytic training and reviews empirical research on topics in psychoanalytic education, practice and meta-psychology. Each class is taught by the researcher who has actually done the work and the discussion addresses content, methodology, and writing for publication.

B. Center Projects and Studies

Research topics currently being pursued include functional neuroimaging tasks to understand transference and internal representations, pre-post neuroimaging of psychotherapy and psychoanalysis, psychoanalytic treatment by candidates, a

prospective study of professional development in the psychoanalytic post-graduate years and other topics in psychoanalytic metapsychology and treatment.

Training Manual

for the academic year
2021-2022

The following is a comprehensive guide to the Columbia University Center for Psychoanalytic Training & Research, with special emphasis on our training programs in adult and child psychoanalysis. The information detailed below should be considered a general guideline to the Center's programs, policies, and procedures. Trainees' and faculty members' unique circumstances often merit review on an individual basis. If you have questions, please contact the Center's administrative team. We are eager to address your concerns.

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I. Psychoanalytic training at the Center

The adult and child psychoanalytic training programs at the Center represent Columbia's unique application of the standards for psychoanalytic education developed by the American Psychoanalytic Association (APsaA). At all APsaA institutes, psychoanalytic training involves the trainees' simultaneous participation in didactic coursework, supervised clinical work, and a personal analysis.

At Columbia we have designed our programs to enable trainees to achieve a specific set of skills and knowledge needed to conduct psychoanalysis and contribute to psychoanalytic scholarship. [These learning objectives are detailed on our website](#) and serve as the foundation of our teaching and assessment of trainees.

A. Remote training policies

Classes

All Center classes in all of our programs will be conducted via Zoom through the end of the 2021 Fall semester. All psychotherapy training programs will continue on Zoom through the end of the 2021-2022 academic year. A decision regarding Spring 2022 classes in the psychoanalytic programs will be made in the Fall of 2021.

Links to join classes in the adult and child psychoanalytic training programs can be found on each course's Courseworks page and on our website. Zoom information for classes in our other training programs can be obtained from each program's Chair. [There are a number of resources available on the Center's website](#) to assist faculty members in optimizing their teaching for the Zoom classroom.

Candidates' clinical work, personal analyses, and supervision

From an educational and administrative standpoint, with regard to psychoanalytic candidates' clinical work, personal analyses, and supervision, the Center will not distinguish between work conducted in person and that conducted by telephone or video platform. This expansion in the ways trainees can gain credit for their work will remain in effect beyond the duration of the pandemic.

These policy changes derive from the findings of several in-depth surveys of the Center's faculty and trainees regarding the experience of emergency remote training at the Center and follow extensive discussions among members of the Training, Executive, and Steering Committees. [The findings of the most recent and extensive survey are available for review here.](#)

Choosing between in-person meetings and teleanalysis

The process of deciding how to meet can be complex, and we encourage all members to approach it with the depth of thoughtfulness characteristic of their analytic work in general. In particular, we recommend the following:

- The wish to work via teleanalysis should be respected. Treatment should take place through teleanalysis unless and until both people are fully comfortable meeting in person.
- If considering in-person work, trainees and faculty should carefully review the evolving safety guidelines provided by the [CDC](#), [NYS](#), and [Columbia](#) to make thoughtful decisions about mask wearing and physical distancing while conducting analysis.
- These decisions may need to be revisited over time as public health risks and recommendations change and as the analytic pair learns more about the implications of their choice through experience.

- As in all cases involving risk, safety concerns may be considered in the broader context of the balance of risks and benefits. Candidates, their patients, and their analysts should explore what they perceive as the similarities and differences between teleanalysis and in-person work in their treatment.
- A wish to continue working via teleanalysis should not be approached purely as a resistance to the treatment. As with any issues in a psychoanalytic treatment, there will be conscious and unconscious meanings at play for both the training analyst and analysand. These issues can be explored while working in the modality that is felt to be the most safe.
- In considering a return to in-person analysis, we should be mindful that power dynamics are always operative and thoughtfully examine our motivations (such as the wish to please the other) if deciding to meet in person.
- The analytic pair should consider continuing teleanalysis on a regular or intermittent basis after both parties feel comfortable with the health implications of in-person meetings if they feel teleanalysis is more beneficial to the candidate overall.
- The reduction in commuting offered by teleanalysis can have profound effects on the earning potential of candidates, the accessibility of training, and the quality of life of analysands and analysts alike. These advantages go beyond mere convenience and deserve to be carefully weighed in considerations of the treatment modality of choice.
- Some may be in the process of making, or have already made decisions to continue via teleanalysis indefinitely, with no plans to resume in-person clinical work. We recognize that this would represent a significant shift in

the treatment frame and encourage open discussion about the ramifications of these choices by the analysand/analyst pair.

- The Center's consulting analysts (Drs. Berger, Chriss, and Kravis) are available to provide consultations to candidates regarding their personal analyses in situations where these issues can not be resolved internal to the treatment.

B. Didactic Curriculum

Courses

With the exception of electives (of which candidates choose one of two offerings at a time) all courses offered in the psychoanalytic curriculum are required for graduation from the adult program as well as the traditional child and adolescent/emerging adulthood programs. Accelerated child candidates are required to take only the first two years of the adult curriculum.

Adult candidates who have met all other graduation criteria by the end of their fifth year Fall semester and who have taken all courses up to that point are not required to attend further classes. Those who have completed the full five-year curriculum but have not yet satisfied their other graduation requirements may choose to continue taking electives but are not required to do so.

Didactic teaching at Columbia emphasizes the importance of a solid grounding in classical theories, the development of each candidate's ability to think critically about psychoanalytic principles, and a thorough study of the principles of analytic technique. In exposing our candidates both to the history of

psychoanalytic knowledge and to the current frontiers of scholarship, we hope to train analysts who understand diverse points of view and controversies within psychoanalysis and who can think critically and creatively in regards to the development of new theories and clinical interventions. Our curriculum has five key components:

Psychoanalytic Theory

This four-year series of generally year-long classes begins with a study of the writings of Sigmund Freud.

Second year theory surveys the major schools of psychoanalytic thought from Anna Freud to the present, including segments on early Ego Psychology, Klein, the British Independents, Attachment Theory, American Object Relations Theory, Self Psychology, Relational Theory, the Contemporary Kleinians and Lacan.

Third year theory revisits each of these schools of thought with a focus on contemporary applications of these thinkers' ideas.

Fourth year theory draws on the work of those in allied fields (i.e., neuroscience, infant research, etc.) to help candidates place their theoretical knowledge in a broader context. The sequence begins with Contemporary Issues in Psychoanalytic Theory-Brain, Body and Mind and moves through a re-consideration and elaboration, for the now advanced candidate, of three of the curriculum's foundational courses revisiting Freudian theory, development, and core concepts.

Theory of Technique

In each of the first three years, candidates take courses that focus specifically on the understanding of psychoanalytic technique. Topics such as listening, transference, countertransference, resistance, and interpretation are explored through the lenses of numerous theoretical perspectives at

increasing levels of depth and sophistication. Learning is enhanced by the presentation of instructors' clinical material.

Psychoanalytic Process

Over the five year training program, candidates participate in a continuous sequence of process seminars. These seminars, divided into seven- or eight-week segments with specific topics, generally follow the micro-process of one candidate's analytic work with one patient or may include vignettes from several treatments contributed by candidates or faculty. Psychoanalytic sessions are presented to one or two faculty members and classroom discussion centers on specific elements of the clinical work related to the focus of the process course segment. Candidates may confer with instructors in preparing material for class discussion. Each candidate is expected to present process material during the course of training. Over the five years, candidates move from process segments that focus on early work in analysis to midphase and termination. Some of the process segment topics (such as termination) require graduates or faculty members to present process material.

Psychoanalytic Case Writing

The psychoanalytic case writing curriculum helps candidates build the skills they need to formulate their cases, understand psychoanalytic process, and capture their work in writing. These skills are essential for one's own development as an analyst, communication with other analysts, and publication. This curriculum has two key components:

- *Didactic classes* - Presented in brief segments in each of the five years of the curriculum, these classes are taught in a workshop format. Each year, every candidate gets the opportunity to present their longest-running case in a written process summary. Individual attention to each other's writing is enhanced by a supportive and open atmosphere. Each curricular year expands upon what

was taught the prior year, including specific attention to micro-process, macro-process, transference and countertransference arcs, and therapeutic action. Once the 4th year course has been completed, each candidate is assigned a writing mentor to support the development of the culminating case write-up for Writing V in the Fall of the fifth year.

- *Case summaries* - In addition to the written work presented in writing classes, candidates write up each of their ongoing analytic cases at the beginning of a treatment, annually, and upon termination for discussion with their supervisors.

Initial summaries - At the start of the case, and no later than the third month of treatment, the candidate completes an initial summary focused on case formulation.

Annual summaries - At the end of each academic year the candidate writes a case summary that describes the analysis from the beginning. Annual summaries are written during the summer break to take advantage of the extra time available. First drafts of these summaries are due no later than the first day of classes in September. Trainees share their drafts with their supervisor by uploading them to Sigi, the Center's secure database. Supervisors and candidates read the work together and discuss it in depth. The candidate revises the write-up and uploads a final draft to Sigi no later than October 31st where it remains a permanent part of the trainee's academic record. The supervisor's evaluation of the trainee's written work is an important part of the semiannual supervisory assessment, a principal component of the trainee's academic record.

Termination summary - a complete case summary is written (and submitted as above) when a patient terminates the analysis.

Please see the website for a [complete description of these writing requirements](#), including outlines for each type of case summary and details regarding when an initial or termination summary takes the place of an annual summary.

Critical Thinking

Taught in several short blocks throughout the entire five-year curriculum, these classes explore areas of convergence and divergence among the various metapsychologies and theories of technique covered in other classes. Topics include the relevance of child observation for psychoanalysis, theoretical pluralism, perspectives on technique, thinking about psychoanalytic theory and discourse, and perspectives on interpretation of unconscious conflict.

Additional Core Courses

In addition to the five tracks summarized above are a few key, required courses, including Child and Adolescent Development, Research and Psychoanalysis, Psychopathology, Core Concepts in Psychoanalysis, Diversity, Ethics, Evaluation of Patients for Psychoanalysis, and CAPE-Didactics (a course in classroom teaching). In the Fall of 4th and 5th years, biannual core courses are offered in alternating years. Topics include Sexuality, Psychoanalysis and Pharmacology, Gender, Infant-Parent Interactions, and Psychotherapy for Analysts.

Electives

In the latter years of training, candidates choose among the electives that are offered on Monday mornings. Curriculum committee co-chairs solicit proposals from the faculty and choose the electives that will be offered. Recent electives have

included Re-thinking Narcissism, Psychoanalytic Treatment of Depression, Bowlby's Contributions to Psychoanalysis, and Relational Perspectives in Psychoanalysis.

Independent Study/Tutorials

Candidates may use elective time to engage in independent study. In order to arrange this, candidates must find a faculty member to serve as advisor for the project and meet regularly with the candidate. They then present a formal, written proposal with intent, goals, and bibliography to the curriculum committee co-chairs for approval prior to beginning the tutorial.

Readings

Course material including readings are accessible through [Courseworks](#). Assigned reading listed in Courseworks is made available to trainees through the site as a PDF or link to the text in the [PEP](#), the psychoanalytic publishing archive, if the article is indexed there. PEP resources comprise the leading psychoanalytic journals and many books and book chapters. Free access to PEP, as well as to the entire Columbia University library system, is a benefit of candidacy.

Attendance

Attendance is expected at all classes. Candidates who know they will be absent should notify the associate instructor (or the instructor, if the class does not have an associate instructor) in advance. If a candidate anticipates an extended absence (for vacation or family emergency, etc.), and especially if the candidate will be missing multiple classes of the same course, the candidate should notify the chair of training to discuss issues related to receiving credit for that course. (See Leaves of Absence, below.)

Zoom classroom collegiality and confidentiality

Candidates have the opportunity to learn from each other as well as from the faculty. To make the most of the classroom experience, we encourage each candidate to complete the assigned readings.

We ask that all trainees and faculty keep their video on and mic unmuted whenever possible to facilitate their engagement and participation in the conversation. Please silence your device's notifications and limit chat to the public thread during class.

Please ensure that your classmates and instructors cannot be heard by others in your environment by arranging for a private location in which to attend class or using headphones or earbuds. Candidates are expected to respect the confidentiality of all clinical material shared in class.

If you find that the clinical material being presented in class involves someone you know, directly or indirectly, we ask that you discuss the matter with your instructor or course chair and recuse yourself from the class.

Assessment of the trainee's classwork

Each candidate's performance in class is evaluated at the end of the course or semester (for year-long courses) by the course instructors. Instructors evaluate the trainees' preparedness, attitude, participation, and understanding of the material. This feedback is posted on Sigi where it becomes accessible to the trainee after the trainee has posted their own evaluation of the course.

Trainees' evaluations of their courses

All trainees are expected to complete written student course evaluations at the end of each course and at midyear in

year-long courses. These evaluations are essential to our efforts to improve our teaching.

Course evaluations can be found and completed on trainees' Sigi pages following the completion of each course (or at mid-year for year-long courses). Trainees' responses are anonymous. Course chairs receive an aggregated report of all trainee evaluations, and individual instructors receive an aggregated report of trainee evaluations of their own teaching. These evaluations are accessible to instructors only after they have submitted their trainees' classwork assessments.

In addition, candidates meet as a class at the end of each semester with a curriculum feedback representative. During these meetings, the representative reviews the semester's curriculum and solicits feedback on each class, instructor, associate instructor, course readings, and related materials. Candidate feedback (without attribution or identifying information) is presented to the curriculum committee co-chairs. These reports provide valuable information to the committee and contribute to substantial improvements in the curriculum. The curriculum feedback reps are appointed by the curriculum committee co-chairs.

C. Clinical Work

Candidates' supervised treatment of their analysands represents the heart of their clinical training at the Center.

Case finding and the Evaluation Service

Candidates find control cases either by referral from the Center's evaluation service or through their own private practice. A candidate initiates the process of evaluating a Center referral by requesting a new case on Sigi. All patients

seeking analysis with a candidate, whether from the candidate's private practice or on referral from the Center, fill out a series of consent forms and self-assessment forms on Sigi and undergo a brief diagnostic interview prior to beginning analysis. The results of these evaluations are then made available to the candidate and supervisor, providing detailed diagnostic and descriptive information of the patient's capacities and challenges.

While all patients must complete this evaluation process, they may elect whether or not to be contacted regarding repeating the same measures at intervals during their treatment. Those who elect to do so will be making a contribution to psychoanalytic research at the Center.

The [Evaluation Service Candidate Manual](#) is an indispensable guide to the detailed policies and procedures governing control cases. It can be found on the Center's website and should be read carefully by all candidates.

Supervision

Candidates are encouraged to obtain as much supervision as possible during their time at the Center. Candidates meet with supervisors weekly and may use their supervision to assess the appropriateness for analysis of private cases and Center referrals, discuss ongoing psychodynamic psychotherapy cases, and ongoing analyses. Candidates do not pay their supervisor—supervisors volunteer their time and efforts to the Center— but pay a twice yearly supervision fee which supports the Center (see Finances, below).

Requirements

Adult candidates are required to treat three different patients in three- to five-times-weekly analysis with three different supervisors over the course of their training. In their senior

supervisory assessments, candidates are expected to achieve a minimum average rating of their mastery of the Center's learning objectives midway between "meets goal" and "approaching goal" (this is the competency criterion for graduation). At a minimum, these treatments must total 60 months of supervised psychoanalysis with one of the treatments lasting at least 18 months (this is the exposure criterion).

Matching with a supervisor

Entering candidates are assigned their first supervisor in September of their first year. At the end of their first year, they submit their preferences for their second supervisor during the Spring Supervisor Match in June. At the end of their second year they again participate in the match to obtain their third Supervisor. Every effort is made to accommodate trainees' supervisor requests. Matches are made to maximize the number of candidates getting their first choice and minimize the number of candidates getting their third choice. All things being equal, preference is given to candidates based on their seniority.

Candidates may speed or delay their second and third supervisor assignments. For example, a candidate with a patient ready for analysis prior to the spring match may request a new supervisor earlier. A candidate balancing outside work or personal obligations or who has not yet found a case for their current supervisor may choose to delay matching with a new one. These requests should be made directly to the chair of training.

Changing supervisors

Candidates usually continue with each supervisor from the time of their match until graduation, in light of the benefits of continued collaboration over years. But this is not required, and candidates may elect to change the supervisor to whom they

are presenting a case at any time if they feel a new perspective would be beneficial to their learning.

Occasionally a trainee does not feel that a particular supervision is advancing their learning. Problems in supervision should first be discussed with the supervisor. If problems persist, a candidate is encouraged to seek advice from others, including other candidates and supervisors, their mentor, the candidate representative, the co-chairs of the faculty advancement committee, and the chair of training. In order to make a change, the trainee contacts the chair of training who arranges for a new match based on the trainee's preferences.

All trainees are encouraged to switch supervisors if making a change is in the best interests of their psychoanalytic education.

Case summaries

As described above, in addition to the written work presented in writing classes, candidates write up each of their analytic cases several times over the course of a treatment for review by their supervisors. At the start of the case and prior to the end of the third month of the treatment, the candidate completes an initial summary focused on case formulation. At the end of each academic year the candidate writes an annual case summary that describes the analysis from the beginning. Finally, a complete case summary is written when a patient terminates the analysis. Discussing the formulation of the patient and the understanding of the analytic process captured in these summaries are essential components of the supervision.

Monthly supervision reports

Candidates are responsible for recording their supervised work in Sigi each month by filing a monthly supervisory report. It is essential that these reports are filled out in a timely way. These

reports tell us whether the supervision is ongoing and what type of work is being discussed in supervision. It is only by filing these reports that candidates obtain credit for their analytic work towards their exposure requirement.

Supervisory assessments

We believe that our trainees learn best when we identify as clearly as possible the skills and knowledge we hope they will acquire and then offer frequent, detailed feedback about their progress towards achieving those objectives.

We encourage all trainees to read our [Learning Objectives for Clinical Psychoanalysis](#), found on our website. These objectives describe our goals for trainees at three different stages of their education: first year, intermediate years (2-3), and senior years (4 and beyond).

No analyst, no matter how experienced, can meet all of these goals all of the time. Instead, in evaluating our trainees' work, we look for a candidate's ability to employ a widening repertoire of emerging skills with growing confidence and at increasing frequency.

At the end of each semester, candidates receive a written assessment of their work from each of their supervisors via Sigi. The candidate should read the assessment prior to their next supervision and discuss it with their supervisor at that next meeting. The supervisor may then revise the assessment based on that discussion and file the final version as a part of the trainee's academic record. These assessments detail in writing the candidate's progress towards achieving the necessary skills to conduct a psychoanalysis competently and independently.

In reporting on the trainee's progress toward meeting specific learning objectives, the supervisor may choose among five levels of achievement defined as follows:

- Exceeds goal – The trainee has mastered this aspect of analytic work.
- Meets goal – The trainee has developed the capacity to perform this skill and employs it most of the time when given an opportunity.
- Approaching goal – The trainee is developing the capacity to perform this skill and has begun to employ it on occasion.
- Emergent skill – The trainee has shown early signs of developing this skill.
- Having difficulty – The trainee has not yet demonstrated the skill in question and may have a special challenge in this area.
- Supervisors who do not have enough experience with a trainee to make an informed assessment of a particular goal may mark a sixth option - Cannot assess.

Following the form's submission, each supervisor receives the assessments of the trainee's other supervisors. Completed assessments are reviewed by the chair of training and remain accessible to trainees throughout their candidacy on their Sigi page.

Determinations of a candidate's achievement of the competency requirement for graduation rest upon these written assessments. An average score midway between “approaching goal” and “meets goal” or above is considered to indicate sufficient command of analytic knowledge and skills to qualify a senior candidate for graduation.

First year candidates who are also PGY4s

Candidates who combine their first year of analytic training with the fourth year of their psychiatry residency conduct all of their clinical work under the auspices of their residents' clinic and may start an analytic case in their first year with approval from the clinic director.

The residency assigns these trainees a supervisor who does double-duty as a residency and Center supervisor for the year. At the end of the year, depending upon the first supervisor's availability, the candidate may match with a new supervisor through the spring match, continue with the first supervisor, or both.

While no first year candidates pay the Center's supervision fee in their Fall semester, first years who are also PGY4s also do not pay a supervision fee in the Spring of their first year, as their supervision is a benefit of their residency training.

D. Candidates' Psychoanalytic Treatment

Requirements

Candidates must be in analysis with a graduate of Columbia, NYPSI, or PANY who has been designated as a training analyst by that institute. ([Information on waivers](#), occasionally granted to those already in established treatments with graduates of these institutes who are not training analysts, is available on our website.)

All candidates must begin their own analysis on or before the beginning of their first semester of classes and at least six months prior to starting their first psychoanalytic training case. Candidates' psychoanalyses take place at a frequency of four times weekly, although we recognize that occasional, time-limited modifications of the frame, including changes in

frequency and the use of the couch, may be necessary from time to time. At a minimum, it is expected that candidates' analyses will overlap significantly with their clinical casework and will continue throughout most of their years in training.

Fees and reimbursement

Candidates and their analysts establish the fee for their work privately. Candidates may opt to purchase Columbia student health insurance which reimburses students 70% of the "reasonable and customary" fees of psychoanalytic treatment (defined by Aetna as 105% of the Medicare rates).

Changing analysts

Occasionally candidates choose to change their analyst. Naturally, problems in an analysis should always be addressed within the analysis itself. Candidates who wish to change their training analyst may also explore this decision with others of their choosing, including their orientation or training mentor, the co-chairs of the faculty advancement committee, the chair of training, the director, or anyone else at the Center with whom they feel comfortable. In addition, candidates may also avail themselves of a private and free consultation on their analysis (described below). Because undergoing an analysis is a requirement of analytic training at the Center, the chair of training must be informed if a candidate changes their analyst during training.

Referrals and Consultations

We offer referrals to analysts as well as consultations on ongoing treatments to all applicants and candidates free of charge. Those interested may contact any one of three senior analysts at the Center to arrange a first meeting. Conversations with the consultant are entirely private and confidential.

Trainees may choose to meet with any of the following three consultants and should contact them directly to initiate a consultation: Brenda Berger PhD, Natasha Chriss MD, and Nathan Kravis MD.

Confidentiality

All aspects of the content of a candidate's analysis remain confidential. The analysis is often referred to as "non-reporting" for this reason. The only information reported by the analyst, requested twice yearly via Sigi, is whether the treatment is ongoing, temporarily suspended, or ended.

Candidates' analysts and the classroom

Occasionally a candidate's analyst may be an instructor in a required class. The decision to participate together in a course of the didactic curriculum by candidates and their analyst is a complex one and should be explored in the analysis. Trainees, in conversation with their analyst, may choose not to attend the class. In that case, the trainee should approach the co-chairs of the curriculum committee to make an alternative arrangement for learning the material.

E. Mentorship and advising

The Mentor Program was developed to enhance candidates' educational experience by providing a unique advisory relationship with a faculty member while expanding their career development resources and opportunities. The Program's aim is to promote a mutually meaningful, professional relationship for candidates and mentors. Mentors provide support, guidance, and career resources to assist in the development of candidates' analytic identities.

Candidates begin training with an orientation mentor assigned by Jane Halperin PhD, the mentor program chair. In the Spring of their 1st year, candidates provide a list of choices to the chair for the selection of a training mentor, with whom they will work for the remainder of their training. Candidates may find it useful to seek out recommendations from faculty, peers, or the chair if they want assistance in generating their list of choices or may opt to ask their orientation mentors to continue on as their training mentors.

Contacts for mentorship pairs include welcoming/orienting candidates to the program, regular meetings and check-ins throughout candidacy, and planning for graduation and post-training Center involvement. At a minimum, Fall and Spring meetings and a mid-year check-in during each year of training is expected.

The mentor role is a “non-reporting” one, meaning that the discussions between mentor and candidate are confidential. To avoid conflict in providing support or advocacy functions, the mentor does not participate in decisions regarding a candidate’s advancement through training or their readiness for graduation. If issues do arise for candidates, they may invite their mentors’ general assistance and/or their direct participation on the candidate’s behalf.

Mentorship is an opportunity for candidates to make more or less use of depending on their interests and needs over the course of training. Once training mentor pairings have been established, candidates and mentors define the tenor of their relationship and how they actualize their goals. Given that candidates are a diverse group of busy adult learners with varied interests and career aspirations, some may welcome a supportive ongoing conversation about issues pertinent to candidacy while others may opt for less in the way of guidance and support.

Mentors may be particularly helpful in empowering candidates to seek out educational opportunities by sharing their own particular expertise about theory, treatment modalities and clinical populations, by extending their professional networks for collaboration, by encouraging candidate participation at the Center, and by informing candidates about local and national/international events and opportunities.

F. Child and Adolescent/Emerging Adulthood Psychoanalytic Training

The training programs in child and adolescent/emerging adulthood psychoanalysis prepare candidates to assess and treat individuals in different phases of development—from the oedipal phase through young adulthood—via immersion in their personal analyses, supervised analytic work with a variety of young patients, and classroom-based study. The programs offer a modern psychoanalytic approach to child and adolescent treatment which exposes trainees to classical literature and thinking while integrating contemporary views and findings from neighboring fields (e.g., attachment theory, empirical child research, etc.).

The child and adolescent/emerging adulthood curriculum begins with the Development course required of all adult and child candidates. The child-specific curriculum spans two academic years and covers assessment and analyzability, countertransference, interpretation and insight, establishing an analytic alliance and relationship, play therapy, adaptation of analytic technique for different age groups, managing aggression, child and adolescent psychopathology, and working with parents. Teaching includes an ongoing process group in which child and adolescent case material is presented and discussed. Classes are held on Thursday nights at The New York Psychoanalytic Institute on East 82nd Street, where they

are jointly taught by faculty from three New York City Institutes: Columbia, NYPSI and PANY.

Candidates who are interested in pursuing child and adolescent analytic training can elect to participate in one of the following programs: Traditional Child Analytic Program (a program that is combined with adult training), Accelerated Child-Only Analytic Program, or Adolescent/Emerging Adult Analytic Program (also combined with adult training).

Coursework

Candidates in the accelerated child program take the first two years of the adult curriculum as well as the separate two-year child curriculum. The traditional child candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the two-year child curriculum. The adolescent/emerging adulthood candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the second year of the child curriculum. The first year of the child curriculum may be taken but is not required.

Clinical work

Accelerated child candidates conduct a minimum of 36 months of analyses at a frequency of three to five times weekly, with at least three cases, each supervised by a child supervising analyst. At least one case must involve the medium of play. It is strongly recommended but not required that these cases reflect exposure to the following: a pre or early latency child (3-7 years), a latency or preadolescent child (8-12 years), and an adolescent or emerging adult (13-24). It is also recommended that all of these cases not be of the same gender. It is strongly recommended that the candidate gain exposure to at least one case with a minimum 18-month duration.

The traditional child program candidate satisfies both the adult (60 months total/18 months longest case) and the accelerated child clinical requirements as detailed above. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the child program if that treatment is supervised by a Child Supervising Analyst.

In addition to satisfying the adult program requirements, candidates in the adolescent/emerging adulthood program conduct a minimum of 30 months of analyses at a frequency of three to five times weekly with at least two different patients (between the ages of 13 and 24 at the start of treatment) and supervisors. It is recommended that at least one of these cases has lasted at least 18 months. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the adolescent/emerging adult program. At least one of these cases must have been supervised by a Child Supervising Analyst. It is recommended that all of these cases not be of the same gender.

Please contact the child division chair, Pamela Meersand, PhD, for additional information about these programs.

G. Learning Challenges, Ethics, Discipline, and Adjudication

We expect that our trainees and faculty, as members of the Columbia University community, will uphold the highest standards of respect, integrity, and civility. These core values are key components of the university experience and reflect the community's expectations of its members. (For more information, please see the [University's website](#).)

If a trainee is experiencing significant obstacles in learning, or a trainee or teacher experiences another member of the community as not upholding these standards, the problem should be addressed directly with that member. If the matter is not resolved, the Center has in place a four-tiered system of intervention, decision making, and appeal:

1. Matters between teacher and student are first referred back to the teacher and student to resolve with facilitation by the chair of training, if necessary. We encourage those involved to address the matter directly and attempt to arrive at a resolution jointly.
2. Any matter not resolved at that level should be referred to the training committee (see Committees below) for exploration and resolution.
3. Should the training committee's resolution not be satisfactory to any of the parties involved, the matter may be appealed to the Center's director.
4. Anyone wishing to appeal the director's decision may initiate an external appeal to the Department of Psychiatry's Vice Chair of Education, Melissa Arbuckle, MD.

H. Graduation Requirements

Trainees may proceed at their own pace through our training programs in psychoanalysis. When they have met the following criteria, candidates will be approved for graduation from the adult program (see above for child program graduation requirements):

Competency

The Candidate has met Columbia's senior level learning objectives as demonstrated by their supervisors' assessments of the preceding semester. (For example, a trainee whose Fall semester assessments attest to their having met this requirement will be eligible to graduate at the end of the following Spring semester.) In their senior supervisory assessments, competency is defined as a minimum average rating midway between “meets goal” and “approaching goal” of the Center’s learning objectives. If supervisor assessments do not agree regarding the trainee’s competency, the supervisors will be asked to meet and reach a consensus. If a consensus cannot be reached or if the trainee does not agree with the consensus, the matter will be referred to the training committee to resolve.

Exposure

The Candidate has conducted a minimum of 60 months of analyses at a frequency of three to five times weekly with at least three different patients and supervisors. At least one of these cases has lasted at least 18 months. All of these patients may not have been of the same gender (the elimination of this gender requirement has been recommended by APsaA, the Center’s task force charged with reviewing the requirement, and the training committee and awaits review by the executive committee in October 2021).

Coursework

The Candidate has completed all required courses offered in the four and one half year curriculum.

Writing

The Candidate has completed all writing assignments both required for their clinical cases and the writing curriculum.

Good standing

The Candidate is in good ethical standing, has filed all necessary paperwork, and has no outstanding financial obligations to the Center.

I. Finances

Tuition

Tuition, set by the University, changes yearly and is approximately \$5600.00 per year. Payments are made in advance of each semester. Trainees taking only one or two of the three course slots in the first through fourth year (Monday mornings, Monday afternoons, and Thursday afternoons), or only one course slot of the two in the fifth year (Monday mornings and Monday afternoons) pay one half of the basic tuition per semester. Candidates who have completed their course work but have not been granted the program certificate are assessed a \$500 continuing registration charge per term. Additionally, Columbia University charges each student enrolled in our program a CUMC network fee of \$200 per semester. Late registration and withdrawals after the start of a semester are possible and can be arranged through Madrid Poultney but may result in financial penalties. Please note that the registrar's office sends statements and notices to candidates via their Columbia email addresses only.

Supervision fees

In addition to tuition, trainees pay a fee to the Center for the provision of supervision. Currently, all candidates pay \$1,750 in advance of each semester, regardless of their number of ongoing supervisions and cases, with the following exceptions:

- all first year candidates pay no supervision fee for the Fall semester of their first year,
- first year candidates who are also PGY4 residents pay no supervision fees in the Fall and Spring semesters of their first year,
- some trainees who joined the Center in the Fall of 2019 or earlier have elected to continue paying supervision fees through the old system. Under that system, candidates remit to the Center the amount they collect from their analysands each month, up to a maximum of \$320 per analysand per month.

When candidates change to part-time status or take a leave of absence from classes while continuing their supervision, they continue to pay this fee in full each semester.

Malpractice Insurance

Each candidate must have malpractice insurance and must provide a copy of the certificate annually to the Center. If the candidate is a member of the American Psychoanalytic Association, the candidate may be eligible for psychoanalysts' malpractice insurance which is less expensive than most other malpractice insurance. Contact the American Psychoanalytic Association for information.

Scholarships and Loans

The Center offers various scholarship and loan programs. Once accepted for training, all candidates are eligible to apply for these loans or scholarships to help them finance psychoanalytic training. To apply for a need-based scholarship or loan from the Center, please complete and submit the [financial aid questionnaire](#) found on our website.

- The Roger A. Mackinnon, M.D. Scholarship Fund- This fund provides tuition money to candidates based on need. Each year after the Center's budget is planned, the director in conjunction with the steering committee determines the amount of scholarship money available (based on endowment performance), examines the income and debts of each candidate who applies in the context of any special circumstances according to a formula, and allocates shares of the total amount available based upon need.
- Adele R. Levy Loan Fund - Candidates may borrow full tuition each year up to a total indebtedness of \$22,500 from this fund, which was set up exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. The annual interest rate is 5 percent. During training, interest only is payable at the end of each year. Following training, there is a grace period of six months, after which the loan principal and interest must be repaid within a maximum of five years. The minimum monthly payment is \$300.
- Poe Loan Fund - This loan is administered by the Columbia University Psychoanalytic Center Alumni Association. Candidates may borrow up to a total of \$1,500 interest-free from this fund, which was set up exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. This loan must be repaid over a two-year period beginning two years after completion of training. Contact Dr. Jules Kerman for information about applying.
- American Psychoanalytic Association Candidate Assistance Fund - The Candidate Assistance Fund of the American Psychoanalytic Association provides loans up to \$5,000 to candidates training to be psychoanalysts.

The loans, to be repaid within a maximum of six years, are made from a revolving fund so repayment is critical in order to continue making loans. Currently, between five and seven loans are made annually. Any questions should be addressed to APsaA.

- Federal Direct Unsubsidized Stafford Loan And Graduate Plus Loan Programs - If you are at least a half-time student and a US Citizen or permanent resident, these loans can help you meet your educational expenses. Neither loan is 'subsidized' and interest accrues from disbursement. Interest rates are established each year, and once set apply for the life of that year's loan – i.e. it's a fixed interest rate. The lender is the US Department of Education. The annual loan limit for the Unsub Stafford for graduate students is \$20,500. If you did not attend medical school, the total debt allowed for graduate or professional study is \$138,500 (of which no more than \$65,500 may be in Subsidized Federal Direct Stafford Loans). The graduate debt limit includes any Federal Direct Stafford loans received prior to matriculation here. If you attended medical school the cumulative limit is \$224,000. The Grad PLUS loan allows you to borrow up to the cost of attendance less any other financial aid you receive. This loan has no cumulative limit. Repayment begins 6 months after graduation or if you drop below half-time student status. For more information, please contact the Office of Student Financial Aid and Planning for the College of Physicians & Surgeons at 212-305-4100.

Additional Information - As required by the U.S. Department of Education, information on gainful employment for graduates of the Certificate in Psychoanalytic Medicine program is available. Please see our website.

J. Part Time Study and Leaves of Absence

At the Center we welcome adult learners with busy professional and personal lives. The wealth of our trainees' life experiences and work outside the Center enriches our program immeasurably, and we strive to support trainees' efforts to advance their learning while also meeting their other commitments and goals. Our curriculum is designed so that a given curricular year's technique, process, writing and theory courses work in concert to reinforce learning. But in some cases a trainee's schedule cannot accommodate a full course load combined with personal analysis, control case treatments, and supervision. In such cases trainees' may choose to complete their course work on a part-time basis or take a leave of absence.

Part-time status

Trainees wishing to go part-time may do so for one or more semesters. Typically trainees choose to take either the two Monday classes in a given semester or the one Thursday class. They then take the other classes the following academic year. There is no limit to the number of semesters a candidate can take on a part-time status.

Leaves of absence

Trainees can temporarily withdraw from class work by taking a Voluntary Leave of Absence. Trainees sometimes request a leave for family or medical reasons (such as the birth of a child, the illness of a family member, or their own health reasons) or because of a significant but time-limited change in their professional responsibilities. During a leave a trainee who has purchased Columbia Student Health Insurance may choose to

continue coverage. Other University benefits are not available during an official leave.

A leave for part of a semester or longer should be arranged prior to the start of that semester. Trainees on leave for an entire semester do not register for courses and do not pay tuition (they are however responsible for the continuing registration and supervision fees). Trainees requesting leave status after the start of a semester may not be able to get fully reimbursed for tuition already paid.

Trainees taking a leave for less than a full semester typically register for courses, pay tuition, and obtain credit for the courses if they keep up with coursework by making special arrangements with their course chairs, independently doing readings and reviewing lecture notes, and at times meeting privately with instructors following their leave.

All courses missed during a leave must be taken prior to graduation.

A leave may be extended as long as two years. After that time a trainee will be considered no longer matriculated and may reapply to the program should they wish to resume their studies.

This information supplements the general information on Voluntary Leaves of Absence at Columbia.

Clinical commitments

Trainees' responsibilities to their analytic patients are not affected by their change in registration status. Whether trainees opt to take classes on a part-time basis or to take a leave of absence, they are expected to continue their patients' treatment. This includes continuing in supervision with their

supervising analyst for each ongoing control case. Consequently, clinical supervision fees paid by the trainee to the Center are required to be paid during a leave of absence. If a trainee must take a leave from their practice as well as from their classroom work, as in the case of a family or medical leave, they are expected to arrange for their control case patients' clinical needs to be met by a colleague during their absence.

How to change your status

Candidates considering changing their status from full-time to part-time or taking a leave of absence, should consider discussing their decision with their orientation or training mentor, supervisors, and the chair of training. Once a candidate has made their decision to change status, they must fill out a Change of Status Notification Form, [available on the Center website](#).

Bear in mind

Because courses at the Center are only offered if there is sufficient enrollment (generally considered to be 4 students), trainees' decisions to take a leave or to study part-time may have an impact on other trainees, as resulting smaller class sizes may warrant the cancelation of a course. Likewise, a course that a trainee is not able to take one year may not be offered the next for the same reasons, which can result in prolonging a trainee's completion of the curriculum.

Candidates considering a leave or part-time study should also take careful note of those required courses that are offered only every other year and factor that schedule into their planning.

K. Schedule and calendar

Classes - For training years 1-4, adult psychoanalytic program classes meet on Mondays 11-12:45pm and 1:30-3:00pm and on Thursdays 1-2:45pm. During the 5th year, classes meet only at the above Monday times.

Monday lunch meetings 12:45-1:30 - The Candidate Organization meets on the first Monday of the month. The Candidate Representative joins the candidates on the third Monday of the month. Lunch is provided when these meetings are held in-person at the Center.

Fall Welcome and Graduation Reception – Both events are hosted annually. When held in person, there is a fee for graduates and a reduced fee for trainees. The Fall Welcome Dinner is held on a Monday evening in September. All community members are invited to welcome trainees joining all of the Center’s programs. The Graduation Reception is held on a Monday evening in June to celebrate the graduation of all trainees. Awards for community members are presented. Those graduating pay no fee and are invited to bring one guest.

Center Open House – organized by the recruitment committee, this winter evening gathering at the home of a Center member is an opportunity for prospective applicants to get information about the Center’s various training programs and to socialize with graduates and trainees. All trainees are encouraged to attend and meet with the applicants. There is no fee for this event.

Yearly class calendar with holidays – a complete class calendar can always be found [on the Center website](#).

II. Communication and resources

A. Sigi

Sigi is the Center's database, a portal through which all Center members submit their work and track their progress through training, and the point of entry for all analytic patients to treatment at the Center.

All trainees in all of our programs have their own Sigi page and can obtain their login credentials from Madrid Poultney.

Psychoanalytic candidates are expected to go to their Sigi home page at least once a month where they can:

- fill out monthly supervision reports, creating the record of their supervised clinical work,
- request a new control case,
- upload their case summaries which are then transmitted to their supervisors,
- complete and submit evaluations of their courses,
- read assessments of their work by supervisors and instructors,
- track their progress toward meeting their graduation requirements,
- find a complete list of the courses they are registered for and those they have yet to take, and more.

Patients seeking treatment at the Center, whether through our evaluation service or as trainees private patients, go to Sigi to fill out their consent forms and a set of structured clinical assessments. The results of these assessments, which also include a structured clinical interview conducted remotely, are conveyed to the trainee responsible for the patient's care.

Instructors and supervisors go to Sigi to complete classwork and supervisory assessments of their trainees, review trainees' written work, and to read the anonymized evaluations of their teaching by their trainees.

B. UNIs

All adult and child psychoanalytic candidates and all Columbia-appointed faculty are assigned a unique identifying code, or UNI, that consists of their initials followed by a number. Trainees and faculty use this code and their own password to sign into many of the resources below, including the Columbia libraries and Courseworks. Columbia requires users to change their UNI password every 6 months. Reminders to do so are sent only to members' Columbia email address. (Psychotherapy trainees and fellows are not assigned UNIs.)

C. Emailing

CUMC email addresses

All psychoanalytic candidates and Columbia-appointed faculty are provided a Columbia email address using the Microsoft Exchange email client. The prefix of one's address is their UNI. Users create a password for the email address which they must change every six months (this password is separate from the UNI password). The exchange is "cumc.columbia.edu."

Emails sent among users with cumc.columbia.edu email addresses are secure and HIPAA-compliant. To securely email those with addresses outside the cumc exchange system, add "#encrypt" to the email's subject line. The recipient will create a password to access the secure email on Columbia's HIPAA-compliant server.

While some candidates don't use their cumc exchange address as their primary address, it is important to check it regularly and maintain it. The registrar's office sends essential statements and notices to candidates only at this address. Reminders to change UNI and Exchange passwords are sent via this address. Failure to change passwords on time can result in a loss of access to many essential Columbia services.

Official Center emails

The Center sends its official emails to all members via the Mailchimp platform. Members may use any email address they wish to receive these communications, although using the cumc exchange address is recommended. To set or change the address you would like to use, contact Madrid Poultney.

Center listservs

The Center hosts a number of listservs designed to facilitate communication among our members. Post to these lists are not monitored or moderated by the Center, with the exception of the referrals and offices list, postings to which must be on topic and observe patient privacy. Only those eligible to join each list are able to view the postings of their colleagues. Hence, postings to the candidate listserv are not viewed by Center faculty or administration. Listservs include:

cptrapmcommunity - for all members of the Center and APM community

cptrtrainees - for trainees in all of the Center's many programs
cptrcandidates - for trainees in the adult, child, and adolescent psychoanalytic training programs only

cptrreferralandoffices - for seeking referrals for patients and the posting of available or sought offices

To subscribe, address an email to listserv@alipes.cumc.columbia.edu. In the body of the email enter "SUB" followed by the name of the listserv you would like to join, as written above (e.g. "SUB cptrtrainees"). Send the email from the account you wish to subscribe. You will get an automatic response, and when you reply to that email your request will be sent to Madrid Poultney, who will approve your subscription.

You can subscribe using any email address you like. If you choose not to use a cumc.columbia.edu account, the message to confirm your subscription may go to your junk mail or spam

folder. Please check that folder shortly after sending your subscription request.

Once you are subscribed, you will be able to post yourself using an email address based on the name of the list formatted as lastname@lists.cumc.columbia.edu, e.g., cptrapmcommunity@lists.cumc.columbia.edu. We hope you will join the conversation!

We ask that all those who post to our lists read and respect the [Online Community Guidelines](#) established by APsaA.

D. Website

The Center's website, psychoanalysis.columbia.edu, provides comprehensive information about the Center to candidates and faculty, as well as to the public and potential trainees. Check the website for information about our training programs, evaluation service, research, courses, committees, people, upcoming events and more. The "People" feature provides contact and other information about faculty and trainees.

We strongly encourage all trainees to submit information for their own page on our website. Contact Madrid Poultney for more information.

E. Courseworks

Detailed information about all adult psychoanalytic program classes can be found at courseworks.columbia.edu, a tool that gives candidates and faculty online access to syllabi, links to readings, lecture notes, and other class media. You can access the Courseworks pages of past classes by paging to prior semesters' listings.

F. Libraries and databases

All of Columbia's many [libraries and online databases](#), including PEP, Medline, and PsychInfo, are accessible to psychoanalytic candidates and Columbia-appointed faculty. When resources are not available through these sites, Madrid Poultney can arrange for interlibrary loans.

G. Student Health Insurance

Among the benefits available to psychoanalytic candidates is participation in [Columbia's Student Health Insurance](#). Candidates may enroll for a fee (per semester) and may remain enrolled if they take a leave of absence. Candidates may opt to cover themselves, a spouse, and their children.

Columbia Student Health Insurance is a PPO paired with a student health center on the Columbia Health Sciences campus. Trainees can go to the student health center for primary care visits and referrals within the network. These services typically require a small copay.

Alternatively, trainees can see out-of-network providers of their own choosing without obtaining a referral from the Columbia primary care provider. These services are reimbursed as out-of-network expenses, typically at 70% of the reasonable and customary fee.

The Fall open enrollment period begins on August 1st, and the deadline to enroll is September 30th. Coverage under the plan begins on August 15th. Trainees can enroll outside of the open enrollment period if they experience a "qualifying life change event."

III. Additional Educational and Training Programs at the Center

A. Adult Psychodynamic Psychotherapy Program

The Adult Psychodynamic Psychotherapy Program is a two-year clinical training program open to psychiatrists and psychologists, that provides an in-depth introduction to psychoanalytic models of the mind and treatment and their application to psychoanalytically oriented psychotherapy. Trainees attend Monday evening courses (via Zoom for the current academic year) and meet weekly with supervisors to discuss their clinical work. Anand Desai, MD, Chair. Michelle Goldberg, MD, Co-Chair.

B. Transference Focused Psychotherapy - two year-long training program in Transference-Focused Psychotherapy (TFP) offered via Zoom for the current academic year. TFP is a manualized, twice-weekly exploratory therapy developed by members of the Center's faculty. Frank Yeomans, MD and Eve Caligor, Co-Chairs.

C. Child and Adolescent Psychotherapy Program - The child and adolescent psychodynamic psychotherapy program is a two year program offered to child psychiatrists and psychologists. Classes are held every Wednesday night from 7:30-9 PM via Zoom for the current academic year. The program alternates between a small supervisory group one week and a didactic component the following week. Individual supervision may be available for eligible students. The CAPP program requires child fellowship for psychiatrists and a PhD or PsyD and child training for licensed psychologists.

The didactic program follows a developmental line starting with infancy and ending with the "odyssey years", ages twenty-three through thirty. Reading and discussion of classical and contemporary papers will be interspersed with occasional special speakers and larger group case presentations.

CAPP tuition is \$1,250 per component. Students may enroll in one or both components. For eligible students who elect individual clinical supervision, a small additional fee will be charged. This program does not qualify for the Columbia University Tuition Exemption Program. Wendy Turchin, MD, Chair.

D. Parent-Infant Psychotherapy Program

The Parent-Infant Psychotherapy Program (PIP) is a two to three-year clinical training program in parent-infant psychotherapy providing a comprehensive training in relationally-based and psychoanalytically-informed parent-infant psychotherapy. The program is unique in bringing together participants from diverse backgrounds: psychiatrists, psychologists, social workers, occupational therapists, pediatricians, and psychoanalysts.

PIP includes advanced didactic course work, infant observation, clinical placements, and supervision. The goals of the program are to enhance the clinician's theoretical understanding of the complex developmental and dynamic aspects involved in infant mental health and early childhood psychopathology and parenting, as well as to develop clinical expertise in dyadic and triadic psychotherapy techniques that support optimal parenting, infant development, and parent-infant relations.

Psychiatrists, clinical psychologists, licensed social workers, and other health care professionals working with families and young children are eligible for admission. Non-clinicians may be involved as affiliate scholars. Christine Anzieu-Premmereur MD PhD, Talia Hatzor MD, Co-chairs.

E. Psychology Externship

A program of the Psychology Division (Alison Brown, PhD, Chair), this one year program combines clinical experience and supervision with participation in selected psychoanalytic training

courses with candidates and is open to advanced graduate students (PhD or PsyD) in clinical psychology.

Psychology externs attend select courses with Center psychoanalytic candidates, are in supervision with the Center's psychology faculty members, and conduct twice-weekly psychodynamic psychotherapy treatments with outpatients overseen by Eileen Kavanagh, MD, Director of the PI Residents Clinic (PIRC). These advanced graduate students, chosen on the basis of a competitive admissions process, bring to their experience at the Center a considerable background in psychodynamic theory, psychological testing, and research methods.

F. Psychoanalytic Fellowship

Designed to introduce those considering psychoanalytic training to the Center, its faculty, and psychoanalytic thinking, this selective program is one year in length. Fellows attend monthly Why Psychoanalysis meetings and a Great Ideas in Psychoanalysis seminar just for them. They meet individually with a fellowship mentor and participate in selected center-wide academic activities. Daniel Chrzanowski MD and Jillian Stile PhD, Co-Chairs.

G. Affiliate Scholars Program

This selective program enables those outside the health professions to deepen their understanding of psychoanalytic thinking for the purpose of furthering their own academic students. Affiliate Scholars, in consultation with their faculty advisors, typically choose up to two classes per semester for up to four semesters, although every scholar's program is crafted to suit their individual needs and interests. In consultation with a faculty advisor, Affiliate Scholars select courses from our psychoanalytic theory track that will most enrich their own

scholarly projects. The interdisciplinary composition of the classes is intellectually enlivening for all, and applications from writers and scholars in the arts and sciences, humanities, and social sciences are welcome. Affiliate Scholars include professors, research scientists, authors, fellows, and graduate students. Katherine Dalsimer PhD, Chair.

H. Why Psychoanalysis

Run by the Center's recruitment committee, this open, monthly seminar introduces early career psychologists and psychiatrists, medical students, graduate students, and psychiatry residents to psychoanalysis through the presentations of cases by faculty and candidates. Offered via Zoom for the current academic year, the program ordinarily takes the form of dinner seminars, during which Columbia psychoanalysts present clinical material with the goal of highlighting key psychodynamic and psychoanalytic concepts and helping participants develop psychoanalytic listening skills, including the capacity to appreciate multiple meanings and multiple determinants in patients' words and actions.

I. CAPE-TSA

This two year training program prepares graduates of the Center to supervise and analyze psychoanalytic candidates. The program includes monthly seminars, monthly individual supervision (for which participants pay privately), and monthly peer supervision meetings. [Information on eligibility](#) is detailed on the Center's website. Ruth Graver, MD and Sharone Ornstein MD, Co-Chairs.

IV. Organization of the Center

- A. Director** - the chief academic and executive officer of the Center. The director is appointed by the chair of the psychiatry department. The director is responsible for all academic programs and research programs, the Center's finances and operations, and the relationship of the Center to the Department of Psychiatry, the Medical Center, the University, and all outside organizations. Susan C. Vaughan, MD.
- B. Senior Associate Director and Chair of Training**— assists the Director in all of her responsibilities and oversees all training programs at the Center, functioning as the Center's academic dean. The chair of training heads the training committee which comprises many members of the executive committee, including the chairs of curriculum, child division, psychotherapy division, evaluation service, faculty advancement, faculty development, mentor program and the candidate representative. Justin Richardson, MD.
- C. Associate Director for Planning and Evaluation** – member of the Steering Committee, the core leadership team, supporting the Director in her responsibilities, functions and vision for the Center. Plays a key role in integrating ongoing educational research with program planning and directing empirical study of new Center educational policies and procedures. Sabrina Cherry, MD.
- D. Associate Director for Initiatives and Integration** - member of the Steering Committee, the core leadership team, supporting the Director in her responsibilities, functions and vision for the Center. Plays a key role in developing new initiatives, and in shaping and integrating organizational and programmatic innovations, policies and procedures. Jane Halperin, PhD, MS.
- E. Steering Committee** - composed of Drs. Vaughan, Richardson, Cherry and Halperin, this committee functions as the Center's

core leadership team. The committee develops strategies, priorities, and communications for community-wide review and involvement, mindful of Center history while exploring opportunities for innovation. Important priorities include working with Center research leadership, creating a hub for psychodynamic education, enhancing our Center community, increasing utilization of our resources at Columbia University, collaborating with other psychoanalytic entities, and conducting outreach to the public at large. The Steering Committee meets weekly.

F. Executive Committee - the broader leadership team and principal governing body of the Center, this committee is composed of the director, senior associate director, and associate directors of the Center, the division chairs (see below), chair of the mentor program, the chairs of all of the major committees (admissions, curriculum, evaluation service, faculty advancement, faculty development, recruitment, research, and training), Association of Psychoanalytic Medicine (APM) president, candidate coordinator, three faculty representatives, and the co-presidents of the candidate organization. The Executive Committee meets monthly.

G. Senior Advisory Council - Council members function on an ad hoc basis as advisors to the Center Director on a broad range of subjects. Elizabeth Auchincloss MD, Anthony Bass PhD, Susan Coates PhD, Stan Coen MD, Karen Gilmore MD, Jeff Halpern MD, Jules Kerman MD, Otto Kernberg MD, Nathan Kravis MD, Eric Marcus MD, Lisa Mellman MD, Robert Michels MD, Phil Muskin MD, David Olds, MD, Sharone Ornstein MD, Dionne Powell MD, Ellen Rees MD, Beth Seelig MD, Meriamne Singer MD, Mark Sorensen MD, Marvin Wasserman MD.

H. Program Coordinator - manages all administrative issues for trainees and faculty. This includes, but is not limited to,

providing the interface between the Center and the community, serving as liaison between trainees and the Bursar and Registrar's offices, collecting and distributing assessments of trainees and teachers, managing the academic schedule and and resources available to the community including Sigi, CourseWorks, PEPweb, etc. Madrid Poultney.

I. Divisions and Division Chairs

Division of Psychoanalytic Psychotherapy Research and Education – studies and provides training in psychotherapeutic treatments derived from psychoanalytic models of the mind, psychopathology and treatment. Provides a 14-week psychotherapy course (Psychotherapy for Analysts) for advanced candidates and offers a series of courses focusing on the application of psychoanalytic principles to the treatment of patients who are not suitable for analytic treatment. The Division is responsible for directing the Center's psychotherapy training including programs in Adult Psychodynamic Psychotherapy (PPP), Child and Adolescent Psychodynamic Psychotherapy (CAPP), Transference Focused Psychotherapy (TFP), and Parent Infant Psychotherapy (PIP). Eve Caligor, MD and Anna Schwartz, MD, Co-Chairs.

Division of Child and Adolescent Training– responsible for directing Columbia's participation in the combined Child and Adolescent Psychoanalytic Training Programs of Columbia, New York Psychoanalytic (NYPSI), and the Psychoanalytic Association of New York (PANY). The Chair also oversees the Center's psychotherapy programs in Child and Adolescent Psychodynamic Psychotherapy and Parent Infant Psychotherapy. Pamela Meersand, PhD, Chair.

Division of Psychology –The Psychology Division represents the interests of the psychologist-members of the Center community. Primary functions of the Division are to organize

and run a year-long externship program for two senior PhD or PsyD students in Clinical Psychology; promote the participation of psychologists in the full range of Center opportunities; and facilitate community building among psychology faculty, candidates and trainees. The Division also participates in the recruitment of psychologists to Center programs and offers a forum for the Center psychology faculty to discuss common interests. Alison Brown, PhD, Chair.

J. Chair of Creedmoor Training – functions as a liaison between the Center and the Creedmoor Residency Training staff, plans didactic coursework, recruits, trains and retains Columbia analysts to supervise and teach didactics and process. Yael Holoshitz, MD.

K. Committees and Committee Chairs

Faculty members are appointed by the Center director to serve as chairs and co-chairs of the Center's many committees. These appointments last for the five years of a director's term. At the end of that term, committee members complete their term and new Chairs are appointed.

Admissions Committee - Jill Jacobson, MD, Chair - The admissions committee evaluates all applicants for psychoanalytic training through a series of interviews and review of written materials submitted by the applicant. The admissions committee makes a recommendation to accept, defer, or reject an applicant to the executive committee (EC) and the EC makes the final decision.

Awards Committee - Elizabeth Auchincloss, MD, Chair – meets as necessary to propose recipients for the many awards and honors that the Center bestows annually at the graduation and welcoming receptions.

Colleague Assistance Committee - Meriamne Singer MD and Mark Sorensen MD, Co-Chairs. A newly formed committee charged with providing help and support to Center members facing personal challenges.

Curriculum Committee - David Gutman MD, Sandra Park MD and Holly Schneier MD, Co-Chairs - oversees all of the didactic teaching of candidates. This includes outlining the core curriculum, making teaching appointments, reviewing course and faculty evaluations, overseeing the development of electives, and responding to changing educational needs with curricular innovations. This committee typically includes candidates among its members.

Evaluation Service - Anand Desai, MD and Emily Gastelum, MD, Co-Chairs - responsible for overseeing the initiation of all candidate control cases, whether they apply for treatment through the Center or originate in the candidate's private practice. Candidates may choose whether to ask the Evaluation Service for a case to treat or to find the case in their own practice. The Evaluation Service makes every attempt to refer incoming patients for evaluation to candidates who are eager to begin new cases. The [policies and procedures of the Evaluation Service](#) can be found on our website and should be reviewed by all candidates.

Faculty Advancement Committee - Ruth Graver, MD and Sharone Ornstein, MD, Co-Chairs - oversees the training of the Center's supervisors and training analysts through the CAPE-TSA program and promotes their ongoing work and development as faculty members. Responsibilities also include consulting to the chair of training on the assignment of supervisors, answering training analyst waiver requests, and acting in general as a resource for the Center's TSAs.

Faculty Development Committee - Deborah Cabaniss, MD, Chair - provides for the training and continuing education of all of the Center's classroom teachers, including running the CAPE-Didactics training program for advanced candidates.

Fellowship Committee - Daniel Chrzanowski MD and Jillian Stile PhD, Co-chairs - the committee selects psychoanalytic fellows and runs the yearly fellowship program (see Programs, above, for details).

Mentor Program - Jane Halperin PhD, MS, Chair -With the aims of fostering candidates' professional growth and affiliation with our Center community, the Mentor Program provides faculty mentors to support, guide and enhance career resources/opportunities for candidates during psychoanalytic training and early postgraduate period. The goal is a mutually meaningful, professional relationship for candidate and mentor.

Public Communications Committee - David Lopez, MD, Chair - seeks to build bridges to colleagues in psychiatry, psychology, neuroscience and to the general public. With the awards committee of the Center, this committee gives the Public Communications Award to honor a graduate or a trainee who has effectively communicated in print, in online media, or in other forums, the value and importance of psychoanalysis.

Public Outreach Committee - Brenda Berger, PhD and Susan Scheftel, PhD, Co-Chairs - produces public lectures and panel discussions which examine topics of interest to the broader community from a psychoanalytic perspective. The Committee shares an interest in connecting psychoanalytic thinking to the compelling contemporary issues. Members have backgrounds in literature, communications, law and other fields and share the mission of widening the engagement of analysts through conversation with members of the public as well as academics and experts in other disciplines.

Recruitment Committee – connects potential trainees with the Center’s training programs in psychoanalysis and psychotherapy. The Committee produces the annual Open House event and runs "Why Psychoanalysis?" Candidate members serve on this committee.

Research Committee - Tiziano Colibazzi, MD and Steven Roose, MD, Co-Chairs - See below, Section IV. Research at the Center.

Training Committee - Justin Richardson, MD, Chair - comprises the chairs of curriculum, faculty advancement, faculty development, mentor program, child and psychotherapy divisions, evaluation service and the candidate representative. This committee is responsible for creating and implementing educational policy across the Center and addressing the individual concerns of the Center’s trainees and teachers.

Candidate Representative – a recent graduate elected by the candidates to facilitate communication between candidates and faculty. The Candidate Representative is in regular contact with the Candidate Organization Co-Presidents, meets with the candidates once per month for a Monday lunch at the Center, and is generally available for candidate questions and consultation. The candidate representative is a member of the executive committee (EC) and presents issues of interest and concern to candidates at the monthly EC meetings. Dina Abell, MD.

The Candidate Organization - provides a forum throughout candidacy to discuss many aspects of the experience of psychoanalytic training. The CO is led by Co-Presidents, two candidates elected by the candidate body, and meets twice monthly during the Monday lunch break between classes. On the first Monday of the month the candidates meet amongst

themselves and on the third Monday they meet with the Candidate Representative. The CO often invites faculty members from the various committees to Monday lunches to learn about changes or updates that affect candidate experience and to discuss issues of interest or concern to the candidates. The CO aims to enrich the candidate experience by enhancing peer and inter-class communication, creating a space for candidates to support one another and to collaborate, identifying challenges or difficulties arising in training and working towards creative solutions, and by enhancing communication between candidates and the faculty and administration. The CO selects a recipient of the Howard Klar Teacher of the Year Award to recognize a faculty member who has been a particularly excellent instructor. The CO also identifies candidates each year who are interested in serving on various committees (such as, Curriculum and Recruitment). The CO may also organize social events. Jay Crosby MD and Rebecca Nejat MD, Co-Presidents.

Faculty Representatives—three faculty members, elected by the faculty for staggered three year terms who serve as liaisons between the faculty and the Executive Committee. Natasha Chriss MD, Jonthan House MD, and Alicia Rojas MD.

L. Teaching Faculty and Mentors

Supervisors - Center faculty members who have been designated as training and supervising analysts or supervising analysts each work with up to three supervisees throughout the candidates' training. Supervisors work on a voluntary basis.

Course chairs - Course chairs are faculty members who run individual courses, are responsible for curricular development of their course, and oversee teachers, material, readings, and yearly schedules. Course chairs have a yearly faculty meeting

in which they review curriculum for their course and also gather feedback on each candidate's classroom performance.

Instructors - Instructors are members of the teaching faculty of the Center selected to teach in the classroom. Most courses have a number of instructors who make up the faculty of that course. Faculty often begin as associate instructors and then take on greater teaching responsibilities as openings arise in their course. Occasionally, a more senior faculty member is brought in as an Instructor in an individual course without first being an associate instructor.

Associate Instructors - The associate instructor of a course is usually a recent graduate who serves both to coordinate the logistics of the course (i.e. readings, evaluations, case presenters, attendance) and to provide continuity over the length of the course. Associate instructors are selected by course chairs in collaboration with the curriculum committee through an open process. All associate instructor openings are announced widely and all members are encouraged to apply. Applicants are interviewed by the course chairs. Associate instructors new to teaching develop their teaching skills through this position and through participation in CAPE-Didactics.

Mentors – Beginning with an assigned orientation mentor and continuing with the candidate's selection of a training mentor during candidacy and the early post-graduation period, faculty mentors provide support, guidance, career development resources and advocacy. The mentor-mentee relationship is private and confidential.

V. Research at the Center

A. Coursework

“Research and Psychoanalysis” is taught in the Fall semester of the 2nd year of psychoanalytic training and reviews empirical research on topics in psychoanalytic education, practice and meta-psychology. Each class is taught by the researcher who has actually done the work and the discussion addresses content, methodology and writing for publication.

B. Research Meetings

Research meetings are held every first and third Monday of the month during the academic year from 10-11:00am and led by Research Co-Chairs Steven Roose MD and Tiziano Colibazzi MD. All faculty, candidates, psychiatry residents, other trainees and guests who are interested in and/or engaged in psychoanalytic and psychodynamic research are welcome. Please come and get involved if you are interested in exploring, planning, developing and conducting a research project or working with others on their research. An introduction to the research is held at the beginning of the academic year for all participants, and more in-depth research discussions of individual projects, journal articles, and other contemporary research issues follow throughout the academic year.

C. Center Projects and Studies

Research topics currently being pursued include functional neuroimaging tasks to understand transference and internal representations, pre-post neuroimaging of psychotherapy and psychoanalysis, psychoanalytic treatment by candidates, a prospective study of professional development in the psychoanalytic post-graduate years and other topics in psychoanalytic metapsychology and treatment.

D. Research Tutorials

Candidates interested in conducting independent study in research (which may be done in lieu of elective courses) may present written proposals to Drs. Colibazzi and Roose.

VI. After graduation

Psychoanalytic learning is a life-long pursuit, and we encourage our graduates to stay connected to the Center to advance their own learning, teaching, research, and scholarship.

The Association for Psychoanalytic Medicine (APM) is the Center's graduate association. It provides a variety of collegial and scientific activities. These include a monthly scientific meeting on the first Tuesday of each month (trainees are welcome), the Sandor Rado Advanced Psychoanalytic Seminars (RAPS Groups) covering a wide range of topics, an annual winter "Movie Night" (dinner and film screening followed by a faculty member's presentation and audience discussion at the Thalia Theater when in-person meetings are possible), and the annual Rado Lecture (a scholarly presentation by a selected faculty member). The APM publishes a Bulletin periodically, as well as sponsoring other special events including mini-courses and symposia. President, Jules Kerman, MD and President-Elect, Andreas Kraebber, MD.

CAPE - As described above, the Columbia Academy for Psychoanalytic Educators offers training programs in didactic teaching, supervising, and analyzing candidates. All graduates are encouraged to participate. Details are found above and on the [Center's website](#).

Dallas Psychoanalytic Center

Criteria for Graduation as a Psychoanalyst

To be eligible for graduation Candidates must have:

1. Engaged in a Personal Analysis.
2. Satisfactorily completed the coursework of the 5-year academic program.
3. Participated in other educational activities, including a study group, as recommended by the Education Committee.
4. Demonstrated a capacity to conduct psychoanalysis under consultation with at least three control cases, each with at least 50 consulting analyst hours, such that the Education Committee believes that the candidate has acquired the ability to conduct an analysis independent of consultation. In addition to the numerical requirements, Candidates must demonstrate to the Education Committee's satisfaction the ability to develop, understand, and conduct an analytic process in depth over time and the acquisition of the component psychoanalytic competencies as defined by the CACEF.
5. Spent at least 3 years simultaneously engaged in coursework, personal analysis and treating control cases with consultation. The 3 years of tripartite candidacy program typically begins with the initiation of the first control case. For Candidates who complete the 5-year didactic curriculum before the 3 years of tripartite engagement has been achieved, they will join ongoing classes for clinical case conferences.
6. Completed all required reports on cases under consultation.
7. Requested graduation.
8. Satisfactorily completed a graduation colloquium, as attested to by report of the Colloquium Committee to the CPC and as affirmed by EC and BOD.
9. Completed payment of all tuition, dues, and fees.

Advancing skill and scholarship since 1969

ADULT PSYCHOANALYTIC PROGRAM

This Adult Psychoanalytic post-grad training program is four years of classes and up to five years advanced status. The training of the analyst who conducts this treatment must also be intensive and thorough.

The Adult Psychoanalytic Training Program is dedicated to the exploration of the full spectrum of psychoanalytic development, theory and practice. Training is based upon the “tripartite model” which includes a personal analysis, four years of didactic seminars, and supervision of psychoanalytic work. The Denver Institute for Psychoanalysis follows the A.A.P.E. Standards for Education and Training.

Psychoanalytic education is based on a tri-part model with three complimentary learning experiences:

1. a personal analysis,
2. theoretical and clinical seminars, and
3. supervised psychoanalytic work.

This experience is broadened and conceptualized through seminars and supervised clinical work.

Students are encouraged to approach their studies with an attitude of critical thinking. Curriculum ranges from Freud to the most current evolution of contemporary psychoanalytic theory and technique and evidenced-based techniques and best practice.

The goal of the educational program is the development of those clinical skills necessary for analytic effectiveness. The program also seeks to promote psychoanalytic scholarship and research.

A patient who chooses to pursue psychoanalysis is taking on an intensive exploration of personality traits, unconscious motivations and patterns of relating to others in an effort to master emotional problems and impediments to psychic growth.

A patient who chooses to pursue psychoanalysis is taking on an intensive exploration of personality traits, unconscious motivations and patterns of relating to others in an effort to master emotional problems and impediments to psychic growth.

[Click here for the flyer](#)

**APPLICATIONS ARE
NOW BEING ACCEPTED
FOR THE SEPTEMBER
2024 CLASS**

[Click here for the
application](#)

[Click here for the Child &
Adolescent Analytic
Program Page](#)

Eligibility

All applicants must hold a valid, active and unrestricted professional license in Colorado to practice in their respective discipline. Applicants who hold the following degrees and post-graduate clinical training are eligible for training:

- A. Doctors of Medicine or of Osteopathic Medicine who have graduated from an accredited medical school or osteopathic school; and have completed or are near completion of a psychiatry residency program.
- B. Mental health professionals who have completed a doctoral level degree from an accredited mental health program and a minimum of 3,000 hours or two years full time mental health clinical experience post-graduation.
- C. Mental health professionals who have graduated from an accredited master's program which is generally recognized as the highest clinical degree in the field (currently a master's degree in social work, psychiatric nursing, or marriage and family counseling), and have completed at least two additional post-master's degree years of didactic and clinical training including 3,000 hours of clinical immersion, 60 post-masters hours of psychodynamic psychotherapy supervision and 60 post-masters hours of psycho-dynamically oriented coursework and clinical seminars, or a two year organized post-masters psychodynamic psychotherapy program including supervised clinical experience.
- D. Applicants who do not fully meet the above eligibility criteria may qualify through a waiver process that will require an additional waiver application and an external review from the American Association for Psychoanalytic Education.

Selection is based on an applicant's eligibility, suitability, and readiness. All applicants for clinical training must (i) have a license recognized by the jurisdiction of their institute that permits the clinical practice of psychoanalysis; or (ii) be in training in a jurisdiction in which the clinical practice of psychoanalysis is exempt from or not regulated by licensure; or (iii) with respect to institutes that are authorized by their jurisdictions to offer training leading to the licensure of graduates in the clinical practice of psychoanalysis, be eligible within that jurisdiction to provide clinical services as part of their institute training.

Waivers may be needed for those that do not meet the specific qualifications. We encourage you to speak to the [Admissions Chair](#) and apply early as the process can take a while.

Course Work

The adult psychoanalysis training is a four-year curriculum offered from 12 noon to 5:10 p.m. on Fridays. The coursework is divided into four class periods: Development, Theory, Technique, and Case Conference. Over the four years, the candidate's knowledge in each of these areas grows progressively richer, and the opportunities for discourse deepen.

The **Development** sequence provides the underpinnings for understanding all of the models presented in the Theory sequence and all of the psychoanalytic theories of therapeutic action. Candidates study the development of self in relation to the object from birth forward, continuing through the entire life cycle.

In the **Theory** track, psychoanalytic theory is viewed as being in a dynamic state with no single psychoanalytic "truth" prevailing. There are a number of constantly evolving models of the mind, each contributing a particular vision of the human being and the psychoanalytic situation. The Theory sequence seeks to prepare candidates to be highly informed and critical participants in the exciting debate that is currently reshaping psychoanalytic thinking.

The **Technique** sequence focuses on how to integrate theoretical concepts and developmental principles into a mode of working therapeutically with the patient.

The candidate will learn how to facilitate the development and maintenance of a psychoanalytic process, which requires the development of various cognitive and empathic skills, along with an intuition as to the timing and dosage of interventions.

The **Case Conference** gives current and advanced candidates and their teachers an opportunity to explore material from analytic processes in depth and to further integrate all that has been learned in the other three tracks.

The patients give permission for the material to be shared only in this confidential setting, with the understanding that any material by which they could be identified is carefully disguised. Each person's own clinical experience is greatly enriched by the opportunity to hear and discuss work presented by colleagues.

Supervision

The analysis of patients under supervision is an essential part of psychoanalytic education. The candidate will generally begin their first supervised analysis soon after seminars commence and will start a second supervised case within the next six months. Supervision begins at one hour per week for each case, and may become less frequent. The minimum frequency of patient sessions is four times per week, but one case in five times weekly analysis is suggested. Supervision during the termination phase is expected. The analysis of a minimum of three cases under supervision is required. Candidates are expected to work with cases reflecting different genders as well as work with cases reflecting a diversity of identity characteristics including, sexual orientation, age, religion, race, ethnicity, culture, ability status and socioeconomic status.

Candidates must submit reports and hours on a regular basis. Supervisors evaluate the candidate's progress annually and share their observations.

[View Supervisors here](#) (Supervising Analyst noted under the faculty member name)

Personal Analysis

Trainees in psychoanalytic training are required to be in analysis with a training analyst at a minimum of four, preferably five, times a week frequency, for a period of their training which substantially overlaps with the coursework and supervised cases.

The candidate's personal analysis forms the core of the educational experience around which supervised analytic work is built. Conducted by faculty, the aim of this analysis is to resolve and master neurotic personality problems, free the candidate from unconscious attitudes that might interfere with psychoanalytic competence, and provide first-hand experience of unconscious forces and resistance.

[View Training Analysts here](#) (Training Analyst noted under the faculty member name)

Application

Applications can be downloaded. Prospective students are encouraged to apply as soon as possible since class size is limited. Applications are due on January 15th of the year class begins. Classes begin every two years, in even numbered years.

After the application is submitted and reference letters are received, three interviews will be scheduled. Interviewers consider clinical experience, motivation to work closely with patients, as well as personal qualities of the applicant. The Admissions Committee and interviewers will review the application, and the applicant will be contacted regarding acceptance by mail or phone. The application process can begin at any time.

Fees

- Application Fee \$400.00
- Yearly tuition for the 2024-2025 academic year (tuition may increase each year, usually about \$100)
 - Adult Analytic: \$4,900
 - Child & Adolescent only: \$4,900
 - Combined Adult and Child & Adolescent: \$6,000
 - Child & Adolescent only after completion of Adult at DIP: 40% of full tuition (example 40% of \$4,900 = \$1,960)
 - Pre-matriculated candidate (accepted but not in a class yet) \$500 per year
 - Advanced Candidate fee: \$1,000 per year up to five years
- Supervision Fee

- for candidates in the first four years of training \$100/session (starting 2023, and subject to change)
- for advanced candidates the supervision fee may be negotiated directly with their supervisor
- Leave of Absence \$300 per year

Tuition is due annually before the start of class and is nonrefundable after September 1st. Candidates may pay by check or credit card.

In many years, APsA has offered Interest-free loans to analytic candidates who are APsA Candidate Members and have completed at least one year of training. There is an application process. Loans are up to \$5,000 and must be repaid within six years. Email notice about this is sent to candidates.

Graduation Requirements

The minimum requirements to graduate from the Denver Institute for Psychoanalysis program include:

- Satisfactory completion of all curriculum requirements, including didactic course work, continuous case seminars, reports, and analytic colloquia.
- Must have three supervised analytic cases. The candidate has analyzed patients of different genders. The cases should represent a range of psychopathology usually treated by psychoanalysis and cannot all fit one diagnostic category. The frequency of patient sessions will be no less than four times per week. At least one case has terminated or is proceeding toward what appears to be a satisfactory termination. If there has been no case terminated prior to graduation it is expected that the candidate continue consultation with their supervisor until the case the case is terminated.
- The candidate has had a minimum of 200 total hours of supervision between three different supervisors.
- All necessary case reports have been completed and approved by the supervisors.
- The candidate has demonstrated the capacity to enable an analytic process to develop satisfactorily.
- Candidates are obligated to tell their control cases of their completion of training from the Denver Institute for Psychoanalysis once they have been approved for graduation.
- Had an analysis with a training analyst for a period of their training which substantially overlaps with the coursework and supervised cases.
- All fees and tuition have been paid in full.

Statistics

Graduate Credentials (90)

- MD - 59
- PhD - 12
- PsyD - 9
- LCSW - 4
- LSWII - 1
- LPC - 1
- DO - 1
- M.Div. - 1
- MSN - 1
- PMH CNS - 1

Affiliations



AAPE standards for the education and training of psychoanalysts follow the requirements of the tripartite Eitingon model.

AAPE standards meet or exceed the requirements of the International Psychoanalytic Association (IPA).

APSA's approved training institutes and new training facilities maintain the highest quality psychoanalytic education as currently outlined in APSA's Standards and Principles for Psychoanalytic Education. [Approved training institutes](#) maintain and implement the applicable educational, administrative, and professional standards of this Association for the teaching of psychoanalysis and the training of psychoanalysts.

Clinical psychoanalytic training programs in Adult Psychoanalysis and/or Child and/or Child and Adolescent Psychoanalysis reflect the educational requirements, clinical training, and clinical experience necessary for an individual to become a competent psychoanalyst. In addition, many APSA institutes/centers offer clinical training in Psychoanalytic Psychotherapy, as well as offer Academic and Research training programs.

The Department of Psychiatry is a diverse community of staff and faculty dedicated to brain health for all, for life.

With over 300 regular, affiliate, and volunteer clinical faculty, the department works to improve mental healthcare in our area. The department is dedicated to valuing all people and is committed to diversity and inclusion in its clinical, research, treatment, and educational activities.

Notice of Nondiscrimination

The Denver Institute for Psychoanalysis prohibits discrimination and harassment in any of its activities, including admissions, on the basis of race, color, religion, creed, national or ethnic origin, ancestry, disability, military or marital status, sex (including pregnancy, sexual orientation, and gender identity and expression), age, or any other characteristic protected under applicable federal or state law.

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Candidate Self-Evaluation

Beginning in the 2016-2017 academic year, we are asking candidates to provide semi-annually a brief description (one or two paragraphs and no longer than a double-space page) of their development and progress as an analyst, analytic psychotherapist, or core candidate. We are hoping that this more formal reflection on how you are tracking your own analytic growth will be of benefit both to you and your respective progression committees. Though candidates are exposed to many different perspectives and must grapple with a complex set of challenges, each candidate goes about learning in his or her own particular fashion and we hope to stimulate your own self-reflection regarding this educational journey. Please feel free to write about any aspect of your education that is personally meaningful for you, but the **centerpiece of your write-up should be what you perceive as your clinical and educational strengths and challenges.** Although optimally you will be receiving continuous feedback from your supervisors and educators, we are interested in your own self-reflections independent of this formal input.

Please share and discuss these written reflections with your Faculty Advisor at your FA meeting prior to the Spring and Fall Progression Committee meetings. This will help your Advisor to facilitate discussion of your progress at these progression committee meetings. Also provide a copy to the Institute Administrator. Remember that this write-up should be a paragraph or two but no longer than a double-spaced page.

GRADUATION FROM EUPI

Adapted from Institute for Psychoanalytic Education (IPE) affiliated with NYU School of Medicine

Graduation from EUPI means recognition of your competency to conduct independent psychoanalytic treatments, and your fulfillment of the educational and ethical standards of EUPI and national standards of the American Psychoanalytic Association. It is a great accomplishment, a milestone on the lifelong journey of professional learning undertaken by psychoanalysts.

PATHS TO GRADUATION

Consideration for graduation may be initiated by you or by your Faculty Advisor (FA) or the Analytic Progression Committee (APC) Chair. If you feel ready to graduate, bring this to the attention of your Faculty Advisor, who will ask the APC to review the request. If the APC decides that a formal graduation discussion is warranted, this discussion will include your Faculty Advisor, your Supervisors, and members of the APC. Such a discussion usually takes some time to arrange. The process is essentially the same if initiated by your Faculty Advisor.

Specific Graduation Requirements

- (1) You have been in a personal analysis for a substantial period of time during your analytic work with your training cases.
- (2) You have engaged in supervised analytic work of a minimum of three adult non-psychotic cases; and ultimately have been approved to conduct unsupervised analysis.
- (3) At least two cases of different genders should have progressed beyond the opening phase. One of these must exhibit elements of an Early Middle Phase, and the other, the characteristics of an Advanced Middle Phase (see “Phases of Analysis”).
- (4) Your Senior Case Report on one of these two cases has been approved by your APC Graduation Subcommittee (see “Senior Case Report”).
- (5) You are expected to demonstrate most of the analytic proficiencies described below, indicating the ability to work independently.
- (6) Written reports on all training cases and clinic consultations are up to date.
- (7) You have presented at Continuous Case Conferences during candidacy.
- (8) Tuition and case fees have been paid in full.

While the input of supervisors is crucial to these deliberations, no single supervisor has an overview of a supervisee's candidacy and, therefore, cannot determine your readiness to graduate.

The APC is interested in the overall quality of each candidate's development as an analyst. At the same time, there are minimum case requirements. Candidates are occasionally concerned about whether a case will "count" if the frequency of sessions attended is less than 4 times weekly for a portion of the treatment or if the treatment ends prematurely. EUPI understands that not all psychoanalytic treatments are ideal for a variety of reasons that may or may not be related to the quality of the candidate's efforts. The APC pays particular attention to how the candidate worked with each patient and to his or her analytic understanding of what happened in the treatment. All cases are evaluated by the APC in the context of the entire body of the candidate's work.

The APC, in consultation with your Faculty Advisor and supervisors, reviews your entire educational experience to determine your fulfillment of specific requirements, discussed below, and substantial, progressive achievement of the clinical competencies EUPI deems necessary for independent psychoanalytic work.

If the APC concludes it is educationally optimal for you to have additional experience (e.g., to begin an additional case, to have further supervision with an ongoing case, or to work independently on a case previously supervised), this will be communicated to you by your Faculty Advisor.

If your Supervisors and the APC concludes that you are ready to graduate, it will make this recommendation to the Executive Committee. The EC is the body responsible for the final determination of eligibility for graduation. Your Faculty Advisor or the APC Chair attends an EC meeting to present an overview of your training and the process by which the APC arrived at its recommendation. On rare occasions, the EC requests additional information or discussion following this presentation.

In the event of a disagreement between the APC and a candidate regarding the candidate's readiness to graduate, an appeals process is available to the candidate. If you strongly disagree with the APC's recommendation for further work prior to graduation, you may request a review by the Candidate Grievance Committee (CGC), which is an ad-hoc subcommittee of the Executive Committee. The subcommittee consists of the Institute Director or an Associate Director and two other EC members or Faculty Members chosen by them, neither of whom are on the APC nor have supervised you. The subcommittee meets with you and with the Faculty Advisor (or APC Chair), and may avail itself of materials as needed (APC reports, supervisory and/or instructors' evaluations, etc.). Two possible outcomes of this review are: 1) the subcommittee endorses the APC's position; or 2) the subcommittee requests that the APC reconsider the candidate's record in light of new or expanded information. Should the CGC decision be unsatisfactory to you, a final recourse would be for you to request a hearing before the full Executive Committee to directly appeal your case.

If you do not want to abide by a recommendation for further training and you have completed the four years of classes, you will be offered a nonclinical Emory diploma stating that you have completed “a four-year program in the study of the Theory of Psychoanalysis.”

Reminder! A terminated case is not required for graduation; however, it is the responsibility of the graduate to resume supervision during the termination phase of at least one analysis begun during candidacy, should the termination occur post-graduation.

The EUPI program is designed to help you to qualify for American Board of Psychoanalysis (ABP) certification if you choose to pursue it, either pre-graduation or post-graduation (see appended ABP “Guidelines for Evaluating Applicants for Certification”).

ELEMENTS OF PSYCHOANALYTIC COMPETENCY

The following categories inevitably overlap but are useful in orienting candidates, supervisors, and the Analytic Progression Committee in thinking about the development of analytic skills.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not – during candidacy, by the time of graduation, and throughout one's career. The proficiencies will emerge as part of one's learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and supervision that a judgment can be made about your ability to work independently, and thus to graduate.

Analytic Attitude and Stance

Exercises good clinical judgment

- During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training.
- In helping the patient transition from the consultation or psychotherapy into analysis.
- Throughout the analysis.

Capacity for analytic listening

- Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude.
- Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate.
- Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning.
- Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised.
- Focuses predominantly on the internal world of the patient.

Dependability, steadfastness, patience, and commitment to the analytic task

- Sustains capacity for empathy.
- Works effectively with defenses, resistances and transferences, including when these become entrenched.
- Tolerates not knowing, ambiguity and frustration.
- Observes and respects personal and ethical boundaries.

Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient.
- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient.
- Is aware of personal limitations in working with certain types of patients.
- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy.
- Notices and is motivated to analyze one's own mistakes and enactments, and can recover

from a loss of analytic stance.

Interventional Skills

Effectiveness of interventions

- Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions).
- Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient.
- Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions.
- Grasps the nature of a patient's response to interventions and reflects on its meaning.
- Helps the work broaden and deepen, facilitating patients' progress in their analyses.

Flexibility of interventions

- Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions.
- Considers whether working in the transference or outside the transference at given moments will further the analysis.
- Works effectively with surface and depth, defenses and wishes.
- Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past.

Conceptual Skills

- Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized.
- Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit.
- Follows the flow of material within the session, as well as the macro-development of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis.
- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change.

Written Reports

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive.
- Able to convey process: what led to what in the analysis.
- Conveys and reflects upon problems and struggles in the analysis as well as future challenges.
- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished.
- Reflects on the role of supervision in the work with the patient.

Supervisory Process

- Presents material candidly and lucidly.
- Accepts and learns from constructive criticism.
- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find his or her own "analytic voice."
- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently.
- Recognizes the indications for and is willing to seek supervisory input in the future.

PHASES OF ANALYSIS

The following schematic description delineates many key aspects of a developing analytic process. It is characterized most importantly by processes that focus on the analysis of transference manifestations in relation to the person of the analyst. However, this does not imply that all analyses follow a linear course; in reality few analyses are “typical” and many variations occur in successful analyses. For example, there may be sudden shifts in the balance between expressions of transference and resistance, temporary advances and/or regressions, unexpected enactments, crucial insights that are seemingly lost, and external events that impact the analysis (e.g., insurance issues, job changes, educational requirements, marriages, births, deaths, the patient’s and/or the analyst’s health, and the like). These and many other occurrences require the analyst to be flexible, patient and open to the “unexpected” with patients and with his or her responses to these situations. Furthermore, transference elements may often be effectively analyzed in relationship to significant others in the patient’s life; work with some patients may involve exploration of challenges to the frame repeatedly throughout the analysis or at later phases rather than being restricted to the opening phase. The analyst’s increasing confidence and clarity of understanding in mid-phase may alternate with periods of uncertainty or even perplexity. Furthermore, the technical emphasis of the opening phase may differ for some patients with more severe pathology.

We offer this description to candidates at EUPI as an educational tool that can be useful in discussion with supervisors, Faculty Advisors, and continuous case instructors, as well as for personal reflection, while simultaneously recognizing that there can be controversy about what constitutes an analytic process.

Opening Phase

The analyst and analysand begin to experience being with each other in this new and unusual relationship in which the patient is invited to share whatever comes to mind while (typically) lying on the couch without face to face contact with the analyst. The patient begins to learn that it is useful to share with the analyst not only symptoms, but a variety of data, such as childhood experiences, what is going on in the here-and-now, dreams, slips of the tongue, visual images, bodily sensations, and thoughts and feelings about the analyst. As the patient starts to appreciate that meanings attached to these experiences may be inter-connected, he or she also begins to understand how to work with this material. A major aspect of analytic work in this beginning period involves helping the patient to become aware of his or her resistances, and to begin to realize the power of these manifestations of defense in order to become attentive to and understand the ways they may appear, as well as the conscious and unconscious affects they are intended to avert. In other words, the patient begins to become aware of the existence of internal conflict. These resistances are often expressed in challenges to the frame in contexts such as establishing analytic frequency, the fee, free associating, using the couch, and the handling of missed sessions and personal questions about the analyst. In addition, both analyst and patient begin to recognize some elements of their transference and countertransference reactions, and the patient becomes increasingly aware that there is a dynamic unconscious. The time period necessary for this beginning work varies widely for different patients; in rare instances it may take months, but more often one to two or three years, and even longer with some patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the patient, and the analysis as a structure and process can become increasingly stable. An initial focus on reporting of symptoms begins to give way to a greater emphasis on the meanings of symptoms and on character. Transference-countertransference manifestations are gradually clearer as more and more derivatives offer evidence that support the analyst's interpretations, especially as resistances are worked with analytically. They may be experienced in fantasies and enactments expressed verbally or in action. These provide useful material for both patient and analyst to explore, and result in both the patient's fuller awareness of transference and the analyst's greater awareness of both transference and countertransference. The analyst often experiences more confidence in understanding the analysand's psychology and in his or her interventions. This, too, is subject to vicissitudes and challenges to certainty – as evidence may emerge that requires revision of previous interpretations. Some modifications are often observable in the patient's defensive style and ability to reflect on internal states and motivations – including the patient's reflecting upon the internal state of the analyst - as well as resistances to doing so. As this phase develops, with its deepening of the transference (and the patient's fuller appreciation of it), the analyst's interventions may place a greater emphasis on the here-and-now of the patient's mind within the session and less on the external life of the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to the patient. The patient- analyst pair engages in increasingly productive analysis of transference-countertransference patterns that have become more clear, interpretable, and workable, as well as reconstruction of the influence of childhood experiences, including traumatic events that have shaped childhood and current experience. Interpretations of specific content in these areas may become more prominent relative to work on defense and resistance. The patient's productions are usually more coherent, so that links between transference and extra-transference, and past and present become more evident and accessible to the patient and analyst. This may contribute to the analyst's increasing pleasure and/or freedom to interpret. Core conflicts are worked on over and over again in an affectively vivid way in the here-and-now and there-and-then, as various facets of these conflicts become manifest in the patient's life as well as in the analytic situation; the patient can also better appreciate connections between the two. Some significant changes in the nature of the relationship with the analyst, and/or in the patient's life outside the analysis, usually take place. The patient also evidences greater ability to engage in self-analysis; s/he notices new resistances as well as the old defensive patterns and some increased flexibility to use a greater variety of defenses, and a more developed and differentiated affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an appreciation of the conflicts that underlie manifest complaints, although the latter may not always remain conscious. By this time the patient has a fuller, more complex, and nuanced view of the personal narrative presented at the beginning of the analysis, and there is significant improvement in the problems that brought him or her into treatment. Core conflicts and complaints are inevitably revived, although usually -- but not invariably -- with less intensity,

as termination is anticipated. This period offers an opportunity to further elaborate these core

conflicts in the context of the impending loss of the analyst as a representative of old object relationships, as well as a real person and a daily presence. This work is done with a greater sense of independence from the analyst and of self-reliance to do analytic work. Emotional appreciation of the reality and meanings of loss is inevitable (and necessary for an internalization of the analytic relationship and process to become structured). Themes of loss and mourning are common, as the patient relinquishes idealized fantasies that pertain to the analyst and to him or herself, even after the completion of a successful analysis. The analyst also deals with the loss of the patient and his/her countertransference responses that often mirror the patient's experiences of object loss. Both parties develop an awareness of the limitations of the treatment and an appreciation of what it has accomplished.

SENIOR CASE REPORT

The Senior Case Report is your opportunity to describe in writing the analysis-to-date of a supervised control case that represents your best analytic work. It provides a synthetic and integrative description of the treatment that brings to life the analytic process and your place in it – a rendering of your understanding of your analysand and how you have worked with him or her analytically. This capturing-in-writing of process and content will allow you to consolidate and further demonstrate your understanding of major analytic concepts and competencies. The format should match that of an American Board of Psychoanalysis (ABP) case report for pre- or post-graduation certification (twenty double-spaced page limit, 1” margins, 12 pt. font). For details, please see the attached ABP “Guidelines for Evaluating Applicants for Certification”; and the description of case-writing in the EUPI Candidate Manual.

When APC deems you are ready to take this final step toward graduation and EC approves it, the APC Chair will appoint a three-member Graduation Subcommittee to review your Senior Case Report. The chair of this Subcommittee will be the supervisor of the case selected for your Report. It will also include one member of APC and one non-APC faculty member, neither who have supervised your Institute cases.

If you have satisfactorily completed Part One of ABP Pre-Graduation Certification, you will have already written two such reports in this format. The Chair of APC, assisted by your Faculty Advisor and supervisors, will review these reports and help you select one to use as the basis for your Senior Case Report. You will need to update the report to reflect your work-to-date. If you have not participated in ABP Pre-Graduation Certification, the Chair of APC will consult with your Faculty Advisor and supervisors to help you select your case. In either circumstance, your Graduation Subcommittee will work with you in an educational and editorial capacity to improve the clarity, depth and scope of your report to reflect the full extent of your analytic education and your analysand’s progress in the analysis.

When your Subcommittee approves your Senior Case Report, the APC Chair reports to Executive Committee that you have completed all requirements for graduation.

EUPI ANALYTIC SUPERVISORY REPORT

BACKGROUND INFORMATION

Date of report:				
Candidate's name:				
Case No.:				
Date analysis began:				
# Analytic hours per week:	(if lesser freq., explain in report)			
Supervisor's name:				
# Supervisory hours to date:				
Frequency of supervision:				
This patient is the [specify the number] case attempted by this candidate:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th
	<input type="checkbox"/> 5 th or greater			
Year of candidacy:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th
	<input type="checkbox"/> 1 st or 2 nd Year Post-Class		<input type="checkbox"/> Beyond	
Phase of analysis: (check one)	<input type="checkbox"/> Case development			
	<input type="checkbox"/> Opening phase			
	<input type="checkbox"/> Early mid-phase – mid-phase (circle one)			
	<input type="checkbox"/> Advanced (or deep) mid-phase			
	<input type="checkbox"/> Entering (or in) termination phase			
When was the content of this report shared with your supervisee?				
How did your supervisee react?				

Signature _____

Please be sure to fill out the narrative portion on the following page.

Narrative Report- *See following pages for guidelines.*

GUIDELINES FOR NARRATIVE PORTION OF SUPERVISORY REPORT

Please keep the following in mind when writing your narrative supervisory report:

- o **Provide specific examples of the candidate’s strengths and weaknesses**, rather than using general terms
- o **Keep data about the patient to a minimum** (only as necessary to understand the candidate’s work)
- o **Address what is currently relevant to you and your supervisee** (the items regarding psychoanalytic competencies below are suggestions that will not pertain to all supervisory situations at the time of any given supervisory report)

.....
1. Analytic Attitude and Stance

- **Exercises good clinical judgment**
 - o During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training
 - o In helping the patient transition from the consultation or psychotherapy into analysis
 - o Throughout the analysis
- **Capacity for analytic listening**
 - o Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude
 - o Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate
 - o Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning
 - o Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised
 - o Focuses predominantly on the internal world of the patient
- **Dependability, steadfastness, patience, and commitment to the analytic task**
 - o Sustains capacity for empathy
 - o Works effectively with defenses, resistances and transferences, including when these become entrenched
 - o Tolerates not knowing, ambiguity and frustration
 - o Observes and respects personal and ethical boundaries

2. Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient
- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient
- Is aware of personal limitations in working with certain types of patients
- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy
- Notices and is motivated to analyze one's own mistakes and enactments, and can recover from a loss of analytic stance

3. Interventional Skills

- **Effectiveness of interventions**
 - Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions)
 - Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient
 - Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions
 - Grasps the nature of a patient's response to interventions and reflects on its meaning
 - Helps the work broaden and deepen, facilitating patients' progress in their analyses
- **Flexibility of interventions**
 - Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions
 - Considers whether working in the transference or outside the transference at given moments will further the analysis
 - Works effectively with surface and depth, defenses and wishes
 - Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past

4. Conceptual Skills

- Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized

- Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit
- Follows the flow of material within the session, as well as the macro-development of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis
- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change

5. Written Reports

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive
- Able to convey process: what led to what in the analysis
- Conveys and reflects upon problems and struggles in the analysis as well as future challenges
- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished
- Reflects on the role of supervision in the work with the patient

6. Supervisory Process

- Presents material candidly and lucidly
- Accepts and learns from constructive criticism
- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find his or her own "analytic voice"
- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently
- Recognizes the indications for and is willing to seek supervisory input in the future

7. Future Areas for Candidate and Supervisory Attention



Certification Committee's Core Psychoanalytic Competencies

GUIDELINES FOR EVALUATING APPLICANTS FOR CERTIFICATION

Introduction: The following clinical skills compiled by the members of the Research and Development Committee and the Certification Committee are believed to be those present in competent analytic work. They are included here in order to give applicants an idea of what the committee looks for when evaluating work submitted for certification. Some of the skills are more specifically analytic than others, and many overlap. Most skills can be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. The committee members use the components of the list as guidelines only, not as a set of required criteria rigidly held in some perfectionistic view of analytic technique, process or clinical results. We hope that applicants will also use this list to guide them in deciding what to include in the reports of their work and not use it in such a way as to skew or constrain their own way of conveying what is essential to each individual case.

1. **Assessment and Diagnostic Skills.** The analyst:
 - a. Demonstrates the ability to assess the phenomena of the patient's psychopathology and make a clinical diagnosis.
 - b. Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. as determinants of these phenomena.
 - c. Demonstrates the ability to make an assessment of the patient's suitability for psychoanalysis.
 - d. If there was a previous treatment, the analyst demonstrates understanding of the potential effects of this on the analysis.
 - e. Demonstrates the ability to assess a patient's need for psychotropic medication; if prescribed, demonstrates the ability to assess the effects of the medication on the patient and on the analysis.
 - f. Demonstrates competence in assessing the influence on the analysis when either the analyst functions in a dual role as analyst/prescriber or an outside consultant provides medication.
2. **Conceptualization and Formulation.** The analyst:
 - a. Distinguishes between evidence and hypothesis.
 - b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.

- c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
- d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

N.B. Conceptualizations and formulations do not necessarily have to be articulated directly in the reports, as understanding of these can be conveyed through the narrative of the work itself.

3. Psychoanalytic Attitude and Attunement. The analyst: a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.

- b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
- c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
- d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.
- e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
- f. Demonstrates an ability to help patients engage in the psychoanalytic process.
- g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
- h. Demonstrates ability to work with patients of both sexes.

4. Technique a. Interventions are succinct, to the point, and experience near.

- b. Demonstrates sensitivity as to timing of interpretations.
- c. Can assess the effects of interventions on the process of the analysis.
- d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
- e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
- f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.

5. Transference a. Demonstrates recognition that transference is central to the analytic work.

- b. Demonstrates the capacity to interpret within the transference.
- c. Can be available for and facilitate the development of manifold transferences.

d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.

e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.

f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.

g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the transference.

6. Resistance a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.

b. Demonstrates ability to expand patients' conscious awareness of the nuance and complicated workings of resistance or enactments.

7. Role of the Analyst a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.

b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.

c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.

d. Interventions do not impose the analyst's own personal agendas.

e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.

f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).

8. Psychoanalytic Progress and Process a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.

b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.

c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.

d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.

e. Demonstrates evidence of improvement in the patient's problems and changes in the analysand's way of perceiving and relating to self and others as a result of the analysis.

f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.

g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.

9. Ending of the Analysis a. If the analysis comes to a natural termination, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.

b. If the analysis comes to a premature termination, but nevertheless ends with a termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.

c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.

d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.

10. Ethical Considerations a. Demonstrates a professional identity with an uncompromising commitment to patient responsibility.

b. Demonstrates uncompromising integrity and consistently maintains the highest of ethical standards.

c. Demonstrates recognition of need for personal consultation should possible boundary or other ethical challenges emerge.

11. Overall Competence of Analyst

a. Overall coherence of application

b. Growth over the course of the analyst's work

Institute of The Florida Psychoanalytic Center



Candidate Manual 2020-2021

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Introduction

Welcome to the Psychoanalytic Training Program of Institute of the Florida Psychoanalytic Center (IFPC)

The Florida Psychoanalytic Center seeks to create a mutually respectful and supportive learning environment in which questions and concerns are invited to be expressed and are addressed as openly as possible. The information in this manual and on our website will serve as an introduction and guide to the structure and procedures of the Center as it applies to your training to become a psychoanalyst. There are a range of people who can be called upon to answer any questions that may remain after you have read this manual: the individual Advisor who is assigned to each candidate; the analyst who serves as the Liaison to Candidates for the Education Committee; other members of the Faculty; and more senior Candidates.

The Center's web address is www.floridapsychanalytic.org. The website has a member's section in which you will find this manual (or the latest version of it) and other materials relevant to psychoanalytic Candidates. Login information for this section of the site can be obtained from the Administrator.

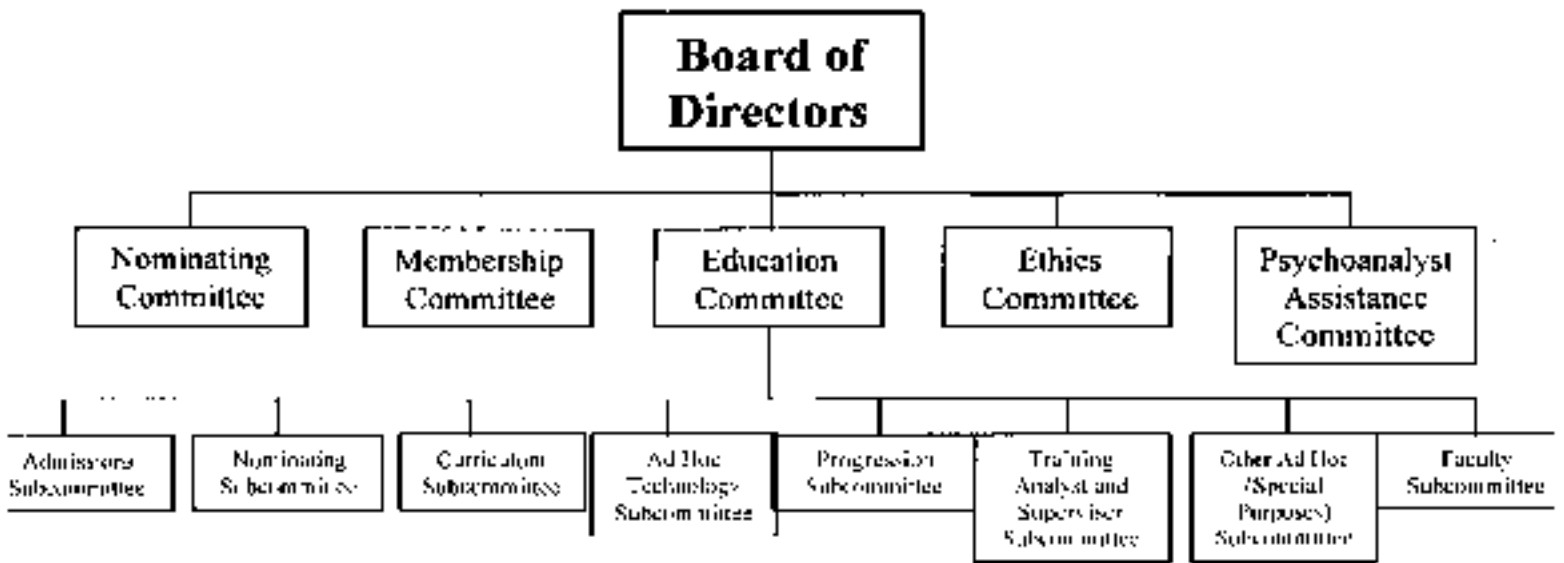
The Institute of the Florida Psychoanalytic Center's Psychoanalytic Training Program is an approved member institute of The American Psychoanalytic Association (APsAA). Its purpose is to educate Candidates in the theory and practice of psychoanalysis and to graduate them as psychoanalysts. The Center benefits from the guidance and the rigorous standards provided by APsAA.

The Board of Directors of the Center is responsible for the Center's administration. The Board's members are elected according to its Bylaws. The Education Committee (EC) also referred to as the Institute, operates autonomously in most ways but reports to the Board. The EC is the chief committee of the Center overseeing the education of Candidates. It is composed of the Training and Supervising Analysts, the Faculty Liaison to Candidates, other officers, and the chairs of its committees. The EC is responsible for all aspects of the education of Candidates, including approving each step of their progression through the training program.

Upon graduation from the Center, clinical graduates receive a diploma attesting to their status as a fully trained psychoanalyst. Following graduation, the analyst is encouraged to become an Active Member of the Florida Psychoanalytic Center and of APsAA. Active Members of the Center join the faculty and become actively involved in educating candidates. Upon graduation, didactic graduates receive a certificate of completion of didactic training in psychoanalysis. Didactic graduates are encouraged to become Clinical Affiliate Members the Center and of APsAA and to become actively involved in education.

The Center encourages its clinical graduates to take the additional step of becoming certified in adult psychoanalysis by the American Board of Psychoanalysis (ABPsa). The certification process consists of the graduate's submitting written case reports on two analytic cases of different genders to the ABPsa Certification Committee and being interviewed by members of that committee. The Center is happy to assist in this process, formally through courses on case writing that are part of the training program, and informally after graduation through consultation with a certified analyst.

It is unethical for a candidate, prior to graduation, as a clinical candidate, to present himself/herself to the public as a psychoanalyst.



The Psychoanalytic Training Program

The Institute of the Florida Psychoanalytic Center follows the tripartite model of psychoanalytic education that is used by all institutes approved by the American Psychoanalytic Association and the IPA (International Psychoanalytical Association). The model consists of a personal analysis, supervised analytic work with at least three patients, and coursework. It is useful to understand the role of the Administrator, Advisor and the Progression Committee in your analytic education as well as the requirements of the personal analysis, supervised casework, and didactic coursework.

Administrator

The Administrator of the Center carries out all administrative matters of the Center. Our current Administrator is Martha Ortiz. The responsibilities of the Administrator include the following:

- General office manager
- Liaison to the American Psychoanalytic Association
- Record keeping for the Center and all of its committees
- Communications coordinator including email, teleconferencing, answering voicemail messages to the Center, keeping the Center calendar
- Administrative assistant to the committees of the Center and Committee chairs, including attending committee meetings as necessary
- Assistant to the Program Committee Chair in setting up and conducting Scientific meetings
- Billing of fees owed to the Center
- Payment of bills owed by the Center
- Website maintenance

Advisor

Upon acceptance for psychoanalytic training each Candidate will be assigned a Faculty Advisor. The Advisor's role is to facilitate the Candidate's progression through training and his or her development as an analyst. The Advisor provides information, clarification, advice and support to the candidate and serves as a liaison between the candidate and the Progression Committee, the Education Committee and other relevant Institute Committees. The Advisor is also a support person for the Candidate. They are available to help the candidate with questions of any kind along the way, to help the candidate in possible conflicts with supervisors, analysts or teachers, or to assist the candidate with any needs that may arise.

In addition to being a support person, the Faculty Advisor is the point of contact for the candidate in a number of situations. The Advisor should be notified when:

- a) A candidate begins a new control case after consultation with the Supervisor
- b) A candidate wishes to change supervisors
- c) A candidate has an emergency or a necessary planned absence from class. The instructor and administrator should also be notified.
- d) A candidate wishes to begin an analytic case without supervision after credited experience is gained with at least three supervised cases. Permission is determined by the EC. If permission is granted, the candidate will provide the Faculty Advisor with periodic cumulative written reports on each unsupervised case.
- e) If for any reason a candidate wishes to take a leave of absence from training, the candidate should first arrange to meet with the Faculty Advisor to discuss the leave request and how to handle any ongoing analytic cases. The candidate is not required to offer a reason for requesting a leave.
- f) When a candidate wishes to terminate a leave of absence, they should first meet with their advisor and submit the return request in writing to the Progression Committee.

Candidates are required to meet at least twice yearly (at the time of Progression, see below) with their Advisor in order to review their development as analysts and their experiences in seminars and supervision. These meetings provide the opportunity to review Instructors' and Supervisors' reports, discuss a Candidate's areas of strength and areas in need of further development and anticipate future progression steps.

Advisors are assigned by the Chair of the Progression Committee. The Advisor cannot be the Candidate's Analyst or a current Supervisor. Should the Candidate wish, a change of Advisor can be made at any time and for any reason during training. You may contact the current chair of the Progression Committee for more information.

Progression Committee

The Progression Committee, a committee of the Education Committee (EC), monitors and facilitates the progress of each candidate throughout the course of analytic training. Written reports from supervisors are used to help assess the candidate's development as an analyst and his or her readiness to progress to the next training milestone. The Progression Committee has an evaluative function. Candidates are evaluated on their progress throughout the training. However, the philosophy of the progression process is to facilitate candidates' success by recognizing and reinforcing a candidate's strengths and also identifying if there are any areas of difficulty that need to be addressed.

The Progression Committee, composed of four graduate analysts, meets twice a year with each candidate's advisor and supervisor(s) to discuss the candidate's progress in their work with patients and their participation in classes. Each supervisor for each control case also evaluates the candidate in order to assess his or her strengths and areas in need of further development in conceptualizing, listening, intervening analytically and learning (see Appendix B, FPI Learning Objectives for Progression Criteria to assess Beginning, Mid-Level and Senior Level of Candidates' Clinical Development). Supervisors provide a written evaluation of clinical work and discuss the evaluation with the candidate every six months. (SEE Appendix B) Copies of each supervisor's evaluation are sent to the Advisor, the Chair of the Progression Committee, and each of the candidate's other supervisors.

Each biannual meeting of the Progression Committee will include a review of each candidate's readiness to begin either their first analytic case or their readiness for a new case(s). Typically, before being approved to begin seeing a first control patient a candidate must be in their training analysis at a frequency of four to five times weekly for a minimum of six months and if they are in supervision, there should be input from the current supervisor regarding readiness to begin analyzing a control patient. If these criteria are met permission is often given after the completion of the first semester of classes. Having the possibility of a control case in one's practice is not relevant to the question of candidate readiness to take on a case. Candidates who do not yet have a case will be reviewed for readiness in connection with the criteria to take on their first case (i.e. the candidate must be in their own training analysis at a frequency of 4-5 times a week and if relevant input by a current supervisor regarding readiness). In the event that a candidate has a potential analytic case and the Supervising Analyst agrees on the candidate's readiness, but the timing of the next Progression Committee could interfere in developing the case, the candidate can request an interim review by the Progression Committee. An email to the Chair of the Progression Committee will suffice. A review would involve members of the Progression Committee, the Advisor and any Supervisors of current control cases. It is also possible that a Supervisor who is not on SA could weigh in on the readiness determination.

1. A candidate's first control case must be supervised by a local supervisor.
2. For the second and third control cases a candidate may choose an approved Supervising Analyst from another Institute. A list of non-local analysts who have been approved to supervise is available on the website. The supervising analyst must agree to submit twice yearly reports to the

Progression Committee in accordance with Progression Committee deadlines. The analyst must also agree to participate in the twice-yearly Progression Committee meetings.

3. If difficulties arise in obtaining a local supervisor for the first case, a candidate may submit a request in the Progression Committee that their first case be supervised by a non-local supervisor. The Progression Committee will evaluate such requests on a case-by-case basis.
4. To appropriately protect the privacy and confidentiality of candidates, the Progression Committee has leeway to choose to report or not report such requests the EC for approval.
5. A candidate may request a supervisor who is not on the list of approved supervisors. That analyst would need to go through the process of being evaluated and approved by the Training/Supervising Analyst Development Committee.

The procedures for beginning second and third supervised cases are as follows:

1. Readiness to begin the next supervised case (with a new Supervising Analyst) is determined by the candidate in consultation with the current supervisor, and requires a review by the Progression Committee and approval by the EC, on recommendation by the Progression Committee. The candidate should initiate contact with the Chair of Progression to request permission to begin another control case.
2. In the event that a candidate has a potential analytic case and the Supervisor agrees on the candidate's readiness, but the timing of the next Progression Committee meeting could interfere in developing the case, the candidate can request an interim review by the Progression Committee. An email to the Chair of the Progression Committee will suffice. A review would involve members of the Progression Committee, the Advisor and any Supervisors of current control cases. It is also possible that a Supervisor who is not an SA could weigh in on the readiness determination.

When any new case is begun (after consultation with the Supervisor), the candidate completes the Patient Informed Consent form (Appendix A) with the patient and retains that completed form in his/her case file. The form must also be forwarded to the Administrator of the Institute to be placed in the Institute's files. He/she then promptly notifies the Advisor, the Chair of the Progression Committee and the Administrator of the Center by means of the "Report of New Control Case" form. Samples of these forms are in Appendix A.

All decisions by the Progression Committee regarding a candidate's readiness to begin a case must be approved by the EC. In the event there is an interim review of a candidate's situation, the LC will be informed of the Progression Committee's decision to allow the candidate to take on a case and there is an opportunity for any EC member to express concerns if they have them.

The Progression Committee also assesses readiness for graduation. Candidates who have fulfilled all the criteria for graduation apply to the Progression Committee for permission to graduate. After determining that all the criteria have been met and that the candidate's supervisors are in support of the request, the Progression Committee will recommend to the Education Committee that the candidate be approved to graduate.

If a candidate's work is not progressing satisfactorily, the Progression Committee and the Education Committee will make every attempt to assist the candidate. Possible suggestions include: alteration of the candidate's curriculum, a change of supervisor, resumption of personal analysis if this has been terminated or adding another control case, among other possibilities. If problems persist, academic or interpersonal, the candidate may be asked to take a leave of absence or, if the difficulties are deemed unresolvable, permanently discontinue training.

It is the policy of our Center that if a candidate's Training Analyst is in the room as a member of the Progression Committee or Education Committee when that candidate is being discussed, the analyst leaves the room or otherwise absents him/herself.

In order to protect the boundaries of the analytic relationship, strict confidentiality of the training analysis is maintained. The Candidate reports to the Progression Committee only the date the analysis began, the frequency, if it is interrupted, and the date it ends.

Criteria for Graduation

Graduation from the Center requires that all of the requirements described in this manual have been satisfactorily completed.

Requirements for Clinical Candidates:

- 1) Completion of all Didactic Courses and participation in Continuing Case Conference until graduation.
- 2) Training Analysis for a significant portion of the period of training.
- 3) Supervised analytic work with patients of different genders at a treatment frequency of 4-5 times weekly for the first two control cases and 3-5 for the third case. The length and frequency of supervision varies depending on the progress of the candidate.
- 4) The Progression Committee is interested in the overall quality of the candidate's development as an analyst. Candidates are occasionally concerned about whether a case will "count" if the frequency of sessions attended is less than 4 times weekly for a portion of the treatment or if the treatment ends prematurely. The Institute understands that not all psychoanalytic treatments are ideal for a variety of reasons that may or may not be related to the quality of the candidate's efforts. The Progression Committee pays particular attention to how the candidate worked with each patient and to his or her analytic understanding of what happened in the treatment. All cases are evaluated by the Progression Committee in the context of the entire body of the candidate's work. Although a terminated case is not required for graduation, it is the responsibility of the graduate to resume supervision during the termination phases of all analysis begun during candidacy, even if the termination occurs post-graduation. Written reports on all cases are up to date.
- 5) The candidate has presented at a Continuous Case Seminar at least once during candidacy.
- 6) The candidate has completed their required writing and case presentation requirements. See **details under Writing and Case Presentation Requirements for Candidates in Appendix C**
- 7) Tuition payments and registration fees have been paid in full.

Requirements for Didactic Candidates

- 1) Completion of all Didactic Courses and participation in Continuing Case Conference until graduation.
- 2) The Candidate is required to complete a writing project as part of their learning experience. There is latitude for the didactic candidate to collaborate with the EC in deciding what the writing project will be. See **"Writing and Case Presentation Requirements," Appendix C, for details.**
- 3) A didactic candidate may incorporate a case vignette as part of a case presentation of psychodynamic psychotherapy, a theoretical paper that illustrates the theoretical ideas clinically, or some other format.
- 4) Tuition payments and registration fees have been paid in full.

Training Analysis

The training analysis is a personal therapeutic analysis with an analyst approved by the IFPC. It is an important component of the education of every psychoanalyst. A Training Analyst is an experienced analyst who has been examined by the Training Analyst Committee and approved by the Education Committee to conduct analysis with candidates in training to become psychoanalysts. The Training Analyst for a candidate must be a member of the Florida Psychoanalytic Center or, in exceptional cases, a Training Analyst from another institute who has been approved by the EC. This governs situations in which, for example, individuals transfer from one city and institute to another. Training Analysts are also Supervising Analysts, approved by the Education Committee to conduct supervision of candidates' training cases.

Through a waiver procedure, a candidate who is accepted for admission while already in an ongoing personal analysis with a non-training analyst may continue that analysis rather than having to begin a new analysis with a Training Analyst *if that analyst meets IFPC guidelines to qualify for a TA waiver*.

The analyst must apply to the Institute for a TA waiver and must meet Institute criteria for that waiver. You may contact the Admissions Chair for details on the procedure for requesting a TA waiver.

The Institute requires the training analysis to be at a frequency of four or five days a week. Experience has shown that both training analysis and supervision (the supervision of analytic cases) benefit when concurrent, and it is expected that the candidate be in analysis during a significant period of the supervised clinical work. A candidate's analysis is a private matter, and may, of course, continue after graduation.

Supervised Clinical Work

Clinical candidates must obtain a license to practice and appropriate professional liability insurance before being authorized to begin supervised clinical work. Proof of current malpractice insurance must be provided to the Center at each renewal.

As soon as the candidate begins classes, they are encouraged to obtain an initial supervisor on a temporary basis. This supervisor will assist the candidate in understanding and utilizing psychoanalytic principles and techniques in psychotherapy. The supervisor may help in demonstrating how psychotherapy may, when appropriate, be converted to psychoanalysis, and may also assist the candidate in identifying and selecting potential analytic patients. This initial supervision is encouraged and recommended but not required.

How the Progression Committee determines readiness to begin a first analytic control case as well as adding a second and third case is discussed in detail in the Progression Committee section above.

The candidate is required to choose and meet with a Supervising Analyst prior to making arrangements with a potential analysand to conduct an analysis. Analysis should not be offered to a patient until the case has been reviewed with the analytic supervisor and judged by the supervisor to be an appropriate patient to begin a supervised analysis.

The candidate sets fees mutually agreeable to the candidate and their patient in consultation with the Supervising Analyst. The candidate may not make arrangements with an analytic patient to defer partial or full payment for the analysis to a later point in life when the patient may be more financially able to afford a higher fee. Any such deferred payment is unethical.

In order to obtain a well rounded clinical experience, it is essential that the candidate gain experience with patients with a spectrum of neurotic character psychopathology. 50 hours of supervision are the minimum required for each supervised case, but that number is usually exceeded. The number of supervisory hours is but one criterion of satisfactory fulfillment of the supervised clinical work portion of training.

The presence of analytic process and the phase of treatment are primary criteria. All three control cases must have developed into at least early middle phase work, with at least one control case well into middle phase or late middle phase. Phases of analysis are something you will be learning about in your training. You and your supervisor will be assessing along the way how the analysis is progressing toward middle phase work as part of your supervisory experience. The supervisor must attest that analytic process has been established. Again, analytic process is something you will learn about in your training. Quality, depth and breadth of analytic experience with various types of patients of different genders are also preeminent considerations.

The number and frequency of supervisory hours is determined in each case by the needs of the candidate and the case, rather than by a numerical criterion. The candidate must have accumulated no fewer than 150 total hours of supervision across three cases, each of which has been supervised for at least 50 hours, with each case in at least early middle phase of the analysis and at least one case in later middle phase in order to be considered for graduation. On occasion, the Education Committee may require additional clinical experience of a candidate beyond the three cases if it considers it necessary for that individual's training. Experience has shown that both training analysis and supervision benefit when concurrent, and it is expected that the candidate will be in analysis during a significant period of the supervised clinical work.

The first two supervised control cases must be seen at a frequency of four to five times weekly. The third control case may be seen at a frequency of three to five times weekly. All supervision of the first control case being seen for analysis by candidates in the Florida Psychoanalytic Institute will be conducted by Supervising Analysts in this Institute unless otherwise approved by the Education Committee on an individual basis. The candidate selects a Supervising Analyst and makes arrangements with that person for supervision and for the supervision fee. The candidate may change supervisors at any time, after discussion with the Faculty Advisor and notification to the Chair of the Progression Committee.

- 1) A candidate's first control case must be supervised by a local supervisor.
- 2) For the second and third control cases a candidate may choose an approved Supervising Analyst from another Institute. A list of non-local analysts who have been approved to supervise is available on the website. The supervising analyst must agree to submit twice-yearly reports to the Progression Committee in accordance with Progression Committee deadlines. The analyst must also agree to participate in the twice yearly Progression Committee meetings.
- 3) If difficulties arise in obtaining a local supervisor for the first case, a candidate may submit a request to the Progression Committee that their first case be supervised by a non-local supervisor. The Progression Committee will evaluate such requests on a case-by-case basis.
- 4) To appropriately protect the privacy and confidentiality of candidates, the Progression Committee has leeway to choose to report or not report such requests the EC for approval.
- 5) A candidate may request a supervisor who is not on the list of approved supervisors. That analyst would need to go through the process of being evaluated and approved by the Training/Supervising Analyst Development Committee.

A candidate may request permission from the Education Committee to begin an analytic case without supervision after credited experience is gained with at least three supervised cases. This permission is determined by the EC at its discretion according to the candidate's demonstrated clinical competence. If permission is granted, the candidate will provide his/her Faculty Advisor with periodic cumulative written reports on each unsupervised case.

Candidates are required to write an annual report on all analytic cases. Since individual supervisors will have different preferences as to the form and content, the report should be discussed with the supervisor prior to the write-up. The reports are due May 1 to allow the supervisor and candidate time to review and discuss the report prior to the Spring Progression meeting. (See Appendix B for Guidelines for Written Case Reports) A Supervisor may require written reports more frequently than once a year. This requirement may be changed from annual to biannual at some point during training.

Didactic Classes and Case Conferences

Classes are held September through June on Fridays and Saturdays from 8:30 a.m. until 4:00 p.m. for 7 intensive weekends per year. All candidates are encouraged but not required to attend the Scientific Meetings held throughout the year and join the speaker for lunch after the meeting. Lunch with the speaker is an opportunity designed by the Center for additional, informal learning, and is considered part of the curriculum. Candidates who wish to have lunch with the speaker must notify the program committee no less than 30 days before the Scientific Meeting so that the Program Committee can make arrangements.

The candidate attends didactic classes and continuous case conferences for four years. At the completion of the four-year curriculum, Advanced Candidates are required to attend the continuous case conference and clinical case conferences when offered, until graduation. From time to time additional advanced seminars may be offered for advanced candidates (post-completion of the 4 year didactic program) but are not required. The curriculum for each upcoming year, with a description of each of course and the schedule of classes for the year, will be issued by the Administrator as soon as it is available and will be posted on the website.

At the conclusion of each course, candidates submit written course evaluations to the Faculty Committee and the Curriculum Committee respectively. Course evaluations help the Faculty and Curriculum Committees improve teaching methods and course content. Candidate course evaluations are anonymous.

Attendance Policy

The attendance policy of the Education Committee is the following: Candidates are required to attend all classes. Experience has shown that having some candidates present in the classroom and others attending via videoconferencing negatively impacts the teaching and group process. For this reason all candidates are required to attend all classes in person. Any missed class must be made up. If a candidate must miss a class, it is the responsibility of the candidate to arrange an independent study to make up that class. The candidate may also make up missed classes by attending them when they are offered in the next candidate class. The instructor in each course keeps attendance and any absence should be discussed with him/her. The instructors, your advisor, and the Institute administrator must all be notified in advance in the case of necessary planned absences.

Your advisor, the candidate liaison, your supervisors, and all faculty members of the Institute are available to you to offer support in creating a way to make up the classes you missed.

Leave of Absence

Definition and Eligibility

A candidate has the option of requesting a formal Leave of Absence from the training program. A leave of absence is not the same as a time-limited interruption of training due to a personal or medical situation. A candidate on a LOA is not eligible to attend classes or to conduct control case analysis. Clinical work conducted during a formal LOA is not within the purview, liability, or legal responsibility of the Florida Psychoanalytic Center and will not count towards fulfillment of the requirements for graduation.

A candidate on LOA must inform control case patients, if any, that she/he is on a LOA from the training program. The candidate must submit a document signed by the patient to the Progression Committee.

attesting that the patient has been informed that the candidate is on a LOA. Florida Psychodynamic Institute JAs/SAs or waiver SAs will not supervise control case analysis with a candidate on LOA.

Process for Requesting a Leave of Absence

A candidate who wants a formal LOA should meet with their Advisor to discuss their request. If the candidate wishes, the details of the reason for the request may be kept private between the Advisor and the candidate. After meeting with their Advisor, the candidate should write a formal request to the EC Chair asking for a Leave of Absence. The EC Chair will inform the EC of the candidate's request.

Process During a Leave of Absence

A candidate on LOA must meet with their Advisor once a year before the Spring Progression meetings to inform their Advisor whether they intend to return to training yet or not. Their Advisor will report their status to the Progression Committee. There is a 2 year window for a candidate on LOA before they must either return to training or withdraw from candidacy. There is a \$500 annual LOA fee.

Exceptions

Exceptions to the length of time and other parameters of the LOA may be made on a case by case basis upon request and review by Progression and the EC.

Process for Returning from a Leave of Absence

If the candidate wishes to return from the LOA, they must contact their Advisor. After meeting with their Advisor, the candidate should write a formal request to the Progression Chair asking to return to training. The candidate must be in analysis 4-5 times per week *at the time of the request* to the Progression Committee. It will be the candidate's responsibility to make up all classes that were missed. Missed classes can be made up in accordance with the parameters detailed in the Independent Study Procedures for candidates who missed a class by choice. The Progression Committee will be responsible for keeping a record of the classes missed by a candidate on LOA and/or determining the equivalence of the made-up classes to the classes that were missed. The Progression Committee will review the candidate's request including the plan for completing any requirements that were missed during the Leave of Absence. The Progression Committee will make a recommendation to the EC to review and vote on.

If the candidate who opts to withdraw wishes to resume their training at any point, they must reapply and go through an application process to be determined on a case by case basis by the Progression Committee.

Ethical Considerations

It is an ethical breach for a candidate on LOA to continue analyzing control cases while on leave. Under the terms of our malpractice insurance for the Center, candidates on LOA may not continue conducting analysis and they should work with their supervisors to transition control patients to psychotherapy. The candidate must inform their control patients of their leave of absence and the patient should be offered two options: a) to continue seeing the candidate for psychotherapy that is at a reduced frequency to be determined by the candidate and patient, or b) to be referred to another clinician for psychoanalysis. The candidate will provide the patient with a form that acknowledges these terms and the signed form must be returned to the FPC administrator. The candidate must inform the Advisor of the patient's decision and if necessary the Supervising Analyst will facilitate the referral to another clinician.

Modified Candidacy

Definition and Eligibility

If the candidate wishes to continue working with a control case, they must request a modified candidacy rather than a Leave of Absence. There are many possible variations on what a modified candidacy might entail. A modified candidacy may involve the candidate taking classes but not seeing patients, or withdrawing from classes but continuing to see patients, and so on.

If the candidate is seeing patients in analysis, the candidate must remain in their personal analysis 4-5 times per week unless they have already completed their analysis. They are also required to continue weekly or bi-weekly supervision of their control cases by approved supervisors. If a supervisor and candidate wish to modify the supervision requirement in any way, they must submit a request to the Progression Committee. The Progression Committee will review the request and present it to the EC to review and vote on.

Process for Requesting a Modified Candidacy

A candidate who wishes a modified candidacy should meet with their Advisor to discuss their request. After meeting with their Advisor, the candidate should write a formal request to the Progression Chair and the EC Chair asking for a modified candidacy. The Progression Committee will review the details of the request with the Advisor and make a recommendation to the EC. The EC will review and vote on the recommendation made by the Progression Committee.

Process During a Modified Candidacy

The candidate in a modified candidacy will be reviewed by the Progression Committee twice a year as usual. Their supervisors and Advisor will discuss their progress in the usual way. The candidate will be progressed or not in the customary way. Candidates who are not seeing control cases should make every effort to continue their personal analysis 4-5 times per week. The personal analysis is considered the foundation for all other learning. The fee for a modified candidacy is the full tuition fee.

Process for Returning from Modified Candidacy

There is a 2-year window for the modified candidacy. If the candidate wishes to return, they must contact their Advisor. After meeting with their Advisor, the candidate should write a formal request to the Progression Chair asking to resume their training without modifications. The candidate must currently be in analysis 4-5 times per week *at the time of the request* to the Progression Committee. It will be the candidate's responsibility to make up all classes that were missed. Missed classes can be made up in accordance with the parameters detailed in the Independent Study Procedures for candidates who missed a class by choice. The Progression Committee will be responsible for keeping a record of the classes missed by a candidate on modified candidacy and/or determining the equivalence of the made-up classes to the classes that were missed. The Progression Committee will review the candidate's request including the plan for completing any requirements that were missed during modified candidacy. The Progression Committee will make a recommendation to the EC to review and vote on.

Exceptions

Exceptions to the length of time or other parameters of the modified candidacy may be made on a case-by-case basis upon request and review by Progression and the EC.

Procedures for Making Up a Missed Class

Note: Candidates are responsible for arranging to make up any classes they have missed. The Institute will support the candidate in every way possible, but it is the candidate's responsibility to initiate and follow through on each step of the process.

The basic steps the candidate is responsible for are:

1. Prior to missing the class, the candidate should notify the appropriate people that they will be

- absent (see below for details).
2. The candidate should read and follow the steps in the procedure below that applies to their situation.
 3. When the candidate is ready to make up the class, they should contact Martha to arrange the make-up class. We recommend that the class be made up as soon as possible.
 4. The candidate should decide on how they want to make up the class (see options below).
 5. The candidate should inform Martha when the makeup class is completed.

There are different steps when a candidate misses a class *for reasons of their own* versus when they miss a class *because their analyst is teaching*. Candidates should consult the procedure below that applies to their situation.

When a Candidate Misses a Class for Reasons of Their Own.

Notifications Before the Missed Class

- 1) As soon as possible after a candidate knows they will be absent from a class, the candidate should notify Martha, their Adviser, and the teacher(s) of the class. *The candidate should not notify long distance teachers.* Martha will oversee the notification of long-distance teachers.

Procedures for Arranging the Make-Up Class When a Candidate Misses for Reasons of Their Own

- 1) **The candidate should contact Martha to make the arrangements for making up the missed class.** We recommend that the class be made up as soon as possible.
- 2) There are 4 options for making a class:

One, the candidate may view a video-recording of the class. Note: not all classes can be recorded.

The candidate should notify Martha that they would like the class to be recorded. Martha will contact the teachers to ask permission to record. *The likelihood that a class can be recorded increases the earlier the candidate requests it from Martha.* After viewing the recording, the candidate will need to complete a 1- to 2-page written summary that reflects some of the core ideas in the paper(s) and must include reactions to and/or thoughts about the class discussion. For case conference, the paper must include reactions to, thoughts about, and/or reflections on the case discussion. The paper should be submitted to Martha who will send it to the teacher for review.

Two, the candidate may make the class up with a teacher.

The candidate should notify Martha that they wish to make up the class with a teacher. Martha will contact the Curriculum Committee to arrange for a teacher to offer the class. The likelihood that a teacher can be found to offer the class increases the earlier the candidate requests it from Martha. The meeting with the teacher should be the same length of time as the class. When a teacher for the make-up class has been confirmed, Martha will inform the candidate. It is the candidate's responsibility to contact the teacher to schedule the class. No written summary is required for this option.

Three, a class can be made up by attending it during the next candidate class.

Bear in mind that we do not know when another candidate class will begin. There may be a significant delay. There also may not. We hope to begin a new class in the fall of 2024, possibly 2025. We don't know if that will happen or not.

Four, the candidate can engage an analyst to provide the class on a consultation basis.

If a class cannot be recorded and an analyst cannot be found to teach, the candidate has the option of engaging an analyst to provide the class on a consultation basis. Local or long-distance analysts are acceptable. A long-distance analyst must be approved ahead of time by the curriculum committee.

- 3) Any papers that were assigned for the class must be read for the make-up class.
- 4) The candidate is responsible for notifying Martha when the make-up class is completed. Martha will notify the candidate's Advisor.
- 5) At the end of each academic year, the EC will send an email to each candidate who has classes to make up with a list of the classes our records show as incomplete. We do this so that candidates will know as they go what their outstanding classes are.

When a Candidate Misses a Class Because Their Analyst is Teaching.

Notifications Before the Missed Class

- 1) It is the responsibility of the candidate's analyst to inform the candidate as soon as possible that the analyst will be teaching.
- 2) Once the candidate has been informed, the candidate should notify their Advisor and Martha (simply for their Advisor's and Martha's records).

Procedures for Arranging the Make-Up Class When the Analyst is Teaching.

- 1) *The candidate should contact Martha to make the arrangements for making up the missed class.* We recommend that the class be made up as soon as possible.
- 2) There are 3 options for making up a class ones analyst is teaching. Recording a class that a candidate's analyst is teaching is not an option.

One, the candidate may make the class up with a teacher.

The candidate should notify Martha that they wish to make up the class with a teacher. Martha will contact the Curriculum Committee to arrange for a teacher to offer the class. *The likelihood that a teacher can be found to offer the class increases the earlier the candidate requests it from Martha.* The meeting with the teacher should be the same length of time as the class. When a teacher for the make-up class has been confirmed, Martha will inform the candidate. It is the candidate's responsibility to contact the teacher to schedule the class. No written summary is required for this option.

Two, a class can be made up by attending it during the next candidate class.

Bear in mind that we do not know when another candidate class will begin. There may be a significant delay. There also may not. We hope to begin a new class in the fall of 2024, possibly 2025. We don't know if that will happen or not.

Three, the candidate can engage an analyst to provide the class on a consultation basis.

If an analyst cannot be found to teach, the candidate has the option of engaging an analyst to provide the class on a consultation basis. Local or long-distance analysts are acceptable. A long-distance analyst must be approved ahead of time by the curriculum committee.

- 3) Any papers that were assigned for the original class must be read for the make-up class.
- 4) The candidate is responsible for notifying Martha when the make-up class is completed. Martha will notify the candidate's Advisor.
- 5) At the end of each academic year, the EC will send an email to each candidate who has classes to make up with a list of the classes our records show as incomplete. We do this so that candidates will know as they go what their outstanding classes are.

Note: Requests for a make-up class will be evaluated on a case-by-case basis. Subjective factors may be considered when structuring makeup classes.

Tuition and Fees

Tuition and fees are due by September 1st or before the beginning of classes. If needed, one half of the total may be paid by September 1st and the remainder by Dec. 31st. The Literature fee and PEP Fee are due in full September 1. Failure to make payments when due disqualifies the Candidate from class attendance and the Candidate will not be considered for progression unless arrangements for deferred payment have been made through the Center Treasurer. Payments are sent to the Centers Administrator.

Annual Tuition	\$4,000.00
PEP Fee	\$39.50
TOTAL Due	\$4,039.50

Fees for the Training Analysis and for Supervision are arranged privately between the analyst or supervisor and the candidate.

American Psychoanalytic Association

The American Psychoanalytic Association (APsAA; also called “the American”) is the parent organization for the Center and approximately 30 other Centers and Institutes throughout the United States. APsAA currently has a membership of approximately 3000. Since its inception in 1911, APsAA has been a member, as a Regional Association of the International Psychoanalytical Association (IPA; also called “the International”) the major worldwide organization of psychoanalysts.

One of the main functions of the American Psychoanalytic Association is scientific. The American publishes the Journal of the American Psychoanalytic Association (JAPA) and sponsors one to two national meetings each year for the exchange of ideas and findings in practice, theory, and research.

Candidates are encouraged to join APsAA as Affiliate Members and to attend the national meetings. Special programs for candidates are offered at the meetings. The APsAA Candidate Council provides an excellent opportunity to meet candidates from around the country and to develop relationships with colleagues as well as valuable referral resources. Many find that becoming active in APsAA through the Candidates’ Council is an enriching experience both professionally and personally. Each Institute elects a delegate to the Candidates’ Council, but its meetings are open to all candidates.

The APsAA website, www.apsaa.org, has many resources for enriching psychoanalytic training and practice, links to other relevant websites including other Institutes and the IPA among many other sites, and a facility (“find an analyst”) for identifying analytic treatment resources throughout the United States. It has a section restricted to members, which is accessible to candidates who become APsAA Affiliate Members.

Appendix A

Forms

**The Institute of
The Florida Psychoanalytic Center**

4649 Ponce de Leon Blvd.
Suite 303
Coral Gables, FL 33146
305-669-4343x 305-740-4449f
fl.psychoanalytic.center@gmail.com

**CANDIDATES REPORT TO PROGRESSION COMMITTEE
REGARDING THE TRAINING ANALYSIS**

(Please type or print clearly)

Date:

Candidate Name:

Training Analyst:

Frequency:

Date Initiated:

Signature:

**The Institute of
The Florida Psychoanalytic Center**
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Suite 303
Coral Gables, FL 33146
305-669-4343 • 305-740-449F
fl.psychoanalytic.center@gmail.com

Malpractice Insurance

To: Faculty and Candidates of the Florida Psychoanalytic Center
From: Martha Ortiz, Psychoanalytic Training Program Administrator
Date: _____
Subject: Malpractice Insurance

The Florida Psychoanalytic Center requires that all faculty and candidates involved in the treatment of patients carry a sufficient amount of professional liability insurance. In order to insure your continued participation in the Florida Psychoanalytic Center for this academic year, please return this completed form to the administrative office upon enrollment as a Candidate and not later than January 31 of each year.

Please state the name of your insurance company and the policy number of your professional liability contract.

Insurance Company: _____

Policy Number #: _____

Coverage Limits: _____

I certify the above liability insurance will be held in force for the academic year

through _____

Print Name: _____

Signature: _____

Date: _____



The Institute of Florida Psychoanalytic Center

For more information, please contact:

I, _____ (*Print Patient's Name*) plan to undertake a personal psychoanalysis with _____ (*Print Name*) who is a psychoanalyst-in-training at the Florida Psychoanalytic Center, with the understanding that my analyst's work with me will be part of his/her clinical psychoanalytic training. I further understand that as part of his/her training,

_____ (*Print Name*) will have regular, periodic consultations for clinical and educational purposes with a member of the Florida Psychoanalytic Center faculty who is a Supervising Psychoanalyst. I understand that my confidentiality will be safeguarded in the course of my psychoanalytic treatment and related consultations under the auspices of the Florida Psychoanalytic Center.

I have had an opportunity to discuss the nature and purpose of psychoanalytic treatment and other treatment options with my analyst and have my questions answered.

I understand that in the course of psychoanalysis I will convey personal information that will remain strictly confidential to my analyst and the psychoanalysts and psychoanalysts-in-training involved in his/her training and supervision. Once all identifying information has been removed, this information that I reveal during the course of my analysis may be disclosed to these psychoanalysts and psychoanalysts-in-training only, for the purpose of psychoanalytic training and research.

I am aware that there may be complications and risks to psychoanalytic treatment such as fluctuation in symptoms and/or emotional state. I further understand and acknowledge that no guarantees or assurances have been made to me about the results of the treatment.

I have read the above and hereby elect to proceed with psychoanalytic treatment.

Patients Signature

Date

Witness Signature

Date

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Coral Gables, FL 33146
305-669-4343v 305-740-4449f
fl.psychoanalytic.center@gmail.com

REPORT OF NEW CONTROL CASE

Candidate _____ Date _____

Supervisor _____

Patient Data							Supervisory Data		
Case No.	Patient's Initials	Sex	Age	Date Consent Form signed	Date Began	No. Hrs./Week	Fee	Date Began	No. Hrs./Week

Provisional Diagnosis _____

I have implemented with this patient the required consent form.

Candidate's Signature _____

*Please send a copy of this completed form to both your supervisor and the FPI office.

**Institute of the Florida Psychoanalytic Center
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Suite 303
Coral Gables, FL 33146
305-669-4353v 305-740-4449f
fl.psychoanalytic.center@gmail.com**

Ethics Statement for Clinical Candidates

As a psychoanalytic candidate it is important for you to abide by the highest standards of patient care. This includes not representing yourself as competent to offer independent psychoanalysis to your patients until you graduate.

Candidates must inform their patients of the fact that they are in training and that the psychoanalysis is being supervised. Candidates must also not represent themselves to the public as independent psychoanalysts, including on websites, social media, stationery, business cards and in public communications. Candidates may inform the public via any medium that they offer psychoanalysis as a form of treatment, in a manner consistent with the Code of Ethics of the American Psychoanalytic Association.

You must not offer psychoanalysis to a patient without first obtaining approval from the Progression Sub-committee. We consider it to be a serious breach of ethics if a candidate begins an unauthorized, independent psychoanalysis.

I will not conduct unsupervised psychoanalysis or represent myself as an independent practitioner of psychoanalysis until I am authorized to do so upon graduation from the Institute of the Florida Psychoanalytic Center.

Name

Date

**Institute of the Florida Psychoanalytic Center
4649 Ponce de Leon Boulevard
Suite 303
Coral Gables, FL 33146
305-669-4353v 305-740-4449f
fl.psychoanalytic.center@gmail.com**

Ethics Statement for Didactic Candidates

As a didactic candidate it is important for you to abide by the highest standards of patient care. This includes not representing yourself as competent to offer psychoanalysis to your patients. Didactic candidates must also not represent themselves to the public as psychoanalysts, including on websites, social media, stationery, business cards and in public communications. We consider it to be a serious breach of ethics if a didactic candidate offers or begins a psychoanalysis.

I will not conduct psychoanalysis or represent myself as a practitioner of psychoanalysis.

Name

Date

Appendix B

Evaluation Forms

Semi Annual Supervising Analyst Report

Date: _____ Progression Year: _____

Candidate #: _____ Supervisor: _____

Advisor: _____ Date Analysis began: _____

Patient

Case Nbr	Pt Sex	Pt Age (Adult/Child)	Analysis Terminated & Date	Analysis Discontinued by Pt & Date	Analysis Discontinued by Candidate & Date	Case Report Recd Y/N	Credit by EC Y/N

Supervision

Date Supervision Begun	Frequency of Supervision	Date Supervision Discontinued	Total Hours of Supervision from Inception to Date

Please refer to the Florida Psychoanalytic Institute Learning Objectives and address each area with attention to the appropriate learning objectives for the supervisee's level. These objectives are meant to be guidelines for the supervisor in assessing the candidate's clinical learning. They are not meant to constrict or constrain the creativity of the individual supervisor. There is room for a summary narrative at the end. Kindly type the report and return via email to: fl.psychoanalytic.center@gmail.com

I. Assessment/Diagnosis/Treatment Planning

Florida Psychoanalytic Center
4649 Ponce de Leon Blvd. #303 Coral Gables, FL 33146
305-669-4353 v 305-740-6669 fl.psychoanalytic.center@gmail.com

II. Establishing Treatment/Working Alliance

III. Empathy/Analytic Listening

Florida Psychoanalytic Center
4649 Ponce de Leon Blvd. #303 Coral Gables, FL 33146
305-669-4353 v 305-740-6669 fl.psychoanalytic.center@gmail.com

IV. Technique

V. Formulation/Writing

Florida Psychoanalytic Center
4649 Ponce de Leon Blvd. #303
305-669-4353 v 305-740-6669

Coral Gables, FL 33146
fl.psychoanalytic.center@gmail.com

VI. Supervision

Summary Narrative

I have discussed this report with my supervisor.

Supervising Analyst _____

Florida Psychoanalytic Center Learning Objectives for Supervisory Evaluation ** At each phase of training, candidates will be able to:

	1 ST YEAR	MID-LEVEL	3 RD YEAR
<p>I. ASSESSMENT/ DIAGNOSIS/ TREATMENT PLANNING</p>	<ul style="list-style-type: none"> • Begin to evaluate patients for psychotropic and attention to diagnosis and indications/contraindications for this treatment. Discuss treatment plans with patients • With help of supervisor, identify psychotherapy patients for whom psychoanalysis is the treatment of choice and discuss this with them • Assess potential candidates for Axis I pathology and select appropriate treatment options, the role of psychotropic medication 	<ul style="list-style-type: none"> • Show increased ability to make categorical/structural diagnoses. Evaluate suitability for psychoanalysis, resistance to treatment and motivation • Show improved selection and ability to identify appropriate patients for psychoanalysis, discussing psychoanalysis as a potential treatment and covering patients for psychoanalysis • Continue to assess potential candidates for Axis I and discuss treatment options • With a supervisor's help conduct ongoing assessment of Axis I pathology and suitability for psychoanalysis during an analysis and modify treatment plans as appropriate 	<ul style="list-style-type: none"> • Independently assess patients for psychotropic use, making accurate character/structural/clinical diagnosis and evaluating suitability • Independently identify appropriate patients for psychoanalysis, confidently discuss psychoanalysis as a potential treatment and select patients for psychoanalysis • Independently assess potential analyses for Axis I and confidently discuss treatment options • Confidently assess potential pathology and suitability for psychoanalysis during an analysis and modify, even, or plan as appropriate
<p>II. ESTABLISHING/ MAINTAINING WORKING ALLIANCE</p>	<ul style="list-style-type: none"> • Understand the concept and importance of the psychoanalytic frame • Establish the frame of the analysis, discuss the work and notice resistances to the frame • Begin to establish a working alliance and discuss this in supervision • Understand the concept of technical neutrality and discuss this in supervision 	<ul style="list-style-type: none"> • Establish and maintain the frame of the analysis and confront/interpret resistances to the analysis • Establish and maintain a working alliance and recognize when others present • Begin to develop a psychoanalytic stance/attitude that includes free-floating attention, technical neutrality, and objectivity 	<ul style="list-style-type: none"> • Independently maintain the frame of the analysis and confront/interpret resistances to it • Independently maintain the working alliance and interpret resistance to it • Consistently and judiciously maintain a psychoanalytic stance (as in level I)

<p>III EXAMINING ANALYTIC LISTENING</p>	<ul style="list-style-type: none"> • Begin to develop a "big analytic stance" including the capacity for psychoanalytic listening and for assessing intersubjective listening and for deepening of the psychoanalytic process • Begin to assess and follow the patient's affect during sessions • Begin to assess the therapy's effect on what a patient is working, what a patient will be likely to hear, and what is likely to deepen the material • Begin to listen for transference, dominant unconscious themes of a session • Begin to assess understanding via assessment of the interventions • Begin to think flexibly/imaginatively w/ the listening to patients 	<ul style="list-style-type: none"> • Demonstrate increased capacity for psychoanalytic listening and for assessing intersubjective listening and for deepening of the psychoanalytic process • Demonstrate increased ability to assess and follow the patient's affect during sessions • Demonstrate the capacity to assess the intersubjective level at which a patient is working, what a patient will be likely to hear, and what is likely to deepen the material • Demonstrate increased ability to listen for and recognize unconscious themes in a session • Demonstrate increased ability to assess understanding via assessment of interventions • Demonstrate increased ability for flexible/imaginative thinking w/ the listening to patients 	<ul style="list-style-type: none"> • Consistently obtain a big analytic stance • Consistently and accurately assess and follow the patient's affect during sessions • Consistently and accurately assess the level at which a patient is working, what a patient will be likely to hear, and what is likely to deepen the material • Consistently and accurately recognize unconscious themes in a session • Consistently survey understanding via psychoanalytic interventions • Consistently think flexibly and imaginatively while listening to patients
---------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IV. TECHNIQUE			
<ul style="list-style-type: none"> Recognize the following while reviewing material in supervision: <ul style="list-style-type: none"> Free Association Conscious Fantasy Both with resistances Dominant transferences Dominant countertransferences Adopters in the process when the patient's understanding or insight deepens in response to and/or in reaction to interpretation Shifts in defensive structure and subject relationships in response to analytic interventions (i.e. therapist's action) Begin to understand the concepts of technical neutrality and abstinence 		<ul style="list-style-type: none"> Begin to recognize 1-7 independently Increasingly make mental, well used interpretations that reflect the patient's current level of understanding; demonstrate mental activity and abstinence and are likely to deepen the material With supervisor's help, set recognition of countertransference to identify blind spots and adjust technique Interchange 2017 orientation, identification, and interpretation in different applications Facilitate free association and begin to learn dream interpretation With supervisor's help, begin to recognize working through Consider and make interpretations that address resistance, ego and transference. At least some of which link material to genetic antecedents Begin to understand the concept of genetic reconstruction and discuss possible hypotheses in supervision (When applicable) Recognize the transference and features of work need interpretation with psychoanalysis and mental health and make appropriate interventions and technical recommendations 	<ul style="list-style-type: none"> Independently recognize 1-7 Consistently make mental, well learned interpretations that reflect the patient's current level of understanding and that are likely to deepen the material Independently recognize countertransference through self-analysis of the mind in sessions and can now address blind spots and adjust technique Apply countertransference identification and interpretation in an appropriate way Confidently conduct dream interpretation and facilitate free association and discussion to unconscious fantasy Independently recognize working through Independently construct and make interpretations (as in 1-6 level) Less genetic remains clear in the routine when applicable When applicable facilitate understanding and ongoing construction of work with ongoing assessment of A's pathology and education as related to transference countertransference When applicable Recognize the characteristics of the treatment that indicate readiness for termination and begin to discuss termination with the patient

<p>V. FORMULATING WRITINGS</p>	<ul style="list-style-type: none"> Write evaluations of patients with attention on readability, fluency and depth of analysis for evaluations and treatment recommendations 	<ul style="list-style-type: none"> Construct a beginning to an ultimate that addresses psychopathology, character structure, movement in the case, unconscious factors, resistance and transference interactions between paragraphs Begin to recognize the elements of the case that indicate the phase of the case Write an annual review that include all important elements (as above) and demonstrate ability to write weekly about the process 	<ul style="list-style-type: none"> Construct a comprehensive formulation of the major process that addresses all previously mentioned elements, as well as character and structural change, and that gives the viewpoint of the case and theoretical framework and hypotheses about transference action Indepth the underlying the phase of the case Write an annual review of the case that include a description of the history of the major process and an evolving understanding of the arc of the analysis As before plus use of attention to construct a view of the major process
<p>VI SUPERVISION</p>	<ul style="list-style-type: none"> Use supervision to discuss patient evaluations, diagnoses, treatment plans and countertransference. Develop the flexibility to apply what is discussed in supervision to clinical settings. 	<ul style="list-style-type: none"> As before plus use of supervision to discuss process of formulating the case Demonstrate an evolving relationship with the supervisor in which candidate is increasingly able to develop ideas independently and to use supervisor for direction rather than direction 	<ul style="list-style-type: none"> Independently use supervision for discussion rather than direction

****Adapted from Columbia University Center for Psychoanalytic Training and Research**

Institute of the Florida Psychoanalytic Center Instructor's Report

Name of Candidate:	Instructor:
Date:	Course:

General observations, comments, recommendations, etc.

For the items below, please select the number that indicates your evaluation of the candidate.

Level of Engagement

1	2	3	4	5

Level of Preparedness (for content courses)

1	2	3	4	5

Level of Clinical Sophistication (if relevant)

1	2	3

Level of Responsibility (in terms of attendance, punctuality)

1	2	3	4	5

**The Institute of
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Suite 303
Coral Gables, Fl. 33146
305-669-4743 v. 305-740-4449f
fl.psychoanalytic.center@gmail.com

COURSE AND INSTRUCTOR EVALUATION FORM

Date:

Course Title: _____

Instructors:___

To the candidates: Please thoughtfully evaluate this course and the instructors.
Try to include the following factors as appropriate.

1. The value of the course as part as part of your psychoanalytic education.
2. The value and appropriateness of reading assignments.
3. Each instructor's effectiveness, including: a. Knowledge of subject matter b. Skill as teacher, and c. Rapport with Candidates
4. Recommendations or other comments.

Appendix C

Guidelines for Written Case Presentation

Writing and Case Presentation Requirements for Candidates

Writing Requirement – Clinical Candidates

Clinical Candidates are required to complete an approximately 20-page Certification-style case writeup in order to graduate. The case writeup will be reviewed by two analysts who are not the candidate's supervisors or Advisor for quality of writing and case formulation.

The case writeup requirement is intended to provide an exercise to develop the candidate's skills in writing, formulation, and presenting clinical material and to aid candidates in preparing for certification. There is no formal evaluative component such as a grade for the case writeup. The candidate must produce a writeup that is satisfactory to the supervisor and progression Committee in order to graduate. The determination of what is satisfactory is subjective.

Case Presentation Requirement-Clinical Candidates

Clinical Candidates are required to present case material in a formal case presentation. The case presentation entails presenting sessions and engaging in collegial discussion of the case with 2 analysts other than the candidate's supervisors or Advisor. Those analysts may or may not be the same 2 analysts who reviewed the writeup.

1. The case presentation is an opportunity for the candidate to develop their capacity to present and discuss a case in a formal presentation and to engage spontaneously with colleagues in discussion of such aspects of the treatment as an analytic process, phase of treatment, transference-countertransference, diagnosis, intervention, and so on.
2. The case presentation could potentially be opened to other attendees if the candidate wishes and both analysts agree, subject to approval by the EC.

Writing Requirement-Didactic Candidates

Didactic candidates are required to complete a writing project as part of their learning experience. There is latitude for the didactic candidate to collaborate with the EC in deciding what the writing project will be. Some examples of potential writing projects are:

Potential Formats: a reflection paper, a 15-minute panel presentation style paper, a journal-length article, or some other format.

Potential Topics: a personal account of their experience as a didactic candidate, how the didactic training shaped them as analytic therapists, a theoretical idea the didactic candidate wishes to propose and argue, or some other topic.

There is no requirement for a formal presentation of the paper.

Didactic candidates are not offered the opportunity to present a full certification-style case writeup for their graduation writing requirement. The rationale for this policy is that the didactic option was created for candidates who wish to have theoretical but not clinical training in psychoanalysis. The certification style writeup is an exercise designed to develop the candidate clinically and to prepare them to apply for certification as a psychoanalyst. It is, thus, outside the scope of what the didactic track encompasses.

GUIDELINES FOR WRITTEN CASE REPORTS

All clinical candidates are required to prepare an annual written report of each supervised case for presentation to their supervising analyst. The purpose of writing is to help the candidate conceptualize the analytic process, to provide both the candidate and the supervisor with an ongoing perspective of the progression of the **analysis and build the candidate's self-assessment abilities**, among other. The reports are also useful to graduates when **applying for certification by the American Board of Psychoanalysis**.

Since individual supervisors will have different preferences as to the form and content of these summaries, this report should be discussed with the supervisor prior to the write-up. The reports are due May 1 to allow the supervisor and candidate time to review and discuss the report prior to the Spring Progression meeting. If a supervised case has been in analysis for only a brief period before a summary is due, the early material may be incorporated in the next summary. Progression is dependent on completion of the annual report.

1. Keep it short
2. Give it a thumbnail description of what is going on in the analysis-in the interaction or the overall process (e.g. describe the transference/countertransference)
3. Then, give on or two examples
4. Do not focus primarily on the patient. Focus on what you the analyst says, does, feels, is trying to do or not do
5. Try to say what is going on in plain English, as much as possible

Final Report.

A final summary report is required when a supervised case is terminated. This final report is required in all supervised cases regardless of their length of treatment or reason for ending. The final summary reviews the entire course of the treatment with particular attention to the termination phase.

GRADUATION CRITERIA FOR GRATER KANSAS CPI

A **Psychoanalytic Candidate** becomes eligible to graduate when he or she has:

- a) undertaken a personal analysis with a Training Analyst of the Institute, and continued it through a portion of the supervised clinical work;
- b) completed the required seminars;
- c) completed at least 90 months of supervised clinical work with patients in analysis;
- d) analyzed at least three patients, including both male and female patient(s). Recognizing the importance of termination, it is expected that one case will be supervised or under review in consultation through its termination; this may occur before or after graduation.
- e) had at least one case that is solidly in the mid-phase of treatment. This case should be in treatment for at least 36 months and the candidate should show ample evidence of his/her ability to 1) interpret in the transference 2) identify and interpret resistances and 3) interpret dreams and fantasies;
- f) supervisors have agreed that the candidate has demonstrated an ability to conduct an analysis;
- g) submitted and had approved all required reports; and
- h) paid all required fees.

An **Academic Candidate** becomes eligible when he or she has met all these requirements except c) through f), with the additional exception that the personal analysis is not required to be with a Training Analyst. Each Academic Candidate will complete a scholarly project (e.g. paper, video, presentation, research, etc.) that demonstrates knowledge of psychoanalysis and its use in the candidate's field of expertise. A mentor will be assigned to the candidate for guidance in preparation of their project. A forum for presentation of their project will be provided if desired.

An **Associate Academic Candidate** becomes eligible when he or she has met all of these requirements except c) through f), with the additional exception that the personal analysis is encouraged, rather than required, and it is not required to be with a Training Analyst.

The Candidate requests in writing through their Advisor their desire to graduate. It is the final part of the Advisor's job to make sure the Candidate has met the requirements and then convey this to the Progression Committee, which will carry out whatever verification is required and then recommend to the Education Committee that the Candidate be graduated. This can occur at any time. It has been the Institute's practice to recognize those who have graduated during the year, and to award diplomas, at the Center's annual dinner.

In rare or extraordinary circumstances a modification of these requirements may be granted, but only after the circumstances have been considered and deemed valid by the Progression and Education Committees. Any such modification must be in compliance with the training standards of the American Psychoanalytic Association.



**The Institute
of Contemporary
Psychoanalysis**

CATALOG

Mailing: 2355 Westwood Blvd. #825, Los Angeles, CA 90064
Physical: 11400 W. Olympic Blvd., #Suite 200, Los Angeles, CA, 90064
310.207.8441 | icpla.edu

September 01, 2023, to August 31, 2024

Revised March 24, 2024

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MISSION, VISION AND OBJECTIVES

MISSION

ICP is a diverse community comprised of members, students, students, corresponding members, and staff who partner with local and extended communities to provide cutting edge forums for psychoanalytic education and thinking. ICP members pay dues and students, and students pay tuition. ICP is committed to integrating psychoanalytic psychology with other psychological treatments.

We strive to promote an environment of free inquiry, a sense of community, a culture of diversity, inclusion, invitation, dignity, and respect for the therapeutic process. This is accomplished through the academic curriculum, which is updated to coincide with trends in the larger psychological science realm. As well, training methods are individualized to the needs of diverse trainees. In order to remain current, we rely upon emerging technologies.

VISION

At its formation in 1991, ICP embraced the founding members' philosophy that a vital and inclusive analytic Institute should comprise the tenets of academic freedom, participatory democracy, and the diversity of contemporary theory. ICP strives to maintain these values as we develop not only as a school with walls, but an influence beyond those walls with a local, national, and international presence. We embrace the value of diversity and seek always to enhance it. Academically, we maintain our uniqueness by remaining innovative and continually open to the development and dissemination of contemporary psychoanalytic concepts. The diversity and participation of our members, students, students, and community is the cornerstone of our Institute and our future.

In sum, ICP endeavors to monitor the ethical, theoretical, and evidence-based developments in the practice of mental health care delivery both in the United States and internationally for the benefit of our trainees, members, and the larger professional community.

OBJECTIVES

- Acquire the skill to competently psychoanalyze a range of patients with a variety of diagnoses and socio-cultural circumstances.
- Acquire enough practice and supervision during training to recognize how psychoanalyst and patient both participate in the analytic process together.
- Understand the history of psychoanalysis and psychoanalytic theory.
- Learn about contemporary psychoanalytic theory and approaches in depth.
- Understanding of the diverse theory and practice of contemporary psychoanalysis
- Acquire the skill of expressing both theoretical and clinical ideas in writing.
- Demonstrate clinical skill and understanding of basic psychoanalytic principles through their performance in supervision, written case reports, seminars and final paper/project.

GENERAL INFORMATION

APPROVALS

Institute of Contemporary Psychoanalysis is a private institution approved to operate by the California Bureau for Private Postsecondary Education. Approval to operate means the institution is compliant with the minimum standards contained in the California Private Postsecondary Education Act of 2009 (as amended) and Division 7.5 of Title 5 of the California Code of Regulations.

FACILITIES

Institute of Contemporary Psychoanalysis operates out of a shared office suite, set up with a small administrative office, two conference rooms that seat 12-15, and two classrooms that seat 8-10. It also contains a coffee maker, toaster, and a small kitchen. It is approximately 1600 rentable square feet. We provide internet and equipment for hosting videoconferencing via Zoom, as well as continuous online access to psychoanalytic historical and contemporary literature.

All instruction takes place at: 11400 W. Olympic Blvd., Suite #200, Los Angeles, CA, 90064. Coursework that is delivered at a distance is completed at a location determined by the student.

Campus Schedule / Holidays

Office hours at our main location outside of regular instruction hours are by appointment only! Please email us at office@icpla.edu to make an appointment. All requests for appointments will be responded to within 72 business hours. Our office is closed annually as follows:

Dates	Holiday
January 01	New Year's Day
3 rd Monday in January	Birthday of Martin Luther King, Jr. / Washington's Birthday / President's Day
Last Monday in May	Memorial Day
June 19	Juneteenth National Independence Day
July 04	Independence Day
First Monday in September	Labor Day
4 th Thursday in November	Thanksgiving Day
Black Friday	Friday after Thanksgiving Day
December 25 – December 31	Christmas Vacation

If any of the above-listed holidays fall on a weekend (Saturday or Sunday) the holiday will be observed on Monday (*if the holiday falls on Sunday*) or Friday (*if the holiday falls on Saturday*).

ADMISSIONS POLICIES AND PROCEDURES

All programs within the catalog are not always offered. Please check with Administration to determine if the program of interest has a scheduled start date.

Students can be called Candidates - it is the same meaning and can be interchanged.

PSYCHOANALYTIC TRAINING PROGRAM (PTP)

POLICY (PTP)

Admission requires that the prospective student:

- Has completed an advanced graduate degree in a mental health specialty: Ph.D. or Psy.D. in Psychology, MSW (Masters in Social Work, MFT (Marriage & Family Therapy), MD/Psychiatry.
- Must be currently licensed to practice as a mental health practitioner.
- Research psychoanalysts must have a Ph.D. in an academic discipline and must become approved by the Medical Board of California for a research psychoanalyst license.
- Be provided the Catalog; and
- Be provided the School Performance Fact Sheet.
- Complete or have:
 - Autobiography
 - Curriculum Vitae
 - Certificate of Insurance, if required in your country of residency
 - Interview(s)
 - Reference Letters
 - Application Fee
- Prospective students participating in Distance Education must have the following: A device that is connected to the internet, with a microphone and speakers. In addition, each student needs a Zoom (free “Basic”) account.

Each prospective student must show through autobiography, interview(s) and references that they would be capable of understanding psychoanalytic concepts, achieving the goals of our program, and operating in a collegial manner as a classmate. We look for:

- Enough maturity to allow for an openness to a variety of perspectives.
- Enough experience to be able to comprehend psychoanalytic concepts within a clinical process.
- Ability to be self-reflective and a desire for personal exploration and growth.
- An interest in learning within the context of a cohort of peers and within a greater community.

PROCEDURE (PTP)

Admissions procedures include meeting with an Institution representative to review continuing education goals, catalog, School Performance Fact Sheet, and graduation requirements. Each prospective student must:

- provide evidence of graduate degree by means of a transcript (*not required to be an official transcript*);
- submit a photocopy of a current license.
- Research psychoanalysts must provide documentation of having a Ph.D. in an academic discipline and must become approved by the Medical Board of California for a research psychoanalyst license.
- review the Catalog;
- review School Performance Fact Sheet, initial, date and sign; and
- provide:
 - Autobiography - Self-reflective personal autobiography and include any experiences in your life that you feel directed you toward your interest in psychoanalytic studies and practice. We would prefer no more than 4 double spaced pages.
 - Curriculum Vitae - Including schools attended, professional and clinical experience, and degrees received. Include training/study that has informed you as to psychoanalytic theory and its clinical application.
 - A photocopy of Certificate of Insurance, if required in your country of residency
 - Participate in four (4) Interviews
 - Reference Letters - minimum of three (3)
 - Pay the Application Fee
- Prospective students participating in Distance Education must attest on the enrollment agreement of having the following: A device that is connected to the internet, with a microphone and speakers. In addition, each student needs a Zoom (free "Basic") account.

Process

1. Student's completed application should be sent to office@icpla.edu and will be shared with the Admission committee chair(s).
2. The non-refundable application fee has been submitted.
 1. The Admissions Committee Chair reviews the application and checks to see if it is complete, e.g., the checklist of documentation is included in the application.
 2. Committee Chair contacts each applicant by email and reviews the procedures for the four required interviews and informs the applicant of the names and phone numbers of each interviewer so that they can contact them and schedule their interviews.
 3. *Full-time applicants are informed that they are required to be in a 4-5 times a week analysis by the first day of class.*
 5. Applicants are informed of the admission's process timeline.
 6. After the 4 interviews are completed, the Admissions committee meets to discuss and vote to accept/deny the applicant based on their application, references, and interviews.

Note: *A minimum of 1 of the interviews is to be conducted by Zoom to document if a student is a good fit to participate in education at a distance.*
 7. The Admission Committee Chair then takes the recommendation of the Admissions committee to the ICP Board of Directors for their vote.
 8. Depending on the outcome of the Board, the applicant is notified that they have been

accepted or rejected for admission to ICP by email.

- Complete an enrollment agreement.

PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM (PPT)

POLICY (PPT)

Admission requires that the prospective student:

- Has completed an advanced graduate degree in a mental health specialty: Ph.D. or Psy.D. in Psychology, MSW (Masters in Social Work, MFT (Marriage & Family Therapy), MD/Psychiatry.
- Must be currently licensed to practice as a mental health practitioner within the state licensed;
- Be provided the Catalog; and
- Be provided the School Performance Fact Sheet.
- Prospective students participating in Distance Education must have the following: A device that is connected to the internet, with a microphone and speakers. In addition, each student needs a Zoom (free “Basic”) account.
- Must complete at least 1 interview.

PROCEDURE (PPT)

Admissions procedures include meeting with an Institution representative to review continuing education goals, catalog, School Performance Fact Sheet, and graduation requirements. Each prospective student must:

- Must provide evidence of graduate degree by means of a transcript (not required to be an official);
- Submit a photocopy of current license;
Review the Catalog; and
- Review School Performance Fact Sheet, initial, date and sign.
- Prospective students participating in Distance Education must attest on the enrollment agreement of having the following: A device that is connected to the internet, with a microphone and speakers. In addition, each student needs a Zoom (free “Basic”) account.
- Must complete at least 1 interview by Zoom to document if a student is a good fit to participate in education at a distance.

The applicant is notified that they have been accepted or rejected for admission to ICP by email.

- Complete an enrollment agreement.

*****NOTICE FOR ALL PROGRAMS*****

Due to Section 66024.5 of the California Education Code a postsecondary educational institution shall not inquire about a prospective student’s criminal history on an initial application form or at any time during the admissions process before the institution’s final

decision relative to the prospective student's application for admission. ICP will review each admitted student's license online and should there be a violation published that raises a concern the student will be notified. If the student is withdrawn from the program ICP will refund any monies paid minus all non-refundable fees and fees for classes already attended.

INTERNATIONAL STUDENTS AND ENGLISH LANGUAGE SERVICES

Institute of Contemporary Psychoanalysis does not offer visa services to prospective students from other countries or English language services. Institute of Contemporary Psychoanalysis does not offer English as a Second Language instruction. All instruction occurs in English. English language proficiency is documented by licensure and successfully completing all admission requirements.

ACCEPTANCE OF CREDIT

Prior to matriculation at ICP, a student may have previously completed coursework as part of psychoanalytic training at a psychoanalytic institute approved by the Board of Directors (*any Institute approved by ACPEinc, APA, APsaA, or a Psychoanalytic Institute with equivalent standards*). In such cases, the student, through their Advisor, may petition both the Candidate Progression Committee (CPC) and Education Committees to receive credit for coursework that is equivalent to that required or accepted at ICP. Regardless of the amount of training previously acquired, the student must have, at a minimum, one year of residence in the ICP psychoanalytic training program in order to graduate from ICP's training program.

Should the student request credit for previous coursework, it is the responsibility of the student's Advisor to review the student's documentation of previously completed studies and petition the Board of Directors on the student's behalf. Such documentation must accompany a written request for course credit and must be presented to the CPC and/or the Education Committee for their decision.

Credit for only two supervised cases may be considered for credit. ICP requires that any student complete a minimum of one 18-month supervision with an ICP-Training/Supervising Analyst.

Institute of Contemporary Psychoanalysis does not evaluate nor accept credit by means of experiential learning, challenge examinations, or achievement tests.

The Institute does not accept transfer of credit for the Psychoanalytic Psychotherapy Training (**PPT**) program.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Institute of Contemporary Psychoanalysis is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in the educational program is also at the complete discretion of the institution to which you may seek to transfer. If the credits or certificate that you earn

at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Institute of Contemporary Psychoanalysis to determine if your credits or certificate will transfer.

PROGRAMS

PSYCHOANALYTIC TRAINING PROGRAM (PTP)

Program Length: 480 hours

Coursework: 32 Semester Credits / 4 Years

Clinical Work – Payable to Third Party:

- **Supervision of Control Cases** 65 supervision-hours* per Control Case / 3 cases total
- **Personal Training Analysis:** 300 analytic hours* / 4 sessions weekly and thereafter if Control Cases are still in process, continuing twice weekly analysis.
- *Supervision hours/Analytic hours: a minimum of 45 minutes in each 60min period.

Delivery: Residential or Distance Education (Distance Education is delivered via Zoom)

Cumulative Final Exam: None

Graduation Document: Certificate of Completion

Standard Occupational Codes / Potential Employment Titles: None, Continuing Education Program

Program Description and Objective (PTP):

A goal of the ICP Psychoanalytic Training is to enable Students to become competent psychoanalysts. To that end, ICP has created a statement of Core Psychoanalytic Competencies that Students should be able to develop during their training and demonstrate by the end of their training. Below is the statement of Core Psychoanalytic Competencies.

Core Psychoanalytic Competencies

Contemporary psychoanalysis is a treatment for emotional discomfort and pain, an avenue for self-discovery and personal growth, and a means toward establishing and enhancing relationships with others. It is an interpersonal experience that emphasizes the healing properties of two or more people working collaboratively to make sense of things in a way that is meaningful to the patient. It is a form of psychotherapy that aims to explore unconscious processes and relational patterns, in order to expand understanding, facilitate development of psychological capacities, and enable character change. Psychoanalytic work is characterized by depth and intensity, achieved through frequent sessions over a long term, and by the use of the therapeutic relationship as an important vehicle for understanding and change. Students acquire core psychoanalytic competencies through undergoing their own personal analysis, participating in didactic learning of psychoanalytic theory, concepts, and skills, and by conducting three supervised control cases. Psychoanalysis has evolved over time to include many different

theoretical models, and Students learn how different theories influence their understanding and approach to psychoanalysis. Students are encouraged to find their own analytic voice, and a way of working that is responsive to the uniqueness of each patient and analytic dyad.

The following core competencies are used as a guideline to develop curriculum and assess a Student's growing capacity to use psychoanalytic knowledge to formulate an in-depth understanding of their patients and develop certain clinical skills, and to reflect on the analytic process and communicate their knowledge:

Assessment & Diagnosis

- a. Formulate a psychoanalytic understanding of the patient's psychology and unconscious dynamics. Make appropriate clinical diagnoses and treatment recommendations with consideration of the patient's history, symptoms, level of functioning, and psychological capacities - both strengths and vulnerabilities.
- b. Identify unconscious organizing principles, ways of being, beliefs, and patterns. Understand the effects and interplay of various factors such as internal object relations, attachment dynamics, deficits, traumas, phenomena of self-experience, central conflicts, and defenses.
- c. Consider the person in context - including developmental, biological, and socio-cultural influences.

Analytic Listening & Attitude

- a. Listen on multiple levels, for multiple meanings.
- b. Develop and demonstrate an analytic attitude – such as: being empathic, reflective, non-judgmental, curious, open-minded, tolerant of ambiguity/uncertainty/complexity, sufficiently flexible, interested in discovering the truth about the patient's emotional experience, and being respectful of the patient's individuality.

The Treatment - Facilitating a Psychoanalytic Process

- a. Working alliance & frame - establish and maintain a working relationship with the patient, and address issues related to handling of fees, use of couch, frequency of sessions, and communication outside of session.
- b. Technique - choose appropriate interventions to facilitate the deepening of a psychoanalytic process, such as: empathic inquiry, interpretation, free association, exploration of fantasies and dreams, clarification, confrontation, following affect, noticing what's avoided, containment, and holding.
- c. Transference - use the therapeutic relationship as a central vehicle for understanding and change and show the ability to work with positive and negative transference. Understand the differences and inter-relationship between the repetition of old patterns in the transference, the need/hope for new relational experience, and the way experience is co-created in the present by two interacting subjectivities - the patient's and Analyst's.
- d. Countertransference - use countertransference to facilitate understanding of patients' unconscious processes, demonstrate a capacity to contain reactivity in response to countertransference pressures, and explore how countertransference reactions stem from one's own dynamics and are co-created out of intersubjective experience.

- e. Working through - conduct ongoing work with the patient's unconscious dynamics as they are revealed over time in the transference and extra-transference material.
- f. Resistance - address fears and defenses (self-protective measures) that interfere with understanding, change, or the analytic process.
- g. Enactments - explore and work through impasses and consider unconscious factors emerging from both the patient and the Analyst.
- h. Termination - be able to recognize characteristics that may indicate readiness for termination and describe the termination process.

Supervision

- a. Supervision - remain open to feedback from Supervisors, as well as peers and other mentors. Be able to consider alternative interventions and theories.
- b. Become increasingly able to develop ideas independently, using supervision more for discussion rather than direction.

Evaluating the Process & Outcome

- a. Demonstrate the capacity for ongoing self-reflection- understand the Analyst's contribution to the process, be aware of feelings/fantasies/reactions to the patient, avoid imposing personal agendas on the patient or the treatment, and be able to admit possible mistakes or misjudgments.
- b. Use feedback from the patient - assess the effects of interventions, noticing what deepens or disrupts the process. Make adjustments in the wording and timing of interpretations to accord with the patient's readiness.
- c. Outcome- describe your understanding of what helped the patient (therapeutic action) and what changed in the patient (i.e., developed new capacities and insights, improved relations, more integrated sense of self, etc.). Assess what was accomplished and what was left undone.

Writing

- a. Write clinical reports and comprehensive case summaries that demonstrate a psychoanalytic understanding of the patient, their major dynamics, and the process - including important transference themes, countertransference experience, and an assessment of what changes. Demonstrate coherence, without rigidity, between one's espoused theory and one's understanding and approach.

Ethics

- a. Conduct yourself professionally, with uncompromising commitment to the patient's well-being.
- b. Act with integrity, upholding boundaries and ethical standards. Seek consultation when needed.
- c. Protect the patient's confidentiality and anonymity in all communication. For instance, we highly recommend using an anonymity pseudonym in place of their name on the report. *(Please also see ICP's Code of Ethics on our website.)*

PROGRAM PROGRESSION

1. The student will enroll in all required courses, based on year, with continued enrollment until the required 32 units have been completed. Upon completion of all required courses, the student may enroll in electives.

REQUIRED YEAR 1:

COURSE TITLE: BASIC CONCEPTS

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

What is psychoanalysis? It is not only a professional and scientific discipline within our culture, but a form of thought, an approach to human experience, that has become constitutive of our culture and pervades the way we have come to experience ourselves and our minds (Mitchell, S. A. & Black, M.J.,1995, 2016). Psychoanalytic models are broad theories that attempt to interpret a wide range of existing data. They give meaning to the forces motivating human behavior. New Theoretical and clinical ideas have materialized over the years since Freud founded psychoanalysis, to where now a broad spectrum of theoretical positions each with a distinct line of conceptual development emphasize the relations with others as the essential building block of mental life.

COURSE TITLE: FREUD: A CRITICAL HISTORICAL OVERVIEW

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

Recognized as the father/founder of psychoanalysis, Freud presented ideas and created a vocabulary for intrapsychic and relational experiences that continue to play central roles in psychoanalytic thinking. This course looks to deepen as well as broaden students' existing knowledge of Freud, his background, and his work. The course will focus on the multi-faceted nature of Freud's theories, moving away from a monolithic one-dimensional reading of Freud in order to create space in our thinking and in Freud's writing that will lend itself to discovering Freud's contemporary value in psychoanalytic thinking. The socio-historical context in which Freud was immersed, as well as contemporary, analytic engagements with Freud's work will offer additional context in the consideration of Freud's work.

COURSE TITLE: HISTORY OF PSYCHOANALYSIS

COURSE SEMESTER CREDITS: 2.5 hours X 126 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

This course offers a basic survey of the history of psychoanalysis by framing it as an evolutionary dialogue. Freud invented psychoanalysis in 1900; inevitably, every subsequent contribution has been in dialogue with something that came before. Every psychoanalytic perspective returns to Freud by way of this history. Accordingly, this course begins with Freud and ends at the doorstep of relational psychoanalysis. Its goals are to introduce candidates to major transformation points in psychoanalytic history, to demonstrate that one must be well-versed in its dialogic evolution in order to understand current psychoanalytic perspectives accurately and thoroughly, and as a result to build

the candidate's ability to engage in critical thinking and review of the psychoanalytic literature.

COURSE TITLE: CLINICAL AND THEORETICAL IMPLICATIONS OF CONTEMPORARY RESEARCH IN INFANT AND TODDLER DEVELOPMENT

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

Over the past four decades an impressive and growing body of research on infant and toddler development has emerged. Different strands of research findings have revealed astonishing information about the development of infant capabilities, the importance of interaction micro-processes for future development, and the significance of attachment throughout the lifespan. This course focuses on research findings within these three branches of exploration, together with different theorists' ideas about the implications of this research for psychoanalytic theory and practice, including conceptualizations of the self and self in relation to others, human motivation, development and pathology, and clinical practice and technique.

COURSE TITLE: CLINICAL CASE SEMINAR: ANALYSTS AND CANDIDATES PRESENTING CASES

COURSE SEMESTER CREDITS: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

Psychoanalysis has evolved over time to include greater theoretical diversity, and understanding how the different theories translate into clinical practice can be quite a challenge. This course addresses how psychoanalysts actually work, offering students the opportunity to delve into what analysts actually do - how they work in the transference and formulate interpretations, what they are thinking in the heat of the moment, and how their thinking, attitudes, and theory influences their style of engagement and choice of interventions. Throughout the course we will learn about the application of theory and explore what goes on in analysis, examining and reflecting on micro and macro processes - moment-to-moment interactions, and the process as a whole.

REQUIRED YEAR 2:

RELATIONAL PSYCHOANALYSIS

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

This course focuses upon both seminal and recent Relational approaches to psychoanalysis, taking a contextual approach to the historical development of Relational ideas from Ferenczi, Object-Relations and Interpersonal theories. We also aim to provide a container and a play space for understanding the development of Relational ideas. Relational theory, like object-relations, is not a monolithic theory, but a way of understanding development and relationships through the lens of mutual influence and mutuality.

COURSE TITLE: OBJECT RELATIONS THEORY: THE CRITICAL THINKERS

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

This course starts from the premise that working within the Oedipal triad is not a prerequisite of analytic work. In fact, the mother-infant dyad is equally essential to psychoanalytic thought. Object relations theory addresses the observation that people live in two worlds simultaneously—the external world and the internal world with a comingling between the two. Individuals tend to act and react not only with an actual other but also an internal other, a psychic representation of a person which, in itself, has the power to influence both the individual's affective states and his or her behavioral reactions. This course considers the primary role of objects, the mother, and the 2-party relationship, critical in the psychological/emotional development of the infant from birth as conceptualized by a number of significant figures.

COURSE TITLE: SELF-PSYCHOLOGY THEORY

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

In the second half of the twentieth century, there were two major disruptions to the hegemony of ego psychology in the United State — Self-Psychology and Relational psychoanalysis. Both schools shifted the clinical orientation from an isolated observation of the patient to a view that understood the patient as constituted in relationships, including the relationship between patient and analyst. However, Self-Psychology emphasized the developing self of the patient rather than valorizing mutual recognition. While once regarded as heretical, many of the ideas central to Self-Psychology have become standard concepts in the profession. These include the idea that empathy is the primary mode of observation in psychoanalysis, the significance of rupture-repair-sequences, and an emphasis on attuning to “forward-edge” movements. This core course examines the writings of Heinz Kohut, the founder of Self-Psychology, and those who have been inspired by him with the objective of placing Self Psychology in its historical context relative to psychoanalysis as a whole while developing an understanding of the clinical usefulness of Self-Psychology’s central concepts.

COURSE TITLE: INTERSUBJECTIVE SYSTEMS THEORY (IST) AND PHENOMENOLOGICAL CONTEXTUALISM

COURSE SEMESTER CREDITS: 2.5 hours X 12 meetings = 30 hours / 2 units

COURSE DESCRIPTION:

Phenomenological Contextualism (formerly Intersubjective Systems Theory) developed by Robert Stolorow, George Atwood, and their collaborators, has evolved over the past 35 years into both a philosophically based understanding of the psychoanalytic process and a reconsideration of all the major themes in psychoanalytic treatment, such as the unconscious, transference, embodiment, psychoanalytic action and affective experience. This course explores the theory itself and considers the practical implications for treatment of the concepts presented. Students will develop an ability to think about the theoretical and practical implications of intersubjective systems theory/phenomenological contextualism while also considering whether to apply these ideas in specific, practical ways in the treatment process.

REQUIRED YEAR 3:

COURSE TITLE: PSYCHOANALYTIC PERSPECTIVES ON DIVERSITY, POWER, AND PRIVILEGE

COURSE SEMESTER CREDITS: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

This course addresses the processes of power and privilege that have caused us to believe that diversity is a problem. Power and privilege are two factors in every interpersonal experience, whether an analytical dyad, a family, or a society. Although psychoanalysis has, with the intersubjective turn, become more open, contemporary psychoanalysis has also continued to reinforce the divorce between the sociopolitical and the personal. We are all trafficking in power, and our existence is just as political as it is personal. This course intends to expand each student's understanding of issues of power and privilege, and is, at the same time, not intended to be a solely intellectual exercise by perturbing and defamiliarizing what analytic students hear, learn and experience in a variety of psychoanalytically informed spaces.

COURSE TITLE: CONTINUING CASE CONFERENCE: CANDIDATES PRESENTING

COURSE SEMESTER CREDITS: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

The final two steps a candidate must complete prior to graduation and official recognition as a psychoanalyst are finishing the graduation paper and presenting a comprehensive case report (CCR) to examiners. This course was created as a means of helping candidates prepare for the successful presentation of a comprehensive case report. We will do this preparation by identifying the components of an effective comprehensive case report; reading about ways of writing case reports presented in the psychoanalytic literature; presenting short written drafts of the elements of a case report, and constructively commenting on each other's presentations to improve our product and to have experiences close to what might be expected by examiners when it is time to present our comprehensive case report for graduation. We shall also examine personal obstacles that may exist in preparing a comprehensive case report and consider how best to overcome them.

COURSE TITLE: ETHICS & BOUNDARY DILEMMAS

COURSE SEMESTER CREDITS: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

Questions regarding ethics and boundary violations by psychoanalysts emerged early in the history of clinical practice. Since that time a considerable body of literature has developed to address the theoretical and practical issues related to conducting psychoanalysis and psychoanalytic psychotherapy in an ethical manner. Similar concerns related to ethical practice arose in the allied fields of psychiatry, psychology, social work and family practice. Currently there are numerous ethical codes that have been established by various professional organizations and training institutions for their members and candidates. This course introduces the candidate to different historical reflections on professional ethics and boundary violations within clinical & training

relationships, provides a review of the theoretical literature as well as the ethics codes themselves (professional guild ethics as well as the ICPLA ethics code), and presents clinical examples to sharpen candidate assessment of their own conscious and unconscious processes in the practice of psychoanalysis.

REQUIRED YEAR 4:

COURSE TITLE: FINAL INTEGRATIVE COURSE: GOOD ENOUGH ENDINGS

COURSE SEMESTER CREDITS: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION:

This integrative course, offered in the final year of analytic training, is intended to help students reflect on and articulate what they have learned from their training experiences at ICP, consider their transition from student to analyst and to address the subject of termination.

In addition to exploring the experience of ending training, the complex topic of ending analytic treatments and relationships will be addressed. Students will consider a variety of significant questions, including: how does an analytic dyad know or determine when it's time to end; what value and meaning does ending, or leaving, have for different analysts and analysts; and are there useful guidelines or concepts to help analysts think about and navigate endings? The difficult issues of termination brought on by the suicide or death of the patient, death of the analyst, as well as cognitive impairment or dementia of the analyst will also be discussed.

ELECTIVES TAKEN IN YEAR 3 AND 4:

Note: Electives courses may change each academic year. Elective courses may be accessed in the ICP member/candidate portal, under Class Schedule/Curriculum.

SEMESTER CREDITS FOR EACH ELECTIVE COURSE: 2.5 hours X 6 meetings = 15 hours / 1 unit

COURSE DESCRIPTION: see below for each course.

COURSE TITLE: CLINICAL CASE CONFERENCE ON CASES RELATING TO TRAUMA AND DISSOCIATION

The goal of this course is to provide a richer understanding of the manifestations of trauma and dissociation as they unfold in the clinical hour. Participants will increase their understanding of the emotional meanings associated with traumatic experiences and be able to identify the presence of these meanings in transference and countertransference configurations. A wide range of dissociative phenomena will be addressed, providing opportunities to recognize dissociative experiences and extend knowledge of treatment considerations in connection with dissociative states. Readings are drawn from a range of theoretical formulations, allowing comparison and contrast of perspectives on these very important topics.

COURSE TITLE: MENTALIZATION-BASED TREATMENT THEORY AND TECHNIQUE

This MBT course aims to equip participants with the knowledge and skills necessary to effectively use mentalization techniques in their clinical practice. It provides a comprehensive understanding of the theory and application of MBT, allowing participants to enhance their therapeutic interventions with their clients.

COURSE TITLE: A RELATIONAL PSYCHOANALYTIC APPROACH TO COUPLES PSYCHOTHERAPY AND PSYCHOANALYTIC PLAY: DRAMATIZATION, NARRATION, AND IMPROVISATION IN FIELD THEORY AND METAPSYCHOLOGY:

This course will be taught in two parts: The first in the Fall term based on my model of couple's psychotherapy integrating self-psychological and IST perspectives with relational perspective in a "six step" treatment arch.

The second part in the Spring term involves three sessions on my theory of psychoanalytic play involving the emergent drama and narration of any session potentially being "played" with generating possibility when the field becomes constrained.

COURE TITLE: THE WORK OF SANDOR FERENCZI:

The work of Sandor Ferenczi is now widely recognized as foundational to Object Relations, Interpersonal, and Relational psychoanalysis. Having been vilified and his contributions erased by Freud and Jones, Ferenczi reemerged in the English-speaking world in 1988 with the publication of his Clinical Diaries. This course will examine his work and his methodology---continuously experimental, inductive, open to self-analysis, and offering an early version of what Irwin Hoffman came to call "the patient as interpreter of the analyst's experience."

COURSE TITLE: DREAMS & DREAMWORK IN PSYCHOANALYSIS: A LOST ART?

This course is designed to facilitate reflection on the evolution of psychoanalytic dream theory and practice throughout the twentieth century, beginning with Freud's Interpretation of Dreams, and moving on through Ego Psychology, Object Relations, and Interpersonal/Relational approaches. The course will arrive at the contemporary psychoanalytic understanding of dreams, with an emerging emphasis on Psychoanalytic Self Psychology, Intersubjective Systems Theory, and the Social Dreaming Paradigm. In addition, the course will also provide an experiential learning opportunity—the demonstration of a group technique for psychoanalytic dream work in maximum safety.

COURSE TITLE: PSYCHOANALYTIC GROUP THERAPY:

As psychoanalysis has moved from the strictly individual one mind orientation, our opportunities for practice have shifted from working with the singular patient to working in an analytic fashion with couples and families. In addition, many analysts have also, for quite a few years, worked successfully with their patients in groups, sometimes in combination with another form of treatment or as a stand-alone treatment venue. Unfortunately, our training models have not kept pace with these advances in the field of practice. Few analytic training institutes offer courses in group treatment. For the most part, learning the principles of group treatment requires separate training outside of the institute structure. We are changing that history.

COURSE TITLE: THE UNDERSTANDING AND APPLICATION OF WINNICOTT TO CLINICAL PRACTICE

This course will describe the impact of Winnicott's thinking on clinical concerns. We will examine how his earliest mother infant-relationship influences the developmental process and the relationship between analyst and patient.

INDEPENDENT STUDIES

COURSE SEMESTER CREDITS: VARY

COURSE DESCRIPTION: SEE POLICY BELOW

Independent Study

ICP requires the equivalent of four years of coursework comprised of the core courses listed above and electives. In addition to core courses and electives, a student may opt to develop a course of Independent Study. To develop a course of Independent Study, the following four steps must be taken in this order:

- i. The student must design an appropriate topic and bibliography for the Independent Study.
- ii. The student must find a faculty member to work with him or her.
- iii. The student must provide a written description of the proposed course of Independent Study for the Education Committee's approval.

Developing an Independent Study Course

A. Purpose of the Independent Study

The option of an Independent Study is available for students pursuing an idea or area of study that is not offered through standard coursework. ICP strives to foster a spirit of psychoanalytic inquiry and encourages students to explore their interests.

B. Criteria for Independent Study

The following information must be submitted to the Education Committee for review:

- i. A statement of the objectives of the course
- ii. Week-by-week topics for each week are clearly defined. The relevance of the readings to the topic and course objectives should be evident. If the course appears to duplicate another course
- iii. In the ICP training program (or other previous program of graduate studies), the student must include a statement as to why an independent study is being requested.
- iv. A statement regarding the selection of the faculty member for the Independent Study with reference to the topic; indicate the frequency of meetings or other monitoring of progress.

- v. The role of the Candidate Progression Committee in this process is limited to determining if the student is eligible for such an Independent Study.
 - vi. A student may not exceed 25 percent of the elective coursework in Independent Study during the entire process of matriculation.
 - vii. Upon completion of the independent study both student and faculty member must submit course evaluation forms.
2. The student will begin, or continue an existing schedule of, training psychoanalysis (minimum 4 sessions per week) with a Training Analyst approved by ICP.
 3. In order to fully participate in the program, it is strongly recommended that the student begin a full personal psychoanalysis with an ICP approved Training Analyst before the start of the program. As the search for a Training Analyst may take some time, the candidate may begin the personal Training Analysis, but hours credited towards training will only begin once classes have begun. If there are extenuating circumstances that prevent a student from beginning the training analysis in September, the student is urged to begin as soon as possible and has until January to commence. The training psychoanalysis requirement is a minimum of 4 sessions per week for a period total of at least 300 hours. The 4 sessions must be on at least 3 different days. The 4th session may be on a fourth day or combined in some way with one or more of the other 3 sessions.
 4. Provided the training psychoanalysis is full time and ongoing, control cases under the supervision of an ICP-approved supervisor may be initiated at any time.

Supervised Control Cases

- a. The ICP Student must be in full-time personal psychoanalysis (4 sessions per week) in order to begin supervised control cases.
- b. ICP requires the Student complete three supervised control cases in order to graduate from training. One of the three required supervised cases may be a child case and requires supervision with a supervising child analyst.
- c. Each control case must be supervised on a weekly basis for 18 months. If supervision for the 18 months of treatment is fewer than 65-70 hours, the supervisor and Student should continue the supervision until at least a minimum of 65-70 hours are completed.
- d. Two of the three cases must be in analysis a minimum of four sessions per week, and one case may be in analysis a minimum of three sessions per week.
- e. In order for the Student to have a diversity of supervisory experiences, it is required that each supervised control case be supervised by a different supervisor.
- f. Control case sessions must take place on at least three different days/week.

Choice of Supervisor

- a. Supervisors are to be selected from among ICP Training and Supervising Psychoanalysts. In order for the Student to have a diversity of supervisory

experiences, it is required that each supervised control case be supervised by a different supervisor.

- b. Upon selection of a supervisor for each control case, the Supervisory Agreement form must be completed and submitted to the office and advisor. A copy should be kept by the Student and supervisor.
- c. Corresponding members may also supervise control cases. Students may choose a corresponding member for only one of their three control cases. Because some corresponding members are not supervising and training analysts only corresponding members who are supervising and training analysts may be used as supervisors for control cases.
- d. It will be the Student's responsibility to confirm and inform the CPC that the corresponding member they are using as supervisor for their control case is a supervising/training analyst at their respective Institute.
- e. A Student's training analyst shall not be the Student's control case supervisor, as it constitutes a dual relationship.

Combining Supervised Control Cases

While all three cases must be supervised for 18 months each, one of these three supervisions may consist of two patients whose analyses total a minimum of 18 months of supervision. This policy has been instituted by ICP in order to allow the Student to take into analysis an analysand who may not appear to have good analytic prognoses according to the mainstream criteria for analyzability. Another motivation for this policy is to facilitate the gathering of accurate data on what actually happens in the analytic situation when working with difficult patients. ICP encourages broadening the mainstream and supporting the efforts of our own Students in this regard. The ability to combine two cases facilitates the Student's willingness to consider the more difficult case for analysis without risking the penalty of losing that supervisory time if the patient interrupts treatment prior to 18 months. It is the entire span of the Student's analytic experience that is used as a measure in determining whether the Student has learned to perform analysis; therefore, the absolute adherence to an 18-month minimum for all three supervised control cases is not the objective. If a case that is seen three sessions per week is combined with a case that is seen four sessions per week, that combined case is counted as a three time per week analysis. The student must complete an initial case report for each of the combined control cases.

Control Case Reports

The Student is responsible for composing reports on all three supervised control cases at specified periods during matriculation.

Tele-therapy Policy

It is incumbent upon each ICP analyst conducting a training analysis with an ICP student, and each ICP student conducting control case analyses, by phone or other online video methods, to be in compliance with the laws and regulations governing the ethical and legal practice of tele-therapy in the state and country in which he or she is licensed, and in the state and country where the analysand resides.

PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM (PPT)

Program (Course) Length: 40 Hours / 20 Weeks

Delivery: Residential or Distance Education (Distance Education is delivered via Zoom)

Cumulative Final Exam: None

Graduation Document: Certificate of Completion

Standard Occupational Codes / Potential Employment Titles: None, Continuing Education Program

Program Description and Objective (PPT):

ICP offers qualified licensed and pre-licensed clinicians a 20-week program devoted to training in the concepts and practices of contemporary psychoanalytic psychology. Uniquely case centered, the Psychoanalytic Psychotherapy Training Program (PPT) focuses not only on the what of modern psychoanalysis (its theory) but also on the how (its clinical practice). The readings, drawn from eminent contemporary psychoanalytic publications, are limited but very relevant to each case presentation. A second year of the PPT is open to students who have completed the first year of the program. Seminars will be designed by the PPT Committee with input from incoming second year students.

SEMINARS

The PPT program offers two ten seminar semesters for licensed clinicians. Seminars begin with an overview of the history and development of psychoanalysis. This includes a brief introduction to major analytic theories beginning with Freud's theory of psychoanalysis and ending with Kohut and Self Psychology. Following this introduction, the class moves into contemporary psychoanalysis including Relational Theory, Intersubjective Systems Theory, Specificity Theory and Complexity Theory. Case material will be presented to illustrate how the therapist can utilize a particular theoretical perspective in clinical practice. The final seminars cover Attachment Theory, Infant Research, and Trauma Theory and how these are integrated into contemporary psychoanalytic psychotherapy with adults. Case material will illustrate this integration. Seminars are led by a facilitator who is either an ICP analyst or an advanced student at the Institute. Instructors for each seminar meeting are members of ICP who have special expertise in the topic of that particular seminar. Seminars are taught by instructors from the institute faculty. Assigned readings augment these presentations.

SMALL GROUP CONSULTATION

Program participants will also participate in a weekly case consultation group led by an experienced ICP training analyst and consisting of no more than three students. The consultation group allows students to deepen their understanding of material by integrating their learning with their clinical work. Consultation group is not available for pre-licensed clinicians or students in the Advanced.

Program Progression

- Bi-weekly seminars of 2.5 hours each
- Bi-weekly small group consultation

ACADEMIC POLICIES

GRADING SYSTEM

Grade Identification	Grade Definition
P	Pass: Has satisfactorily met 5 out of 6 full seminar weekends per course (=12.5 hrs. requirement for each 15 hrs. course; 25 hrs. requirement for each 30 hrs. course)
F	Fail: Has not satisfactorily met 5 out of 6 full seminar weekend attendance per course. (Less than 12.5 hrs. for each 15 hrs. course; and less than 25 hrs. for each 30 hrs. course)
T	Transfer Credit
W	Withdrawn

If ICP requires coursework to be submitted for review ICP will return coursework feedback within 10 days after it is received by ICP.

SATISFACTORY ACADEMIC PROGRESS – PROBATION AND DISMISSAL AND ATTENDANCE

A student is required to complete at least 5 out of the 6 seminar weekends in full, each course, which means the required minimum is as follows per course:

- minimum of 12.5 hrs. for each 15 hrs. course
- minimum of 25 hrs. for each 30 hrs. course

If over the period of 2 years in the PTP program, a student does not complete 2 core courses or 3 elective courses, the student will seek the assistance of the Advisor and will formulate a plan with the Candidate Progression Committee (CPC) to complete the course(s). If the student continues to exhibit poor class attendance, less than 5 out of 6 full seminar weekends, the student will be withdrawn after 4 uncompleted classes, with their status determined in discussion by Candidate Progression Committee (CPC) and the Advisor. This could include the decision to go on a Leave of Absence, withdraw from the program, or other options for completing credit.

At the end of each course, faculty review each student's progress by completing a Candidate Progression form. These forms are distributed by the ICP office to the student and the Advisor. Course Credit is based exclusively on the student having met the attendance requirement of at least 5 out of the 6 seminar weekends in full.

A student is provided a maximum of six (6) academic years to complete the program.

Supervision of Control Cases:

In the PTP program a student must be in four times per week analysis for a period of at least 300 hours. The student, on a monthly basis, is responsible for ensuring that the

Training Analyst accurately records the student's personal analysis hours, and that the records are submitted to the student's ICP Advisor. **If the student is unable to demonstrate that the required hours are being completed the student may be withdrawn from the program by ICP or the student may request to go on leave of absence (see Leave of Absence policy).** When an interruption in the required frequency exists (not attributable to common vacations or illness) notify your Advisor immediately and develop a plan for continued training.

If a student is still in the process of completing one or more control cases after the 300-hour requirement, the student must remain in analysis for a minimum of 2 sessions per week until the control case(s) are completed. These hours will also be recorded using the Certification of Analytic Hours Form.

MAKE-UP WORK

Each student who falls below the 5 out of the 6 full seminar weekends attendance requirement in a course may work with the assigned course faculty member to make-up hours prior to the final pass / fail grade being recorded.

COURSE REPEATS

A student who fails a course must repeat the course the next time it is offered, typically each course is offered once per year. A student may repeat a course a maximum of five (5) times. Should a student obtain a fail, five (5) times the student will be withdrawn from the program. There is no additional fee for course repeats if a repeat is completed on or before the expected graduation date listed on the student's enrollment agreement.

LEAVE OF ABSENCE POLICY

A leave of absence may be requested at any time due to personal reasons in the **PTP** program, a leave of absence is not available for the **PPT** program. The request must come from the student in the form of a letter to the Candidate Progression Committee and the office, advising of the need to take a leave of Absence. The letter might include a brief explanation as to the reasons for the requested leave, but such justification is not mandatory. An annual leave of absence fee of \$400.00 is required to accompany the letter.

Leaves of Absence are renewed on an annual basis, at the end of each academic year, and a letter confirming whether the leave is to be continued through the next academic year is required latest by the end of July, each year. If the leave is to be continued, the \$400.00 fee must accompany the renewal letter.

While on leave, a student may not take courses and will not be granted credit for ongoing supervision, control case hours or ongoing recorded personal analytic hours, as applicable to the student's program. A student may not hold graduation committee meetings for their graduation paper during this time.

Leave of Absence status may be renewed up to two years. The Candidate Progression Committee Chair will arrange a meeting with the student to review enrollment at ICP. The

purpose of the meeting will be to explore and determine possibilities for future matriculation. If a student exhausts the two-year period, the student becomes withdrawn. If the student wishes to become active again the student is required to engage in the admission process.

GRADUATION REQUIREMENTS

PSYCHOANALYTIC TRAINING PROGRAM (PTP)

A student will be eligible for graduation when all required credits or hours for didactic coursework, supervision of control cases and personal training analysis are earned, a Comprehensive Case Report was completed and a CCR committee discussion meeting held, and all financial obligations have been paid, or other financial arrangements have been requested and approved in writing by the Institute.

PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM (PPT)

A student will be eligible for graduation when all required credits or hours are earned, and all financial obligations have been paid or other financial arrangements have been requested and approved in writing by the Institute.

WITHDRAWAL

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution of the student's withdrawal.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the policies and procedures of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the Institute.

CONDUCT THAT MAY CAUSE WITHDRAWAL FROM THE PROGRAM

- Non-payment of tuition: students may not begin a new school year if tuition for the former year has not been paid, unless the Institute has approved a financial plan for payment. Students may not begin a new semester without payment of that semester's tuition. If the student is not able to work out a payment plan with the Institute and keep current on that plan, they will be advised that unless this is accomplished by the end of the semester, they will be unable to continue. Once they have become current on their tuition, they are allowed to start classes again.
- If a student engages in disruptive, disrespectful and/or harassing behavior while engaged in ICP classes or programs, the Ethics Committee will document and investigate the causes and consequences of this behavior with the student, and will sensitively and with respect, develop a plan for working with the student and the context. If after 2 attempts to work individually and contextually with the problematic issue the Candidate Progression Committee will discuss and decide on a probation strategy. If the probation strategy is ineffective within 2 months, then the Candidate Progression Committee and Board will rule on withdrawal.
- If a student's license for clinical practice is suspended or revoked, depending upon the reason, either the student will be put on Leave of Absence until their license is

reinstated (see Leave of Absence policy), or the student will be withdrawn from the program. The Candidate Progression Committee and the Board will decide which action to take based on the violation.

STUDENT SERVICES

CANDIDATE PROGRESSION COMMITTEE (CPC)

The purpose of the CPC is to empower students by providing them with a student run support organization. The organization attends to student issues and supports students' rights and needs. Any student is welcome to be a member of this committee. Any student concern can be addressed by this committee, and then brought to the Board or any other committee if necessary. This organization also may develop conferences and programs focused specifically on student needs and interests.

STUDENT ADVISOR

The Candidate Progression Committee (CPC) assigns each student an advisor. The purpose of the advisor is to help the student to progress throughout the program by keeping track of their coursework, analysis hours, supervision hours, and case reports, as applicable. The student is free to replace their advisor at any time.

HOUSING

Institute of Contemporary Psychoanalysis does not assume responsibility for student housing, does not have dormitory facilities under its control, nor offers student housing assistance. According to rentals.com for Los Angeles, CA, rental properties start at approximately \$2,000.00 per month.

LIBRARY

Since the early 2000's, ICP has used Psychoanalytic Electronic Publishing (PEP) and it is now ICP's primary library resource. Every student once accepted into the Institute is provided access to PEP. Presently PEP includes access to Psychoanalytic classical books, psychoanalytic journals and videos. A vital aspect of the program is its excellent search engine, which allows great opportunity for research. As a developing project, PEP acquired the backing of the American Psychoanalytic Association and the Institute of Psychoanalysis (London).

CAREER SERVICES AND PLACEMENT ASSISTANCE

Institute of Contemporary Psychoanalysis programs do not lead to employment. Therefore, no services are provided.

STUDENT RECORDS

Institute of Contemporary Psychoanalysis maintains electronic records of the name, address, e-mail address, and telephone number of each student who is enrolled in an educational program. Institute of Contemporary Psychoanalysis maintains, for each

student granted a certificate permanent record of all of the following for a minimum of five years from the students' date of completion or withdrawal:

- (1) Written records and transcripts of any formal education or training, testing, or experience that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer credits including the following:
 - (A) Verification of high school completion or equivalency or other documentation establishing the student's ability to do college level work, such as successful completion of an ability-to-benefit test;
 - (B) Grades or findings from any examination of academic ability or educational achievement used for admission or college placement purposes;
- (2) Personal information regarding a student's age, gender, and ethnicity if that information has been voluntarily supplied by the student;
- (3) Copies of all documents signed by the student, including contracts, instruments of indebtedness, and documents relating to financial aid;
- (4) Records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation; and
- (5) In addition to the requirements of section 94900(b) of the Code, a transcript showing all of the following:
 - (A) The courses or other educational programs that were completed, or were attempted but not completed, and the dates of completion or withdrawal;
 - (B) The name, address, website address, and telephone number of the institution.
- (6) Student projects submitted by graduate students;
- (7) A copy of documents relating to student financial aid that are required to be maintained by law or by a loan guarantee agency, if applicable;
- (8) A document showing the total amount of money received from or on behalf of the student and the date or dates on which the money was received;
- (9) A document specifying the amount of a refund, including the amount refunded for tuition and the amount for other itemized charges, the method of calculating the refund, the date the refund was made, and the name and address of the person or entity to which the refund was sent;
- (10) Copies of any official advisory notices or warnings regarding the student's progress; and
- (11) Complaints received from the student.

Institute of Contemporary Psychoanalysis maintains student transcripts permanently. Information on transcripts include the following:

- Courses or educational programs that were completed, or were attempted but not completed, and the dates of completion or withdrawal;
- The final grades or evaluations given to the student;
- Certificate awarded the student; and
- The name, address, email address, and telephone number of the institution.

GRIEVANCE PROCEDURE

Problems may arise. In the case of a problem within a course and/or with a faculty member, the student is encouraged to first talk directly with the faculty member. If this does not resolve the problem or if the student does not want to contact the faculty member directly, they may speak with their Advisor or either of the two Candidate Board Representatives. Either the student or their representative (Advisor or the Candidate board Representative) should contact either the Education Committee Chair or the Candidate Progression Committee (CPC) Chair. Whichever Chair is contacted will contact the other chairperson and together they will decide the next course of action. One option will be for the two Chairs to appoint an ad-hoc committee or person to help facilitate a process between the Candidates and the faculty member/s. The ad-hoc committee or person will consult with and report back to the two committee chairs. If none of these processes work to resolve the issue, then the two chairs may present the problem to the Board of Directors.

In the case of a problem with an individual Candidate and a particular ICP member, the first step to resolve a problem, if possible, is for the Candidate to have a conversation with the other person involved in the problem. If this is not possible or has been unsuccessful, the second step is for the student to discuss the problem with the Candidate's Advisor to see if a resolution can be reached. When the individual problem is not resolvable, the Chair of the Candidate Progression Committee should be notified. The Candidate Progression Committee has many options to mediate difficult situations, including consulting with the Advisor, appointing a course facilitator, appointing an ad hoc committee to investigate the issue, etc. If necessary, the Candidate Progression Committee may present the problem to the Board of Directors.

If the Candidate's Advisor becomes aware of a problem situation involving the Candidate through a review of the Supervisor report or from an Instructor Assessment form, the Advisor will discuss the issue directly with the Candidate. If necessary, the Advisor may initiate and mediate a meeting to address a difficulty. If resolution proves difficult, the Candidate may choose to write a statement to be placed in the Candidate's file explaining the Candidate's response to the problem.

Another option for Candidates is to contact a member of the Ombudsman Office. The Ombudsman office is a confidential resource that serves as an independent, neutral, and informal resource. Their primary role is offering a safe and confidential milieu for facilitating solutions to concerns and issues raised by Candidates, members, faculty, and staff. The ombudsman office does not make any decisions but helps to facilitate a strategy to resolve the issue.

As a final attempt at resolution to seemingly irresolvable problems, a Grievance Committee (an ad hoc committee of the Candidate Progression Committee) may be formed. Such a committee may be initiated either by the Candidate or by the other party to the difficulty. The Grievance Committee is composed of the Candidate, the member with whom there is an impasse, the Candidate's Advisor, an ombudsman selected by the Candidate from among the membership of ICP, and a representative of the CPC who will

act as Chair of the Grievance Committee. Should this ad hoc committee be unable to resolve the grievance, the Chair(s) of the Candidate Progression Committee will refer the matter to the Board of Directors, who would be empowered to make a final and binding decision.

The Advisor ordinarily mediates between the Candidate and the Candidate Progression Committee; however, at times the Candidate may choose to meet directly with the CPC regarding particular concerns or requests or submit a written request to the CPC.

All problems brought to an advisor are attempted to be resolved within three (3) weeks, depending on the problem, more or less time may be needed. ICP stresses the importance of following the laws of fairness and confidentiality. This is crucial when dealing with issues that may involve accusations related to professional practice.

CANCELLATION, WITHDRAWAL AND REFUND POLICY

STUDENT'S RIGHT TO CANCEL

- You have the right to cancel your agreement for a program of instruction, without any penalty or obligations, through attendance at the first-class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled hours in the current year contract through the last day of attendance.
- Cancellation may occur when the student provides a written notice of cancellation via email to office@icpla.edu.
- The email notice of cancellation is effective based on the day timestamped on the email.
- The written notice of cancellation need not take any particular form and however expressed; it is effective if it shows that the student longer wishes to be bound by the Enrollment Agreement.
- If the Enrollment Agreement is cancelled, the Institute will refund the student any money paid, less the application fee within 45 days after the notice of cancellation is received.

WITHDRAWAL FROM A COURSE

You may withdraw from a course at any time after the program cancellation period (described above) and have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled hours in the course, based on the date the notice of withdrawal is received by ICP (day timestamped on the email). Withdrawal may occur when the student provides a written notice of course withdrawal via email to office@icpla.edu. Any refund due will be paid within 45 days of the course withdrawal. If the student has been scheduled for more than 60% of the scheduled hours in the course

for which the student was charged, the tuition is considered earned and the student will receive no refund. If a student takes a leave of absence (LOA) during an academic year, in addition to the Withdrawal from Course Policy above, the student is responsible to pay the \$400.00 leave of absence fee. The date of course withdrawal will be the date that the office has received the following; 1. the request for course withdrawal, 2. Leave of Absence request, and the 3. the \$400.00 LOA fee.

WITHDRAWAL FROM THE PROGRAM

You may withdraw from the Institute at any time after the cancellation period (described above) and receive a pro rata refund if you have completed 60 percent or less of the scheduled hours in the current academic year, based on the date the notice of withdrawal is received by ICP (day timestamped on the email). Withdrawal may occur when the student provides a written notice of withdrawal via email to office@icpla.edu. Any refund due will be paid within 45 days of withdrawal. If the student has completed more than 60% of the scheduled hours in the current academic year for which the student was charged, the tuition is considered earned and the student will receive no refund.

For the purpose of determining a refund under this section, a student shall be deemed to have withdrawn from a program of instruction when any of the following occurs:

- The student notifies the institution of the student's withdrawal.
- The institution terminates the student's enrollment for failure to maintain satisfactory progress; failure to abide by the policies and procedures of the institution; absences in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the Institute.

For the purpose of determining the amount of the refund, the date of the student's withdrawal shall be deemed the day timestamped on the email received by ICP or the date ICP withdraws the student. The amount owed equals the hourly charge for the program in the current academic year (total institutional charges, minus non-refundable fees, divided by the number of hours in the current academic year, multiplied by the number of hours scheduled to attend prior to withdrawal.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

TUITION AND FEES

Application Fee	Student Tuition Recovery Fund Fee	Tuition*	Administration Fee*	Payable to a Third Party Supervision of Control Cases	Payable to a Third Party Personal Training Analysis
\$200.00*	37.50	\$14,000.00*	\$400.00*	\$39,000.00*	\$ 60,000.00*
<p>*Non-Refundable.</p> <p><i>\$200.00 through May 31.</i></p> <p><i>Applications received after May 31 will incur an additional \$25 charge.</i></p>	<p>*Non-Refundable</p> <p><i>\$2.50 for every \$1,000 rounded to the nearest \$1,000 of institutional charges.</i></p>	<p>*Prorated per semester upon withdrawal.</p> <p><i>\$3500 per year</i></p>	<p>*Prorated per semester upon withdrawal.</p> <p><i>\$100.00 per year</i></p>	<p>*Not covered by tuition fee; student pays supervisor's fee on an individual basis, all fees with supervisors are negotiated and paid between the supervisor and student privately, without ICP's involvement. If a low fee spot is available, a supervisor is required to provide one low fee supervision to the student at \$75. Otherwise, there is a wide range of charges.</p> <p><u>Minimum requirement:</u> <i>65 Supervision hours per Control Case for a total of 3 Cases.</i></p> <p><u>Additional fees if applicable:</u> <i>Additional Supervision hours as needed \$200 estimated charges, per Supervision hour</i></p>	<p>*Personal psychoanalysis is not covered by tuition fee: student pays fee on an individual basis; all fees with training analyst are negotiated and paid between the analyst and student privately without ICP's involvement.</p> <p><u>Minimum Requirement:</u> <i>Total of 300 analytic hours, 4 sessions weekly with an ICP Training and Supervising Analyst.</i></p> <p><u>Additional fees, if applicable:</u> <i>If control case work is still in process after 300 analytic hours, the Candidate is continuing in twice weekly analysis. \$200 estimated charges, per analytic hour</i></p>

- *A maximum annual tuition and administration fee increase of 10% based on yearly tuition is included in the below, "Estimated Due for the Entire Program" (4 years)

- Additional Fees, if applicable, per year: Leave of Absence, \$400.00. Post Seminar Fee for the Psychoanalytic Training (*all didactic is completed*) \$1,250.00, as of September 2023 \$1,650.00.
- Each additional fees may increase up to \$100.00 per year
 Estimated Institutional Charges for a period of attendance year one (1): \$3,800.00
 Estimated Institutional Charges for a period of attendance year two (2): \$3,960.00
 Estimated Institutional Charges for a period of attendance year three (3): \$4,356.00
 Estimated Institutional Charges for a period of attendance year four (4): \$4,791.60

Estimated total Institutional charges: \$16,907.60

Plus, total estimated Third-Party charges (minimum of 65 Supervision of Control Cases sessions/3 control cases, 300 Personal Training Analysis hours): \$99,000.00.

Estimated total charges for the entire program: \$115,907.60

An Academic Year is defined as September through June.

Psychoanalytic Psychotherapy Training Program		
Application Fee	Student Tuition Recovery Fund Fee	Tuition*
\$ 50.00	\$0	\$700.00
Non-Refundable.	Non-Refundable - \$2.50 for every \$1,000 rounded to the nearest \$1,000 of institutional charges. For institutional charges of one thousand dollars (\$1,000) or less, the assessment is zero dollars (\$0)."	\$0.00

Estimated Charges for a period of attendance = the whole program: \$750.00

Estimated total charges for the entire program: \$750.00

LOAN

If a student receives a loan to pay for the educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund and if the student receives federal student financial aid funds, the student is entitled to a refund of the moneys not paid from federal financial aid funds.

PAYMENT

Tuition and any fees are payable as outlined on the student invoice. Payment can be made via debit card or credit card (Visa, Mastercard, Discover, or American Express).

Invoices for the current academic year are provided annual in September or October:

- 50% of the invoice is due upon receipt.
- Balance of invoice is due January.

Payment arrangements may be considered. A request for a payment arrangement can be submitted to: office@icpla.edu

At the student's option, the Institute will accept payment in full for tuition and fees after the student has been accepted and enrolled and the date of the first-class session is disclosed on the enrollment agreement.

STUDENT TUITION RECOVERY FUND

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market Blvd., Suite 225, Sacramento, CA 95834, (916) 574-8900 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.

4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

ADMINISTRATORS AND FACULTY

ADMINISTRATORS

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- Nick Ryan, PsyD, LMFT, ATR-BC: Chief Operating Officer / President
- Beate Klein, PhD, PsyD, LMFT: Chief Academic Officer
- Gabriele Lippmann, Sr. Manager Administration & Programs/Executive Assistant

FACULTY

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Earl Bland, PsyD
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Joye Weisel-Barth, PhD
Helen Ziskind, PsyD, LCSW

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- Institute of Contemporary Psychoanalysis does not admit ability-to-benefit students.
- The Office of Student Assistance and Relief is available to support prospective students, current students, or past students of private postsecondary educational institutions in making informed decisions, understanding their rights, and navigating

available services and relief options. The office may be reached by calling (888) 370-7589, option #5, or by visiting osar.bppe.ca.gov

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International Institute for Psychoanalytic Training
I IPT

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I IPT OPERATION HANDBOOK
For
CANDIDATES, MEMBERS & FACULTY
Revised February 27, 2023

I IPT is a component program of the International Psychotherapy Institute

Mailing Address: 6917 Arlington Road • Suite 204 • Bethesda, MD 20814

301-215-7377

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100

101 **IMPORTANT NOTE:**

102 *This IIPT HANDBOOK represents the input from all levels of participation of individuals at IIPT and has*
103 *taken many years to define and refine. When an individual is accepted as a Candidate, a Member of the*
104 *IIPT Community, or appointed a Faculty Member, Supervising Analyst or Personal Analyst, she or he is*
105 *accepting this Handbook as the operating document for the institution and is agreeing to abide by its*
106 *guidelines and ethics. Since any institution is a dynamic, developing organism, the IIPT Steering*
107 *Committee reserves the right to amend this document at any time and inform the IIPT community of the*
108 *changes. Please be familiar with its content. The International Institute for Psychoanalytic Training (IIPT)*
109 *does not discriminate on the basis of race, color, ethnicity, nationality, religion, age, gender, sexual*
110 *orientation, or physical handicap.*

111

112

113

114 The International Institute for Psychoanalytic Training (IIPT) was founded in 2004 as a distance learning
115 analytic training institute of international scope with teachers, faculty, and candidates from North, Central
116 and South America , the United Kingdom and Europe, and organized as a program of the International
117 Psychotherapy Institute (IPI), a not for profit educational institution founded in 1994. The Chair of IIPT
118 reports to the Director of the International Psychotherapy Institute, who in turn reports to the Board of
119 Directors of IPI.

120

121 Seminars, consultation of analytic cases and personal analysis are balanced in a comprehensive design
122 structured to provide the analyst in training with the best possible breadth and depth of knowledge.
123 Our seminars are divided between theory and technique and are scheduled over a four-year period, as
124 are the clinical case seminars, clinical case presentations and the Group Affective Model (GAM) group
125 meetings. The candidate’s personal analysis and the three required clinical cases in consultation with
126 a Supervising Analyst combine to complete the total program design.

127

128 **IIPT Administration International Institute for Psychoanalytic Training**

129 The mission of IIPT is to provide excellent quality training in analysis. The governance of IIPT is
130 accomplished through the Chair of IIPT, The IIPT Steering Committee and the work of the various IIPT
131 Committees listed below. IIPT exists within the matrix of IPI and reports to the IPI Director, who in turn
132 reports to the IPI Board of Directors.

133 **Chair of IIPT :** The Chair of IIPT will be appointed by the Director of IPI following recommendations of a
134 search committee. Qualifications for the Chair will include being an eligible Supervising Analyst of IIPT and
135 or an IPA training analyst.

136 **IIPT Psychoanalytic Institute Faculty**

137 The IIPT faculty provides the offerings of IIPT including teaching, development of curriculum, and
138 governance of the institute and activities for IIPT members.

139 IIPT Chair: Jane Garbose, MA, LADC.

140 Teaching Faculty as of February 2023: Matt Rosa, MD, Sue Cebulko, Ph.D., Andi Pilecki Eliza-Christie, LPC,
141 Karen Sherwood, MSW, LCSW, Michele Reed, MSW, Michelle Kwintner, PhD, MSW, Doug Dennett, M.D.,
142 Sharon Dennett, MSW, M.Ed., Pat Hedegard, MA, LMHC, Linda Hopkins, Ph.D.,
143 Bob Rovner, Ph.D., Judy Rovner, MSW, Colleen Sandor, Ph.D., Lynda Scalf-Mclver, Ph.D.,
144 David Scharff, M.D., Jill Scharff, M.D., Caroline Sehon, MD, Lea Setton, Ph.D., Karen Sharer-Mohatt, Ph.D.,
145 Anne Taylor, M.S.W., Stan Tsigounis, Ph.D., Yolanda Varela, Ph.D., Janine Wanlass, Ph.D.

146

147 **IIPT Committees**

148 1) IIPT Graduate Analysts (not IIPT faculty) may serve on IIPT Committees as Graduate members and/or
149 CPC Reps.

150 2) IPI Associate Faculty may serve on IIPT Committees and/or as CPC Reps if they are an IIPT graduate.

151 3) If an IIPT Chair is unable to attend an IIPT SC meeting, another committee member may attend the SC in their
152 absence.

153 4) IIPT Committee Chair positions are term limited for three years with overlap to the new chair. The Chair of the IIPT
154 SC

155 (who is the Program Chair appointed by the Director) may agree on a longer term to take that cohort to its
156 completion if the Director agrees.

157 5) IIPT Committee will be Chaired by an IIPT Faculty Member. The IIPT Supervising Analyst Committee will be chaired
158 by an IIPT Supervising Analyst.

159

160 **Steering Committee (SC)**

161 The IIPT Chair, appointed by the Director of IPI, is responsible for appointing the Chairs of IIPT sub-
162 committees (who serve on the IIPT Steering Committee). The IIPT Chair sets the agenda for and leads the
163 SC meetings. The Committee is comprised of the following positions: Chair of the Admissions Committee
164 (during relevant time frame), Chair of the Candidate Progress Committee, Chair of the Curriculum
165 Committee, Chair of the Professional Development Committee, GAM Group Leader, Immediate Past-Chair,
166 IIPT (for the year following their tenure), and current IIPT Class Representatives. The Steering Committee
167 meets once monthly, and discusses and decides upon issues of governance and educational program
168 development. If a member finds it necessary to miss a Steering Committee meeting, they will designate a
169 representative of their committee to attend in their absence.

170

171

Admissions Committee

172 Convened at the request of the Chair of IIPT and approved by the SC, the admissions committee is
173 charged with selecting candidates for each incoming IIPT class. There will be representatives of the
174 Supervising Analyst group, the Candidate Progress Committee, and a current candidate on the committee.

175

Candidate Progress Committee (CPC):

176 Chaired by an IIPT Faculty Member. Each candidate is assigned a CPC representative who is responsible
177 for reviewing the candidate’s progress and for making recommendations regarding individual candidate’s
178 progress to the CPC Chair. These discussions will be attended or reviewed by the Chair of IIPT for
179 consideration in overall programmatic issues.

180

Curriculum Committee

181 Chaired by a graduate analyst of IIPT appointed by the IIPT Chair, this committee will represent the
182 breadth and depth of learning needs of candidates by choosing analytic literature that reflects a thorough
183 grounding in the history of psychoanalysis, theory, and technique and blends current and contemporary
184 thinking with an object relations grounding. Freud and his major papers will be read throughout the four
185 years, the trajectory of developing psychoanalytic thought throughout Europe, South America and the
186 United States represented and contemporary advances in technique and theory attended to. The
187 curriculum is an evolving project, designed to keep pace with new developments in psychoanalytic
188 thinking.

189

Professional Development Committee

190 Faculty Participation and Development at IIPT is the responsibility of the Professional Development
191 Committee, which has the following functions and goals:

- 192 1. To oversee faculty appointment initially and upon periodic review;
- 193 2. To encourage the development of individual analyst faculty members;
- 194 3. To encourage the growth and development of analytic practice, thinking, writing, teaching, and
195 supervising among IIPT graduates, and to create a process that allows opportunities to develop skills in
196 these areas;
- 197 4. To foster development of the IIPT Society
- 198 5. To create an atmosphere of inclusiveness in which a group of analysts can participate in the IIPT
199 training of candidates and governing of the Institute;
- 200 6. To develop criteria for promotion, and a sequence of steps to acquire positions in each of the
201 following 4 areas, each of which is an equally valued way to contribute to the IIPT community and its
202 mission:
 - 203 A. Teaching analytic theory and technique seminars;
 - 204 B. Analyzing candidates;
 - 205 C. Consulting with candidates and leading case conference seminars;
 - 206 D. Leading the candidates’ GAM group (using the Group Affective Model)

IIPT

IIPT Handbook (rev 2/27/23)

207 7. To review current PDC policies as IIPT, and to propose revisions to the Steering Committee for
208 consideration and approval;

209 8. To update the IIPT Handbook when policies are approved by the Steering Committee, and to
210 ensure that the documentation in the Handbook is in compliance with all outside accrediting bodies.

211

212

Supervising Analyst Committee

213 Chaired by a Supervising Analyst, this committee is responsible for, the ongoing study and development
214 of consultation skills among SA members, evaluating candidates' work in consultation, making
215 recommendations to the Admission Committee, and to the CPC through the Steering Committee, about
216 perceived needs of candidates as demonstrated in their individual consultations and finally, to provide a

217 course of study when there is a sufficient number of graduate analysts approaching eligibility of SA
218 status.

Current Adjunct Faculty Supervising Analysts

220 A list of available IIPT Consulting Adjunct Faculty will be provided upon request by the Chair, IIPT.

History: International Institute for Psychoanalytic Training

222 The International Institute for Psychoanalytic Training (IIPT) was inaugurated at the International
223 Psychotherapy Institute (IPI) in July 2004. IIPT is a center of excellence for rigorous training in
224 psychoanalysis, emphasizing the object relations perspective and including classical and contemporary
225 approaches. IIPT uses the unique Group Affective Model and operates within, and augments, the existing
226 learning matrix at the International Psychotherapy Institute, a non-profit 501(c)(3) institution for training
227 psychotherapists and psychoanalysts in principles of object relations, incorporated in 1994. Through its
228 origin in, and continued close association with the International Psychotherapy Institute, the International
229 Institute for Psychoanalytic Training makes psychoanalysis accessible to the psychotherapy community
230 and relevant to the practice of group, child, couple and family therapies as informed by the practice of
231 psychoanalysis.

The Aim of the International Institute for Psychoanalytic Training

233 The aim of the International Institute for Psychoanalytic Training is to provide candidates with an in-depth
234 process of analytic exploration as applied to personal growth, professional development, clinical practice,
235 and teaching and writing so that they can join the community of scholars and make contributions to the
236 field of psychoanalysis. This course of study attempts to show the progress of psychoanalysis from a
237 classical approach begun in the late 19th Century to its current state of diversity in the 21st Century. The
238 Institute provides a basis for understanding the foundations of psychoanalytic concepts in relation to
239 contemporary object relations and other approaches, and creates opportunities for in-depth exposure in
240 chosen areas. The focus is on the analytic pair of analyst and analysand. This focus is embedded in the IPI
241 commitment to respect all the modalities of psychotherapy, from the practice of which psychoanalysis can
242 learn more about the person and the unconscious, and to which the in-depth studies of the analytic pair

243 can contribute insight. The psychoanalysis that we teach is enriched by experience with, and
244 understanding of, the unconscious dynamics of families, groups, and organizations.

245 **Mission**

246 The International Institute for Psychoanalytic Training is a community of scholars dedicated to the study
247 of the theory and technique of psychoanalysis, to the examination of self and other in the psychoanalytic
248 setting, to research into intra-psychic and interpersonal processes, and to the application of
249 psychoanalysis to other therapies.

250

251 **Diversity Policy**

252 The International Institute for Psychoanalytic Training (IIPT) does not discriminate against applicants for
253 training, or against the analysts they subsequently treat, or analysts being considered as Supervising
254 Analysts and/or treating analysts on the basis of race, color, ethnicity, nationality, religion, age, gender,
255 sexual orientation, or physical disability, and so announces on the website, application materials, and
256 posts at the administrative office.

257 **Ethical Statement**

258 IIPT expects all faculty, members and candidates to abide by the current IPI Code of Ethics, the ethical
259 codes of the American Psychoanalytic Association (APsA, <http://www.apsa.org/code-of-ethics>) and the
260 International Psychoanalytical Association
261 (http://www.ipa.world/ipa/en/IPA1/Procedural_Code/Ethics_code_new.aspx), and the ethical codes of each
262 person's respective mental health discipline. The American Psychoanalytic Association specifies 10 areas
263 of interest:

- 264
- | | | | |
|---------|---------------------------------|------|----------------------------------------------|
| 265 I | Professional Competence. | II | Respect for Persons. |
| 266 III | Mutuality and Informed Consent. | IV | Confidentiality. |
| 267 V | Truthfulness. | VI | Avoidance of Exploitation. |
| 268 VII | Scientific Responsibility. | VIII | Protection of the Public and the Profession. |
| 269 IX | Social Responsibility. | X | Personal Integrity. |

270

271 IIPT requires all IIPT members to adhere to the "Personal Integrity" Section X of APsA Ethical Guidelines,
272 which states that "The psychoanalyst (or psychoanalyst-in-training) should be thoughtful, considerate, and
273 fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-
274 imposed disciplines. He or she should accord members of allied professions the respect due their
275 competence."

276

277 **Transfer to the Institute by non-IPI members**

278 IIPT welcomes transfer admission applications by current candidates who have had comparable
279 experience at other psychoanalytic training institutes. Transfer applicants will follow the IIPT admissions
280 process (see below) and a determination will be made as to where they might enter training with IIPT.

281 **Admission to the Analytic Institute for IPI members**

282 Several of the criteria for admission, completion of the 2 year IPI program experience in the basics of
283 object relations theory, the group affective model, and the capacity to work in the distance learning
284 model, are imbedded in the IPI experience. Credit is given for prior satisfactory completion of elective
285 courses required for graduation from the analytic institute. Applicants make a written application to join
286 the analytic training institute 5 months before a new analytic class is to be admitted.

287 **Admission to the Institute by non-IPI members**

288 We also welcome lateral admission applications by candidates who have had comparable experience at
289 other psychotherapy training institutes, mid-training candidates from other analytic institutes and
290 candidates with equivalent professional and training experiences. Requests for advanced standing will be
291 considered in exceptional situations on an individual case basis.

292 **The Admissions Process for all applicants**

293 The Admissions Committee will review all applications (including letters of recommendation), consider
294 advising applicants to attend weekend IPI conferences if they have not already done so to a sufficient
295 degree, and arrange individual interviews. Findings from these three areas of inquiry will be integrated in
296 discussion to decide who will be recommended for acceptance into this advanced training and according
297 to the process outlined in the IIPT Handbook. **The IIPT Steering Committee will review the**
298 **recommendations of the Admissions Committee to determine if the transfer applicant(s) will be eligible to**
299 **enroll in IIPT.** The program is designed to accommodate a class of analytic candidates every two, three or
300 four years. The Application will include copies of professional licenses, malpractice insurance, a statement
301 of no pending misconduct, and letters of recommendation.

302 It is highly recommended that applicants begin their analysis prior to being accepted into the program
303 and preferably that begin or complete IPI's Infant Observation Certificate program. All Personal Analysts
304 must be approved by IIPT prior to the candidate enrolling in the training. It is the candidate's
305 responsibility to make sure that their analyst is pre-approved by IIPT.

306 PLEASE NOTE, if you have not begun your analysis and you are contemplating beginning with a specific
307 analyst, you should consult with the Chair of IIPT to see if that analyst meets the minimum requirements
308 before commencing the analysis. The personal analyst, if not already on the IIPT approved list, would have
309 to have their credentials reviewed by the Supervising Analyst Committee and the PDC of IIPT.

310

311 **IIPT Analytic Training Design Summary**

312 The traditional 3 components of psychoanalytic training as follows:

313 **Analysis:** Personal analysis with an analyst of the candidate's choosing who has had sufficient experience
314 in psychoanalytic practice since graduation, (generally 5 years post graduation) from IIPT or a recognized
315 institute with standards equivalent to IIPT or IPA training requirements, to undertake the analysis of a
316 candidate, and who is acceptable to the Steering Committee.

317 **Seminars:** Weekly seminars by conference phone service or Secure video conference (VTC) on Tuesdays
318 from 2 pm- 3:30 pm., 36 meetings of 1 and 1/2 hours each per academic year, (*fewer in the fourth year*)

319 *which ends in April to coincide with the time of the final IPI conference) designed to study theory and*
320 *technique through analytic writing and clinical case conferences. (All times in this Handbook are Eastern*
321 *Time. Please calculate for your time zone.)*

322 One week (5 days course work) each summer of seminars and case conferences in person.

323 **Consultation:** Weekly individual consultation with three separate Supervising Analysts on three separate
324 cases over the course of the training to meet the stated required hours.

325 Listed above are the components of the traditional Eitingon model of psychoanalytic training to which we
326 add:

327 **Curriculum** in psychoanalytic theory and technique presented at 4 weekend conferences per year by
328 psychoanalysts recognized as leaders in the field, week-long institutes, and advanced electives offered by
329 the International Psychotherapy Institute (IPI).

330 **Small group discussion** using the Group Affective Model (GAM) developed at IPI for integrating
331 theoretical concepts with the emotional experience of the individual in the group process so that
332 candidates internalize the concepts, recognize blind spots, and develop a reliable ethical stance in clinical
333 practice while learning to work together in a group of colleagues. The GAM group will meet 4x each
334 weekend.

335 **Curriculum Details**

336 The Curriculum Committee plans the courses in keeping with the following courses of study re-organized
337 into integrated sequences, and will continue to refine the curriculum as the program evolves. We value
338 teaching the basics, including a firm foundation in Freud's writings and the work of Object Relations
339 theorists, but we also value openness to the new ideas of contemporary analytic thinking, allowing for
340 flexibility and plurality, and responsiveness to candidates' needs and suggestions. We want to foster
341 scholarship and also creativity.

342 **Summary of Curriculum**

343 Each year the Curriculum Committee reviews and revises the curriculum in accordance with experience
344 with previous classes, advancements in the field and new writings and interests of the faculty. The
345 following topics will be included in the IIPT design.

346 Ethics of psychoanalysis

347 The transition from psychotherapy to psychoanalysis

348 History of psychoanalysis from classical to contemporary

- 349 Personality development
- 350 Pathological formations
- 351 Psychoanalytic theory
- 352 Recognizing the importance of developmental, socio-cultural, trans-generational, genetic, and
353 interpersonal factors in personality formation and symptomatology
- 354 Psychoanalytic technique, both classical and contemporary
- 355 Bringing unconscious elements into awareness
- 356 Working with resistance
- 357 Working with transference and countertransference
- 358 Facilitating the process of adaptation to reality in all spheres of life through comprehensive psychic work
- 359 Facilitating character change by understanding patterns of behavior and resolving their unconscious
360 significance
- 361 Appreciating the relevance of psychoanalytic research for clinical practice
- 362 The curriculum is organized to include 4 years of analytic training and builds on at least two years of
363 prerequisite training: 1) the basic curriculum, 2) contemporary curriculum taught during weekend
364 conferences, 3) infant observation, (the study of infant development, maternal-infant relationship,
365 enhancement of observational skills and honing the countertransference responses), 4) family, culture and
366 individual development, 5) choice of electives, and 6) the prerequisite object relations training. We have
367 designed a curriculum that shows the relation between classical and contemporary approaches, theory
368 and technique. In addition to this, we present a leading edge, and therefore constantly changing,
369 curriculum of intensive study of selected concepts and approaches presented by distinguished guest
370 analysts.
- 371 Our idea is to create an analytic learning community in which courses integrate past and present, theory
372 and technique, object relations with classical and other contemporary approaches, individual and society,
373 practice and observational research, and processes of teaching and learning in a collaborative approach,
374 all in the service of clinical application and the development of an ethical, well-rounded psychoanalyst.

375 **Analytic Training at IIPT and its Integration at IPI**

- 376 The institute builds upon and is integrated into the existing structure of IPI so that, although analytic
377 institute candidates learn in small candidate-only groups, courses, and summer institutes, they also learn
378 in large group lectures and discussions alongside those enrolled in the 2-year Object Relations Theory
IIPT

379 and Practice program and advanced IPI Fellows program and in elective object relations courses and
380 required infant observation action research.

381 **Definition of Personal Analysis of a Candidate**

382 A personal analysis is central to developing as an analyst. Previously, there was a tradition in analytic
383 training to consider analysis during training as didactic; undertaken for training purposes. We no longer
384 use this formulation and consider this a personal therapeutic analysis that will broaden and deepen the
385 candidate's capacity to recognize their own feelings, vulnerabilities and conflicts which will, in turn, help
386 the candidate make appropriate use of their feelings in their work with analysands.

387 IIPT holds a philosophical position that a psychoanalyst's own ongoing, personal analysis is crucial in his
388 or her development as practicing psychoanalyst. Being an analyst is a demanding and highly responsible
389 profession, which places the analyst at the forefront of an analysand's psychic life. Unlike other
390 professions like the law, accounting, traditional medicine, etcetera, the psychoanalyst's "Self" *is* the
391 therapeutic instrument which allows the analysand to use them in ways that can be both transformative
392 and traumatic for both parties. It is well documented that the daily stress of everyday practice can take its
393 toll on the analyst's mental and physical health. Of course, candidates who are engaged in the process
394 of learning to be a psychoanalyst face additional stress of attempting to learn the craft of psychoanalysis,
395 while being in their own analysis, while practicing analysis on their analysands

396
397 IIPT holds the idea that the personal analysis should be a "real analysis", that is, an analysis undertaken
398 for the desire of the candidate to explore the deeper aspects of themselves, their conflicts, internal object
399 relations and their character structure and not for the express reason of "becoming a psychoanalyst". IIPT
400 does not believe that a traditional "training analysis" is sufficient to develop competent psychoanalysts; it
401 really needs to be a personal analysis. While IIPT has a requirement for a specific number of hours of
402 personal analysis, it needs to be emphasized that these are considered minimum hours. **The expectation**
403 **is for the candidate to continue their analysis through and beyond the completion of the formal training**
404 **program long after meeting the minimum hours for the training program.**

405
406 Our rationale for this is simple. Candidates cannot appreciate the impact of their patient's psychic
407 material on themselves as it unfolds over a long analysis since the candidate has never before conducted
408 a long analysis. As the work and transference deepens over the years, the responsibility and psychic
409 burdens on the analyst increase, placing the analyst under increasing levels of stress and reawakening old
410 conflicts and character structures. Having your own analytic space to process and understand your 'Self'
411 is crucial for your development and for the safety of yourself and your analysands. Just as a fine musical
412 instrument needs to be regularly professionally tuned so does the analyst's therapeutic instrument, the
413 Self, needs professional tuning.

414 415 **Personal Analysis**

416 IIPT requires that the candidate's personal analysis for training purposes occur at a 4 to 5 times weekly
417 frequency, (in person and on the phone), until completed to the satisfaction of the analyst and the
418 candidate. The minimum requirement for the candidate's personal analysis for the purpose of meeting
419 graduation requirements is 3 years, at a frequency of 4 times weekly (500 hours), but more may be
420 indicated clinically, and the Candidate Progress Committee may require more personal analysis. An
421 absolute minimum of 400 hours of the analysis must run concurrent with training cases in consultation.
422 Candidates who primarily do phone sessions due to geographical limitations need to spend some
423 percentage of sessions in their analyst's office each year to have the experience of working with the
424 analyst in person, in the analyst's office.

425 Candidates who are considering changing frequency or terminating their analysis prior to completion of
426 the program should discuss this with their CPC representative *prior* to any change.

427 The International Institute for Psychoanalytic Training (IIPT) does not participate in a training analyst
428 system. The IIPT Steering Committee holds that keeping the therapeutic mission in the hands of a few
429 interferes with the educational aim, diminishes the contribution of the teachers and Supervising Analysts,
430 and stultifies the institution. Continuity of care is a value at IIPT. No candidate will have to switch from a
431 properly trained analyst (who meets the requirements below) with whom analysis is in an *established*
432 *analytic process* to another one designated as a training analyst. We ask that the analytic candidate
433 choose his/her own analyst according to the following criteria.

434 **Criteria for Appointment as Personal Analyst of a Candidate**

435
436 The candidate is free to select any analyst who has graduated from, and is in good standing with, a
437 recognized training program of the International (IPA) or American Psychoanalytic Associations, (APsA) or
438 from an equivalent psychoanalytic training program commensurate with IIPT, with equally rigorous
439 standards, and with a reputation that can be evaluated positively, and who meets the criteria for approval
440 of personal analyst by IIPT. **All Personal Analysts must be approved by IIPT prior to the candidate**
441 **enrolling in the training.** **It is the candidate's responsibility to make sure that his or her analyst is pre-**
442 **approved. If an applicant has not yet begun an analysis and is contemplating beginning with a specific**
443 **analyst, the candidate should consult with the Chair of IIPT to see if that analyst meets the minimum**
444 **requirements.**

445 *The candidate's treating analyst will be asked to verify the start date, frequency and total number of*
446 *treatment hours, but will have no other involvement in that candidate's progress review.*

447 In cases where the analyst of a candidate is not already an IPA or APsA appointed Training Analyst, the
448 analyst who wishes to analyze a candidate, or whose current analysis applies for this analysis to be
449 credited for training purposes, will have:

450
451 1. A current license in a mental health discipline, and graduated from IIPT, or a program with equally

- 452 rigorous standards (such as an IPA or Aapsa approved training program, where graduation means
453 that the analyst is approved to work independent of consultation and has been analysed by an
454 analyst officially recognized to analyze candidates) completion of course requirements, and
455 satisfactory treatment of required supervised cases in four or 5 times a week analysis.
- 456 2. Demonstrated competence and completed sufficient experience of unsupervised psychoanalytic
457 treatments. This will usually mean 5 years in practice, and approximately 4 cases in unsupervised
458 analyses (or a sufficient number of cases to demonstrate competence and immersion) since
459 graduation, at least one of them presented in discussion with one or more IIPT Supervising Analysts,
460 either at a private consultation, or at a group seminar/ presentation.
 - 461 3. Demonstrated interest in the practice of psychoanalysis as shown in the proportion of professional
462 time devoted to it in the past as well as in the present.
 - 463 4. Demonstrated interest in and knowledge of psychoanalytical theories as evidenced by scientific
464 writings, participation in scientific discussions, teaching, group leading, and administrative expertise,
465 and sympathy with IIPT educational philosophy
 - 466 5. Demonstrated and maintain an ethical stance.
 - 467 6. Agreed to verify that the analysis has been conducted for the minimum required number of hours
468 and with overlap with supervised cases as required for eligibility for graduation as specified in the
469 Handbook.
 - 470 7. Agreed to meet with the Professional Development Committee for review of appointment every 5
471 years.

472
473 Exceptions:

474 In keeping with the Steering's Committee's wish to honor the value of ongoing analytic work, requests for
475 exceptions will be carefully considered by the group of Supervising Analysts on a case by case basis,
476 depending on the candidate's circumstances, including that the training analysis maybe condensed or
477 undertaken largely by distance communication technology (incl. phone, secure Videoconference),
478 provided that documentation of need or preference has already been given and approved by the IIPT
479 Program Chair.

480
481 IIPT may accept any analyst who is not already an IPA or APsA Training Analyst, whose analysand applies
482 for analytic training at IIPT, as Personal Analyst of a Candidate, provided the analyst can meet the
483 conditions that the Steering Committee sets to ensure that the candidate is having an adequate personal
484 analysis (see below). We value continuity of care, but we recognize that analyzing a candidate is a task of
485 much greater complexity than working with an analysand who is not in training. So, when the potential
486 candidate applies to IIPT for training, the Supervising Analyst Committee will review the analyst's
487 qualifications and experience on a case by case basis, and may make recommendations to the
488 Professional Development Committee who will review the recommendation and forward it to the Steering
489 Committee, so as to guarantee that the analysand is having an analysis that can be effective in preparing
490 him or her to train as a psychoanalyst.

491
492 In the case of an IIPT graduate analyst whose analytic work is well known to us but who has not had the
493 full 5 years of clinical experience and whose analysand applies to IIPT, the analysand's application will
494 trigger a review of the analyst's eligibility. Every effort will be made to support the analyst's application.
495 Based upon the Supervising Analysts Committee evaluation of the analyst, IIPT may require additional
496 support for the candidate's analyst. This might include such activities as ongoing consultation or
497 consultation, participation in a consultation seminar, etc.. If then appointed as a Personal Analyst of IIPT
498 Candidate, the appointment will be for this case only until the remainder of the requirements are met, at
499 which time the analyst could once again be reviewed for approval as the Personal Analyst of future

500 candidates. The Supervising Analyst Committee will make the recommendation to approve or deny the
501 application to the Steering Committee and Chair of IIPT for final disposition.

502
503 **Procedures for Appointment as IIPT Personal Analyst**

504
505 The group of Supervising Analysts will meet to review the qualifications, and the quality and quantity of
506 past and current clinical work as judged on the basis of a written summary of past and current
507 psychoanalytical practice, including a statement indicating the proportion of professional time devoted to
508 it, and a presentation of detailed, in-depth written clinical material including analytic process from a
509 relatively long-term analysis as evidence of the quality of psychoanalytic work. The group of Supervising
510 Analysts will then communicate its findings to the Professional Development Committee, and the
511 Professional Development Committee, after reviewing the SA's findings, will make a recommendation to
512 the Steering Committee to approve or refuse the appointment. If appointment is refused, the Professional
513 Development Committee will give the applying analyst the reasons, and indicate what the applicant may
514 do to strengthen his or her application in future. The applying analyst will have the right to appeal the
515 decision to the Chair who will ensure an independent review by an ad hoc committee of the Supervising
516 Analysts, excluding PDC members.

517
518 **Yearly Attestation of Analysis**

519 By May 15th of each year of analytic training, candidates will provide a signed letter from their personal
520 analyst, which attests to the frequency (number of sessions per week) and total number of analytic
521 sessions between May 1st and April 30th of the previous year. This letter will be sent as a signed,
522 encrypted letter to candidaterecords@theipi.org (with password sent separately) or by regular mail to the
523 IPI office (6917 Arlington road, Suite 204, Bethesda, MD 20814.)

524

525 **Three Supervised Analyses**

526 Three supervised analyses of analysands treated 4 or 5 times a week, on the couch unless clinically contra-
527 indicated, two cases for 2 years (**340 analytic session hours each supervised for 80 hours**) and 1 case for 1
528 year (**170 hours analytic session hours supervised for 40 hours**). This totals 200 hours of consultation. We
529 recommend (but do not require) that the candidate have experience analyzing people of different
530 genders, if at all possible, and that at least one of the cases to be drawn from outside the mental health
531 field, and from various backgrounds and contexts. Requests for modification of the standard will be
532 reviewed by the Training Committee. Supervising Analysts may work with the candidate in person or on
533 the phone.*

534 The International Institute for Psychoanalytic Training presents the ethical position that each candidate
535 should decide, in consultation with their Supervising Analyst, all matters relating to analytic treatment in
536 the best interest of the analysand. IIPT recommends informing their analysands of the candidate's
537 engagement in a training program, and involvement in consultation, and obtain informed consent before
538 psychoanalysis begins. IIPT recommends that candidates make this disclosure, but in some cases,

539 including those that are being converted from psychotherapy to psychoanalysis, this advice could be
540 clinically contraindicated. These analysands already have a treatment relationship with a candidate and
541 they are that candidate's private patients, and so IIPT does not exert full control over this aspect.
542 Candidates will discuss this issue with the Supervising Analyst for each case before making the
543 recommendation for analysis. The responsibility for and treatment of the analysand remains the
544 responsibility of the treating professional. The second supervised case is taken on with the advice and
545 consent of the first Supervising Analyst and the candidate progress committee representative prior to
546 offering analysis to the patient, and the third supervised case with advice and consent of the Supervising
547 Analyst of the second case and the Candidate Progress Committee representative, *prior to offering*
548 *analysis to the patient.*

549 **SPECIAL NOTE: IIPT Policy regarding teleanalysis in light of the Covid-19 Pandemic**

550 IIPT values training cases and analysis conducted in the analyst's office setting. In light of Covid-19 we
551 understand changes have to be made. Therefore, candidates may start their initial training cases via
552 teleanalysis. Once restrictions due to Covid-19 are eased, we anticipate patients will be seen in the
553 analyst's office setting. This will be determined on a case by case basis, regionally and in discussion with
554 the Supervising Analyst, candidate and patient. IIPT Supervising Analysts are all experienced in
555 teleanalysis, interpreting resistance, defense and transference projected into the technology. IIPT actively
556 studies this adaptation of the traditional frame, writes on its pros and cons and the need for informed
557 consent, and conducts research. Best practices are encouraged for conducting distance treatment,
558 including use of compliant platforms that protect patient privacy. Access to this institutional resource
559 supports candidates to provide a comparable level of care.

560 **Policy for online training cases:**

561 The following is a set of principles to guide decisions about online training cases. Decisions should be
562 made on a case-by-case basis with the Supervising Analyst and the candidate. These guidelines have
563 been developed to meet the demands of the current pandemic and may change over time. However,
564 cases begun under these guidelines will remain under them for the duration of the treatment.

- 565 1) The decision shall prioritize the needs of the patient and the capability to work in on line setting
566 2) The patient is able to create a suitable, consistent physical environment for the analysis and has
567 demonstrated the internal capacity to do analytic work.
568 3) The candidate is sufficiently capable of working in this milieu as demonstrated in consultation prior to
569 making the offer.
570 4) The Supervising Analyst has had sufficient experience Consulting a candidate in online work and/or has
571 studied consultation of online cases.
572 5) The candidate is aware of unique challenges to the analytic frame inherent in online treatment.

573
574 **Candidate Requirement: Three Different Supervising Analysts**

575 Each candidate will commence consultation with a Supervising Analyst (CA) by July 1st of the first year of
576 analytic training.

577 The candidate will require 3 different Supervising Analysts, at least two drawn from the IIPT faculty and at
578 most 1 from a list of adjunct Supervising Analysts approved by the Steering Committee; or at the request
579 of the candidate, a suggested Supervising Analyst will be considered by the Steering Committee. (*This 2*
580 *to 1 ratio may be reversed if necessary to avoid conflict of interest, if felt necessary please apply to your*
581 *CPC representative*). Supervising Analysts accept consultation of candidates in a rotation until all
582 Supervising Analysts have a candidate in consultation. The pool of SA's would reopen when all SA's have
583 one consultation or if there is a conflict of interest with a SA and Candidate.

584 **Criteria for Approval of Supervising Analysts**

585 Supervising Analysts should have graduated from, and must be in good standing with, a recognized
586 psychoanalytic training institute of the International and American Psychoanalytic Associations, IIPT or
587 from an equivalent organization, or institute with a program commensurate with the IIPT program whose
588 standards are as rigorous as those at IIPT, and with a reputation that can be evaluated positively. Adjunct
589 Supervising Analysts must have been in analytic practice for sufficient time to show competence in clinical
590 practice and teaching. This will usually reflect experience of 5 years post-graduation. Conditions of
591 acceptance may include asking the proposed Supervising Analyst to have his/her case consultation
592 supervised for the duration of the candidate's supervised analysis or until the Supervising Analyst is
593 judged capable of functioning independently. Supervising Analysts must be licensed and credentialed in
594 one of the mental health disciplines, insured, must adhere to ethical standards of practice, and have
595 demonstrated competence and completed sufficient experience of psychoanalytic treatments after
596 graduation.

597 Supervising Analysts of first cases will be drawn from the IIPT faculty, but the role of Supervising Analyst
598 will not be restricted to IIPT faculty. Supervising Analysts of third cases may be analysts affiliated with
599 various institutes because they are geographically or ideologically appealing to the candidate. An adjunct
600 Supervising Analyst must meet standards of competence outlined above and should be in sympathy with
601 our educational approach and institutional aims but need not be object relations oriented. No potential
602 Supervising Analyst will be excluded on the basis of race, color, ethnicity, age, gender, religion, sexual
603 orientation, or physical handicap.

604 All Supervising Analysts are asked to verify the frequency and total number of consultation hours, to
605 evaluate the candidate yearly in writing and to be evaluated by the candidate, discuss the evaluation with
606 the candidate, engage with the candidate in a discussion of the candidate's evaluation of the Supervising
607 Analyst, attend any meetings scheduled for Supervising Analysts, submit reports in a timely manner, and
608 communicate with the Candidate Progress Committee (CPC) Representative and the Chair of IIPT if and
609 when necessary.

610 Supervising Analysts are asked to maintain transparency, to differentiate the task of consultation from the
611 task of psychoanalysis, and to respect the analysand's working style, learning style, and personality.

612 The Steering Committee has considered the argument that the introduction into the consultation
613 relationship of judgment in the form of evaluation and reporting may constrain free communication,
614 interfere with the intimacy of the consultation relationship, reduce a complex process to the uni-
615 dimensional, and introduce a parental dynamic. Supervising Analysts are asked to bear these pitfalls in
616 mind while working to create a space in which the candidate feels safe to give a detailed account of the
617 analytic process and express the inevitable insecurities of learning to be an analyst. A Supervising Analyst
IIPT

618 guarantees confidentiality for the candidate's patient's material but not for the consultation relationship.
619 The Supervising Analyst treats the candidate's learning with respect and tact, but must report on it to the
620 Candidate Progress Committee. The candidate's report on the Supervising Analyst's teaching ability is
621 equally important to ensuring an effective training experience. We feel that a thoughtful, mutual process
622 of evaluation supports a safe and flexible consultation relationship, and reporting to the Candidate
623 Progress Committee in writing yearly gives an added level of support. * see form in appendix. We have
624 decided that the Supervising Analyst's feedback is essential for the Candidate Progress Committee to
625 monitor progress, design responses to the candidate's educational differences, give accurate feedback to
626 the candidate, and help the candidate proceed to graduation as an autonomous psychoanalyst.

627 **Case and Consultation Minimum Requirements**

628 Consultation may be in person or by phone. Hours are minimum requirements and it is expected that
629 candidates will continue in consultation for the duration of their control case until graduation.

630 1 case in individual consultation for 2 years (340 analysis hrs) 80 hrs consultation

631 1 case in individual consultation for 2 years (340 analysis hrs) 80 hrs consultation

632 1 case in individual consultation for 1 year (170 analysis hrs) 40 hrs consultation

633 These are minimum requirements. Additional hours are strongly recommended or may be required.

634 The total required hours of analysis under consultation may *include up to 4 hours of consultation of*
635 *preparatory sessions* for assessment and preparation of the case for beginning analysis. No analytic case
636 may be begun until the candidate has been in analysis for a sufficient time period (*usually 6 months*) and
637 has completed 220 hours of training in object relations theory and practice or its equivalence. *All analytic*
638 *cases will remain in consultation until graduation. After each training case's consultation requirements*
639 **have been completed**, but before the candidate graduates, the consultation of those cases may be
640 arranged, at the discretion of the Supervising Analyst, at less than once a week frequency depending on
641 the quality of the work, the type of patient, and the competence of the analyst in training.

642 One case may be an adolescent. We recommend (but do not require) that the candidate have experience
643 analyzing people of different genders, if at all possible, that at least one of the cases be drawn from
644 outside the mental health field, and from various backgrounds and contexts. The candidate is strongly
645 encouraged to seek consultation of one termination phase, but this may occur after graduation.

646 On an annual basis, candidates will complete written work on their cases and engage in a process of
647 mutual evaluation with their Supervising Analysts.

648 **Annual Case Write-up first draft due March 15**

649 The first rough draft of the annual case write-up is due March 15. The Final draft of the annual write up is
650 due April 15. It is the candidate's responsibility to email the first draft report to the Supervising Analyst
651 (CA) as a password-protected document with the password sent via separate email. (The Chair, Candidate

652 Progress Committee (CPC) will specify the due date to the candidate class and the Supervising Analysts.)
653 The final report will be co-signed by both Supervising Analyst and candidate. It is the candidate's
654 responsibility to send the final, approved report to the (i) candidate's CPC rep, (ii) Chair, CPC; (iii) Chair,
655 IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org. (*addendum 2)

656 **Annual Consultation Evaluations due April 21**

657 Supervising Analysts will fill out an evaluation of the candidate. The candidate will also evaluate the
658 Supervising Analyst annually. The end-of-year, evaluation forms will be co-signed by both candidate and
659 SA. Once co-signed, the Supervising Analyst will send the evaluations to the (i) candidate's CPC rep, (ii)
660 Chair, CPC; (iii) Chair, IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org, five weeks before
661 the next summer institute. Each year, the Chair, CPC, will inform the Supervising Analyst and the CPC reps
662 of the specific due date for the Supervising Analyst-candidate evaluations.

663 Write-ups and evaluations will be reviewed by assigned members of the Candidate Progress Committee,
664 and discussed with the Candidate Progress Committee. The candidate may not progress to the next
665 summer institute until the forms are in the file and approved by the Chair of CPC.

666

667 **The Writing Requirement**

668 Accepted to the International Institute for Psychoanalytic Training, candidates join a community of
669 learners and scholars. To develop their confidence as teachers and writers, candidates will write 1-2 page
670 reflections on readings or clinical material each term, and will email them to the candidate group for
671 discussion at end of each term. (3 times per academic year; fall, spring and summer) Reflections on the
672 material that has been studied that term may be in the form of a journal entry, a summary of an important
673 paper, a discussion of a theoretical or technical point, analysis of a dream, or a short essay or poem. The
674 intention is to build writing into the learning process as a routine process, not an onerous obligation, and
675 to teach the art of being concise in order to leave room for others.

676 2 double-spaced pages per summer institute and 2 double-spaced pages per semester of the weekly
677 seminar each presented for 5 minutes and discussed by the class following the presentation. *(addendum
678 #1)

679 Writing component for Supervising Analyst/candidate pair.

680 The following should be written in the first couple weeks of treatment with a new analysand. This is an
681 exercise to allow the Supervising Analyst/candidate pair to begin to think about the writing process that
682 will formally occur at the end of each year of treatment and to help the candidate begin to conceptualize
683 the analysand. This is a guide only, the Supervising Analyst may add information they think is important.
684 The write up should be about 1-2 pages and is for use within the pair, it will not go into the candidate's
685 file.

686 Patient

- 687 • Basic identifying information
- 688 • Brief history
- 689 • Previous psychotherapy

690

691 Formulation

- 692 • Describe the problem
- 693 • Describe the internal dynamics (e.g., cost to the analysand of maintaining the problem)
- 694 • Contextualize the problem
 - 695 ○ Relevant predisposing factor
 - 696 ○ History
 - 697 ○ Developmental considerations (e.g., attachment style)
 - 698 ○ Family constellation
- 699 • Describe the patient's most dominant and recurring object relationship
- 700 • Identify defenses
- 701 • Aims of treatment

702

703 What questions come to mind?

704 What is your countertransference?

705

706 5-10 page annual case write-ups each year, on each case. * (addendum #2)

707

708 The first rough draft of the annual case write-up is due March 15. The Final draft of the annual write up is
709 due April 15. It is the candidate's responsibility to email the first draft report to the Supervising Analyst
710 (CA) as a password-protected document with the password sent via separate email. (The Chair, Candidate
711 Progress Committee (CPC) will specify the due date to the candidate class and the Supervising Analysts.)
712 The final report will be co-signed by both Supervising Analyst and candidate. It is the candidate's
713 responsibility to send the final, approved report to the (i) candidate's CPC rep, (ii) Chair, CPC; (iii) Chair,
714 IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org .

715 The final case reports (10-20 pages each) at the end of analytic training to show analytic process, work
716 with resistance and transference, and use of the self. The final case write-ups will be written either at the
717 end of the 4th year or thereafter upon the completion of analytic training. *(addendum #3)

718 1 presentation 10-20 minutes, or longer, (clinical or theoretical) presented preferably at an IPI conference,
719 or an IPI satellite function before graduation.

720 In the 4th year a literature review, research project or article written in independent study presented in a
721 45 minute time frame including discussion.

722 **TRAINING CASES**

723 **Eligibility to Begin the First Analytic Training Case**

724 Candidates must be in (4x a week) psychoanalysis for at least 6 months with an approved graduate analyst
725 before starting an analytic case. It is recommended that candidates begin their analysis before
726 commencing the program. Candidates will also have identified a Supervising Analyst and be in weekly
727 consultation for a period of time before they request permission to take their first training case. As these
728 two requirements are met, the Candidate will make a written request to their CPC representative to begin
729 their first training case. Upon receipt of this request, the CPC will have a discussion with the Supervising
730 Analyst to determine the candidate's readiness to make an offer of analysis and begin the first training
731 case. When the SA has given their approval, the CPC rep will bring this information to the CPC committee
732 at their next scheduled monthly meeting. The CPC will review the information and approve/decline the
733 request.

734 **NOTE: Any clinical cases being treated four times a week prior to entering IIPT are the candidate's own**
735 **private responsibility and are not regarded as training, analytic cases, under the purview or jurisdiction of**
736 **IIPT, and are therefore not the responsibility of IIPT.**

737

738 **Only those cases in analysis with an IIPT approved Supervising Analyst (CA) and those psychotherapy**
739 **cases in consultation with an SA who are being considered for training cases, come under the purview or**
740 **jurisdiction of IIPT.**

741 **Candidates will not represent themselves to patients, professional colleagues, medical insurance**
742 **companies, or the general public, as a psychoanalyst until they have graduated from IIPT, unless the**
743 **person has graduated from another psychoanalytic institute prior to matriculation at IIPT.**

744

745 **Eligibility to Begin the Second and Third Analytic Training Cases**

746 Progression to a second case may occur quite soon after beginning the first case, with approval of the
747 Candidate Progression Committee and consultation and approval from the first Supervising Analyst, and
748 shall not begin until approval is granted by the CPC. The third case will not be taken on until the
749 candidate has had a minimum of one year of supervised analytic experience. The candidate may make an
750 application for exceptions to this rule to the Chair of the Candidate Progress Committee. The second case
751 Supervising Analyst will make a recommendation on readiness for taking a third case, and the Candidate
752 Progress Committee will decide whether to authorize progression to a third case. Candidates may not
753 analyze without consultation until the Candidate Progress Committee gives permission to begin
754 additional cases. Candidates may not present themselves as autonomous analysts before graduation.

755 **Position on Distance Analysis for Training Cases:**

756

757 The Administration and Supervising Analysts at IIPT recognize the changing landscape of American and
758 world culture with the proliferation of new media and communication technologies and the delivery of
759 services utilizing this new media. For the past decade, IPI and IIPT have been at the forefront in studying
760 the theory and application of the new media such as video conferencing, the use of the telephone and
761 teleanalysis with a webcam in the delivery of training and clinical services. Members of IIPT have
762 conducted an ongoing study group on Tele-analysis which, for a number of years, was also an IPA study
763 group. IPI has produced a book under the editorial guidance of Jill Scharff, MD titled *Psychoanalysis*
764 *Online: Mental Health, Teletherapy and Training*. This title is an international collaboration by
765 psychotherapists and psychoanalysts who consider the impact of virtual reality on our society and the
766 uses of communication technology for analytic treatment and professional training.

767

768 IIPT, as a distant learning program, believes that training, consultation, ethics and evaluation of tele-
769 analysis are important and integral parts of a candidate's training. It is expected that candidates will
770 become proficient in the theory and application of tele-analysis as part of their training at IIPT.

771

772 **Regarding the use of telephone and/or teleanalysis with a webcam with training cases.**

773 IIPT holds that four or five times per week, 'in the room', psychoanalysis is the standard for candidate
774 training cases when possible. Where 'in the room analysis' is not possible for a variety of reasons, such as
775 the patient is sick or traveling, phone or teleanalysis with a webcam sessions may be held in consultation
776 with and agreement from the Supervising Analyst. However, a significant number of sessions must be 'in
777 room' sessions. This raises the question of what constitutes 'significant number'. In the spirit of a

778 psychoanalytic position this will be determined on the merits of each specific case based upon the
779 therapeutic needs of the analysand and the capacities of the candidate.

780

781 **Approval for use of Telephone or Teleanalysis with a Webcam for First Case**

782 No candidate will be permitted to conduct an analysis on the phone or teleanalysis with a webcam for
783 their first case except for short durations, an occasional session due to travel or illness, and only in
784 consultation with and approval from their Supervising Analyst.

785

786

787 **Approval Procedures for Tele-analysis for Second or Third Training Cases**

788 On a case by case basis, longer periods of tele-analysis, weeks or months, might be approved for either
789 the second and third training cases.

790 The candidate discusses the potential need of an extended period of time, weeks or months conducting
791 phone or teleanalysis with a webcam with the Supervising Analyst and, if the Supervising Analyst is in
792 favor, discusses it with their Candidate Progression Committee Representative (CPC Rep). The Supervising
793 Analyst brings it to the Supervising Analyst's Committee for a discussion of the issues in the case as well
794 as the candidate's ability to work psychoanalytically over the phone or teleanalysis with a webcam.

795 Working with our psychoanalytic principles, based upon the merits of each individual case and with an
796 understanding of the psycho-dynamics of the client and the Analytic Pair, the Supervising Analysts will
797 either approve the request or deny the request and inform the CPC Rep of their decision, who then
798 informs the candidate.

799

800

801 **Classes**

802 Analytic theory and technique classes begin in the intensive one week summer program and continue
803 weekly in telephone seminars through the year on Tuesdays from 2-3:30 pm and at 4 weekend-long
804 immersions the first through fourth years. There will be only one week of seminars during the summer.
805 We also have a group component to the training, the GAM group, which meets during the summer
806 institute and during every IIPT/IPI weekend. We plan offering a new class every two, three or four years if
807 we have applicants who meet criteria for acceptance.

808

809

810 **Attendance Policy**

811 Candidates are expected to attend a minimum of 80% of all Tuesday Seminars and 80% of all Clinical Case
812 Seminars to be eligible for graduation.

813 Candidates are expected to attend 15 of 16 weekends and all days of the summer institutes. Should a
814 candidate need to miss more than 1 weekend or any day in the summer, the candidate should make this
815 request in writing with as much notice as possible to their candidate representative and discuss this with
816 their candidate representative. The Candidate representative will then take the request to the Candidate
817 Progression Committee for discussion and decision.

818 **Evaluation**

819 In addition to written course-work evaluation forms submitted each semester by candidates, and written
820 seminar attendance and performance evaluations (restricted to the categories of satisfactory or
821 unsatisfactory) submitted each semester by faculty, all instruction and programmatic competence will be
822 evaluated by faculty and candidates together in plenary review sessions at timely intervals during the
823 summer and the academic year in an attitude of transparency and co-operation to promote the evolution
824 of the program.

825 **Candidate Progression**

826 The International Institute for Psychoanalytic Training, IIPT, (like the International Psychotherapy Institute,
827 IPI, to which it is closely related) is committed to engaging participants at all levels in reflecting on its
828 organizational structure and process so as to maintain potential for growth and development of the
829 institution and the individuals comprising its membership.

830 Candidate progress falls in the remit of the Candidate Progress Committee, which operates according to
831 policies and procedures set out in the CPC guidelines. * (*A presentation of the Candidate Progress*
832 *Committee and its procedures will be discussed the first summer.*) In brief, the Candidate Progress
833 Committee (CPC) reaches out to new candidates by assigning a representative to welcome and orient
834 each candidate to the training process. The representative meets with the candidate bi-annually or more,
835 reviews their impressions of the training experience, reviews their evaluations, presents their concerns at
836 the Candidate Progress Committee meeting, co-ordinates discussion of the candidate's progress with
837 Supervising Analysts and with the CPC, reviews their file annually to ensure compliance and is available
838 for any concerns related to training.

839 **Withdrawal from the Program:**

840 Psychoanalytic training can be rigorous and stressful. You cannot fully appreciate what you are
841 embarking on until you are in the program. IIPT will make every effort to support you through the
842 program. If, after participating in the program, you decide it is not something that is a good "fit" for you
843 and your future professional path, we will help you disengage from the program. This should come after
844 discussions over time with you CPC representative, Supervising Analyst(s) and the Chair of IIPT.

845 **Notification of Analyst and Change of Status**

846 **PLEASE NOTE:** If you do withdraw from the program or under the circumstance that you are asked to
847 leave the program, you are agreeing to notify your analysand that you are no longer in a training program
848 in psychoanalysis and will not hold yourself out as a graduated, credentialed psychoanalyst. You will notify
849 the IIPT in writing that you have indeed notified the analysand of your change in status as a candidate.
850 The only exception is if you and your Supervising Analyst have agreed that you have not told your
851 analysand that you are a candidate in a program. In this case you would send a written notice to IIPT re
852 stating that the analysand was not originally told that you were a candidate.

853 **Grievance and Complaints**

854
855 Informal and formal grievances and complaints can be made in a number of ways. When the complaint is
856 raised by a candidate, the candidate should first inform their CPC representative of the issue and consider
857 whether or not the complaint can be raised directly with the person who is the subject of the complaint.
858 Candidates may also raise informal complaints for discussion within their GAM group, at IIPT and IPI
859 plenaries, and/or at the IIPT Steering Committee by written request. If the candidate wishes to make a
860 formal complaint, the candidate should do so in writing to the Chair of IIPT, the Chair of the IPI Ethics
861 Committee, or the IPI Director. If the complaint is made by an IIPT graduate member or faculty, these
862 individuals should approach the IIPT Chair, the IPI Ethics Committee Chair, or the IPI Director.

863
864 Candidates, patients and faculty also can contact us on the IPI or IIPT web page. We have installed a
865 contact button on our web page that will send a confidential response to the IIPT Director.
866

867

868 **Grievance Procedure**

869 A candidate who has a grievance has a number of options, in accordance with the IPI Policies and
870 Procedures for Addressing Concerns of Unethical Conduct. First, we hope where possible that the
871 complaint will be voiced with the person who is the subject of the complaint. Candidates are encouraged
872 to raise issues in their small affective learning group and in plenary review sessions before they become
873 problems, or the candidate can choose to bring the concern to the IPI Colleagues Assistance Committee,
874 and/or to the IPI Director. If these settings are insufficient, the candidate can first discuss with their CPC
875 representative, or, if that is a conflict, ask the IIPT Chair for a meeting to resolve the problem. The IPI
876 Director will be notified of the nature of the grievance or complaint registered by the candidate.

877

878 **Appeals Procedure**

879 If a candidate cannot accept a decision of the Candidate Progress Committee at any point in the training
880 process including evaluations for Advanced Standing or Graduation, an appeal may be made to the
881 Steering Committee, and a hearing will follow if indicated. The appeal may be made in the following
882 circumstances:

883 If the Candidate Progress Committee terminates a candidate from the training program other
884 than for reasons of financial arrears.

885 If the Candidate Progress Committee recommends (i) a change of analyst, or (ii) a re-analysis

886 If an Evaluation Panel for Advanced Standing or Graduation has deviated from standard
887 procedures designed to ensure a fair representation and evaluation of the candidate's ability.

888

889 The appeal procedure will follow the process outlined below.

890 If necessary, a candidate may initiate an appeal by writing to the Chair of IIPT, outlining in detail the
891 specific grounds for the appeal. This appeal must be filed within one month of the decision that is in
892 dispute. The Chair of IIPT will investigate the grounds by whatever reasonable means are at his/her
893 disposal. These may include a review of the candidate's folder, a consultation with the Chair of the
894 Candidate Progress Committee, The Chair of the Evaluation Panel, any member of the Evaluation Panel,
895 and the candidate's CPC representative.

896 If the Chair of IIPT determines that the candidate's appeal has merit sufficient for a hearing, the Chair of
897 IIPT will notify the Candidate Progress Committee of the fact as soon as the determination is made.

898 The Chair of the Committee will then appoint an Appeals Committee consisting of three members who
899 are acceptable to the candidate, including a designated chairperson. This Appeals Committee will meet
900 with the candidate to inquire into the grounds for the appeal and review all other relevant data. In the
901 case of dispute over the findings of an Evaluation Panel, the Appeals Committee will re-evaluate the case
902 material presented previously to the Evaluation panel, using the criteria listed in the guidelines for
903 Graduation and Advanced Standing Evaluation Panels.

904 The chairperson of the Appeal Committee will report the committee's findings to the Chair of IIPT. This
905 report, made in writing, will consist of a decision that upholds or overturns any previous decision by the
906 Evaluation Panels and/or the Candidate Progress Committee, and indicate any recommendations or
907 suggestions.

908 The Chair of IIPT will convey to the Candidate Progress Committee the Appeals Committee decision and
909 any recommendations. The Chair of the Candidate Progress Committee will inform the candidate of these
910 findings as soon as possible, but usually within one week.

911 **Ethical Complaints Procedure**

912 Refer to the current IPI *Policies and Procedures for Addressing Concerns of Unethical Conduct*.

913 Any IPI member or IPI participant has access to a range of initial consultative options when concerned
914 about the personal behavior or professional conduct of an IPI member. The complainant can bring
915 forward their ethical concern or complaint before the IPI Colleague Assistance Committee (CAC), the IPI
916 Ethics Committee (EC), and/or directly to the IPI Executive Director. The spirit of the Colleague Assistance
917 Committee (CAC) is to serve as a problem-solving resource for the IPI member or IPI participant rather
918 than to investigate or adjudicate the alleged concern. Unlike the IPI Ethics Committee, the CAC provides a
919 more informal consultative approach to resolve concerns that may not necessarily involve ethical issues,
920 and therefore would not be expected to lead to any sanctions. The mandate of the IPI Ethics Committee
921 (EC) in contrast is to investigate the complaint brought by the IPI member or IPI participant. In the case of
922 a formal complaint, the IPI Ethics Committee serves to make recommendations to the IPI Executive
923 Director and IPI Board of Directors. Additionally, the IPI member or IPI participant may exercise the option
924 to directly notify the IPI Executive Director of the alleged ethical concern or complaint as an initial step, in
925 addition to or as an alternative to one of the aforementioned steps. The IPI Director will assess the nature
926 of the concern or complaint, and may recommend that the IPI member or IPI participant seek further
927 consultation at either the IPI Ethics Committee or the IPI Colleague Assistance Committee.

928 **Sexual Harassment Policy**

929 IIPT is pledged to preserving an environment free from sexual harassment. Harassment is against the law
930 and is a form of gender discrimination. The aim of this policy is to prevent harassment of any kind by
931 anyone associated with IIPT.

932
933 Sexual harassment consists of unwelcome sexual advances, requests for sexual favors or unwanted sexual
934 attention by anyone associated with IIPT, whether male or female. Harassment includes, but is not limited
935 to, obscene jokes, lewd comments, sexual depictions, repeated requests for dates, touching, staring or
936 other sexual conduct.

937
938 All Members of the IIPT community are responsible for helping ensure that our workplace is kept free of
939 sexual harassment. If you feel you have been a victim of sexual harassment or if you have witnessed sexual
940 harassment report the behavior to the Chair of IIPT and the Chair of the Ethics Committee. The Ethics
941 committee will investigate the matter in the same manner as other ethical complaints.

942
943 All complaints will be treated seriously, kept as confidential as possible and investigated fully.
944 An attitude of inquiry will be preserved in this, as in all ethical complaints, to better understand the
945 sources of any problems that emerge in a process of review and to enable the institute to understand the
946 broader issues whenever complaints arise. IIPT expressly forbids any retaliation against any member for
947 reporting sexual harassment. If, however, the investigation finds that false charges have been filed,
948 disciplinary action may be taken against anyone who provides false information.

949 950 **IPI/IIPT Contingency Plan**

951 IIPT has graduated 4 classes of psychoanalysts, has a current candidate class in their 4th year of
952 training, and anticipates taking a new candidate class in 2020, suggesting a lively organization with good
953 recruitment. Similarly, the parent institute, IPI, has strong and consistent enrollment across its programs
954 and is financially stable. Although we do not anticipate closing the institute, we propose the following
955 plan should such an event occur.

956
957 Factors likely to necessitate closure: If the financial resources of IPI became depleted to the point that we
958 could no longer continue or if we were unable to recruit a new IIPT candidate class for 10 years or more,
959 we would consider closing the institute. We are unlikely to be impacted by a natural disaster in one
960 geographic area, as our faculty and students come from many locales and the program could be hosted
961 in a range of cities. In fact, we have hosted the IIPT summer institute in MD, Vermont, and Florida to date.
962 Our IIPT faculty grows with each graduating class and the support provided within IIPT, making a greater
963 pool of faculty available to fill needed roles.

964
965 Decision about closure: If a circumstance arises whether the institute is faced with closure, the IPI Board
966 would make the final decision to close the institute in consultation with the current IPI director and IIPT
967 chair.

968
969 Impact of closure: Once the decision to close the institute has been made, we will not admit any
970 additional IIPT candidates. Those already enrolled will have the option to continue through their
971 predicted graduation date. The faculty will make every effort to make sure these candidates graduate;
972 however, some candidates may choose to withdraw or transfer or be unable to graduate for other
973 reasons. Since the faculty are unpaid by the institute, continuing the candidates' training is a reasonable
974 expectation. As noted in our earlier report, IIPT faculty have agreed and the IIPT Steering Committee has
975 approved a plan for faculty to volunteer hours to assist candidates in finishing their program should
976 closure be necessary. Classes could be easily sustained by secure video as they are already provided via
977 low cost video conference. Any operating costs, such as minimal administrative support, could be covered
978 by the contingency fund that IPI maintains and/or remaining student tuition. IPI routinely includes a

979 \$15,000 contingency fund in the operating budget, and currently has a reserve, which the Board of
980 Directors has committed to sustain and enlarge by setting aside a portion of any year-end profits in this,
981 and each succeeding year.

982
983 **Proposed Tuition Amounts**

984 Fees at IIPT are designed to allow this small and specialized institution the flexibility to adapt to the
985 candidate's interests and geographical circumstances and to come together in the weekend format. At
986 IIPT candidates get access to international analysts as teachers, Supervising Analysts, and analysts, and
987 their own choice of approved analyst in their own location. Payment schedules and scholarship help may
988 be requested in case of financial need. The tuition of \$4,100 per candidate per year (which includes
989 annual membership dues in IPI) includes all institutes, weekends, and weekly seminars on analytic theory
990 and technique.

991 In years beyond the fourth year, for those not yet graduated, a fee \$400 annual membership dues in IPI is
992 required. Additional fees may be required based upon the individual's educational plan to complete
993 training. For example, this might include attendance at weekends as an IPI attendee and independent
994 study.

995 Infant observation seminar: est. \$1760. per person per seminar for one year, (22 seminars equivalent of 44
996 hours). The fee for Infant Observation will vary based upon the number of hours offered. The Infant
997 Observation Program is a program of IPI and is not under the jurisdiction of the IIPT curriculum
998 committee. Therefore fees and hours are set by the Infant Observation Program and paid to IPI for that
999 program.

1000 IIPT fees are payable in two installments each year, to the IPI, and sent to the IIPT administrator. *Payment*
1001 *plans may be requested.*

1002 Tuition for other IPI electives is by arrangement with the program chair or teacher of that elective.

1003 Fees for personal analysis are set on an individual basis between the treating analyst and analysand.

1004 Fees for consultation are negotiated directly with the IIPT Supervising Analyst (faculty or adjunct).

1005

1006 **Prerequisites for the Analytic Training**

1007 Year 0 (Prior to beginning training) Total Hours 220

1008 2x IPI Summer Institute (course in Object Relations Theory and Practice) and 8 Weekend Courses with
1009 affective group, completed over 2 years at IPI, *or equivalent experience* as approved by admissions
1010 committee Total hours 220

1011 Other examples might include participation in the Fellow's Group or the PPP.

1012 **Additional Hours of Instruction in the Analytic Institute:** This additional required course work may occur
 1013 prior to beginning the analytic training program or concurrent with the analytic training program.

1014 1) Infant Observation 22 sessions each 2 hours **Total hours 44 (This may be**
 1015 **taken concurrent with the analytic program but it is highly recommended that it be completed prior to**
 1016 **beginning the analytic program.)**

1017 • Infant Observation (IO) Seminar 22 sessions, each 2 hours; Total hours =44 (IO may be taken
 1018 concurrently with the analytic program but it is highly recommended that the IO seminar be
 1019 completed prior to beginning IIPT. Analytic candidates are required to observe an infant in
 1020 his/her home setting, to write 15 sets of process notes, and to present process notes at least 8
 1021 times in the IO seminar on a rotating basis.

1022 • All psychoanalytic candidates will be required to observe an infant, effective November 15, 2017.
 1023
 1024

1025 **Structure of Seminar Training at IIPT**

1026 The training program at IIPT includes seminars on relevant psychoanalytic topics and an ongoing Clinical
 1027 Case Seminar. The course work and clinical case seminar are conducted over a four-year time period.
 1028 Given the individual nature of psychoanalytic training it is expected that candidates starting the program
 1029 will complete all the requirements for certification in *different time frames* so the actual length of the
 1030 overall program is determined on an individual basis. This is based upon the individual candidate's needs
 1031 and a candidate who takes 5 or 6 years to complete the requirements is held in the same esteem as a
 1032 candidate who completes requirements earlier. Candidates will thus start the program together but not
 1033 finish together.

1034 **Sample Curriculum:**

1035 **Classes Year 1** **Total Hours**
 1036 **150**

1037 IIPT Summer Institute (5 days course/independent study) **36**

1038 **36 Total Weekly Seminars:** Tuesdays from 2pm-3:30 pm

1039 20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs) **30**

1040 16 Clinical Case Conference Seminars (16 x 1.5hrs) **24**

1041 4 weekend courses and small candidate-only group (4 x 15 hrs) **60**
 1042

1043 **Classes Year 2** **Total Hours**
 1044 **150**

1045 IIPT Summer Institute (5 days course/independent study) **36**

1046 **36 Total Weekly Seminars:** Tuesdays from 2pm-3:30 pm

1047	20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs)		30
1048	16 Clinical Case Conference Seminars (16 x 1.5hrs)		24
1049	4 weekend courses and small candidate-only group (4 x 15 hrs)		60
1050			
1051	Classes Year 3	Total Hours	150
1052	Analytic Summer Institute ** <i>see above</i> (6 days course/independent study)		36
1053	36 Total Weekly Seminars: Tuesdays from 2pm-3:30 pm		
1054	20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs)		30
1055	16 Clinical Case Conference Seminars (16 x 1.5hrs)		24
1056	4 weekend courses and small candidate-only group (4 x 15 hrs)		60
1057			
1058	Classes Year 4	Total Hours	142.5
1059	IIPT Summer Institute (5 day course of study)		35
1060	30 Total Weekly Seminars: Tuesdays from 2pm-3:30 pm		
1061	15 Seminars on Analytic Theory and Technique (20 x 1.5 hrs)		22.5
1062	10 Clinical Case Conference Seminars (10x 1.5hrs)		15
1063	5 Independent Study Seminars (5x1.5hrs.)		10
1064	4 weekend courses and small candidate-only group (4 x 15 hrs)		60
1065	Total 592.5		
1066			
1067	Consultation provided on 3 Cases seen x 4 a week	Total Hours	200
1068	1 case (2 years, 340 hours minimum) in individual consultation		80
1069	1 case (2 years, 340 hours minimum) in individual consultation		80
1070	1 case (1 year, 170 hours minimum) in individual consultation		40
1071	1 (or 2 cases if completing 4) may be of a child or adolescent		
1072	Personal Psychoanalysis x 4 week, person/phone.	Minimum Hours	500
1073			
1074	Readiness for Graduation		
1075	Readiness for graduation from the analytic institute at IIPT will be determined by completion of the		
1076	required course of study consisting of four years of analytic program seminars, summer institutes, and		
1077	weekend courses, following the introductory two-year program in object relations theory and practice (or		
1078	its equivalent); infant observation seminar, family and couple institute or equivalent, and elective seminar;		
1079	sufficient personal analysis (no less than 500 hours of which at least 400 hours must overlap with the		

1080 analysis of training cases); the required number of treatment hours and consultation provided on clinical
1081 cases (two patients for at least 340 sessions over two years under consultation of at least 80 hours, and
1082 one patient for at least 170 sessions over one year under consultation of at least 40 hours); timely
1083 completion of all writing assignments; satisfactory performance in class participation and consultation as
1084 noted on evaluation forms; timely completion of all reports including the final case write-ups;
1085 presentation of a paper and follow-up discussion with the audience, preferably at a weekend IPI
1086 conference or any IPI venue that was deemed relevant . Candidates should discuss the options with their
1087 candidate representative to ensure that the venue and presentation meets criteria. Candidate must
1088 complete payment of all tuition.

1089
1090 When a candidate and Supervising Analyst(s) believe that the candidate is ready to present at the Clinical
1091 Evaluation Panel, the candidate will complete the document of readiness and inform his/her CPC rep who
1092 will communicate with the chair of CPC . The document of readiness form must be received by the CPC
1093 rep and chair of the CPC at least 3 months in advance of the candidates 'anticipated graduation date.
1094 Once the date of the panel is set, the candidate must have his/her final case write ups approved by the
1095 Supervising Analysts. The candidate will send to his/her CPC representative a written request to present
1096 at the panel. The candidate's written request should detail for each training case the number of analytic
1097 sessions, the Supervising Analyst, and the number of sessions with consultation provided to date.
1098

1099 Once a date for the panel is set, the candidate must have their final case write-ups approved by their
1100 Supervising Analysts and sent to the IPI Administrator to enter the write-ups into the candidate's personal
1101 candidate file three weeks before the panel date. The candidate will be responsible to also send their final
1102 write-ups to the Clinical Panel members at a minimum of three weeks before the panel date so Clinical
1103 Panel members have ample time to review the cases and prepare for the panel.
1104

1105 Following the panel, the Chair of the Panel will discuss the results with the candidate's CPC Representative
1106 as soon as possible, and will submit a written summary of their findings to the Chair of the CPC. The CPC
1107 will review the Clinical Panel learning recommendations and ensure they are implemented. The CPC will
1108 make a recommendation for or against graduation to the IIPT Steering Committee and to the Chair(s) of
1109 IIPT. After the SC reviews the recommendation, the Chair of IIPT will notify the candidate that he/she/they
1110 have graduated. It should be noted that in addition to the above, a candidate's file must be complete, any
1111 balance due should be paid, and all Supervising Analyst/candidate evaluations must be completed and in
1112 the candidate file.
1113

1114 **Termination of Training Cases:** IIPT does not require that a training case go through a termination phase
1115 prior to graduation from the program. However, it is required that all graduated analysts receive
1116 consultation on a regular and consistent basis with an pre-approved Supervising Analyst through the
1117 termination phase with their first analyst who appears to be ready to enter the termination phase. This
1118 is to receive support and training in this crucial phase of the analysis. The Graduated Analyst will notify
1119 the Chair of CPC in writing that the case is under a termination process and the name of the Supervising

1120 Analyst and frequency of meetings for consultation. All candidates are agreeing to this proviso in order to
1121 graduate.

1122 **Tasks of the Clinical Panel**

1123 Assesses the candidate's mastery of the basics of doing psychoanalysis with focus on the following:

- 1124 • Psychoanalytic diagnosis in relation to treatment issues
- 1125 • Maintenance of good boundaries and ethical behavior
- 1126 • Maintenance of a receptive stance with negative capability
- 1127 • Sensitivity to unconscious communication
- 1128 • Awareness of the nature, range, and handling of resistances
- 1129 • Demonstration of the capacity to evoke, recognize, contain, and interpret the
1130 transference.
- 1131 • Capacity to bear negative transference
- 1132 • Capacity to give transformational interpretations
- 1133 • Capacity to identify, contain and work with countertransference
- 1134 • Capacity to make a clear formulation consistent with a recognizable theoretical stance
1135 from among the many psychoanalytic approaches
- 1136 • Is stable, mature, and professional in outlook and manner.
- 1137 • Demonstration of the ability to create, recognize, and sustain analytic process
- 1138 • Demonstration of the ability to function independently as a psychoanalyst, which includes
1139 self-analysis and an evolving identity as a psychoanalyst. (After graduation the candidate
1140 may choose to seek consultation, and is advised to do so during the first termination
1141 process, but this is consistent with functioning independently.)

1142 The Clinical Panel (CP) will make specific recommendations for continuing the learning process for each
1143 candidate. These recommendations will be geared to meeting the basic requirements for independent
1144 functioning as an analyst, and not more than that level of sophistication.

1145 The CP applies the highest reasonable standards in accordance with the basic requirements listed above,
1146 but the aim of the panel is to assist the candidate in identifying areas of learning and successfully
1147 completing the training program, not to restrain the achievement of autonomy and peer status.

1148 The Candidate Progress Committee reviews the Clinical Panel learning recommendation and the
1149 candidates CPC representative assists the candidate in ensuring that the learning recommendations are
1150 implemented.

1151 **Graduation:** The CPC will review the candidate's progress on an ongoing basis. After the candidate has
1152 begun and is settled in to their third control case, the CPC will review the candidate's readiness for
1153 graduation. A clinical panel will be called and conducted. After discussing feedback with the candidate

1154 from the panel, the CPC will make a recommendation to the SC of IIPT for graduation. The
1155 recommendation will be reviewed by the SC and the Chair of IIPT. After the SC reviews the
1156 recommendation the Chair of IIPT will notify the candidate that she or he has graduated. The candidate
1157 will receive their certificate at the next formal IPI graduation ceremony. The actual graduation date is the
1158 date the Chair notifies the candidate that they have graduated.

1159

1160 **Certificate in Psychoanalysis**

1161 Upon successful completion of all requirements, the candidate will receive a certificate stating that the
1162 candidate has satisfied the requirements for practice in psychoanalysis.

1163 **IIPT Professional Development Committee**

1164 Providing support and guidance for graduate analyst and IIPT faculty development at IIPT is the
1165 responsibility of the Professional Development Committee (PDC), which has the following functions and
1166 goals:

- 1167 ♦ To create an atmosphere of inclusiveness, which supports valued participation and
1168 collaboration from members of across all levels of experience in the IIPT training of candidates
1169 and in governance of the Institute;
- 1170 ♦ To foster development of the analytic culture within IPI;
- 1171 ♦ To encourage the development of individual graduate analysts and faculty members;
- 1172 ♦ To consider applications and recommend graduate analysts for faculty roles and conduct
1173 periodic reviews of faculty roles;
- 1174 ♦ To encourage the growth and development of analytic practice, thinking, writing, teaching, and
1175 supervising among IIPT graduates, and to create a process that allows opportunities to develop
1176 skills in these areas;
- 1177 ♦ To develop criteria for ongoing involvement in IIPT across various roles, identifying a sequence
1178 of steps to acquire positions in each of the following 5 areas, each of which is an equally valued
1179 way to contribute to the IIPT community and its mission:
 - 1180 o Teaching analytic theory and technique seminars;
 - 1181 o Conducting personal analysis for candidates;
 - 1182 o Providing consultation to candidates and leading case conference seminars;
 - 1183 o Leading the candidates' GAM group (using the Group Affective Model)
 - 1184 o Participating on IIPT committees, such as serving as a CPC rep for a candidate or
1185 reviewing and constructing curriculum, admissions, and member development
1186 committee.
- 1187 ♦ To review current PDC policies and to propose revisions that comply with all outside accrediting
1188 bodies to the Steering Committee for consideration and approval.
- 1189 ♦ To send approved policy revisions to IIPT Chair who will update the IIPT Handbook.

1190

1191

1192

1193

1194

1195

1196 **Faculty Development Process**

1197

1198 The faculty appointment process for graduate analysts wishing to teach, analyze candidates or provide
1199 consultation is based on and takes into account the strengths and capacities of these people needed to
1200 perform the tasks of Teaching, Personal, Consulting, and Group Leading Analyst. The Professional
1201 Development Committee works to enable analysts to grow into their desired roles. There are many ways
1202 to be a valued member of the IIPT community and to serve the mission of IIPT.

1203

1204 **Philosophy of IIPT Faculty Participation**

IIPT

IIPT Handbook (rev 2/27/23)

1205 Each IIPT faculty member is expected to engage in issues of training and governance. Faculty members
1206 may contribute (depending upon earned appointments) in many different ways such as analyzing,
1207 teaching, or providing consultation to candidates, leading the Affective Small Group, serving on
1208 committees, representing IIPT by making presentations or serving on committees at local, national and
1209 international conferences and associations, publishing, or in various other ways. Faculty members
1210 agree to remain sensitive to and thoughtful about boundary issues arising from overlap in participation
1211 of newly appointed faculty and analysts. At IIPT, we believe that selection of one's analyst is a
1212 matter of personal choice for patients and for candidates, and that continuity of care is important. We
1213 do not restrict the candidate's choice of analyst to those in the group appointed as IIPT Supervising
1214 Analysts. However, we do want to ensure that each candidate has a competent teacher, personal
1215 analyst, and Supervising Analysts. For this reason, we have separated out the functions of analyzing,
1216 teaching and providing consultation to candidates, and listed criteria for qualifying in any of those
1217 roles. All criteria and procedures developed by the Professional Development Committee and
1218 approved by the IIPT Steering Committee and Chair of IIPT are intended to provide for forward
1219 movement of members. Decisions may be appealed and all policies are subject to review.
1220

1221 **Appointment to General IIPT Membership**

1222 All IIPT graduates are automatically invited to join as full IIPT members. All are invited to attend the
1223 IIPT Member Meetings twice a year, typically held Friday evenings on the first and last IPI weekends of
1224 each academic year (usually October and April). **IIPT Advanced Candidates (Candidates who have
1225 completed the 4-year didactic training but who have not yet graduated) are granted IIPT Associate
1226 Membership, and are eligible to attend seminars offered to graduate analysts and IIPT Member
1227 Meetings.** Full members are eligible for the Tuesday seminars offered for IIPT graduate analysts and
1228 other events as scheduled during the academic calendar. All members will be required to pay dues,
1229 either at the IPI Faculty level or as set by the Director, IPI.
1230

1231 **Who May Apply to Join the IIPT Faculty?**

1232 All IIPT Members qualify for applying for an IIPT Faculty appointment. Members interested joining the
1233 IIPT faculty need to be IPI National Faculty. Psychoanalysts from outside the IIPT community are
1234 welcome to apply for faculty status. Individuals interested in becoming IIPT faculty will submit their
1235 credentials to the PDC for a review and interview. The PDC will then make a recommendation to the
1236 IIPT Steering Committee.
1237

1238 **Teaching Analyst Preparation and Appointment**

1239 Upon graduation, graduate analysts are eligible to work toward competency as a teaching analyst. Each
1240 prospective teaching analyst will be required to co-teach two current candidate seminars with an IIPT
1241 teaching faculty member in attendance. Teaching analyst applicants are required to demonstrate that
1242 they have good boundaries in both local settings and national settings, be willing to contribute to IPI as
1243 an institution by teaching, serving on a committee and holding the institution as a whole in mind.
1244

1245 The graduate analyst will be required to co-teach with IIPT faculty members in two different current
1246 candidate seminars. Each seminar will be attended by different IIPT faculty members so that the
1247 applicant is mentored and evaluated by two separate faculty members. Depending upon the outcome of
1248 the teaching as assessed by evaluations completed by co-teacher and candidates, the co-teacher will
1249 forward the evaluation findings to the PDC for review. In turn, the PDC would make a recommendation
1250 to the Steering Committee for approval of the applicant, or would recommend against the current
1251 approval of the applicant with a clear statement explicating to the Steering Committee and the applicant

1252 the basis for declining or delaying the person’s appointment to teaching faculty. In the latter instance, the
1253 report to the applicant would include suggestions to help the person develop in her/his teaching
1254 capacities. In such an instance when the appointment would be either delayed or denied, the applicant
1255 would have the right to appeal the decision.
1256

1257 **Maintenance of Teaching Appointment**

1258 • A year-end ethical statement will be required as part of maintaining good standing as a teaching
1259 analyst.

1260 • Each year the candidates will be asked to complete an evaluation of the teaching analysts

1261 • Teaching analyst will contribute sufficiently to the preservation and development of IIPT and IPI
1262

1263 **Personal Analyst of a Candidate**

1264 IIPT accepts as the personal analyst of an IIPT candidate any analyst who is at least five years post-
1265 graduation and has demonstrated a “psychoanalytic practice” and has a positive legal and ethical record.

1266 Analysts already approved by the International Psychoanalytic Association or the American

1267 Psychoanalytic Association to analyze candidates are also accepted.
1268

1269 **Requirements for Appointment as Personal Analyst of a Candidate.**

1270 In cases where the analyst of a candidate is not already an IPA or APsA appointed Training Analyst, the
1271 analyst who wishes to analyze a candidate, or whose current analysis applies for this analysis to be
1272 credited for training purposes, will have:

1273 1. A current license in a mental health discipline, and graduated from IIPT, or a program with *equally*
1274 *rigorous standards* (such as an IPA or APsA approved training program, where graduation means that
1275 the analyst is approved to work independent of consultation and has been analysed by an analyst
1276 officially recognized to analyze candidates) completion of course requirements, and satisfactory
1277 treatment of required supervised cases in four or 5 times a week analysis.

1278 2. Demonstrated competence and completed sufficient experience of unsupervised psychoanalytic
1279 treatments. This will usually mean 5 years in practice, and approximately 4 cases in unsupervised
1280 analyses (or a sufficient number of cases to demonstrate competence and immersion) since graduation,
1281 at least one of them presented in discussion with one or more IIPT Supervising Analysts, either at a
1282 private consultation, or at a group seminar/ presentation.

1283 3. Demonstrated interest in the practice of psychoanalysis as shown in the proportion of professional
1284 time devoted to it in the past as well as in the present.

- 1285 4. Demonstrated interest in and knowledge of psychoanalytical theories as evidenced by scientific
1286 writings, participation in scientific discussions, teaching, group leading, and administrative expertise, and
1287 sympathy with IIPT educational philosophy
- 1288 5. Demonstrated and maintain an ethical stance.
- 1289 6. Agreed to verify that the analysis has been conducted for the minimum required number of hours and
1290 with overlap with supervised cases as required for eligibility for graduation as specified in the Handbook.
- 1291 7. Agreed to meet with the Professional Development Committee for review of appointment every 5
1292 years.

1293

1294 Exceptions: In keeping with the Steering's Committee's wish to honor the value of ongoing analytic
1295 work, requests for exceptions will be carefully considered by the group of Supervising Analysts on a case
1296 by case basis, depending on the candidate's circumstances, including that the training analysis may be
1297 condensed or undertaken largely by distance communication technology (incl. phone, Secure video
1298 conference (VTC)), provided that documentation of need or preference has already been given and
1299 approved by the IIPT Program Chair.

1300

1301 IIPT may accept any analyst who is not already an IPA or APsA Training Analyst, whose analysand
1302 applies for analytic training at IIPT, as Personal Analyst of a Candidate, provided the analyst can meet
1303 the conditions that the Steering Committee sets to ensure that the candidate is having an adequate
1304 personal analysis (*see below*). We value continuity of care but we recognize that analyzing a candidate
1305 is a task of much greater complexity than
1306 working with an analysand who is not in training. So, when the potential candidate applies to IIPT for
1307 training, the Supervising Analyst Committee will review the analyst's qualifications and experience on a
1308 case by case basis, and may make recommendations to the Professional Development Committee who
1309 will review the recommendation and forward it to the Steering Committee, so as to guarantee that the
1310 analysand is having an analysis that can be effective in preparing him or her to train as a psychoanalyst.

1311

1312 In the case of an IIPT graduate analyst whose analytic work is well known to us but who has not had the
1313 full 5 years of clinical experience and whose analysand applies to IIPT, the analysand's application will
1314 trigger a review of the analyst's eligibility. Every effort will be made to support the analyst's application.
1315 Based upon the Supervising Analysts Committee evaluation of the analyst, IIPT may require additional
1316 support for the candidate's analyst. This might include such activities as ongoing consultation,

1317 participation in a seminar on providing consultation, etc.. If then appointed as a Personal Analyst of
1318 Candidate, the appointment will be for this case only until the remainder of the requirements are met, at
1319 which time the analyst could once again be reviewed for approval as the Personal Analyst of future
1320 candidates. The Supervising Analyst Committee will make the recommendation to approve or deny the
1321 application to the Steering Committee and Chair of IIPT for final disposition.

1322

1323 **Procedures for Appointment as IIPT Personal Analyst**

1324 The group of Supervising Analysts will meet to review the qualifications, and the quality and quantity of
1325 past and current clinical work as judged on the basis of a written summary of past and current
1326 psychoanalytical practice, including a statement indicating the proportion of professional time devoted
1327 to it, and a presentation of detailed, in-depth written clinical material including analytic process from a
1328 relatively long-term analysis as evidence of the quality of psychoanalytic work.

1329 The group of Supervising Analysts will then communicate its findings to the Professional Development
1330 Committee, and the Professional Development Committee, after reviewing the SA's findings, will make a
1331 recommendation to the Steering Committee to approve or refuse the appointment. If appointment is
1332 refused, the Professional Development Committee will give the applying analyst the reasons, and
1333 indicate what the applicant may do to strengthen his or her application in future. The applying analyst
1334 will have the right to appeal the decision to the Chair who will ensure an independent review by an ad
1335 hoc committee of the Supervising Analysts, excluding PDC members.

1336

1337 **Supervising Analyst**

1338 Any experienced psychoanalyst who is not an approved Training Analyst (with IPA or APsA or
1339 equivalent) with 5 years of experience and who is IIPT Adjunct Faculty may apply to be recognized as a
1340 Supervising Analyst at IIPT if they meet the requirements listed here. Each application will be considered
1341 on a case by case basis. The Professional Development Committee will review the application and make
1342 recommendations with supporting documentation to the Steering Committee and Chair of IIPT for
1343 approval.

1344 **Expectations of Supervising Analysts at IIPT**

1345 Supervising analysts at IIPT have either graduated from, and are in good standing with, IIPT or a
1346 recognized psychoanalytic training institute of the International and American Psychoanalytic
1347 Associations, and with a reputation that can be evaluated positively. Supervising analysts have shown
1348 competence in clinical practice, teaching, and supervision of psychotherapy and immersion in
1349 psychoanalysis, which will usually mean five years full-time work as an analyst. Supervising analysts are
1350 licensed and credentialed in one of the mental health disciplines, insured, agree to adhere to ethical
1351 standards of practice, and have demonstrated competence and completed sufficient experience of
1352 psychoanalytic treatments after graduation. They are all working faculty members at IPI.

1353 **There is a category of adjunct supervising analyst at IIPT for already approved supervising*
1354 *analysts appointed by other IPA- or APsA- affiliated institutes. They may be invited as*
1355 *adjunct supervising analysts at the discretion of the Chair of IIPT. They will pay an IPI associate*
1356 *membership fee of \$200.*

1357

1358 **Requirements for Appointment of Supervising Faculty**

1359 IIPT encourages graduate analysts with a minimum of 3 to 5 years of experience in independent
1360 psychoanalytic practice, or any IIPT appointed Personal Analyst of a Candidate to consider preparing to
1361 be an IIPT Supervising Analyst, if they are:

1362 1. Qualified, licensed in a mental health discipline, and graduated from IIPT or a program with equally
1363 rigorous standards (such as an IPA, or APsA approved training program where graduation means that
1364 the analyst is approved to work independently of supervision and has been analyzed by an analyst
1365 officially recognized to analyze candidates), and has completed course requirements and satisfactory
1366 treatment of required supervised cases.

1367 2. Demonstrated competence and completed sufficient experience of psychoanalytic treatments after
1368 graduation. At the time of appointment, this will usually mean a minimum of 5 years in practice of 3-5
1369 times weekly analysis, and approximately 4 cases,

1370 2 begun after graduation.

1371 3. Demonstrated interest in the practice of psychoanalysis as shown in the proportion of professional
1372 time devoted to it in the past as well as in the present.

1373 4. Demonstrated interest in and knowledge of psychoanalytical theories as evidenced by any few of the
1374 following: scientific writings, participation in scientific discussions,

1375 teaching, group leading, administrative expertise, and sympathy with IIPT educational philosophy.

1376 5. Maintained an ethical stance and adheres to ethical standards of practice of IPI and APsA and their
1377 own professional discipline.

1378 6. Agreed to the annual process of mutual supervisee/supervisor evaluation and clinical case write-up
1379 process.

1380 7. Agreed to participate in IIPT/SA monthly meetings (on the first Tuesday of each month) at least 80%
1381 of the time, barring serious or unforeseen circumstances.

1382 8. Agreed to meet with the IIPT Professional Development Committee for review of appointment every 5
1383 years.

1384 9. Agreed to pay IPI faculty dues

1385 10. Agreed to participate in teaching, supervising, and administrating IIPT.

1386 11. Agreed to complete the IIPT Supervision Seminar

1387 **Additional Preparation to be a Supervising Analyst**

1388 Any applicant whose application to be a Supervising Analyst is deferred might prepare for reapplication
1389 in the same ways.

1390 1. Seek supervision on the termination phase of a completed case or the late phase
1391 of a long-term case with an IIPT supervising faculty or adjunct faculty member

1392 2. Submit a brief recommendation from this supervisor

1393 3. Gain experience of supervising psychotherapy cases.

1394 4. Join the IIPT course of study of analytic supervision and present a supervision of
1395 a psychotherapy case

1396 **Procedure for Applying to be a Supervising Analyst**

1397 The supervising analyst committee at IIPT welcomes colleagues who wish to be supervising analysts and
1398 who meet the general criteria as determined by the Professional Development Committee. Applicants

- 1399 will indicate their eligibility and interest by completing the application form and emailing it to the
 1400 Professional Development Committee.
- 1401 1) Confirm they:
- 1402 o Are actively engaged in clinical analytic practice, including such activities as teaching, writing and
 1403 committee work
 - 1404 o Have completed the IIPT supervision course and have presented a psychotherapy supervision there
 - 1405 o Are willing to attend to the work of IIPT
- 1406 2) Provide a 10-page write-up of a psychotherapy supervision (12-point font, double spaced) of one
 1407 consultation that illustrates
- 1408 o Building alliance
 - 1409 o Maintaining ethical stance
 - 1410 o Dealing with resistance and barriers to learning
 - 1411 o Facilitating access to supervisee's unconscious in relation to the analytic work
 - 1412 o Elucidating transference/countertransference dynamics among patient, supervisee and supervisor
 - 1413 o Developing supervisee's knowledge base – attending to frame, analytic process,
 1414 and linking clinical process to theory
- 1415 3) Have attended the IIPT supervision course and made a satisfactory presentation of a consultation to
 1416 the supervising analyst course, as judged by routine class evaluations

1417 **Procedure and Process for Welcoming a New Supervising Analyst**

1418 The Professional Development Committee will form a subcommittee of three members (one supervising
 1419 analyst and one teaching analyst who are PDC members, and one invited supervising analyst) to
 1420 welcome the applicant. They will review the applicant's application form and documentation, confirm
 1421 their immersion in psychoanalysis, including having taken a case through termination or the late phase
 1422 while under supervision, and will review the applicant's experience of doing psychotherapy supervision
 1423 as shown in a 5-10 page report of a psychotherapy supervision which has been the subject of a
 1424 presentation to the IIPT supervision course class. The PDC sub-committee will take into account the class
 1425 evaluations of the presentation of a psychotherapy supervision. They will review documentation
 1426 provided by the applicant in support of the application, including a recommendation from one clinical
 1427 analytic supervisor. The IIPT members selected for this welcome task will be ones with no inherent
 1428 conflicts with the prospective supervising analyst. They will present their findings to the full Professional
 1429 Development Committee. The Professional Development Committee will review the sub-committee's
 1430 findings and make a recommendation to the Steering Committee to approve or defer the appointment.
 1431 If appointment is deferred, the Professional Development Committee will give the applying analyst the
 1432 reasons and indicate how the applicant may strengthen the application in future.

1433 **Appeals Process**

1434 The applying analyst will have the right to appeal the decision to the IIPT Chair who will ensure
 1435 independent review by an ad hoc committee of the IIPT Steering Committee, excluding members of the
 1436 Professional Development Committee.

1437

1438

1439 **Requirements for Appointment of Supervising Analyst Faculty**

1440 A graduate analyst who has a minimum of 5 years of experience of unsupervised analyses may apply to
1441 provide consultation to candidates if he or she has:

- 1442 1. Qualified, been licensed in a mental health discipline, and graduated from IIPT or a program with
1443 equally rigorous standards (such as an IPA or APsA approved training program where graduation
1444 means that the analyst is approved to work independently of consultation and has been analyzed
1445 by an analyst officially recognized to analyze candidates) and has completed course requirements
1446 and satisfactory treatment of required supervised cases.
- 1447 2. Demonstrated competence and completed sufficient experience of psychoanalytic treatments
1448 after graduation. This will usually mean a minimum of 5 years in practice, and approximately 4
1449 cases to demonstrate competence and immersion since graduation at 3-5 times weekly analysis.
- 1450 3. Demonstrated interest in the practice of psychoanalysis as shown in the proportion of
1451 professional time devoted to it in the past as well as in the present.
- 1452 4. Demonstrated interest in and knowledge of psychoanalytical theories as evidenced by scientific
1453 writings, participation in scientific discussions, teaching, group leading, and administrative
1454 expertise, and sympathy with IIPT educational philosophy.
- 1455 5. Maintained an ethical stance and adhere to ethical standards of practice of IPI and APsA.
- 1456 6. Agreed to the annual process of mutual candidate/Supervising Analyst evaluation and case write-
1457 up process.
- 1458 7. Agree to participate in IIPT/SA monthly meetings (on the first Tuesday of each month) at least
1459 80% of the time, barring serious or unforeseen circumstances.
- 1460 8. Agree to meet with Professional Development Committee for review of appointment every 5
1461 years.
- 1462 9. Agree to pay IPI faculty dues
- 1463 10. Unless told otherwise, IIPT PDC assumes that an IPI Emeritus (who is an SA) is equally on the
1464 supervision roster and the PDC five-year SA review as any full dues-paying SA, and for serving on
1465 IIPT committees.

1466

1467 **Additional Preparation to be a Supervising Analyst**

1468 IIPT encourages any IIPT graduate analyst who is five years post-graduation, approaching the five year
1469 mark or any IIPT appointed Personal Analyst of a Candidate to consider preparing to be an IIPT
1470 Supervising Analyst in the following ways. Any applicant whose application to be a Supervising Analyst is
1471 deferred might prepare for reapplication in the same ways.

1472

1473 For example, the graduate applying to be a Supervising Analyst will have fulfilled some or all of the
1474 following criteria

- 1475 1. Been provided consultation on the termination phase of a completed case or the late phase of a
1476 long-term case with an IIPT Supervising Analyst faculty member or adjunct faculty member
- 1477 2. Submitted a brief recommendation from this Supervising Analyst
- 1478 3. Completed an IIPT course of study of analytic consultation
- 1479 4. Agreed to participate in the SA meetings and to use the SA meeting and/or workshop to present
1480 and discuss the initial candidate consultation informally with the SA group.
- 1481 5. Presented independent analytic work by written summary of a terminated or late phase case to a
1482 panel of 2 IIPT Supervising Analysts organized by the PDC in consultation with the presenting
1483 analyst. This is intended to be an informal, collegial opportunity for sharing and thinking about
1484 clinical work.
- 1485 6. Presented a written consultation to a psychotherapy trainee for discussion.
1486

1487 **Procedure for Appointing Supervising Analysts**

1488 The applicant will submit four analytic cases, one of them having been taken to termination or into the
1489 late phase, and will provide a one to two paragraph summary of three of them, and a full case report (10-
1490 20 pages) of one of them. The applicant will meet with a panel of two IIPT Supervising Analysts selected
1491 by the PDC. **If there are inherent conflicts in the composition of the panel for prospective Supervising
1492 Analysts, the PDC will take this concern into consideration and may vary the composition of the
1493 panel.**

1494

1495 The applicant will engage in discussion of the main case and will also discuss a consultation to a
1496 psychotherapy student.

1497

1498 The Panel of Supervising Analysts will then communicate its findings to the Professional Development
1499 Committee, and the Professional Development Committee will review the findings and make a
1500 recommendation to the Steering Committee to approve or defer the appointment. If appointment is
1501 deferred, the Professional Development Committee will give the applying analyst the reasons, and
1502 indicate what the applicant may do to strengthen his or her application in future. If appointment is not
1503 made, the applying analyst will have the right to appeal the decision to the Chair who will ensure
1504 independent review by an ad hoc committee of the Supervising Analysts, excluding PDC members.
1505

1506 **Appointment of faculty member leader of the candidates' GAM group**

1507 Any faculty member of IIPT who has had experience leading groups at International Psychotherapy
1508 Institute conferences, has received satisfactory evaluations, and is not the analyst of any candidate in the
1509 class, may be appointed as the GAM group leader. The appointment will be made by the Chair of IIPT in
1510 consultation with the Supervising Analysts.

1511

1512 **Appointment of Leader of Continuous Case Conference**

1513 The Continuous Case Conference calls for an IIPT faculty teacher who has experience providing
1514 consultation in addition to teaching skill. The IIPT Program Chair will organize the Continuous Case
1515 Conference and, in consultation with the Supervising Analysts, will appoint a Supervising Analyst as the
1516 teacher of each Continuous Case Conference.

1517

1518

1519 **Appointment of Adjunct Faculty**

1520 Any faculty member or candidate may nominate a person to be adjunct faculty. The nominee comes up
1521 for consideration when a candidate needs a third Supervising Analyst, chooses to access someone
1522 outside of the available IIPT SA faculty, and none of those adjuncts currently available can offer the right
1523 fee or area of expertise. Adjunct faculty Supervising Analysts will usually be already IPA appointed
1524 Training Analysts and all must be in sympathy with the IIPT approach. The Supervising Analysts will
1525 consider the nominations, evaluate the credentials of the nominees, and decide whether another
1526 Supervising Analyst is needed based on assessment of candidate need in conjunction with the
1527 Candidate Progression Committee. The Professional Development Committee will be informed, and The
1528 Chair of IIPT sends a letter to invite the nominee to become adjunct faculty and to apprise him or her of
1529 IIPT requirements, dues when applicable, and procedures for Candidate Progress evaluation.

1530

1531 **Accreditation and Affiliation**

1532 IIPT has set its priority: to establish an analytic training program designed in accordance with the
1533 principles we value – flexibility, responsiveness to the educational needs of the candidate, commitment to
1534 a contemporary object relations approach in relation to other psychoanalytic theories in the pluralistic
1535 psychoanalytic context of this century, and valuing of all the modalities of psychotherapy. Nevertheless,
1536 we are interested in being appreciated as a valuable training institution by our peers and authorized by
1537 the community. So we have explored the value of affiliation and accreditation as follows:

1538 IIPT is a program of, and is administered by, the International Psychotherapy Institute (IPI)

1539 IPI has been registered with the Maryland Department of Assessments and Taxation (F4271128) since
1540 1995.

1541 IPI has been approved by the American Psychological Association to sponsor continuing education for
1542 psychologists since 9/1/1992. IPI maintains responsibility for the program and its content. IPI is
1543 recognized by the National Board of Certified Counselors to offer continuing education for counselors
1544 and IPI adheres to NBCC Continuing Education Guidelines. IPI is a California Board of Behavioral Sciences
1545 approved continuing education provider for MFCC and LCSW licensure. IPI is responsible for all courses
1546 of the International Institute for Psychoanalytic Training.

1547 The Consortium represents four professional organizations, each of which we value highly: 1) Division 39,
1548 the Division of Psychoanalysis of the American Psychological Association; 2) The American Psychoanalytic
1549 Association; 3) The American Academy of Psychoanalysis and 4) American Association for Psychoanalysis
1550 in Clinical Social Work.

1551 **Disclaimer:** The psychoanalytic training program at the IIPT is a developing process, consistently under
1552 evaluation and review. The Steering Committee reserves the right to revise the program and fees at any
1553 time.

1554

1555 **Resources**

1556 PEP subscription, website at www.theipi.org , monthly newsflash, blog, and periodical bulletin posted on
1557 the website.

1558

1559 **Contact Information**

1560 All members of the IIPT faculty are available by phone or email as needed by candidates.

1561 The Administrative Center of IPI/IIPT can be contacted as always at adminteam@theipi.org or 301-215-
1562 7377.

1563 **Free Conference Call number and videoconference information for Seminars:** All scheduled seminars are
1564 listed using Eastern Standard Time. Please adjust based upon your time zone.

1565

1566 **Candidate Progress Committee Policies**

1567

1568 Purpose: The primary task of the Candidate Progress Committee (CPC) is to facilitate the candidate's
1569 learning experience and to promote the candidate's progress in psychoanalytic training.

1570

1571 The CPC has established the following procedures to facilitate the candidate's learning and progress:

1572

1573 (1) Each candidate is assigned to a member of the CPC (the CPC representative). The CPC
1574 representative will be available as a liaison between the candidate and the Training Institute throughout
1575 the candidate's training.

1576

1577 A Candidate Progress Committee (CPC) representative (rep) agrees to serve in that role without
1578 concurrently taking on a Supervising Analyst role with the same candidate for the duration of that
1579 candidate's analytic training at IIPT. If an IIPT teaching faculty or IIPT Supervising Analyst has already
1580 commenced an ongoing Supervising Analyst role with an IIPT candidate, that Supervising Analyst will
1581 agree not to serve concurrently as a CPC rep for that candidate.

1582

1583 (2) New candidates are invited to an informal meeting with available members of the CPC during the
1584 first Summer Institute to review policies and discuss any administrative issues.

1585

1586 (3) At the end of each year of courses, the CPC representative will review the candidate's file,
1587 including instructor and Supervising Analyst evaluations, case write-ups, and the Documentation Record

1588 Form. The CPC representative will also schedule an annual meeting with the candidate's Supervising
1589 Analyst(s) to discuss the consultation evaluation(s). The CPC representative will then schedule a meeting
1590 (in person or by telephone) with the candidate to discuss the evaluations, case report, and the candidate's
1591 training experience.

1592 (4) When the first training case and consultation is begun, the CPC representative should be notified
1593 in writing. Additional training cases (second, third, or fourth cases) require the approval of the current
1594 Supervising Analyst(s) and the Chair of the CPC. This approval process shall be conducted in individual or
1595 in group meetings with Supervising Analysts.

1596
1597 (5) Any clinical cases being treated four times a week prior to entering IIPT are the candidate's own private
1598 responsibility and are not regarded as training, analytic cases under the purview or jurisdiction of IIPT, and
1599 are therefore not the responsibility of IIPT.

1600 (6) Only those cases in analysis with an IIPT approved Supervising Analyst (CA) and those psychotherapy
1601 cases in consultation with a CA who are being considered for training cases, come under the purview or
1602 jurisdiction of IIPT.

1603
1604 (7) Any proposed change by the candidate in analyst, Supervising Analyst, training case, or candidate
1605 status must be discussed with the CPC representative prior to any decision. The CPC representative shall
1606 be notified by the candidate in writing of any change in analyst, Supervising Analyst, training case, or
1607 candidate status.

1608
1609 (8) Supervisors and candidates are required to write yearly evaluations of the consultation experience
1610 which will provide the CPC with an ongoing record of progress. The evaluation reports are to be reviewed
1611 and signed by both candidate and Supervisor and a copy should be sent by email to the CPC
1612 representative, the administrator, the chair of CPC and the chair of IIPT.

1613
1614 (9) Candidates are required to write yearly case reports. The reports facilitate the candidate's thinking
1615 about a case and assist in the organization of the final case write-up. Reports (suitably encrypted) should
1616 be reviewed with each Supervising Analyst and a copy, signed by both, should be sent by email to the
1617 CPC representative, the administrator, the Chair of the CPC and the Chair of IIPT.

1618
1619 (10) The CPC representative will arrange a meeting of all that candidate's Supervising Analysts for
1620 group discussion of the candidate's strengths and weaknesses which will then be communicated by each
1621 Supervising Analyst as appropriate to the work.

1622
1623 (11) The CPC representative will review the CPC Documentation Record Form (IIPT Case Summary Face
1624 Sheet) each year and before graduation.

1625
1626 (12) When a candidate and Supervising Analyst(s) believe that the candidate is ready to present at the
1627 Clinical Evaluation Panel, the candidate will write-up all 3 cases. After the write-ups have been completed
1628 and approved by the Supervising Analysts, the candidate will send to his/her CPC representative a written
1629 request to present at the panel. The CPC representative shall receive the request at least 3 months in
1630 advance upon completion of the above requirements. The Chair of the CPC committee will convene a 3-
1631 person panel and appoint a chair
1632

1633 (13) The request for Clinical Evaluation Panel will be reviewed by the CPC and upon its
1634 recommendation a three member case evaluation panel will be selected. The Chair will decide on who will
1635 chair this panel.

1636
1637 (14) The Clinical Evaluation Panel will explore the candidate's ability to function as psychoanalyst,
1638 defining strengths and weaknesses and will make learning recommendations to the CPC. This report shall
1639 be sent to the Chair of the CPC and to the Chair of IIPT.

1640
1641 (15) Once the panel report is received, the Chair of CPC will convene a meeting of the CPC
1642 to discuss the panel report. Following that meeting, the CPC Chair will provide a written statement to the
1643 Chair of IIPT that the candidate has successfully completed the Clinical Evaluation Panel. The Chair of the
1644 Panel will send a copy of the panel report to the Candidate and shall be available to discuss the report.

1645
1646
1647 **IIPT Policy Statement Regarding Confidentiality in Clinical Case Seminars and Clinical**
1648 **Presentations** December 2010 (approved by TC 12/14/2010)

1649
1650 IIPT offers training in Psychoanalysis that is based on the **Eitingon** model. This allows for seminars,
1651 consultation to analytic cases and personal analysis to be balanced in a comprehensive design
1652 structured to provide the analyst in training with the best possible breadth and depth of knowledge.
1653 Our seminars are divided between theory and technique. Clinical case seminars and clinical case
1654 presentations as well as the GAM group meetings add to the total program design.

1655
1656 Generally confidentiality of case material can be protected through the disguise of identifying details.
1657 This includes changing names of the analysand, their family members and friends and modifications in
1658 details of geography and profession. When the presentation is to a large audience, strict attention to
1659 these details is necessary and takes precedence over any other concerns.

1660
1661 The small analytic group training setting comes closer to group consultation. As always, care should
1662 be taken to protect confidentiality. Any written material should be either handed out in person and
1663 collected following the presentation or sent via password protected and secured internet
1664 communication. Please send passwords in an email separate from the case material and construct them
1665 for security with a combination of upper and lower case. All candidates should delete these transcripts
1666 following the presentation. Please also treat any notes with the same level of security. The difference
1667 between this setting (IIPT only) and a presentation developed for a larger audience is that the in-depth
1668 discussion allowed and necessary for learning in this discussion format requires more transparency,
1669 making too much disguise counterproductive. Only the presenting analyst can decide when that point
1670 has been reached.

1671
1672 In order for the analytic candidates to be free to think and discuss clearly and to present a case that
1673 cannot be presented in a larger group setting because of confidentiality; it will occasionally be
1674 necessary for the analyst presenting to ask one of the candidates not to attend the discussion. Since
1675 the reasons for this cannot be discussed without violating the details to be protected, it is entirely up
1676 to the presenting analytic candidate to make the decision based on their best clinical knowledge and
1677 in consultation with their Supervising Analyst for that case.

1678
1679 In these rare situations, the candidate who is unable to attend the discussion participates in protecting
1680 the confidentiality while suffering a loss to their own learning. It is for this reason that we request that
IIPT

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1681 every effort be made to by candidates to present cases where this request for recusal will not be
1682 required. If a paucity of cases or a peculiarity of geographical interfacing creates this dilemma, we
1683 require that confidentiality take precedence and the candidate affected recuse herself from that case
1684 presentation.

1685
1686 As with all IIPT policy, we welcome discussion of this position and hope that we can continue to work
1687 together to secure the highest level of training for our candidates while protecting confidentiality and
1688 the spirit of privacy of the analytic undertaking.

1689

1690 **IIPT Candidate Case Presentations to Visiting Guest Analyst or IIPT Faculty**

1691 **At IPI Weekend (Saturday morning) or IIPT Summer Institute**

1692 GUIDELINES

1693

1694 At each of the IPI weekends during the training, an IIPT candidate from the class will present a clinical case
1695 to the visiting analyst (or IIPT Supervising Analyst) during a scheduled IIPT small group time.

1696 At each of our summer institutes candidates will have additional opportunities to present a case.

1697

1698 Each class will have opportunities to present during your four years. Attending these presentations will be
1699 the candidate group and all available IIPT faculty.

1700

1701 Candidates will be asked to volunteer a case for upcoming guests with an awareness of the suitability of
1702 that case for the subject matter of the IPI weekend guest and in a rotation with their fellow candidates. This
1703 is not essential but it does tend to allow for the guest to better demonstrate their way of working if the case
1704 fits with the weekend's topic. The suitability of the case can be discussed with your Supervising Analyst of
1705 that case, **but the preparation for the presentation should be done by you with an IIPT faculty member of**
1706 **your choice other than the current Supervising Analyst.** The reason for this is to allow someone less familiar
1707 with the case to reflect a position closer to that of the receiving audience.

1708

1709 These presentations are designed to give the candidate an opportunity to work with an analyst from outside
1710 our core faculty, to have an experience choosing and organizing clinical material for the purpose of
1711 consultation, and to give the group an opportunity to experience first hand how the visiting guest analyst
1712 works with clinical material in a consultation format. Generally, a brief history and transcripts of two sessions
1713 make the best format. It may not be possible to work through all the material, depending on the style of
1714 the guest considerable less may be covered. Please keep in mind that this is a slice of the work designed to
1715 allow for discussion, and consultation different from the depth of an ongoing consultation.

1716

1717 The Chair of IIPT will chair these presentations and will need to **receive an electronic copy of the material at**
1718 **least 2 weeks prior to the weekend.** If the visiting guest also requests the material, the Chair will coordinate
1719 that with IPI weekend chairs. IIPT Chair will also accept volunteers and assign candidates based on the
1720 suitability of their case for the guest and the need for each candidate to present in this format at least once.

1721

1722

1723 **Candidate Records: Approved by IIPT SC June 17, 2015**

1724

1725 All candidate records are confidential and are to be kept in a locked file cabinet at the IPI national office,
1726 with access to the cabinet limited to Chair of the Program, Chair of Admissions, Chair of the Candidate
1727 Progression Committee (CPC), Administrator, the Candidate's CPC representative and the Candidate.

1728 Others may be granted access on a need to know basis by the Chair of IIPT. Accrediting bodies may have
1729 access for program evaluation purposes only and shall keep all personal information included in the file
1730 strictly confidential. IIPT Faculty, Supervising Analysts, and Committee members will not keep any
1731 candidate files either electronically or in print.

1732
1733 Records will only be released with an informed consent signed by the candidate or if so ordered by legal
1734 court order.

1735
1736 Retention of Records and Files: Candidate records and file will be kept for 12 months after the candidate
1737 receives notification that they are approved to practice independently as a psychoanalyst. Files of a
1738 candidate who withdraws or is terminated from the program will also be kept for 12 months following
1739 their withdrawal/termination. At that point the IIPT administrator will contact the candidate and offer to
1740 send them the file or alternatively, to shred all file documents, excluding those listed below. If the candidate
1741 opts to receive their file it will be sent certified mail or FED-Ex. If the file is shredded the administrator will
1742 send the candidate email confirmation that the file is shredded.

1743
1744 IIPT will keep copies of the following documents on file in perpetuity, in the locked file cabinet referenced
1745 above:

- 1746 1. Candidate's application
- 1747 2. Recommendation of acceptance (including any correspondence on file regarding special terms of
1748 acceptance, refusal, or dismissal/withdrawal)
- 1749 3. Final coursework checklist form showing all work complete
- 1750 4. Letter to Candidate informing them that they can practice independently. (Classes up to the class
1751 of 2013 will retain panel reports instead.)

1752
1753

1754 **Handbook Appendix #1: Forms and Due Dates**

1755
1756
1757
1758

1759 **Candidate Annual signed Permissions and Personal Guarantee----- Signed Form Due**
1760 **Annually July 1**

1761

1762 **Candidate and Supervising Analyst Evaluations**

1763 *The end-of-year, evaluations will be co-signed by both candidate and SA. Once co-signed,*
1764 *the Supervising Analyst will send the evaluations to the (i) candidate’s CPC rep, (ii) Chair,*
1765 *CPC; (iii) Chair, IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org, five*
1766 *weeks before the next summer institute. Each year, the Chair, CPC, will inform the*
1767 *Supervising Analyst and the CPC reps of the specific due date for the Supervising*
1768 *Analyst/candidate evaluations.*

1769 **Supervising Analyst Evaluation Forms ----- Signed Form Due Annually Five**
1770 **Weeks Before Institute**

1771 **Candidate Evaluation Forms ----- Signed Form Due Annually Five Weeks**
1772 **Before Institute**

1773

1774 **Analyst of Candidate Ethical Disclosure -----Signed Form Due**
1775 **Annually on July 1**

1776

1777 **Annual Attestation of Analysis -----Signed Letter Due**
1778 **Annually on May 15**

1779 *A signed letter from the candidate’s personal analyst, which attests to the frequency*
1780 *(number of sessions per week) and total number of analytic sessions between May 1st*
1781 *and April 30th of the previous year.*

1782

1783 **3. IIPT Teaching Analyst Evaluation Forms-----Due Within Two Weeks After Class Co-Taught**
1784 **by a graduate Teaching Analyst**

1785 Candidate evaluation of Teaching Analyst

1786 Faculty evaluation of Teaching Analyst

1787



International Institute for Psychoanalytic Training at the International Psychotherapy Institute

6612 Kennedy Drive, Chevy Chase, MD 20815
Tel: (301) 215-7377 Fax: (301) 951-6335
e-mail: info@theipi.org www.theipi.org

Annual Signed Permissions and Personal Guarantee

This form is due annually on July 1

Mail the signed form and documents to the Administrator, IPI, 6612 Kennedy Drive, Chevy Chase, MD 20815

or email the signed form with required documents to candidaterecords@theipi.org

Candidate: _____

Year of training: _____

- I affirm that I will remain current on revisions to the IIPT Handbook as distributed to IIPT candidates and faculty;
- I will meet all requirements and rules as specified in the most current version of the IIPT Handbook;
- I agree to abide by the APsA Code of Ethics and the IPI Policies and Procedures for Addressing Concerns of Unethical Conduct.
- I agree to follow my disciplinary code of ethics as required by the specific licensing board for my profession.
- Are there any past or pending findings of unethical or unprofessional conduct against you by a recognized professional or governmental body, or past or pending actions against your clinical license to practice? ___yes or ___no. If you answered 'yes', please attach a form to explain.
- I agree that I will notify the chair, IIPT, if my situation changes in regard to ethical, licensing or legal complaints.
- I have enclosed a copy of my license that allows me to practice in my discipline.
- I have enclosed a copy of my proof of malpractice coverage to practice in my discipline.
- I agree to use encryption when I transmit clinical material over the internet.
- I agree to use HIPPA-compliant videoconferencing technology with high quality bandwidth and landlines with headset and mute options as required for weekly seminars and consultation.
- I agree to honor my tuition fee agreement with IPI.

Candidate: _____ (Signature)

Date: _____

March 2018

This form is due annually on April 21

***Mail the signed form to the Administrator at IPI, 6612 Kennedy Drive, Chevy Chase, MD 20815
or email an encrypted copy of the signed form to candidaterecords@theipi.org***

EVALUATION OF SUPERVISING ANALYST

COMPETENCE IN TEACHING ABOUT PSYCHOANALYSIS

- 1 Defining and maintaining a frame for the consultation (fees, time, regular hours, place)
- 2 Ability to help candidate deal with the frame (attendance regularity, punctuality)
- 3 Respecting and teaching about boundaries
- 4 Ethical behavior toward the candidate
- 5 Adherence to ethical issues regarding confidential material
- 6 Capacity to verbalize the problem and the process
- 7 Capacity to help candidate create psychological space
- 8 Following and elucidating transference issues
- 9 Elucidation of use of countertransference in understanding the analyzand's internal world
- 10 Ability to help candidate deal with analyzand's aggressive material
- 11 Ability to help candidate deal with analyzand's sexual material

12 Ability to help candidate deal with patient's dependency material

13 Ability to help candidate deal with patient's acting out

14 Clarification and teaching of use of object relations theory in understanding dynamics

15 Openness to explore problems in the consulting relationship

Part II. General additional comments on Supervising Analyst's work

Include a comment on the Supervising Analyst's work with you on the write-up

Part III. Summary rating

16 Supervising Analyst's overall competence

Part IV Comments on improving the evaluation form

Signed: _____ Date: _____
(Supervising Analyst)

Signed: _____ Date: _____
(Candidate)

Revised March 2018

This form is due annually on April 21

*Mail the signed form to the Administrator at IPI, 6612 Kennedy Drive, Chevy Chase, MD 20815
or email an encrypted copy of the signed form to candidaterecords@theipi.org*

EVALUATION OF Candidate's CLINICAL SKILLS

THERAPEUTIC COMPETENCE

- 1 Defining and maintaining a psychoanalytic frame (fees, time, regular hours, place)
- 2 Respecting boundaries of the analysand.
- 3 Ethical behavior regarding confidential material
- 4 Capacity to create psychological space
- 5 Use of countertransference in understanding the internal world
- 6 Ability to contain countertransference without enactment
- 7 Capacity for emotional engagement
- 8 Following and differentiating transference issues
- 9 Ability to deal with analysand's aggressive material
- 10 Ability to deal with analysand's sexual material
- 11 Ability to deal with analysand's dependency material
- 12 Ability to deal with analysand's acting out
- 13 Ability to deal with analysand's narcissistic withdrawal

ABILITY TO GROW IN CONSULTATION

- 14 Attendance regularity, punctuality
- 15 Preparation for consultation: giving overview of the week's work
- 16 Capacity to verbalize the problem and the process

- 17 Ability to accept Supervising Analyst's comments
- 18 Ability to apply learning from consultation to subsequent work
- 19 Awareness of "blind spots" and ability to explore them
- 20 Use of object relations theory in understanding dynamics

Part II General additional comments on candidate's work

- 21 Did candidate present the same patient throughout? How is the case going?
- 22 Was the write-up timely ___ satisfactory ___ needed a lot of editing help ___?

Part III Summary rating

- 22 Candidate's overall competence as an analyst

- 22 Candidate's overall ability to learn from consultation

Part IV Comments on improving the evaluation form

Signed: _____ Date: _____
(Supervising Analyst)

Signed: _____ Date: _____
(candidate)

International Institute for Psychoanalytic Training
6612 Kennedy Drive, Chevy Chase, MD 20815 (301) 215-7377

Analyst of Candidate Ethical Disclosure

This form is due annually on July 1

**Please mail your signed form to the Administrator, IPI, 6612 Kennedy Drive, Chevy Chase, MD 20815
or email the signed form to candidaterecords@theipi.org.**

I hereby certify that the following is true to the best of my knowledge.

1. I agree to adhere to the ethical standards of my professional organization such as the IPA or APsA

Circle YES NO

2. I have had a negative ethics finding or negative legal or regulatory finding in the past 10 years .

Circle YES No

If yes, please give a detailed explanation. Use extra pages if necessary.

3. I am currently under investigation by a legal, regulatory or ethics committee.

Circle YES NO

If yes, please give a detailed explanation. Use extra pages if necessary.

4. Are you currently independently certified? Circle YES NO

If YES, attach documentation.

If NO, are you pursuing independent certification? Circle YES NO

I _____ hereby certify that the above answers

are true to the best of my knowledge.

Signature

date

Please attach a copy of the face sheet for your malpractice insurance.

Yearly Attestation of Analysis

By May 15th of each year of analytic training, candidates will provide a signed letter from their personal analyst, which attests to the frequency (number of sessions per week) and total number of analytic sessions between May 1st and April 30th of the previous year. This letter will be sent as a signed, encrypted letter to candidaterecords@theipi.org (with password sent separately) or by regular mail to the IPI office (6917 Arlington road, Suite 204, Bethesda, MD 20814.)

**IIPT Teaching Analyst
Teaching Evaluation
Candidates**

*Due within two weeks after class taught by a graduate analyst applying to be a teaching analyst.
Please submit completed evaluation form to nlbakalar@comcast.net*

Please answer the following questions using the following 5 point Leichert scale:
1(poor)...3(average)...5(outstanding)

If any score is below 3, please comment.

1. The presenter delivered the material in a clear, concise and coherent manner. ____
2. The material presented was at the appropriate developmental level for the participants. ____
3. The seminar helped me further my knowledge of psychoanalytic skills/concepts. ____
4. The presenter had a command of the material consistent with his/her level of experience/
expertise. ____
5. The presenter was able to facilitate the discussion, keep participants on track and make links
to the assigned readings. ____
6. The presenter facilitated learning how theoretical material relates to clinical material. ____
7. The presenter observed boundaries and behaved in an ethical manner. ____
8. Comments:

Please return to nlbakalar@comcast.net

Form updated 3/10/2021

IIPT

IIPT Handbook (rev 2/27/23)

IIPT Teaching Analyst
Faculty Evaluation Form

Due within two weeks after class observed by a graduate teaching analyst
Please submit completed evaluation form to nlbakalar@comcast.net

When observing a graduate analyst applying to be a teaching analyst, please answer the following questions using the Five Point Leichert Scale: 1(poor).....3(average).....5(outstanding)

If any score is below 3, please comment.

1. The presenter was prepared and well-versed with respect to the assigned readings. ____
2. The presenter delivered the material in a clear, concise and coherent manner. ____
3. The material was presented at the appropriate developmental level for the students. ____
4. The presenter was attuned to the students' receptivity and level of understanding and adjusted his/her teaching style as needed to accommodate and enhance understanding. ____
5. The presenter facilitated group discussion, kept students on track and made links to the assigned readings. ____
6. The presenter presented the material in a confident and calm manner. ____
7. Presenter seemed at ease in the teacher role. ____
8. The presenter observed boundaries and conducted him/herself in an ethical manner. ____
9. Presenter was open to feedback about their teaching. ____
10. Please offer any additional comments and/or elaborate on any scores of 1 or 2 above: :

Please return to nlbakalar@comcast.net

IIPT Teaching Analyst
Faculty Evaluation Form

*Due within two weeks after class observed by a graduate teaching analyst
Please submit completed evaluation form to nlbakalar@comcast.net*

When observing a graduate analyst applying to be a teaching analyst, please answer the following questions using the Five Point Leichert Scale: 1(poor).....3(average).....5(outstanding)

If any score is below 3, please comment.

11. The presenter was prepared and well-versed with respect to the assigned readings. ____
12. The presenter delivered the material in a clear, concise and coherent manner. ____
13. The material was presented at the appropriate developmental level for the students. ____
14. The presenter was attuned to the students' receptivity and level of understanding and adjusted his/her teaching style as needed to accommodate and enhance understanding. ____
15. The presenter facilitated group discussion, kept students on track and made links to the assigned readings. ____
16. The presenter presented the material in a confident and calm manner. ____
17. Presenter seemed at ease in the teacher role. ____
18. The presenter observed boundaries and conducted him/herself in an ethical manner. ____
19. Presenter was open to feedback about their teaching. ____
20. Please offer any additional comments and/or elaborate on any scores of 1 or 2 above: :

Please return to nlbakalar@comcast.net

Form updated 3/10/2021

IIPT

IIPT Handbook (rev 2/27/23)

APPENDIX #2: CASE REPORTS and DUE DATES

IIPT Case Summary Face Sheet -----Due annually with First Draft of Case Report

IIPT Annual Case Report Guidelines-----

Case Reports are Due Annually:

1st Draft Due to Supervising Analyst March 15

Final Report is Due April 15

The first draft of the annual case write-up is due March 15. It is the candidate's responsibility to email the first draft report to the Supervising Analyst (CA) as a password-protected document with the password sent via separate email. (The Chair, Candidate Progress Committee (CPC) will specify the due date to the candidate class and the Supervising Analysts.) The final report will be co-signed by both Supervising Analyst and candidate. The encrypted, final report is due to the SA within two weeks of the due date of the 1st draft. It is the candidate's responsibility to send the final, approved report to the (i) candidate's CPC rep, (ii) Chair, CPC; (iii) Chair, IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org.

IIPT Case Summary Face Sheet *Highly Confidential*

Due Annually March 15 with First Draft of Annual Case Report

Candidate

Candidate's Name: _____

Telephone Number: _____

Email address: _____ Date of submission: _____

Analysand

Analysand's pseudonym or initial _____

Analysand's age _____ sex _____

Analysis

Location of the analysis _____

Language in which the analysis is carried out _____

Frequency of analytic sessions _____ per week

Date analysis began _____

Number of sessions to date _____

If transition from psychotherapy

Previous psychotherapy: Date began _____ Date ended _____

Consultation

Supervising Analyst's name _____

Supervising Analyst's email address _____

Date analytic consultation began: _____

Number of consultation sessions to date: _____

Guidelines for the Annual Case Reports for IIPT

The first draft of the annual case write-up is due March 15. The Final draft of the annual write up is due April 15. It is the candidate's responsibility to email the first draft report to the Supervising Analyst (CA) as a password-protected document with the password sent via separate email. (The Chair, Candidate Progress Committee (CPC) will specify the due date to the candidate class and the Supervising Analysts.) The final report will be co-signed by both Supervising Analyst and candidate. It is the candidate's responsibility to send the final, approved report to the (i) candidate's CPC rep, (ii) Chair, CPC; (iii) Chair, IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org

These guidelines are somewhat comprehensive and are offered as a guide to simplify the process of writing, not as a counsel of perfection.

We are showing you one way to convey your work with your analysands in a suitable case write-up form. Each analysis is unique and may call for emphasis on a particular aspect that you and your Supervising Analyst have found important. Your Supervising Analyst may have a different template from which to have you work or you may prefer a different organization or emphasis. The elements below should be included in your annual report as you will want to refer back to them as you write your final report.

- I. **The Consultation** the first contact via telephone (choice of words, tone of voice, how the request was phrased), the first in-person interview (content, first impressions including details of physical appearance, style and timing of arriving at appointment and entering the consulting room, and countertransference reactions); and the previous course of any psychotherapy and the transition to psychoanalysis. The setting of the analytic fee and contract. The impact of consultation.
- II. **Psycho-dynamic Formulation** (life problems and the central conflicts determining them, symptoms and the character adaptations that they give rise to, internal object relations set, and projective identificatory system.
- III. **Transference/Countertransference Development.** Early transference manifestations. The development of the transference/countertransference as the analytic partnership is being established.
- IV. **The opening phase. Establishing the frame of treatment.** Examples of dream analysis, transference manifestations, and early analytic process.
- V. **The Selected Theme.** Character trait, unconscious phantasy, dreams, etc expanded in relation to the countertransference.
- VI. **Please be sure to included vignettes in your report that demonstrate the analytic process and illustrate a few of the above themes.**

IIPT Final Case Report Guidelines

The final case reports (10-20 pages each) at the end of analytic training to show analytic process, work with resistance and transference, and use of the self. The final case write-ups will be written either at the end of the 4th year or thereafter upon the completion of analytic training.

It is the candidate's responsibility to email the first draft report to the Supervising Analyst (CA) as a password-protected document with the password sent via separate email. (The Chair, Candidate Progress Committee (CPC) will specify the due date to the candidate class and the Supervising Analysts.) The final report will be co-signed by both Supervising Analyst and candidate. The encrypted, final report is due to the SA within two weeks of the due date of the 1st draft. It is the candidate's responsibility to send the final, approved report to the (i) candidate's CPC rep, (ii) Chair, CPC; (iii) Chair, IIPT; and (iv) Administrator, IIPT, at candidaterecords@theipi.org.

These guidelines are somewhat comprehensive and are offered as a guide to simplify the process of writing, not as a counsel of perfection. You may graduate before your analysis terminates, and so you will be describing the work of two or one years of analysis (at least 340 hours or 170 hours respectively). We do not expect you to get to item VIII in the list unless your patient had an unusually speedy analysis possibly because of having transitioned from many years of psychotherapy. (*Please note that you are strongly encouraged to seek consultation after graduation for your work on termination.*)

We are showing you one way to convey your work with your analysis in a suitable case write-up form. Each analysis is unique and may call for emphasis on a particular aspect that you and your Supervising Analyst have found important.

Your annual reports provide the basis of the final report but the final report will be more developed and more comprehensive. You will now write from a broader perspective and an attitude of deeper sensibility based on greater experience with your patient, the process, and the concepts of theory and technique. It's a complex undertaking to convey the fullness of the narrative, the analytic discourse, and the unfolding analytic process, and yet you must remain within the page limits of 10-20 pages, double-spaced, no less than 12 point font.

First, fill out a face page for each case with date analysis begun, number of analytic hours to date; date consultation begun and with whom and number of consultation sessions at date of report.

- I. **The Consultation** the first contact via telephone (choice of words, tone of voice, how the request was phrased), the first in-person interview (content, first impressions including details of physical appearance, style and timing of arriving at appointment and entering the consulting room, and countertransference reactions); and the previous course of any psychotherapy and the transition to psychoanalysis. The setting of the analytic fee and contract. The impact of consultation.
- II. **Psycho-dynamic Formulation** (life problems and the central conflicts determining them, symptoms and the character adaptations that they give rise to, internal object relations set, and projective identificatory system).
- III. **Transference/Countertransference Development.** Early transference manifestations. The development of the transference/countertransference as the analytic partnership is being established.
- IV. **The opening phase.** *Establishing the frame of treatment.* Examples of dream analysis, transference manifestations, and early analytic process.
- V. **The course of the analysis through the mid-phase or possibly the late phase.** *Features that were in the background during the consultation coming into focus as the analysis deepens.* Examples of dream analysis, analytic process, and working through
- VI. **Transference/Countertransference Development.** The development of the transference/countertransference **through the various phases of treatment** (opening phase, mid-phase, and possibly the late phase).
- VII. **The Selected Theme.** Character trait, unconscious phantasy, dreams, etc. expanded in relation to the countertransference.
- VIII. **Termination Process.** The termination in relation to the whole analysis.

APPENDIX #3: APPLICATION FORMS

Application to become a Supervising Analyst

IIPT Supervising Analyst Application to IIPT Professional Development Committee (PDC)

**Members: Sue Cebulko, Pat Hedegard, Jill Scharff (Chair of PDC) Anne Taylor,
Yolanda Varela, Janine Wanlass**

The International Institute for Psychoanalytic Training (IIPT) encourages any IIPT graduate analyst who is approaching the five-year mark post-graduation to consider applying to be an IIPT Supervising Analyst. Here is the application form. Please check the boxes and sign and date your application. Send it electronically to Chair of Professional Development Committee (PDC) at the International Institute for Psychoanalytic Training (IIPT). The Professional Development Committee will review the supervision writeup, and the Chair will convey the committee’s recommendation on appointment to the IIPT Steering Committee

Professional qualification to work as an analyst

Name: _____

Current Mailing Address: _____

_____ Business Telephone:

E-mail address: _____

I graduated from IIPT (Date) _____

I am qualified as a mental health professional Highest Professional Degree:

I am licensed to practice in State _____ Field _____

License number _____

My license is on file at IPI administrative office

I will mail a copy of my current malpractice certificate

I certify that there are no pending or past ethical complaints or actions against me (or explain)

I am attaching my current curriculum vitae

Post-graduate Analytic Identity

I have been in analytic practice as a graduate analyst for ____ years. I devote _____ hours per week of professional time to the practice of psychoanalysis

I have demonstrated my interest in and knowledge of psychoanalytical theories in many of the following ways: (attach additional sheets if necessary)

Psychoanalytic writings

Date(s) _____

Title(s) _____

Psychoanalytic discussions and/or presentations

Date(s) _____

Title(s) _____

Teaching

Date(s)

Title(s)

Group Leading

I have been a small group leader for the following: Program:

_____ Date: _____

Administration

List all administrative posts held first at IPI/IIPT, then at other organizations with organization, title, position, and dates for each experience

(use separate sheet)

Committee Work

Mentoring case presentations

Chairing IPI Weekends

Chairing presentations on weekends

_____ Participation in analytic study groups

Preparation to become a supervising analyst

I certify that

- I have treated a minimum of 4 analytic cases, each 3-5 times a week. (Two Cases may be a continuation of a training and two will have begun post-graduation)
- Case # _____ demonstrates competence in termination or late-phase analytic process post-graduation, and was in supervision/consultation for some months
- This supervisor will send a brief recommendation on my work describing late phase work and /or termination process with an analysis
- I have completed the IIPT supervision course.
- I have presented my 5-10 page summary of a supervision I conducted with the therapist of a psychoanalytic psychotherapy case at the seminar, for discussion by faculty and classmates
- I am attaching that password-protected 5-10 double-spaced, 12-pt summary of supervision that I conducted with the therapist of a psychoanalytic psychotherapy case
- I will send the password in a separate email.

Guideline for the write-up. Please include the following basic components

- a. Building alliance*
- b. Maintaining ethical stance*
- c. Dealing with resistance and barriers to learning*

- d. Facilitating access to supervisee's unconscious in relation to the analytic work*
- e. Elucidating transference/countertransference dynamic across supervisee and supervisor*
- f. Developing knowledge base – speak to frame, analytic process, linking clinical process to theory*
- g. Extracts from verbatim process notes of supervisory comments and supervisee responses*
- h. Comments on the nature of the supervisory relationship*

Statement of Personal Commitment

If appointed:

- I am willing to work within the IIPT educational philosophy and method: Eitingon model, GAM group, distance and in-person seminars
- I understand that IIPT is part of the IPI community and will work whenever possible to support and advance the aims and mission of IPI as well as those of IIPT.
- I agree to participate in IIPT SA monthly meetings (first Tuesday of each month) 80% of the time barring serious or unforeseen circumstances.
- I agree to present and discuss the initiation of the first candidate analytic supervision with peers in the SA meetings and/or Peer Supervision Workshop.
- If issues of concern arise regarding any supervisor-supervisory dyad, I agree to report it promptly to the program chair and the SA group while seeking consultation in an SA meeting or by external consultation.
- I will participate in mutual IIPT supervisee/supervisor evaluations (annually) annual case- write-up, and will work with weekly password protected process transcripts
- I agree to participate in the PDC's 5-year review of my performance as a supervising analyst
- I agree to pay IPI faculty dues.
- I agree to participate in the wider IPI Community

Signature _____ Date _____

Application to become a Teaching Analyst

IIPT Teaching Analyst Application

Policy Statement

An IIPT graduate or psychoanalyst, trained or practicing outside IIPT, would be eligible to apply for appointment to become an IIPT Teaching Faculty, if she can demonstrate substantial immersion as a psychoanalyst through clinical experience, scholarly activity, publication, teaching and other psychoanalytic practice. Teaching Analysts are expected to maintain good legal and ethical standing, to uphold the ethical standards and performance as outlined in IPI's Ethics Code, and to be held in good repute by IIPT Institute and Society, the IPI community, and by their local professional communities.

Date of application _____

Name _____ Degree _____

Graduate school or medical school attended : _____

Internship or residency completed: _____

Post-graduate training completed: _____

Current full or part-time positions: _____

Please list analytic activities you have engaged in since graduation from IIPT or from another analytic institute that demonstrate your significant immersion and interest in psychoanalysis (Use a separate page if necessary.)

1. IPI Weekend Conferences
2. Participation in IIPT Seminars
3. Participation in IPI Seminars and IPI Weekends including leading GAM Groups
4. IPI Teaching and Consulting
5. Publications
6. Other analytic and psychotherapy activities
7. Submit a copy of your current professional license
8. Attach a copy of your current *curriculum vitae*
9. Two letters of support from colleagues inside IPI, including adjunct faculty
 - a. Do we have permission to contact them? Yes _____ No _____
 - b. If so, please provide contact information for each colleague

10. Write a brief statement detailing why you wish to be considered for an IIPT Teaching Faculty appointment

If applying to teach at IIPT and you graduated from another Institute please attach the following:

- a) Copy of certificate of graduation
- b) Narrative of the training you received

Teaching Analyst applicants will be required to demonstrate their teaching skills by teaching a minimum of two current, analytic candidate seminars. Each of these teaching sessions will be co-taught with separate teaching analysts, and preferably via video-seminar as well as in person. The applicant will be evaluated by the Teaching Analyst in attendance, and the applicant will have the opportunity to evaluate her experience collaborating with the Teaching Analyst.

If appointed:

- I agree to participate in IPI and IIPT faculty meetings.
- I agree to pay IPI faculty dues
- I agree to participate in group processes and institutional meetings
- I agree to attend GAM group leader and teacher training

Ethical disclaimer

I hereby certify that to my knowledge:

1. There have never been any findings of unethical or unprofessional conduct.

no yes

If yes, please describe _____

(attach additional pages if necessary)

2. There are no current or pending charges or allegations of unethical or unprofessional conduct?

no yes

If yes, please describe _____

(attach additional pages if necessary)

Signature _____ Date _____

Date received by PDC: _____

Committee Signatures:

International Institute Psychoanalytic Training (IIPT) at International Psychotherapy Institute

IIPT Graduation Requirements

(excerpted from the International Institute for Psychoanalytic Training Handbook)

IIPT Operation HANDBOOK
For Candidates, Members & Faculty
Revised January 17, 2024

IIPT is a component program of the International Psychotherapy Institute
Mailing Address: 6917 Arlington Road • Suite 204 • Bethesda, MD 20814
301-215-7377
www.theipi.org

(page 29)

Structure of Seminar Training at IIPT

The training program at IIPT includes seminars on relevant psychoanalytic topics and an ongoing Clinical Case Seminar. The course work and clinical case seminar are conducted over a four-year time period. Given the individual nature of psychoanalytic training it is expected that candidates starting the program will complete all the requirements for certification in different time frames, so the actual length of the overall program is determined on an individual basis. This is based upon the individual candidate's needs and a candidate who takes 5 or 6 years to complete the requirements is held in the same esteem as a candidate who completes requirements earlier. Candidates will thus start the program together but not finish together.

Sample Curriculum:

Classes Year 1:

Coursework Hours

IIPT Summer Institute (7 days course/independent study) 36

36 Total Weekly Seminars: Tuesdays

20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs.) 30

16 Clinical Case Conference Seminars (16 x 1.5 hrs.) 24

4 weekend courses and small candidate-only group (4 x 15 hrs.) 60

TOTAL HOURS: 150

Classes Year 2

Coursework Hours

IIPT Summer Institute (5 day course/independent study) 36

36 Total Weekly Seminars: Tuesdays

20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs.) 30

16 Clinical Case Conference Seminars (16 x 1.5 hrs.) 24

4 weekend courses and small candidate-only group (4 x 15 hrs.) 60

TOTAL HOURS: 150

Classes Year 3

Coursework Hours

IIPT Summer Institute (7 day course/independent study) 36

36 Total Weekly Seminars: Tuesdays

20 Seminars on Analytic Theory and Technique (20 x 1.5 hrs.) 30
16 Clinical Case Conference Seminars (16 x 1.5 hrs.) 24
4 weekend courses and small candidate-only group (4 x 15 hrs.) 60
TOTAL HOURS: 150

Classes Year 4

Coursework Hours

IIPT Summer Institute (7 day course/independent study) 35

30 Total Weekly Seminars: Tuesdays

15 Seminars on Analytic Theory and Technique (20 x 1.5 hrs.) 22.5

10 Clinical Case Conference Seminars (16 x 1.5 hrs.) 15

5 Independent Study Seminars (5x1.5 hrs.) 10

4 weekend courses and small candidate-only group (4 x 15 hrs.) 60

TOTAL HOURS: 142.5

COURSEWORK TOTAL: 592.5 Hours

Hours of Consultation

Hours Consultation provided on 3 Cases seen x 4 a week 200 (sum of cases listed below)

1 case (2 years, 340 hours minimum) in individual consultation 80

1 case (2 years, 340 hours minimum) in individual consultation 80

1 case (1 year, 170 hours minimum) in individual consultation 40

1 (or 2 cases if completing 4) may be of a child or adolescent

Personal Psychoanalysis x 4-week, person/phone Minimum 500

Readiness for The Panel and Graduation

Readiness for graduation from the analytic institute at IIPT will be determined by completion of the required course of study consisting of four years of analytic program seminars, summer institutes, and weekend courses, following the introductory two-year program in object relations theory and practice (or its equivalent); infant observation seminar, family and couple institute or equivalent, and elective seminar; sufficient personal analysis (no less than 500 hours of which at least 400 hours must overlap with the analysis of training cases); the required number of treatment hours and supervision provided on clinical cases (two patients for at least 340 sessions over two years under supervision for at least 80 hours, and one patient for at least 170 sessions over one year under supervision for at least 40 hours); timely completion of all writing assignments; satisfactory performance in class participation and supervision as noted on evaluation forms; timely completion of all reports including the final case write-ups; presentation of a paper and follow-up discussion with the audience, preferably at a weekend IPI conference or any IPI venue that was deemed relevant. (Candidates should discuss the options with their CPC representative to ensure that the venue and presentation meets criteria.) Candidate must complete payment of all tuition.

Please Note:

- Candidates who have completed their required hours of personal analysis, clinical case hours and supervision hours PRIOR TO their completion of the academic requirements, may initiate the process of preparing for the clinical panel.
- Candidates who complete their required hours of personal analysis and clinical hours and supervision hours AFTER April of their 4th year, need to consult with their supervisors regarding additional information for their final case write-ups. This may depend on significant factors of the case, and/or how much time has lapsed since that date.

When a candidate and Supervising Analysts believe that the candidate is ready to present at the Clinical Panel, the candidate will:

1. Complete the Document of Readiness
2. Send the form to their CPC rep, CPC chair, IIPT Chair and IPI Admin Team, at least 3 months in advance of the candidate's anticipated graduation date.
3. Have their final write ups approved by their Supervising Analysts before the panel date.
4. Three weeks before the panel date, send the final write-ups to the Clinical Panel members and the IPI Administrator to enter them into the candidate's personal candidate file.

Following the Panel:

1. The Chair of the Panel will discuss the results including recommendations with the candidate's CPC Representative as soon as possible and will submit a written summary of their findings to the Chair of the CPC.
2. The CPC (note: the CPC rep is on the committee) will discuss and review the Clinical Panel learning recommendations and make a recommendation for or against graduation to the IIPT Steering Committee and to the Chair of IIPT. It should be noted that in order to graduate, in addition to the above, a candidate's file must be complete, any balance due should be paid, and all Supervising Analyst/candidate evaluations must be completed and in the candidate file.
3. After the SC reviews the recommendation, the Chair of IIPT will notify the candidate with the decision regarding graduation.

Termination of Training Cases:

IIPT does not require that a training case go through a termination phase prior to graduation from the program. However, it is required that all graduated analysts receive consultation on a regular and consistent basis with a pre-approved Supervising Analyst through the termination phase with their first analyst and who appears to be ready to enter the termination phase. This is to receive support and training in this crucial phase of the analysis. The Graduated Analyst will notify the Chair of CPC in writing that the case is under a termination process and the name of the Supervising Analyst and frequency of meetings for consultation. All candidates are agreeing to this proviso in order to graduate.

Tasks of the Clinical Panel

Assesses the candidate's mastery of the basics of doing psychoanalysis with focus on the following:

- Psychoanalytic diagnosis in relation to treatment issues
- Maintenance of good boundaries and ethical behavior
- Maintenance of a receptive stance with negative capability
- Sensitivity to unconscious communication
- Awareness of the nature, range, and handling of resistances
- Demonstration of the capacity to evoke, recognize, contain, and interpret the transference.
- Capacity to bear negative transference.
- Capacity to give transformational interpretations.
- Capacity to identify, contain and work with countertransference.
- Capacity to make a clear formulation consistent with a recognizable theoretical stance from among the many psychoanalytic approaches.
- Is stable, mature, and professional in outlook and manner.
- Demonstration of the ability to create, recognize, and sustain analytic process.
- Demonstration of the ability to function independently as a psychoanalyst, which includes self-analysis and an evolving identity as a psychoanalyst. (After graduation the candidate may choose

to seek consultation and is advised to do so during the first termination process, but this is consistent with functioning independently.)

The Clinical Panel (CP) will make specific recommendations for continuing the learning process for each candidate. These recommendations will be geared to meeting the basic requirements for independent functioning as an analyst, and not more than that level of sophistication. The CP applies the highest reasonable standards in accordance with the basic requirements listed above, but the aim of the panel is to assist the candidate in identifying areas of learning and successfully completing the training program, not to restrain the achievement of autonomy and peer status. The Candidate Progress Committee reviews the Clinical Panel learning recommendation and the candidate's representative assists the candidate in ensuring that the learning recommendations are implemented.

Graduation

The candidate will receive their certificate at the next formal IPI graduation ceremony. The actual graduation date is the date the Chair notifies the candidate that they have graduated.

Certificate in Psychoanalysis

Upon successful completion of all requirements, the candidate will receive a certificate stating that the candidate has satisfied the requirements for practice in psychoanalysis.

MICHIGAN PSYCHOANALYTIC INSTITUTE
CANDIDATE MANUAL

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PART I INTRODUCTION TO THE MICHIGAN PSYCHOANALYTIC INSTITUTE

WELCOME

The Michigan Psychoanalytic Institute Welcomes You

The faculty and administrative staff of the Michigan Psychoanalytic Institute extend a warm welcome to all candidates. We hope your psychoanalytic education at MPI will both reward and challenge you and prove to be personally and professionally enriching. To help guide you through your educational experience, we have developed the present Manual.

MPI offers psychoanalytic training for clinicians, and an academic psychoanalytic program for professionals in other fields of study and work. The combination of candidates from different backgrounds offers an enriching learning environment for all candidates and faculty. The Candidate Manual contains an overview of the educational objectives for all candidates. It also addresses the progression requirements and policies associated with clinical training. Information specific to the Child analytic Program can be found in [Part IV](#) and information regarding the Academic Psychoanalytic Program is located in [PART VIII](#).

We encourage you to read this manual thoroughly and keep it as a reference. The Candidate Manual can be read in a couple of different ways. It can be read straight through as a narrative. However, it can also be read utilizing the [blue links](#), which are interspersed throughout the text. Clicking on a [blue link](#) takes the reader directly to a section where more specific information can be found.

Ultimately, your advisor will serve as the main liaison between you, the Candidate Progression Committee (CPC) and the Educational Committee (EC), or you and the Academic Program Committee. In addition to your advisor, questions regarding the procedures and policies presented in the Candidate Manual can be directed to the Institute's Administrative Director, the CPC Co-chairs, or the chair of your particular program. [KEY INDIVIDUALS AND COMMITTEES](#)

Ethics and Confidentiality

Ethical behavior regarding patients and their families, colleagues, students, as well as one's own family and the community at large is essential to being a psychoanalyst. At the time of admission and when applying for graduation, you will be asked to sign an Individual Ethics Statement indicating that you have read the American Psychoanalytic Association's (APsaA) current By-laws portion entitled *Principles of Ethics for Psychoanalysts*, [APsaA'S GENERAL PRINCIPLES OF ETHICS](#) and that you are committed to abiding by APsaA's and the Michigan Psychoanalytic Institute's ethical standards.

Candidates at the Michigan Psychoanalytic Institute have also agreed that they will not represent themselves as psychoanalysts until they have graduated from the clinical

psychoanalytic training program. If for any reason a candidate leaves the program before completion of training, the individual should not represent themselves either as a candidate-in-training or as a psychoanalyst.

At the Michigan Psychoanalytic Institute, the protection of confidential material is of utmost importance. Confidential material sent through email must be sent through the encrypted email service [Sendinc.com](https://sendinc.com). Confidential material also may be sent by postal mail. All videoconferencing containing confidential material must be conducted through a videoconferencing platform with end-to-end encryption.

The Michigan Psychoanalytic Institute values diversity in our candidates, faculty and in the patient populations that we serve. We are continuously striving to incorporate diversity in our curriculum and in all of our psychoanalytic teaching and practices.

OVERVIEW OF PSYCHOANALYTIC PROGRAMS

Clinical Psychoanalytic Training Programs

Within the Clinical Psychoanalytic Training Program, candidates have opted to choose one of three clinical programs:

- Adult Clinical Program, which prepares the candidate to conduct analyses of adults.
- Combined Child/Adolescent (C/A) and Adult Clinical Program, which prepares the candidate to conduct child, adolescent, and adult analyses.
- Child/Adolescent Focused Program (C/A Focused Program), which prepares the candidate to conduct C/A analyses.

All Clinical Candidates participate in an integrated program of didactic study consisting of courses related to child, adolescent, and adult development. The three clinical analytic training programs have similar didactic requirements with clinical case requirements specific to the program. Elements related to the C/A Programs are integrated throughout the text of this Manual, with further information pertaining to the C/A Program located in the section titled Information Specific to Child/ Adolescent Psychoanalytic Training [PART VI](#).

Early Admissions Program

In addition to the Full Clinical Candidacy Programs listed above, MPI offers an Early Admissions Program (EAP) for individuals interested in psychoanalytic training, but not yet ready to enter full analytic training. For a description of the EAP, see “Early Admissions Program” in this Manual [EAP Link](#).

Academic Psychoanalytic Program

Academic Candidates are students and graduates of academic disciplines outside of the mental health field who have an interest in studying psychoanalytic thought in depth.

For a full description of the Academic Psychoanalytic Program [PART VIII](#)

COMPONENTS OF CLINICAL PSYCHOANALYTIC EDUCATION

THE TRIPARTITE MODEL OF TRAINING

MPI is a member of the American Association for Psychoanalytic Education (AAPE), a national standards organization. The principles and standards of AAPE ([American Association for Psychoanalytic Education](#)) and MPI support the use of the tripartite model of training, which offers the best opportunity for analytic candidates to develop the highest conceptual and clinical psychoanalytic abilities and skills. The tripartite model of training also fosters the development of an *analytic identity*—that is, the development of an ongoing curiosity, interest and openness of mind to learning and to understanding oneself and one’s patients, while also deepening the sense of oneself as a psychoanalyst.

The Tripartite Model of Training offers candidates sufficient immersion and the opportunity to develop psychoanalytic competencies (see [ANALYTIC CLINICAL COMPETENCIES AND IMMERSION](#)).

The following three components comprise the framework of the tripartite model:

- A. Personal Psychoanalysis
- B. Didactic Study of Psychoanalysis
- C. Supervised Psychoanalytic Clinical Work

It has been found that when these three components are experienced simultaneously, each component reverberates, deepens, and enriches the experiences of the others, creating an optimal learning experience that is greater and deeper than the sum of its individual components. The MPI psychoanalytic training program is designed to ensure that each candidate experiences the enriching simultaneous experience of these three components as much as possible.

THE PERSONAL PSYCHOANALYSIS

A genuine understanding of the psychoanalytic process requires preparation that only a personal analysis can provide. To this end, a personal analysis is the foundation for training in psychoanalysis and a prerequisite for beginning seminars. The personal analysis conducted before and during candidacy is essentially a therapeutic one with the additional goal of realizing the candidate’s optimal potential as a psychoanalyst. Clinical candidates are required to be in a personal analysis with an MPI Training Analyst (TA) for a *minimum of six months before the start of theoretical/clinical course work*.

Psychoanalysis for the candidate in training is recommended at a frequency of five times per week with a minimum of four times per week being required. While the duration of the training analysis is an individual matter (determined by candidate and analyst in the course of the analysis), it is of fundamental importance for the candidate to be in an ongoing analysis

to understand personal issues that arise in relation to analytic training through a *substantial* period of supervised clinical work.

Confidentiality of the Personal Analysis

The confidential nature of the training analysis is maintained throughout. It is the policy of the MPI that no information whatsoever regarding the candidate's analysis is submitted by the Training Analyst to any Institute committee, except for the dates of the beginning and termination of the analysis. Similarly, the Training Analyst is not present and does not participate in any discussions concerning their own analysis.

If the candidate's Training Analyst is the instructor of a required course, the candidate may make alternative arrangements to fulfill the curricular requirements if the candidate and his/her Training Analyst feel this is in his or her best psychoanalytic and educational interest. The candidate should contact his or her advisor and the Curriculum Committee Chair to make the necessary arrangements.

For personal psychoanalysis requirements for Academic Candidates [PART VIII](#).

For personal psychoanalysis requirements for Early Admissions Candidates, [EARLY ADMISSIONS CLINICAL CANDIDACY](#)

DIDACTIC CURRICULUM

A five year didactic core curriculum consisting of courses and case conferences provides a comprehensive understanding of the fundamentals of and interrelationship between theory and practice, fostering an analytic attitude toward the understanding of the mind. The curriculum teaches foundational and advanced psychoanalytic concepts, theories, and techniques. During this course of study, contemporary theories are studied along with their historical underpinnings. Integrated within the curriculum is a developmental life cycle perspective, with a focus on childhood development and how childhood experiences influence later functioning. There are some considerations of psychoanalytic research and methodology, as well as of methods of evaluating clinical data and its relationship to theory. Courses on psychoanalytic writing focus on conceptualizing and communicating analytic processes. In addition to seminars in the core curriculum, several elective courses are usually offered. Elective courses provide additional opportunities for learning but are optional for candidates in the first through fifth year of the core curriculum.

Elective courses may be utilized by Advanced Candidates as part of their yearly Educational Plan [EDUCATIONAL PLANS AND ADVANCED CANDIDATE POST-SEMINAR DIDACTIC REQUIREMENTS](#) For further information about the specific seminars which are offered in the didactic curriculum, please refer to the MPI Bulletin of Information for the current academic year.

A full description of the didactic requirements for candidates is offered in the section [DIDACTIC PROGRESSION BY YEAR](#).

SUPERVISED PSYCHOANALYTIC CLINICAL WORK

Clinical candidates conduct analyses with the ongoing supervision/consultation of experienced analysts, discussing the continual process of a single analytic case with each supervisor. In each supervised analysis, the patient is helped to increasingly be in touch with their inner world, and work through struggles that they have faced. Through this experience with several patients and supervisors, the candidates have the opportunity to learn and develop their own understanding and ways of applying psychoanalytic principles to actual clinical work. Additional supervisory goals are to foster the candidate's ability to reflect on and supervise his/her own work, and to recognize the value of striving to do this throughout one's life as an analyst, as well as the value of continuing to seek collegial consultation. For more information regarding the details, requirements, and logistics of supervised clinical work during training, see [SUPERVISED CLINICAL WORK](#) .

INTRODUCTION TO MPI STRUCTURE, LOGISTICS, AND PROGRAMS

OUR FAMILY OF ORGANIZATIONS

Michigan Psychoanalytic Institute (MPI)

The Michigan Psychoanalytic Institute provides training and educational programs in adult and child/adolescent psychoanalysis and psychotherapy for clinicians. MPI also offers an academic psychoanalytic program for professionals in other fields for more information see [ACADEMIC PSYCHOANALYTIC TRAINING PROGRAM](#) .

Michigan Psychoanalytic Society (MPS)

The Michigan Psychoanalytic Society is a professional membership organization for psychoanalysts, psychoanalytic psychotherapists, and academics with an interest in psychoanalytic theory. The mission of the Michigan Psychoanalytic Society is to represent the clinical, professional, and research interests of psychoanalysis and its members. For more information see [SCIENTIFIC MEETINGS AND PRESENTATIONS](#) .

Michigan Psychoanalytic Foundation (MPF)

The Michigan Psychoanalytic Foundation is a 501C3 organization that was established to provide financial support for the educational, clinical, and research programs of the Michigan Psychoanalytic Institute (MPI). As part of its mission, the Foundation Board supports outreach to increase community awareness and appreciation of psychoanalysis.

The Mel Bornstein Clinic

The Mel Bornstein Clinic is a non-profit clinic which is a supporting organization for the Michigan Psychoanalytic Institute (MPI). The Clinic accepts most insurances and will work with the uninsured on a sliding fee basis. It also refers patients who might be suitable for psychoanalytic treatment, to candidates at MPI. Candidates looking for a suitable case should contact the MBC Clinic Director via email.

Candidates Organization

The MPI Candidates Organization (MPICO) is open to all candidates at the Michigan Psychoanalytic Institute. Its aim is to enhance the overall experience of psychoanalytic training and education. Membership is automatic upon admission to the Institute and the payment of dues. The Candidates Organization meets regularly throughout the year for business, clinical and social gatherings. For further information see [CANDIDATES ORGANIZATION](#)

KEY INDIVIDUALS AND COMMITTEES

For a complete list of Institute committees, see the current MPI Bulletin of Information. For further information on candidate matters, you may contact the individuals and committee chairs listed below:

Administrative Director

Jean Lewis, M.A.

- Throughout candidacy, the Administrative Director informs and assists candidates with required forms, fees, and other requirements.
- The Administrative Director is available to address candidates' questions regarding administrative and logistical issues.
- Administrative Staff: Lori Boetsch, Monica Evans, Melanie Schwab

Educational Committee (EC)

Chair, John Gilkey, M.D.

- The Educational Committee is the committee that oversees the training and educational functions of the Institute. Final decisions regarding policy, matriculation, graduation, and major changes to the curriculum are made by the EC.
- The Chair of the EC is also the President of the Institute.

Candidate Progression Committee (CPC)

Co-Chairs, Bernadette Kovach, Ph.D. & Miriam Medow, M.D.

- The CPC has two Co-Chairs, one of whom is an Adult Analyst, the other of whom is both an Adult and Child/Adolescent (C/A) Analyst.
- The CPC works to facilitate the education of clinical candidates.
- It reviews the didactic and clinical work of all clinical candidates in the analytic training programs at least once per year and makes decisions regarding candidate progression.
- Clinical Candidates with program questions may contact the CPC co-chair(s) directly.

Child/Adolescent (C/A) Analysis Program Committee

Chair, Bernadette Kovach, Ph.D.

- The C/A Analysis Program Committee is a non-evaluative committee that meets as a coordinating committee to facilitate all C/A and Combined Adult & C/A Clinical Candidates' training and to advise the Education Committee on matters of policy affecting C/A education.
- C/A, and Combined Adult and C/A Candidates with program questions may contact the C/A Analysis Program Chair.
- Candidates wishing to enter Child/Adolescent training should contact the current Chair.

Curriculum Committee

Chair, Linda Gold, L.M.S.W.

- The Curriculum Committee makes decisions regarding questions involving the curriculum and didactic aspects of training.
- It reviews the entire curriculum on a regular basis, assessing both course content and teaching quality.
- Candidates with questions regarding attendance and curriculum matters may contact the Curriculum Committee Chair.

Early Admissions Program (EAP) Committee

Chair, Sally Rosenberg, D.O.

- The EAP prepares early career professionals for psychoanalytic training prior to matriculation to the full psychoanalytic programs. Questions can be directed to the Early Admissions Program Chair.

Scholarship Chairs & Administrators

Scholarship Committee Chair, Rochelle Broder, Ph.D.

Sterba Fund Administrator, Charles Burch, Ph.D.

Holtzman Scholarship Committee Chair, Aisha Abbasi, M.D.

Candidate Loan Fund Administrator, Jean Lewis, M.A.

Psychoanalytic Academic Programs Committee

Chair, Nancy Kulish, Ph.D.

- All Academic Candidates have been admitted to Academic Candidacy through the decision of this committee.

- This committee facilitates, monitors, and makes decisions regarding each Academic Candidate's progression through the Academic Training Program.
- The Psychoanalytic Academic Programs Committee reports its decisions to the EC, but does its work independent of the EC.
- Academic candidates with questions may contact the Chair of the Psychoanalytic Academic Program Committee directly.

Candidates Organization

Co-Presidents Barbara Gamble, M.A. and Shil Sengupta, L.M.S.W.

Graduation Paper Coordinator

Nancy Kulish, Ph.D.

Librarian

Gina Labban, M.L.I.S.

Webmaster

Erika Homann, Ph.D.

Mel Bornstein Clinic for Psychoanalysis and Psychotherapy

Clinic Director, Kristen Beesley, Ph.D.

Patient and Colleague Assistance Committee (PACA)*

Co-Chairs, Harvey Falit, M.D. and Maxine Grumet, Ph.D.

This joint committee of the Society and Institute is available to any patient, student, candidate, or faculty member who may have a concern about the competency or ethical behavior of any psychoanalyst whether in an educational or clinical situation. See [MPI-MPS PATIENT AND COLLEAGUE ASSISTANCE COMMITTEE \(PACA\)](#)

Ethics Committee*

Chair, Michael Singer, Ph.D.

If you believe there is an ethical complaint regarding any member of the Michigan Psychoanalytic Institute or Society, an inquiry may be initiated by contacting the chair, Michael Singer, Ph.D., or any member of the Ethics Committee. See current bulletin for names of committee members. See [Ethics Committee | Michigan Psychoanalytic Institute and Society](#)

*Joint MPI & MPS Committee.

LIBRARY & INTERNET RESOURCES

Kulish Psychoanalytic Library

- The MPI-MPS Library has over 2,000 volumes, major psychoanalytic journals, and access to the PEP-Web database containing a searchable, full-text version of psychoanalytic publications.
 - Hours: The library is open to candidates during class hours and for all others by appointment.
 - Librarian: Gina Labban, MLIS

Internet Resources

- PEP-Web: As a benefit of being a candidate member of MPI, each candidate has free access to the Psychoanalytic Electronic Publishing (PEP) Archive <http://www.pep-web.org> which has been designed to provide a powerful rapid search of the entire psychoanalytic literature in English. To obtain login information, contact the Administrative Director.
- MPI Website: <https://mipsychoanalysis.org>
Webmaster: Erika Homann, Ph.D.

EXPLANATION OF FEES

Tuition and Administrative Fees

- See the MPI Bulletin of Information of the current year.
- Contact the Administrative Director for further information.
- Additional Training Fees
 - The fee for the candidate's own analysis is decided privately with the candidate's analyst.
 - Advisor: There is no fee for the advisor.
 - Mentor: There is no fee for the candidate's meetings with the mentor until the beginning of the first analytic control case, at which time the mentorship ends, or for the first twelve months of candidacy, whichever comes first.
 - Supervisors
 - There are no supervisory fees for the one low fee case required in the Clinical Candidacy Programs.

- There are no supervisory fees for Early Admissions Candidates as long as the candidate is in the Early Admissions Program.
- For all other analytic training cases, the candidate arranges the supervisory fee with each supervisor.

SCHOLARSHIP, GRANT, and LOAN OPPORTUNITIES

The Michigan Psychoanalytic Institute and Foundation have received funds for individuals who are interested in psychoanalytic clinical and academic studies and are not yet able to afford the associated fees. Funding is possible through the generosity of individuals who have benefited from analysis or analytic training.

- All recipients are chosen based on need and merit.
- Applications for the MPI-MPF Scholarship, the Reisman Scholarship and the Klyman Scholarship Funds must be submitted **each year no later than June 30th**.
- Applications are available from the Institute office or on the website at mpi-mps.org.
- For more information, the administrators or chairs of individual funds may be contacted. For information about programs and individuals please use the following link [KEY INDIVIDUALS AND COMMITTEES](#)

The MPI-MPF Scholarship Fund

This fund was established to award partial scholarships to **two** clinical non-physician candidates in the Psychoanalytic Training Programs and **two** students in the MPI Adult and Child/Adolescent Psychodynamic Psychotherapy (ACAPP) program. Therefore, the funds are divided among four applicants each **year**. Monetary awards for this scholarship will be available to eligible applicants until June 30, 2025.

The Sterba Fund (Grant)

This grant is named in honor of Richard F. Sterba, M.D., an eminent psychoanalytic writer and practitioner. The Sterba Fund was established to promote psychoanalytic understanding of human behavior and to benefit the community. This Fund supports the personal psychoanalysis of carefully selected individuals who are providing, or intend to provide, services to the community. Potential grant recipients qualify for consideration if they need financial support to enter, continue, or increase the frequency of their psychoanalysis. Efforts are made to renew grants to the extent deemed reasonable and necessary for grant recipients to complete their psychoanalysis.

The Drs. Samuel G. and Geraldine G. Reisman Scholarship

The scholarship was established in December 2000 to fund partial scholarships for candidates in the psychoanalytic training program and students in other programs of the Michigan Psychoanalytic Institute. This scholarship supports students enrolled in clinical training in the following programs: Adult, or Combined Adult and Child/Adolescent Psychoanalytic Training, Adult and Child/Adolescent Advanced Psychodynamic Psychotherapy Program (ACAPP), and the Psychoanalytic Fellowship Program. Awards are granted each year based on need, merit and availability of scholarship funds.

The Deanna Holtzman Interdisciplinary Scholarship Award Fund

This fund was established and is being maintained by very generous donations from Mr. James Grosfeld to provide need-based grants to Academic Candidates who have been accepted for training at MPI. The Fund was named in honor of Dr. Deanna Holtzman who was a strong proponent of psychoanalysts and professionals from other disciplines studying together, thus enriching their respective fields. These grants are to help defray tuition costs for academic analytic training. Occasionally, financial help may be available for analytic treatment or travel related to training, depending on funds available.

It is our hope that these grants will allow Academic Candidates to obtain academic psychoanalytic training and make contributions to psychoanalysis and their core discipline. By encouraging interdisciplinary learning, a more accurate and contemporary teaching of analytic principles will be promoted in academic settings, and clinical psychoanalysts' work will be enriched by studying with colleagues from different disciplines.

The Cassandra M. Klyman, M.D. Scholarship Fund for Psychiatric Psychoanalytic Training

This fund was established to help medical students, residents, and physicians, often financially burdened by medical school debt, to both deepen and expand their understanding of patients' mental lives through training in any of the MPI's training programs. A total of \$5,000 is available to be awarded each year to eligible applicants.

Candidate Loan Fund

A Candidate Loan Fund has been established by supporters of analytic training. Further information and a loan application are available upon request to the Administrative Director of the Michigan Psychoanalytic Institute.

MPI EDUCATIONAL RECORDS

Confidentiality of MPI Records

An administrative record sheet is maintained in the Institute office for each candidate. Administrative data concerning various aspects of training are necessary in evaluating records for graduation. These records include communications with candidates, records of seminar attendance, administrative forms submitted by candidates, and the various reports and summaries submitted by the candidate and by faculty members involved in the candidate's training, as described elsewhere in this Manual.

Records of MPI candidates are kept until graduation. Then the records are destroyed with the exception of an administrative "face sheet" that contains such data as date of admission to training, graduation date, and number of patients seen in analysis.

Records of the MPI candidate's analytic cases include initial reports, summaries, termination reports, and other case materials required during training as delineated in this manual. These records are kept until the candidate's graduation. Once the candidate has graduated from either the Adult or Child/Adolescent Program, records related to the cases required for graduation from that program are destroyed, with the exception of an administrative "face sheet" that contains such data as the candidate's date of admission to training, names and dates when the control cases analyses began, supervisory information for each case, and date of graduation. If the candidate is in the Combined Adult and Child/Adolescent (C/A) Program and has a crossover case, that record is kept until the candidate graduates from both programs. The actual patient records are the responsibility of the candidates treating the patient.

It is a priority of the Educational Committee that the confidentiality of all records is maintained. All records in the MPI office are kept in locked confidential files. Candidates have access to their complete records upon request.

ACADEMIC CALENDAR

The academic year begins in September and runs through May/June.

- **Core Curriculum Seminars** meet on Thursdays for 1.5 hours each (a total of 3 hours) from 9:00AM-12:10PM.
 - First semester seminars are in Farmington Hills and second semester seminars are in Ann Arbor. *Please note that during the COVID pandemic there may be changes regarding in person or virtual attendance. *
- **Candidate Progression Committee (CPC)** meets once each month during each academic year (September-June). The CPC does not meet in July or August. See the online MPI-MPS calendar for CPC meeting dates.

- Progression Requests must be completed and received by the CPC Co-Chairs at least 3 weeks before the next CPC meeting in order to be considered at that meeting.
- **Advisory Meetings:** Candidates' two required meetings with their advisors are during the months of November and May.

ATTENDANCE

Requirement

The guidelines of the Curriculum Committee require that a candidate attends at least 75% of the class sessions in each seminar to fulfill the classroom attendance requirement.

- In special circumstances such as hospitalization or religious observance, the missed session can be made up if the Curriculum Committee Chair and instructor agree that it is possible to make up the session. First the Curriculum Committee Chair must be contacted to request making up the session. Once the candidate has received permission from the Curriculum Chair, the candidate contacts the instructor to determine if and how the material can be made up.

Inclement Weather Policy

- Classes held in Farmington Hills will be canceled if Farmington Public Schools are closed.
- Classes held in Ann Arbor will be canceled if Ann Arbor Public Schools are closed.
- Canceled classes are not to be made up via extra or special meeting times.
- If a candidate decides that driving conditions are dangerous and/or is uncomfortable driving, even if classes are being held, the candidate may make that decision and it will not be counted as an absence.

REPORT DUE DATES

- **Initial Reports** are due after receiving approval for a new case from the CPC, and before or shortly after the approved analytic case is begun.
- **Candidates' Six-month Summaries** are due at the end of September and March.

If a supervised case has been in analysis for only a brief period before a summary is due, the early material may be incorporated in the summary written for the next summary period.

- **Termination Summaries** are due when an analytic control case has ended.
- **Supervisory Reports** (written by supervisors) are due at the end of October and April.
- **Advisory Reports** (written by advisors) are due at the end of December and June.
- **Advanced Candidates' Yearly Education Plans** are due on July 31.

The Administrative Director sends out reminders of the scheduled dates. Candidates are expected to remember to send in their Initial Reports and Termination Summaries at the appropriate times.

SCIENTIFIC MEETINGS AND PRESENTATIONS

The Michigan Psychoanalytic Society (MPS) sponsors Scientific Meetings throughout the academic year, where papers on a variety of psychoanalytic subjects are given by local presenters and out of town guests. MPS also sponsors a Symposium every spring. The Visiting Professor of Psychoanalysis is an annual program teaching principles of psychoanalysis to the community. It is co-sponsored by several local graduate level educational programs along with the MPS and the Candidates Organization.

Candidates are strongly encouraged to attend these enriching professional programs, which enhance the learning experience of analytic training, while giving candidates the chance to participate in the wider psychoanalytically informed community.

Child/Adolescent Candidates are required to attend scientific meetings presented by the child faculty or visiting child analysts as part of their core curriculum. Candidates in the adult only program are strongly encouraged to attend and participate in all Institute sponsored programs and scientific meetings.

Consult the online MPI-MPS calendar for MPI and MPS events. The MPI calendar may be accessed using the following link:

[https://calendar.google.com/calendar/u/0/embed?src=mpi-mps.org_cr96r5ogh0ggmtie1s50avekuk@group.calendar.google.com&ctz=America/New York](https://calendar.google.com/calendar/u/0/embed?src=mpi-mps.org_cr96r5ogh0ggmtie1s50avekuk@group.calendar.google.com&ctz=America/New_York)

Additionally, all candidates are encouraged to attend the meetings of the American Psychoanalytic Association (ApsaA), which are held twice each year. Notices of the meetings are emailed to each candidate. Candidates are also encouraged to become members of the Michigan Psychoanalytic Society (MPS), APsaA and the Association of Child Psychoanalysis (ACP).

RECORDS KEPT BY CANDIDATES

It is the responsibility of the candidates to keep the Institute's Administrative Director apprised of every step in their training progress and/or any change in status. Ensuring that the Administrative Director has been updated regarding evaluations, progression requests, and changes in status of any type allows for an accurate recording of the training process.

Confidentiality of Analytic Training Case Records

Candidates should maintain confidentiality concerning patient information and records. Candidates are expected to comply with MPI's privacy policies. All candidates should be familiar with the code of ethics of the American Psychoanalytic Association as well as the code of ethics of their respective mental health discipline. Clinical material from MPI cases can only be emailed through the encrypted email service [Sendinc.com](https://sendinc.com) or sent via postal mail.

Candidates are advised to keep an accurate record of:

- Dates of attendance of MPI seminars (courses).
- Data (dates and number of hours) of Continuous Case Seminars and other venues in which the candidate presents a case.
- Dates of attendance at MPI & MPS and other psychoanalytic events, presentations and other analytically oriented professional activities.
- Supervised work:
 - ALL supervised cases should be given a number. If a candidate has been asked to replace a prematurely ended case with another case that does not require the approval of a new case, please retain the original case number, but add an R (for replacement) after the new case. In this way consistent records can be kept.
- Candidates should keep records of:
 - Starting date of treatment
 - Copies of all signed patient consent forms
 - Starting date of supervision and the number of hours per week of treatment
 - Number of hours per month of supervision
 - Termination/interruption of treatment
 - Termination/interruption of supervision
 - Total hours of treatment
 - Total hours of supervision
 - Reason for interruption

CANDIDATES ORGANIZATION

The [MPI](#) Candidates Organization (MPICO) is designed to serve as a forum for candidates to express their interests and concerns, and to foster collegial relationships. It serves as a communication link between candidates and the Institute. The Candidates Organization nominates and votes for candidate representatives to serve on a number of Institute

committees. In addition to local networks, the Candidates Organization maintains affiliation with other national and international candidates' organizations. Participation in the Candidates Organization helps to promote the development of an analytic identity, expanded knowledge of the scholarly field and a sense of belonging in our analytic community.

Candidate Peer Mentorship Program

Active membership in the Candidates Organization provides informal peer mentorship. Membership, attendance, and involvement in the Candidates Organization events and activities provides a place for candidates early in their training to reach out to more senior candidates in training. This involvement facilitates orientation to and understanding of the many facets of training that are not covered in formal courses. The elected officers of the Candidates Organization are happy to facilitate matches between those candidates early in training who would like mentoring, or those who would like to mentor. Topics may include but are not limited to choosing a supervisor, buying a couch, joining MPS, subscription to journals, attendance at national meetings, participating in Candidates Organization activities such as case presentations and so on. In addition, MPI CO encourages candidates to get together socially, for lunches, discussion groups, carpooling to classes, study groups, etc.

PART II BEGINNING PSYCHOANALYTIC TRAINING

GENERAL INFORMATION

TRAINING and SUPERVISING ANALYSTS

- Training Analysts (TA's) have been approved to conduct the personal analyses of candidates in clinical training. An analyst who has received the designation of TA has had their clinical and supervisory work assessed through a peer review process.
- Supervising Analysts (SA's) have been vetted and approved to supervise the analytic training cases (control cases) of candidates in clinical training.

THE ADVISOR

Academic Candidates are assigned an advisor by the Academic Programs Committee. Additional information regarding the Academic Programs, their advisor, and progression can be found using the following link [PART VIII](#) .The remainder of this section pertains to clinical candidates.

All clinical candidates are assigned an advisor by the CPC Co-Chairs. The clinical advisor's role is to facilitate the candidate's progression through training and his/her development as an analyst. The advisor provides information, clarification, advice, and support to the candidate and serves as a liaison between the candidate and the Candidate Progression Committee. Advisors receive instructor reports and supervisors' reports, which the advisor discusses with the candidate. When the candidate is considering making a Progression Request, these reports contribute to the discussion between the candidate and the advisor regarding the candidate's readiness for progression. The advisor leads the CPC discussion during the candidate's Annual Review and during CPC consideration of the candidate's requests for progression. The advisor brings the candidates' questions and concerns to the CPC and conveys the CPC feedback to the candidate.

Advanced Candidates discuss their Educational Plan with the advisor before submitting it for the next academic year. As they consider graduation, candidates should discuss their readiness for graduation with their advisor and then keep their advisor informed as they begin to fulfill their remaining graduation requirements, including the writing of their Graduation Paper and their Case Write-Up.

Candidates are encouraged to contact their advisor at any time with any questions or concerns regarding training, and their own experience and progression. However, they are required to meet with their advisor at least twice yearly. The twice-yearly meetings between advisor and candidate provide the opportunity to discuss the instructors' and supervisors' reports, the candidate's experiences in seminars and supervision, the candidate's progress in their development as an analyst, and to anticipate future progression steps.

- Twice yearly candidate/advisor meetings occur in November and in May of each academic year.
- Following each meeting, the advisor sends a written report to the CPC Co-Chairs and to the Administrative Director. The report summarizes the candidate's performance in seminars, the candidate's clinical work based upon the supervisors' reports, the candidate's experience of his/her training, and an overall assessment of the candidate's trajectory of analytic development, particular strengths/talents, and specific challenges.
- The advisor's support is required for all Progression Requests made by the clinical candidate to the CPC. Candidates who wish to request progression meet with their advisor to discuss their readiness for progression and whether the advisor supports the candidate's progression request at that time.
- When the CPC meets to discuss the candidate's Progression Request, the advisor leads the CPC discussion of the candidate's request. For further information regarding the advisor's role during CPC discussions of Progression Requests and Annual Reviews [Progression Requests and the Candidate Progression Committee](#).
- Requests for a change of advisor can be initiated by contacting the Co-Chairs of the CPC for reassignment of an advisor. This can be done at any time and for any reason.

INSTRUCTORS

Instructors in the Psychoanalytic Training Programs at the Michigan Psychoanalytic Institute are analysts who volunteer to teach. Candidates are encouraged to offer their own understanding of reading materials, conceptual formulations, possible clinical examples, and ask for clarifications. The exchange between the instructor and the class participants increases the clarity and utility of the concepts and interventions for all participants. At the end of each course the candidates are asked to evaluate the instructor's success in conveying the topics covered both didactically and through relevant clinical examples. Likewise, the instructor offers written feedback privately to each candidate to help develop the candidate's awareness of their strengths and weaknesses.

SUPERVISED CLINICAL WORK

THE MENTOR

General Mentorship Information

Each new candidate will be assigned a mentor by the Co-Chairs of the CPC. However, the candidate may request a change of mentor at any time for any reason by contacting the CPC Co-Chairs.

There is no fee for the candidate's meetings with the mentor until the mentorship ends or for the first twelve months of candidacy, whichever comes first.

The mentor assists/ guides candidates in beginning the process of developing their analytic practice and identity. Although the frequency of the meetings between the mentor and the candidate is determined by the mentor-candidate pair, meeting weekly has been found to be most helpful. Together, the candidate and the mentor discuss the candidate's current psychotherapy cases. The mentor helps the candidate to look at each case from a psychoanalytic perspective with the explicit goal of helping the candidate to identify and develop an appropriate first analytic control case. This includes helping the candidate to consider which patients might benefit from psychoanalysis, the likely challenges that might be encountered with each case, and which cases would be most helpful as a first analytic training case.

As the candidate and mentor work together, it is helpful for them to refer to [Basic Psychodynamic Psychotherapy Competencies](#) to help assess the candidate's psychodynamic psychotherapy experience and competencies. It is not expected that the candidate has fully developed all of these competencies. However, the candidate will have a more solid foundation to begin an analytic case if he/she has had sufficient supervised psychotherapy experience and psychodynamic understanding prior to beginning an analytic case. If the candidate needs help to further develop these psychotherapy competencies and his/her readiness for an analytic case, the mentor can help the candidate with this as they discuss the candidate's cases.

If it is determined that the candidate has not had the opportunity for sufficient supervised psychodynamic psychotherapy experience prior to beginning analytic training, it is recommended that the candidate and mentor consider that the candidate also obtains additional ongoing psychotherapy supervision of a psychotherapy case. The psychotherapy supervision should be with an MPI analyst (not necessarily a Supervising Analyst) to gain experience and foundational psychodynamic psychotherapy competencies before requesting an analytic case. The CPC requests that the mentor and the candidate apprise the CPC of this decision.

Once a potential analytic case has been identified, the mentor helps the candidate consider how to develop the psychotherapy case into an analytic case. This includes introducing the patient to psychoanalysis, recognizing the patient's beginning resistances and transferences, and approaching them from an analytic perspective. The bulk of this work will continue with the candidate's first supervisor once the candidate has received approval for a first analytic case. The mentor and the candidate work together to determine when the candidate is ready to request approval for the first case from the CPC. The candidate must have the mentor's support to request a first case. The candidate then writes to the CPC Co-Chairs requesting CPC approval (refer to [PROGRESSION BY REQUEST](#)). The mentor writes a report to the CPC, which will be included in the CPC's consideration of the candidate's request.

The mentor works with the candidate until the candidate receives approval from the CPC for the first case, at which point the mentorship ends. The mentor may or may not become the candidate's supervisor for the first analytic case. If the candidate does not continue to work with the mentor as a supervisor, the candidate contacts the Administrative Director for the list of available supervisors. If the mentor and candidate would like to continue in a supervisory capacity, the candidate must report this to the Administrative Director. There is a cap of five supervisees that any supervisor can have at one time. If adding the candidate as a new supervisee would be over the supervisory limit, the mentor will not be able to become the candidate's supervisor, and the candidate must seek another supervisor.

Child and Adolescent Mentorship

When working with children and adolescents, preparing the parents to support their child in the intensive undertaking of psychoanalysis is considered part of the mentorship process for every case. Therefore, the C/A Supervising Analyst is considered a mentor for each case until the child/ adolescent is in analysis. If the preparatory work with the parents continues longer than one-year, other cases should be considered unless it is determined that the mentorship will continue as a private supervision of a psychotherapy case. There is typically no fee during the mentorship period unless otherwise discussed with the candidate.

SUPERVISORS

Candidates must be supervised by a Supervising Analyst on all psychoanalytic training cases until the candidate has graduated. The candidate will meet with his or her supervisor weekly. Supervision must be with at least three different Supervising Analysts, none of whom has been the candidate's personal analyst. Candidates choose their supervisors from among the Institute's Supervising Analysts and, in the case of child and adolescent supervised cases, from the Institute's list of Child/Adolescent Supervisors. A list of available Supervising Analysts may be obtained from the Administrative Director. While the choice of supervisor is a personal matter, the CPC and EC have found that it is pedagogically useful for candidates to seek theoretical, geographic and gender diversity in their supervisors and strongly recommend it.

Every six months, each supervisor assesses his/her supervisee's strengths, and areas in need of further development in conceptualizing, listening, intervening analytically and learning and provides a written supervisory report of the candidate's clinical work. The supervisor discusses the report with the candidate and sends a copy of the report to the Administrative Director, who sends copies to the candidate's other supervisors, advisor, and the CPC Co-Chairs.

A change of supervisors can be made at any time without prejudice. If a candidate wishes to make a change of supervisor, he or she should notify the advisor, the CPC Co-Chairs, and the Administrative Director.

Description of supervisor/consultant fees and low fee case requirements can be found using the following link: [SUPERVISION FEES AND LOW-FEE CASE REQUIREMENT](#)

CASE SELECTION and REQUIREMENTS

Candidates may consider patients from their practices, Mel Bornstein Clinic referrals, or referrals from other sources as potential control cases. It is the candidate's responsibility to inform the referral source if they are only able to accept a referral for psychoanalysis. Regardless of the source of the potential psychoanalytic patient, acceptance of the patient into psychoanalytic treatment is determined by the candidate, in consultation with his/her supervisor for adult cases, and/or with his or her Child/Adolescent supervisor for child/adolescent cases.

All patients seen as psychoanalytic training cases are the candidate's private patients. Candidates are expected to maintain their own professional liability insurance at appropriate malpractice insurance levels throughout their training. All supervised control cases must have a signed patient consent form. In the case of a minor patient, the consent form is signed by the parent(s) or guardian(s) and an assent form is signed by the minor when possible. See the Administrative Director for more information regarding required forms.

Minimum Cases Required for Training

- A *minimum* of three non-psychotic adult cases, including patients of different genders is required for graduation from the Adult Clinical Training program.
- A *minimum* of five cases is required for the Combined Adult & C/A Clinical Candidacy: two adult cases, two child cases and one late adolescent case. The late adolescent case (age 17-20) is a crossover case (aka swing case), meaning that the single crossover case counts as both a child case and an adult case for the combined child and adolescent candidate. A swing case must be supervised by a Child/Adolescent Supervising Analyst. If a swing case is not possible, a sixth case is required.

- A *minimum* of four analytic cases, one of which is an adult case over 21 years of age, is required for the C/A Focused Candidate if the candidate has not completed prior adult analytic training, or if their adolescent crossover case (age 17-20) does not meet the criteria.
- A *minimum* of three C/A cases is required for C/A candidates who have previously completed adult analytic training.

Although minimums are listed above, candidates may be asked to take additional cases if more immersion is needed.

Details specific to case requirements for C/A analytic program please refer to [PART VI](#)

THE ANALYTIC FRAME

Supervised psychoanalytic training (control) cases are conducted in person with the analysand on the couch at a frequency of at least four, preferably five, sessions per week on separate days. If the patient is a child or adolescent, the requirement of at least four times weekly on separate days applies to the candidate's sessions with that individual child or adolescent patient, even if the candidate is also meeting with parents or other family members. The analytic frame in both the Adult and the C/A Training Programs provides optimal continuity, and potential for greater depth of the analysis. However, MPI recognizes that at times, modifications of the analytic frame may be clinically indicated for periods of time. (See [MODIFICATIONS IN THE ANALYTIC FRAME](#))

CANDIDATES' REPORTS OF SUPERVISED CASES

INITIAL REPORTS, SIX-MONTH AND TERMINATION SUMMARIES

Learning to convey one's thinking and technique in writing is an important part of the educational process of becoming a psychoanalyst. Therefore, the CPC and the EC require that each candidate writes an initial report, six-month summaries, and a final report (termination summary) on each control case. As per MPI policy, clinical material can be sent electronically only if it is through an encrypted email service. Please use [SendInc.com](#) Alternatively, clinical material may be sent through postal mail.

Initial Report

After a candidate's progression request to begin a new analytic training case (control case) has been approved by the CPC, and before or shortly after the case begins, the candidate is required to write a clinical and developmental history of the patient, including a beginning understanding of the patient's major conflicts, traumas, dynamics and a prognostic and

diagnostic impression as reflected in the patient’s narrative and the beginning interactions with the candidate analyst during the consultation.

In providing a beginning estimation of the patient’s capacity to work psychoanalytically (including the strengths and liabilities), the candidate also should include a brief discussion of why the candidate thinks that analysis is the treatment of choice for this particular patient at this particular time. The initial report is first discussed with the supervisor, and then a copy is sent to the Administrative Director.

Six-Month Summaries

All clinical candidates are required to prepare a written summary of each supervised analytic training case for presentation to their supervising analyst every six months. After discussing the summary with the supervisor, and making any revisions, the final copy of this report is forwarded to the Administrative Director as well. The purpose of writing six-month summaries is to help the candidate conceptualize the analytic process, to provide both the candidate and the supervisor with an ongoing perspective of the progression of the analysis and to build the candidate’s self-assessment abilities, among others. The summaries are also useful to graduates when later applying for certification by the American Board of Psychoanalysis.

Since individual supervisors will have different preferences as to the form and content of these summaries, this report should be discussed with the supervisor prior to the write-up.

Six-month summary [REPORT DUE DATES](#) .

Recommendations for Writing Six Month Summaries¹

Summaries provide an opportunity to discover for yourself and to also demonstrate to other analysts how you think and work as an analyst. Remember not to be a “hidden analyst with a hidden process” (Bernstein 2000). Bring the reader into the process and your thinking/feeling.

- Keep it short.
- Give a thumbnail description of what is going on in the analysis - in the interaction or the overall process (e.g., describe the transference/countertransference).
- Then, give one or two examples.

¹ Contributed by Dr. Lena Ehrlich and Dr. Nancy Kulish

- Do not focus primarily on the patient. Focus on what *you* the analyst says, does, feels, is trying to do or not do.
- Try to say what is going on in plain English, as much as possible.
- Consider the following questions as a framework:
 - What did you experience with your patient during the past six months?
 - How did you use your experience to understand your patient?
 - How did your understanding of your patient inform your interventions?
 - How did your interventions affect the patient and his/her participation?
 - How might the transference/countertransference process relate to the patient's history?
 - How might it explain the patient's current difficulties outside the analysis?
 - How do you evaluate the effectiveness of your interventions in helping the patient become more aware of aspects of him/herself and freer to relate to you?
 - How does this work relate to previous work with this patient?

Termination Summary

A final termination summary report is required when a supervised case is ended. This final case report is required in all supervised cases regardless of their length of treatment or reason for ending. The final summary should review the entire course of the treatment with particular attention to the candidate's description and understanding of the ending, and of the termination phase, if this has been reached. The report is discussed with the supervisor of the case and a copy is sent to the Administrative Director. ***It is necessary to inform the CPC Co-Chairs and the Administrative Director in writing when any analytic case ends for any reason.***

For report due dates and advisory meeting dates refer to [REPORT DUE DATES](#)

SUPERVISION FEES AND LOW-FEE CASE REQUIREMENT

FULL FEE CASE SUPERVISION/CONSULTATION FEES

Analytic control cases in which fees received by the candidate are greater than \$60/session are considered full fee cases. The candidate will arrange the supervisory/consultation fee for

each full fee case with their supervisor/consultant. The candidate should notify the Institute's Administrative Director when supervision/consultation begins.

LOW-FEE CASE REQUIREMENT

Providing low-fee psychoanalysis, reflects the Institute's philosophical commitment to community outreach and service. Therefore, all candidates are required to treat a low-fee control case at an analytic frequency of at least four times per week on separate days. It is expected that in keeping with ethical responsibility and in the patient's best interest, the low fee analysis will be continued until the patient is ready to terminate, irrespective of the candidate's graduation.

The low fee status of the patient should be determined in consultation with the analytic supervisor/consultant. This is to help the candidate work analytically from the beginning of the process of setting up this aspect of the frame, considering the patient's (or family's) financial reality through a review of the individual's (or family's) income and expenses, while keeping in mind internal and unconscious meanings for the patient (or family).

A low fee control case is defined as a case in which the fee received by the candidate is \$60 or less per session regardless of whether the fee is paid directly by the patient or through a third-party payor. Low-fee cases can be obtained either through the Mel Bornstein Clinic or through the candidate's own referral sources.

Supervision/Consultation of Low Fee Cases

Candidates receive supervision/consultation free of charge for one low fee case until they graduate. The Administrative Director at MPI has a list of available supervisors/consultants for low-fee control cases. It is important that the supervisor/consultant and the candidate inform the Administrative Director when there is an agreement for free supervision/consultation on a low fee case, so that the list of available supervisors/consultants for low fee cases is accurate and up to date. The supervisor/consultant agrees to work with the candidate at no fee for the duration of the case until the candidate graduates, or until the case demonstrates financial improvement. If a previously low fee analysis continues, and the fee received by the candidate has increased to greater than \$60 per session (regardless of whether the fee is paid directly by the patient or through a third-party payor), the case will then be recognized as a full fee case, and a supervisory/consultation fee will be arranged between the supervisor/consultant and the candidate.

Changes in Finances or Termination of Low-Fee Cases

If the low fee patient's financial situation improves, such that the fee received by the candidate becomes greater than \$60 per session (whether through direct payment from the patient or through insurance), or if the low fee patient ends the treatment prematurely, the determination of whether the candidate must find another low fee case to fulfill the low fee requirement should be discussed between the supervisor/consultant and the candidate, and then between the supervisor/consultant and the CPC.

The determining factor is whether the case has provided the candidate with a sufficiently immersed analytic experience with a low fee patient. If it is determined that it has, the low fee requirement will be considered fulfilled. If not, the candidate will then find another low fee case, and the candidate will receive supervision/consultation free of charge for the replacement low fee case.

(Approved by the EC April 2020)

MODIFICATIONS IN THE ANALYTIC FRAME

Optimal frame requirements include in-person attendance, use of the couch, and frequency of five, with a minimum of four sessions per week. However, it is recognized that there are circumstances, (such as long travel distances, long-term illness, or other reality constraints), as well as analytic reasons, which may necessitate a long-term, ongoing modification in the frame to allow the analysis to move forward. During analytic training, any potential long-term, ongoing frame modification in an analytic control case should be thoroughly discussed with the supervisor/consultant to ensure that the action is viewed through an analytic lens. It is expected that modifications in the frame will be worked with analytically which includes recognizing and analyzing meanings of the request for both the analysand and candidate analyst, and the impact on the analysis of the request. Working analytically includes understanding the reasons and possible resistances which may be interwoven in the request for an ongoing frame modification. It is important that the candidate and patient work with the conscious and unconscious reasons for, and meanings of the request, and that this work is discussed with the supervisor/consultant.

Once the supervisor/consultant and candidate have determined that a long-term, ongoing modification in the frame is indicated, this decision, along with the process through which this conclusion was reached, should be presented to the CPC, allowing for a third perspective.

The supervisor/consultant has the primary role in making the clinical decision of whether an ongoing modification in the frame should be made due to the candidate's in-depth understanding of the case. However, because the CPC has the important vantage point of receiving information about each candidate's work and progression from multiple sources over time, the CPC can see any patterns which may exist, a perspective that any one supervisor/consultant may not have the opportunity to see. This allows the CPC to raise questions with the supervisor(s) and address any educational needs the candidate may have. This vantage point also allows the CPC to review whether any of the modifications in the frame could affect the candidate's membership in the IPA or other governing bodies. In situations in which the supervisor/consultant is not certain whether to endorse an ongoing modification in the frame, the CPC can serve as an advisory committee, available for consultation with the supervisor/consultant. If the decision to make an ongoing long-term modification in the frame is time sensitive and needs to be made more quickly than the CPC meeting schedule would accommodate, it is understood that the supervisor/consultant may

move forward with a temporary modification, which can then be discussed at the next CPC meeting.

PART III DIDACTIC PROGRESSION BY YEAR FOR CLINICAL CANDIDATES

This section of the Manual describes the required level of clinical immersion that fully matriculated Clinical Candidates must have to proceed to each subsequent year of didactic seminars. Procedures related to progression of supervised clinical work and assessment of competencies is detailed in [PART V](#)

Didactic advancement

A Clinical Candidates' progression from one year of classroom didactics to the next is determined by three requirements:

1. Participation in all core curriculum courses for that year, with at least 75% attendance of class sessions in each course.
2. In keeping with the tripartite model, simultaneous experience of classwork and psychoanalytic clinical work with patients is required for clinical candidates to progress to the next year of classes. If a clinical candidate has not had the required clinical immersion, they will need to wait before progressing to the next year of classes. In addition to the information listed below regarding didactic progression, please familiarize yourself with the information regarding clinical requirements under ([REQUIREMENTS AND PROCEDURES FOR SPECIFIC PROGRESSION REQUESTS](#)).
3. Along with didactic and clinical requirements all candidates are expected to meet their writing and financial obligations to advance to the next year of training.

Academic Candidates who transfer to clinical candidacy please see [PART VIII](#).

PROGRESSION THROUGH DIDACTIC YEARS

First Year

- Candidates begin their first-year classes once they have been in their own analysis for at least 6 months at a frequency of 4-5 times per week with an MPI approved Training Analyst (TA).
- To request a first case the Candidate is to be in their own analysis for at least 10 months and have completed at least one core curriculum seminar, usually no earlier than November.

- A Candidate may only begin an analytic case with the support of their advisor, mentor/supervisor and after receiving approval by the CPC. Details of this procedure are outlined in [THE PROCESS OF REQUESTING PROGRESSION](#)

Second Year

To begin the second didactic year, it is best if the candidate already has a case underway. At minimum the candidate must have obtained *approval to take a first case*. The description of the process of clinical progression [PART V](#)

The Institute encourages all candidates to avoid delays in beginning a second case. This enables the candidate to work concurrently with more than one analytic case and achieve clinical immersion more readily. A second case is requested from the CPC once the first case is well underway (See [PROGRESSION BY REQUEST](#)).

Third Year

Beginning the third year of classes occurs when a candidate has at minimum, one analytic case in progress and is up to date with six-month summaries. Taking advanced courses while simultaneously engaging in supervised analytic work is in keeping with the Tripartite Model, affording the candidate an immersion in analytic theory and practice.

Fourth Year

To begin fourth year classes two ongoing analytic cases are required.

Fifth Year

This is the final year of the core curriculum. To fulfill the training requirements of their programs, including case requirements, and to reach their own optimal training experience, candidates continue in their clinical progression as they complete their core didactics. Minimum Cases Required for Training can be found under [Case Selection and Requirements](#). Child and Adolescent case requirements can be located under [C/A Case Requirements](#).

Elective Courses

Elective courses are open to all candidates. They are not part of the core curriculum. However, Advanced Candidates may include them as part of their yearly Educational Plan (See section below).

Course Evaluations

Candidates are requested to complete an anonymous written course evaluation at the end of each course throughout the curriculum. Candidates in each year also meet annually as a group with a representative of the Curriculum Committee to review the year's courses in perspective.

All evaluations are collated by the administrative staff and compiled as a group report to protect the privacy of the individual candidate's responses. The reviews are then given to the Curriculum Committee Chairs and course instructors. The Curriculum Committee reviews the entire curriculum on a regular basis. Candidate evaluations are a valuable component of the Curriculum Committee's ongoing assessment of the teaching quality and course content offered at MPI.

At the end of each seminar, instructors write an evaluation of each candidate's participation in class. The administrative office sends copies of these reports to the candidate's advisor, who gives the candidate copies of the reports and discusses them with the candidate. Copies of the reports are also sent to the CPC Co-Chairs.

EDUCATIONAL PLANS AND ADVANCED CANDIDATE POST-SEMINAR DIDACTIC REQUIREMENTS

After completing the required five years of the core curriculum, candidates are considered Advanced Candidates and are required to develop an Educational Plan in consultation with their advisor for each academic year. Once developed, the Educational Plan is submitted to the Chair of the Curriculum Committee for approval. Candidates then submit copies of the Educational Plan to the Co-Chairs of the CPC and the Administrative Director.

Advanced Clinical Candidate Educational Plans must be reviewed by the advisor and submitted by the candidate by July 31 of each year.

Educational plans aid the candidate in their professional contact with the Institute and immersion in and enhancement of psychoanalytic technique and theory.

- A minimum of two of the following options are to be part of the Advanced Candidate's Educational Plan.
- Candidates should note that the Graduation Paper and Clinical Write up are not counted as part of the Educational Plan:

Educational Plan Options

Each option below includes regular consultation with an MPI faculty member, with the frequency to be agreed upon by the candidate and faculty member. The consultant may be the faculty advisor or another faculty member. Discussion of the Educational Plan activities should be part of the twice-yearly meetings with the advisor even when the candidate is consulting with another faculty member about their project.

- Participation in the Continuing Educational Division programs as a co-instructor or as an instructor.
- Presenting case material in clinical case seminars.

- Participation in elective courses that supplement the core curriculum.
- Participation in the child and adolescent continuous case conferences is a onetime full year elective for all Adult-Only and Academic Candidates and may be used as part of their Educational Plan. (Please note: The seminar is a requirement for Child and Adolescent Candidates, and therefore is not part of their Educational Plan).
- Engagement in a research project in consultation with a faculty member, either individually or in conjunction with colleagues.
- Formation/participation in a study group(s). While these should have some faculty guidance, the actual meeting of the study group need not have a faculty member present.
- Initiation of other suitable projects, in consultation with an MPI faculty member. The proposed project should be presented to the Curriculum Committee (CC) for approval as part of the Educational Plan. (Projects related to graduation requirements are not acceptable for this purpose).
- Presentation of clinical, research, or theoretical material at a national or international analytic meeting. The candidate is to be in consultation with an MPI faculty member regarding the project.

PART IV

ANALYTIC CLINICAL COMPETENCIES AND IMMERSION

OVERVIEW OF COMPETENCIES

Progression through training includes supervision with experienced analysts providing the candidate the opportunity to discuss the ongoing process of each analytic case with the supervisor of that case. In concert with other components of the Tripartite Model, supervised clinical work offers the candidate the opportunity to begin developing important analytic competencies. Descriptions of four analytic competencies are presented in this manual as organizing guidelines with goals to pursue, and as aids for assessing progress at different levels of training. These guidelines are meant as aids and ideals, not as rules or as checklists. Within the framework of supervision, the candidate and supervisor together identify and work with the candidate's strengths and challenges regarding these competencies. This is the beginning step of a lifelong process of self-reflection regarding one's clinical work. It is hoped that these guidelines will enrich the experience of supervision for both candidates and supervisors.

The four Competency Guidelines were adapted from the following sources: David Tuckett's "Frames of Assessment", "Learning Objectives for Candidates" compiled by the Columbia University Center for Psychoanalytic Training and Research, and APsaA's Certification Committee's Psychoanalytic Competencies. They reflect the collective wisdom of psychoanalytic educators regarding which abilities and skills are most important at each level of candidacy. Each of the Competency Guidelines has been organized under four major headings:

- How Analysts Think and Conceptualize
- How Analysts Listen & Reflect
- How Analysts Intervene
- How Analysts Learn

The utility of each of the Competency Guidelines is summarized below. The full text of the guidelines and the relationship between each guideline and progression through the various levels of clinical training will be described in detail in the section [REQUIREMENTS AND PROCEDURES FOR SPECIFIC PROGRESSION REQUESTS](#)

Basic Psychodynamic Psychotherapy Competencies

The analytic candidate should have the capacity to do psychotherapy before beginning an analytic case. The guideline, "Basic Psychodynamic Psychotherapy Competencies" is offered to aid faculty and candidates in their assessment of the readiness of an Early Admissions Program candidate for matriculation to full candidacy and in determining readiness of a

candidate in full candidacy to begin a first analytic case. See [Basic Psychodynamic Psychotherapy Competencies](#)

Beginning Analytic Abilities

This guideline is offered to assist candidates and supervisors in establishing learning objectives and assessment criteria in the supervisory work of candidates' initial control cases. This guideline is also utilized in helping to determine readiness for clinical progression. See [Guidelines for Teaching and Assessing Beginning Analytic Abilities](#)

MPI Guidelines for Mid-Level Abilities

This guideline is provided as an aid in defining abilities for which to strive and assess mid-level analytic strengths and challenges. It is hoped that utilizing these objectives will help further candidates' self-assessment abilities and analytic growth. This guideline is also utilized in helping to determine readiness for clinical progression. See [Guidelines for Mid-Level Analytic Abilities](#)

Competencies for Readiness to Graduate

This guideline describes competencies for which to strive throughout training, leading to the candidate's ability to work independently as a graduate analyst. This guideline is used by candidates, supervisors and the CPC in determining candidates' fulfillment of their graduation requirements. It can also be used by graduate analysts in their lifelong pursuit of continued analytic development. See [GRADUATION COMPETENCIES](#)

IMMERSION

Enough *immersion* in supervised analytic clinical work during training, allows analytic competencies to develop and solidify. The concept of immersion includes the following:

- Immersion in an individual analytic case refers to the depth of the analysis. Every case is different, and the depth of an analysis depends upon multiple factors including the experience and capability of the analyst, the ability and readiness of the patient to join the analyst in the deepening of the treatment, and sufficient time in the analysis for the deepening to take place.

The term immersion is also used regarding each candidate's analytic training experience, that is, whether the candidate has had sufficiently deepened analytic work with several supervised cases while in training to promote the development of their analytic competencies so that at graduation, they have a solid-enough foundation to work independently as an analyst.

It is important that the candidate has the opportunity to be immersed in a psychoanalytic experience that involves exposure to intensely felt transference and countertransference phenomena. MPI believes that this is essential for solid psychoanalytic training.

PART V CLINICAL PROGRESSION

PROGRESSION BY REQUEST

Clinical progression is an ongoing process of development, however there are incremental steps in the process. It is the candidate's responsibility to make specific progression requests during the analytic training program. This section of the Manual describes the requirements for all progression requests made to the CPC. Details of specific progression requests are described under their unique headings. Candidates in the Child/Adolescent Programs are encouraged to request progression early in the process of meeting with the parents of a potential case.

PROGRESSION REQUESTS AND THE CANDIDATE PROGRESSION COMMITTEE

The Candidate Progression Committee (CPC) is a sub-committee of the Educational Committee (EC) that monitors and facilitates the progress of each candidate throughout the course of analytic training. The CPC reviews the progress of every clinical candidate at least once per year, either at the time of a Progression Request, or if there is no progression request, through an Annual Review. The advisor acts as the liaison between the candidate and the CPC, bringing the candidates' communications to the CPC, and leading the CPC discussion of the candidate. Using advisory, supervisory, and instructor reports along with the candidate's self-assessment, the CPC discusses the candidate's didactic and clinical work. The CPC discusses the candidate's analytic competencies, level of analytic immersion, and progression as an analyst in training, and for progression requests, determines whether to approve the request. The CPC also comes to a consensus regarding feedback that would be helpful to the candidate. This feedback will be written by the advisor and presiding CPC Co-Chair and sent by mail to the candidate.

Progression Requests and other Communications to the CPC

Written communication from the candidate to the CPC is necessary for:

- Matriculation of Early Admissions Program Adult Candidates to Full Clinical Training. The CPC makes recommendations to the EC and the final decision is made by the EC. See [Prerequisites to Requesting Matriculation to Full Clinical Candidacy](#) , and [REQUEST FOR MATRICULATION](#)
- Matriculation to Full Clinical Training from the Early Admission Program to the Combined Adult and C/A or C/A Focused Programs includes the additional step of making a request to the Child and Adolescent Psychoanalytic Program Committee along with the request to the CPC. See [INFORMATION SPECIFIC TO CHILD/ADOLESCENT PSYCHOANALYTIC TRAINING](#)
- Beginning and adding analytic training cases: Case Progression Requests.
- Requesting approval of appointment of a Graduation Committee: Completion of Training Request. See [GRADUATION TASKS](#)
- Requests to take a Leave of Absence or Return from a Leave of Absence: [Request for Leave of Absence](#)
- Requests to change from full time to part time candidacy or to change from part time to full time see [CHANGE OF ENROLLMENT STATUS](#)
- Changes in analytic cases such as termination for any reason must be communicated to the CPC in writing, with copies to the advisor and Administrative Director.
- Requests to enter the Child/Adolescent program after the candidate is already in an Adult Program are submitted to the C/A Psychoanalytic Program Committee Chair, which makes the recommendation to the CPC.

Request Due Dates

The following is offered as an administrative checklist. A more detailed description of the progression steps along with their theoretic underpinnings can be found under [REQUIREMENTS AND PROCEDURES FOR SPECIFIC PROGRESSION REQUESTS](#). Deadlines noted below are necessary for the CPC to adequately prepare for a meaningful discussion of the request.

- Progression requests (with the exceptions noted below) are *due three weeks prior to the upcoming CPC* meeting. Dates of the monthly CPC meetings can be found on the MPI-MPS website calendar. Requests received after the 3-week deadline will be placed on the agenda of the following month.

- Graduation requests will only be considered by the CPC once all educational requirements including didactic coursework is completed.
- Requests for graduation are to be made at least 4-6 weeks prior to the CPC meeting at which the request is hoped to be discussed. The request may be placed on the agenda of the following month if more time is needed for the committee to prepare. Final requests for a graduation committee should be submitted to the CPC by the February CPC deadline to be considered for graduation in the current academic year.
- Matriculation requests will be placed on the CPC agenda following the matriculation interviews.
- **The CPC does not meet in July or August.**

THE PROCESS OF REQUESTING PROGRESSION

All requests for progression to the next step of training occur with the support of mentors, supervisors, and advisors, and once the didactic and competency requirements for that particular step of progression have been sufficiently met. It is at that point, that the candidate requests approval from the CPC with the following steps:

- All written requests should be sent to the CPC Co-Chairs, the Administrative Director, and the candidate's Advisor(s). In addition to the specific procedures noted under the individual progression sections, all progression requests should include:
 - a statement of the request.
 - a statement that the candidate has discussed and received the advisor's and supervisors' support
 - a brief self-assessment of the candidate's current strengths and challenges as an analyst in training.
 - a statement that the candidate is up to date with their financial and writing responsibilities to the Institute.

Self-Assessment

As part of the progression request to the CPC, candidates are asked to assess their own work as analysts through a *written self-assessment*. The self-assessment is **required at each level of progression** for several reasons:

- It helps candidates consider and organize their understanding of their capacities and challenges at the time that progression is being requested.
- Reviewing previous self-assessments improves the candidate's ability to see the trajectory of their analytic development over time.

- The self-assessment gives candidates, advisor(s), supervisors, and the CPC the opportunity to take note of similarities between the candidate's and the supervisors' views and if there are differences, to understand what they are and why.
- *Importantly*, writing self-assessments helps candidates develop the capacity to step back and observe themselves as analysts, while increasing their interest and appreciation for the value of self-assessment, and encouraging them to develop the practice of doing this for themselves beyond graduation and throughout their analytic career.

Communication of CPC Decisions

- The candidate will be informed verbally by the CPC Co-Chair of the committee's decision regarding Progression Requests.
- For both Progression Requests and Annual Reviews, the candidate will receive an email written by the candidate's advisor and the CPC Co-Chair offering feedback that will be helpful at this point in their training.
- Final decisions regarding matriculation and graduation are made by the EC and will be communicated by the EC Chair. The candidate will also receive a written copy of the EC's determination.

REQUIREMENTS AND PROCEDURES FOR SPECIFIC PROGRESSION REQUESTS

FIRST ANALYTIC TRAINING CASE REQUEST

In addition to the specific requirements listed below, as with all progression requests, candidates are to follow the guidelines as detailed in [THE PROCESS OF REQUESTING PROGRESSION](#) and [Request Due Dates](#)

- Candidates are required to be in a training psychoanalysis with a TA at an analytic frequency of at least four times per week for a minimum of 10 months. We think this is essential because one's training analysis forms the most important background for being able to begin conducting a psychoanalysis.
- A candidate may request a first analytic case after completing at least one core curriculum seminar, and no earlier than November.

- This time frame allows the faculty to begin to know the candidate, for the seminar instructor's report to be part of the consideration of the candidate's request for a first analytic case, for the candidate to begin to be familiar with the workings of the Institute, and to have begun the didactic study of psychoanalytic thought.
- The earliest a part-time candidate may request a first case is for the March CPC meeting.
- The "first case, best case" principle applies for candidates who are involved in the Child/Adolescent Psychoanalytic Programs meaning that the candidate may begin with a child, adolescent, or an adult case, whichever is most feasible, available, or suitable.
- Approval to begin the first analytic case is determined by the CPC based upon:
 - completion of the procedures described under "The Process of Requesting Progression" See [THE PROCESS OF REQUESTING PROGRESSION](#)
 - acceptable instructor evaluations
 - advisor and mentor evaluations that indicate that the candidate demonstrates readiness to begin a first case and has sufficient experience with and ability to conduct psychotherapy based on the 'Basic Psychodynamic Psychotherapy Competencies below.

Basic Psychodynamic Psychotherapy Competencies

The analytic candidate should demonstrate the capacity to do psychotherapy before beginning an analysis. Therefore, the following guidelines are offered to help faculty and candidates establish goals and ideals for competency in doing psychotherapy.

Knowledge

- Beginning understanding of basic concepts of unconscious, defense and resistance, transference, and countertransference.
- An appreciation that symptoms, behaviors, and motivations have multiple and complex meanings that are not readily apparent.
- Beginning understanding of the fundamentals of psychoanalytic theories of development.
- For Child/Adolescent candidates, beginning understanding of the fundamentals of parent work.

Skills

- Assuming a professional attitude including making the patient's welfare central, establishing a reliable presence, keeping confidentiality.
- Showing a humane, caring attitude.
- Beginning ability to recognize and make clinical use of the patient's and one's own affects.
- An ability to use interpersonal skills in building and maintaining a collaborative therapeutic alliance that promotes self-reflection and inquiry into the patient's inner life.
- Beginning ability to listen for unconscious meaning, for example by identifying recurrent themes, and recognizing incongruities between words, behavior and affect, nuance and indirect communications within the therapeutic dyad.
- Developing ability to recognize aspects of transference and countertransference, defense, and resistance.
- Beginning ability to utilize self-reflection to learn about their own responses to patients to further the goals of the treatment.
- Recognizing that ambiguity and not knowing are essential to the psychoanalytic endeavor.
- For Child-Focused and Adult/Child combined training, beginning ability to work collaboratively with parents of children and adolescents.

SECOND ANALYTIC CASE REQUEST

There is no minimum time specified before requesting a second case. It is important to assess whether the candidate is doing adequate beginning analytic work with their first case before starting a second case. The timing of the request for a second case occurs in consultation with the advisor(s) and supervisor/consultant. "Guidelines for Teaching and Assessing Beginning Analytic Abilities" describes the competencies at this stage of training. See [Guidelines for Teaching and Assessing Beginning Analytic Abilities](#). The intent of these objectives is to enrich the experience of supervision for both participants. They are also offered to assist mentors and supervisors in establishing learning objectives and assessment criteria for their supervisory work with the candidates' initial control case and readiness for a second case. Assessing and discussing the candidate's beginning analytic competencies allows the candidate to address any major challenges before requesting additional cases.

- When ready to apply for a second case, the candidate should follow the steps as detailed in [THE PROCESS OF REQUESTING PROGRESSION](#)
- Approval for the second analytic case is determined by the CPC based upon:
 - acceptable instructor evaluations
 - advisor and supervisor evaluations that indicate that the candidate demonstrates sufficient experience and beginning analytic abilities.

- The CPC has determined that an additional case will be helpful to the candidate's further analytic development at this time.
- For C/A candidates, the C/A mentor, along with CPC has determined that working simultaneously with different developmental stages would increase the candidate's immersion in the analytic process of working with the child, parents, and their environment.

Guidelines for Teaching and Assessing Beginning Analytic Abilities

How Beginning Analysts Think and Conceptualize

- Begin to construct a preliminary psychoanalytic understanding of the patient's internal view and experience of self and others, and to have a beginning appreciation of how conflict, trauma, and development contribute to the patient's symptoms and adaptation.
- With the help of the supervisor, continue to develop the capacity to identify patients whom the candidate would want to treat in analysis, be able to provide reasons for recommending analysis to the patient, and anticipate resistances or difficulties using this modality.
- Begin to understand the usefulness and importance of creating an internal and external setting which focuses on affects and unconscious meaning.
- Begin to develop ideas about how psychoanalysis works in general and specifically for one's control cases.
- Begin to form a theory of therapeutic change.

How Beginning Analysts Listen and Reflect

- Begin to develop a non-judgmental attitude of curiosity and open-mindedness.
- Begin to develop the capacity to wait for the material to develop without losing connection with the patient.
- Begin to hear beyond the manifest content and recognize unconscious themes in a session and their possible association to transference and to the patient's conflicts or traumas. More specifically, recognize that everything the patient says relates to everything else the patient says and has transference and genetic meanings (i.e., relates to the patient's thoughts and feelings regarding the analyst and the significant others in the patient's history).
- Begin to identify countertransferences and enactments and view them as sources of information about the patient and the analytic interaction.
- Begin to follow the patient's affects and consider their meanings.

How Beginning Analysts Intervene

- Begin to convey understanding and empathy to the patient.
- Begin to respond analytically rather than by action to requests for changes in the frame, such as fees, time, use of the couch, frequency, etc.
- Developing capacity to recognize resistance and not fight it but explore it.
- Begin to help the patient recognize his/her initial fears about the analysis and that his/her distress is internal.
- Begin to demonstrate the capacity to interpret within the transference or to the patient's resistances to the awareness of the transference.
- For Child-focused and Adult/Child combined training, begin to know how to help parents of children and adolescents become aware of the patient's mind as an active, dynamic system, crucial to the understanding of the whole child.

How Beginning Analysts Learn

- Show openness to learning and non-defensiveness to suggestions and constructive criticism.
- Demonstrate openness to relating to the candidate's own inner life and to the unfolding of the patient's material.
- Demonstrate a professional attitude by timeliness, bringing in appropriate notes, etc.
- Demonstrate the ability to modify contextual hypotheses by integrating the accumulated information that arises from superficial earlier hunches or hypotheses.

THIRD ANALYTIC CASE REQUEST AND REQUESTS FOR ADDITIONAL CASES

For candidates who are considering taking on a third case or beyond, the “Guidelines for Mid-Level Analytic Abilities” ([Guidelines for Mid-Level Analytic Abilities](#)) can be used as an aid, and ideals for assessing the candidate's capacities at this level of training. The guidelines are intended as a springboard for candidates to begin to appreciate and integrate their own style from the multiplicity of theoretic and technical psychoanalytic points of view.

It is important that the candidate is provided with specific and substantive feedback about areas of strength and areas of difficulty in need of further development. The CPC may determine that additional cases beyond the minimum required are important to the candidate's training. This is not uncommon. The intention of this determination is to increase the candidate's immersion in the analytic experience and strengthen analytic competencies. Specific feedback regarding this determination will be communicated by the CPC.

- When ready to apply for a third case or beyond, it is recommended that the candidate follow the procedures under [THE PROCESS OF REQUESTING PROGRESSION](#)

Guidelines for Mid-Level Analytic Abilities

How mid-level analysts think and conceptualize

- Beginning to independently construct a psychoanalytic understanding of the patient's internal world (the patient's view and experience of self and others and how conflict, trauma and development contribute to the patient's symptoms and adaptation).
- Has begun to develop general ideas about how psychoanalysis works and has begun to form an internalized theory of therapeutic change which includes (but is not limited to):
 - the understanding that psychoanalysis can lead to mental restructuring of a profound nature.
 - the understanding that a level of immersion is a prerequisite for profound changes.
 - a growing confidence in the helpfulness of analysis and in one's capacities as an analyst.
- Able to demonstrate the depth of the work of the middle phase in how the patient's conflicts and unconscious fantasies are expressed in the transference and countertransference.
- Beginning to be able to demonstrate evidence of the patient's movement toward better emotional integration and freedom.
- Progressively better able to consider that patients' associations occur in context the material.
- Privately entertain different possible meanings and not reach premature conclusions based on only a small part of a session, or a singular hypothesis. Demonstrating increasingly better ability to list and identify unifying themes within and between sessions.

How mid-level analysts listen and reflect

- Increasingly able to demonstrate good clinical judgment when reflecting on the history, pathology, interview process and the pros and cons of initiating analysis for any given patient with this analyst.
- Can sustain a non-judgmental attitude of curiosity and open-mindedness.
- Can tolerate ambiguity.

- Is increasingly able to maintain the focus on meaning and on the unconscious threads (transference/countertransference, manifestations of unconscious fantasies and trauma, etc.) within a session and between sessions and considers the degree to which these contribute to the patient's symptoms or external events in the patient's life.
- Consistently better able to identify countertransference and enactments and view them as sources of information about the transference, and the patient's conflicts or traumas.
- Consistently better able to "be with," contain, and process strong emotions and consider their meanings.
- Increasingly capable of self-correcting when something interferes with one's capacity to listen analytically.

How mid-level analysts intervene

- Progressively more capable of intervening from within a coherent yet evolving theoretical framework and in an experience-near, non-formulaic manner.
- Progressively better able to recognize and, if appropriate, interpret steadily and tactfully the changing transferences and countertransference.
- Progressively capable of self-correcting when something interferes with the capacity to intervene analytically.
- Progressively more capable of facilitating depth of connection with the patient and the material.

How mid-level analysts learn

- Gradually better able to self-observe, self-supervise, and identify possible mistakes or misjudgments and consider what in hindsight one would do differently.
- Candidate demonstrates openness to relating to their own inner life and to the unfolding of the patient's material (i.e., increasingly able to recognize one's own defensiveness, various forms and degrees of drifting attention, temptations to act, condemnatory attitudes, wishes to control, etc.).

SPECIAL REQUESTS AND COMMUNICATIONS TO THE CPC

CHANGE OF ENROLLMENT STATUS

Request for Leave of Absence

Leave of absence requests are processed in the following way:

- Candidates should first arrange to meet with their advisors and discuss the leave request AND how they will handle any ongoing analytic cases.
- Candidates must submit the request in writing to the CPC THREE WEEKS before a scheduled CPC meeting to be considered at that time. (Refer to the MPI on-line calendar for meeting dates.)
- Leaves of absence are approved for one year. If a second year is needed, another request should be made. A candidate may not remain on a leave of absence for more than two years.
- The CPC will review the request and then notify the candidate in writing of the committee's determination concerning the leave of absence request.

During a Leave of Absence, candidates are expected to:

- Continue their personal analysis.
- Continue in supervision of current cases.
- Stay in contact with their advisor.

Request for Return from Leave of Absence

When candidates wish to terminate a leave of absence, they should.

- first meet with their advisor(s) and then submit the request for return in writing to the Candidate Progression Committee.
- For fall term re-entry, the request must be made THREE WEEKS before the last CPC meeting of the previous academic year. (Refer to the MPI on-line calendar for meeting dates.)
- Following CPC review, candidates will be notified in writing of the determination concerning the return request.

Part Time Candidacy

Candidates may wish to request training on a part-time basis. Prior to any change of status from full-time to part-time, or from part-time to full-time, candidates should inform their advisor of their intentions and then notify the CPC and the Curriculum Committee in writing.

Termination of Training

If a candidate wishes to terminate training, they should meet with their advisor to discuss their intention, and then notify in writing the Curriculum Committee and the CPC or the Academic Committee. Once a candidate has terminated training, they will have to re-apply through the Admissions & Pathways or Academic Committee if they wish to return.

Required Leave of Absence or Required Termination of Training

If a candidate's work is not progressing satisfactorily, the Candidate Progression Committee and the Educational Committee will make every attempt to assist the candidate. Possible suggestions include alteration of the candidate's curriculum, a change of supervisor, resumption of personal analysis if this has been terminated or adding another control case, among other possibilities. If problems persist, the candidate may be asked to take a leave of absence or even discontinue training. Returning from a required leave of absence often requires an interview with the candidate and a vote at the EC.

PART VI

INFORMATION SPECIFIC TO CHILD/ADOLESCENT PSYCHOANALYTIC TRAINING

This section describes information uniquely relevant to Child and Adolescent (C/A) Psychoanalytic Training. Additional information regarding both C/A Psychoanalytic Training and general information pertaining to all MPI psychoanalytic training programs can be found throughout the Candidate Manual.

Eligibility and Registration for C/A Clinical Training

All candidates admitted to analytic training at MPI are eligible to apply for training in child and adolescent analysis. Candidates of the integrated psychoanalytic training program at MPI are eligible to pursue training in child and adolescent analysis at any time during their training or post-graduation from the Adult-Only Psychoanalytic Program. Those interested in becoming child and adolescent analysts are required to contact the Child and Adolescent Psychoanalytic Program Committee Chair.

Overview of application and training process:

- Contact the C/A Psychoanalytic Program Chair for a review and clarification of training procedures and requirements. In addition to additional control cases, requirements may include, but are not limited to presentation of clinical material, clinical case write ups, a graduation paper, and academic courses that would be helpful or beneficial for the candidate.
- After a meeting to review and clarify training procedures and requirements, the C/A Program Chair in consultation with the C/A Program Committee, will notify the CPC, EC and MPI administration of the candidate's child and adolescent training status.
- Once registered in the C/A or Combined Clinical Program the candidate is expected to contact the CPC to request assignment of an advisor and begin participation in the program requirements.

The Candidate Progression Committee (CPC) monitors the education of candidates in all the MPI training programs. The CPC is co-chaired by a C/A and an Adult Analyst.

The C/A Analysis Committee is a non-evaluative committee that meets as a coordinating committee to facilitate all C/A and Combined Clinical candidates' progression, and to advise the Education Committee on matters of policy affecting C/A education.

REQUIREMENTS SPECIFIC TO C/A TRAINING

The following training requirements are for the C/A and/or Combined Adult and C/A Clinical Programs.

- If two advisors are assigned to the candidate (an adult focused and a C/A advisor), the candidate is required to meet a minimum of twice yearly with each advisor. When feasible, it is desirable for one person to serve as both adult and child advisor. A candidate's current supervisor or analyst does not serve as advisor. (Candidates are also asked to keep their own record of attendance and inform their advisors of their activities in writing.)
- Regular attendance at the monthly C/A Clinical Seminar (usually the 4th Wednesday each month at 8:00 p.m.) and at all MPS/MPI Scientific Meetings given by child analysts, whether from our own Society or elsewhere.
- Combined Child/Adolescent and Adult training requires a minimum of 5 supervised cases when a 'crossover case' is available during training. The 5 supervised cases consist of two adult and two child cases and one late adolescent case. The late adolescent case (age 17-21) is a crossover case (aka 'swing' case) and counts as both a child and adult case.
 - The candidate may also graduate from the program with a total of 6 cases, 3 adult cases and 3 C/A cases if a suitable 'swing' case is not found or if there is a request to work with a younger adolescent case (age 14-16).
- Child/Adolescent-Focused training requires a minimum of 4 supervised cases spanning preschool, school age, adolescent, and adult stages of development.

C/A Case Requirements

Requirements for supervised C/A clinical work afford candidates a rich clinical experience while enhancing their ability to assess their patient's developmental level relative to their chronological age.

- All Child / Adolescent psychoanalytic training requires cases from the following chronological age groups:

"Preschool" generally means before first grade. If a preschool control case is not feasible, a second school age (preferably early school age) may be added along with one year of supervised work as a Family Consultant in a psychoanalytic preschool.

"School age" generally refers to the chronological ages from 6-10 years old.

"Adolescence" has been defined by as between the chronological ages of 10 and 20, as long as some period of the analysis takes place after puberty. When an adolescent case is to be used to satisfy requirements of both an adult and a

child case (also known as a swing or crossover case) some period of the analysis must include a physically mature adolescent (usually between the ages of 17-21). If an adolescent swing case is chosen, the Supervising or Training Analyst must be a supervising analyst in child analysis.

“Adult” generally refers to cases 21 and over. To meet the requirements of both the Adult and C/A Programs, the Combined C/A Program Candidate is required to have a total of 3 adult cases, one of which may be a ‘crossover’ case. The ‘crossover’ or ‘swing’ case is counted as meeting the requirement for both the Adult and C/A programs.

- Child and Adolescent Focused candidates are also required to have an adult control case supervised by an Adult Supervising and Training analyst unless they have had adult cases in their prior analytic training. The requirement for an adult control case aids C/A Focused candidates in their work with parents. If C/A Focused Candidates have prior adult analytic training, they are not required to have a fourth adult control case. However, they may find it helpful to have a supervised adult case if they are not accustomed to working analytically with adults.

Additional C/A Case Requirements

After evaluation of any candidate’s progress, the CPC may determine that to fulfill other training requirements and allow for optimal training experiences, an individual candidate would benefit from more than 2 adult cases or more child case experience under supervision before graduating. These decisions are made with consideration of the candidate’s level of expertise when entering the program.

- Candidates are expected to work with at least two cases of different genders.
- Cases must be seen at a frequency of 4-5 times per week on separate days. An additional session may be required for parent work.
- It is expected that the case will demonstrate the development of an analytic process; with children and adolescence it is likely this takes a minimum of one year.
- Supervision/consultation is required once per week for at least a year of the analytic work, after which the frequency of supervision until graduation is decided by the supervisor and candidate.
- Supervision/consultation is considered a mentorship relationship until the candidate’s case is in analysis. During the mentorship phase of the work, there is typically no fee charged to the candidate when working with an MPI C/A supervising analyst. Once the analysis begins, the fee is privately arranged between the candidate and supervisor.
- Supervised work with at least two different child supervisors is required. When possible, it is in the candidate’s best interest to work with three different supervisors to enhance their analytic skills.

OVERVIEW OF C/A PROGRESSION AND SUPERVISION

Candidates are expected to start C/A clinical cases as soon as possible in the first year. Prior to beginning a case all candidates from all psychoanalytic training programs are required to write a case request letter to the CPC three weeks in advance of the CPC meeting. (Refer to [PROGRESSION BY REQUEST](#)).

- MPI accepts a “first case, best case” application for supervised analysis. This means that the first case can be an adult, a child, or an adolescent and fulfills the requirement allowing the candidate to progress to the next year’s coursework.
- The first C/A case must be supervised by a Full C/A Supervising Analyst. Subsequent cases may be supervised by a Full or Associate Supervisor, or a Geographic Rule C/A Supervising Analyst.
- The C/A faculty strongly recommends to C/A candidates that they contact a C/A supervisor for consultation as soon as they have the possibility of a prospective case. Supervision of a preliminary phase until analysis begins is usually at no cost as C/A supervisors have agreed to mentor the early phases of analytic cases. Once the C/A case is in analysis, the arrangement for fees is agreed upon between the candidate and the C/A supervisor.
- A child or adolescent case seen for a low or moderate fee fulfills the general MPI training requirement for a low-fee case. Low-fee analyses are supervised throughout training at no fee.
- Candidates wishing to start a second or subsequent child or adolescent case should discuss this first with their current supervisor(s) and advisor, and then write a progression request to the CPC Co-Chairs (see Progression by Request). Our experience has indicated that immersion in analytic work enhances training. Therefore, candidates in good standing in the C/A programs are encouraged to submit progression requests to the CPC to begin further cases as soon as the candidate, current supervisor, and advisor think it appropriate. Submission of requests may be needed more quickly than for adult cases so the C/A candidate can discuss working with the parents to develop the case into an analysis with their C/A supervisor.
- Written work must be kept up to date to ensure progression. This includes six-month summaries, and monthly activity reports to the Institute office on treatment hours, along with any other write-ups arranged with the supervisor. Candidates must ensure that they have a copy of the patient consent letter for each training case.

Advanced C/A Candidate Educational Plans

Advanced Combined Adult and C/A candidates and C/A Focused candidates are required to develop an educational plan for the next academic year with their advisor(s) in the late spring and communicate it via *email* by July 31 to the Chair of the Curriculum Committee, the C/A Psychoanalytic Program Committee Chair, and the Administrative Director. Because the

Wednesday C/A Seminar is a requirement for all C/A candidates, it cannot be counted as one of the two required choices in the advanced educational plan. Options for Educational Plans can be found under [EDUCATIONAL PLANS AND ADVANCED CANDIDATE POST-SEMINAR DIDACTIC REQUIREMENTS](#) / [Educational Plan Options](#).

C/A GRADUATION OVERVIEW

For general information regarding Graduation from Clinical Psychoanalytic Training, refer to the graduation section of this manual. Reminders specific to C/A Candidates are listed below.

- Child and Adolescent Program candidates are required to have a minimum of **three child and adolescent** cases in analysis for a minimum of one year during which time an analytic process has been established, and/or significant developmental progress is demonstrated.
- A C/A case report *limited to no more than 20 pages*. The case report should describe the whole trajectory of a treatment, with emphasis on the clinical picture and progress of the patient and family.
 - If the candidate is in the combined program, the C/A case report is separate from the adult clinical case report, even if a crossover case is used. The crossover case may be used for one, but not both of the clinical case reports. In other words, two clinical reports are required for the Combined Adult C/A Clinical Program candidate.
- A scientific graduation paper suitable for presentation to the Society. While there is no explicit requirement as to details of content or focus, it is advised that the paper demonstrates an integrated developmental framework.
 - Examples of scientific papers include a clinical case discussion, a research topic, an investigation into development, etc.
 - Original, integrative work is the goal, with demonstration of the capacity to formulate analytic ideas.
 - This paper does not necessarily have to be on a “child” topic; rather the expectation is a demonstration of what the candidate has learned by completing the training in child psychoanalysis.
 - ***One graduation paper may serve to fulfill this graduation requirement in both child and adult training***, with a writing mentor and reader chosen from the child and adult faculties, respectively. In this instance it is strongly advised that a developmental framework is used.

- The graduation paper must be submitted to two readers, one a writing mentor from the MPI list and the other invited by the candidate from the child faculty.
 - Both readers will look for evidence of psychoanalytic understanding, integration, capacity to formulate and use experience and knowledge as well as assessing the candidate's developmental perspective.
 - The readers will send a letter of approval to the chairs of the CPC, who will convey this to the chair of the graduation committee, when appointed.
 - Detailed information on the writing of the graduation paper can be found under [GRADUATION FROM ALL CLINICAL PSYCHOANALYTIC PROGRAMS](#) and [GRADUATION PAPER PROCESS](#),
 - A record of good attendance (minimum 80%) in each course, scientific meetings, C/A meetings, seminars, and advisor meetings.

Please note, completion of the C/A clinical portion of the program is not dependent on completion of the Adult-Focused clinical case work for Combined Clinical candidates.

All candidates must meet all other academic course and written requirements as noted in the graduation section of the Candidate Manual. Once the academic portion, and other general graduation requirements are met, and the Combined Clinical candidate have completed their clinical requirements for the C/A portion of the program, they can request a graduation committee for the child portion of their program.

C/A FACULTY AND ADVISORS

Faculty

All C/A graduates are considered members of the C/A Psychoanalytic Program Committee. For the purposes of conducting the business of the C/A Psychoanalytic Program Committee, the members present at a meeting constitute a quorum and are empowered to make decisions that are then brought to the EC.

Advisor

Advisors for C/A candidates are drawn from the C/A faculty. All advisors are members of the Candidate Progression Committee. However, all child faculty members are expected to share the responsibility of overseeing C/A Candidates' analytic progression.

PART VII GRADUATION FROM ALL CLINICAL PSYCHOANALYTIC PROGRAMS

GRADUATION OBJECTIVES

The achievement of graduation objectives is cumulative throughout training and during the graduation process. It is in the candidate's best interest to review the graduation objectives throughout training to have a sense of these goals. The Candidate's achievement of analytic training objectives is validated through verbal and written means as outlined below.

- Demonstrates professional level of knowledge of psychoanalytic theory, research, and method that includes an intellectual and emotional openness toward understanding the full range of human experience.
- Demonstrates competence in working independently as an analyst that includes proficiency in conceptualizing, listening, and intervening analytically with a simultaneous appreciation of the complexity of psychoanalytic work, and the necessity of ongoing self-assessment and periodic clinical consultation.
- Demonstrates personal and professional maturity and an analytic identity that includes a commitment to continuing study and development as a psychoanalyst.

GRADUATION COMPETENCIES

The CPC offers “Competencies for Readiness to Graduate” as an aid and ideal. The competencies are compiled from diverse sources, reflecting the collective wisdom of psychoanalytic educators from our own Institute and from around the world. They describe the abilities and skills that are most important for graduate analysts. The competencies also are intended to enrich the process for both participants in the supervisory experience and help the candidates' self-assessment. It is understood that every analyst has some limitations in some of the areas below. The CPC and the EC are looking for “good-enough” analytic functioning that includes a growing capacity along these dimensions, not perfection. The CPC and the EC expect that the candidate will be able to use these guidelines as a springboard to begin their appreciation and integration of their own style using the multiplicity of theoretical and technical psychoanalytic points of view.

Competencies for Readiness to Graduate

How graduate analysts think and conceptualize by:

- Independently constructing a psychoanalytic understanding of the patient's internal

world, i.e., the patient's view and experience of self and others, and how conflict, trauma and development contribute to the patient's symptoms and adaptive functioning.

- Developing general ideas about how psychoanalysis works and beginning to form an internalized theory of therapeutic change which includes, but is not limited to:
 - the understanding that psychoanalysis can lead to mental restructuring of a profound nature.
 - the understanding that a level of immersion is a prerequisite for profound changes.
 - a growing confidence in the helpfulness of analysis and in one's capacities as an analyst.
- Demonstrating their recognition of the changes within the patient because of the reduction of transference resistances.
- Demonstrating their recognition of changes in the way the patient perceives and relates to self, analyst, and others and in the patient's more coherent personal and historical narrative with a strengthened sense of identity, capacity for openness, intimacy and freedom.

How graduate analysts listen and reflect by:

- Demonstrating the ability to identify major countertransferences and enactments and to view them as sources of information about the patient and the analytic interaction.
- Maintaining the transference/countertransference thread within a session and between sessions.
- Demonstrating the ability to contain and process a wide range and intensity of feelings, affects, and drive derivatives along the entire spectrum of human emotion from intense hostility, periods of sustained uncertainty, and isolation of affect to intense longing and intimacy in both the analyst and the patient.
- Listening with the attitude that everything the patient says is related meaningfully with everything else the patient says and can consider various hypotheses about alternative meanings without reaching premature conclusions.
- Self-correcting when something interferes with their capacity to listen and intervene analytically, including determining if consultation would be useful.
- Demonstrating enjoyment of analytic work with the understanding that any change in this enjoyment is a guide to possible countertransference enactment, defensive blockage, or even a rupture of the therapeutic alliance, requiring active and sustained attention.

How graduate analysts intervene by:

- Creating and maintaining a safe and secure setting and frame.
- Demonstrating the ability to help patients work collaboratively and become aware of their unconscious inner life, as reflected in dreams, transference, repressed memories, defenses, fantasy, and associations.
- Demonstrating increasing capacity to intervene from within a coherent yet evolving theoretical framework and in an experience-near, non-formulaic manner.
- Demonstrating the ability to recognize and, if appropriate, interpret steadily and tactfully, shifting transferences.
- Demonstrating competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
- Demonstrating the capacity to facilitate an increasing depth of connection and emotional immediacy with the patient and respond to the patient's increasing openness.

How graduate analysts learn by:

- Demonstrating the ability to self-observe, self-supervise, and reflect on possible mistakes or misjudgments, and determine what one could have done differently.
- Demonstrating openness to relating to one's own inner life and to the unfolding of the patient's material, recognizing defensiveness in various forms and degrees of drifting attention, temptations to act, condemnatory attitudes, wishes to control, etc. and considering these might signal important transference/countertransference enactments.
- Using supervision predominantly for discussion rather than direction.
- Beginning to find his or her own "analytic voice" and being experienced by supervisors more as a "colleague" and less as a student.
- Analyzing without supervision during the supervisor's absences.
- Demonstrating the capacity to gain from graduation and the experience of practicing on one's own and feeling ready to conduct unsupervised analysis.
- Functioning independently with a sense of pleasure, competence, and enthusiasm, while also recognizing the importance of ongoing consultation.

GRADUATION TASKS

Completion of all didactic, clinical, and administrative tasks is required for the training program from which the candidate will be graduating.

- ❖ *Candidates in the combined Adult C/A program* can graduate from the Adult, or C/A programs at separate times if the requirements for each program have been fulfilled.

REQUEST FOR APPOINTMENT OF A GRADUATION COMMITTEE

The request for approval of the appointment of a Graduation Committee is submitted once the candidate has received the support of their advisors and supervisors and has completed all requisite graduation tasks.

The following should be sent through [Sendinc.com](https://sendinc.com) or postal mail to the CPC Co-Chairs, Advisor(s), and the Administrative Director:

- A statement that the candidate has discussed with their advisor and supervisors/consultants, their wish to request approval of a Graduation Committee, and that they support the candidate's request.
- A statement that the candidate has completed their writing and financial obligations to the Institute.
- A copy of the Graduation Paper
- A copy of the Case Writeup
- A list of the candidate's Professional Activities
- The candidate's Self-Assessment

GRADUATION PAPER PROCESS

Each candidate is required to write a paper on a psychoanalytic subject: clinical, theoretical, applied or research.

The fundamental goals of psychoanalytic education are to promote the capacity to think critically and analytically, and to develop skills in conceptualizing and communicating psychoanalytic ideas clearly. The MPI faculty has always been strongly committed to furthering psychoanalytic thought through research and writing, and to the integration of clinical, technical, theoretical, and conceptual aspects of training. The faculty believes that the process of writing a psychoanalytic paper can become an important educational experience in accomplishing these goals. Through this process candidates can situate their

ideas against the backdrop of the available literature, examine them from new perspectives, engage in a dialogue with peers, and strive to contribute to the body of psychoanalytic literature.

Writing Mentor and Readers

The candidate is to select two readers for their graduation paper. The first or primary ‘reader’ also serves the function of writing mentor. The candidate should contact the Administrative Director for a roster of first readers and writing mentors.

- Writing mentors are faculty members who have an interest in, and experience with writing, and /or editing psychoanalytic papers. The second reader can be chosen from the MPI faculty at large. The writing mentor may help the candidate select the second reader. Finding a second reader with an interest in the topic can be helpful. The topic of the graduation paper must be approved by both readers. Both readers will help in the conceptualization of the paper and in assisting the candidate in his/her writing through editing comments and recommendations.
- For combined adult and C/A clinical candidates, one of the two mentors/readers for their graduation paper must be a C/A Analyst and one an adult analyst. This requirement is necessary if the candidate is using a single graduation paper to fulfill the requirements of both the Adult and C/A program.

Written Proposal

The candidate is *required* to meet with their chosen writing mentor to write a proposal for their graduation paper. Writing mentors assist the candidate with the proposal in terms of topic selection and background reading.

It is required that a written proposal be submitted to both readers. The proposal is to be one short paragraph long. Once approved and signed by both readers, the candidate submits the signed proposal to the Graduation Paper Coordinator and the Administrative Director.

- The Graduation Paper Coordinator does not interact with the candidate or the two readers about the paper, unless:
 - The coordinator is one of the readers or is called upon for clarification of the guidelines by one of the readers.
 - The candidate decides to call upon the Graduation Paper Coordinator to help with suggestions for a reader who might be familiar with their topic.
- ❖ *Candidates in the Combined Adult and C/A Program* can choose a developmental topic or use a format that integrates theory with clinical material from child/adolescent and adult clinical work, so that their paper fulfills the requirements of both the Adult & C/A Programs. Simultaneous graduation from the programs is not required for the paper to fulfill this criterion for both programs.

Timing of Graduation Paper Completion

To allow ample time to work on the graduation paper and for revisions to be made please take the following into consideration when developing a timeline for graduation.

- Candidates should submit the graduation paper to their two readers **at least four months** prior to the date when they plan to request appointment of a Graduation Committee.
- The readers may request changes which could take even longer for the candidate to make. The candidates should be aware that in this case the request for graduation would have to be postponed.
- **This whole process could take a year from start to finish.**

The graduation paper must be completed and approved by both readers before the candidate requests a Graduation Committee from the CPC. As a reminder, the CPC and the EC do not meet during July and August.

After all revisions have been made and both readers have signed off on the paper, the requirement for a graduation paper has been fulfilled. The Graduation Committee may discuss the paper with the candidate to fully appreciate the candidate's analytic acumen. However, as the paper already has been approved by the readers, no revisions to the paper will be requested by the Graduation Committee.

Graduation Paper Format

- The paper should be between 18 and 40 pages long, double spaced, 12-point in Arial or New Times Roman font.
- A critical review of the literature is required, when appropriate to the subject.
- A bibliography is required.
- ***Clinical cases written for the graduation paper may not be the same as the clinical case writeup required for graduation.*** The case used for the clinical writeup required for graduation may be part of, but not constitute the only clinical work presented in the graduation paper.

CLINICAL CASE REPORT

(Case Write-up)

The candidate prepares a maximum 20-page, double-spaced clinical summary of one of their analytic cases that demonstrates an understanding of the analytic process. The clinical case report will be submitted to the Graduation Committee for evaluation and discussion along with other graduation materials.

- ❖ ***Combined Adult and C/A Clinical Candidates*** are required to write two clinical

writeups, one reflecting their work with an adult or late adolescent case and one reflecting their work with a child case.

The case report should convey a vivid sense of the actual course of the analysis as well as the candidate's conceptualization of the material. The case report should demonstrate the candidate's understanding of the progress and process of the analysis including their understanding of the type and reason for their technical interventions, and anything they might now do differently. Clinical excerpts of narrative material, along with the candidate's analytic reflections, best convey the candidate's understanding of the analytic process so that the reader can engage with and reflect on the analytic work.

CLINICAL CASE WRITE-UP: DETAILED GUIDELINES AND POLICY

Elements of the Case Write-up

Case reports with the following information have the best chance of demonstrating to the reader the depth and breadth of the analytic work being done:

- Initial clinical presentation.
- Relevant history - childhood and recent.
- Why is analysis indicated? (Case conceptualization and formulation)
- Opening phase themes and engagements between candidate and patient including verbatim dialogue to illustrate these.
- What facilitated the deepening of the treatment? (The candidate's understanding of the clinical material and the technical interventions that facilitated the deepening)
- Enactments, dreams, impasses, and supervision.
- Transference/countertransference entanglements.
- The development of the middle phase, including verbatim dialogue to illustrate this.
- Working through, and what the analyst thinks facilitated this.
- Anticipated termination themes.
- If writing up a case that has ended, whether through a planned termination or a unilateral ending, the candidate should include their understanding of the ending.

Case Selection

The Clinical Case Writeup should reflect the candidate's current understanding and competence. We recommend that candidates choose a case which best demonstrates their capacity as analysts, including their current ability to think about older work. The patient

should have been in analysis at least four times per week, preferably five. Work beyond the opening phase is highly recommended. The patient's confidentiality should be carefully protected throughout.

Candidates are encouraged to seek faculty input and assistance during the process of writing their clinical case. The candidate may consult with the supervisor of the case or another faculty member at any stage of the writing, from case selection to feedback on the final draft. As with clinical writing at any point in one's career, editorial help often enhances the final product. Feedback about the effectiveness of the writing in conveying the analytic process or about whether the writer has conveyed a good-enough understanding of the patient's dynamics and traumas can assist the writer in improving the case write up and better prepare the candidate for graduation and, in time, certification. As with the Graduation Paper, candidates should allow ample time to write, review, and revise their Clinical Case Writeup. This process may take several months to accomplish.

Writing skills vary. The faculty understands that a person's ability to do analysis does not always progress at the same rate as his or her ability to write about it. In addition, the perspective necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts, and some educators believe the capacity to write effectively about analysis develops many years after graduation. Because writing skills vary, during the Graduation Committee interviews, the candidate will have an opportunity to demonstrate his or her analytic competence and understanding in person. The faculty regards such collegial discussions as an opportunity to gain a fuller appreciation of the candidate's analytic abilities. The Graduation Committee may request revisions to the candidate case writeup.

Demonstration of the Analytic Process

A report is effective when it draws a reader into feeling like a participant. From a hundred possible themes, select a small sample of carefully chosen themes that are most significant for this particular patient and particular analysis. Your description can be illustrated with short quotes, examples of dialogue, paraphrases, and vignettes. Verbatim dialogue can make the analysis come alive for the reader. Describing work with the patient's dreams can be useful, especially when you include how you, the analyst, understands and participates in their interpretation.

Avoid too much summarizing and formulating about the analytic process because it often reflects a somewhat distant observation about the process and can lack immediacy and a sense of involvement. Without details of the original analytic process, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when an analyst writes that "the maternal transference was interpreted," and does not provide further explanation, the reader is left to guess what happened. However, after the analyst has provided detailed accounts of the process, a summary or formulation may provide the reader with a useful way of moving ahead and can facilitate a transition to the next segment of the case.

Summary of the Process

- Provide a narrative description of what happened in the analysis: how the analysis evolved, and how one thing leads to another, because of the work between you and the patient.
- Include what the patient experienced and expressed, how you as the analyst understood this, what you did with this understanding (including what you said to the patient), and what effects your interventions had on the patient.
- If, on reflection, you would handle something differently, describe how you see and would do things from your current perspective, and how that could be helpful.

Considerations Regarding Case Formulations

It can be helpful to occasionally step back from describing an analytic process to explain how you understood it at a specific time. By including interspersed short formulations, you can explain, expand, and enrich the understanding of what took place and provide the reader with an understanding of the ongoing shape of the analysis. This type of formulation can be useful in reflecting on a sequence of analytic events or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. You may capture this by such statements as: “I understood this to mean...”, or “Over the prior two months I sensed a change in...”, or “I saw this sequence because of...” If your formulations are too lengthy and/or intellectualized, you might make it harder for the reader to experience what it was *really* like in the analysis.

Organization of the Clinical Case Write Up

In organizing the clinical case write up, write a brief sketch of the issues in the patient’s history that are essential to understanding the course of the analysis. You may want to describe your evaluation of the patient’s analyzability both from your perspective at the beginning of the analysis, and currently, if you now see this differently. If the patient has been in prior psychotherapy with you or someone else, you might describe how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader. As an important reminder, the write up should be written in a manner which protects confidentiality.

Process Presentation

You may choose to present the analytic process in one of many ways:

- as a continuous flow of interwoven themes, issues, and interactions
- divided into defined beginning, middle, and termination phases.
- as specific issues of transference and resistance, how these evolved, and how you worked with them.

- you might emphasize interwoven themes related to important aspects of the patient’s history (*e.g.*, adoption, loss, specific trauma, etc.).

In general, jargon is not helpful; long theoretical discussions are rarely warranted, and if you use terminology, be sure you convey your understanding of these terms clearly.

Finally, you may want to provide a brief summary of your understanding of the gains and limitations of the analysis. This summary may not be necessary however, if you have clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the details of the give-and-take between analyst and patient.

Ending of the Analysis

One of the elements of a successful analysis is the patient’s entry into a termination phase prior to, and as part of the completion of the analysis. If there was a termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intrapsychic changes that led you and the patient to feel termination was appropriate.

If the termination process was less than “ideal,” describe your understanding of its limitations. Likewise, if the analysis was interrupted, discuss this process and your understanding of it.

Finally, if there was post-analytic contact, how did you understand the rationale and dynamics of such?

Your Theoretical Point of View

Every clinical moment can be understood from multiple perspectives. Your write up may call attention to a particular theory that you used at a given moment or demonstrate your integrative capacity. Extensive theoretical discussions are unnecessary. Many excellent reports avoid stating the theoretical perspective explicitly, instead allowing the analyst’s orientation to become apparent in the narrative of the analytic work. It is most important that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with the patient, and convey that they have some internal consistency in your work.

Comments About the Child or Adolescent Clinical Case Write Up

A frequent difficulty noted by the Certification Committee in assessing Child and Adolescent analytic case write ups is an omission of specific characteristics unique to child and adolescent analysis. These characteristics may include the setting in which the treatment is conducted; the giving of gifts and snacks; the handling of fees and transportation; the mobility required of the analyst; the participation in play and games and the active nature of interventions with children and how the analyst makes sense of these interactions. Another major aspect frequently neglected is writing about the work done with parents in support of the analysis. Some reports are written as if work with children and adolescents is so similar to work with adults that differences need not be mentioned; this is not the case.

SELF-ASSESSMENT

The candidate prepares a concise self-assessment of their analytic abilities, including strengths and areas of further development. The candidate can refer to the section on [Competencies for Readiness to Graduate](#) to aid them in their self-assessment.

SUMMARY OF PROFESSIONAL ACTIVITIES

The candidate prepares a brief written summary of other analytic activities such as scientific writing, publications, and activities within the Institute and/or the American Psychoanalytic Association, and/or International Psychoanalytic Association that would help demonstrate the fulfillment of graduation requirements, and the candidate's ongoing commitment to psychoanalytic development.

SUPERVISION OF TERMINATION PHASE

The members of the Educational Committee consider supervision of an analytic case during the termination phase an essential part of psychoanalytic education.

- Although an earlier requirement to have a terminated case before graduating has been waived by the Educational Committee, it is with the understanding that it will be fulfilled by private supervision of the termination phase when it occurs after graduation.

ASSESSMENT OF GRADUATION REQUIREMENTS

To determine that the graduation objectives and graduation criteria have been fulfilled according to the educational and ethical standards of MPI and AAPE, and to consider a candidate's request for a Graduation Committee, the Candidate Progression Committee will review the candidate's entire educational experience.

The record must confirm that:

- The candidate has completed the required curriculum, including participation in advanced candidate educational activities.
- The instructor evaluations and attendance records from classes are satisfactory.
- The candidate's analytic work demonstrates satisfactory graduation competencies.
- The candidate's analytic work meets the minimum clinical requirements for the candidate's program.
- Candidates in the Adult Psychoanalytic Program have had supervised experience

with a minimum of three non-psychotic patients of different genders at a frequency of at least 4 times per week.

- At least two of the three control cases should have advanced beyond the beginning phase of establishing the frame and beginning resistances. It is understood that to develop an analytic case to this level is not typically achievable in less than two years.
- More than the minimum of three supervised cases is often needed to achieve graduation-level competencies.
- ❖ Candidates in the C/A Psychoanalytic Program have had experience with each developmental stage (pre-school, early elementary, elementary, and adolescence) with a minimum of three C/A analytic cases. Details of these requirements are outlined in the section on C/A Program Clinical Requirements [C/A Case Requirements](#) and [Additional C/A Case Requirements](#)
- Candidates in the Combined Adult & C/A Program can graduate from the two portions of their program separately or simultaneously. Candidates in the Combined Adult and C/A Program must meet the clinical requirements for both the Adult and C/A portions of their program with a minimum of 5 analytic cases. This can be accomplished when an adolescent, age 17-20, meets the requirement as a ‘swing case’. If a swing case does not meet the requirements, the candidate will need a minimum of 6 analytic cases, three adult and three C/A cases. Details of the requirements for this are outlined in the section titled [INFORMATION SPECIFIC TO CHILD/ADOLESCENT PSYCHOANALYTIC TRAINING](#)
- The Graduation Paper is satisfactory and has been approved by both readers. (See Graduation Paper Policy in the section [GRADUATION PAPER PROCESS](#))
- The Clinical Case Write-Up is completed. For information regarding the clinical case report refer to [CLINICAL CASE REPORT](#).
- Current supervisors and advisor(s) support the candidate’s request.
- All initial case reports, six-month summaries, and termination reports are complete.
- Tuition and all fees are paid in full.

The CPC will consider the candidate’s request and determine the candidate’s readiness for the appointment of a Graduation Committee. The CPC chair will notify the candidate of the CPC’s decision. If the CPC approves the appointment, the Graduation Committee will be appointed by the EC Chair. The candidate contacts the EC Chair for further information regarding their Graduation Committee. At this point, the candidate’s progression is no longer under the purview of the CPC.

Graduation Committee Interviews

The Graduation Committee functions both to assess and determine readiness for graduation, and also as an important step in the developmental process of becoming a graduate analyst.

After reviewing Institute records and reading the materials provided by the candidate, the Graduation Committee will meet with the candidate to discuss the Committee's understanding of the candidate's analytic development, and the candidate's overall experience of training at MPI. The Graduation Committee provides an opportunity for candidates to discuss their analytic cases, clinical writeup, and graduation paper, and reflect on their training and their plans for the future. It gives the Candidate a forum to demonstrate their analytic thinking in a collegial manner.

During the Graduation Committee's review of the Clinical Writeup and in discussion with the candidate, the Committee may ask the candidate to rework parts of their Clinical Writeup to correct possible deficiencies. At this point in a candidate's progression, the Graduation Committee can draw the candidate's attention to any remaining or heretofore overlooked or undetected educational issues that the CPC and supervisors have not been able to address in the candidate's clinical work. This whole process may require meeting several times to ensure that the candidate and the Committee are comfortable with the candidate's ability to demonstrate their competencies and work collegially with other analysts in discussing and understanding theoretic and clinical material.

The graduation process at MPI offers the Candidate a developmental opportunity similar to the process of certification.

Approval by the EC

The Graduation Committee will bring a summary of its findings with a recommendation to the next EC meeting for action, so that it can be discussed and brought to a vote.

A candidate is considered to have graduated from the Michigan Psychoanalytic Institute when the EC determines that all requirements have been fulfilled and approves graduation. The EC Chair will inform the candidate of the EC's decision.

POST-GRADUATION

We welcome and encourage graduates to become active participants in the Michigan Psychoanalytic Institute, Society and Community.

Members of the faculty are available to consult with and welcome graduates who wish to discuss their professional goals such as, certification, joining the faculty as instructors, pursuing research, writing for publication, joining committees, appointments as a TA /SA and

many other important activities. These offer the graduate analyst the opportunity for ongoing generativity in our vibrant field and the enjoyment of being part of our psychoanalytic community. For more information on becoming an MPI faculty member contact the chair of the faculty selection committee.

We encourage graduate analysts to pursue certification. This can be an enriching learning experience, and it is also a prerequisite for becoming a Supervising Analyst and a Training Analyst at MPI. For detailed information, contact the chair of the Faculty Selection Committee. You can also refer to the website of the American Board of Psychoanalysis: <http://www.abpsa.org/>.

PART VII

EARLY ADMISSIONS PROGRAM (EAP)

The Early Admissions Program (EAP) is designed to provide an educational experience in contemporary psychoanalysis for professionals interested in learning more about psychoanalytic training. Those interested in attending the EAP should discuss their interest with the EAP Director. If invited by the Director to attend the EAP seminars, the individual is welcome to attend as many seminars as they wish in the first year at no fee. If continuing beyond the first year, there will be an annual fee assessed.

Those interested in the Early Admissions Clinical Program should contact the Early Admissions Program Director. Individuals interested in Early Admissions Clinical Candidacy apply to the Admissions and Pathways Committee.

Those interested in joining the Early Admission Program as an Academic should contact the Chair of the Psychoanalytic Academic Program Committee. Those individuals interested in becoming an EAP Academic Candidate apply to the Academic Psychoanalytic Program Committee.

For more information regarding these candidacies, see below. For information regarding the application to become an Early Admissions Candidate , please see the MPI website: <https://www.mpi-mps.org/educational-programs/early-admission/>.

EARLY ADMISSIONS CLINICAL CANDIDACY

Early Admissions Clinical Candidates are residents in psychiatry, or graduate students in psychology, social work, and other mental health fields. Early Admissions Clinical Candidates may also be professionals who have graduated from their mental health core training and have or are obtaining a license to practice yet are not ready to begin the full Psychoanalytic Training Program. The Early Admissions Clinical Candidacy Program offers didactic and clinical seminars, while allowing the EAP Clinical Candidate to gain supervised clinical experience in preparation for entry into full clinical psychoanalytic training. In order to gain sufficient exposure to psychoanalytic principles and theory, EAP participants may be advised to complete other MPI educational programs before or in conjunction with becoming Early Admissions Candidates.

It is recommended but not required that Early Admissions Clinical Candidates are in psychotherapy or analysis with a psychoanalyst. However, at least six months prior to starting classes in the Full Psychoanalytic Training Program, the clinical candidate is required to be in a 4-5 time per week analysis with a Training Analyst. A list of Training Analysts can be found in the MPI Bulletin or by contacting the MPI Administrative Director.

Early Admissions Clinical Candidates are assigned an advisor to assist the candidate with their progress through the EAP. The candidate's progress is followed and facilitated by the Candidate Progression Committee (CPC). The advisor also serves as a liaison between the

candidate and the CPC. The CPC receives reports from the candidate's supervisor(s) and advisor and reviews the candidate's progress annually. With the help of their supervisor(s) the EAP Candidate is afforded the opportunity to gain skills and experience in psychoanalytic psychotherapy. One of the aims of this supervisory experience is to deepen the treatment of their patients, which includes increasing the frequency of sessions from a once weekly psychotherapy to a 2 or 3 time per week dynamic treatment with patients who are ready for this level of therapy.

Early Admissions Clinical Candidacy Program Requirements

- While in EAP, personal analysis or psychotherapy is recommended. Six months prior to beginning classes in Full Psychoanalytic Training, the clinical candidate is required to begin psychoanalysis with a Training Analyst at a minimum of four times per week frequency. This is essential because understanding one's mind through a personal analysis forms the most important background for the ability to begin doing psychoanalysis oneself.
- Regular attendance at the Saturday morning seminars (minimum 80% attendance is set as a goal, barring unavoidable circumstances and interferences). Instructors write evaluation reports regarding each candidate's seminar participation.
- Regular attendance at the "Clinical Moments" programs.
- Early Admissions Candidates and their supervisors are encouraged to read the "Basic Psychodynamic Psychotherapy Competencies" located in this manual. It is hoped that both supervisors and candidates will use these guidelines to establish goals for competency in doing psychotherapy, and in their work together. It is understood that no one can achieve all competencies perfectly, but these competencies are important goals for which to strive.
- Ongoing psychotherapy cases supervised by MPI psychoanalysts are required for matriculation. The candidates should demonstrate the capacity to do psychotherapy as outlined under 'Basic Psychodynamic Psychotherapy Competencies' before applying for full analytic training. [Basic Psychodynamic Psychotherapy Competencies](#)
- In addition to information available in the Candidate Manual, applicants are encouraged to review the AAPE standards for training (<https://www.aape-online.org/standards>).
- Supervisors write supervisory reports that are discussed with the candidate and submitted to the CPC.
- Candidates are encouraged to contact their advisors at any time of the year with questions or concerns regarding the program. However, they are required to meet with their advisors at least twice per year, in November and in May.

EARLY ADMISSION PROGRESSION TO FULL CLINICAL CANDIDACY

Admission to Full Clinical Candidacy through the Early Admissions Program is a two-part process. Early Admissions Clinical Candidates have already been admitted to the EAP through the Admissions & Pathways Committee of MPI. They are considered MPI candidates and are followed by the CPC.

Progression from EAP Clinical Candidacy to Full Psychoanalytic Clinical Candidacy is determined by when the candidate feels ready, and when the candidate's supervisor(s) and advisor believe that the candidate is ready didactically and clinically. The amount of time an EAP Clinical Candidate remains in the EAP varies depending upon prior experience, skill level and personal circumstances. When the candidate applies for matriculation to Full Analytic Candidacy, the request for matriculation is made to the CPC which determines whether the candidate is sufficiently prepared to matriculate. The CPC makes its report to the Educational Committee (EC), which makes the final decision regarding matriculation.

Prerequisites to Requesting Matriculation to Full Clinical Candidacy

- Having successfully met the criteria for seminar attendance and participation based on instructor reports.
- Having successfully met the criteria for the candidates' level of analytic development based on supervisory reports from all MPI supervisors working with the candidate.
- Having the advisor's support of the candidate's request.

REQUEST FOR MATRICULATION

- To request matriculation to the full Clinical Psychoanalytic Training Program, candidates follow the guidelines as detailed in [THE PROCESS OF REQUESTING PROGRESSION](#)
- As matriculation is a decision regarding progression there will be at least two sets of matriculation interviews with two separate interviewers. At least one of the interviewers is a member of the CPC. For candidates interested in the Combined Child/Adolescent and Adult Program or the C/A Focused Programs at least one of the two interviewers will be a Child/Adolescent Analyst.
- The purpose of the matriculation interviews is to help assess the candidate's readiness to begin the core curriculum in the fall and possibly start an analytic case within a year. The matriculation interviews focus on the candidate's professional and personal development since the initial admissions interview. The matriculation interviews also appraise the candidate's readiness to devote time and energy to a personal psychoanalysis and psychoanalytic training.
- Child and Adolescent Focused Clinical Candidates or Combined Adult & C/A Clinical candidates also will be assessed for their experience with various C/A

developmental levels. This assessment allows the C/A interviewing analyst to advise the CPC on steps needed in the candidate's analytic development during training.

- Reports of the matriculation interviews are sent to the CPC. They are used as part of the CPC discussion regarding the candidate's readiness for progression to full matriculation. The CPC makes a recommendation to the EC regarding the applicant's progression. The final decision regarding matriculation is made and reported to the applicant by the EC.

EARLY ADMISSIONS ACADEMIC CANDIDACY

Early Admissions Academic Candidates are students and graduates of academic disciplines who have an interest in learning about psychoanalytic thought but are not yet ready to begin full Academic Candidacy. Participation of individuals from diverse disciplines adds richness to the discussion by offering perspectives from their fields of study and work. Decisions regarding acceptance, matriculation, and progression of Academic Candidates are made by the Academic Committee. EAP Academic Candidates are encouraged to be in psychoanalysis or psychoanalytic psychotherapy to provide them with the added level of depth that comes from learning more of one's inner self, while participating in the didactic study of psychoanalytic thought. Academic Candidates are required to begin psychoanalysis when they start the Full Academic Psychoanalytic Program.

PART VIII ACADEMIC PSYCHOANALYTIC TRAINING PROGRAM

Academic candidates are selected on the basis of their desire and capacity to integrate their scholarly or unique professional interests with academic psychoanalytic training. In our experience, they also enrich the psychoanalytic community.

Academic candidates attend and complete all the psychoanalytic coursework that clinical candidates do, but not the supervised clinical analytic work. The following guidelines apply to academic candidates:

- Academic candidates are usually required to be in a personal analysis with an analyst who is certified by the American Board of Psychoanalysis (previously the American Psychoanalytic Association). If not possible, for example, in instances in which a special insurance is necessary to enable treatment, or there has been an ongoing helpful analysis, then the analyst must be 5 years post-graduation and a faculty member in good standing with MPI. In special circumstances, there is a possible waiver of the personal analysis requirement. To discuss such circumstances, contact the Academic Psychoanalytic Programs Committee Chair.
- The academic candidate is assigned an advisor who will help facilitate the candidate's

progress throughout the program. A candidate is expected to meet at least twice a year with his/her advisor.

- The academic candidate is also given the opportunity to meet with an analyst as a mentor to help integrate psychoanalytic concepts with the candidate's academic interests. The mentor may be a local analyst, or, with the approval of the Chair of the Academic Psychoanalytic Programs Committee, an analyst from another community.
- All progression issues and requests, such as leaves of absence, requests for graduation, or any problems / issues with classes, etc., should be directed to the Academic Psychoanalytic Programs Committee Chair.
- In addition to satisfactorily completing coursework, an academic candidate must complete a graduation paper. The graduation paper is expected to be of scholarly quality and to demonstrate the cumulative effect of the academic psychoanalytic training on the candidate's area of special interest. The graduation paper is regarded as a good scholarly contribution to the candidate's field and to psychoanalytic theory, broadly construed. Additionally, the following guidelines apply:
 - Two readers must be selected to read and approve the graduation paper. The first reader can be chosen from a list of MPI faculty writing mentors or, with approval of the Chair of the Psychoanalytic Academic Programs Committee, from the candidate's academic discipline.
 - While the paper topic is to be one of the candidate's choosing, the candidate should obtain approval for the paper topic **prior to writing**. Candidates should confer with their advisor and chosen graduation paper mentor (or first reader) to discuss ideas for the paper. Approval is obtained from the chair of the Academic Programs Committee Chair.
 - The candidate then writes a short proposal or summary of the project, has both readers sign it, and then sends the signed proposal to the Administrative Director and the Graduation Paper Coordinator.
 - This process has been established to ensure that writing the paper is a good learning experience and that candidates avail themselves of support and mentoring throughout the process.
 - When the paper has been approved by the two readers and a candidate is ready to graduate, the candidate should apply to the Academic Committee for approval for graduation.
 - At least a month should be allowed for the Academic Committee to be able to process the request and to ascertain that all requirements for graduation have been met.

Upon successful completion of the academic program and the graduation paper, the candidate graduates and becomes eligible for membership as an Academic Analyst (non-clinical) in the Michigan Psychoanalytic Institute and for membership as an Academic Associate of the American

Psychoanalytic Association.

For more information, see the *Bulletin of Information*, or contact the chair of the Psychoanalytic Academic Programs Committee.

REQUIREMENTS FOR ACADEMIC CANDIDATES TRANSITIONING TO CLINICAL PSYCHOANALYTIC TRAINING

Some Academic Candidates decide to become clinical psychoanalysts. To enter the clinical training program, they must fulfill the same prerequisites that are expected of all clinical applicants and go through the clinical admissions procedures.

- For a description of the requirements for admission to Clinical Candidacy refer to Selection for Psychoanalytic Education and Clinical Training in the “Standards” section on the website of the American Association for Psychoanalytic Education at **aape-online.org**

It is important for the applicant to understand and have met the eligibility and clinical readiness requirements before applying.

Information regarding admission requirements at MPI can be found on the MPI-MPS website at <https://www.mpi-mps.org>.

- All clinical candidates must have a professional health degree and a license to practice in the state in which they reside. It is recommended that academic candidates considering clinical psychoanalytic training, see the AAPE website American Association for Psychoanalytic Education for information regarding graduate degrees eligible to apply for clinical training. Please note that some graduate degrees may require a waiver from AAPE to begin clinical training, and it may be helpful to take the waiver requirement into account when deciding which degree to pursue.
- All clinical candidates are required to be in a personal analysis with an MPI Training Analyst at a recommended frequency of five times per week (minimum of four times per week) at least 6 months before beginning classes, and at least 10 months before beginning an analytic control case.
- All applicants to the Clinical Psychoanalytic Training Program, including those currently in the Academic Psychoanalytic Program, apply for admission to the Admissions and Pathways Committee of MPI. It is recommended that academic candidates considering clinical candidacy contact the Co-Chairs of the MPI Admissions and Pathways Committee for information regarding admission to Clinical Candidacy at MPI and for further information regarding the admission process.
- To give the candidate the opportunity to experience the impact of the Tripartite Method of analytic training, an academic candidate who has become a clinical

candidate will be required to re-take specific clinical courses, technique seminars, and case conferences at the same time that he or she is conducting supervised analytic cases. Please contact the Chair of the Curriculum Committee for information regarding the specific courses that must be retaken.

- Making the transition from Academic to Clinical Candidacy earlier in training, before all courses have been taken, limits the number of courses that must be repeated.
- For further questions regarding transitioning from Academic Candidacy to Clinical Candidacy, please contact the Chair of the Psychoanalytic Academic Programs Committee, and the Co-Chairs of the Admissions & Pathways Committee.

For further information regarding the requirements for clinical training, academic candidates are encouraged to also contact the Co-Chairs of the Candidate Progression Committee.

PART IX APPENDICES

APPENDIX I ADDITIONAL NOTES FOR ADVISORS

This appendix contains additional information for advisors. See “The Advisor” section of the Candidate Manual ([THE ADVISOR](#)) for a more complete description of the role of the Advisor.

- Advisors for clinical candidates are assigned by the Co-Chairs of the Candidate Progression Committee. The advisor does not have to be a TA or SA, but he/she must be a member of the Candidate Progression Committee and cannot be the candidate’s analyst or a current supervisor.
- Advisors guide candidates toward their Progression Requests by following supervisory and class reports and in discussions with the candidate during advisory meetings.
- It is important that advisors remain well-informed about their advisees’ progression and make sure that their advisees’ files are accurate. They encourage their advisees to maintain their records and to stay up to date with their writing responsibilities.
- Advisors should contact the office if they have not received instructor and supervisory reports prior to meeting with the candidate.
- Advisors monitor mentor/supervisory reports and instructors’ evaluations, and contact their advisees’ supervisors, instructors, and the candidate, with any questions or concerns. If it seems that a CPC discussion would be important to consider how best to help a candidate for specific reasons such as negative supervisory reports, no request for progression for an extended period, being behind in paperwork or in reports, or being behind in paying tuition, the advisor can request a CPC discussion.
- When a candidate informs the advisor that his/her supervisor(s) support(s) the candidate’s wish to request progression, the advisor then contacts the supervisors to obtain updated information, and to incorporate this into his/her updated written and verbal Advisory Report to the CPC.

APPENDIX II

ADDITIONAL NOTES FOR MENTORS

This appendix contains additional information for mentors. See “The Mentor” section of the Candidate Manual ([THE MENTOR](#)) for a more complete description of the role of the Mentor.

- The mentor does not have to be a member of the CPC, but he/she must be a Supervising Analyst, and cannot be the candidate’s analyst or the candidate’s current supervisor.
- Supervision that has been provided by the mentor is one of the three free supervisions provided by each TA.

APPENDIX III

APsaA’S GUIDING GENERAL PRINCIPLES OF ETHICS

For the Ethics Code for Psychoanalysts, refer to the website of the American Psychoanalytic Association: <http://www.apsa.org/code-of-ethics>

APPENDIX IV

MPI-MPS PATIENT AND COLLEAGUE ASSISTANCE COMMITTEE

(PACA)

PACA is a joint committee of the Society and Institute available to any patient, student, candidate, or faculty member who may have a concern about the competency or ethical behavior of any psychoanalyst, or member of the psychoanalytic community, whether in an educational or clinical situation.

One of the goals of the Patient and Colleague Assistance Committee [PACA] is to assist candidates who come to it regarding concerns about actions of analysts. This includes their analysts, supervisors, instructors and other members of the psychoanalytic community. PACA is a non- adjudicating committee. The committee does not and cannot remove people from the Institute, label them unethical, take away their license, or anything of the sort. However, it can help individuals figure out how to best address their concerns – whether through institutional or legal processes or through personal actions.

Many different kinds of complaints are brought to this committee. There are some issues that do not require adjudication. In such cases the committee's goal is to help solve the problem. If the problem does require adjudication, the committee's goal is to try and help people get to the right place.

Some problems involve analysts whose competence has come under question, in which case the committee will assist the psychoanalyst in understanding and assessing the legitimacy of the complaints and, if necessary, in making appropriate changes. In other cases, more serious ones, such as boundary violations, the committee will assist the person in making referrals to Ethics Committees, licensing boards, or in pursuing malpractice actions.

Confidentiality has been a longstanding operating principle for the committee. Any complaint that comes to the committee is treated completely confidentially. This way anybody can come with concerns about, for example, a therapist or an analyst in our community, and they would not have to fear that they would be "outed" as the individual who brought the complaint, unless they wanted to be identified and it was thought to be judicious to do so. This encourages people to come forward who might otherwise not wish to be identified. If enough people made a confidential complaint about the same analyst, then we would have more reason to talk to the analyst and bring up the complaints.

The following examples will give you a sense of the breadth of the committee's work:

PACA members studied the issue of the sick and dying analyst and came up with the recommendation that a Psychoanalytic Will should be required for all training analysts and candidates and encouraged for all members of the Institute.

PACA has dealt with analysts who have had problems with their competence and helped them to close their practice and have tried to help their patients and supervisees who suffered in the process.

PACA is currently studying the issue of the development of cognitive difficulties in analysts, particularly in the aging Training Analyst, in order to develop policies to recommend to the EC to protect candidates who might be in analysis or supervision with someone who develops dementia, or some other illness which would interfere with his/her work.

Candidates are encouraged to consult with PACA chairs or members if they have any concerns about their analysts, supervisors, instructors, or any other relevant aspect of their training. Although PACA is a non-adjudicating committee it can evaluate your concerns in a private setting and get you to the right place. Consultations are confidential.

MPI Website link to PACA: [Patient and Colleague Assistance \(PACA\) - Michigan...](#)

APPENDIX V

CERTIFICATION

Link to the American Board of Psychoanalysis website: <http://www.abpsa.org/>

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Certification is a voluntary process by which a psychoanalyst demonstrates through blind peer review a mastery of basic knowledge and skills necessary to practice the profession of psychoanalysis. It can be an important developmental experience. To be vetted and endorsed by a group of Certified psychoanalysts, who have no personal or institutional relationship with the applicant, provides a meaningful affirmation of the applicant's emerging analytic identity.

The ABP is committed to ongoing refinement of the certification procedures in order to remove, to the greatest degree possible, bias and error resulting from a lack of inter-rater reliability and other sources of error.

Certification is administered by a fully autonomous entity that is financially independent and not subject to undue influence from either membership organizations or training institutions. The ABP certification will present a meaningful credential to the public and governmental agencies.

Why Get Certified

Board Certification can be part of a life-long learning experience that is also the highest voluntary credential you are able to obtain beyond licensure. It signifies advanced achievement in education and experience. When a psychoanalyst is certified as a Fellow of the American Board of Psychoanalysis, his/her name will appear on the ABP online registry, providing analysts with a credential-based online presence. Fellows will also be able to create their own webpage with a personal profile on the ABP website.

At MPI, certification is required in order to become a Training & Supervising Analyst, and certified analysts are recommended for Academic Candidates.

For further information regarding certification, go to the website of the American Board of Psychoanalysis: <http://www.abpsa.org/>

Minnesota Psychoanalytic Institute Candidate Handbook

The Minnesota Psychoanalytic Institute welcomes you. We see in you MPI's future and the future of psychoanalysis. We celebrate your decision to train with us and are eager to share your journey and see you through to graduation.

Clinical Candidates

The commitment you have made and the commitment we have made to you is founded on the principles that we are all adult learners, that communication flows both ways. It is hoped that our structure and policies foster your growth and provide safety and containment. We value the accumulated knowledge that grounds psychoanalytic thinking and practice in accordance with the tri-partite model: didactic classes, your individual analysis and supervised analytic cases. We are continually assessing our training model and engaged with other Institutes within the American Psychoanalytic Association to learn what others are doing to improve the training of future analysts.

This handbook is a guide to how your training is organized. It includes how we approach assessment and candidate development. We believe that feedback is essential to learning and that ongoing, timely, specific and useful feedback is critical to your progress in becoming a psychoanalyst. Because you and your supervisor(s) are experientially closest to your actual clinical work, we prioritize this relationship as the place where the assessment of your development toward graduation will take place.

Progression Committee: The Progression Committee is responsible for implementing the overall philosophy, approach and policies we use to foster your progress. While your supervisors play the primary role in providing guidance for your clinical work and conducting your annual reviews, the Progression Committee is a resource that becomes involved when situations, problems or conflicts arise that cannot be resolved at the supervisory level. The Progression Committee also oversees the process by which you are evaluated and determined to meet all the requirements for graduation from MPI.

Training Analysis: We strongly recommend that candidates be in a training analysis for a year or more with a Training Analyst approved by the American Psychoanalytic Association (a "Training Analyst") prior to beginning first year seminars. In the interest of honoring an ongoing psychoanalysis, a candidate may continue with their current psychoanalyst who is not currently a Training Analyst, if the candidate has been in psychoanalysis with this analyst by January 1st of the year they are matriculating. To be considered for this status the analyst must meet, at a

minimum, the following criteria:

The analyst is

1. in good ethical standing;
2. a member of the Minnesota Psychoanalytic Society and Institute;
3. a graduate of an Institute of the American Psychoanalytic Association (APsaA), the International Psychoanalytic Association (IPA), or has had psychoanalytic training deemed substantially equivalent by the Membership Requirements and Review Committee (MRRC) of ApsaA; and
4. demonstrates experience and competence in conducting psychoanalysis.

MPI is a non-reporting institute. As such, your TA is to inform the Progression Committee when psychoanalysis begins and terminates only.

Coursework: Candidates are required to participate in the full curriculum of classes. At the end of every course a form asking for evaluations of each candidate will be given to instructors.

Supervisors: You will need to choose a supervisor when you begin training to help you review your current cases, to deepen your work with the therapy patients you are already seeing and to think through the process of introducing an analysis to patients who are appropriate for moving into analytic treatment. As you add control cases you will need to work with at least 3 unique supervisors.

Your relationship with your supervisors will be a very important part of your psychoanalytic development. There is value in meeting with members of our community. We also see there is much to be gained from accessing the larger psychoanalytic community. Therefore, to balance these goals, we require at least one of your supervisors be from the approved MPI Training Analyst list (Appendix A). The remaining supervisors may be non-MPI TAs if they are Training Analysts within an APsaA or IPA Institute. The Progression Committee will consider special circumstances for supervision requested by a candidate outside of these requirements.

MPI Supervisors and non-MPI supervisors must agree to abide by our supervisor requirements and will receive orientation materials for how we assess candidates and what is required of them as supervisors.

We recognize that the cost of training is substantial and that relationships with multiple supervisors can be logistically difficult and that a candidate may find that their work with a specific supervisor is contributing substantially to their learning and the depth of their clinical work. Therefore, a candidate wishing to take a fourth or further case may double up and choose a current supervisor to supervise those cases.

Control Cases: The decision to start a control case is made jointly by you and your supervisor. Clinical candidates are required to be in a training analysis prior to beginning their first supervised analysis. Waivers will be considered for unusual circumstances. The decision to take on a subsequent control case is made jointly by you, your current

supervisor, and the supervisor of the new case. Taking on control cases requires that you are up to date on your annual write ups and payments to the Institute.

We believe that you learn analysis by doing analysis. Being immersed in analytic work is essential to your progress in training. We encourage you to have as much experience doing analysis as you can. You will have courses in your first year on developing analytic cases.

Candidates are required to inform their analysts that they are in psychoanalytic training and that they will be working with a supervisor. If a candidate ends training before graduation, he or she is required to inform each analytic patient that he/she is no longer in our training program and can no longer offer psychoanalysis as treatment.

Annual Review with Supervisor(s): The annual review takes place during September/October of the Fall trimester starting with year two of training. The goal of the annual review is to have an open discussion between you and your supervisor of your overall experience in training and to give you feedback on how you are progressing. There should be no surprises at your annual review since supervisors are required to give timely, specific, and useful feedback throughout the year.

Assessment Tool: One unique feature of the annual review is the use of an objective measure of how you are progressing on a list of analytic competencies expected to be achieved during your candidacy. The assessment tool we use is from American Board of Psychoanalysis called Psychoanalytic Core Competencies - PCC. (Appendix B)

Supervisor Annual Report: Your supervisor will submit an annual written report to the Progression Committee at the conclusion of your annual review. The report should capture your analytic development, including areas of strength (where you are progressing as expected) as well as areas that require ongoing focus for improvement. The Annual Report as well as a copy of the completed Psychoanalytic Core Competencies will be signed by both you and your supervisor before being submitted to the Progression Committee. The annual report will also indicate whether you have submitted an annual write up.

Meeting of Supervisors: Once you have more than one supervisor, an additional meeting will be scheduled annually for all your supervisors to meet to discuss your progress. A member of the Progression Committee will attend. You are also invited to attend a portion of the meeting. The annual reports of each supervisor will be distributed to the other supervisors one week prior to the meeting. The Progression Committee member attending the meeting of supervisors will then write a summary of the meeting.

Write Ups: An annual write up is required for each analytic case and is part of the Candidates annual review. The length, format, and content of the write up is mutually agreed upon by the Candidate and their supervisor. The annual write ups need not be lengthy but they should convey an analytic process and what has happened in the analysis

over the last year. (See Appendix E for some ideas about conveying an analytic process in writing.) Three to five pages is acceptable but a longer report of ten to twenty pages may be useful towards the end of training in preparation for the final write up of each case required for graduation. The annual write up is due by September 1st of each year. You will not be permitted to take on new control cases unless you are current on your write ups.

Final Write Ups: A final write up is required on each analytic case presented for graduation. This write up should be twenty pages double spaced and tell the story of the treatment. Classes on writing about cases are offered during your training. Your Final Write Ups will not be used as a criterion for graduation. They will be used to inform your educational process.

A note about writing: The Final Write Ups are challenging to produce but extremely helpful in forming your analytic identity. How do you distill the essential elements of a shared analytic experience of many years into a single narrative. What do you leave out and what do you include and how do you link clinical encounters in a way that tells a story, that shows movement and progress. How do you summarize what has taken place and bring order to the work that has been done.

As analysts, we are confronted with the task of making sense out of a wealth of clinical material that is contained in every session. We are challenged to find meaning in the silences, stories, thoughts, feelings, transferences, and countertransferences, projective identifications, enactments, reveries and the list goes on. Much of this is lived out and experienced unconsciously. It is a formidable task to locate the unconscious thread and give shape in our own minds to what is happening in the session and perhaps observe or interpret what is going on to the patient. The task becomes even more complex when we are asked to think about what is happening over many sessions or over long stretches of time.

Writing is an incredibly powerful tool that helps organize the analyst's sense of the flow of sessions and the unfolding of an analytic process as the treatment progresses. Writing taps both the analyst's conscious efforts to capture the experience in the room as well as their unconscious understanding of the sense of things awaiting formulation in the writing process itself. You will receive guidance from your supervisor(s) on writing and there will be classes on writing about analytic cases. What we are looking for is not the literary value of your writing but whether you can tell a story of what is happening in the treatment. Even awkwardly written descriptions of the analytic work can successfully capture how the treatment is progressing and how the analyst and patient are engaged in an analytic process. Guidance for how to write about analytic cases is included in this handbook.

Finally, throughout your career as an analyst you will be asked to share in simple terms what analysis is and how it is uniquely different from other clinical approaches. Every clinical write up or case presentation you share is an opportunity to consolidate your

sense of yourself as a psychoanalyst while helping others deepen their understanding of how analysis alleviates human suffering and transform lives.

Graduation Requirements: Graduation occurs when candidates have demonstrated a capacity to conduct independent analytic work. In keeping with the tripartite model, graduation requires: (1) completion of course work designed by the Curriculum Committee and approved by the Education Committee, (2) meeting the requirement of a training analysis, and (3) completion of the minimum number of supervised hours of at least 3 control cases, reflecting a diversity of identity characteristics including, but not limited to gender, sexual orientation, age, religion, race, ethnicity, culture, disability and socioeconomic status. A child or adolescent case may serve as one of the three cases when supervised by a Child Supervising Analyst. Each supervised training case must be in analysis at least three times a week on the couch for no less than two years and preferably in middle phase in order to qualify to receive credit towards graduation. Each candidate is required to have a total of at least 150 hours of supervision in total and at least 50 hours of supervision on one case in order to graduate.

At least two of the analysands should be in middle phase and there should be a likelihood that at least one analysand will have a planned termination.

Candidates who have not terminated a case prior to graduation are expected to continue supervision or to resume supervision during the termination phase. They are also expected to present the case at a termination seminar.

A candidate must be in good ethical standing to qualify for graduation. When the Progression Committee has decided to recommend a candidate for graduation, they will present that to the Education Committee for approval. Graduation automatically qualifies the graduate for active membership in the Minnesota Psychoanalytic Society and Institute and the American Psychoanalytic Association.

Guidelines for additional cases: The Committee will review all of a candidate's work in arriving at a decision as to whether graduation will be recommended to the Education Committee. Even though minimum requirements (e.g. three cases of two years duration, one of which is of a different sex) have been met, the Progression Committee might identify an area in need of strengthening which it believes is essential to address before graduation. In such a circumstance, the committee might recommend an additional control case or additional work with a particular supervised training case. This recommendation can be made even though a candidate has had three control cases, each of which has been approved for credit for graduation purposes. This permits the

committee to preserve a measure of flexibility about the graduation decision.

Academic Candidates

Academic Candidates participate in course work but do not take on supervised training cases and do not graduate as clinical psychoanalysts. They are required to obtain a personal psychoanalysis with a graduate analyst from an Institute of either the American Psychoanalytic Association or the International Psychoanalytic Association. This analysis is expected to overlap with coursework; A third portion of the requirement is a paper or project connecting their area of interest with psychoanalytic ideas. They will work with one or more mentors from either above mentioned association to complete their project.

Materials for Evaluation: Ongoing assessment of each candidate's progress will rely primarily on experience with mentoring and class-room participation.

Mentoring: Academic Candidates are encouraged to begin working with a local facilitator/mentor to begin developing ideas about a project or paper. This facilitator/mentor should be a graduate analyst. The candidate can request help from the Progression Committee in finding a facilitator/mentor after submitting some preliminary ideas about the nature of their project.

A mentor for academic candidates will be asked to submit a report. The mentor will share this report with the candidate and both parties will sign the report before it is submitted to the committee. Mentors are expected to attend annual and progress towards graduation reviews to share their impressions with the committee and other supervisors.

While local mentoring is encouraged, special requests for geographic mentoring will be considered. This request is submitted to the Progression Committee. The mentor will submit a note as to the academic's progress with their report or project on an annual basis which will be held in the Academic Candidate's file to be reviewed on an annual basis.

Classroom participation: At the end of every course, a form asking for a narrative of each candidate will be given to all instructors.

Writing: Academic Candidates are expected to convey their psychoanalytic understanding through a project or paper that they develop with the assistance of a mentor. Preliminary ideas will be submitted to the Progression Committee no later than the Fall Trimester of the Third Year.

Preliminary Ideas: Submission of preliminary ideas about the project or paper by the end of the first year beginning with candidate classes of 2014. A more developed proposal by the beginning of Third Year; Fall Trimester. Subsequent annual drafts will be submitted until graduation.

Academic Candidates are expected to convey their understanding of psychoanalytic concepts like psychological genetic determinants and intra-psychic conflict. They should be able to describe the use of defense, the development of symptoms, transference and countertransference implications, as well as internal and external object relationships as the unconscious and conflict are represented in their topic of choice. This could be a review of literature on their topic or elaboration of applying psychoanalytic ideas to their clinical or scholarly field. Citations of relevant articles are expected.

Graduation is determined by completion of coursework and approval of completed Project or Paper.

Special Circumstances

Part-time candidacy

Requests: Candidates must submit any request for part-time status or a leave of absence to the Chair of Progression. Any change in status will be reviewed on an annual basis. The sequencing of a part-time curriculum will be approved by the Progression Committee on an annual basis. The Candidate also may be asked to submit a description of how they intend to complete their training within the offerings of the Institute taking into account that all courses are not offered every year. In addition, these candidates will send a written list of which courses they will be taking each trimester to the Administrator, and Treasurer for the purpose of billing and notifying Faculty of class involvement.

Supervision: Part-time candidates are expected to maintain supervision and to take a minimum of one course annually to facilitate the development of psychoanalytic thinking with their clinical work.

Leave of absence

Leave of absence candidates are expected to maintain supervision if they have analysands. If they are unable to do so, they are expected to inform their analysand and interrupt the analysis which is then reported to the Chair of Progression.

Deferred enrollment

Non-Matriculated Candidates: must re-apply to the Institute after two sequences of classes without matriculating.

Transfer applicants

The Minnesota Psychoanalytic Institute will consider a petition to transfer credit after the applicant has completed the admission process and has been accepted for psychoanalytic training. The Admissions committee will consult with the Progression Committee to determine the capacity of the Minnesota Psychoanalytic Institute to provide for the successful completion of all training requirements.

Work done at another training program may be considered toward graduation requirements on an individual basis. Those individuals who have been accepted for training should have disclosed any supervised analysis of a training case under another psychoanalytic training program in their admission process. He or she is not authorized to conduct unsupervised psychoanalyses. The Admissions Committee, the Progression Committee, and the applicant will work together to arrive at a mutually agreeable plan to protect the treatment of analytic patients who are not being supervised or who are being supervised by an analyst who is not an approved supervising analyst of the Minnesota Psychoanalytic Institute. The candidate may, for example, petition the Progression Committee to transfer supervision to an approved supervisor. If the petition is approved, the candidate would receive credit for conducting a supervised analysis of a training case from the date of the beginning of approved supervision.

November 2020

Appendix A

MPI Training and Supervising Analysts

Jeanne Bailey

Deb Boughton

Peter Grant

David Gordon

Joan Lentz

Virginia McDermott

Michael Moore

Hal Steiger

Appendix B

Psychoanalytic Core Competencies

Graduation from MPI means recognition of your competency to conduct an independent psychoanalytic practice, and your fulfillment of the educational and ethical standards of MPI. It is a great accomplishment, a milepost on the lifelong journey of professional learning undertaken by psychoanalysts. During your annual review you and your supervisor(s) will discuss your progress on each of these competencies.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not – during candidacy, by the time of graduation, and throughout one’s career. The proficiencies will emerge as part of one’s learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and supervision that a judgment can be made about your ability to work independently, and thus to graduate.

The following categories inevitably overlap but are useful in orienting candidates and supervisors in thinking about the development of analytic skills. To facilitate your thinking about each element of analytic competency, you and your supervisor should use the scale we include below. At the end of your annual review your supervisor(s) will rate you on the PCC and write a brief report that includes their overall impression of how things are. Your supervisor(s) will complete the PCC and submit it as well as a brief report

Rating Scale

Exceeds goal – The Candidate has mastered this aspect of analytic work.

Meets goal – The Candidate has developed the capacity to perform this skill and employs it most of the time when given an opportunity.

Approaching goal – The Candidate is developing the capacity to perform this skill and has begun to employ it on occasion.

Emergent skill – The Candidate has shown early signs of developing this skill.

Having difficulty – The Candidate has not yet demonstrated the skill in question and may have a special challenge in this area.

Cannot assess - Supervisors who do not have enough experience with a Candidate to make an informed assessment of a particular goal may mark a sixth option .

Elements of Psychoanalytic Competency

Analytic Attitude and Stance

- Exercises good clinical judgment

- During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- In helping the patient transition from the consultation or psychotherapy into analysis

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Throughout the analysis

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Capacity for analytic listening

- Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Focuses predominantly on the internal world of the patient

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

● Dependability, steadfastness, patience, and commitment to the analytic task

◦ Sustains capacity for empathy

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Works effectively with defenses, resistances and transferences, including when these become entrenched

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Tolerates not knowing, ambiguity and frustration

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Observes and respects personal and ethical boundaries

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Is aware of personal limitations in working with certain types of patients

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Notices and is motivated to analyze one's own mistakes and enactments, and can recover from a loss of analytic stance

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interventional Skills

- Effectiveness of interventions

- Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions)

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Grasps the nature of a patient's response to interventions and reflects on its meaning

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Helps the work broaden and deepen, facilitating patients' progress in their analyses

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Flexibility of interventions

- Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Considers whether working in the transference or outside the transference at given moments will further the analysis

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Works effectively with surface and depth, defenses and wishes

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

◦ Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conceptual Skills

● Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

● Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

● Follows the flow of material within the session, as well as the macrodevelopment of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Written Reports and Oral Presentation

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Able to convey process: what led to what in the analysis

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Conveys and reflects upon problems and struggles in the analysis as well as future challenges

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Reflects on the role of supervision in the work with the patient

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supervisory Process

- Presents material candidly and lucidly

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Accepts and learns from constructive criticism

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find their own “analytic voice”

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Recognizes the indications for and is willing to seek supervisory input in the future

Exceeds goal	Meets goal	Approaching goal	Emergent skill	Having difficulty	Cannot assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

_____ Date_____

Candidate Signature

Supervisor Signature

Date_____

Appendix C

Psychoanalytic Institute of the Carolinas

Middle Phase of Psychoanalysis

The following description is not prescriptive but generally reflects the features of the middle phase and its evolution. The middle phase of a psychoanalysis is recognized by the work having progressed beyond a focus on symptoms, symptom reduction, content focused largely on the patient's daily life, action-proneness, and work focused on displacements. These features do not disappear in the middle phase. However, they are expected to recede as the analytic work becomes more focused in the here-and-now of what is happening in the room between the analyst and the patient, with increased emphasis on working on the meanings of symptoms and actions. In addition, the work is more centered in the transference-countertransference manifestations, in which derivatives of those manifestations are more accessible for transference interpretation. Ongoing resistances generally become less fractious, making their expressions in fantasy, dreams, and enactments more available for collaborative work between the analyst and patient. Defenses become more malleable, and there may be advances in the patient's defensive style with less reliance on more primitive defenses. The patient's capacity for free association is enhanced. The examination of internal states (the patient's and those of others, including the analyst) and motivations becomes more possible. As appropriate for each patient, the work dynamically shifts among developmental, conflictual and resistive aspects, with resulting increases in the patient's capacity to live productively in the realms of work, love, and citizenry.

The middle phase, itself, is dynamic; it evolves. As the analyst and patient progress in the middle phase, the transference-countertransference manifestations thicken which provides scaffolding for deeper levels of work to occur. For example, derivatives of early trauma may be re-experienced, requiring use of reconstruction as well as interpretation. Qualitative changes in the work often become evident as the middle phase work advances. Such changes include the analyst's and the patient's recognition of connections and differences between the here-and-now and the there-and-then. Aspects of disturbance or constriction in one's character and/or identity not recognized earlier or not adequately understood and appreciated for their intrapsychic meanings may come into focus. For example, the cultural and historical aspects of one's identity, character, and intrapsychic life may become accessible as the analytic process continues to deepen in the middle phase. As the middle phase advances, the patient shows more investment in doing the work of analysis and evidences increased mastery, with vitalizing effects on the analysis and on the patient's life in general. As the patient makes these gains, critiques of self, the analyst and other subjects and objects come to light, with liveliness and constructiveness. Also, conflicted and adhesive aspects of drive derivatives and limitations due to developmental arrests are more completely worked through. In the more advanced middle phase, the patient: increasingly knows

and accepts his/her conflicts, vulnerabilities, and assets, develops a more conflict-free and richer affective life, and shows enhanced capacity and appreciation for the value of self-reflection and open-ended and respectful curiosity about self and others.

Appendix D

Psychoanalytic Association of New York

Phases of Analysis

The following schematic description delineates many key aspects of a developing analytic process. It is characterized most importantly by processes that focus on the analysis of transference manifestations in relation to the person of the analyst. However, this does not imply that all analyses follow a linear course; in reality few analyses are “typical” and many variations occur in successful analyses. For example, there may be sudden shifts in the balance between expressions of transference and resistance, temporary advances and/or regressions, unexpected enactments, crucial insights that are seemingly lost, and external events that impact the analysis (e.g., insurance issues, job changes, educational requirements, marriages, births, deaths, the patient’s and/or the analyst’s health, and the like). These and many other occurrences require the analyst to be flexible, patient and open to the “unexpected” with patients and with his or her responses to these situations. Furthermore, transference elements may often be effectively analyzed in relationship to significant others in the patient’s life; work with some patients may involve exploration of challenges to the frame repeatedly throughout the analysis or at later phases rather than being restricted to the opening phase. The analyst’s increasing confidence and clarity of understanding in mid-phase may alternate with periods of uncertainty or even perplexity. Furthermore, the technical emphasis of the opening phase may differ for some patients with more severe pathology.

We offer this description to candidates at IPE as an educational tool that can be useful in discussion with supervisors, SPC advisors, and continuous case instructors, as well as for personal reflection, while simultaneously recognizing that there can be controversy about what constitutes an analytic process.

Opening Phase

The analyst and analysand begin to experience being with each other in this new and unusual relationship in which the patient is invited to share whatever comes to mind while (typically) lying on the couch without face to face contact with the analyst. The patient begins to learn that it is useful to share with the analyst not only symptoms, but a variety of data, such as childhood experiences, what is going on in the here-and-now, dreams, slips of the tongue, visual images, bodily sensations, and thoughts and feelings about the analyst. As the patient starts to appreciate that meanings attached to these experiences may be inter-connected, he or she also begins to understand how to work with this material. A major aspect of analytic work in this beginning period involves helping the patient to become aware of his or her resistances, and to begin to realize the power of these manifestations of defense in order to become attentive to and understand the ways they may appear, as well as the conscious and unconscious affects they are intended to avert. In other words, the patient begins to become aware of the existence of internal conflict. These resistances are often expressed in challenges to the frame in contexts such as establishing analytic frequency, the fee, free associating, using the couch, and the handling of missed sessions and personal questions about the analyst. In addition, both analyst and patient begin to recognize some elements of their transference and countertransference reactions, and the patient becomes increasingly aware that there is a dynamic unconscious. The time period necessary for this beginning work varies widely for different patients; in rare instances it may take months, but more often one to two or three years, and even longer with some patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the patient, and the analysis as a structure and process can become increasingly stable. An initial focus on reporting of symptoms begins to give way to a greater emphasis on the meanings of symptoms and on character. Transference-countertransference manifestations are gradually clearer as more and more derivatives offer evidence that support the analyst's interpretations, especially as resistances are worked with analytically. They may be experienced in fantasies and enactments expressed verbally or in action. These provide useful material for both patient and analyst to explore, and result in both the patient's fuller awareness of transference and the analyst's greater awareness of both transference and countertransference. The analyst often experiences more confidence in understanding the analysand's psychology and in his or her interventions. This, too, is subject to vicissitudes and challenges to certainty – as evidence may emerge that requires revision of previous interpretations. Some modifications are often observable in the patient's defensive style and ability to reflect on internal states and motivations

– including the patient’s reflecting upon the internal state of the analyst
– as well as resistances to doing so. As this phase develops, with its deepening of the transference (and the patient’s fuller appreciation of it), the analyst’s interventions may place a greater emphasis on the here-and-now of the patient’s mind within the session and less on the external life of the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to the patient. The patient-analyst pair engages in increasingly productive analysis of transference-countertransference patterns that have become more clear, interpretable, and workable, as well as reconstruction of the influence of childhood experiences, including traumatic events that have shaped childhood and current experience. Interpretations of specific content in these areas may become more prominent relative to work on defense and resistance. The patient’s productions are usually more coherent, so that links between transference and extra-transference, and past and present become more evident and accessible to the patient and analyst. This may contribute to the analyst’s increasing pleasure and/or freedom to interpret. Core conflicts are worked on over and over again in an affectively vivid way in the here-and-now and there-and-then, as various facets of these conflicts become manifest in the patient’s life as well as in the analytic situation; the patient can also better appreciate connections between the two. Some significant changes in the nature of the relationship with the analyst, and/or in the patient’s life outside the analysis, usually take place. The patient also evidences greater ability to engage in self-analysis; s/he notices new resistances as well as the old defensive patterns and some increased flexibility to use a greater variety of defenses, and a more developed and differentiated affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an appreciation of the conflicts that underlie manifest complaints, although the latter may not always remain conscious. By this time the patient has a fuller, more complex, and nuanced view of the personal narrative presented at the beginning of the analysis, and there is significant improvement in the problems that brought him or her into treatment. Core conflicts and complaints are inevitably revived, although usually – but not invariably – with less intensity, as termination is anticipated. This period offers an opportunity to further elaborate these core conflicts in the context of the impending loss of the analyst as a representative of old object relationships, as well as a real person and a daily presence. This work is done with a greater sense of independence from the analyst and of self-reliance to do analytic work. Emotional appreciation of the reality and meanings of loss is inevitable (and necessary for an internalization of the analytic relationship and process to become structured). Themes of loss and mourning are common, as the

patient relinquishes idealized fantasies that pertain to the analyst and to him or herself, even after the completion of a successful analysis. The analyst also deals with the loss of the patient and his/her countertransference responses that often mirror the patient's experiences of object loss. Both parties develop an awareness of the limitations of the treatment and an appreciation of what it has accomplished

Appendix E

More thoughts about writing

INITIAL CASE WRITE-UP: should give a description of the analysand, including his/her age, sex, and other relevant characteristics (always considering what is necessary to disguise for confidentiality) should be included. The chief complaint, essential developmental history, current life circumstances, and prior treatment history should be described. Depending on their own experience, and the quality of the information they have in a beginning case, candidates should describe what the analysand is repeating or avoiding from the past. Although it may be tentative, an attempt to summarize this in a psychodynamic formulation and diagnosis that shows the analysand's conflicts and defenses, as much as they are known, should be made.

Regarding the analytic process itself, the candidate should describe how the treatment couple arrived at a decision to start an analysis. Was there a sense of a "fit", and if not, how was this understood and what was the plan to work with this problem? What are the analysand's and the candidate's expectations from the analysis? What were the analysand's initial resistances to starting analytic work, and what were the candidate's concerns and anxieties as well? How were these dealt with? The development of a therapeutic alliance should be described. Once an analytic frame was established, were there efforts to undo it, and did the candidate make accommodations? In short, how did the analytic process get going?

ONGOING CASE WRITE-UPS: In writing the case reports, we would like the

candidates to describe what has actually transpired between them and their analysands with the use of quotes or paraphrases wherever possible. This typically would include what the analysand has said, the candidate's response, and the analysand's reaction to that response. A theoretically oriented description may be interwoven or discussed in a separate section, but will not be sufficient in itself. Whichever theoretical framework is used, however, we hope the candidate can breathe life into it with concrete examples. While we understand that the initial write-ups for the first and second cases will not be as sophisticated as later ones, we hope to see a growing capacity to conduct independent analytic work in all its phases (the opening, middle and termination phases), which is the goal that needs to be achieved in order to graduate.

As experience is gained and the analytic work deepens, in subsequent reports, candidates should describe their increasing ability to empathically recognize intra-psychic conflict, defense, and its manifestations in the transference and countertransference. How is the patient learning to recognize the presence and persistence of unconscious motivations? What are the core conflicts and/or deficits? What are the characteristics of the analysand's object relationships in the internal and external world? Not only specific transference reactions, but also the larger picture of what the transference relationship is like should be described. This includes work with dreams. Is there a deep immersion in the work or an avoidance of it? Is there acting out, and are there mutual enactments?

How does the candidate work with fantasies, dreams, and the associative flow? Concrete examples should be given.

<http://pep-web.org/document.php?id=jcp.001.0469a&type=hitlist&num=8&query=zone1%2Cparagraphs%7Czone2%2Cparagraphs%7Cauthor%2CBernstein%2C+S%7Cviewperiod%2Cweek%7Csort%2Cauthor%2Ca#hit1>

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SUMMARY OF GRADUATION REQUIREMENTS

1. Courses: four years of core seminars, one year of Infant Observation, one theoretical course and one clinical case conference every year post-seminar until graduation.
2. Clinical case presentations: each Clinical Associate is required to do eight hours of clinical case presentations during seminar and post-seminar courses.
3. IAC attendance – attendance at eight IAC meetings within the first two seminar years is required (assuming eight IACs are scheduled).
4. Psychoanalytic treatment of at least three training cases (one of which must be a low-fee clinic case) with a minimum of 50 hours of supervision each, and a minimum total of 200 hours of supervision for all three.
5. Final Case Reports – each training case must be written up in a final 20-page double-spaced case report. The 6-month written case reports are often useful in preparing the final case reports.
6. Colloquium – Favorable completion of the Colloquium, (an oral exam), usually in October of the 5th year of classes.
7. Personal analysis.
8. Membership in good standing; all tuition paid.
9. At the present time, NCP is not granting a PsyD or a PhD.



2021 Psychoanalytic Training Program Contract

Congratulations on your acceptance to the Adult Psychoanalytic and the Advanced Studies in Psychoanalytic Psychotherapy Program of the New Orleans-Birmingham Psychoanalytic Center. Core requirements of the program are reviewed below followed by a request for your signature that these requirements are understood before matriculation.

Consultation and Advisor Requirements

The Psychoanalytic Education Committee (PEC) changed the name of the Supervision component of the psychoanalytic training program to Consultation. The name change clarifies that this is a consultative relationship and that the input of the Consultant is to provide helpful advice.

Candidates are required to begin regular consultation with a NOBPC faculty member or Psychoanalytic Education Committee (PEC) approved graduate analyst within the first month of class to assist in identifying a case suitable for psychoanalysis or to begin consultation of an ongoing psychotherapy case that is agreed upon as suitable by the Consultant. Even if the Candidate does not have a case to discuss, you are expected to meet weekly.

Candidates are required to meet with the assigned Advisor within two weeks of receiving notice of the Advisor assignment. Thereafter, each Candidate will meet every six months with your Advisor to review your progress. Throughout the program, Candidates are encouraged to discuss with your Advisor any concerns that you might have regarding your educational experience.

Tuition

Program tuition is \$3,300 per year. Tuition may be paid in full at the onset of the program or paid in installments as follows:

- \$1,650 / Due by September 1 of Academic Year
- \$825 / Due by January 1 of Academic Year
- \$825 / Due by March 1 of Academic Year

Graduation Progression

Minimum requirements for graduation in the Psychoanalytic program include:

1. Sufficient **personal psychoanalysis** with a Training Analyst (TA) or when the candidate is in an ongoing psychoanalytic treatment with a graduate analyst who is not a TA and has been approved by the PEC. Each candidate is required to be in a personal analysis at a frequency of 3-5 times per week. Psychoanalysis must begin no later than the onset of the training program classes and should continue during training and through a substantial portion of the candidate's supervised clinical psychoanalytic work.

Concurrent therapeutic process is one requirement of the tripartite learning experience. Once a year, we will send an email to your analyst to confirm the frequency of your attendance. If you suspend or end treatment, we ask that you notify us in writing.

The Candidate understands and consents to your analyst informing the Psychoanalytic Education Committee.

Name of Training Analyst or Graduate Analyst: _____

The Center is a non-reporting institution which means that the Candidates' analyst cannot participate in progress decisions including participation in the progress meetings.

2. Successful completion of the entire **didactic curriculum**. The curriculum is comprised of (20) 90-minute classes per trimester for the five years of training. All trainees are expected to be in class each week and to have read all assigned readings for each class. Candidates must attend a minimum of 80% of classes to qualify for graduation.
3. Sufficient weekly consultation of analytic clinical work with at least two suitable cases, one of each gender. Each case will have a different supervising psychoanalyst. All supervised cases must meet 3-5 times per week. Candidates are expected to seek out a TA/SA consultant within the first month of class to review appropriate cases for analysis and meet weekly thereafter even if you do not have a psychotherapy or analytic case to discuss. Cases usually begin late in the first year or early in year two.

Every six months, the candidate is required to submit a summary of each case to the relevant consultant and to the Center. At least one of the cases should have reached mid-phase in their analysis and it is preferable that the other case is near termination or has terminated to fulfill graduation requirements. This work must demonstrate the candidate's clinical skill and theoretical understanding. Consultation is required in order to adequately participate in clinical case conferences and as a means of evaluating each candidate's development as a psychoanalyst.

Fees are arranged on an individual basis by the candidate and the consultant. Consultation is required weekly and as the treatment with each case progresses, frequency of consultation may change.

Case Summary Writing Requirements

Clinical writing is a valuable means to develop and synthesize clinical thinking and an important medium to communicate one's clinical conceptualizations to others. Because of the synergistic interplay between clinical thinking and writing, the New Orleans-Birmingham Psychoanalytic Center highly values clinical writing as an essential component of psychotherapy and psychoanalytic education. As a means to exercise this skill, Candidates are expected to submit case summaries of their work with each patient in consultation at approximately six month intervals to both their consultant and to NOBPC. Dates that these summaries are due are included on the class schedule. These are to be reviewed with the Candidate's case consultant before the Progress Committee of the Psychoanalytic Education Committee which meets twice a year (typically January and June). A template for the summary will be provided.

If, due to circumstances, a student does not have a psychotherapy or analytic case in consultation in the first trimester, an alternative writing exercise related to clinical experience or psychoanalytic constructs may substitute for the case summary. The exact content of this alternative will be determined by the student's consultant and the Candidate.

Additional Information

The decision for a patient to be in class with your therapist as an instructor will be left to the therapist/patient

pair. If either or both object to being in class with the patient/therapist, a tutorial will be created.

During the first two years, Candidates will be able to complete requirements necessary to graduate in psychoanalytic psychotherapy, a credential recognized by the American Psychoanalytic Association.

Candidates in the NOBPC Psychoanalytic program may identify themselves as graduates of the Psychoanalytic Program following graduation of the analytic program.

NOBPC reserves the right to terminate, at any time, a Candidate who is not progressing satisfactorily.

The preceding requirements are understood and accepted by the under-signed Candidate in the Psychoanalytic Training Program of the New Orleans-Birmingham Psychoanalytic Center.

Signature _____

Date _____

NEW YORK PSYCHOANALYTIC SOCIETY & INSTITUTE
OUTLINE OF STUDENT PROGRESSION

Becoming an analyst is an exciting lifelong endeavor. We hope your training at the Institute will be a valuable first step in this process. The training consists of three basic parts: the four-year didactic curriculum of courses, supervised analytic cases and a training analysis. This outline provides important information for you to know as you go through your training. Please read through it at the beginning of your training and then refer to it in later years, as questions arise. If you still have questions, please feel free to consult your advisor and/or the Chair of Progression.

I) FACULTY ADVISORS AND THE PROGRESSION COMMITTEE

The Progression Committee oversees the progress of each student candidate through their course of training at the Institute. The Progression Committee is headed by a Chair, who is appointed by the Dean of Education and reports to the Education Committee. The rest of the committee is made up of all advisors of candidates currently taking classes. (Once a candidate completes classes, the advisor rotates off the Progression Committee, though still attends the meeting whenever a candidate they are advising is discussed.) The Committee meets monthly to review the progress of individual candidates, as well as to discuss more general issues related to training. Each candidate's progression is reviewed annually; occasionally a candidate will be reviewed more frequently, if the need arises due to some particular issue or for approval for graduation.

Upon matriculation, each candidate is assigned a Faculty Advisor. The advisor is the individual who most directly oversees each candidate's progression, and is a liaison to (as well as a member of) the Progression Committee. Candidates should meet with their advisors as soon as they matriculate, and at least once or twice a year in person, as well as be in touch as frequently as needed. At the initial meeting, the candidate and advisor should review the candidate's professional situation and level of clinical experience, to assess any special needs. In particular, license status and malpractice coverage need to be reviewed right away. The advisor should ascertain that the candidate is already in analysis with a NYPSI Training Analyst, or a TA from Columbia or PANY who has been approved by NYPSI's Education Committee; or, if not, the advisor will facilitate a referral to a TA, in consultation with the Dean and Progression and Admissions Chairs. It is best for a candidate to be in analysis with a Training Analyst as soon as they start training, but they must be in analysis with one before they can be approved to take on any analytic cases. The advisor will also discuss with the candidate whether they plan to take classes full or part-time. Full time classes are optimal for immersion and forging relationships with an ongoing peer group, but this may not always be possible for personal and/or professional reasons.

The advisor receives evaluations of the candidate from course instructors and supervisors and can thus provide integrated feedback to the candidate from these reports and from Progression

Committee annual reviews. The advisor, in consultation with Progression, will discuss with the candidate their readiness to take on the first, and then subsequent, supervised cases. The advisor is responsible for overseeing that the candidate's caseload provides experience with treating more than one gender and an adequate diversity of degree and type of psychopathology. Candidates are encouraged to contact their advisors if they are experiencing any difficulties with their analysis, classes, supervisions, tuition payments, or any other aspect of their education. Relationships with advisors, supervisors and analyst are referrals, rather than assignments, and are subject to change at the request of the candidate or supervisor, without prejudice. The advisor can help a candidate change supervisors or analyst, if necessary. If a relationship with an advisor is not working out, the candidate should contact the Chair of Progression to discuss a change of advisor. While in all other respects, a training analysis is a non-reporting analysis, the candidate and analyst must notify the candidate's advisor, who will in turn notify the Chair of Progression and the Institute office, if there is an interruption in the analysis which extends beyond six weeks duration.

II) COURSE REQUIREMENTS

First year courses will begin in September of the year in which the candidate is admitted to the Institute. Because of the differences in the educational requirements of individual candidates, there may be modifications for some candidates, involving supplemental instruction or tutorial. The candidate's advisor, in consultation with the Progression and Curriculum Chairs, will endeavor to meet whatever educational needs exist.

Candidates are required to complete all courses prior to graduation. If a course is given by a candidate's analyst, the candidate will instead take a tutorial in that course, usually given by the course's co-instructor (or by another suitable faculty member if there is no co-instructor). The candidate and advisor should discuss setting up such a tutorial with the Curriculum Chair the summer prior to when the course is given (or as soon as possible in the fall, when a First Year course is involved). Generally, it is advantageous to take all courses in the sequence outlined in the curriculum schedule. Sometimes, however, a candidate's personal circumstances may necessitate taking one or more courses in some other sequence. All such scheduling changes need to be discussed ahead of time with the advisor and Curriculum and Progression Chairs. (See **Section VII** for an explanation of fees for full and part-time students.) Candidates who are going part-time for the First Year Curriculum are generally not eligible to take on their first supervised analytic case until they are taking the second half-year of these classes.

The didactic curriculum is designed to be taken in concert with the acquisition of supervised clinical analytic experience, as these parts of the training are synergistic. Generally, candidates are approved to take on cases starting mid-way through their first year (after approval by the instructors in the course on Assessment of Analyzability). In order to ensure maximum ability to both contribute to, and benefit from, later year classes, progression to the Second Year Curriculum requires one case either in ongoing analysis, or sufficient time with a previous analytic case such that the candidate has acquired meaningful clinical analytic experience;

progression to the Third and Fourth Year Curricula requires experience with two or more such analytic cases. Candidates who are actively looking for a first or second case, but have been unable to start one, can discuss with their advisor the possibility of requesting a waiver from the Chair of Progression to begin classes for the first three months in the fall semester, while continuing to try to obtain a case. If they are able to do so within three months, they may continue with classes. If not, they will have to stop the classes and restart them the following year, once a first or second case is in analysis. If a student does not have required cases, they are still encouraged to audit the Continuous Case Conference, though they will not receive credit for this course.

The didactic curriculum has no examinations, nor are there written assignments (except for the Writing Track and Assessment classes). As such, completing all reading assignments and attending and participating in class discussion is essential for a candidate to assimilate the course material, as well as for instructors to be able to evaluate a student's comprehension. While it is expected and encouraged that a candidate attend all class sessions, if a candidate misses more than 25% of the sessions in a given course, (e.g. more than 2 sessions for an 8 to 11 session course, etc.), the course will either need to be repeated, or at the instructor's discretion, the candidate may be able to do some sort of written assignment to make up for the missed classes and get credit for the course. Instructors are asked to write evaluations of each student's participation in class discussion and comprehension of the material. These evaluations are sent to the advisor and the Progression Committee, and their content should be shared by the advisor with the candidate.

Tuition fees are payable according to the schedule and policies outlined in **Section VII** (below). Students are required to complete course evaluations and to have paid all of their fees before they will be allowed to commence a new course or a new case in supervision. In addition, a candidate cannot progress to the next year of courses unless all annual summaries for case work, as well as Treatment Center medical paperwork if applicable, are completed.

III) SUPERVISED ANALYTIC CASES

As classes and supervised clinical work are synergistic for learning to become an analyst, candidates are encouraged to take on supervised analytic cases as soon as they are judged clinically ready to do so. They must have supervised analytic case experience to be able to progress to the later years of classes, as outlined in **Section II** above. In addition, it is necessary to have already started a Training Analysis to be eligible to start supervised analytic work. From a practical standpoint, clinical readiness is assessed by the advisor through consultation with the students' first trimester instructors, and in particular with the approval of the instructors of the Assessment of Analyzability course. This course provides an opportunity for each candidate to do clinical assessments under the supervision of a faculty member, and to write up and present their work to the group. If a candidate is not yet ready to begin supervised analysis, their advisor will help them set up further supervision in psychotherapy work, until it is felt that they have the necessary level of experience to begin analytic work. After approval is given, the advisor, in

consultation with the Progression Chair and candidate, will assign a supervisor for the candidate's first case.

The candidate then arranges a regular weekly time to meet with their supervisor to begin discussing potential analytic cases for suitability. The case may either be referred from the Treatment Center or come from the candidate's private practice. The candidate is responsible for letting the Treatment Center Director know if they are in need of a case referral for analysis; if a case is not immediately available, they will be put on a waiting list in order of time of request, as well as urgency of need (i.e. to be able to progress for classes).

If supervisor and candidate agree that a patient is suitable for analysis, the supervisor will work with the candidate to help them propose this to the patient and work with resistances, so that the patient is able to enter a four or five times weekly analysis. In keeping with ethical standards, candidates are expected to inform patients that they are in analytic training and should review with their supervisor how best to discuss this with the patient in an analytic manner. (Treatment Center patients are also apprised of this fact in their application for treatment.) If supervisor and candidate feel that a Treatment Center case is not appropriate for analysis, the patient is referred back to the Treatment Center, and the candidate may request another referral. Candidates should notify the Administrative Director and the Progression Chair whenever they have started a new case.

For all licensed candidates (MD, PhD, PsyD or LCSW), analytic cases, whether referred from the Treatment Center or the candidate's private practice, will become the candidate's private patient, with all fee arrangements negotiated between candidate and patient (in careful consultation with the supervisor, since this inevitably involves analytic meaning, not just practical considerations), and all fees will be paid privately to the candidate. Licensed candidates need to carry their own malpractice insurance, to supplement that provided through NYPSI. Candidates who do not yet have a license are able to see patients through NYPSI's charter as a Licensed Psychoanalyst training program. In this case, all patients—analytic or psychotherapeutic—remain patients of the Treatment Center and must be treated on-site at the Institute. (This requirement has been temporarily suspended during the emergency waiver for the pandemic, but the expectation is that it will once more be legally mandated once the COVID-19 emergency has ended.) These cases require following all TC charting guidelines: an intake report, brief session notes (a sentence, unless something unusual comes up), all countersigned by the candidate's supervisor. (All educational writing assignments are not part of the patient's TC chart, but are kept in the candidate's educational file.) Patient fees for unlicensed candidates are handled as follows: 100% of the first \$25 of the fee, and 50% of any portion of the fee above \$25, goes to the candidate; the rest is paid to the Institute. Patients write their checks made out to NYPSI. When the candidate receives their own license, the TC patient then becomes a private patient of the candidate. That change in status is noted in the patient's chart, and the case is closed. The candidate then receives 100% of the patient's fee.

A candidate is encouraged to take on a second supervised case as soon as the candidate, first supervisor and advisor, in consultation with the Progression Chair, agree that the candidate is ready to do so. All written requirements for the first case must be up to date before a second case

can be begun. A second case must be begun for progression to the third and fourth years of classes. The advisor will, again in consultation with the candidate and Progression Chair, find a second supervisor for the candidate to work with.

Third and further supervised cases are taken on following a similar procedure (consultation between candidate, all previous supervisors, advisor and Progression Chair; completion of all required written work for earlier cases; inform Administrative Director and Progression Chair that a new case has commenced). A candidate may elect to take on one child or adolescent supervised analytic case in lieu of a second, third or later, adult supervised case, in which case they will be assigned a Child and Adolescent Supervisor.

A minimum of three supervised cases of more than one gender is required for graduation, as this tends to afford the minimal variety of clinical and technical experiences for adequate learning, but it should be noted that candidates often are advised to take on more than that, before being cleared to work independently. It is hard to specify an exact number, because it really depends on the nature of the candidate's overall case load. While there is no minimum amount of time for a case to "count," we want candidates to have experience with analyzing a number of different cases into deeper mid-phase work, rather than to have experience with only an opening phase over and over again, as tends to happen if cases last for less than a year. For some candidates, the initial cases all develop an analytic process and continue and progress over time; others may have multiple interrupted cases, or ones that prove unanalyzable. While analytic skill and experience play a role in this, it also involves luck of the draw. Taking more or less time to graduate generally has little to do with a candidate's future excellence as an analyst.

Supervisors are asked to provide formal written evaluations of each candidate they are working with on a yearly basis (in July), and to share this evaluation with the candidate. This should be discussed during a supervisory session. The candidate should be given an opportunity to append their own comments to the evaluation and submit them to the Progression Committee, if there are any responses they wish to make to anything raised in the evaluation. In addition, there should be a second formal evaluation discussion in January of each year between supervisor and candidate. Of course, if problems are coming up in the supervision, it is important for a supervisor to be giving that feedback to a candidate in an ongoing way, so that candidate and supervisor can try to address these difficulties in a productive manner. In addition, areas of difficulty can often be explored to great benefit within a candidate's personal analysis.

At a certain point, the candidate and supervisors, in consultation with the advisor and Progression Committee, will decide that the candidate is ready to do independent work. This may involve taking on a new case independently—after some initial discussion regarding the suitability of the case with an existing supervisor—or it may involve shifting to unsupervised work with an existing case, with only an occasional check in every few months.

WRITING REQUIREMENTS FOR SUPERVISED CASES:

Writing up cases is a very important aspect of analytic training; it allows the student analyst a chance to step back from the day-to-day immersion in the immediate clinical process that is presented in supervision each week, and to reflect on and describe the larger flow of the analytic process and to formulate what is happening within the case. The following reports are required for each case in supervised analytic work, as well as for cases seen independently prior to graduation:

- 1) An Initial Impression of the patient's presenting situation, history and diagnosis, as well as an assessment of why analysis is indicated for the patient and why the patient seems suitable for analysis. This write-up is due as soon as the evaluation of the patient is complete and a decision has been made for the patient to enter analysis. It should first be submitted to the case supervisor for any suggested revisions. Once these are completed and approved by the supervisor, the candidate should then submit the final version to the Administrative Director, labeled with the names of the analyst, case supervisor and dates of the initial evaluation period.
- 2) An annual summary (approximately two to four single spaced pages) of the analytic process and progress for each case is due on June 30th of each year, regardless of when during the preceding academic year (July 1-June 30) the patient commenced analysis. An annual summary is due even if the patient has only been in analysis for a few months or has discontinued analysis at some point during the previous year. The courses in the Writing Track are geared towards helping candidates understand what is expected and how to write these annual summaries. The summary should also be reviewed and discussed with the case supervisor, with a rough draft submitted to the supervisor enough in advance of the June 30th deadline, to allow sufficient time for revisions, before the candidate has to submit the completed case write-up to the Administrative Director. If all written work is not submitted by this deadline, the candidate will not be allowed to progress to the next academic year of classes, nor to take on any new analytic cases until the writing requirements have been completed.
- 3) A final summary of each case, describing the initial presentation of the patient, the course and process of the analysis, and the discharge diagnosis, must be completed when a patient is discharged (including a description of whether this was an interruption, a planned termination, etc.), or when the student graduates, whichever occurs earlier. The annual and final summaries are very useful when a candidate applies for certification to the ABP.

In addition to these educational written records, in accordance with New York State law, each candidate should keep a record of the patient's appointments, and notes concerning the ongoing progress of the treatment, including a special note made of any unusual events that arise that may have administrative or medico-legal importance for the candidate analyst or the Treatment Center. The Treatment Center will keep in its own confidential records for each case that it has referred: a) Identifying personal and family information, address, dates of acceptance, conference

presentations, terminations; b) An official diagnosis, or other diagnostic information; c) Reports covering all examinations, studies, and case conferences, together with significant detail involving the course of treatment, and the results of treatment at the time of termination.

IV) THE TRAINING ANALYSIS

Candidates are required to be in a personal analysis with a Training Analyst for all or the greater part of their candidacy, at a frequency of four or five sessions per week. Often candidates have already begun their analysis with a NYPSI Training Analyst before applying to the program; if a candidate is already in analysis with a TA in good standing at the Columbia Psychoanalytic Center or at PANY, they may, with the approval of the Education Committee, continue in analysis with that TA. In certain instances a non-training analyst from NYPSI or equivalent institute (APsaA or AAPE) may qualify for a waiver to continue an ongoing analysis with a candidate starting training. The waiver must be granted before the candidate matriculates for first year classes. The process must be started at the time of application. For further information regarding the requirements and procedure for the waiver process, please contact the Administrative Director. If a candidate needs a referral for analysis, the advisor will facilitate one in consultation with the Chairs of Admission, Progression and the Dean of Education.

A candidate's analysis is entirely confidential and the TA is a non-reporting analyst, with the exception that it is the responsibility of both the candidate and TA to inform the Institute office and Chair of Progression of any termination or interruption of treatment longer than six weeks. Training Analysts are asked to fill out a form once a year, which lists which candidates they have in training analyses. Once the candidate has graduated from the Institute, there is no further reporting of continuation, termination or interruption of analysis. Students are not permitted to take courses taught by their analyst, and the analyst is required to recuse themselves from any meetings (or portions of meetings) at which their patients are discussed.

V) TRAINING DIFFICULTIES

The Institute's goal is to help all candidates become the best analysts that they can be. As we screen carefully on admission, it is very rare that a candidate who is admitted does not meet the ethical standards necessary to do analytic work, and/or is not able to learn to analyze independently, if they complete the required didactic, clinical and written work. If a candidate is encountering problems either in the classroom or in supervised analytic work, the instructor(s), supervisor(s) and advisor aim to alert them to these issues as soon as possible, so that they can address these difficulties both with their teachers and in analysis.

Infrequently, a student is asked by the Progression Committee to take a leave of absence, while working things through further in their analysis; almost always, when this occurs, the candidate is able to go on to complete the training program, if they wish to do so. It is only on very rare occasions, and after much effort to remedy the problem, that a candidate is asked to leave the

program because they are felt to be unsuited for analytic work. The Education Committee has the final responsibility for any such decision.

Some candidates may find it necessary to take a leave of absence for personal, family or professional reasons. In that case, the candidate, after discussion with their advisor, should submit a letter in writing to the Progression Committee Chair detailing the reasons for the request and estimating the duration of leave of absence. If a candidate on leave of absence has not resumed the program within five years, the Progression Committee will review their situation and make a disposition recommendation to the Education Committee. Advanced candidates, who have not done the work necessary to graduate within five years after completion of classes, will also be reviewed by the Progression Committee, and depending on the circumstances, a recommendation may be made to the Education Committee that the candidate withdraw from the program.

VI) GRADUATION

While learning analysis is a lifelong process, when supervisors and advisor agree that a candidate has had enough clinical analytic experience and has demonstrated the capacity to do good independent analytic work, in addition to completing all their course work, the candidate will be reviewed by the Progression Committee for graduation readiness. As indicated in **Section III** above, this requires experience with a variety of analytic cases of more than one gender, including work that is able to reach advanced mid-phase in a number of cases. We do not require that candidates have experience with an analytic termination prior to graduation, but do make a general recommendation that supervision be resumed post-graduation for the termination phase of at least one case. All initial impressions and annual summaries must be up to date before a candidate can be evaluated by the Progression Committee for graduation readiness. Once a candidate is approved by the committee for this status, the candidate must then complete final summaries of all cases, and have them approved by their supervisors, within eighteen months (though optimally much sooner). Once this is done—and all fees have been paid—the candidate is presented to the Education Committee to be approved for graduation. If this has not occurred within eighteen months of having been declared graduation ready, a candidate will need to be re-reviewed by the Progression Committee before any decision about graduation can be made.

A candidate's personal analysis may or may not continue after graduation; that is a decision made entirely between the (former) candidate and analyst. The same is true for supervision. If a graduating candidate should elect to continue supervision, fees are paid directly to the supervisor in a private arrangement.

VII) FEE SCHEDULES AND TUITION POLICIES

The following fees are effective as of July 1, 2021. All fees are subject to yearly COLA and other adjustments. For up-to-date information regarding fees, please consult the website, catalogue or contact the office of the Administrative Director.

If candidates are encountering financial difficulties, they should discuss this with their faculty advisor, who together with the student can decide whether formal application to the Dean's Committee on Financial Assistance should be made.

1. The Ladder System

All fees are charged according to the year of enrollment, with year of matriculation being the First Year. Fees reflect both class tuition and supervision costs. According to this system, the current full-time fees are:

Full-Time Fees:

- First Year: \$2,885 per semester
- Second Year: \$3,535 per semester
- Third Year: \$3,535 per semester
- Fourth Year: \$3,535 per semester
- Fifth Year: \$3,400 per semester
- Sixth Year: \$3,400 per semester
- Seventh Year and Beyond: \$2,225 per semester

Part-Time Fees:

- First Year: \$2,178 per semester
- Second Year: \$2,670 per semester
- Third Year: \$2,670 per semester
- Fourth Year: \$2,670 per semester
- Fifth Year: \$2,570 per semester
- Sixth Year: \$2,570 per semester
- Seventh Year: \$1,685 per semester
- Eighth Year or until completion of part-time classes: \$1,685 per semester
- Ninth Year or after completion of part-time classes: \$2,225 per semester

This ensures that part-time students, who have usually taken on enough clinical cases so that they are ready to graduate by completion of classes, will pay approximately the same amount for training as full-time students who generally are ready to graduate after five or six years (though there can be a lot of individual variability). Please note: once part-time students complete their coursework, they return to the full-time fee schedule.

2. Fee Schedules

Tuition will be billed in two installments, July 1 and January 15, due in full by August 1 and February 15, after which deadlines a late fee of \$100 will be charged. Students may arrange a schedule whereby to make partial payments, at an additional charge of \$25 per partial payment, with the understanding that a late fee of \$100 will also be charged if the installments are not paid in full by August 1st and February 15. Those students who have not paid their fees in full will not be permitted to begin classes in September or to continue classes beyond March 1, and will be referred to the Progression and Education Committees for possible further action.

3. Leaves of Absence within the Ladder System

There are two categories of leave of absence, with different fees:

- 1) Full Leave of Absence from NYPSI (LOA): Those candidates who are in the ladder system and who are neither taking any class nor are in analytic nor psychotherapy supervision during the entire year will be on Leave of Absence, commencing on July 1 of that year. The LOA fee is \$295 per year, payable on July 1. A late fee of \$50 will be charged after August 1. As soon as the candidate attends an analytic class or takes a case into supervision, the candidate will have re-entered the ladder system and be charged the full fee according to the year of enrollment. On the other hand, any candidate who has not paid the July 1 LOA fee by December 31 of that year will be considered to have resigned from NYPSI, and will need to reapply in order to be re-admitted. For a re-application to be considered, all outstanding balances must first be paid.
- 2) Analytic Program Leave of Absence, Supervision Only (APSO): Those students who take leave of classes but continue in analytic or psychotherapy supervision will be charged the part-time ladder fee for their applicable year.

4. Fee Schedules: Late Admissions and Late Decisions

- 1) Candidates admitted to NYPSI in July and August will be required to pay the first tuition installment in full by August 31, after which a late fee of \$100 will be imposed. Fees must be paid in full before classes can be attended. Those admitted within two weeks of the start of courses must likewise pay the full tuition before attending class.
- 2) Candidates who as of July 1 are unsure of their status for the upcoming academic year will still be billed on July 1 for the full fee on the assumption that the candidate will continue. However, those candidates who decide after July 1, but before the start of classes, that they will not enroll, or will be on LOA or APSO, will be given the appropriate refunds by NYPSI. If this decision is made after the start of classes, no refund will be made.

5. Scholars Program

All fees are charged according to the year of enrollment, with year of matriculation being the First Year. Since Scholars do not take on patient cases, they pay 50% of the relevant full-time ladder fee, until they have completed coursework. Should a Scholar decide to pursue clinical training, s/he would pay 100% of the relevant full-time ladder fee (see **Section A**, above) until they graduate. Tuition fees must be paid in full prior to the commencement of courses. It should be noted that these fees apply in full to all students taking courses, whether on a full or part-time basis, and whether on a full or partial year basis. The fee schedule and late fees are the same as those noted in **Section B** above.

6. Licensure-Qualifying Program

Candidates in the Pre-Clinical Training phase of the Licensure-Qualifying Program will pay the following fees:

First Year:

Tuition: \$1,525 per semester Supervision: \$765 per semester

Second Year:

Tuition: \$1,525 per semester Supervision: \$1,525 per semester

Upon completion of the Pre-Clinical Training phase, students will apply to the Analytic Training Program and, upon acceptance, begin paying Year Two Ladder fees (refer to **Section VII**).

VIII) POLICY REGARDING REASONABLE ACCOMMODATIONS FOR CANDIDATES

The New York Psychoanalytic Society & Institute is committed to providing reasonable accommodations to qualified candidates with disabilities, in compliance with applicable law, including the Americans with Disability Act (ADA).

The Institute's Progression Committee, together with the Education Committee, will assist candidates with documented disabilities or medical conditions to obtain reasonable accommodations. If you believe you may need an accommodation, please make an appointment to meet with your advisor as soon as possible to discuss your particular situation. Appropriate academic adjustments will be determined based upon individual needs.

Candidates are eligible to apply for an accommodation if they have a disability and would otherwise meet the academic, professional, and technical standards to be admitted to, or participate in, the particular activity hosted by the Institute, notwithstanding their disability.

Candidates seeking reasonable accommodations should keep in mind that they are responsible for the following:

1. Asking for assistance promptly to allow for appropriate consideration and planning by the Institute
2. Letting their advisor know the exact nature of their disability and requested accommodation
3. Providing supporting documentation in a timely fashion that meets the requirements set forth below
4. Meeting all responsibilities and deadlines, taking into account agreed upon

accommodations

5. Submitting a completed request form
6. Promptly bringing problems to the attention of their Advisor and Progression Chair

Supporting documentation is needed by the Institute to confirm that a candidate has a disability and to determine what accommodation is appropriate. Supporting documentation should be current and come from an appropriate, licensed professional who is not a member of the candidate's family. The documentation should provide a diagnosis of current disability or medical condition and other supporting information, including the date of the diagnosis, how the diagnosis was reached, how the disability or medical condition affects a major life activity and/or how the disability or medical condition affects academic performance, and the reason(s) the particular accommodation is needed. The documentation should be dated and signed and should indicate the credentials of the diagnosing professional. The adequacy of the documentation will be determined by the Dean of Education and any consultants that the Dean may engage.

Further, the Institute may request evaluation by its own medical or professional consultants to assist in review of a request for an accommodation.

Additional information may be requested, including permission to speak with the relevant treating professional. All medical information will be kept confidential. The Institute is not required to provide an accommodation if such accommodation would fundamentally alter the nature of a program, service, or activity or if providing the accommodation would result in undue hardship, considering the nature, cost, and impact of the accommodation and other factors.

If a candidate wishes to appeal the Education Committee's determinations under this policy, an Accommodation Review Committee will be convened for that purpose.

Rev. 7/2021

Newport Psychoanalytic Institute

Our **core program in Psychoanalysis** takes place over a minimum of five years through the long established three-fold process of psychoanalytic training: Didactic Seminars, Personal Psychoanalysis, and Supervised Clinical Work, resulting in certification as a **Psychoanalyst**.

Didactic Seminars involve core and elective topic and casework oriented seminars. The seminars expose candidates to a spectrum of theoretical perspectives providing a broad understanding of psychoanalytic history, current theory building and clinical application. Continuous case conferences offer the opportunity to integrate theory with technique, as candidates present case work within a group setting.

Personal Analysis is the cornerstone of analytic training, providing an experiential understanding of the value of the psychoanalytic process as it facilitates one's professional and personal development.

Supervised Clinical Work offers the opportunity to apply psychoanalytic techniques in clinical work under the supervision of Senior training Analysts. Supervisors for those cases may be any qualified analyst who meets the Training Committee's approval.

NPI'S PROGRAM IN PSYCHOANALYSIS

This NPI program offers training courses in both the theory and practice of psychoanalytic psychotherapy. The first year is open to applicants who are interested in understanding psychoanalytic thinking about human development and relationships. Both theoretical and clinical applications are presented concurrently so that students can see how psychoanalytic thought translates into psychotherapy. Coursework includes didactic courses incorporating theory and clinical application, supervised practice, and case discussions, explicating transference, counter-transference and unconscious process.

Individuals who successfully complete the one-year program receive certification in Dynamic Psychotherapy. Students have the option of further training in psychoanalytic study groups and NPI extension courses. For this reason, the topic-oriented courses are designed to articulate with those programs.

REQUIREMENTS:

Complete personal training analysis through the second control case and 400 hours.

Complete 50 hours of pre-control supervision designed to facilitate analytic thinking with patients.

Complete 3 supervised control cases with approval of the Faculty Training Committee.

NPI requires a total of 200 hours of supervision over analytic patients in addition to the 50 hours of pre-control.

One control case may be conducted at three patient session hours per week on three different days.

The other two cases must meet a minimum of four patient hours per week on four different days.
All meetings must be in person.

To qualify as a control case, a patient must be an adult of 18 years or older.

The additional 50 required hours of supervision may be on any case that is seen 3 to 4 times per week. NPI suggests that these 50 hours be used to continue a control case through termination if possible.

Complete required core courses (20 required core courses for certification in Psychoanalysis).

Complete 10 elective courses.

Complete 10 Case Conference courses (2 Introduction to Case Presentation I & II, 1 Introduction to Case Conference, a maximum of 2 Pre-Matriculation Case Conferences, and a minimum of 5 Matriculation Case Conferences. Psychoanalytic candidates must present in at least one continuous Case Conference course.

Complete a clinical paper or clinical project with theoretical integration. The certification paper or project is a non-published clinical paper protected by the constraints of confidentiality.

CORE SEMINARS

Clinical Issues – 30 weeks

Clinical Issues I – Introduction to the Psychoanalytic Setting

Clinical Issues II – Transference, Counter-transference, Unconscious Experience

Clinical Issues III – The Psychoanalytic Frame and Boundary Dilemmas

The Writings of Freud – 20 weeks

The Writings of Freud I – Freud’s early work from 1895 on dreams, hysteria, sexuality, and other topics

The Writings of Freud II – Freud’s works from about 1910, development of theories on sexuality, the unconscious, psychoanalytic technique, and other topics.

Developmental Theories in Psychoanalysis– 30 weeks

Developmental Theories I – Infancy, Toddlerhood, Early Childhood

Developmental Theories II – Later Childhood & Latency

Developmental Theories III – Puberty and Adolescence

Comparative Theories in Psychoanalysis – 10 weeks

Dreams in Psychoanalysis – 10 weeks

Ego Psychology – 10 weeks

The British Independent Tradition – 10 weeks

The Writings of W.R.D. Fairbairn and H. Guntrip – 10 weeks

The Writings of Melanie Klein I – 10 weeks

The Writings of Wilfred Bion – 10 weeks

The Writings of D. W. Winnicott – 10 weeks

Self-Psychology and Intersubjectivity – 10 weeks

Advanced Clinical Issues I – Regression, Abstinence, and Provision – 10 weeks

Advanced Clinical Issues II – Impasse and Termination – 10 weeks

10 Continuous Case Conferences

10 Elective Seminars – these courses are offered throughout the candidates training. Some Examples:

Freud III

Winnicott II

Dreams II

The Writings of Andre Green

Clinical Writing

Relational Psychoanalysis

The Treatment of Borderline and Narcissistic Disorders

The Life and Writing of Sandor Ferenczi

The Clinical Contribution of Harold Searles

Freud's Project for a Scientific Psychology and Modern Neuroscience

Independent Study – as arranged

For more detailed information on certification requirements please see our catalog [here](#)

RESEARCH PSYCHOANALYST REGISTRATION

The Newport Psychoanalytic Institute is approved by the California State Medical Board of Medical Quality Assurance to register Research Psychoanalysts. Persons with Ph.D.s in fields related to Psychoanalysis (Anthropology, History, Literature, etc.), who are not licensed to practice psychotherapy, can be trained in this category. Research candidates must have taught or done research.

A registered Research Psychoanalyst is an individual who has graduated from an approved psychoanalytic institution and is registered with the Medical Board of California. Research Psychoanalysts may engage in psychoanalysis as an adjunct to teaching, training or research. Additionally, students who are currently enrolled in an approved psychoanalytic institution and are registered with the Medical Board as a Student Research Psychoanalyst, may engage in psychoanalysis under supervision.

ADJUNCT DEFINED

A Research Psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training or research. “Adjunct” means that the Research Psychoanalyst may not render psychoanalytic services on a fee-for-service basis for more than an average of one-third of his or her total professional time including time spent in practice, teaching, training or research. Such teaching, training or research shall be the primary activity of the Research Psychoanalyst. This primary activity may be demonstrated by

A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310 (a) and (b), of the Education Code.

Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or

A significant research effort demonstrated by publications in professional journals or publication of books.

Students and graduates are not entitled to state or imply that they are licensed to practice psychology, nor may they hold themselves out by any title or description of services incorporating the words: psychological, psychologist, psychology, psychometrists, psychometrics or psychometry.

For a copy of the laws and regulations related to Research Psychoanalysts proceed to the webpage listed below for the Business and Professions Code and the California Code of Regulations.

Verification of the current registration for Research Psychoanalysts may be obtained by selecting the webpage link below, or contacting the Medical Board’s Consumer Information Unit at (916) 263-2382.

For any other information related to Research Psychoanalysts, you may directly contact the Medical Board at:

Medical Board of California
Attn: Research Psychoanalyst Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Telephone: (916) 263-2382

<http://www.mbc.ca.gov/Applicants/Psychoanalysts/>

This law was established and gave certain Institutes State approval to train research psychoanalysts. A person who is accepted as a Research Candidate with NPI must apply to the State for approval.

Graduates must persist in their primary profession and cannot work more than one-third of his or her time in psychoanalysis.

As a student, he or she must have at least one year clinical training – often at a clinic – seeing patients while working under supervision.

NPI cannot accept Research Candidates from other states unless they have complied with California State law.

Research Candidates can start classes at NPI and then apply to the state, but cannot begin supervised cases until approved from the state is received.



NEW YORK UNIVERSITY
A private university in the public service

Student Handbook

Revised September 1, 2022

Postdoctoral Program in Psychotherapy and Psychoanalysis

[Visit our website](#)

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**CANDIDATES ARE EXPECTED TO BE FAMILIAR WITH THE REQUIREMENTS
AND POLICIES OF THE POSTDOCTORAL PROGRAM AND OF THE
NYU GRADUATE SCHOOL OF ARTS & SCIENCE.**

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Introduction

This is the Student Handbook of the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis (“Postdoc”). All Postdoc students are required to be familiar with the policies and procedures of the Program and of NYU’s Graduate School of Arts and Science. This manual serves as a guide through those regulations. Please note that the term “candidate” is typically used in psychoanalytic training programs and will be used here as synonymous with the term “student.”

The New York University Postdoctoral Program in Psychotherapy and Psychoanalysis values psychoanalytic pluralism, ongoing dialogue among the various psychoanalytic traditions, and respect for the candidate in analytic training as a dedicated professional, competent clinician, and scholar. We have always believed that the best setting in which to pursue psychoanalytic education incorporating our values is at a university with an established tradition of intellectual inquiry, freedom of thought, interdisciplinary exchange, and a commitment to research.

Our Postdoctoral Psychoanalytic Program offers a diverse curriculum including Contemporary Freudian, Independent, Interpersonal-Humanistic, and Relational, orientations (tracks), and it is unique in offering comprehensive education in each of these approaches. Candidates in psychoanalytic training are encouraged to sample courses and work with clinical consultants from each of the orientations, although they are also free to concentrate on any one of them. Each orientation features an internationally known teaching faculty and outstanding clinical consultants who have made significant contributions to the field of psychoanalysis. The Postdoctoral Program was the first psychoanalytic training program to be fully accredited by the Accreditation Council for Psychoanalytic Education, Inc. Postdoc is also an approved training institute of the American Psychoanalytic Association and is in accordance with its [Standards and Principles for Psychoanalytic Education](#).

This manual should be read carefully, as changes in policies, procedures, and forms are effective with its publication. Students are expected to be familiar with the Program’s requirements as delineated in the manual’s most recent edition. Please discard any previous manuals.

Postdoctoral Program Overview

Governance:

The NYU Postdoctoral Program in Psychotherapy and Psychoanalysis is a freestanding program within the Graduate School of Arts and Science (GSAS) of the School of Arts and Science. The Program is administered by a Program Director, and the Postdoctoral Clinic is administered by a Clinic Director, who reports to the Director.

The Director is assisted by two major advisory committees, the Executive Committee (EC) and the Senate. The Executive Committee consists of the Clinic Director, and five faculty members, one from each of the Program's tracks and one person advising on issues of inclusion, equity, diversity and overall program matters. The members of the EC also serve as liaisons between the Program and the tracks. While the faculty members of the EC are selected by the Program Director and tracks, their function on the EC is to consider the needs of the Program as a whole. In addition, EC members act as liaisons to their respective tracks. The EC is responsible for making recommendations for faculty appointments, curriculum, and courses to the Director, who in turn makes recommendations to the Dean of GSAS. In addition, it advises the Director regarding Program policy and the operation of the Senate.

The Program's Senate is an advisory committee to the Director and is constituted of 26 senators with all segments of the Postdoctoral community represented. The Senate votes on the installation of new educational projects. Chaired by the Director (who only votes to break a tie), the Senate consists of 13 faculty members (the Clinic Director, five from the Executive Committee, and eight Track Chairs); eight students; and five graduates, including one representing the Psychoanalytic Society (the Society constituted of graduates of the Program).

Ethics:

The New York University Postdoctoral Program in Psychotherapy and Psychoanalysis has long enjoyed a reputation for professional, clinical, and educational excellence. This reputation is grounded in an ethical bedrock; it is expected that all students and faculty members will adhere to the highest ethical standards of the University and of the profession. The purpose of the New York University Code of Ethical Conduct is to highlight the essential elements of an ethical and responsible environment in which the central educational goals of the University can be met effectively and efficiently. The Code articulates ethical standards, principles, and policies that all NYU members – at home and abroad -- are expected to uphold by incorporating these values into their daily University activities. For information on New York University's Code of Ethics and for further information on related policies and resources [click here](#).

Additionally, it is expected that all students will strictly adhere to the [American Psychological Association's \(APA\) Ethical Principles of Psychologists and Code of Conduct](#) or to the equivalent code of ethics of the mental health discipline in which the student is licensed. The Postdoctoral Program's Ethics Advisory Committee offers education and programming related to ethical matters and concerns to the Postdoctoral faculty and candidates. Ethical dimensions and dilemmas that may arise in the course of all aspects of professional practice, including clinical consultation/supervision, treatment, and teaching, are considered.

All candidates should be familiar with [New York University's Graduate School of Arts and Sciences \(GSAS\) "Policies and Procedures Manual and Forms."](#)

In the event of any academic, behavioral, or ethics complaint, the rules of disciplinary procedure set forth in the GSAS manual will be followed. It should be clear that ethical violations would be pursued BOTH along professional lines as a violation of professional ethics AND as a failure of meeting the Program's academic requirements. As a violation of professional ethics, the candidate may be reported to the State Department of Education, the Ethics office of the American Psychological Association, or to whatever relevant professional association the candidate belongs. As is always the case in regard to professional ethics, any licensed psychologist or mental health professional will report the violation of professional ethics according to the ethical requirements of the profession. In addition, any ethics or behavioral complaint will be considered as a violation of the Program's academic requirements and will be pursued along academic lines. Specifically, as stated in the GSAS manual, the Director of the Program shall meet with the candidate against whom a complaint has been filed, describe the complaint, and offer the candidate an opportunity to respond. The candidate shall be informed of her or his right to accept or reject the Program's resolution. After considering all relevant information, the Director may inform the student of the terms, including (where appropriate) the imposition of sanctions upon which the Program is willing to resolve the matter. Where the candidate agrees in writing to the terms of the Program's resolution, a binding consensual resolution shall exist between GSAS and the candidate. Where the Director is unable to resolve the complaint by consensual resolution, the Director shall forward the complaint to the Associate Dean for Academic and Student Affairs.

Procedures, Complaints, and Grievances:

New York University's GSAS has clearly stated policies and procedures for the handling of ethical matters (see above). Within the Postdoctoral Program, anyone in the community may bring a question or a complaint to the Program Director, the Clinic Director, or to any member of the Executive Committee, each of whom will use their best judgment in discussing the situation, maintaining the greatest possible confidentiality among themselves, as well as turning to the Ethics Advisory for guidance.

All efforts will be made to handle ethical matters informally as per the APA Ethics Code, which states, “When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.”

If for any reason anyone in the community does not want to bring such a complaint to the Directors or to Executive Committee members, they may proceed directly to one of the Associate Deans or to the Dean of GSAS. Thus, there are a variety of people who can be turned to in the management of any question or complaint. All parties will follow GSAS policy and procedure for the handling of any such matters. As psychologists, we are bound to handle any and all ethical matters as required by New York State law and the APA Ethics Code. Nothing in the University policies and procedures contradicts or interferes with this responsibility.

Reporting and Addressing Grievances:

New York University is committed to equal treatment and opportunity for its students; to maintaining an environment that is free of bias, prejudice, discrimination, harassment, and retaliation; and to establishing complaint procedures for allegations involving students.

If a student has experienced or witnessed bias, prejudice, discrimination, harassment or retaliation, please contact the Director of Graduate Studies to become informed of the grievance procedures or the NYU Office of Equal Opportunity to initiate the complaint resolution process by email, equal.opportunity@nyu.edu, phone, 212-998-2370, or through the NYU bias response line.

If a student would like help from within the Program but prefers not to report to the Director of Graduate Studies. These include:

- The Chair of the Ethics Advisory Committee
- The EC member advising on issues of inclusion, equity, diversity.
- The Program Director

It will be up to these alternative faculty members to judge whether other Program officers or GSAS itself should be made aware of a grievance. All faculty members will strive to honor requests for confidentiality.

Additional Ethical Guidelines and Clarifications:

Confidentiality:

Students are expected to adhere to the highest level of professionalism in all aspects of their practice. This includes strictly preserving the confidentiality of information concerning their patients (both current and former) in their use of clinical material in oral

and written presentations. More specifically, when students use case material in teaching, publishing, or any other form, they will disguise the identity of the patient, living or deceased, and obtain written consent. This is an ethical area with a certain degree of ambiguity. Where written consent cannot be obtained, candidates will use their best judgment to ensure confidentiality and respect for the patient's rights and privacy. These standards will also be maintained when presenting and discussing case material during classes, case conferences, and other educational activities. Finally, students will not discuss case material in social settings.

Impairment:

Students are expected to maintain as much awareness as is possible of any factors or conditions that may limit their own or a colleague's ability to perform their professional responsibilities. These include physical and/or psychological conditions that are actively interfering with the individual's clinical or educational functioning. Students who are concerned about the competency of a fellow candidate or a member of the Program's teaching or clinical consulting/supervising faculty, are expected to intervene by informing the Program Director, the Clinic Director, or any member of the Program's Executive Committee. Impairment is of ethical concern when it affects clinical judgment or performance, or other aspects of learning, teaching, supervising, consulting, or clinical work.

Boundary Violations:

Postdoctoral students must avoid conflicts of interest and potential boundary violations and problematic dual relationships that expose clients, patients, or other students to harm or exploitation. Students must also abide by the highest standards of professional conduct in their clinical work and thus cannot ask out, date, or pursue sexual/romantic contact with any person who consults them in any clinical context, even if that clinical consultation has lasted for only a brief period of time.

Loss or Incapacitation of a Personal Analyst:

Students should be aware that the Program Director, the Clinic Director, and members of the Program's Executive Committee are all available to speak with them in regard to personal and professional concerns, including the loss or incapacitation of a personal analyst. Although the Program does not assign analysts to students, students should be aware that the Program Director does maintain a list of faculty who are willing to serve as analysts of students at reduced fees.

Curriculum:

The program affords candidates the opportunity to take courses from faculty representing major orientations in psychoanalytic theory and practice. We encourage students to take courses reflecting differing points of view and to have clinical consultation/supervisory experiences with faculty of diverse approaches. The curricula are designed to encourage an intellectual community in which theoretical diversity and comparative study may thrive, and where greater clarity of conceptualization and integration in psychoanalytic thinking may be achieved.

Candidates must satisfactorily complete 36 points of coursework. Beginning in the academic year 2019-2020, all first-year students are required to enroll in the first-year class Introduction to Contemporary Psychoanalysis: Theory and Practice. It is a two-point course and is given in the fall semester. In the spring semester, first-year students are required to complete a one-point seminar on the topic of ethics. Students who do not find it feasible to take this seminar during their first year should try to do so before or within a semester of beginning work with a Clinic patient. They in any event, however, must complete it by the time they finish the Program. Students who do not take this course cannot be permitted to graduate.

All other Postdoctoral Program courses are grouped under seven broad categories and students are required to distribute specific numbers of points among designated categories. The core areas of study focus within these three categories:

- 1. Foundations of Psychoanalysis**
- 2. Theory and Technique**
- 3. Clinical Case Seminars**

Candidates are required to take a minimum of six points from each of those categories. Three points for the first-year courses and 18 points for courses from the categories above total 21. This leaves ample options for the additional 15 points needed for graduation.

It is recommended that candidates take at least one course (either one or two points) from each of the following remaining categories:

- 4. Treatment of Specific Disorders**
- 5. Cultural, Political, and Spiritual Issues**
- 6. Gender and Sexuality**
- 7. Development and Life-Span Issues**

Faculty members are available to help guide course selection. Our most recent roster of courses, grouped according to categories, is displayed on our Program's website. Not all courses are given each year; a list of the courses to be offered is made available prior to each semester's registration. New courses are added periodically, and the Program's website is updated accordingly.

Course Requirements and Leave of Absence:

Enrollment in one course per semester is required. If for any reason candidates cannot take a course, it is their responsibility to notify the Postdoctoral office in writing and explain the reason for the break in registration. A copy of this communication will be placed in the candidate's file. Candidates should communicate with the Program each and every semester during which they are not registering for a course. The Program will only extend leave to a candidate for a maximum of four consecutive semesters. If a candidate has not taken a course in two years (four semesters), or has not maintained regular contact with the Program, the candidate will be dropped from the Program by the Program Director. Candidates are required to complete 36 points of coursework in order to graduate.

Course Evaluations:

At the end of each semester, course instructors write a brief evaluation of each candidate's performance and candidates are graded on a pass/fail basis. A candidate may receive a failing grade on the basis of lack of attendance, lack of or inadequate participation, or lack of preparation, among other reasons. If a candidate fails a course, the situation will be reviewed by the Program Director. Candidates may challenge a failed grade by asking for a review by the Program Director. A discussion with the candidate will be held that constitutes a warning. Following this warning and an opportunity for correction and improvement, further action may be taken as described under Progression and Advisement. Candidates may always ask that the appropriate Dean or committee of the graduate school review such decisions. Candidates write an anonymous evaluation of each course instructor as well.

Instructors' evaluations are due within one month following the end of the semester and are placed in each candidate's digital file. Candidates are expected to review their files every year, since it is the candidate's responsibility to make sure all evaluations are in the file and to be familiar with and reflect upon whatever issues may be raised by course instructors.

Tuition and Expenses:

Postdoctoral students select courses in a pre-registration system that is administered by the Postdoctoral Program office. Once all students have been assigned their courses, they register online. [Tuition and fees](#) are set by the Graduate School of Arts and Science. GSAS tuition and fees apply to the Postdoctoral Program.

Clinical Requirements:

The details of clinical requirements are spelled out below (see pp. 13-23 of this Handbook), and this brief description is intended only as an introductory overview.

The Postdoctoral Program's clinical requirements must be met by treating patients seen under the auspices of our psychoanalytic Clinic. The candidate is required to treat two patients for 200 hours each, for a total clinical requirement of 400 hours. Each Clinic patient must be at least 21 years old and seen at a frequency of at least three sessions per week, for a minimum of 200 hours. Each session must take place in-person on a different day of the week and must be at least 45 minutes in duration. With the approval of the clinical consultant and the Clinic Director, some portion of the analysis may be conducted using interactive audio-video communications or telephone. All work done with a Clinic patient as part of the candidate's Clinic case requirement must be discussed with a Postdoctoral Program clinical consultant.

Candidates are to begin work with a Clinic patient by the beginning of their second year in the Program, and they are to continue Clinic work until the 400-hour Clinic requirement is met. Any student who delays initiating clinical requirements beyond this time should write to the Clinic Director, copying the Postdoctoral Office, requesting an exemption. In performing the clinical requirement, students are expected to follow all guidelines outlined in this Postdoctoral Program Handbook, which is updated regularly. If candidates have already made use of their four-year entitlement to low-fee consultation before the Clinic requirement has been met, then private clinical consultations from a Postdoctoral Program clinical consultant must be sought until that requirement has been completed.

Each candidate is required to complete 160 hours of clinical consultation with four clinical consultants (or three clinical consultants with 80 hours of consultation with one of them). At the end of each year of consultation the consultant submits a written evaluation of the candidate's progress. The candidate reviews this evaluation with the clinical consultant and signs it before the report is submitted for inclusion in the candidate's file. Candidates may submit their own written report if there is disagreement with the consultant. It is the clinical consultant's responsibility to write the evaluation in a timely manner, but it is also the candidates' responsibility to make sure their file is complete.

Starting with the entering class of Fall 2020, an optional year supervision will be available to our beginning candidates who have not yet begun their clinic requirements. For more details, see section III. Clinical Consultants, point C. on pg. 22.

Personal Analysis:

Candidates in the Program are required to complete 300 hours of personal psychoanalysis at a minimum of three sessions per week; each session must take place in-person on a different day of the week and must be at least 45 minutes in duration. At the discretion of the Program Director and Clinic Director, some portion of this analysis may be conducted using interactive audio-video communications or telephone. This analysis must begin prior to initiating work with a training case provided by our Clinic, and it must be concurrent with at least one year of the treatment of the Clinic patient. The candidate's personal analyst must have had, at the commencement of the candidate's analysis, five years of experience following graduation from an analytic training program that has standards commensurate with our own. The analyst must be licensed and be covered by malpractice insurance; it is recommended, but not required, that the analyst be certified.

Applications to the Postdoctoral Program are reviewed by the chair of the Admissions Committee to determine whether the applicant's previous or current analyst meets our specified criteria for training and experience and whether the applicant's previous or ongoing treatment with the analyst has been at our required frequency. This is to enable the Admissions chair to alert the applicant to situations in which previous or current treatments might not be counted toward meeting the Program's requirements. Lack of comment does not indicate that the treatment has been approved. Such decisions are not within the purview of the Admissions Committee; it is rather the Program Director and Clinic Director that determines whether the requirements for personal analysis have been met. When entering the Program, the candidate agrees to follow specified criteria regarding the choice of analyst and to adhere to the conditions of treatment as set out in our letter of admission and the Student Handbook. Forms attesting to the fact that the candidate is in a personal analysis that meets our standards are to be filled out annually by the candidate until the requirement has been met. The Program Director and Clinic Director always maintains the right to request that a candidate undertake additional clinical consultation, personal treatment, or coursework to qualify for our certificate.

Moderate-cost psychoanalysis is made available to candidates by many members of our faculty. For further information regarding moderate-cost analysis, candidates may speak with the Program Director or the Clinic Director. (See also APPENDIX C—Selecting a Personal Psychoanalyst.)

Progression:

The Progression Committee is made up of members of the faculty and works in close collaboration with the Program Director and the Clinic Director. Students must follow the requirements and policies of the Program as stated in the most current edition of the Student Handbook. If candidates wish to make exceptions to the requirements, they must consult with the Co-Chairs of the Progression Committee in a timely manner for approval before taking action.

The Committee will especially focus on those candidates who have notified the Postdoctoral Office for review to be considered for graduation. If the candidate anticipates fulfilling 36 points of coursework, 300 personal analytic hours, and 400 hours of Clinic patient work by the end of the academic year, candidates are to notify the Postdoctoral Office in writing no later than the end of September of their intention to graduate the following spring. The candidate's file will be reviewed at this time, and, if appropriate, the name of the candidate will be submitted to the faculty for final approval. Graduates receive a certificate stating that they have completed the Postdoctoral Program in Psychotherapy and Psychoanalysis.

The Progression Committee will discuss any ambiguous or controversial matters regarding a candidate's performance, and the Committee may consult the Program Director, and the Clinic Director. The Committee will give specific feedback and due warning to any candidates whose evaluations are less than optimal and will make recommendations to help them move forward in their education. The Committee may require that a candidate complete additional coursework, consultation, clinical experience, or personal analysis in order to fulfill the requirements of the Program. Following a warning, probationary period, and follow-up evaluation, the Committee reserves the right to recommend to the Program Director to dismiss or deny continued registration or graduation to any candidate who in the judgment of the Committee is determined to be unsuited for the Postdoctoral Program. A candidate has the right to appeal this decision to the Program Director and Executive Committee and may always ask that the appropriate Dean or committee of the graduate school review such a decision.

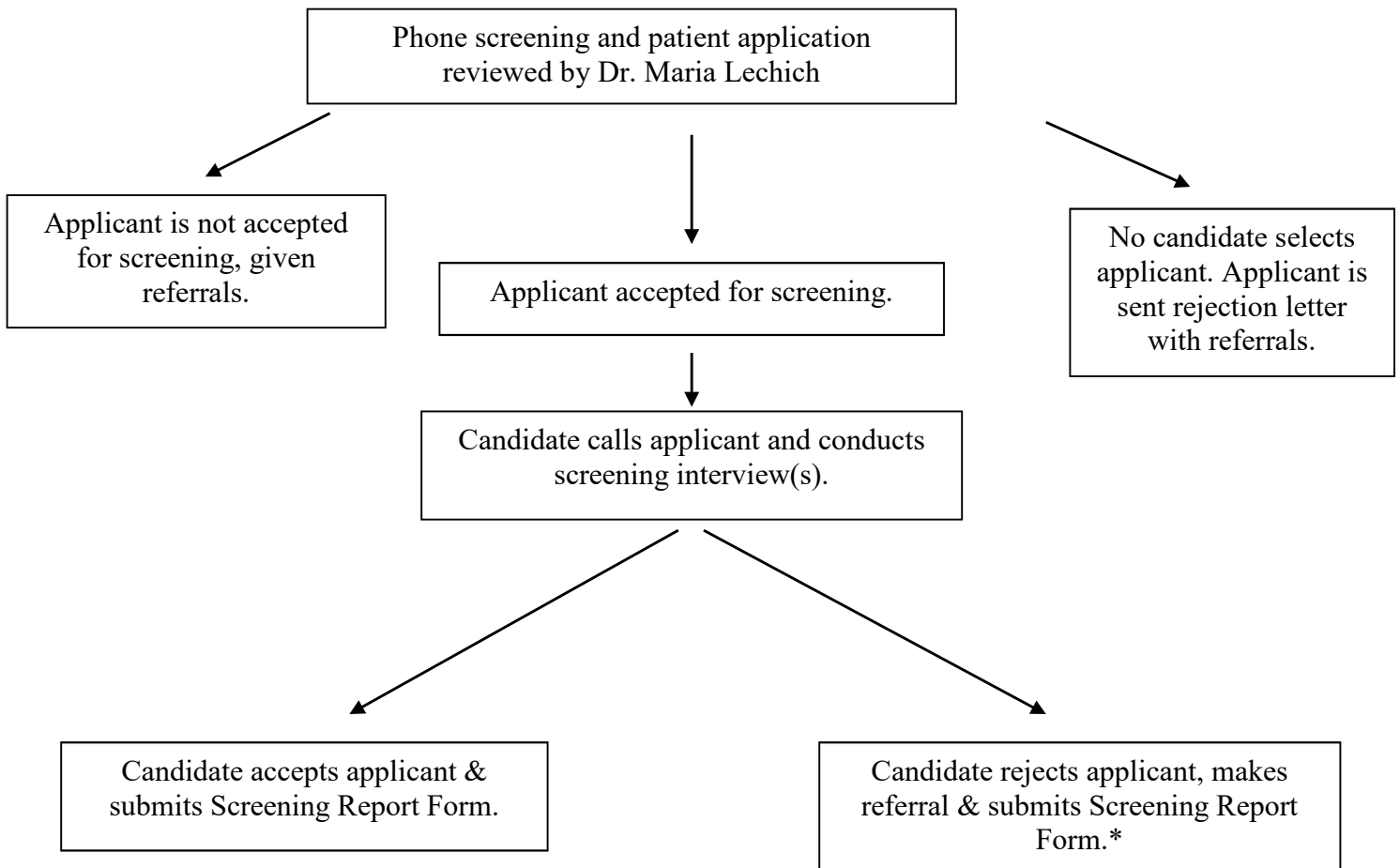
Introduction to the Postdoctoral Clinic:

The Clinic is administered under the direction of Maria Lechich, Ph.D. The Clinic is the treatment facility for the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. The priority of the Clinic is to offer clinical education aimed at enhancing the psychoanalytic practice skills of students. The Clinic has been providing services to the public since 1961 through the provision of low-cost psychoanalysis and psychotherapy to individuals who can benefit from but could not otherwise afford such treatment. Clinic fees are arranged according to the patient's income. Candidates

working with Clinic patients receive ongoing consultation with faculty from varied theoretical orientations who have been carefully selected for their clinical expertise. Clinical consultation emphasizes clinical excellence and ethical practice.

OVERVIEW ON PATIENT APPLICATION TO THE CLINIC

Clinic Flow Chart:



*Under certain circumstances, applicant may be referred to another candidate for screening.

I. Clinic Policies and Procedures:

The Postdoctoral Clinic is sponsored by the University as a service to the public. Candidates providing psychoanalysis contribute to this very important public service.

- A.** Candidates are required to begin work with a Clinic patient no later than the beginning of their second year in the Program. New candidates, in general, may not work with Clinic patients until the middle of the first year of matriculation.
- B.** Patients must be a minimum of 21 years of age to be considered as a Clinic case.
- C.** Candidates are required to begin their personal psychoanalysis prior to initiating work with a Clinic patient, and the analysis must be concurrent with at least one year of the treatment of the Clinic patient.
- D.** The Clinic Director must be notified six weeks in advance of beginning Clinic patient selection.
- E.** Only candidates licensed in their respective professions can see Clinic patients. Candidates must submit a copy of their license and malpractice insurance and must maintain updated records of such in their student files during the time period they are working on their clinical requirements.
- F.** Candidates will discuss the selection of patients with their clinical consultants and with the Clinic Director in order to obtain meaningful and diverse clinical experiences.
- G.** Clinic patients are to be seen a minimum of three sessions per week, in person, for at least 45 minutes per session. Each session must be held on a separate day. With the approval of the clinical consultant and the Clinic Director, some portion of the analysis may be conducted using interactive audio-video communications or telephone.
- H.** Prospective patients are to be informed that candidates are licensed in their profession, and that the student is in training as a psychoanalyst at the NYU Postdoctoral Program and is guided by our approved clinical consultants and faculty.
- I.** Prospective patients are to be informed that the initial screening interview usually requires two to three sessions, and that there is the possibility of a potential referral elsewhere. Patients may also have the option of meeting with a different candidate if one is available.

- J.** The candidate is required to treat two Clinic patients for a total of 200 hours each (this includes interview sessions). Students are expected to consult regularly on all Clinic cases. Candidates usually start with a second Clinic patient after they have completed the hourly and clinical requirements with the first Clinic patient.
- K.** Beginning September 2022, the Clinic Director will send a letter to candidates when they begin work with their first Clinic patient. The letter will acknowledge this important milestone and review the Program's clinical requirements. A copy of this communication will be placed in the candidate's file and sent to the Program Director, Co-Chairs of the Progression Committee and the Program's Administrative Aid.

At the completion of the first 200- hour clinical requirement with a first Clinic patient, the Program Director, in conjunction with the Clinic Director, will review the candidate's folder and, if appropriate, the candidate will receive a midpoint evaluation in good standing from the Program Director

- L.** In the event that work with a Clinic patient ends before the fulfillment of the minimum 200-hour requirement, the candidate will inform the Clinic Director, who will evaluate whether the candidate's completed work has met the spirit of the training requirements. The Clinic Director considers a written recommendation from the clinical consultant and other supervisory reports in responding to this request. When treatment is terminated before the 200-hour clinic requirement is met, a Termination Report Form with a complete Case Summary must be filed within one week of termination by the candidate (see pg. 24 for an outline of the required summary).
- M.** Fees collected for psychoanalysis through the Clinic are paid to New York University. Fees, fee setting, fee changes, disposition, etc., are considered an essential part of the training process and clinical consultants are to be informed by candidates of all plans in this regard. Fees are reviewed every six months in the context of the analytic process. Patients are informed of the ongoing process of fee review. Any changes in the contract (fees, etc.) are to be discussed with the clinical consultant and a brief written report should be submitted to the Clinic Director.
- N.** The candidate has the responsibility to see two Clinic patients for a total of 200 hours each, but responsibilities to patients do not end at the conclusion of those hours. There is an ethical responsibility to continue work with such patients, as needed, and it is the Program's expectation that patients will be seen beyond the number of hours required for training purposes in order to complete the treatment.

Patients who agree to be seen for psychoanalysis through our Clinic sometimes

harbor the mistaken idea that their treatment must stop at the completion of 200 hours. We urge candidates to be mindful of such concerns. Patients should be informed at the outset that the treatment need not end at 200 hours, and that arrangements can be made to continue it.

Usually, treatments continued beyond the requirement take place in the candidate's private practice, and the fee is then paid directly to the candidate. The candidate is encouraged to continue with the same frequency and fee arrangement even after the Clinic requirement of 200 hours has been met, but it is understood that there are circumstances in which this may not be possible. In such cases, the candidate should aim to uphold a good and ethical standard of practice.

The commitment to see treatments through to completion is intrinsic to the psychoanalytic tradition, and the candidate is expected to continue the analysis through to a clinically appropriate termination, even if this occurs beyond the time of the candidate's graduation from the Program. It is expected as well that the analyst will continue to seek clinical consultation after graduation.

- O.** If candidates are psychologists then they are expected to be thoroughly acquainted with and adhere to the latest edition of Ethical Standards of Psychologists (American Psychological Association), which is available at the Clinic Website. For example, Clinic patients are not to be terminated without serious consideration of their needs. Mental health practitioners from other disciplines (such as psychiatrists, social workers, psychiatric nurses) are expected to be thoroughly acquainted with and to adhere to the ethical standards of their respective professions (see section on Ethics, pg. 4). It should be clear that ethical violations will be pursued BOTH along professional lines as a violation of professional ethics AND as a failure of meeting the Program's academic requirements.
- P.** Candidates will inform Clinic patients if they have withdrawn from training, or if their status is otherwise changed before graduation.
- Q.** Ethical and customary practice and professional regulations in New York State mandate that records of psychotherapy be maintained by practitioners. The Clinic follows all New York State Health Laws. Progress Notes are mandatory for all medical and non-medical mental health professionals. Progress Notes contain the name of the patient, session number, date, start time, end time, type of service. The body of each note should include topics discussed in general terms; interventions; assessed efficacy; progress; salient symptoms; risk factors, if any; changes in diagnosis and/or plan; and actions taken. Progress Notes are not Psychotherapy or Process Notes. All notes are to be maintained in secure environments by the candidate.

- R. Those seeing Clinic patients outside of New York State are required to follow the regulations of their respective states.

II. Clinic Procedures:

A. Selecting a Clinical Consultant:

Prior to beginning screening interviews for a Clinic patient, candidates choose a clinical consultant. Selecting a clinical consultant is based on candidate learning needs and consultant availability. The Clinic Director and/or other faculty can assist candidates in the selection of a clinical consultant. The Clinic Director can provide a list of clinical consultants. (See also III, Clinical Consultants.)

Once a clinical consultant has been selected, the candidate must inform the Postdoctoral Office and the Clinic Director of the selection.

B. Selecting a Patient:

1. Patient applications are on file at the Postdoctoral office. These applications have been pre-screened by the Clinic Director. This preliminary evaluation is based on certain gross criteria to eliminate those unlikely to benefit from our service and/or unlikely to be chosen by a candidate. These criteria may include: previous psychiatric hospitalization(s); continuous use of addictive drugs; serious past or present suicidal potential; severe psychosomatic disorders; notable history of interrupted treatments; no apparent areas of competent functioning; and any impediment or handicap that would prevent attendance at sessions.
2. Candidates should be sure to note what sort of person the applicant wishes to work with and the available times the applicant has listed before selecting an applicant to call for a screening interview.
3. Clinical consultants must be consulted before screening interviews are arranged to evaluate whether the applicant will be suitable for the candidate's training needs. The final decision whether to accept or reject an applicant takes place after discussion of the screening interview with the clinical consultant.
4. Under special circumstances a patient may be directly referred to a candidate. The Clinic application, however, must be submitted to the Clinic Director for approval before a screening appointment or a commitment is made.

5. On occasion, candidates choose to consider converting a private-practice patient into a Clinic patient. In such instances, the candidate and clinical consultant discuss in detail the pros and cons of such a change. The candidate also discusses the possible change with the patient. When a change is assessed as being in the best interest of the patient, then the potential Clinic patient is asked to speak with the Clinic Director and requests an application to the Clinic. Once approved, a Screening Report Form is submitted immediately by the candidate. See APPENDIX A.

C. Screening Interviews:

1. It is important to make clear to the applicant at the first contact that the purpose of the interview(s) is to ascertain whether the particular offering of the Clinic and/or the particular candidate seems appropriate for the applicant. Applicants should also be informed that the treatment does not have to end after the completion of 200 hours, and that arrangements can be made to extend it as needed.
2. The screening interview(s) provides an opportunity to obtain information beyond that offered on the application form, to get a sense of the suitability of the applicant for long-term intensive treatment, and to determine whether the candidate and the applicant can work together. More than one interview is often necessary before the candidate, clinical consultant, and applicant can come to a decision, but it is not advisable to hold more than three screening interviews.
3. It is essential that the interview(s) be discussed with the clinical consultant before any final decision is made to begin treatment.

D. Administrative Responsibilities:

Please note: Required reports are to be uploaded in NYU Box. Email Heather hb86@nyu.edu to gain access to NYU Box (our secure digital filing system) in a timely manner.

1. A completed patient application must be on file before a screening interview is arranged with an approved clinic applicant. Candidates are to ensure that the applicant's file contains the complete clinic application, including a consent form and record release form(s). A copy of the student's malpractice insurance and license, along with a completed annual personal analysis form must also be uploaded to the candidate's clinic file in Box.

2. Once the applicant has been accepted as a clinic patient, only the administrative staff and the candidate have access to the file. Each patient's file can be obtained through the Program's Administrative Assistant.

E. Disposition:

1. After the screening interview(s), the candidate has the following options:
 - a. The applicant is accepted for treatment by mutual consent.
 - b. The applicant is deemed inappropriate for the Clinic, and the candidate makes a suitable referral elsewhere, in consultation with the clinical consultant and/or the Clinic Director.
 - c. The applicant is not accepted for treatment by the initial interviewer, but a recommendation is made that a second candidate interview the applicant. Although the application may then remain in the active files for a maximum of two weeks, the candidate should be aware that it is unlikely that another candidate will take the case. If no other candidate interviews the applicant during the two weeks, it is the initial candidate's responsibility to arrange another appointment with the applicant to make a suitable referral elsewhere.
2. If the applicant is screened by a second candidate, then disposition becomes the latter's responsibility. If the applicant is not accepted for treatment, the candidate should arrange for a suitable referral in consultation with the clinical consultant and/or the Clinic Director.
3. It should be made clear to any applicant who is rejected that the decision is not a rejection of the applicant's needs for treatment or potential to benefit from it but reflects the needs of both the candidate and the applicant.
4. A Screening Report Form must be filed for each applicant as soon as a disposition is made.

F. Fee Setting

1. Some financial information is given by the applicant on the application. There is no formula for soliciting additional information about the patient's financial resources; however, the following issues beyond income should be considered in establishing the fee: living arrangements, dependents, rent and utilities, transportation expenses, unusual expenses recently incurred or coming in the immediate future, work history and wages earned, savings accounts or trusts, debts, prospects for income changes.

2. After collecting additional information the candidate should consult with the clinical consultant to establish an appropriate fee, with a minimum of \$10, except under unusual circumstances. Fees are too often set inappropriately low. It is important to apprise the patient that fees are reviewed and adjusted at periodic intervals (e.g., every six months).
3. The Clinic has been designed to provide services for people with low incomes. During screening, patients whose incomes would allow for a fee higher than \$75 per session should be referred elsewhere.
4. If new information emerges after treatment has begun, the fee may be raised above \$75 per session; it should be revised appropriately upon consultation with the clinical consultant and with permission of the Clinic Director.

III. Clinical Consultants

A. Candidates are required to complete 160 hours of clinical consultation (four sequences of 40 hours each) with at least three consultants. The fee per consultation hour is currently \$50.00. The \$50 fee for clinical consultations is specifically for candidates working on their Program required clinical hours. If the Director and Clinic Director determine that additional clinical consultations beyond the 160 required hours are necessary, the fee remains at \$50.00.

If a candidate chooses to continue consultation beyond the required 160 hours, the fee is to be negotiated with the consultant. It should be noted that there are many consultants who are willing to negotiate moderate fees, particularly when the work is continuing with a low-fee former Clinic patient.

B. Following clinical consultation, the candidate has access to the clinical consultant's Evaluation, which becomes part of the candidate's file. It is the candidate's responsibility to inform the Clinic office if the report is missing from the file.

C. Optional Year of Clinical Consultation for Beginning Candidates. Starting with the entering class of Fall 2020, all first year candidates who have not yet chosen a clinic patient will be able to avail themselves of an optional year of clinical consultation, at the same \$50.fee that has been established for required clinical consultation. The term will be for the same 40 hours, with a clinical consultant selected by the candidate from our clinical consultant faculty. The Program's usual procedure for the evaluation of clinical consultation experiences will be followed. **This optional year of clinical consultation is not a Program requirement and will not be needed for graduation.**

This optional year of clinical consultation is meant to facilitate the process of acquiring a training case. Candidates who might otherwise be reluctant to start with a clinical consultant until they have selected a patient will now have an opportunity to talk through the difficulties involved in taking on a three-time-a-week low-fee patient; they can talk to clinical consultants [supervisors] about screening cases from the Clinic's applicant pool, and they will have the advantage of drawing upon a consultant's expertise in evaluating the initial interview process. With the help of a clinical consultant candidates might find someone they are currently seeing who would be appropriate to convert to a clinic case.

Questions should be directed to the Clinic Director, at mll2124@nyu.edu.

IV. Patient Billing & Payments

A. Billing

1. Clinic patients are billed for sessions at the end of each month of therapy, using the Clinic's billing stationery.
2. If the clinic patient is covered by insurance and/or a third party, all bills, reimbursement forms, and correspondence are countersigned by the Clinic Director before submission to the third-party insurer (provided a signature is necessary).

B. Payments

1. It is the candidate's responsibility to collect money from the patient on a monthly basis and to submit a Monthly Record Sheet along with payment in a timely fashion. There must be a Monthly Record Sheet submitted every month even if patients have not paid their bill for that month or are on vacation.
2. The patient is to make out a check to "New York University" for the full amount of the bill. The candidate then mails the patient's check to the Clinic Director at:

Maria Lechich, Ph.D
Director
Postdoctoral Clinic
New York University
240 Greene Street, 3rd Floor
New York, New York 10003

Each month, candidates are required to upload a Monthly Record Sheet to their electronic clinic file. Each payment should correspond to the monthly record sheet with which it is submitted.

3. Any extraordinary delay in monthly payment should be explained in writing to the Clinic Director.

V. Termination

A. Transfer to Private Practice

When the required 200-hour clinic requirement has been met a Termination Report Form is to be filed in the Clinic office. The termination report is due in the Postdoctoral office WITHIN ONE WEEK OF TERMINATION. The short Termination Report Form also may be used if the patient is continuing in the candidate's private practice upon completion of the clinic requirement. As stated under Screening Interviews, it should be made clear to the patient that the treatment does not have to end at the completions of the 200 hours and

that arrangements can be made to continue it as needed.

B. Termination of Treatment

1. If the required 200-hour clinic requirement has been met and the patient terminates, a Termination Report Form is usually sufficient. If there are complicated circumstances about the decision to terminate, a more extensive report must be filed following the issues mentioned in #2 below.
2. If treatment is terminated before the 200-hour clinic requirement is met, a Termination Report Form with a complete Case Summary using the outline below is to be filed in the Clinic office:
 - a. Description of patient (appearance, attitude, behavior)
 - b. Reasons for seeking therapy
 - c. Relevant history (include discussion of previous therapy)
 - d. Important contents discussed
 - e. Course of therapy (i.e., changes in the relationship between patient and candidate; changes in goals of both patient and candidate)
 - f. Progress - what was and what was not achieved
 - g. Satisfactions and dissatisfactions in working with the patient
 - h. Reasons for termination
3. Completion of the Termination Report Form (and Case Summary as necessary) is a requirement for graduation.
4. Termination Report Forms and Case Summaries are due in the Postdoctoral office **WITHIN ONE WEEK OF TERMINATION.**

APPENDIX A

CONVERTING A PRIVATE PRACTICE PATIENT INTO A CLINIC PATIENT

Candidates seek to convert patients from their private practice into Clinic psychoanalytic patients for various reasons (patient need, meeting clinical requirement, fees, scheduling, etc.). Successful conversions require clarity and implementation. The priority is always the patient's needs followed by the candidate's needs.

1. Study the Clinic section of the Student Handbook located on the Postdoc website. All Clinic policy and procedures apply to conversion cases.
2. If you are considering converting a private patient into a clinic patient, consult first with your clinical consultant. Clinical consultants must approve a conversion process.
3. Talk with your patient about the reasons you are suggesting the conversion. Speak clearly about what you consider psychoanalysis to be and why the patient should consider it.
4. Explain to the potential clinic patient that it is approximately a two-year commitment at a frequency of three to four sessions a week. Explain that they do not sign a contract and that they are free to change their minds. Fees are based on income and ability to pay. Privacy and confidentiality continue to be central as in private practice. Explain that you will be consulting with NYU faculty.
5. Describe the clerical changes involved. For example, the patient will be writing a monthly check payable to NYU and giving you the check to mail in.
6. When it is decided between the patient and the candidate (in consultation with the clinical consultant) that there will indeed be a conversion, the patient will email the Clinic Director at mll2124@nyu.edu). The Clinic Director will review what the patient understands and ask that an application be completed and enclosed with a \$20 non-refundable screening fee.
7. The applicant should note the candidate as the referring person and that the applicant wishes to work with said candidate.
8. Following a review of the submitted application and approval the Clinic Director notifies both applicant and candidate.
9. The candidate submits a Screening Report Form, which gets reviewed by the Clinic Director. When all this has been achieved, the applicant is formally converted to "patient status" at the Clinic.

Note: The literature on psychoanalytic training indicates that converting a private practice patient to a training patient is complex. It appears that a high percentage of such efforts fail over time leaving both patient and candidate feeling frustrated. This is the experience at NYU Postdoc also. Therefore, the clinical processes involved need to be reviewed carefully and considered in light of the complexities. The process of conversation, however, can be an important learning experience somewhat akin to changing a private once-a-week patient to a multiple-times-a week patient.

APPENDIX B – Sample Forms

Application Cover Letter (p. 27-28)
Clinic Application (p. 29 – 34)
Record Release (p. 35)
Consent (p. 36)
Screening Report (p. 37)
Monthly Record Sheet (p. 38)
Billing Stationery (p. 39)
Termination Report (p. 40)
Clinical Consultant Evaluation (p. 41-42)
Rejection Letter (p. 43)



NEW YORK UNIVERSITY
A private university in the public service

Faculty of Arts & Science
Postdoctoral Program in Psychotherapy and Psychoanalysis
240 GREENE STREET, THIRD FLOOR
NEW YORK, NY 10003

MARIA LECHICH, PH.D.
Clinic Director
Telephone: (212) 877-0143
E-Mail: mll2124@nyu.edu

Dear

Enclosed please find the application you requested for treatment at the New York University Postdoctoral Clinic in Psychotherapy and Psychoanalysis.

The Clinic is an integral part of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. It is a low-cost specialized service for adults interested in an intensive experience in psychoanalysis. Services are provided by postdoctoral psychotherapists who are guided by our approved clinical consultants and faculty. Patients are usually seen three times per week for two years. In some cases, patients are seen four times per week. Fees are based on a sliding scale determined by income and other relevant financial considerations.

For your application to be considered, all forms and the screening fee must be received. Please follow the instructions below:

1. Complete the four-page application in its entirety, and complete and sign the consent form.
2. Fill out the Record Release Form(s) with your doctor's name and address for any previous or ongoing medical treatment or psychotherapy. It may be necessary to submit a physician's report.
3. Email the completed forms as a word document to the Clinic Director at mll2124@nyu.edu using the password assigned to you.
4. To complete your application, a non-refundable \$20 screening fee payable to New York University should be mailed to:
Maria Lechich, Ph.D
Director
Postdoctoral Clinic
New York University

240 Greene Street, 3rd Floor
New York, New York 10003

Upon receiving your application, it may take up to six weeks to process it. Since our facilities are limited, we cannot interview all who apply nor accept for treatment all who are interviewed. Those who are not accommodated and who cannot make other arrangements will be aided in finding other resources.

We wish to assure you that your application will receive the most careful consideration.

Sincerely,
Maria Lechich, Ph.D.
Director, Postdoctoral Clinic

NEW YORK UNIVERSITY
POSTDOCTORAL CLINIC

240 Greene Street, 3rd Floor
New York, NY 10003
212-998-7824

**DO NOT
WRITE HERE**

Case #:

Date Received:

APPLICATION FOR POSTDOCTORAL PSYCHOLOGY CLINIC

(Please print or type)

DATE:

NAME:

HOME ADDRESS:

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

RELATIONSHIP/MARITAL STATUS: _____

HAVE YOU APPLIED TO THIS CLINIC BEFORE? _____

IF YES, WHEN? _____

BY WHOM WERE YOU REFERRED? _____

IF CURRENTLY IN SCHOOL, WHERE? _____

WHAT YEAR? _____

MAJOR? _____

UNDERGRADUATE SCHOOL: _____

DEGREE RECEIVED: _____

YEAR: _____

GRADUATE SCHOOL: _____

DEGREE RECEIVED: _____

YEAR: _____

CURRENTLY EMPLOYED? _____

WHERE? _____

BUSINESS ADDRESS:

BUSINESS PHONE: _____

OCCUPATION TRAINED FOR: _____

SPECIFY TIMES WHEN YOU *COULD NOT* SCHEDULE SESSIONS, WITH REASONS WHY:

PLEASE LIST ANY PAST, PRESENT, OR RECURRING MAJOR PHYSICAL ILLNESS, HOSPITALIZATIONS, AND SURGERY:

PLEASE LIST CURRENTLY PRESCRIBED MEDICATIONS INCLUDING DOSAGE:

PLEASE DESCRIBE CURRENT OR PAST SUBSTANCE ABUSE:

PLEASE LIST PREVIOUS PSYCHOTHERAPY, IF ANY. DESCRIBE WHY, WITH WHOM, WHAT DATES, TIMES PER WEEK, AND WHY TERMINATED:

PLEASE LIST PREVIOUS PSYCHIATRIC HOSPITALIZATIONS IF ANY. PROVIDE DESCRIPTION:

PLEASE INDICATE YOUR REASONS FOR SEEKING PSYCHOANALYSIS. ENDEAVOR TO CLARIFY WHY YOU FEEL THAT *NOW IS THE TIME*. PLEASE SPECIFY HOW URGENT YOUR NEED IS:

WHAT ARE THE AREAS IN YOUR LIFE THAT YOU FEEL ARE GOING WELL FOR YOU?

WHAT SORT OF PERSON WOULD YOU LIKE TO WORK WITH?

INCOME AND RESOURCES

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION TO HELP US DETERMINE YOUR FINANCIAL ELIGIBILITY FOR PSYCHOANALYSIS IN OUR CLINIC.

YOUR GROSS WEEKLY INCOME: \$ _____

NET WEEKLY INCOME: \$ _____

SPOUSE'S/PARTNER'S GROSS WEEKLY INCOME: \$ _____

NET WEEKLY INCOME: \$ _____

OTHER INCOME:

\$ _____ Description of Income: _____

\$ _____ Description of Income: _____

\$ _____ Description of Income: _____

VALUE OF RESOURCES (Savings, property, investments, stocks, etc.)

PLEASE LIST THE NUMBER OF PERSONS WHO ARE FINANCIALLY DEPENDENT ON YOU AND THEIR RELATIONSHIP TO YOU (EXAMPLE: 2—son and daughter)

DO YOU RENT OR OWN YOUR OWN LIVING SPACE?

MONTHLY RENT OR MAINTENANCE

\$ _____

PLEASE LIST THE TYPE AND AMOUNT OF ANY UNUSUAL DEBTS, EXPENSES AND/OR FINANCIAL OBLIGATIONS YOU (AND YOUR SPOUSE/PARTNER) HAVE, AND THE AMOUNT YOU PAY PER WEEK TOWARD THESE OBLIGATIONS.

HOW DO YOU PLAN TO PAY FOR SESSIONS? (CHECK AS MANY AS APPLY)

- OWN INCOME
- SPOUSE'S/PARTNER'S INCOME
- OWN INCOME & SPOUSE'S/PARTNER'S INCOME
- OTHER (PLEASE SPECIFY):
- PARENTS' INCOME
- INSURANCE (SEE BELOW)

DO YOU HAVE INSURANCE THAT COVERS PSYCHOLOGICAL SERVICES?

- YES
- NO

IF YES, WHAT IS THE AMOUNT AND TYPE OF COVERAGE?

IF YOU HAVE INSURANCE BUT DO NOT WISH TO USE IT, PLEASE EXPLAIN:



NEW YORK UNIVERSITY
A private university in the public service

Faculty of Arts & Science
 Postdoctoral Program in Psychotherapy and Psychoanalysis
 240 GREENE STREET, THIRD FLOOR
 NEW YORK, NY 10003
 Telephone: (212) 877-0143
 Email: ml2124@nyu.edu

MARIA LECHICH, Ph.D.
Clinic Director

RECORD RELEASE FORM

Date: _____

To: _____
 (Doctor, Clinic or Hospital)

 (Address)

 (City, State, Zip)

I hereby authorize you to release any and all information concerning my treatment

from _____

to _____

to Dr. Maria Lechich, Ph.D., Postdoctoral Clinic, New York University, 240 Greene St,
 Third Floor, New York, NY 10003.

Signature: _____

Name (print): _____

Witness: _____



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Faculty of Arts & Science
Postdoctoral Program in Psychotherapy and Psychoanalysis
240 GREENE STREET, THIRD FLOOR
NEW YORK, NY 10003
Telephone: (212) 877-2124
E-Mail: mll2124@nyu.edu

MARIA LECHICH, PH.D.
Clinic Director

CONSENT FORM

I, _____, consent to Clinic psychoanalytic services with a candidate-in-training at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. I understand that the NYU Postdoctoral Program serves educational and research purposes and that the postdoctoral professionals who render the services are required to be guided by approved clinical consultants and faculty of the Program. I further understand that these educational and research experiences require reporting of clinical data to clinical consultants and faculty, and give my permission for this to occur under conditions that will maintain privacy and the utmost confidentiality. In situations where a candidate is not available for psychoanalytic services, I understand that the Clinic Director will contact me with options available.

Applicant's Signature:

Date: _____



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 Postdoctoral Program in Psychotherapy and Psychoanalysis
 240 GREENE STREET, THIRD FLOOR
 NEW YORK, NY 10003
 Telephone: (212) 877-0143
 E-Mail: mll2124@nyu.edu

Maria Lechich, Ph.D.,
Clinic Director

SCREENING REPORT FORM

Date _____

Patient Name _____ Case # _____

Candidate Name _____ Clinical
 Consultant _____

Dates of Interviews _____ Fee per session _____

1. Referral Source _____

2. Has patient been accepted for psychoanalytic treatment?

3. Has patient been rejected for psychoanalytic treatment?

3.1 Reason:

3.2 Are you recommending that applicant be considered for second evaluation?

3.3 Reason:

3.4. Where has patient been referred (if applicable)?

Reviewed _____
 Maria Lechich, Ph.D.

Date _____

NYU Postdoctoral Clinic

MONTHLY RECORD SHEET (Please Print)

Date:

Candidate:

Patient Name:

Case #:

Month of service:

Fee per session:

Dates of sessions:

Number of hours this month:

Total number of hours to date:

Amount paid this month:

Total amount paid to date:

Clinical consultant:

Total number of sessions with clinical consultant:

Notes (e.g. cancellations, change of fee, vacation, payment irregularities, etc.)



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Postdoctoral Program in Psychotherapy
and Psychoanalysis
240 GREENE STREET, THIRD FLOOR
NEW YORK, NY 10003

Maria Lechich, Ph.D.
Clinic Director

Name of Patient:

Address:

FOR PROFESSIONAL SERVICES:

DATES:

FEE PER SESSION:

BALANCE DUE:

Candidate Signature
Clinic Tax #: 13-5562308

Please make check payable to New York University.



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Faculty of Arts & Science
 Postdoctoral Program in Psychotherapy and Psychoanalysis
 240 GREENE STREET, THIRD FLOOR
 NEW YORK, NY 10003
 Telephone: (212) 877-0143
 E-Mail: mll2124@nyu.edu

MARIA LECHICH, PH.D.
Clinic Director

TERMINATION REPORT FORM

Date _____

Patient's Name:

Candidate's Name:

Name of Clinical Consultant(s):

Date Therapy Began:

Date Therapy Terminated:

Total Number of Sessions:

Fee Per Session:

Reason for termination:

Where or to whom referred, including own practice (if applicable):

At What Frequency _____ At What Fee _____

If the patient has been transferred to the candidate's private practice, after the clinic requirement has been completed, and either the fee or frequency of sessions per week have been changed, describe and give reasons for these changes below and/or on the back of this form.

**NEW YORK UNIVERSITY
POSTDOCTORAL PROGRAM
240 Greene Street, Third Floor
New York, N.Y. 10003
212-998-7890**

CLINICAL CONSULTANT EVALUATION

CONSULTANT: _____

Today's Date: _____

CANDIDATE: _____

Consultation began: _____ Consultation ended: _____
Month/Year Month/Year

Total # of hours: _____

This was candidate's 1st 2nd 3rd 4th consultative relationship.
(Circle one)

Describe major assets:

Describe major weaknesses:

(Over)

RECOMMENDATIONS: (e.g., additional consultation, additional coursework, further analysis, probation in program, drop from program, etc. Your recommendations should take into account the candidate's level of training.)

If the candidate's Clinic patient was transferred into the candidate's private practice during your work together, was there any change in fee and/or frequency of sessions?

Yes No

If yes, please describe the reasons.

CANDIDATE: I have read this evaluation.

Candidate's Signature

CONSULTANT: The candidate and I have gone over his/her annual Clinic case summary.

Yes No

Clinical Consultant's Signature



NEW YORK UNIVERSITY
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Faculty of Arts & Science
Postdoctoral Program in Psychotherapy
and Psychoanalysis
715 BROADWAY, 1ST FLOOR
NEW YORK, NY 10003

Telephone: (212) 877-0143

Maria Lechich, Ph.D.
Clinic Director

Dear

We have carefully reviewed your application to the Postdoctoral Clinic and we regret that we are unable to offer you psychoanalysis at this time. This decision is no reflection on your need for or ability to benefit from psychoanalysis.

As you may know, we receive many more applications than we have therapists available and thus are not able to accommodate everyone who applies for treatment.

If you would like our help in finding a therapist, please email me at mll2124@nyu.edu

Sincerely,

Maria Lechich, Ph.D.
Clinic Director

APPENDIX C

Selecting a Personal Psychoanalyst

Candidates at the NYU Postdoctoral Program are required to complete 300 hours of personal psychoanalysis at a frequency of three to five sessions per week; each session must take place on a different day of the week and must be at least 45 minutes in duration. The analysis must begin prior to initiating work with a training case provided by our Clinic, and it must be concurrent with at least one year of the treatment of the Clinic patient. Selecting a psychoanalyst for this personal treatment is one of the most important choices a candidate will be required to make, in life as well as in psychoanalytic education. The analyst must have graduated from a psychoanalytic training program, and must have been practicing for at least five years after graduation, but she or he does not have to be a graduate of the NYU Postdoctoral Program; provided that the analyst's training meets the standard of the same three-to-five times per-week session frequency that we require, she or he can be acceptable to us.

Among the significant factors to consider in selecting a personal psychoanalyst are whether the individual is licensed, and his or her advanced education and specialty certification. For example, a psychologist who has earned certification in psychoanalysis by the American Board of Professional Psychology (ABPP) has demonstrated skill in psychoanalytic assessment and intervention, and is knowledgeable about the profession's ethics, literature, and research. Our Program and our community are committed to the highest standards of ethical conduct in training and in practice, and it is expected that candidates choose for their personal analysis clinicians who adhere to those same standards. Personal analysts must be in good ethical standing and must be covered by malpractice insurance. Candidates will be asked to attest to the active status of their personal analyst's malpractice insurance each year on the form in their files.

There is no one sure way to make an informed decision about the choice of a personal psychoanalyst. Many candidates start with recommendations. They seek the advice of mentors, supervisors, peers, and/or friends. Still others research online or read publications. Some begin by interviewing two or three potential analysts before deciding on one. It can, however, sometimes be unproductive if a candidate shops around too much. During consultations, it is usually useful to seek characteristics and interactions that feel workable, and to assess one's level of comfort. Be aware, though, that too much comfort may not allow the treatment to move forward, while too little comfort may prevent the treatment from getting underway.

Although the candidate's analyst does not have to be a graduate of the NYU Postdoctoral Program, we of course think highly of our own graduates and faculty, and candidates may well want to consider one of them. Many members of our faculty make moderate-cost psychoanalysis available to candidates. For further information regarding moderate-cost analysis, candidates may speak with the Program Director or the Clinic Director.

The choice of a personal analyst has to take into account numerous therapeutic, professional, and practical factors. It should above all be tailored to the candidate's personal needs. Help is available for anyone who has questions or would like assistance with this process. Candidates should not hesitate to contact the Program Director, the Clinic Director, a member of the Executive Committee, one of the Heads of Tracks, or a member of the Progression Committee for guidance.

**Annual Personal Analysis Update
(Please Print)**

Candidate name: _____

Date entering Postdoc Program: Fall_____

Analysis since last update:

Name of Analyst: _____

Highest Degree: _____

Specify Board Certification, if any: _____

Analyst's Training Institute: _____

Date graduated: _____

Is your analyst's malpractice insurance current? YES____ NO____

Current frequency of sessions: _____

Number of sessions at 3 or more sessions/week since last update: _____

Notes:

Candidate Signature

Date

Oregon Psychoanalytic Institute:

The Adult Psychoanalytic Training Program

The institute welcomes applications from psychiatrists (MD and DO), clinical psychologists (Ph.D. or Psy.D.), clinical social workers (MSW, Ph.D.), nurse practitioners (PMHNP), licensed psychotherapists (LPC), and other licensed mental health clinicians. Applicants must have at least a master's degree in a clinical mental health field, carry a mental health license, and have appropriate professional liability insurance. We encourage inquiries about training early in professional career development. Such inquiries may be directed to the Chair of Admissions. The Oregon Psychoanalytic Institute (OPI) is deeply committed to inspiring the development and practice of psychoanalysis through an abundant study of primary analytic theories and close consideration of the interplay of theory, method, and technique in the clinical situation.

Psychoanalytic clinical training develops in three areas:

Classroom reading and peer learning

Having one's own psychoanalysis, and

Practicing psychoanalysis under close supervision*

The Clinical Program is designed for the mental health professional intending to become a psychoanalyst. Please see details below.

An Academic Program is available for professionals in mental health and other fields interested in formal training without becoming a psychoanalyst (see towards end of this document).

How to Apply

Applications are currently being accepted. Accepted applicants will join a monthly or bi-monthly Pre-Matriculation Course until full matriculation starts. Please contact Lindsey Stevens, Executive Director or Winston Anderson, PsyD, OPI Admissions Chair, if you are considering applying. If you have general questions about training with OPI, please contact Sara Gardiner, MD, Chair of OPI Training Outreach.

Admissions Eligibility:

The institute welcomes applications from psychiatrists (MD and DO), clinical psychologists (Ph.D. or Psy.D.), clinical social workers (MSW, Ph.D.), nurse practitioners (PMHNP), licensed psychotherapists (LPC), and other licensed mental health clinicians. Applicants must have at least a master's degree in a clinical mental health field, carry a mental health license, and have appropriate professional liability insurance. We encourage inquiries about training early in professional career development. Such inquiries may be directed to the Chair of Admissions.

Classroom Reading and Peer Learning

OPI analytic candidates learn within and across a cohort of peers. The academic year consists of three trimesters, meeting on Fridays from 12:15-5:15 pm from September to June. Our curriculum is organized across four years of coursework devoted to the following five areas:

1. Theory
2. Psychopathology
3. Development
4. Theory of Technique
5. Continuous Case Conference

Didactics are designed to be an active, adult learning experience rooted in practical, accessible clinical experience. Candidates present their work in continuous case conferences, prioritizing collegial and respectful linkages to current course readings. After completion of the four-year didactic curriculum, candidates continue to attend continuous case conferences until graduation to share their developing work as an analyst-in-training with colleagues.

One's Own Psychoanalysis

The cornerstone of training is one's own psychoanalysis. OPI aims to allow each candidate to create an immersive experience that fosters an understanding of unconscious forces, emotional growth, and curiosity with their analyst. The experience of each candidate's analytic process provides an essential reference for integrating theory, method, and technique as a developing psychoanalyst. OPI deeply respects and prioritizes the confidentiality and added dynamics of each candidate's training analysis.

Please see our list of Training and Supervising Analysts (available at our website at <https://www.oregonpsychoanalytic.org/training-analysts-and-supervising-analysts>). Candidates are encouraged to interview and consider different analysts for their training analyst.

OPI recommends that a training analysis, meeting four or five times per week, begin as soon as feasible after candidates are accepted into training. Training analyses are expected to have started before the candidate's first classes in the Fall of the first year of training.

Supervised Clinical Work

Clinical supervision provides a wonderful opportunity to deeply consider one's approach to developing as an analyst-in-training. Candidates are encouraged to have as many concurrent cases as possible and to work with three or more supervising analysts.

Graduation requires supervised psychoanalytic treatment for at least three adults developing a clear psychoanalytic process. Training cases should provide a diverse and complementary opportunity to practice and learn psychoanalysis.

OPI Tuition and Fees

OPI analytic training is a significant investment of time and money, both directly and in terms of time away from clinical practice. OPI aims to provide accessible and sustainable tuition and fees.

Application Fee (non-refundable):	\$300
Annual Tuition, year 1-4	\$5,540*
Annual Tuition, years 5+	\$2,770*
PEPWeb	\$85

Tuition is due at the beginning of the fiscal year, July 1. Tuition entitles the student to a membership in OPC, access to library resources, and a 50% discount for other continuing educational programs. Tuition and fees are subject to periodic review and change.

2023-24

Tuition, years 1-4	\$5540*
Tuition, years 5 and beyond	\$2770*
Tuition, Pre-matriculation	\$930*
PEP-Web subscription	\$85
Late Fee	\$100
Application Fee	\$300
Modified Re-Application Fee	\$100

Tuition will be due at the beginning of the fiscal year, July 15th.

For the convenience of candidates, the first half may be paid July 15th and the remainder by December 31st. PEP subscriptions are due July 15th.

A late fee of \$100 will be charged for all late tuition payments (including approved deferred payments). Failure to make payments when due disqualifies the candidate from class attendance unless arrangements for deferred payment have been made with the ED.

In general, the Institute does not refund fees after a candidate has begun classes. If an accepted candidate decides not to enroll two weeks or more prior to the start of classes, fees will be refunded, less administrative costs of \$300.

Graduation requirements

OPI implements graduation requirements established by the board of professional standards of the American psychoanalytic association that includes the following :

Successful completion of the required courses and seminars.

A personal training analysis overlapped sufficiently with control cases.

Demonstration of competence in psychoanalysis with a minimum of three psychoanalytic control cases, and a minimum of 1200 documented supervised hours of analytic work.

Completion of required supervisor-approved case reports.

The Center informs the American Psychoanalytic Association about the completion of training.

Each graduate of the Center is eligible to represent him/herself as a psychoanalyst and apply for full membership in the American and the International Psychoanalytic Associations.

The Oregon psychoanalytic center is devoted to creating a more diverse and inclusive community and approach to clinical service and practice we maintain a non-discriminatory policy regarding race, color religion national origin, sex, age, disability, sexual orientation, gender, or marital or parental status and admissions, employment, and access to programs.

OPI Graduation Requirements

Graduation is based on the following criteria:

Satisfactory completion of the four-year curriculum and post-seminar academic requirements.

The candidate's training analysis shall have overlapped sufficiently with their control cases and course work.

The overarching criteria are that the candidate demonstrates a mature and independent capacity to facilitate a deepening psychoanalytic process and has a comprehensive knowledge and understanding of the psychoanalytic process and situation, in addition to the clinical methods and technique used in the practice of psychoanalysis. This may require more supervised psychoanalytic work than the minimum requirements for immersion.

In addition, the candidate has conducted at least three analyses. The analyses of these analyses should represent more than one gender. At least two of the analyses should be a minimum of two years in duration without significant breaks; the third must be at least one year in duration without significant breaks. One analysis should be at least in an advanced middle phase, compatible with a likely transition into a termination phase. The other cases should show evidence of a deepening analytic process. The candidate must have documented at least 1200 hours of supervised analytic work.

All immersion requirements must be fulfilled while the candidate is in active status within the institute, not on a leave of absence or in any other status other than a fully active one. One of the three supervised analyses may be a child supervised by an OPI approved child SA. All case write-ups must be completed. It is strongly recommended that candidates who have graduated prior to the termination of a case return to supervision after graduation during the termination phase of that case. The three final case write-ups should conform to the format for certification and summarize the entire analysis. All fees must be paid before graduation can occur. These are the minimum requirements for graduation. Please see the Progression Committee P & Ps for a more detailed outline of graduation requirements.

All supervisor approved case reports and other required paperwork and fees must be up-to-date. The official graduation date will be the date the EC approves the recommendation of the Progression Review Committee. Upon graduation, it is encouraged that the new graduate apply for Institute faculty status through the Faculty Appointment & Development Committee.

Academic Program

There are two paths (A and B) for an Academic candidate:

A – Mental Health Academic Candidate Track

Designed for the experienced, licensed mental health professional who wants to study and experience psychoanalysis and apply it in their work without becoming a psychoanalyst.

B – Professional Academic Candidate (non-clinicians)

Designed for professionals in other fields who want to study and experience psychoanalysis and apply this in their work without becoming a psychoanalyst.

The following criteria apply to both tracks A and B:

Applicants should have a terminal degree in their field and an interest in applied psychoanalysis. Applicants will follow the OPI admissions process for regular candidacy, including completing the application form with a written autobiography. Interviews will be arranged by the Admissions Committee, addressing personal and professional qualifications. Applicants will identify a project to work on during their four years of classes that could result in a publishable paper, video, or scholarly presentation.

Accepted applicants will attend four years of classes, including clinical case conferences. Tuition for training will be the same as for regular candidates.

Accepted applicants will be expected to undergo a personal analysis with an OPI faculty psychoanalyst.

Each Academic candidate will have an OPI Mentor, instead of a supervisor, who serves several functions, including assisting the candidate with their scholarly project.

Academic graduates will not be able to practice as psychoanalysts.

OPI is accepting applications to the next adult psychoanalytic training class scheduled to begin in September 2024.

For more info, contact info@oregonpsychoanalytic.org

This revision of the Candidate Manual represents a work in progress and is subject to continuing review. Commentary directed to the Education Committee would be most welcome.

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- I. Data Cover Page for Report on Supervised Analysis by Candidate
- II. Patient Informed Consent Form
- III. Current Fees and Charges
- IV. Application for Admission Summary
- V. Candidate Summary at a Glance
- VI. Coursework Summary
- VII. Advisors' Responsibilities

Note: These documents are available upon request and can be obtained by contacting the Pittsburgh Psychoanalytic Center Administrative Office via phone at 412-661-4224 or email: administration@pghpsa.org.

THE PSYCHOANALYTIC EDUCATIONAL PROGRAM

Application for Admission

I. Policies

As stated in the STANDARDS FOR PSYCHOANALYTIC EDUCATION (Revised February 2018) of the American Psychoanalytic Association - Selection of Candidates for Psychoanalytic Education:

It is the policy of the American Psychoanalytic Association that an applicant is never excluded on the basis of age, gender, sexual orientation, religious affiliation, race, ethnic background or disability status. Selection is based on an applicant's suitability and readiness.

The Pittsburgh Psychoanalytic Center has further specified the Suitability, Eligibility and Readiness criteria as follows:

A. Suitability

The selection of an applicant for psychoanalytic education and clinical training involves an assessment of suitability: 1.) the possession of certain character traits; and 2.) 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: 1.) prior education; 2.) clinical training; 3.) clinical experience; 4.) aptitude; and 5.) 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 PPC

supports this course. Within those categories of applicants that are automatically eligible for admission, the PPC 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 specific mental health profession. These individuals must also have completed at least two additional post-degree years of didactic and clinical training and be licensed in the jurisdiction in which they practice, or practice in 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 years of didactic and clinical training involving immersion in a rigorous, organized program subsequent to the completion of the master's program.

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, PPC may waive specific requirements or provide remedial education through independent study or supervision prior to full clinical training.

4. Didactic Education

The didactic curriculum of prior education should include courses in: Human development leading to recognition of the psychological and sociocultural factors that influence development in infancy, childhood, adolescence, and adulthood. 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. The major psychological theories such as behavioral, cognitive, and learning theories, in addition to a basic understanding of the psychoanalytic theories of the mind. The range of therapeutic approaches to mental disorders leading to a theoretical and clinical

understanding of the differential indications for psychopharmacological, supportive, psychodynamic, or other psychotherapeutic treatments. Interviewing techniques, history taking, information gathering, and report writing. The techniques of psychotherapy such that the applicant has theoretical understanding and clinical experience with a range of psychotherapeutic techniques. 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 and the principles of clinical and professional ethical conduct.

5. 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 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. 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: 1.) the applicant's level of clinical competence; 2.) capacity for growth; and 3.) 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: 1.) capacity to elicit and integrate clinical data; 2.) to maintain proper boundaries; and 3.) 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 Pittsburgh Psychoanalytic Center has developed procedures and criteria for the consideration of a waiver of the usual eligibility standards for psychoanalytic education and clinical training for applicants 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

PPC will consider 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 at the highest educational level generally obtained to practice clinically within their profession (M.D., D.O., Ph.D., etc.), but whose didactic and clinical education do not fully meet the prerequisite requirements.

Individuals with a clinical master's degree that is generally recognized as the highest clinical degree within a specific mental health profession (M.S.W., M.M.F.C., M.F.C.C., M.M.F.T., M.S.N., etc.), and who have had two years or more of post-master's education and experience which meet the above requirements for the individual elements of didactic education and clinical training, but who have not had an experience of immersion in a two-year organized post-master's program that included supervised clinical experience.

Individuals whose mental health graduate degree is not at the highest educational level generally obtained to practice clinically within their profession (M.A., etc.), but who nevertheless have satisfactorily completed the prerequisites as well as sufficient additional didactic and clinical education.

2. Non-Mental Health Clinicians

a. PPC will consider non-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:

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 is psychiatry. 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 medical student or Ph.D. candidate. Individuals who are assessed by the PPC to be suitable but for some other reason than those listed above do not meet all of the formal criteria and are not automatically eligible.

b. Scholars, Researchers, and Administrators

PPC offers psychoanalytic education and clinical training to scientists, academics, scholars, administrators, and others for whom psychoanalysis is a relevant discipline as an enhancement of their primary field. 1.) Applicants may be individuals who have distinguished themselves in their primary field. 2.) Applicants may also include post-master's graduate students of unusual potential who have not yet attained the highest degree in their area of specialization. Applicants shall meet the requirements of suitability expected of all candidates. Mental health education, clinical training, and clinical experience are not required for application. However, in order to begin psychoanalytic clinical work, the PPC is expected to present and execute a plan whereby the candidate obtains mental health didactic education and clinical training including clinical immersion necessary for the individual to develop the skill and uncompromising commitment to patient care that meet the standards and professional ethics of the Association. The educational and experiential prerequisites described in B. of this section, or appropriate equivalent experiences, are the elements of mental health background that should supplement the core psychoanalytic education for research and special training candidates.

3. Applicants for the Academic Program

The Center will accept applicants for whom psychoanalysis is a discipline relevant to their primary field. These applicants shall meet the requirements of personal suitability expected of all candidates and shall be accomplished in their primary field. The admission of Academic Program applicants will be contingent upon the expectation of the Admissions Committee that they will contribute through their participation to the overall psychoanalytic education of the candidates for full clinical training. Academic candidates are expected to take the same core curriculum as clinical candidates but ordinarily will not participate in the clinical portions of the training program unless they have permission from the Education Committee. Academic candidates will be encouraged to be in psychoanalysis with a center faculty member, but it will not be required. The requirements for graduation from the program shall include the submission of a graduation paper on a psychoanalytic topic which could be suitable for publication in a refereed journal. Please refer to the Candidate Bulletin for specific requirements regarding the education and training of academic candidates.

II. Procedures

The applicant, qualified as to formal educational and other academic requirements as presently established but subject to modification, should request forms from the office of the Pittsburgh Psychoanalytic Center. These are to be completed and returned to the office together with the special information required, and will be accepted at any time, but to insure consideration by the Committee on Admissions during an academic year, the completed application should be presented as early as possible. For details about procedures, see Section on the Committee on Admissions.

The Candidate Record

I. Policies

The PPC Office maintains a full record on each candidate; it includes all aspects of his/her training from the time of application until responses are required in regard to his/her graduation. It is a confidential document. Note should be taken of the functions of the faculty advisor. (See “Advisor Responsibilities, Addenda VII. See also Section on Progression and Graduation.)

The faculty is devoted to two principal tasks. First, it organizes and schedules a curriculum which provides a basic education and training in the theory and practice of psychoanalysis, related to a broad and deep education in the humanities and sciences; and training in psychoanalytic research and applied psychoanalysis. Secondly, the faculty aims to insure optimal progression of the candidate through the curriculum. The candidate record serves functions appropriate to the execution of each of these tasks, and these functions may be defined in terms of the Faculty and the Candidate.

A. The Faculty

1. The record provides the means by which the candidate's progress can be periodically evaluated and appropriate measures taken to facilitate optimal learning and growth as a psychoanalyst.
2. The record contains material for evaluating the adequacy of the organization, content of the total educational program, and the competency of the teaching. It provides, therefore, a basis upon which additions to and revisions of the curriculum and teaching methods can be made.
3. The record is a vital reference source for the faculty when information is requested by the American Psychoanalytic Association in regard to a candidate's application for membership.
4. The Candidate record is the joint responsibility of the candidate, Advisor, Administrator.

B. The Candidate

1. The record is important in the candidate's progression through the training program. It provides the data for periodic reviews of his progress via discussions with his faculty advisor, for arriving at special arrangements when they are appropriate, and also provides a basis, should problems appear, for devising remediable measures.
2. The record is a reference source to the candidate in completing his/her application for membership in the American Psychoanalytic Association.

C. Documentation

1. Correspondence with the PPC:
Because adequate records must be maintained by each local Center to satisfy credentialing by the American Psychoanalytic Association and to document movement toward Graduation and Certification, the Administrative/Executive Director is empowered to seek compliance.
2. Memoranda Required
 - a. Initiation, yearly, and termination of personal analysis (cc: to Training Analyst)
 - b. Appointment of faculty advisor (cc: to faculty advisor)
 - c. Beginning and end to supervised analysis (cc: to supervisor and faculty advisor)
 - d. For all cases, a Data Cover Page for Reports on Supervised Analysis (see Addendum I) and a Patient Informed Consent Form (see Addendum II).
 - e. Initial statement and semi-annual reports on supervised analysis (See 3c below) (cc: to supervisor and faculty advisor)
 - f. Request for third case review
 - g. Notification of writing a Graduation Paper
 - h. Request for graduation

II. Procedures

- A. The candidate's contribution to the record consists primarily of the application for training, certain required correspondence, reports on supervised cases including Data Cover Page for Report on Supervised Analysis (see Addendum I), Patient Informed Consent Form (see Addendum II), and class evaluations.
- B. The Candidates' Reports on Supervised Analysis of his/her analysands

are made on forms designed for the specific data desired, and are sent by the Administration to the candidate at appropriate points in his/her training. In order to avoid statistical discrepancies, the candidate should adhere to the data period designated on the form.

- C. Certain letters are requested from the candidate, and these become part of the record, along with other pertinent correspondence. Included among the required correspondence are letters reporting the beginning and completion of the candidate's Training Analysis, and those requesting, respectively, a Third Case Review and Graduation from the program.
- D. Policies and Procedures for each step in the candidate's training are outlined separately in the Candidate Manual. In submitting the various reports and letters needed for the record, the candidate is asked to refer to the Procedures for the specific area of training involved. These materials are to be sent to the PPC Office, with a copy to the Faculty Advisor.

The Personal Analysis

I. Policies

The personal psychoanalysis is basic to the candidate's progression through the academic and clinical components of the psychoanalytic training program. Its functions overlap but may be defined according to: the psychotherapeutic function for the candidate; the teaching and training function; and the prophylactic and preventive function.

A. The Psychotherapeutic Function

The personal analysis is a therapeutic procedure which enables the candidate to explore, better understand, and better deal with his conflicts, personal concerns, and relations with others. The therapeutic function is safeguarded by the PPC's policy that the training analyst shall be non-reporting. That is, the training analyst shall not communicate anything to the PPC administration concerning the problems, progress, or course of the personal analysis. The candidates report only the number of hours of analysis annually and the eventual termination date. The analyst absents himself/herself from the PPC discussions of his/her analysis. The personal experience of improvement in conflict resolution and emotional functioning is an important basis for the candidate's confidence in psychoanalysis and the therapeutic value of a personal analysis to subsequent patients.

B. The Training Function

1. The opportunity of experiencing emotionally and working with the unconscious forces within himself/herself not only sensitizes the candidate to similar forces within others, but provides him/her with a sound basis for freedom in using his/her knowledge in the development of skills essential to his/her analytic work with patients. Furthermore, reduction of encumbering inhibition and of distortion, conscious or unconscious, facilitates the candidate's use of his/her creativity, and of his/her constructive conflict-free and bound resources, present and potential.
2. The continuation of the personal analysis during at least the early and middle phases of the supervised work provides the candidate with an opportunity to bring into his/her own analysis those character traits and reactive patterns which appear as interferences in his/her analytic work with patients, and this experience is considered an essential part of the educational experience. As directed by the American Psychoanalytic Association in its Principles and Standards for Education in Psychoanalysis, the candidate must be in analysis with a Training Analyst for a substantial period of time that overlaps the supervised casework.

C. The Prophylactic and Preventive Function

The personal analysis strengthens those healthier aspects of the candidate's character and gives him/her greater use of his/her resources, so that he/she is better prepared to deal realistically not only with patients' communications and behavior during analysis, but also with his/her own responses to the onslaught of stimuli, from without and from within, with which he/she must contend.

D. General Policies Regarding the Personal Analysis

The non-reporting analysis is defined as completely confidential, without any participation by the candidate's analyst in progression discussions or decisions. The educational model of the American Psychoanalytic Association allows for modifications of the frame, as necessary, and PPC may permit a portion of the candidate's analysis to be conducted via telephone or other electronic means, or as a condensed analysis with more than one session per day on a regular basis. PPC may choose to waive the requirement for analysis by a Training Analyst when the candidate is in an ongoing psychoanalytic treatment with a graduate analyst who is not a Training Analyst, or when other circumstances, such as a shortage of available TAs or some conflict of interest make use of current TAs less than optimal. Such waivers are not guaranteed and are evaluated on an individual basis by the Training Analyst Committee and the Education Committee.

When the candidate's performance in course work or supervised analyses indicates the persistence of unresolved intrapsychic conflicts, it may be

recommended to him/her that he/she work with such problems in his/her personal analysis; or if it has been terminated, seek consultation with his/her or another analyst, or resume his/her personal analysis.

The length of the personal analysis will be determined by the degree to which the pathological ego defenses have been analyzed and revised, and the transference resolved, by the degree of acquisition by the candidate of insight into his/her own potentials, and of the freedom to develop them optimally.

It is expected that any candidate who has not had a previous psychoanalysis will have a training analysis of several years duration. Candidates who have had previous analysis can include that analysis in their candidate record by providing a letter detailing the beginning and ending dates of that analysis, frequency of sessions and credentials of the previous analyst (member of American or International, certified or a training analyst). Candidates who have had previous analysis will be required to have a second analysis with a training analyst concurrent with their supervised analytic work (control cases) and immersion in this second analysis will be of a minimum of 2 years duration.

When the personal analysis, after a sufficient trial in time, fails to proceed satisfactorily, the analyst will discuss his/her conclusions with the candidate and alternate options will be explored, such as consultation or a change of analysts.

The candidate who is dissatisfied with his/her personal analysis and finds himself/herself unable to make progress may, after discussion in his/her analyst, speak to the Chair of the Education Committee and seek consultation with another training analyst.

E. Specific Policies Regarding Candidate Analysis During Residency Training.

Certain educational and practical issues must be kept in mind for candidate analysis during residency training. The needs, functions, and changing programs of the residency must be respected and appropriately coordinated with the program of training in psychoanalysis. Regarding residents in General Psychiatry, there has not in the past been any great difficulty in scheduling analytic hours for them: It is appropriate for the Residency Director, Department of Psychiatry, and for the Resident's clinical superior to be aware of the situation, and to express their opinions.

II. Procedures

The PPC has the practice of free selection of one's Training Analyst who is a member of Pittsburgh Psychoanalysis Center. In that regard, an individual admitted to the program has the option of selecting a Training Analyst from the group of available Training Analysts. Consultation with the Chair of Education Committee and/or Faculty Advisor may aid in this decision.

If for some reason (such as those outlined in ***Policy*** section D above) a candidate is unable to find a satisfactory choice for personal analyst from the available group of Training Analysts, the candidate may ask a non-TA faculty member to apply for a waiver to function as the candidate's analyst. These requests must be made to the Education Committee prior to beginning the analysis (unless the candidate is already in analysis with the analyst prior to admission as a candidate) and their approval is granted on a case-by-case basis and is not guaranteed.

Registration for Courses

I. Policies

The academic curriculum for each year of the Program in Psychoanalytic Education is organized with the aim of achieving optimal integration between its academic and clinical components (including supervised clinical work), and with the personal analysis. On the basis of this educational policy, the following policies regarding registration for courses are:

- A. When the candidate has been granted permission to begin course work, he/she should register for the first year courses of the succeeding academic year.
- B. Upon the satisfactory completion of each year of courses, the candidate is expected to register for the courses of the following year.
- C. In special instances, the candidate may request permission in writing to the Chair of the Education Committee to suspend course work for a stated period of time or to participate in only a portion of the curriculum of a particular year. The Chair of the Education Committee, in consultation with the Education Committee, will attend to the request. The following is the PPC Policy Regarding Leaves of Absence and Reduced Curriculum:

The Education Committee of the Pittsburgh Psychoanalytic Center recognizes that some important aspects of the training experience have changed in recent years. Professionals seeking this advanced training tend to be older and more diverse in background education and to include more persons actively involved in parenting. One result of these changes is that training is often attenuated, and Candidates cannot always follow the prescribed plan of the tripartite model, in which one has an experience of immersion in courses, analysis and control cases begun simultaneously. In a Center of our size, the design of the curriculum and the participation of the Candidates are interdependent. It is thus necessary to make clear the options which will allow the needs of both Candidates and Center to be met.

When a Candidate finds it impossible to maintain the ordinary trajectory of the curriculum, the Center provides two options which are intended to make

ultimate success and completion of the program more likely while preserving important aspects of the Center's planning processes.

1. Reduced Curriculum/ Part-time option - This is the primary option to be considered by a Candidate when, for reasons of time or money or other reasons, one must curtail the course work. (It is a given that one's analysis and control cases cannot be easily suspended.) The Candidate initiates this option after consultation with his or her Advisor by informing the Chair of the Education Committee in writing of this request, with copies to the Advisor and the Administrator (for Candidate's file). Except in emergent or unforeseeable situations, notification should be submitted a least one month prior to the beginning of the next semester to allow the Curriculum Committee sufficient time to make adjustments related to faculty, schedule, readings, etc., as necessary. The Education Committee will consider the request with the Advisor present at the meeting to represent the Candidate's concerns. The Candidate who requests the Reduced Curriculum option will give priority to required courses, especially those in the core curriculum, before selecting among Elective courses. The Candidate will be billed in a prorated way for any course or part of a course in which he or she participates and will pay the full registration fee.

2. Leave of Absence - This option is limited to those Candidates who seek to withdraw from the academic portion of the program entirely for a specified period of time. It is assumed that advance thought and planning will be given to applying for this option, as it will in important ways halt one's progression through the program. The Candidate initiates this option by means of a letter, as with the Reduced Curriculum option (see above). During this period of time, the Candidate will not be eligible to begin new control cases, or apply for a Third Case Review. As the Candidate's then-current supervised cases will continue, the Education Committee will review the Candidate's progress at least once annually during the Progressions Subcommittee meeting with the Advisor and Supervising Analyst(s) present. The Candidate will pay a flat fee for each year of the Leave of Absence.

- D. In special instances, the candidate may be required to repeat courses in which his/her degree of mastery of the course work was unsatisfactory.
- E. Registration for courses is required until the candidate has satisfactorily completed the core curriculum and has fulfilled the requirements in regard to supervised case work and presentations at clinical conferences. The elective program in the curriculum is, as its name suggests, elective. However, the faculty does encourage the registration for those electives which the candidate considers important in deepening his/her grasp of psychoanalytic psychology and pathology, and/or extending his knowledge thereof. Having completed the formal requirements above and having participated in the elective program to the extent that the candidate deems useful to himself/herself, he/she may

proceed with the final requirement for graduation. (See Procedures for Graduation.)

II. Procedures

- A. At the conclusion of each academic year, a Registration Form and a Schedule of Courses for the next academic year will be mailed to all candidates already enrolled in course work and to those who are enrolling in the first year curriculum.
- B. The Registration Form should be completed and returned to the PPC Office promptly in order to facilitate arrangements for special program and for electives.
- C. Permission to suspend course work for a stated period of time or to register for only a portion of the curriculum of a particular year should be requested, in writing, to the Chair of the Education Committee in keeping with the above-stated policies. Registration for that year should then be made according to the decision rendered.
- D. During the training, candidates may not represent themselves as psychoanalysts without the authority of the Education Committee.

III. Procedures for Part-Time Candidates

The Pittsburgh Psychoanalytic Center recognizes that some highly qualified individuals will desire to seek psychoanalytic training, but their life circumstances will preclude making a commitment to full-time training. Some of these applicants may be at the beginning of their careers and may not have the financial means to afford full immersion in analytic training. Other applicants may be older and may have other commitments, such as parenting. In the interest of being responsive to contemporary circumstances, a part-time candidate option has been developed to allow such individuals to become immersed more gradually in analytic training. The program is also intended to provide these candidates with a first-hand experience of the benefits of analytic training for their clinical work, in the hope that they will eventually be motivated to make the sacrifices involved in completing training. It is recognized that some candidates will be unable to maintain the ordinary trajectory of training, involving simultaneous immersion in coursework, their own analysis and control cases. In a Center of our size, ongoing, flexible and creative program development will be required to meet the needs of contemporary candidates without sacrificing the quality of training.

Applicants for part-time candidate status will be required to meet the same eligibility and suitability requirements as any candidate and will comply with the same admission procedures as full-time candidates. As a result, a part-time candidate will be eligible to transition to full immersion in the training at any time, by simply notifying the Education Committee of their intention to do so. Part-time candidates will be subject to the same periodic review by the Progression Committee as any candidate.

Part-time candidates will have a faculty advisor to assist them in all stages of negotiating the training program.

In an effort to maintain the tripartite structure of analytic training, part-time candidates will enroll in a reduced load of courses from the curriculum, or their equivalent. For the first year, this may include Course 110 Basic Freud, some portion of a Child Development sequence and/or a course on the stages of psychoanalytic therapy modeled after Course 320 Clinical Conference. Part-time candidates are encouraged to begin their OWD personal analysis with a training analyst or a faculty member who has been granted a waiver to serve as their analyst.

A candidate may not begin their first supervised analysis (a control case with a patient on the couch 4 times per week) until they have transitioned into their own analysis at 4 times per week and are immersed in this analysis for at least 3-6 months.

It is conceivable, although not the preferable course of training, that some candidates may remain part-time for several years and may complete a considerable portion of the curriculum before transitioning into their own training analysis or beginning supervised analytic work. Of course, this will have the effect of prolonging training. As stated previously, acceptance for admission as a candidate does not guarantee graduation. Any candidate must complete all of the requirements of the training program to graduate. The Center does not currently have a Statute of Limitation on the length of time within which training must be completed.

Tuition

I. Policies and Procedures

Tuition fees (see Addendum III) are billed by the PPC Office, and are due when billed.

Special arrangements for delayed or reduced payment must be made after discussion with the Faculty Advisor, and the chair of the Education Committee.

A candidate whose tuition bill remains unpaid at the end of the academic year will not be admitted to courses in the succeeding year unless: 1.) the bill has been paid; or 2) he/she has made such arrangements as mentioned above.

Tuition rates are subject to revision and such revisions will be made in consonance with the administrative structure and educational program.

Curriculum

I. Policies

The PPC recognizes the following broad goals of Psychoanalytic Education: the

provision of a setting in which the candidate may discover his/her talents and interests and expand them within the broad applications of psychoanalysis; the achievement of competence in clinical psychoanalysis; the fostering of an investigative attitude and active research interests; and the development of scholarship.

In conformity with these goals the course work aspect of the curriculum includes: the basic concepts of psychoanalytic theory from the historical perspective up to and including present-day revisions and extensions of that theory; the technique of psychoanalysis; clinical problems elucidated through case conferences and continuous case seminars; and elective academic work in areas such as advanced technique, research, social and cultural problems and applied psychoanalysis.

The PPC recognizes the importance of motivation in adult education and works towards a curriculum with content and form intended to provide optimal mutual stimulation among candidates and instructors. In addition, a faculty advisor is selected or assigned to each candidate at the start of his/her training. It is the advisor's function to discuss with the candidate his/her clinical and didactic work and to assist the candidate in planning his/her educational experience. The PPC's effort in this regard in no sense lessens the candidate's own responsibility for his/her education and the need for his/her active participation in its planning and implementation.

The policies for course work may be considered from the standpoint of general considerations for the overall curriculum and policies for specific categories of courses in relation to the total Education Program.

A. General Policies

The first four years of courses will comprise a core curriculum devoted primarily to the fundamentals of psychoanalytic theory and technique, and psychoanalytic writing enriched by courses offered as electives. In addition, the core curriculum may be augmented during the first four years by elective courses and tutorials open to candidates in all years, subject to acceptance of the candidate by the instructor.

The curriculum beyond the fourth year is elective with the exception of the required clinical and writing seminars. It offers the candidate an opportunity to extend his/her understanding of basic concepts and their clinical application, to pursue topics of particular interest and, in general, to support the maturation of his/her own individual potentials within the broad field of psychoanalysis.

The policies for course work may be considered from the standpoint of general considerations for the overall curriculum and policies for specific categories of courses in relation to the total Educational Program.

In order to achieve the desired integration of clinical and theoretical learning inherent in the curriculum design, it is expected that supervised case work will begin in the second half of the first year. If the candidate has had extensive psychoanalytic psychotherapy experience and then with the recommendation of the Progression Subcommittee, the candidate may start a supervised case while taking courses on analyzability and technique. In exceptional cases where the needs of a particular candidate are not met by the expected progression through the curriculum, an academic consultation with the faculty advisor will be arranged.

In any given course, required or elective, the relevant focus and content of prior courses should be brought into the discussion so that what has been learned is not only reinforced but is synthesized with new learning or placed in a different frame of reference. Psychoanalytic knowledge contains an intermingling of clinical and metapsychological concepts which should be introduced.

It is possible that a highly motivated candidate who is able to devote a large amount of time to his/her psychoanalytic training could qualify for graduation by the conclusion of the fourth year.

Coordination and integration of content throughout the entire curriculum requires that the faculty be kept informed about the content and pedagogical method used in individual courses.

B. Policies for Specific Categories of Courses in Relation to the Total Educational Program

1. The first year will be devoted primarily to the study of theoretical and conceptual issues, with extensive reading and discussion from the classical up to and including the modern literature of psychoanalysis. A course in Human Development will be offered as a fundamental part of Basic Concepts taught during the first year. To facilitate optimal learning through an integration of various aspects of the Educational Program at time-appropriate levels, an introductory course in technique will be given in the first year of course work. Candidates are urged to arrange for the beginning of their first supervised case in conjunction with this course so that the personal analysis, supervised work, and clinical conferences will be proceeding concomitantly during the second year of courses. Failure on the part of a candidate to start his/her first supervised case before the scheduled beginning of second year courses will raise a serious question concerning his/her readiness to progress to second year course work.
2. The second year will offer courses which coordinate important dynamic and conceptual issues presented in didactic course work with clinical issues met in the Case Conferences and in the early phases of supervised work. In the Clinical Conferences of the second and third years, further consideration

will be given to the evaluation procedures in the selection of certain patients for psychoanalysis.

3. The third year courses will review theoretical concepts at an advanced level, with Clinical Conferences and Continuous Case Seminars focusing on technical issues of middle and terminal phases of analysis. In addition, a course in Adolescent Psychology will continue the study of Human Development in both theoretical and clinical aspects.
4. The fourth year includes a course on the theory of psychoanalysis, Continuous Case Seminar, Writing and electives.
5. Courses in the fifth year and beyond are elective except for the required clinical seminars. Clinical components of this advanced curriculum will be centered in the Continuous Case Seminar and in the Evaluation Seminars. The former will emphasize special problems in relation to termination; the latter will seek to extend the candidate's experience and thinking in regard to selection of patients for analysis. In addition, the candidate is encouraged to utilize the wide scope of elective courses and tutorials offered to reinforce and extend the mastery of theoretical concepts, to enhance his/her potential for fruitful application of his/her psychoanalytic research.
6. Through the fifth year candidates will be required to enroll in the Writing Course: the goal of which is to assist the candidate with the writing requirements which pertain to their current program, be they case write-ups required every six months on supervised analyses, or clinical or theoretical papers required for graduation.

C. Policy Regarding Attendance

Although the PPC is a post-graduate school, it is conducted on a part-time basis. Thus, many of its courses must stress content in a concentrated fashion. Full attendance is essential. The administration should be informed of all absences, which should be discussed with the instructor. The candidates are expected to attend and, at times, present to the Visiting Analysts. Also, the candidates are required to participate in the site visit by the American Psychoanalytic Association, which occurs every seven years for the accreditation of the Training Program in Psychoanalysis.

II. Procedures

A. Faculty Report

The form entitled **COURSE REPORT BY INSTRUCTOR** will be used by the teaching analysts to report on a candidate's performance at the completion of each of the courses throughout the entire curriculum. The report should

evaluate interest, diligence, consistency in class attendance, freedom to initiate and to participate in class discussions, and capacity to master concepts. Special attributes of a positive or negative nature should be noted. It should rate the candidate's work as outstanding, satisfactory, or unsatisfactory according to two norms, namely: a.) the ideal norm for his/her level; and b.) the norm for the particular class.

In the clinical courses in which case presentations are made, the report should indicate whether a candidate presented a case. If so, the report should contain an assessment of the candidate's understanding of the dynamics of the technical handling, and of his capacity to organize and present the material in a concise and meaningful manner.

B. Attendance

Candidates who must be absent should initiate discussion with the instructor regarding sessions that are to be or have been missed.

Supervision

I. Policies

Supervision as part of the total psychoanalytic curriculum serves to reinforce the candidate's knowledge of basic psychoanalytic concepts through their clinical application and provide the means of extending this knowledge. The concomitance of supervised work with the training analysis should enhance both personal and professional growth. To serve these functions, it is essential that clinical work begin as soon as the curriculum permits. (See Section II. Procedures below.)

A. Goals Regarding Supervision

1. To provide the candidate with the opportunity to learn, and progressively to develop the clinical application of his/her understanding of basic psychoanalytic concepts to the psychoanalysis of patients.
2. To develop the candidate's capacity to recognize, to conceptualize, and to present analytic material so as to demonstrate: a.) the candidate's capacity to utilize psychoanalytic metapsychology to organize clinical material within this frame of reference and thereby assess the need for treatment, the progress of the ongoing analytic work, and the final results of the analytic process; b.) the unfolding of the genetic-dynamic background of the presenting problem and personality structure; c.) the development of the analytic process and of the transference neurosis; d.) the analytic technique by means of appropriately timed and expressed interventions; e.) the analytic work with the characterologic defenses and resistances and their expressions

in the transference; and f.) an adequate psychodynamic formulation and diagnosis in which psychopathology is seen against the background of normal development and its variations.

3. To develop increasing ability to anticipate and predict those aspects of the analytic material that will have therapeutic relevance.
4. To develop within the candidate an increasing freedom to select for discussion with the supervising instructor particular aspects of the case which present special technical problems or add interesting dimensions to the genetic-dynamic formulation and to the transference -- such as, cultural factors, specific traumata of a physical and psychological nature, and unusual endowments or talents.
5. To stimulate the candidate's alertness and independent thinking and reading about those aspects of the case that may make it useful for current or later research activity. Such aspects might include: a.) presenting, past, or latent non-transient psychosomatic manifestations; b.) indications of previous overt or covert but definable psychogenic illness; c.) unusual or aberrant aspects of family constellations; d.) ethnic or social class phenomena; e.) religious activity or affiliations; f.) organization of data toward conceptualization as regards psychic structure and function; and g.) other data of potential research significance.
6. To promote continuing self analysis in the candidate as he/she observes, with the help of the supervising instructor, his/her own conscious and unconscious interactions with the patient.
7. To motivate the candidate to seek help by means of his/her ongoing analysis or of additional therapeutic analysis, with personal problems or character traits encountered here for the first time or which continue to interfere with his/her analytic work despite his/her awareness of them. The Education Committee and the faculty have observed that learning often suffers when the candidate is not in personal analysis during the early part of his/her experience in doing supervised work and for a substantial period that overlaps the supervised casework.

B. Specific Policies in Regard to Supervised or Unsupervised Analysis

Until graduation, assessment and evaluation of all prospective supervised analytic cases must be done in consultation with a supervising analyst.

1. Selection of Patients

Prospective patients from related professional groups (medicine, psychology, social work, psychiatric nursing, etc.) need special evaluation with the help of

a supervising analyst before an analysis is undertaken by a beginning candidate. In general, the undertaking of such analyses should be deferred until the candidate has accumulated experience and proficiency through the analysis of non-professionally related persons.

2. Progression in Supervised Work

The candidate should begin his/her first supervised case as soon as the first year curriculum permits. (See Section II. Procedures.)

Before the completion of his/her psychoanalytic training, the candidate is required to conduct a minimum of three analyses under supervision, although more are strongly advised. For at least two, and preferably for each, he/she shall have had fifty or more hours of supervision with a supervising analyst and, in at least one of which, he/she shall have brought the analysis successfully into its terminal phase or to a successful psychoanalytic termination. It is important that the supervised cases not be of the same sex nor have the same clinical diagnosis. The candidate is to have at least three supervising instructors, none of whom may be his/her own analyst.

Ordinarily, the Candidate's first two Supervisors are to be local Supervisors. For a low fee case of \$50.00 or less, the Candidate has a right to request the Supervision for that case at a low fee of \$50.00 or less. This is to be mutually agreed upon by the Candidate and the Supervisor. If there are questions about the Supervisor's fee, they can confer with the Chair of the Education Committee. The third Supervisor may be a Geographic Supervisor. If there are too few local Training and Supervising Analysts, a Candidate may ask the Education Committee for permission to have a Geographic Supervisor for the second case. The Candidate may also ask the Education Committee for a waiver for a local faculty member to be a Supervisor for any case, if there are too few appointed Training and Supervising Analysts. At least one case should be supervised by a local Supervisor until termination or graduation of the Candidate.

In order to graduate, a Candidate must have a minimum of two hundred hours of accredited supervision, although more are strongly recommended. Two hundred to eight hundred supervision hours are generally necessary to achieve the aims of psychoanalytic education.

3. Supervised Analysis of Latency Children and Adolescents.

The faculty and Education Committee believe that the experience of analyzing a child or adolescent under supervision during the candidate's training offers a unique opportunity to observe, *in status nascendi*, the normal as well as the pathological development of the personality. Work with a child provides the learning experience of formulating an initial assessment.

Candidates in the general curriculum may request permission of the Education Committee to take a latency child or adolescent as their third supervised case. It is understood that the candidate will have demonstrated proficiency in adult analyses. A supervising child analyst must be available for supervision, and upon his/her recommendation, such a case may count as one of the three accredited supervised cases for graduation from the PPC. No more than one supervised child analytic case will be accredited for graduation from the general curriculum of the PPC.

4. Unsupervised Analysis

The Education Committee believes that as soon as technical proficiency has been demonstrated, the candidate should consider undertaking independent (unsupervised) analyses. Therefore, when the candidate has credit for two supervised cases and the third supervised case is going well, and upon approval by the Education Committee, the candidate should feel free, if he/she wishes, to seek a case for independent psychoanalysis. The start of an unsupervised case should be reported as are supervised cases, and regular reports are required in the same way as those for supervised cases. Arrangements with a designated psychoanalytic consultant (with the approval of the Education Committee) should be initiated at the onset and continued at regular mutually agreed upon intervals throughout the analysis. A second case for independent analysis may be started after a supervised case is in the termination phase and with approval by the Education Committee.

C. Requirements for Membership in the American Psychoanalytic Association

Attention is called to the Minimal Standards, 1953, Section on Supervised Clinical Work. Because of higher local standards, in the years since these were adopted, the number of supervised cases adduced by applicants for membership in the American Psychoanalytic Association has risen. It is a rarity for an applicant to have less than three cases, and the Membership Committee now expects three or more. Also, see this manual section on Graduation.

II. Procedures

A. Specific Procedures in Regard to the First Case

In order to secure the maximum learning potential from the curriculum, it is very important that the candidate have a case in analysis early in the second half of the first year, preferably in concomitance with Course 120, Technique of Psychoanalysis.

The following schedule is recommended:

1. Case Finding

The search for a case should begin in the fall of the first year of courses. Patients from several sources are available, including referral from the Reduced-Fee Psychoanalytic Referral Program, direct referral from members of the faculty, and one's own patient converted from psychotherapy.

2. Review with a Supervising Analyst

Before a recommendation of analysis is made to the patient, the case must be discussed with and approved by a supervising analyst. For the first case, the Supervisor should be a local Supervising Analyst. It is desirable, though not essential, that the initial supervising analyst be the ongoing supervisor. This process should be underway with the start of Course 120 in order that clinical material is available for initial class discussions dealing with analyzability and the opening phase of analysis.

The first case will ordinarily be a reduced-fee case. All supervised cases should be seen at least four times per week, and five times per week is considered optimal.

B. Specific Procedures for Requesting Supervised Work with a Child or Adolescent

The procedures for requesting supervised work with a child or adolescent are as follows:

1. When the candidate is ready to start a third supervised case, he/she may request in writing the permission of the Education Committee to begin a supervised child case.
2. The Child Analysis Subcommittee, by its own procedures for assessing a candidate's capacities for working analytically with a child or adolescent, will process the request and present its recommendation to the Education Committee. When permission has been granted, the candidate arranges for supervision by a supervising child analyst.

C. Supervised Analysis

1. First Case

The candidate is urged to begin consideration of supervised analysis as soon as the Candidate is in their own person (training) analysis for at least 3 months. Concomitant with case selection, a supervisor should be chosen

in consultation with the faculty advisor. In consultation with the supervisor, the case may proceed to evaluation interviews, and eventually a determination made as to the patient's suitability for analysis. If the supervisor rejects the case, the candidate has the option of seeking a second opinion upon consultation with the Chair of the Education Committee. Upon commencing the analysis, the PPC Office must be notified in writing by both the candidate and supervisor in order that a file is initiated as required by the American Psychoanalytic Association. For the First Case and all subsequent cases, the candidate completes a Data Cover Page (see Addendum I) with each report, including the Initial Statement and subsequent semi-annual reports, and has the analyst sign a Patient Informed Consent Form (see Addendum II).

2. Second Case

It is recommended that a second case be started as soon as possible. After discussion with the faculty advisor and the determination by the candidate and the first case supervisor that an analytic process has been established with the first case, a second case may be considered. The first supervisor must assert again in writing to the Progression Subcommittee that the candidate's work, including case reports, is satisfactory showing analytic process. The Subcommittee on Progression will determine if the candidate is ready to begin a second case. The faculty advisor will notify the candidate of the Committee's decision. If the recommendation is that the candidate is ready to begin a second case, then a second supervisor may be selected by the candidate from those available. The same procedure would then be repeated as for case one, including reporting procedure.

3. Third Case Colloquium Procedures (Revised 6/19/15)

A candidate can request a 3rd Case Colloquium when her/his two supervisors have agreed that an analytic process has been established in the cases that they are supervising (usually, taking six months to a year to develop). The purpose of the colloquium is to provide the candidate a learning experience to help her/him in her/his development as an analyst, to give her/him feedback on her/his areas of strength and areas to work on, and to advise the Progression Committee regarding the candidate's readiness to begin a third case (i.e. Are there any significant issues that the candidate has that are interfering with her/his being able to carrying out an effective analysis. If there are, the advisor and supervisors will try to help the candidate on the issues so that she/he can continue her/his develop as an analyst, and begin the third case at a latter date.). The Colloquium Committee will be composed of the candidate's two supervisors, the candidate's advisor, and a member of the Education Committee that the Chair of the Education Committee appoints.

The advisor will set the dates for the two meetings of the colloquium. In preparation for the colloquium, the candidate is encouraged to review the Certification Examination Committee's Guidelines for evaluating application for certification, so as to help the candidate anticipate potential areas that may be a focus of the colloquium. Two weeks prior to the first meeting, the candidate is asked to submit on one of her/his cases, that she/he was worked with in analysis for two or more years, an up to twenty page two year report on that control case that she/he wants to discuss with the Colloquium Committee. If she/he has not worked with an analysis long enough to make this two year report, she/he can request permission from the Chair of the Education Committee to submit the initial report and all the six month reports on the case that she/he wants to present. If the candidate does not present a two year case report at the colloquium, she/he will be asked to present a two year report to the Writing Course within one year of the colloquium. The supervisor of that case will be asked to attend that presentation. Also, the candidate is asked to submit two weeks ahead of the first colloquium meeting, process notes from at least two recent sessions from the case.

The Colloquium Committee will review this material as well as supervisors reports prior to the first meeting. The two supervisors will confer about the candidate's strengths and areas to work on prior to the first meeting, so that areas to explore with the candidate during the colloquium will be clear, and help to make the colloquium a useful learning experience. At the end of the first meeting, the candidate may be asked to think about issues related to the case and that these issues will be further discussed at the second meeting as well as process notes from the case.

The Colloquium Committee will try to make the atmosphere a cordial, collegial climate that facilitates learning. Each session with the candidate will be at least one and half hours, followed by a discussion of the committee. The assessment is designed to see how the candidate thinks and works analytically. The areas of interest are the same that are described in the certification guidelines. What is particularly important is how the candidate talks about her/his work with the analysis, and how she/he might see and work in other ways upon reflection and new information about the case.

The advisor will write a summary of the observations of the candidate's strengths and areas to work on, and the conclusions of the committee. Some initial feedback can be given to the candidate. The advisor will present a summary to the Progression Committee. The Progression Committee will decide on the whether the candidate may start a third case and what feedback the advisor and/or supervisor should give the

candidate. The advisor will ask for feedback from the candidate so that the Education Committee can continue to make the colloquium a more useful experience for all.

4. Unsupervised Cases

The analyses of unsupervised cases are encouraged. Eligibility to undertake unsupervised cases is determined by the satisfactory progression through the program, which includes written assent by current supervisors and up-to-date case report documentation of adequate clinical work. It is expected that consultation be arranged at regular intervals either with a training or non-training analyst (approved by Education Committee). Records are to be kept for the unsupervised case the same manner that they are for supervised cases.

D. Documentation

1. Candidate Reports

Appropriate consent forms should be signed by the analysand (see Addendum II), and Data Cover Page (see Addendum I) and Reports on Supervised Analysis completed. A medical examination for all patients prior to the start of an analysis is strongly suggested. An initial statement is due after approximately 40 sessions of a supervised analysis. Thereafter, a report is required on a semi-annual basis and at termination.

- a. The initial statement must include identifying information about the patient, the presenting complaint, history of the present illness, previous psychological therapy, developmental history, analyzability, and mental status. A summary of the nature of the spontaneous transference, the therapeutic alliance, ego defense patterns, and a tentative psychodynamic formulation with diagnosis and anticipation of problem in the analysis should be included.
- b. Semi-annual reports are expected to describe the progress of the analysis and the difficulties encountered. These reports may be written in various styles in order to show the process of the analysis. One style that may be useful is described by Steven B. Bernstein in the *Journal of the American Psychoanalytic Association*, Vol. 48, No. 2, 2000, page 381-391. The psychodynamic formulation may be revised and extended in terms of further clarification of the transference, ego defenses, resistances, and genetic background. Movement of the case should be described in terms of the patient's relationship with the analyst, as well as his/her extra-analytic operations and adaptations, and revisions of the history. Comments, suggestions, and criticisms of the supervision and the influence of this relationship on the analyst and

analysis are important contributions to the report. To enhance the educational value of these reporting procedures, it is suggested that the report be maintained in draft form and discussed with the supervisor prior to forwarding it in final form to the PPC Office. It is also suggested that the supervisor share his/her report with the candidate. The report may also to be discussed with the faculty advisor in order to enhance the educational value of the reports.

- c. Upon termination, a Final Report must be completed. Its content should include a final genetic dynamic formation of the case, including diagnosis, with a description of the degree to which the ego defenses have been analyzed, and the transference resolved. Special difficulties in and the process of the terminal phase should be discussed and the success of the analysis evaluated in terms of the patient's freedom to use his capacities optimally. Thus, the report should show an analytic understanding of the process leading up to the termination phase, of the nature of the ending or the termination process, and of whether or not it was a successful, analytic, completed case.
- d. Records for Special Confidentiality - If a candidate thinks that a patient being evaluated for analysis ought to have a special confidential status, he/she should discuss this with their supervisor. Then, the candidate should notify the Education Committee of this request, and the reason for it, when he/she is asking for permission to begin the case. The Education Committee will decide about the appropriateness of the patient for the candidate and of the special confidentiality status. Then, the Education Committee will decide with the candidate the type of special confidentiality (e.g., no records kept by the PPC, not presenting the case at Continuous Case Conference, and having two designated analysts - including the candidate's faculty advisor and/or members of the Education Committee - read the case reports and give feedback to the candidate and the Education Committee.) The importance of confidentiality, of helping the candidate with his/her training, and of assessing the candidate's progress will be factors considered by the Education Committee in making the above decisions.

E. Fees for Supervised Analysis

Of the three required cases to be analyzed, one is expected to be reduced-fee as defined by a \$50 limit per session. Candidates are encouraged to apply this criterion to their first case. A case for which the potential fee is substantially below the \$50 limit may qualify for augmentation of the fee to that limit. Candidates interested in applying for these funds are asked to consult with the Chair of the Education Committee.

F. Supervisor's Report

The supervisor should also write an initial statement after 40 hours of analysis and six-month reports. These reports are to be briefly about the analysis, but mainly about the candidate's analytic work and his/her progress as an analyst. These reports are to be shared with the candidate, unless special factors preclude this.

G. Supervisory Fees

Historically, candidates and supervisors have arrived at fee determinations by mutual consent. Difficulties in this regard may be discussed with the Chair of the Education Committee. For the low fee case, the candidate is to have a supervisor fee of \$50 or less. The specific amount is to be determined by the candidate and supervisor by mutual consent. Supervisors living in the Pittsburgh area are expected to be willing to supervise one candidate with a low fee case.

Progression and Graduation

I. Policies

Progression Policy

Evaluation of the work of the student in individual courses is left to the discretion of the instructors. Their critiques are shared with the candidate and transmitted to the faculty advisor by the Administrative/Executive Director.

The candidate's academic strengths and weaknesses are reviewed regularly in ongoing consultations with the faculty advisor (See "Advisor Responsibilities," Addenda VII.) at least twice yearly, and sometimes more frequently. This should facilitate self-assessment of the candidate's grasp of: 1.) the theoretical and clinical aspects of the educational program; 2.) particular problems therein; and 3.) a means of comparing this assessment with that of the faculty. The faculty advisor gains information about the candidate's strengths and weakness through Progression Subcommittee meetings (each candidate is discussed in depth at least yearly), through reviewing initial statements and semi-annual reports, and from instructors' evaluations. The faculty advisor may review all initial statements and semi-annual reports with the candidate in order to help the candidate to learn what is needed in these reports and to help the candidate develop his/her ability to do analytic writing. The major clinical expectation for graduation is competence to analyze on one's own. Preparation for graduation should motivate the candidate to think broadly and deeply about the field of psychoanalysis, including its applications to other fields. A clinical case, written as if for certification, is a possible exercise for graduation. Research and non-medical clinical candidates who are full candidates are required to fulfill the same expectations for graduation. The case report is reviewed by the faculty advisor and two other members of the Faculty Advisor Subcommittee. If

recommendations for revision are made, these may be accomplished before final presentation to the Education Committee.

II. Procedures

A. Minimal Requirements for Initiating Procedures toward Graduation

1. The candidate is expected to have completed satisfactorily the required courses of the first four years.
2. The candidate is expected to have made at least one year presenting to Continuous Case and at least one presentation to a visiting analyst.
3. The candidate is expected to have had three supervised cases with an appropriate total of supervisory hours which represent effective learning experiences, at least 50 hours in three cases and at least a total of 200 hours.
4. During analytic training, the candidate is expected to carry at least one adult case in supervision into the terminal phases of analysis or to have a completed case. When all other goals and requirements of training have been well accomplished, graduation may be possible before a case has been terminated. It is strongly recommended that supervision continue in the post graduation period until the psychoanalytic termination of at least one adult analysis to satisfy certification standards for a completed case.

C. Comprehensive Evaluation and Administrative Procedures

1. The Progression Subcommittee will consider the following factors for graduation:
instructors' reports from the didactic curriculum; the candidate's initial, semi-annual and final reports; the supervisors' reports; the overall impression of the candidate's faculty advisor and of other members of the faculty; reports on case presentations; case report of an analytic patient prepared as if for presentation for certification (see material from the Certification Committee of the American Psychoanalytic Association); or an essay on a psychoanalytic topic.
2. The Faculty Advisors and the Progression Subcommittee will render a recommendation to the Education Committee.
3. The Education Committee will then reach a decision, and if graduation is to be recommended, make an appropriate report to the faculty.
4. The faculty will consider the Report of the Education Committee, and vote on the graduation of the candidate.

5. When a candidate is graduated, the Chair of the Education Committee will notify him/her in writing, and will add that his/her graduation makes him/her eligible to apply, via its President, for membership in the Pittsburgh Psychoanalytic Center, and to apply for full membership in the American Psychoanalytic Association.
6. The Administrative/Executive Director will notify the American Psychoanalytic Association that the candidate has been graduated.
7. The Administrative/Executive Director will see to the preparation of the Graduation Certificate.

Educational Program in Child and Adolescent Psychoanalysis

I. Philosophy, Goals, and Policies

- A. The training program in child psychoanalysis, including both didactic courses and supervised case work, is in conformity with the Training Standards in Child Analysis, adopted by the Board on Professional Standards of the American Psychoanalytic Association.

The goal of the training program is three-fold: 1.) To provide an opportunity, under supervision, to observe and assess children in various stages of development, in order to strengthen the candidate's understanding of the psychology of each developmental stage; 2.) to provide through didactic courses an elaboration of the theory of psychic structure formation, according to phase-specific tasks in the developmental sequence and the theoretical basis of the technique of child analysis; and 3.) to provide sufficient experience in supervised analyses to insure the achievement of competence in the conduct of the psychoanalysis of children and adolescents.

The supervised casework affords the learning experience of formulating an initial assessment and diagnosis of each child's level of development, deepening understanding of psychic structure according to phase-specific tasks, and of observing clinically the emerging patterns of behavior as they reflect progressive and regressive trends. As the analysis proceeds, the candidate has the opportunity to observe the transference reactions, the nature of the transference and counter-transference, and ways in which a child or adolescent uses the analyst as a new object.

- B. Admission to the Program

The applicant for admission must be a regularly accredited candidate, or a graduate of an approved Institute, with interest in, and a capacity for, child work.

II. Procedures

A. Fees

1. Tuition

Tuition is based on the training status of the accepted applicant.

2. Fee for Supervision

Fees for supervision are privately arranged.

B. Theoretical Courses and Seminars

In addition to the required courses on child and adolescent development in the general curriculum, the course work of the child analytic program will extend over a three-year period. However, the two curricula may run concomitantly, with the first year of courses in child analysis beginning after the second year of the general curriculum.

The child analytic curriculum includes a course in the observation of normal development in young children, seminars in assessment and diagnosis of childhood disorders, a survey of psychoanalytic literature on child and adolescent development, and study in the theory and technique of child analysis. Within the three years of didactic work, candidates take part in Child Continuous Case Seminars.

C. Supervision

Practical experience in the psychoanalysis of children and adolescents is provided by clinical work in which the candidate conducts the analysis under the supervision of a supervising child analyst.

Eligibility for beginning supervised work with a child will be determined by a number of considerations but, in general, the candidate is required to conduct a minimum of three analyses of children under supervision, one of which must be a latency child and one adolescent. It is viewed as highly desirable that one of the three cases be a pre-latency child, and that children of both sexes be included. Certification requires both sexes and one terminated case.

The candidate is to have at least two different supervisors for supervised work. Geographic supervisors may be selected. Supervision on the first case must be weekly for the first year, after which the frequency may be changed according to the recommendation of the supervising analyst. Frequency of supervision on the second and third cases is left to the discretion of the supervising analyst. At least one case is to be supervised during the termination phase of the analysis.

D. Unsupervised Cases

Candidates in the child program who have demonstrated appropriate competency in the psychoanalysis of adults and in their first and second child cases may request permission from the Education Committee to undertake an unsupervised child case. The Subcommittee on Child Analysis and the faculty advisor participate in this decision.

E. Requirements for Graduation

In addition to satisfactory completion of the course work in the child analytic curriculum, the candidate must have completed sufficient clinical work, under supervision, to demonstrate competence in the psychoanalysis of children and adolescents. One accredited supervised child case may be used in fulfilling the supervision requirement for graduation from the general curriculum of the PPC.

F. Progression

Once a supervised case has been started, the candidate should send a memo to the PPC Office, stating the initials, age, sex of the patient, the date on which the analysis began, the frequency of the analytic sessions, the date on which the supervision started, the frequency of supervision, and the number of supervisory sessions to date. If the case is interrupted or terminated, the candidate should send a letter to the PPC Office, stating the date on which the analysis was interrupted or terminated, the total number of sessions, the date on which supervision terminated and the total number of supervisory sessions.

The candidate's and supervisor's records should be current, addressing on-going work, or interruption or termination, if such is the case.

In order to be eligible to register for the second year of course work, the candidate must have either a child in analysis or be prepared to begin a case in the fall of the year.

With each supervised case, the candidate should complete an evaluation and diagnostic work-up on the child. During this period of assessment, the candidate will arrange for consultations with a supervisor to make a decision regarding analyzability. Presentation of the case to the Subcommittee on Child Analysis and candidates may be requested.

The candidate and supervisor should make semi-annual reports on supervised cases. These reports should be shared and discussed between the parties before being put into the candidate's file. These reports should summarize the content of the analytic work in the preceding six-month period according to the progress in the analysis and the difficulties encountered. The major themes relating to intrapsychic and interpersonal drives should be specified and discussed in terms of the evolving transference and counter-transference work.

The candidate will consult with his/her faculty advisor regularly, and before making a request to start with a new patient. Before beginning a third case, the

candidate's record will be reviewed by the Subcommittee on Child Analysis. If the work is satisfactory, the Committee will recommend to the Education Committee that permission be granted. Permission to suspend course work in child analysis for a stated period of time, or to register for a portion of the curriculum of a particular year, should be requested in writing, and given to the chair of the Subcommittee on Child Analysis.

ORGANIZATION

I. Administration

A. Executive Officers

The Executive Officers of the Corporation shall be the President, the President-Elect, the Chair of the Education Committee, the Representative Councilor, the Secretary, and the Treasurer.

B. Board of Directors

1. Duties and Powers

The Board of Directors shall have all the powers necessary and appropriate for the administration of the business, financial, and legal affairs of the corporation. This shall include the application for the administration of grants of financial assistance, and the setting of dues, tuition, or assessments subject to ratification by the PPC members. Disbursement of funds shall be according to a budget adopted by the voting membership at the Annual Meeting. The Board of Directors delegates to the faculty the responsibility for carrying out the programs to achieve the educational purposes of the organization.

2. Composition

The affairs of the Corporation shall be managed by a Board of Directors. The Board shall consist of fifteen (15) to twenty-five (25) Directors (the actual number to be determined from time to time by the Board) to include the following: (a) at least eight (8) At-large Directors; (b) four (4) Analyst Directors; (c) the Chair of the Education Committee; (d) the Representative Councilor; (e) the Immediate Past-President of PPC; (f) the President of the PPC Candidate Organization; (g) the President of the Pittsburgh Association for Psychoanalytic Thought ("PAPT"); and (h) the Executive/Administrative Director of PPC. The majority of the voting Board members shall be non-analysts. The Board shall contain at least one (1) Director who is a Child Analyst.

The following ex-officio members of the Board shall have voting rights: the Chair of the Education Committee, the Representative Councilor, the Immediate Past-President of PPC, the President of the PPC Candidate Organization, and the President of PAPT. The Executive/Administrative Director of the Corporation shall serve as a non-voting, ex-officio Director. The terms of the ex-officio Directors shall be determined by the office pursuant to which each ex-officio Director serves.

The Board shall elect the At-large voting Directors, which Directors shall represent a cross-section of community members who are not required to be analysts and/or mental health professionals, at all times insuring that the majority of the Directors with voting rights shall be non-analysts. Each At-large Director shall serve for a term of three (3) years, and each At-Large Director may serve for three (3) consecutive terms. The At-large Directors shall be divided into three (3) classes with approximately the same number of At-Large Directors in each class, and the term of one such class shall expire in each year. At-large Directors shall be nominated by the Governance/Nominating Committee and elected at each Annual Meeting of the Board of Directors (or at any meeting called for such purpose) as set forth in Section 2.3 and Section 2.10 of the bylaws.

The Governance/Nominating Committee shall provide a list of the nominees for positions as provided for in this section to the voting Directors at least 10 days prior to the meeting at which the election will be held. The Directors may elect the At-large Directors from the slate of nominees presented by the Governance/Nominating Committee. Additional candidates, with their prior consent, may be nominated by any Director at the Annual Meeting.

The Voting Members of the Corporation, as described in Section 3.6 of the bylaws, shall elect the Representative Councilor and the four (4) Analyst Directors of the Board of Directors as provided for in Section 3.7 and Section 3.10 of the bylaws. Each Analyst Director shall serve for a term of three (3) years, and each Analyst Director may serve for three (3) consecutive terms.

Each Director shall hold office from the time of her/his election or appointment, but shall be responsible as a Director from such time only if he/she consents to her/his election or appointment; otherwise from the time he/she accepts office or attends her/his first meeting of the Board. Each Director shall serve until her/his term expires, and thereafter until her/his successor is duly elected, or until her/his earlier death, resignation or removal.

The Board of Directors may, from time to time, elect up to three (3) Life Directors to the Board of Directors based on nominations from the Governance/Nominating Committee. Life Directors are Directors who have rendered long and valuable service to PPC. Life Directors shall have voting privileges on the Board of Directors and shall serve subject to the removal provisions of Section 2.11 of the bylaws.

The Board of Directors may, from time to time, appoint members to an Advisory Council. The members of the Advisory Council shall provide valuable expertise and experience to PPC. Advisory Council members shall not be Directors, and shall not have voting privileges on the Board of Directors or as described in Article 3 of the bylaws.

The President of the Candidates Organization or designated candidate is a voting member of the Board of Directors.

3. Meetings and Organization

The Board of Directors shall meet at least four (4) times a year and, in addition, it may be convened with ten day notice by the President or any three (3) members of the Board. The Governance/Nominating Committee will nominate the Executive Officers and the Directors will elect them.

4. Personnel

The administrative personnel of the PPC includes the President, President-Elect, Chair of the Education Committee, the Representative Council or Secretary, Treasurer, and Administrative Executive Director.

The President shall be responsible for planning, maintaining, and implementing the program of activities of the PPC. The President is the Chief Administrative Officer and is responsible for budget, bylaws, outreach, day-to-day management, and works closely with the Administrative/Executive Director in regular meetings. The President shall appoint, in consultation with the Board of Directors, the following Chairpersons: Budget and Finance Committee, Development Committee, Library Committee, and Outreach Committee. Each administrative chair, in consultation with the President, shall decide if he/she needs a Committee. If so, he/she will appoint people in consultation with the President.

The Education Committee Chair(s), elected by the PPC voting members, is responsible for the educational mission to promote the study and application of depth psychology in both clinical and non-clinical contexts. The Education Committee Chair(s), in consultation with the Education Committee, will appoint the following Chairpersons: Admissions, Curriculum, Faculty Advisor and Progression, and Faculty Development. The Training Analyst and Child Analysis Committees will elect their own Chairs. Committee members shall consist of the Chairs of the following subcommittees: Admissions, Child Analysis, Curriculum, Ethics and Assistance, Faculty Advisor and Progressions, Faculty Development, Reduced-Fee Referral, Research, and Training Analyst. In addition, there shall be two (2) at-large committee members nominated by the Governance/Nominating Committee and elected by the Voting Members of the Corporation. Each member of the Education

Committee shall be a Faculty Member in good standing. At least one member of the Education Committee shall be an Analyst Director. Each Education Committee member who chairs a function shall decide if he/she needs a Committee. If so, he/she will appoint people in consultation with the Education Committee Chair(s). It is the ultimate responsibility of the Education Committee to protect and advocate each candidate's quest for analytic competence. The Ethics and Assistance Subcommittee Chair will be appointed by the Education Committee Chair(s).

The President of the Candidates Organization and Representative to the Board will be elected by the candidates.

Fellows of the Board on Professional Standards of the American Psychoanalytic Association and their Alternates are elected by the PPC voting members.

5. Faculty

The Faculty consists of members who are designated as Full Faculty Members and Faculty-by-Invitation.

6. Committees

The following are the standing committees of the PPC:

- Education Committee
- Admissions Subcommittee
- Child Analysis Subcommittee (Not Active)
- Curriculum Subcommittee
- Ethics and Assistance Subcommittee
- Faculty Advisor and Progression Subcommittee
- Faculty Development Subcommittee
- Reduced-Fee Referral Program Subcommittee (Not Active)
- Research Subcommittee (Not Active)
- Training Analyst Committee

7. Budget and Tuition

The PPC receives revenue from a variety of sources, including membership dues and assessments, tuition, program fees, and foundation support.

The Budget Committee of the Board of Directors meets and forecasts an annual budget which is then voted upon by the Directors. The budget includes recommendations for the level of faculty dues, tuition, and expected other income.

Fees for analysis and supervision are to be arranged with the analyst or

supervisor. Candidates having difficulty making payment of fees are encouraged to discuss this with the Chair of the Education Committee.

8. Education Committee

Composition and Organization

The Education Committee shall (a) formulate policies regarding all Psychoanalytic Training Program matters and establish procedures to implement these policies; (b) be representative of the thinking of the Faculty in its concern for all issues related to psychoanalytic education; (c) further the educational mission of the Corporation by promoting the study and application of depth psychology in both clinical and non-clinical contexts; (d) be concerned with candidate records; (e) oversee the progression of the Candidates through the Psychoanalytic Training Program; (f) be responsible for administrative matters involved in the Psychoanalytic Training Program; (g) remain informed as to the work of the various taskforces and committees of the APsaA, with special attention to that of the Board on Professional Standards; and (h) be concerned with the qualification and evaluation of applicants for the Psychoanalytic Training Program. Policy developed by the Education Committee shall be referred to the Faculty Members for consideration.

Standing Committees of the Education Committee

a. Admissions Subcommittee

The Admissions Subcommittee shall (i) evaluate and make recommendations to the Education Committee concerning applications for admission. Subcommittee members shall be Faculty Members in good standing.

Policies

The Chair of the Admissions Subcommittee is appointed by the Chair of the Education Committee for a three year term. The Chair of the Admissions Subcommittee selects, in consultation with the Chair of the Education Committee, the members of the Admissions Subcommittee.

The major function is the assessment of applicants for psychoanalytic training primarily in terms of three attributes: 1.) integrity; 2.) analyzability; and 3.) therapeutic competence. Procedures are established for obtaining data for evaluating the applicant, including individual interview with admissions committee members and one or more interviews in which the applicant presents his/her clinical material to several faculty members. The data are discussed at a Committee

meeting and a judgment, either to accept, defer, or reject the applicant, is made by majority vote. The judgment is transmitted as a recommendation to the Education Committee. In addition, the Committee periodically reviews and evaluates its criteria and procedures for selecting, including the dynamics of the Committee and group discussions and vote. Should the Committee elect to defer the applicant, the applicant should be so informed and given the opportunity to request that the Committee's recommendation not be transmitted to the Education Committee at that time. This would give the applicant opportunity to supply further data should he/she wish to do so.

If the applicant is not in agreement with the Education Committee's decision, he/she shall be notified of his/her prerogative to appeal the decision in a letter to the Chair of the Education Committee citing specific reasons for her/his dissatisfaction. The Education Committee will make the final decision concerning acceptance.

Procedures

Each applicant is required to complete the application form. Applications will be accepted at any time during the year. Application forms can be obtained by calling the PPC office, 412-661-4224. The applicant will be notified of the names of the analysts with whom he/she will arrange interviews. For each interview and clinical presentation there will be a written report submitted to the Chair of the Admissions Subcommittee.

The data includes the application form, curriculum vitae, autobiographical sketch, copies of pertinent licenses and certifications, letters of personal reference including any the Chair considers pertinent, and the written reports of the interviewers. All of these are reviewed by the Admissions Subcommittee.

Interviews

The admission process includes interviews by at least two individuals of the faculty or the Admissions Subcommittee. Each interviewer will submit a written report, which is then discussed by all members of the Admissions Subcommittee. There may also be at least one clinical presentation by the applicant of recent clinical work. This will include a two-page summary of the case and process material presented. There will be a written summary of the applicant's clinical ability.

Admissions Decisions

The Admissions Subcommittee meets periodically during the year to recommend application decisions to the Education Committee. Applicants are immediately informed of the Education Committee's decision by the Chair of the Education Committee. If an application is not accepted, the Chair of the Education Committee will explain the basis of the decision to the applicant. An appeal process is available to those who request it. It should be understood that the acceptance of an applicant for training cannot be construed as a guarantee that he/she will be graduated.

Fees

Please refer to Addendum III for a complete summary of current fees and charges.

b. Child Analysis Subcommittee

Members of the Child Analysis Subcommittee, each of whom shall be child analysts graduated from an accredited child analysis training program and others interested in child analysis, shall be appointed by the Chair of the Education Committee. The Subcommittee members, in consultation with the Chair of the Education Committee, shall elect a child analyst to be Chair, who shall serve for three (3) years. Subcommittee members shall be Faculty Members in good standing.

The Child Analysis Subcommittee shall make recommendations to the Education Committee regarding the admissions process, curriculum, supervision, and graduation policies of the Child Psychoanalytic Training Program.

Functions of the Child Analysis Subcommittee

The Child Analysis Subcommittee consists of a chairperson (a child analyst), child analyst graduates, and approved candidates with substantial analytic experience with adults and therapeutic experiences with children. Other interested faculty members are welcome to attend but are not regular members of the Committee. The Child Analysis Subcommittee functions as a study group, which meets twice/month for 90 minutes during the academic year. The study group functions as a Continuous Case Seminar, but members also present child psychotherapy material, and read pertinent books and articles that emphasize recent advances, techniques, special problems and methodologies in the child analytic field. On occasion, prominent child analysts or researchers in the field are invited to address the faculty and candidates. At times, specific topics are undertaken for more intensive

study for the academic year (e.g., divorce, adoption, ADHD, neuropsychological testing, etc.).

The Chair of the Child Analysis Subcommittee (a child training analyst, or a child analyst) is selected by the group, in consultation with the Chair of the Education Committee, and serves for three years. The Chair (or some other appointed individual) reports to the Education Committee, and attends regular meetings of that body. In addition to presiding during meetings and helping to implement the year's program, the Chair also serves as a representative to other groups as necessary (e.g., the Board of Directors). An annual report of the group's activities is written by the chair, in collaboration with the members of the group. This report is given to the Education Committee and is also sent to the Committee on Child and Adolescents of the American Psychoanalytic Association. Other activities of the Child Analysis Subcommittee include outreach endeavors that serve children and families: i.e., consultation with schools and agencies; supervision of child residents and other mental health therapists; teaching college and university students; service on local and national committees; and work with the local, state, and national groups.

The Child Analysis Subcommittee is responsible for a number of aspects of the Educational Program of the PPC. An important function of the Child Analysis Subcommittee is the design and implementation of the Child and Adolescent Psychoanalysis Training Program, as well as for certain portions of the required general curriculum. The latter includes the human development section of the general training program that is generally offered over a two-year period. The child faculty teaches and evaluates this section of the curriculum, and also takes part in other teaching activities of the training program, as appropriate. Another salient goal of the Committee is the integration, administratively and educationally, of the Child Analysis Program within the overall program of the PPC.

Selection and Admission

All child analytic members of the Child Analysis Subcommittee participate in the selection of the applicants for training in child and adolescent analysis.

Requests for training should be made in writing, after which the applicants are interviewed by the Chair of the Committee or another designated child analyst. Approval for training is subject to review by the Child Analysis Subcommittee. It is strongly recommended that all child candidates in training be supervised by a child supervisor. Candidates in the adult program may wish to analyze a child, adolescent, or young adult as one of their three required cases. In that

event, it is recommended that the candidate (after appropriate consultation with the faculty advisor and the Education Committee) consult with the Child Analysis Subcommittee about the choice of a supervisor.

Supervision

The Child Analysis Subcommittee is responsible for the adequacy of the supervisory experience for the promotion of competence in the candidates. The final approval of selected cases for supervised analyses by candidates rests with the individual child supervisor.

Evaluation and Progression

The Committee is concerned with the evaluation and progression of child candidates and other candidates in the program, in order to formulate appropriate recommendations about the program to the Education Committee.

Unsupervised Cases

Candidates in the child program who have demonstrated appropriate competency in the psychoanalysis of their first and second child cases may request permission from the Child Analysis Subcommittee to undertake an unsupervised child case. If appropriate, the Child Analysis Subcommittee will make such a recommendation to the Education Committee.

Graduation

The child analytic members of the Child Analysis Subcommittee are responsible for recommendations to the Education Committee for graduation from the child program.

Faculty Development

The Child Analysis Subcommittee is responsible for the development of teaching faculty and supervisors in the child psychoanalysis.

Related Groups and Fields

The Committee is interested in, and keeps informed about, the work of pertinent groups and committees of the American Psychoanalytic Association dealing with child and adolescent psychoanalysis in the broadest sense. It also maintains an interest in, and keeps informed

about, educational programs that affect children in the local, national, and international community.

Procedures

The Child Analysis Subcommittee meets regularly throughout the academic year, keeping minutes of all meetings. The Chair of the Committee reports on its activities and makes recommendations to the Education Committee, plans regularly scheduled meetings of the Committee, and arranges for supervisors and associate supervisor to review the educational and clinical progress of each child candidate. The Chair, with selected members of the Child Analysis Subcommittee, reviews the semi-annual reports of the candidates and the supervisors. These meetings enable the supervisors to assess a candidate's current educational needs, progress, and growing competence in the psychoanalysis of children and adolescents.

Curriculum and Integration

The procedure for implementing policy includes:

The inclusion of Child Analysis Subcommittee personnel on the Education Committee, the Admissions Subcommittee, and other committees as appropriate.

The involvement of the child faculty as teachers of required courses in the general curriculum. It is recommended that a member of the child faculty be included in the Continuous Case Seminar when possible.

The designation of child supervisors as training analysts in the general program.

The encouragement of candidates in the general program to seek to analyze a child or adolescent, when appropriate in their training.

The contribution of an atmosphere of mutual interest, respect, and concern for the educational program of the PPC.

Admission to the Educational Training Program in the Psychoanalysis of Children and Adolescents

After the Chair of the Child Analysis Subcommittee receives a letter from a potential child candidate, the Chair of the Committee assigns one or two members to interview the prospective applicant.

A recommendation, based on the candidate's previous training and experience, is formulated and presented to the Child Analysis Subcommittee, and then to the Education Committee. Once the candidate is accepted for training, he/she is eligible to register for the first year courses in the Child Analysis Program.

Supervision

A candidate in the child program must have a child in supervised psychoanalysis to continue to the second year of child analytic courses. The candidate's readiness to undertake a supervised case is determined by Child Analysis Subcommittee members, in consultation with the appropriate faculty advisors. In general, demonstration of adequate proficiency with at least one adult case is a necessary prerequisite to starting the first supervised child case.

Candidates enrolled in both child and adult programs must fulfill the requirements of each program. Permission to undertake additional supervised (or unsupervised) clinical work with children is dependent on satisfactory progress in both programs, up-to-date records on file of all cases, and permission of the supervisor(s).

Evaluation and Progress

Regularly scheduled meetings with faculty advisors and supervisors afford opportunity for the Committee to be familiar with the progress of child candidates.

Graduation

Requirements for graduation are:

Satisfactory completion of the requirements for graduation from the general program.

A supervised child or adolescent case carried to, or nearing, termination.

Two additional supervised cases carried to the point that the major conflicts are in focus and are in the process of being analyzed.

Demonstrated ability to analyze children and adolescents indicating competency in conducting independent analyses of children and adolescents.

Upon recommendation of the supervisors in the Child Analysis Program and the committee members, the candidate is presented to the Education Committee for graduation, and then to the Faculty of the PPC for final action.

Procedures Regarding Election of Courses in the Child Analysis Curriculum and a Supervised Psychoanalysis of a Child or Adolescent by Candidates in the General Curriculum:

Elective courses in the Child Analysis Program are undertaken with the consent of the instructor.

Candidates in the general curriculum may request permission of the

Education Committee to take a latency child or adolescent case after satisfactory work with their first case.

The Education Committee will confer with the faculty advisor and, if the candidate's records are current, the Education Committee will present the request to the Child Analysis Subcommittee.

The Child Analysis Subcommittee will make a determination about the suitability of the candidate's request and, if appropriate, assign a child supervisor.

Faculty Development

Faculty and candidates are encouraged as teachers, supervisors and participants in activities related to child analysis concerns.

c. Curriculum Subcommittee

The Curriculum Chair is appointed by the Chair of the Education committee for a three-year term. In consultation with the Chair of the Education Committee, the Curriculum Chair will select the members of the Curriculum Subcommittee. The Curriculum Subcommittee works with the Education Committee to plan the curriculum and to choose the coordinators and faculty/co-faculty for each year. In addition to the Co-Chairs of the Curriculum Subcommittee and the Education Director, a senior candidate participates on the Curriculum Subcommittee and meets yearly to discuss the course offerings and any ongoing or potential difficulties or issues. These meetings also provide an opportunity to discuss procedures and expectations, rights, and responsibilities regarding the curriculum and Center programs.

Policies

This Committee addressed itself to the formulation of general policies for the overall curriculum and to the definition of specific policies for each year of the Education Program. The primary goals of psychoanalytic education are considered to be:

- i. The achievement of competence in the clinical and/or investigational practice of psychoanalysis
- ii. The fostering of an investigative attitude and an inquiring, psychological mind
- iii. The encouragement of learning and research with those of all ages
- iv. The development of scholarship
- v. The encouragement of a life-long process of self examination

The basic policies of the Curriculum Subcommittee include:

- i. The optimal integration of the academic and clinical components of the curriculum with each other, including supervision and the personal analysis
- ii. The definition of a core curriculum and the planning of elective courses. Within this framework, and reflecting current trends in education, the Subcommittee defines the curricular content, organizes a minimum of required courses to comprise the core curriculum, and arranges elective courses that are appropriate to the educational needs of the candidate in all years of the curriculum.
- iii. The Curriculum Subcommittee works with the course coordinators, who carry the responsibility of seeing that readings for their courses are available in the office before the fall semester. When there are several faculty who teach segments of a course, the course coordinator is responsible for seeing that the readings are current and reflect continuity and coherence.
- iv. The Curriculum Subcommittee participates in the formulation of procedures for evaluating the effectiveness of the training program and of the teaching in its total and part operations, and recommends to the Education Committee any revisions or additions that may be indicated by the evaluation process. The teaching faculty participates in a thoughtful evaluation of each candidate in his/her course at the end of the academic year. Similarly, the candidates are asked to evaluate their course instructors, who are then given feedback about their teaching performance by the Curriculum Chair. The faculty and candidate reports are kept on file.
- v. On occasion, an invited guest participates in the teaching of one class or a complete course, co-teaching with a faculty member (e.g., Lacan, Jung). In such an event, the invited guest's credentials (C.V.) are presented to the Curriculum Subcommittee and if acceptable, to the Education Committee for approval.
- vi. The Curriculum Subcommittee maintains interest in faculty development and integration, and in the work of the Committees of the American Psychoanalytic Association pertaining to Curriculum. All faculty members are expected to be prepared for the class, to be knowledgeable and current on his/her topic, to be thoroughly familiar with the material, and to create an open, lively, respectful atmosphere for learning.
- vii. The Curriculum Subcommittee contributes to the intellectual life of the Center through its efforts to support the interests of the faculty and candidates and their publications, research interests, and presentations, providing appropriate forums for the intellectual exchange of ideas. The Curriculum Subcommittee involves new faculty in the teaching program as junior faculty, with an eye

toward eventual rotation of teaching responsibilities, as new graduates become more comfortable and competent as teachers.

d. Ethics and Assistance Subcommittee

The Chair of the Ethics and Assistance Subcommittee is appointed by the Chair of the Education Subcommittee. The Ethics and Assistance Subcommittee shall be comprised of a minimum of three (3) members appointed for a three-year term, which may be renewed. Subcommittee members shall be Faculty Members in good standing.

The Ethics and Assistance Subcommittee provides compassionate attention for our colleagues and a proper regard for our psychoanalytic ideals in the care of patients and in all professional activities by (a) insuring that members are aware of their obligations under state laws and governing boards to report circumstances indicative of impairment of a licensed professional; (b) providing a confidential mechanism to obtain advice as to whether a particular circumstance warrants and/or requires reporting; (c) promoting and fostering early, professionally responsible, and constructive attention to assisting Faculty and Candidates who may be experiencing mental, psychological or other problems.

In addition, the Ethics and Assistance Subcommittee shall (a) teach, consult and contribute to the national ethical standards of the APsA and work to implement such standards locally; (b) conduct investigations and hearings and make recommendations regarding ethics to the Education Committee and/or Board of Directors as necessary; and (c) work with the Curriculum Subcommittee to develop educational programs and foster interest in ethics as part of the curriculum.

i. Initiation of Action

(1) Whenever the activities or professional conduct of any member are believed to be contrary to the Principles of the American Psychoanalytic Association, action to investigate against such member (hereinafter the “affected member”) may be initiated by any person, including any officer of the PPC, member of the Board of Directors, or a patient/complainant.

(2) All requests for action to investigate shall be in writing, submitted to the Ethics and Assistance Subcommittee, and supported by reference to the specific conduct or activities which constitute the grounds for the request. The Chairman of the Ethics Subcommittee shall promptly notify the Chair of the Education Committee, the Education Committee, the President and/or the Board of Directors in writing of all requests for action to investigate received by the

Committee and shall continue to keep the Chair of the Education Committee, the Education Committee, the President and/or the Board of Directors fully informed of all action taken in connection therewith.

(3) A complaint will be presumed to be a request for action to investigate and to include permission for it to be distributed at the discretion of the Ethics and Assistance Subcommittee. The affected member shall be informed promptly of the details of the complaint and given a copy of the Principles of Ethics and of Procedures of the Ethics and Assistance Subcommittee and the American Psychoanalytic Association.

(4) The Ethics and Assistance Subcommittee shall review available information and make inquiries necessary to determine whether there are sufficient grounds for proceeding. The Ethics and Assistance Subcommittee may consult legal counsel. If there are not sufficient grounds for proceedings, the complaint may be dismissed. The concerned parties shall promptly be notified. The Committee has 60 days to complete its determination. If the Ethics and Assistance Subcommittee deems an investigation is in order, the Committee will inform the Board of Directors and upon permission will proceed in the following manner:

ii. Methods

(1) The Ethics and Assistance Subcommittee has at its disposal informal methods to settle disputes. If the affected member agrees to the occurrence of the complaint and if the complaint is not deemed egregious by the Ethics and Assistance Subcommittee, the Committee can impose requests for reparative actions (e.g. repayment of fee, apology, entering treatment for impairment). If the affected member does not agree, he/she can request mediation by a mutually acceptable mediator. The affected member must state in writing that the reparative measure is acceptable and must also state in writing when the task has been completed.

(2) If the affected member cannot be dealt with in the informal manner stated in the previous section, the Ethics and Assistance Subcommittee will inform the affected analyst of her/his rights.

(3) The Ethics and Assistance Subcommittee procedures for handling complaints of unethical conduct must assure fair process and provide the accused member the following:

- the opportunity to be notified of, and to address, the charges;

- the right to be represented by legal counsel;
- the right to a hearing, including the right to call, examine and cross-examine witnesses, or reasonable alternatives thereto;
- notice of not less than 30 days of the date, place and time of the hearing; the witnesses expected to testify thereat; and the member's procedural rights at the hearing;
- the right to submit a written statement at the end of any hearing;
- the right to have a record made of the hearing proceedings and to have a copy of the record upon payment of reasonable charges; and
- that relevant evidence will not be excluded from any hearing solely on the grounds that it would not be admissible in a court of law.
- the right to receive: a.) the written final decision or recommendation of the Ethics and Assistance Subcommittee or other hearing body, including a statement of the basis therefore, and b.) if the hearing body makes a recommendation to its local group or other body of the local group, a written final decision of the group, including a statement of the basis for the decision.

iii. Investigation and Determination

(1) For the purposes of investigating facts, the Ethics and Assistance Subcommittee, in its discretion, may again consult legal counsel. The procedures of the Ethics and Assistance Subcommittee shall follow principles of due process and shall conform to all applicable portions of the "Provisions." The Ethics and Assistance Subcommittee may conduct interviews, may obtain records and other information, and may hold hearings if it decides these are necessary. If hearings are held, the Ethics and Assistance Subcommittee shall be guided in its conduct of such hearings by the "Provisions." The complainant shall be afforded an adequate method to present the charges in detail and the accused member shall be afforded an adequate method to present her/his defense. All parties concerned shall have rights as described in the "Provisions."

(2) In any case in which formal procedures have been followed, after full and fair consideration of the complaint, the Ethics and Assistance Subcommittee shall arrive at a determination as to the appropriate disposition of the case. In addition to another disposition, the Committee may:

- conclude that unethical conduct may have occurred but recommend that no formal finding be made and no sanction imposed pending completion of remedial action recommended and agreed to by the charged analyst, or
- dismiss the charges with prejudice, accompanying the dismissal with a letter of admonition, expressing the sense that there may be questions about the analyst's practices or judgment and putting the member on notice that further education, consultation and/or supervision may be indicated, or
- suggest sanctions and will so inform the affected analyst and the Board of Directors.

(3) The affected analyst may, at this point, request a hearing before an arbitrator where he/she can confront her/his accusers and examine witnesses. (See IV. below.)

(4) If the affected analyst does not wish a formal hearing, then at the completion of its investigation the Ethics and Assistance Subcommittee shall recommend to the Education Committee and/or Board of Directors one of the following courses of action:

- Exoneration (the accused is cleared from blame where the evidence shows no unethical conduct by the accused).
- Dismissal of complaint (for example, where a determination on the merits cannot be made because of insufficient reliable evidence or other procedural defects), without prejudice to the right of the Ethics and Assistance Subcommittee at a later date to recommend the commencement of new proceedings with respect to the same charges (see III.B.).
- Temporary suspension of membership from the PPC pending determination of validity of charges.
- Censure.
- Suspension from the PPC, but for not more than three (3) years.
- Separation from the PPC rolls for a period of not less than five (5) years. After five (5) years, readmission to membership may be considered.
- Permanent expulsion from the PPC.

(5) After consultation with the President and Chair of the Education Committee, the Ethics and Assistance Subcommittee shall present its findings and its recommendations to the Education Committee and/or the Board of Directors which will then vote to:

- Approve the recommendation of the Ethics and Assistance Subcommittee, or
- Modify the recommendation of the Ethics and Assistance

Subcommittee, selecting a different disciplinary action described above, or

- Return the matter to the Ethics and Assistance Subcommittee for further investigation and consideration. Upon completion of its additional consideration, the Ethics and Assistance Subcommittee will report its new recommendation to the Education Committee and/or the Board of Directors for approval or modification, as above.

iv. Appeal Hearing

(1) A statement advising the affected member of her/his right to request an appeal within thirty (30) days of her/his receipt of an adverse notice. This notice shall be provided to the affected member either in person or by registered mail, return receipt requested.

(2) Should the affected member wish to contest the findings of the Ethics and Assistance Subcommittee, the affected member shall have thirty (30) days following receipt of the findings of the Ethics and Assistance Subcommittee to file a written request for a hearing; said request shall be filed with the President either in person or by registered mail, return receipt requested. A member who fails to request a hearing within such time limits shall be deemed to have waived her/his right to a hearing and to have accepted the adverse action at issue.

(3) Upon receipt of a timely request for a hearing, the Chair of the Education Committee and/or the President shall deliver such request to the Ethics and Assistance Subcommittee, the Education Committee, and/or the Board of Directors. The Education Committee and/or the Board of Directors shall then promptly schedule and arrange for a hearing. At least thirty (30) days prior to the hearing, the President shall provide to the affected member written notice of the time, place and date of the hearing together with a list of witnesses (if any) expected to testify at the hearing on behalf of the PPC.

(4) As determined by the Education Committee and/or the Board of Directors, the hearing shall be held:

- before an arbitrator or panel of arbitrators mutually acceptable to the affected member and the Education Committee and/or the Board of Directors;
- before a hearing officer appointed by the Education Committee and/or the Board of Directors who is not in direct economic competition with the affected member; or
- before a panel of individuals appointed by the Education

Committee and/or Board of Directors, none of whom is in direct economic competition with the affected member.

(5) If the hearing is to be held before a panel, one of its members shall be designated by the panel as its presiding officer. The individual or panel holding such hearing is hereinafter referred to as the “hearing body.”

(6) At the hearing, the personal presence of the affected member shall be required. An affected member who fails without good cause to appear at such hearing shall be deemed to have waived her/his right in the same manner and with the same consequences as provided in Section IV.B.

(7) The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He/she shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure and the admissibility of evidence.

(8) During a hearing, each of the parties shall have the right to:

- call and examine witnesses;
- introduce exhibits;
- cross examine any witness on any matter relevant to the issues;
- impeach any witness;
- rebut any evidence;
- request that the record of the hearing be made by use of a court reporter or an electronic recording unit; and
- be represented by an attorney or other individual of their choice.

(9) The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record.

(10) At such hearing, the Ethics and Assistance Subcommittee shall have the initial obligation to present evidence in support of its action. The affected member shall thereafter be responsible for supporting her/his challenge to such action by clear and convincing evidence

demonstrating that the grounds therefore lack a factual basis or that such action was either arbitrary, unreasonable, or capricious.

(11) A record of the hearing shall be kept that is of sufficient accuracy to assure that an informed and valid judgment can be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The president officer shall select the method to be used for making the record, such as a court reporter, an electronic recording unit, detailed transcription, or minutes of the proceedings. An affected member electing an alternative method under Section IV.G. shall bear one-half of the cost thereof.

(12) Within seven (7) days after final adjournment of the hearing, the hearing body shall make a written report of its findings and recommendations in the matter and it shall forward the same, together with the hearing record and all other documentation considered by it, to the Education Committee and/or the Board of Directors.

(13) Within fifteen (15) days after receipt of the report of the hearing body, the Education Committee and/or Board of Directors shall consider the same and make its final decision in the matter at issue. It shall transmit the result, together with the hearing record, and the report of the hearing body and all other documentation considered, to the President, who shall transmit a copy of the same to the affected member by written notice.

(14) In the event the Education Committee and/or Board of Directors final determination is adverse to the affected member, he/she shall be entitled to request that the American Psychoanalytic Association review such action in accordance with the procedures set forth in the Provisions.

(15) Records of all proceedings pertaining to a charge of unethical conduct shall be made available:

- to the Committee on Ethics of the American Psychoanalytic Association in accordance with the Provisions;
- to other appropriate ethical bodies, upon their request, in the discretion of the Education Committee and/or the Board of Directors;
- to the appropriate body of the PPC considering an application or a request for reinstatement by a member who has been subject to corrective action;
- to such governmental or regulatory bodies, as required by law.

- v. The Education Committee and/or the Board of Directors may, but shall be under no obligation to, accept a resignation offered by a member when there is a charge of unethical conduct against her/him. An offer of resignation, whether accepted or not, shall not require the termination of an investigation of a charge of unethical conduct, nor prevent the rendering or disclosure of a decision on such a charge.
- vi. As a condition of membership in the PPC, each member agrees to cooperate with the work of the Ethics and Assistance Subcommittee on request, and agrees to release, hold harmless and indemnify the PPC, its officers, agents or members of the Ethics and Assistance Subcommittee from any and all claims:
 - (1) arising out of the instituting and processing of corrective action with respect to said member, and the imposition or disclosure of sanctions as a result of said proceedings;
 - (2) with respect to any third party action or proceeding brought against such member based upon, relying on, arising from, or with reference to the ethical standards of the PPC or any ethical proceeding conducted by the PPC involving such matter.
- vii. The Ethics and Assistance Subcommittee is empowered to send out a questionnaire every year (or every other year as it sees fit) to members and candidates, as follows:

Circle applicable reply. If an answer is “Yes,” submit an explanation.

During the term of your current membership in the Pittsburgh Psychoanalytic Center:

- 1. Has your license to practice medicine (or to practice your professional work) in any jurisdiction been suspended or revoked?

Yes	No
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- 2. Have your privileges at any hospital been suspended, diminished, or revoked?

Yes	No
-----	----
- 3. Have you been subject to disciplinary proceedings in any professional organizations?

Yes	No
-----	----
- 4. Has your narcotic and/or BNDD license number been suspended or revoked?

Yes	No
-----	----
- 5. Has your eligibility to participate in any third party payment

programs been questioned, suspended, or terminated?

Yes No

6. Have you been convicted of a felony in any court in the United States?

Yes No

7. Do you have any knowledge of any illness that may impact on your ability to function as a psychoanalyst? Yes No

The Ethics and Assistance Subcommittee is empowered to submit the names of those members not replying to this questionnaire (or the names of those members replying in the affirmative) to the Board of Directors for appropriate action.

The Ethics and Assistance Subcommittee provides compassionate attention for our colleagues and a proper regard for our psychoanalytic ideals in the care of patients and in all professional activities by (1) insuring that members are aware of their obligations under state laws and governing boards to report circumstances indicative of impairment of a licensed professional; (2) providing a confidential mechanism to obtain advice as to whether a particular circumstance warrants and/or requires reporting; (3) promoting and fostering early, professionally responsible, and constructive attention to assisting members who may be experiencing mental, psychological or other problems.

e. Faculty Advisor and Progression Subcommittee

The Faculty Advisor and Progressions Subcommittee shall answer and advise Candidates, and join with the Education Committee to evaluate the progress and status of each of the Candidates and decide on appropriate feedback to give to the Candidates. Specifically, the Subcommittee shall (i) in conjunction with the Education Committee, review the records of each Candidate on at least a yearly basis, including information from advisors, supervisors, course instructors and other sources, to determine the Candidate's progression through the Psychoanalytic Training Program; (ii) utilize information from such deliberations to assess whether the Psychoanalytic Training Program meets the goals established by the Curriculum Subcommittee; and (iii) in conjunction with the Education Committee, make recommendations for progression and for graduation of Candidates when it is determined that a Candidate has fulfilled the obligations of each stage of training. Subcommittee members shall be Faculty Members in good standing.

Policies

The major function is to assess the progress of the candidates. It will assess all candidates at least yearly. Information to assess the candidate will come from his/her faculty advisor, who will have met with the candidate and discussed the candidate's self-assessment of his/her progress as well as getting input from the candidate's instructors. Also, the candidate's supervisors will report on the candidate's progression. Selective initial statements and semi-annual reports will be reviewed. The summary of the strengths and weaknesses of the candidate will be reported to the candidate by his/her faculty advisor.

Procedures

The Candidates' faculty advisor and supervisor will meet with the Education Committee. Each candidate will be reviewed at least yearly, as well as when they apply to progress from matriculation to their first case, and to their second case. The Chair of the Education Committee will recommend specific candidate's initial reports and/or semi-annual reports to be used to evaluate the candidate's progress.

Factors to consider for beginning a first case are experience in working with patients in psychoanalytic psychotherapy and successful work in first year courses - analyzability and technique. Factors to consider for starting a second case include the establishment of an analytic process in their first case and recommendation by their first case supervisor. The faculty advisor will give the candidate feedback on the committee recommendations and on the candidate's strengths and areas to work on. The third case review will be requested by the candidate when he/she thinks he/she is ready for a third case and is able to show that he/she has established a Mid-Phase in at least one of their two cases or can demonstrate an understanding of what a Mid-Phase includes. The Third Case Review Committee will include the faculty advisor and the two supervisors. (See Third Case Review in section on Supervision.) It will meet to review the candidate's progress. If the candidate wishes, the Review Committee will meet for a two-hour discussion with the candidate in order to discuss with the candidate issues related to the analytic process of his/her cases, either before or after the review. The faculty advisor will present the Review Committee's recommendations to the Education Committee and Progression Subcommittee. The faculty advisor will inform the candidate about the decision and about the candidate's strengths and weaknesses.

The Candidates' Faculty Advisor and Supervisors will evaluate a candidate for graduation at the written request by the candidate. When a candidate, after conferring with her/his advisor, considers that he/she may be ready to graduate within six months to a year and is beginning to work on the Graduation Paper, he/she should notify the Chair of the

Education Committee so that a Graduation Paper Committee can be created. This Committee will include the faculty advisor and two other members appointed by the Chair of the Education Committee. The candidate is encouraged to consult with this committee as he/she is working on the paper, in order to help it be a positive learning experience. The Education Committee and Progression Subcommittee will consider the factors described in the section on Progression and Graduation in deciding on the candidate graduating. The graduation paper is expected to demonstrate the candidate's ability to think analytically and write in a scholarly and thoughtful manner.

This Faculty Advisors meet at least once during the course of the academic year. Each Committee member is a faculty advisor to one or several candidates. The faculty advisor is responsible for reviewing the records of these candidates and presenting the information to the Progressions Subcommittee. During academic interviews, the advisor discusses the candidate's clinical and academic work with him/her, brings the recommendations and conclusions of the Subcommittee on Progressions and Education Committee to the candidate, assists in recommending those electives which will round out his/her development as a psychoanalyst, and elicits constructive criticism about courses and pedagogy for use by other Committees of the PPC, and helps the candidate in developing his/her ability to write initial statements and semi-annual reports. The advisor, at least yearly, has a note of the material and the interview with the candidate, which becomes a part of the candidate's training record. The candidate may, on his/her own initiative, request consultation with his/her advisor. The advisor may also ask the candidate to write a yearly self-evaluation of his/her academic and clinical development. The Candidate may select a mentor, a faculty member or advanced candidate, to meet with and get advice and support. This mentor does not report to PPC about the candidate.

When a candidate requests permission to begin a case, supervised or unsupervised, the faculty advisor will review his/her training record and make a recommendation to the Education Committee and Progressions Subcommittee. Consultation with current supervisors is required. The request for a third analytic case is the occasion for a more comprehensive survey of the candidate's work to date, and ability to understand the middle phase of analysis.

If the candidate has not yet graduated from the general (adult) psychoanalytic program, a request to begin a supervised child analytic patient is referred to the Subcommittee on Child Analysis for its recommendations. The candidate who is simultaneously enrolled in both the general and child psychoanalytic programs must fulfill and

balance all the requirements of each program.

In an effort to follow the progression of the candidate's clinical work, the Subcommittee on Progressions with the Education Committee will meet at least yearly to discuss the candidate's progress. After each meeting, the faculty advisor will discuss with the candidate the conclusions reached. The faculty advisor, acting as recorder, is expected to make sure a written record of both the supervisors and candidate meetings in the candidate's file. The Subcommittee on Progressions will aid in determining what, if any, pedagogic problems are being encountered, especially if issues are discovered that might affect progression toward graduation.

The readiness to apply for graduation is also determined by the Subcommittee on Progressions and the Education Committee. To that end, a candidate may at any time notify the Subcommittee on Progressions of his/her intention to prepare an exercise which demonstrates his/her understanding, grasp, and application of psychoanalysis. This notification is to be done six months to a year prior to when the candidate is aspiring to graduate. This exercise could be in the form of:

A case report of the type one might submit to the American Psychoanalytic Association for certification.

An essay on a topic of interest.

The candidate may work with a Graduation Paper Committee composed of his/her faculty advisor and two other members of the faculty appointed by the Chair of the Education Committee who may recommend ways to improve the paper so that it is a learning experience for the candidate. The Graduation Paper Committee will make a recommendation to the Progressions Subcommittee and the Education Committee about acceptance of the paper.

The faculty advisor prepares a summary of the candidate's record: eligibility for graduation from the PPC requires that candidates in the general curriculum have satisfactorily completed the curriculum of the training program, the requirements in regard to supervised work, case presentations to clinical conferences for at least one year, and one of the final exercises. When all are completed and satisfactory evidence of competence has been shown, the faculty advisor presents his summary of recommendations to the Progressions Subcommittee and the Education Committee that the candidate be graduated. The Progressions Subcommittee and Education Committee will make a recommendation to the Faculty for the final decision.

For research and other specially qualified, non-mental health

candidates, the requirements for graduation will be specified for the individual candidate in consultation with the Subcommittee on Progressions and Education Committee.

f. Faculty Development Subcommittee

The Faculty Development Subcommittee shall provide support to all Members and Candidates. Specifically, the Subcommittee shall (i) review credentials for Faculty membership; (ii) nominate persons for membership to be elected and re-elected by the Voting Faculty Members; (iii) coordinate mentoring between Faculty and Candidates; (iv) identify those who have the desire and wish to be teachers, supervisors and/or training analysts; and (v) work to involve Faculty Members who are retired from practice. Subcommittee members shall be Faculty Members in good standing.

g. Reduced-Fee Referral Program Subcommittee (NOT ACTIVE)

This subcommittee shall oversee the Reduced-Fee Psychoanalytic Referral Program, which provides referrals for psychoanalytic treatment carried out by the Candidates under the guidance and supervision of Faculty Members as a requirement of the Psychoanalytic Training Program and occasionally carried out by Faculty Members themselves. Subcommittee members shall be Faculty Members in good standing.

The Reduced-Fee Psychoanalytic Referral Program provides low-fee evaluation and possible referral for reduced-fee psychoanalytic treatment of adults, adolescents, and a few children who would be unable to afford it in the private sector. The fee scale is determined by the individual's capacity to pay.

Psychoanalytic treatment is carried out by the candidates under the guidance and supervision of the faculty and, occasionally, by faculty members themselves. Even though psychoanalysis may be the treatment of choice, the Reduced-Fee Psychoanalytic Referral Program may not be able to provide this service. When psychoanalysis is not the treatment of choice, consultations are followed by specific referrals to appropriate low-cost treatment facilities or to private practitioners.

In those instances where reduced-fee psychoanalytic treatment is indicated, the fee for treatment is set by the candidate analyst and patient together, not by the PPC or the evaluating analyst.

h. Research Subcommittee

The Research Subcommittee shall: (a) be informed about current research in the field of psychoanalysis; (b) investigate areas of potential collaboration between psychoanalysis and related fields; (c) evaluate proposals submitted by Faculty and Candidates regarding possible PPC research projects. Subcommittee members shall be Faculty Members in good standing.

i. Training Analyst Subcommittee

Each Faculty Member who is a certified psychoanalysts approved by the Board on Professional Standards of the APsaA and otherwise fully approved by the Board on Professional Standards to conduct the personal analysis of Candidates in the Psychoanalytic Training Program shall be a member of the Training Analyst Subcommittee. Each Subcommittee member shall serve throughout the period of her/his function as a training analyst. The Subcommittee members, in consultation with the Chair of the Education Committee, shall elect a Chair who shall serve for three (3) years. The Chair may be re-elected to one (1) consecutive term.

The Training Analyst Subcommittee shall, in accordance with the policies of the Board on Professional Standards of the APsaA, (i) construct a process for the evaluation and appointment of new training analysts; (ii) carry on periodic evaluations of currently practicing training analysts; (iii) be concerned with the retirement and disabilities of training analysts; (iv) keep the Faculty members informed of the subcommittee's decisions and recommendations; and (v) ensure competence of the supervisory experience of the Candidate.

Composition and Organization

The Training Analyst Subcommittee will be composed of certified psychoanalysts approved by the Board on Professional Standards of the American Psychoanalytic Association and fully approved by the Board on Professional Standards to conduct the personal analysis of candidates in the Psychoanalytic Training Program. They also conduct the supervision of control cases of the candidates of the Training Program. This Committee, in consultation with the Chair of the Education Committee, shall elect its own Chair who will serve for three (3) years and who may succeed herself/himself for one (1) consecutive term. Each member may serve throughout the period of her/his function as a training analyst.

Duties

The Training Analyst Subcommittee shall, in accordance with the

policies of the Board on Professional Standards of the American Psychoanalytic Association: 1.) be empowered to appoint standing and/or ad hoc sub-committees from its ranks as needed; 2.) carry on periodic evaluations of currently practicing training analysts; 3.) be concerned with the retirement and disabilities of training analysts; 4.) inform the faculty of its decisions and recommendation; and 5.) construct a process for the evaluation and appointment of new training analysts. It is their responsibility to ensure competence of the supervisory experience of the candidate. The Training Analyst Subcommittee reports to the Education Committee.

Meetings

This Subcommittee shall convene at the call of the Chairperson, not fewer than four (4) times a year.

Training Analyst Appointment Procedures

These procedures were developed to be consistent with the Bylaws Revisions in the American Psychoanalytic Association which implement the 6 Point Plan, allowing APsaA institutes greater autonomy in the appointment of Training Analysts. They were approved by vote of the Training Analyst Committee on February 22, 2017, approved by vote of the Education Committee on March 8, 2017 and ratified by vote of the faculty on March 30, 2017. They become effective on June 12, 2017.

These procedures are intended to be consistent with the standards of the International Psychoanalytic Association following the Eitigon model.

I. Definitions

For the purposes of this document, the term “Training Analyst” will be shorthand for “Training and Supervising Analyst,” that is, an analyst qualified to conduct personal analyses of candidates and to supervise the control cases of candidates. An individual analyst applicant may elect to serve only in the function of Training Analyst or Supervising Analyst at their discretion, but the appointment procedures will be the same in all circumstances.

II. Eligibility

To be eligible for appointment as a Training Analyst, the applicant must be a full faculty member of the Pittsburgh Psychoanalytic Center in good standing, with no outstanding ethical concerns or unresolved complaints pending. The applicant must meet immersion criteria,

which the IPA defines as follows: the applicant must be 5 years post-graduation and have conducted 4 analyses of non-psychotic adults. These analyses may have been begun before graduation from the training program, but must be continued post-graduation and may be ongoing at the time of application. Teaching, administration and involvement in a study group will also be considered as contributing to eligibility.

In instances where an applicant is close to meeting the immersion criteria (i.e. is more than 5 years post-graduation but only has 3 analyses or is less than 5 years post-graduation but has done 4 or more analyses), a discussion and vote by both the Training Analyst Committee and the Education Committee will be required to determine if a waiver can be granted to the applicant to be appointed before meeting the immersion eligibility criteria.

III. Application

Eligible applicants for the position of Training Analyst should submit a letter of intent to the Chair of the Training Analyst Committee. If for some reason, it is undesirable or inappropriate for the applicant to submit application to the Chair (i.e. Chair is applicant's former personal analyst), the application may be submitted to the President or to the Chair of the Education Committee. The letter of intent should be accompanied by a Curriculum Vitae.

In addition, the applicant should submit a brief summary of all their analytic cases to date. These summaries should be limited to the following information: the age and gender of the analysand, presenting problem or diagnoses, date analysis began, frequency of sessions and the date the analysis ended or if it is still ongoing.

The application materials will be reviewed by the Chair of the Training Analyst Committee (or the Chair of the Education Committee if the TA Chair is inappropriate) to determine whether the applicant meets eligibility requirements.

IV. Pre-Appointment Study Group

Once found eligible, the applicant(s) will convene a study group that will meet for at least 3 meetings to review ethical and confidentiality issues regarding the analysis and supervision of candidates and literature on supervision. The applicant will invite two current Training Analysts and several faculty members to participate in the Study Group. The Group will meet as many times as necessary until the participants agree that the issues have been adequately addressed. Once the Study

Group is complete, the applicant may submit a case report and schedule a case presentation.

V. Case Presentation

The purpose of the Case Presentation is for the applicant to demonstrate how they think and work analytically. No particular theoretical orientation or approach is to be favored over others. It will be preferable for the future training of candidates if the Training Analysts represent a broad range of analytic approaches and theoretical orientations. The task of the Appointment Committee will be to determine if the applicant has developed sufficiently as an analyst to conduct personal analyses and supervision of candidates.

The applicant will write up one case report, maximum 20 pages double-spaced or 10 pages single-spaced (it can be shorter), which may follow the Guidelines for Certification or any other format of the applicant's choosing. The Case Report should demonstrate that an analytic process occurred and that the applicant is capable of self-reflective and critical consideration of their work and interventions.

An appointment committee to review the written Case Report and hear the Oral Presentation of the case will be convened as follows: The Chair of the Training Analyst Committee (or the Chair of the Education Committee) will choose 2 current Training Analysts from other APsA Institutes outside PPC to be on the Committee. The respective Chair will contact the out-of-town Training Analysts to determine their willingness to serve on the Committee. The out-of-town Training Analysts must agree to attend all meetings of the Appointment Committee. Attendance can be accomplished through electronic media (example: Skype or Go to Meeting). The respective Chair will also choose 1 current Training Analyst from PPC to serve on the committee. A proposed schedule of at least 2 meetings will then be announced to the faculty and any full-time faculty member who can attend all the meetings may volunteer to be on the appointment committee. The group, which is composed of both TA and non-TA faculty, will be limited to 7 people. The applicant will be notified of the members of the committee and may reject or veto any member(s) who represent some conflict of interest or are unacceptable in some other way.. Once the Committee is constituted, the applicant will submit the Written Case Report and typewritten transcript of 2 analytic sessions to the Committee members. The first meeting of the Oral Case Presentation can be scheduled 2 weeks after the Written Case Report and transcripts are submitted, so that the Committee members have time to review the written report.

The Oral Case Presentation will consist of the presentation of several sessions of analytic material by the applicant to the Committee, using a

transcript of the sessions. At least 2 sessions of oral presentation will occur and more may be scheduled if the group agrees it would be necessary or useful. A collegial and respectful dialogue with the applicant regarding his (her) work will be expected. Ideally, the meetings will be a learning opportunity for all participants.

In its consideration of the Case Presentation, the Appointment Committee will utilize the Guidelines in *Appendix C: Guidelines for Evaluating Applications for Board Certification (Psychoanalytic Competencies)* from the American Board of Psychoanalysis Certification Standards found on pp. 22-26 of that document and attached to this draft of PPC Procedures. As stated in that Appendix, these are to be considered “as guidelines only, not as a set of required criteria rigidly held in some perfectionistic view of analytic technique, process or clinical results. (p. 22)” It is recognized that it will be more fair to the applicant if specifically stated guidelines are utilized in making an appointment decision, but that no single case presentation could possibly address all of the criteria.

After the group agrees that the Oral Case Presentation is complete, the applicant will leave the meeting and the Appointment Committee will discuss the applicant and vote on appointment. The applicant will be notified of the results by the Chair of the Training Analyst Committee (or the Chair of the Education Committee). A written letter of appointment will be drafted.

The appointment committee has 3 voting options: “Appointed,” “Appointment Deferred and Suggestions for Further Development Provided” and “Not Appointed.” If the results of the vote are “Not Appointed,” the applicant will be notified of the reasons for the negative decision and any remedial action that may be undertaken. An applicant may reapply after 6 months.

An applicant that is already certified by the former Certification Committee of the American Psychoanalytic Association or by the American Board of Psychoanalysis will not be required to make a case presentation. (The applicant may, however, volunteer to present a case to the Appointment Committee and may use one of the cases from their certification.) Certified applicants must simply meet eligibility requirements and participate in the Study Group regarding ethical issues and supervision. When the Study Group is completed, the certified applicant will contact the Chair of the Training Analyst Committee (or Chair of the Education Committee) to convene an Appointment Committee of 7 analysts as described above. The applicant will have a single session interview with the committee to discuss their analytic work, followed by a discussion and vote by the

committee. Certification will be considered as evidence of an acceptable and successful case presentation for purposes of appointment as a Training Analyst.

VI. Newly Appointed Training Analysts

It is expected that newly appointed Training Analysts will be involved in a Study Group or Supervision where they can present clinical material. However, Training Analysts should not present clinical material from the analysis of a PPC candidate at a Study Group in Pittsburgh. Rather, they should readily seek one-on-one consultation with a Training Analyst who will not be in a dual role with the candidate in question. Ideally, an out-of-town Training Analyst will serve this purpose. Likewise, it is expected that a newly appointed Training Analyst will seek consultation regarding supervision of psychoanalysis from an experienced Training Analyst for at least 2 years after being appointed when undertaking the supervision of a candidate's control case. Newly appointed Training Analysts who intend to supervise candidates are encouraged to attend workshops and the Study Group on Supervision with the American Psychoanalytic Association.

VII. Reappointment

The policies and procedures already in existence for reappointment of Training Analysts at PPC will be maintained. Every 5 years at the same time, the whole group of Training Analysts will come up for reappointment. Each Training Analyst will have a 30 minute interview with 2 other Training Analysts to verify involvement in a Study Group and to assess overall health and functioning as it is relevant to performance of the functions of the position. A brief letter summarizing the outcome of this assessment will be drafted and placed in the Training Analysts Faculty file and in a confidential file with the Minutes of the Training Analyst Committee. The Chair of the Education Committee is informed of the outcome of these assessments.

VIII. Revision

It is likely that psychoanalysis and psychoanalytic education in APsAA intitutes will continue to evolve. As a result, unforeseen issues and problems with these procedures may arise that require their revision. Revision of these procedures will be accomplished through the same process that led to their development: discussion of issues by the voting faculty, discussion and vote by the Training Analyst Committee, discussion and vote by the Education Committee and ratification by faculty vote.

PPC Procedures for Applying for a Waiver of the Requirement for a Training Analyst as the Personal Analyst

1. An ad hoc, three-analyst committee of two training analysts and one non-training analyst would be appointed.
2. Using alphabetical order, the Training Analyst (TA) Committee will select two TAs.
3. The non-training analyst would be appointed by the Chair(s) of the Education Committee.
4. The Chair would be a training analyst and would vote only if there were a tie between the other two members. The Chair would be selected by alphabetical order.
5. The committee of two TAs and one non-TA member will then evaluate the analyst for which the waiver is being considered. The committee will interview the analyst and review the reasons for the request including the length of the analysis at the time of application, evaluate ethical requirements, e.g. any previous or current ethical complaints, and will evaluate suitability. Immersion requirements will be reviewed fully. The committee will also inquire into the analyst's view of the psychoanalytic process.
6. If the ad hoc committee approves the Waiver request, this will be reported to the Education Committee and Training Analyst Committee for vote and ratification.
7. If a waiver request is turned down, the analyst can appeal to the Chair of the TA Committee who will appoint another ad hoc committee to review the work of the previous committee and evaluate further if necessary. Members of the review committee would be selected in the same way as the initial committee.

PPC Procedures for Applying for a Waiver of the Requirement that a Candidate's Supervising Analyst must be a Training Analyst

1. This is a waiver for a non-training analyst to serve as a supervising analyst on a candidate's control case.
2. The analyst applicant, who has been requested by a candidate to serve as supervisor, will write a letter requesting the waiver. The applicant will attach to the letter Sections F1 and 2 (Psychoanalytic Experience) and Sections G1 and 2 (Ethics and Competency) from the APsA Personal Analyst Waiver Form. In addition, the applicant

will provide in the letter a summary of supervisory experience with trainees, medical students, residents and/or graduate students as well as his/her teaching experience.

3. An ad hoc, three analyst committee of two training analysts (TAs) and one non-training analyst will be appointed. Using alphabetical order, the Training Analyst Committee will select the two TAs. The non-training analyst would be appointed by the Chair(s) of the Education Committee. The Chair of the ad hoc committee would be a TA and would vote only if there was a tie between the other two members. The Chair would be selected by alphabetical order.

4. The committee of two TAs and one non-TA member will then evaluate the analyst for the waiver. The committee will interview the analyst and review the reasons for the request, the analyst's view of the psychoanalytic process and experience and capacity to carry out supervision, suitability and any ethical considerations.

5. If the waiver request is accepted by the Ad Hoc Committee, the request will be presented to the Education Committee and the Training Analyst Committee for vote and approval.

6. If the waiver request is turned down, the applicant can appeal to the Chair of the TA Committee who will appoint another, different committee to review the work of the previous committee and conduct further evaluation, if necessary. Members of the review committee would be selected in the same way as the initial committee.

j. Budget and Finance Committee

The Budget and Finance Committee plans and oversees the finances of the Corporation and works closely with the Development Committee. The Budget and Finance Committee shall (a) forecast a yearly budget to be presented to the Board of Directors for approval; (b) make recommendations for levels of membership dues, as well as tuition, fees, and other expected income; and (c) maintain fiscal prudence and oversight of all expenditures. The Chair shall keep the Board apprised of the Corporation's financial state and shall meet with the President of the Board at least quarterly. The Treasurer shall serve as Chair of the Budget and Finance Committee.

k. Development Committee

The Development Committee serves to support the advancement of PPC's community outreach, training, education, and research programs and works closely with the Outreach Committee. The Development

Committee shall (a) create a development strategy; (b) raise funds for the benefit of the Corporation, possibly including, but not limited to, grants, annual appeals, planned giving, and special events; and (c) oversee donor relations activities. The Chair(s) of the Development Committee shall be a member(s) of the Board of Directors appointed by the President for a term of two (2) years. The Chair of the Budget and Finance Committee, the Chair of the Outreach Committee, and the Administrative/Executive Director are ex officio members of the Development Committee.

I. Governance/Nominating Committee

The Governance/Nominating Committee shall consist of six (6) voting Directors, at least three of whom are non-analysts, each elected for a three-year term. Two members shall rotate off of the Governance/Nominating Committee each year. The Committee members shall elect a Chair who shall serve for one (1) year. At the Annual Meeting, the Directors shall elect two new members to the Governance/Nominating Committee from a slate of four members who have consented to be nominated for the open positions.

Each year, the Governance/Nominating Committee shall nominate persons to fill the following positions if their terms are expiring: (a) Chair of the Education Committee for a term of two (2) years; (b) at-large members of the Board of Directors for a term of three (3) years; (c) the Ombudsman for a term of two (2) years; (d) the Representative Councilor and Alternate Representative Councilor to the Executive Council of the APsaA, each for a term of two (2) years; (e) two at-large members of the Education Committee, each for a term of two (2) years; (f) two Fellows and two Alternate Fellows to the Board of Professional Standards of the APsaA, each for a term of two (2) years.

Recommendations for the position of Chair of the Education Committee shall be made by the Voting Members and forwarded to the Governance/Nominating Committee for consideration. Every three years, the Governance/Nominating Committee shall nominate Directors to fill the following positions: (f) the President; (g) the President-Elect; (h) the Secretary; (i) the Treasurer; and (j) any Vice Presidents. The Governance/Nominating Committee may also nominate Life Directors. Each nomination slate shall be presented to the Board of Directors or members, as applicable and as otherwise directed in these Bylaws.

The Governance/Nominating Committee shall also be responsible for developing orientation and education programs for new and/or current directors and committee members; periodically review the effectiveness of the governance policies and practices of the corporation; track and

review attendance at meetings; monitor compliance with the conflicts of interest policy; and conduct succession planning.

m. Library Committee

The Library Committee shall (a) make recommendations to the Board regarding policies and procedures for the operation of the Bertram D. Lewin Library; (b) consult with the Curriculum Subcommittee regarding library requirements; (c) make recommendations regarding library acquisitions and de-accessions; and (d) seek to identify funding sources for library acquisitions.

n. Outreach Committee

The Outreach Committee represents the PPC in the community and looks for opportunities to expand the PPC's presence and share our body of knowledge. It will seek relationships with training programs and interested parties in psychoanalytic thinking and psychoanalytic training. It should make recommendations to the larger organization concerning both strategic and tactical affiliations. Also the Outreach Committee will be responsible for the Reduced-Fee Psychoanalytic Referral Program, which straddles the Administration and Educational functions. It provides psychoanalytic treatment carried out by the candidates of the PPC under the guidance and supervision of the faculty and occasionally carried out by faculty members themselves. Reduced-fee psychoanalysis treatments are conducted in private offices. Each candidate is required to take at least one low-fee control case.

The Outreach Committee shall (a) represent the Corporation in the community and look for opportunities to expand the Corporation's presence and share its body of knowledge; (b) seek relationships with training programs and interested parties in psychoanalytic thinking and psychoanalytic training and make recommendations to the Board concerning both strategic and tactical affiliations; and (c) periodically meet with the Development Committee to plan and be responsible for a fundraising event. The Chair(s) of the Outreach Committee shall be a member(s) of the Board of Directors appointed by the President for a term of two (2) years. The Chair(s) of the Development Committee shall be ex officio member(s) of the Outreach Committee.

The Outreach Committee shall have such standing and/or ad hoc subcommittees as are deemed necessary in the discretion of the Chair(s), including, but not limited to, those listed below. The Chair(s) of the Outreach Committee shall appoint the Chairs of each such subcommittee from among its members. The Chairs of such standing and/or ad hoc subcommittees shall appoint their members in consultation with the Chair(s) of the Outreach Committee and shall present a full report of all such subcommittee decisions to the Outreach Committee at the next scheduled meeting of such Committee.

i. Community Education Subcommittee

This subcommittee shall plan and be responsible for continuing education programs of the Corporation such as scientific meetings, conferences, and symposia. The Executive/Administrative Director shall be a non-voting member of this subcommittee.

ii. James T. McLaughlin Training Program in Psychodynamic Psychotherapy Subcommittee

This subcommittee shall oversee the application process, curriculum, and requirements for completion of the James T. McLaughlin Training Program in Psychodynamic Psychotherapy.

o. Ombudsman

The Ombudsman will be the magistrate of conflicts for candidates, faculty, Director, members, staff, and the administrative/executive director who seek solutions to grievances that may arise. This is the first level to solve discontent with and between members. Issues that cannot be solved in this “proto state” will be referred to the appropriate committees. The Ombudsman is available for confidential consultation to all members of the psychoanalytic community. Any member of the organization is free to consult confidentially with the Ombudsman. An example is around questions of gossip, denigration, lapse of professional function, attacks on collegial relations - the goal being to avoid the development of alienation and withdrawal. The Ombudsman will report directly to the Board of Directors.

The Candidate Organization

The Candidate Organization welcomes all candidates. This is a group which functions autonomously and has several purposes. It provides a forum for candidates to discuss common concerns related to the demands of training and candidate participation on the PPC Committees. It provides a channel to the PPC’s administration to offer feedback about the program and ideas for its improvement. Finally, the organization sponsors social gatherings and other activities supportive of candidates.

The Candidate Organization elects a President who will have a term of two years; and if the candidates determine it appropriate, a Vice President will also be elected for a two-year term. It elects a delegate and alternate to the Affiliate Council of the American Psychoanalytic Association who, in turn, keep the members current on matters affecting candidates nationally.

The Chair of the Education Committee and the President of the PPC serve as liaisons with the candidates and a means toward promoting communication and discussion around matters of mutual concern. Such matters are then given full consideration in faculty meetings.

Candidates may be represented on the PPC committees such as the Child Analysis Subcommittee, Curriculum Subcommittee, Outreach Committee, and Program Committee. Additionally, the President of the Candidate Organization or the appointed Candidate by the Candidates' Organization is a Director on the Board.

Visiting Analyst Program

The Visiting Analyst Program usually brings two visiting analysts to the PPC each year. While psychoanalysts of national reputation are usually invited to participate in this program, eminent individuals from other disciplines might also be considered. It is recommended that of the visiting analysts be a repeat from the previous year.

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Psychoanalytic
Association of
New York

PSYCHOANALYTIC TRAINING PROGRAM CANDIDATE MANUAL 2021-2022

(v12.11.21)

Classes, Events and Mail:
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This manual is posted to www.panydropbox.com,
where it may be updated during the course of the academic year.

ADMINISTRATION

Welcome to the Psychoanalytic Association of New York. We've compiled this manual for candidates in the Adult Psychoanalytic Program to help you take advantage of its opportunities and fulfill the requirements of your candidacy. We hope it will answer questions you may have about policies and procedures at the Institute at PANY, and identify the individuals to whom you can address any concerns. We look forward to a productive and exciting year together!

INSTITUTE AT PANY: STRUCTURE RELATED TO CANDIDACY

The Institute at PANY has a Director who is elected by the faculty for a three-year term. Presently Lisa Bialkin, LCSW is serving as interim Director pending the next election. The Interim Chair of the Education Committee (EC) is Rajiv Gulati, MD and the Chair of the Student Progression Committee (SPC) is Elizabeth Horwitz, MD and the Associate Chair is Susan Resek, LCSW. Other committees relevant to candidate education include the Curriculum Committee, Co-Chairs Cora Johnson, MD and David Schwam, MD, and the Consultation and Treatment Committee ("the Clinic") co-chaired by Danielle Lukashok, MD and Jason Wheeler, PhD. An additional committee - the Faculty Search Committee chaired by Dennis Haseley, LCSW - works in synchrony with the Education Committees as needs arise. Another important committee, the Executive Committee, chaired by the PANY Director, oversees the administrative affairs of the Institute at PANY and is the source of proposals that may be discussed at the Education Committee. The Board of Trustees, also chaired by the PANY Director, is responsible for overarching PANY issues such as strategic planning and overseeing the longer term effective functioning of our organization. (For more information on these committees, their functions and membership see Appendix F: Major Institute Positions and Committees at the end of this manual, or visit the PANY website at www.pany.org, following the link for "Our Community.")

Each candidate is assigned a Student Progression Committee Advisor ("SPC Advisor") who is the person most directly involved in your educational relationship with the Institute at PANY. All SPC advisors are members of the Student Progression Committee. Others in the administration who may be particularly helpful in regard to educational matters are the Chairs of the Education Committee, Student Progression Committee, Curriculum Committee, and the Director.

Interested candidates may wish to become members of some of these committees, especially the Curriculum Committee, the Clinic, and the Faculty Search Committee. Other important options at PANY include the Child and Adolescent Psychoanalytic Program, the Candidates' Organization, Writing Mentor Program, Queer Study Group and Diversity Initiative (see page 42).

OFFICE ADMINISTRATION

PLEASE NOTE THAT DURING PANDEMIC CONDITIONS, ALL OFFICE ADMINISTRATION, EVENTS, CLASSES, AND MEETINGS ARE HELD VIRTUALLY. WE WILL ADVISE EVERYONE WHEN CONDITIONS CHANGE TO ALLOW FOR IN-PERSON ACTIVITIES.

The PANY office is located at Bellevue Hospital Center, 20N11. All classes and events are held at 1 Park Avenue, 8th Floor, in the suites housing the NYU Departments of Adult Psychiatry and Child/Adolescent Psychiatry. The staff is in the office Monday through Friday (and on-site for classes and events on Saturdays) in the academic year, and Monday through Friday in the summer. Jennifer I. Stephenson, LMSW is the Administrative Director. She is assisted by Ariane Cohen, Program Coordinator who provides administrative support on behalf of the Clinic Committee and EllaRose (“Ella”) Chary, Program Associate, who handles all readings, CME administration, candidate case recording, and other matters. They are happy to assist you, and with a few days’ notice can fulfill your requests. Requests by email are preferable. Their emails are listed on the inside front cover. Please add ipe@nyumc.org, nyu.pi@nyulangone.org, pany@nyumc.org and pany@nyulangone.org to your email safe sender list.

Most of the administration of our educational programs takes place by email. For this reason, we assume that you check your email on a regular (preferably daily) basis. The office must have up-to-date contact information for you. Please make sure you inform the office of all changes in your phone numbers (home, work and cell), office and home address, and most importantly, email address.

A listing of public PANY events can be found on the PANY web site (www.pany.org) and a calendar of PANY committee meetings and internal events can be found on the PANY Dropbox, to which you will have access.

THE PSYCHOANALYTIC ELECTRONIC PUBLISHING (PEP) DATABASE

PANY candidates’ are provided access to the Psychoanalytic Electronic Publishing (PEP) database through an NYU “Kerberos” login to access this electronic resources of NYU Medical Center’s Ehrman Medical Library. This is your secondary resource for readings. The staff will send you a memo on how to use this collection of psychoanalytic journals and bulletins. It is the responsibility of all candidates to establish PEP access prior to the beginning of classes. Other readings are provided to you via www.panydropbox.com, saved in PDF files. The staff is available to assist you in navigating these systems, and you are strongly urged to review the documents and PEP prior to starting classes.

PLEASE NOTE: IMPENDING CHANGES DICTATED BY NYU LANGONE HEALTH MAY CHANGE HOW CANDIDATES WILL ACCESS PEP, WE WILL APPRAISE EVERYONE AS THIS IS ANNOUNCED.

TUITION AND REGISTRATION FEES

New candidates pay a non-refundable training deposit upon their acceptance of candidacy; this deposit is applied to the annual tuition and registration fee, which is billed in two installments.

Continuing candidates pay their registration fees and an installment of the year’s tuition prior to beginning classes each academic year. Payment plans are available, worked out with Jennifer Stephenson in the PANY office. For those not on a payment plan, the balance of tuition is due by January 15th. A late fee of \$100 is assessed on overdue accounts twice a year, according to a timetable determined by the office.

Tuition and registration fees must be current for the candidate to enter or continue classes, unless prior arrangements have been made with the PANY Office in consultation with the SPC.

Interest-free loan applications are available to eligible candidates through a revolving student aid fund administered by our professional society. Candidates must be enrolled in training to be eligible. Contact the PANY office for information and next steps. The American Psychoanalytic Association has a Candidate Assistance Fund; applications are due May 1 for the following year. Contact Tom Newman, APsA’s Executive Director, for an application form (tnewman@apsa.org).

ETHICS, STANDARDS, & ACADEMIC CODE OF CONDUCT

The Institute at PANY adheres to the “Principles and Standards of Ethics for Psychoanalysts” of the American Psychoanalytic Association (APsaA), found on the APsaA website, at www.apsa.org/code-of-ethics. Candidates must be familiar with these policies, which make up the principles of our work: professional competence, respect for all persons, mutuality and informed consent in the patient-psychoanalyst relationship, confidentiality, truthfulness, avoidance of exploitation, scientific responsibility, protection of the public and the profession, social responsibility and personal integrity. These values inform our work with our patients, our interactions with other PANY members, and our approach to education and training. Please review the APsaA Ethics code periodically.

As a Candidate, the Institute at PANY also expects you to be aware of the Academic Code of Conduct, which is part of PANY’s graduation criteria. The basic principles of this code and its elements can be found on Appendix A.

As an analyst in training it is important for you to abide by the highest standards of patient care. This includes not representing yourself as competent to offer independent psychoanalysis to your patients until you graduate. In applying for training you signed a form declaring: *“I will not conduct unsupervised psychoanalytic treatment or represent myself as an independent practitioner of psychoanalysis until I am authorized to do so by PANY.”* Candidates must inform their patients of the fact that they are in training and that the psychoanalytic treatment is being supervised. Candidates must also not represent themselves to the public as independent psychoanalysts, including on websites, social media, stationery, and in public communications. Candidates may inform the public via any medium that they offer psychoanalysis as a form of treatment, in a manner consistent with the Code of Ethics of the American Psychoanalytic Association.

As discussed below, **you must not offer psychoanalysis to a patient without first obtaining approval from the Student Progression Committee [SEE FULL DESCRIPTION OF STUDENT PROGRESSION COMMITTEE ON PAGES 9-11]**. We consider it to be a serious breach of faith if a candidate begins an unauthorized, independent psychoanalysis.

Candidates are trained with the expectation that they will develop the necessary skills to understand psychoanalytic concepts and conduct clinical analyses. This implies that they possess certain abilities, at least in potential. It is always a complex and difficult matter to evaluate such factors both initially and in the course of training, and final decisions ultimately rest in the discretion of the Institute at PANY and its authorized committees. Experience has shown that such evaluations are best achieved when faculty and students are assured the utmost confidentiality of all educational records. PANY restricts access to candidate records exclusively to individual members of the committees charged with evaluating candidates: the Student Progression and Education Committees.

PANY candidates explore the application of ethical standards in the classroom, in educational supervision, in one’s own analysis, with your SPC Advisor, and in the many conversations with other members which take place over one’s candidacy. An Ethics course is part of every candidate’s training. PANY has a standing Ethics Committee, co-chaired by Alberto Goldwaser, MD and Marvin Nierenberg, MD. Faculty member Rita Clark MD co-edited the APsaA’s *Ethics Case Book*. All of these individuals are available for consultation, as is the Interim Director, Lisa Bialkin, JD, LCSW, should you ever have an ethical concern.

A note on presenting clinical material in classes: Patients give written consent upon application for clinical material to be shared for educational purposes within PANY. That said, it is always a good idea when making any clinical presentation to protect the patient's identity by using pseudonyms and omitting any potentially identifying information, including names of significant others, educational institutions, workplaces, etc.

PSA Candidates as treatment providers of PTY students: PSA candidates cannot start a treatment, as the treating therapist, for a PTY candidate patient. This includes situations in which the prospective therapy candidate is in the process of applying to the PTY program. The only exception is if the PSA candidate began treating the prospective PTY candidate well before the PTY candidate applied for PTY training, in which case the PTY candidate can apply for a waiver.

If the waiver is granted, it is strongly recommended that the PSA candidate seek supervision for the treatment.

OVERVIEW OF TRAINING

Psychoanalytic candidacy is founded on immersion - in your own personal analysis, in the study of theory and practice, and in supervised clinical work - creating a springboard to a new way of working and understanding yourself. While our growth as psychoanalysts continues throughout our lives, candidacy is a particularly dynamic period. We sincerely hope that you will look back on your training as one of the most exciting times of your life.

CANDIDACY

Practice Development (PD) Year: PD candidates are trainees who have been accepted into the psychoanalytic training program who elect to spend a year before undertaking the first full year of classes enhancing their clinical skills and developing a psychodynamically-oriented clinical practice. The Chair of the Education Committee and the Chair of the Student Progression Committee work with you to design a program of study. During the PD year you are expected to begin your personal analysis, work with a psychotherapy supervisor to enhance your clinical experience and be mentored in beginning a practice, and communicate regularly with your SPC Advisor. You are encouraged to attend candidate events, especially the twice-yearly Saturday candidate case seminars.

In-Class Candidates: There are four years of classes during which candidates attend Saturday morning seminars (and for the first year and first trimester of the second year of training, Tuesday night classes as well). During this time your analysis is ongoing and during the early years you work with a Psychoanalytic Case Development (PCD) supervisor to develop psychoanalytic cases. You must have at least one ongoing case to progress from the first to the second year of classes, and two ongoing cases to progress to both the third and fourth years. These are minimum requirements, and we encourage you to seek additional cases during this time.

There are several required annual activities, including candidate case presentations and a meeting with members of the PANY administration, as well as a host of optional after-class learning and social opportunities. The office will send you the dates of these events well in advance. There is an active Candidates' Organization. Several PANY committees welcome in-class candidate participation, including Outreach, the Consultation and Treatment Service ("the clinic"), Curriculum, and Education. In addition, PANY's governing body, the Board of Trustees, also welcomes a candidate-member.

Senior Candidates: These candidates have finished the four year seminar sequence and are working on completing their case experience for graduation. Seniors in the first year after finishing classes also attend a senior seminar that meets either monthly throughout the year or weekly during a trimester. Your own analysis continues during this important time of deepening patient treatment. In line with our emphasis as a teaching community, senior candidates may be invited to teach psychiatry residents, medical students, PANY Fellows in Psychoanalysis, Prelude to Training participants, and candidates in the Psychotherapy Program. In addition to the Outreach and Clinic committees, the Curriculum and Fellowship Committees welcome senior candidates.

Licensed Psychoanalyst (LP) Candidates: PANY is authorized by New York State to train mental health professionals who are not licensed in New York to offer psychoanalysis, and our training qualifies them to sit for New York's Licensed Psychoanalyst (LP) exam. LP candidates participate in the full psychoanalytic training program, with a few additional educational requirements mandated by the state.

PANY accepts unlicensed candidates who meet the admissions standards of the American Psychoanalytic Association (APsaA), including substantial clinical experience and a terminal degree in one's mental health

field. PANY accepts mental health professionals whose New York state license does not include psychoanalysis (Licensed Mental Health Counselors; Licensed Marriage and Family Therapists; and Licensed Creative Arts Therapists) and may consider some candidates that are close to obtaining their independent license. These candidates must follow certain procedures, discussed in Appendix E: LP Candidacy Procedures.

Non-clinical Candidates: PANY offers a limited number of candidate positions to professionals who seek an academic education in psychoanalysis to broaden their own professional perspectives. This may include individuals in the arts and social sciences who have an abiding interest in integrating a psychodynamic perspective into their professional fields. They participate in the same classes, tutorials and other educational experiences as clinical candidates, but do not see patients or have educational supervision. They hear clinical material throughout their training and agree to respect the strictest confidentiality standards. Non-clinical candidates have the option of experiencing a personal analysis, although it is not a requirement of their training. Eligibility is limited to individuals with terminal degrees in their field (PhD, MD, JD, etc.) or with accomplishments in the arts or other areas.

COMPONENTS OF TRAINING: THE TRIPARTITE MODEL

Clinical psychoanalytic training is based on a “tripartite model” consisting of a personal analysis, didactic training (a sequence of seminars), and supervised psychoanalytic work. These three elements work in tandem, creating a profoundly rich and multi-layered training experience. Some candidates begin with a Practice Development year, allowing for a full year of personal analysis before beginning classes. This facilitates class work, and promotes readiness for engaging in clinical work.

Personal Analysis

We believe there is a profound relationship between one's clinical competencies and the depth and breadth of one's own analysis. This is why we endorse the American Association for Psychoanalytic Education (AAPE) requirements that candidates be in analysis **on the couch at a minimum frequency of four times per week, for the majority of the time you are doing clinical work.** So much of what we do clinically is worked through in our analysis. The very elements that make up important analytic competencies - self-awareness, skills in making interventions, recovering from mistakes, etc. - are the grist of one's personal analytic discovery.

A candidate must be in analysis when he or she first enters classes and typically continues well into senior candidacy, when you are engaged in more advanced stages of analysis with your patients. Such work frequently poses personal challenges that are best addressed in analysis, along with educational supervision. Your treatment must be with a Training Analyst (TA) certified by AAPE or by a qualified analyst who has received a waiver of the TA requirement from PANY. Shortly following admission each incoming candidate confers with a faculty member involved in the admissions process to discuss arrangements for a personal analysis. Questions about a particular referral may also be reviewed with the EC Chair, the Director, or one's SPC advisor at any point.

Because of the great importance of the confidentiality of the personal analysis, when a candidate's analyst or analyst's spouse is scheduled to teach a class that the candidate will be taking, every effort will be made to find a different instructor for that class. If that is not possible, a tutorial will be arranged for the candidate.

There are less clear situations in which a candidate has had previous treatment experience with an instructor or instructor's spouse. PANY does not have a set policy barring such situations, but if either the instructor or candidate requests, an alternative arrangement will be made. The situation should be brought to the attention of either the EC Chair, SPC Chair, or Curriculum Committee Chair for determination of arrangements.

Following PANY's policy, TAs do not report to any PANY committee or individual about a candidate's analysis. Twice a year you will be asked to fill out a form indicating that your analysis is ongoing. The office records the name of your analyst in a confidential database, and periodically a report is issued for the few individuals who need to know who is treating whom. Your SPC Advisor will know the identity of your analyst. *No one from any part of PANY will ever contact your analyst about your treatment*, and the identity of your analyst is known to only several people.

As mentioned above, your personal analysis is considered to be a fundamental part of your psychoanalytic education – enriching and enriched by your clinical work, experiences in educational supervision, and your classroom work. It is in the nature of analytic treatment that difficult periods will occur. Bringing up these difficulties with your analyst can be an important part of the treatment. These experiences and conversations often end up being very useful for the analysis. However, if the difficulties become extensive or, in particular, if a sense of stagnation or intractability occurs, you may discuss the matter with your SPC advisor, or alternatively, with the EC Chair or Director. Efforts to further one's analytic experience through consultation are to be commended and will be seen in that positive light. **If you are considering ending your treatment you are expected to inform your SPC advisor, the SPC Chair or the Education Committee Chair.**

Didactic Curriculum

Four-Year Seminar Sequence

PANY offers a carefully crafted curriculum, consisting of several sequences of courses [over four years, each year divided into three trimesters]: Theory, Development, Technique, Critical Reading and Writing, Continuous Cases, and Special Topics. The Curriculum Review and Revision Committee regularly reviews the curriculum. Candidates are asked to communicate their feedback about each course to their class Curriculum Coordinator who sits in once per trimester. This feedback, together with the Coordinator's impressions, is reviewed by the Curriculum Committee mid-trimester to address any issues that may arise.

Candidates are expected to attend all meetings of each course in person and punctually. In our collegial, small class setting, each member's participation is important; interruptions in attendance, as well as lateness, compromise the continuity of class discussion and the sequential acquisition of knowledge. In a Continuous Case seminar there is the added repercussion of your classmates having to take the time to debrief you on what you missed. Class attendance is considered when the SPC makes decisions regarding progression as well as decisions regarding candidates having to repeat individual courses in the event of excessive class absences.

~~It is expected that candidates will make every effort to attend classes in person. In the case that a candidate would like to phone/videoconference into a class, prior arrangements must be made with the instructors of the class. It is up to the classroom instructors' discretion whether distance participation is allowed or not. Should permission be granted, **this will still be considered a class absence in terms of attendance records.** Candidates and instructors must ensure that they are using HIPAA compliant solutions, and following all HIPAA regulations.~~

During the pandemic or other times such as extreme weather, classes/events are by necessity held virtually. In these circumstances when all candidates and learners are participating virtually, certain conditions must be in place. You may participate virtually from any location, as long as you have a strong stable internet connection and when discussing case material, you are in a location where your audio is private. You are expected to always turn your video on to best facilitate communication, and should only be turned off if your connection becomes unstable.

Recording psychoanalytic training program classes with audio, video, or any other recording devices or mechanism is not permitted

Planned absences: We understand that on rare occasions an absence may be unavoidable (e.g., to attend an important family function on a date you cannot control); this is in contrast to your scheduling a vacation on dates that classes meet. If you intend to plan an absence, you must contact your SPC advisor to discuss this matter in advance. You are also responsible for notifying both instructors of each class you will miss, as well as the PANY office – in advance.

Unplanned absences: If a last-minute illness or emergency prevents you from attending classes, please call the PANY office, and also email your instructors and SPC advisor.

Senior Seminars

For the first year following completion of the four-year curriculum sequence, senior candidates are required to attend a seminar, which meets either monthly or weekly during a single trimester. This is designed to focus on later-phase analytic work that the four-year curriculum cannot address due to the brevity of candidates' analytic experience during these early years.

The above-described policies regarding attendance and punctuality pertain to Senior Seminars as well.

Seniors are also encouraged to organize their own study groups. If faculty guidance is desired, you may contact the Curriculum Committee Chair or the Education Committee Chair.

Educational Supervised Psychoanalytic Clinical Work

Supervised clinical work begins at the outset of training. The nature and intensity of this work evolves over time. (See pages 12-17 and Appendix B for detailed information regarding educational supervision.)

Continuing Medical Education (CME) Credits for MD's and DO's and Continuing Education Credits (CE) for Licensed Social Workers and Licensed Psychologists

PANY benefits from Joint Sponsorship with the American Psychoanalytic Association to provide CME's to physicians for your course work. The ACCME has strict guidelines regarding documentation of attendance at each class session. Your instructors keep a record of candidate attendance for PANY submission to the ACCME. The ACCME will not recognize course participation if there are no evaluations of the course, so it's very important that you and your classmates respond to office requests for end-of-course feedback. PANY is also a New York State Education Department approved provider for Social Work and Psychology CE's. If you are planning on requesting CME or Social Work or Psychology CE credits for your course work, please let the office know in advance, if possible, so that we may review the procedures and guidelines with you.

STUDENT PROGRESSION COMMITTEE

The Student Progression Committee (SPC) consists of approximately ten faculty members who meet regularly throughout the academic year to review the educational needs and progress of all candidates. Members of the committee are called SPC Advisors, each of whom has one or more candidate advisees. The SPC has three interrelated objectives: (1) to maintain regular, open, and direct communication so that you know what is expected of you and how you are progressing; (2) to create a sense of partnership in facilitating your developing competence to engage in psychoanalytic work; and (3) to be available for consultation about any issues that you may wish to discuss.

PANY is committed to transparency in its evaluation of a candidate's progress. Supervisors are expected to show their supervisory reports to you before submitting them to the office for review by your SPC Advisor. Advisors are in touch with you on a regular basis in person or by phone and convey the sentiments of your class instructors' and supervisors' evaluations. The SPC tries to address any problems or concerns as they arise.

SPC Advisors

Each candidate is assigned an SPC advisor at the beginning of the first year of psychoanalytic training. The same faculty member usually follows you throughout your candidacy to build a relationship of mutual trust and personal familiarity. Your advisor meets with you at regular intervals to discuss your progress and your thoughts about classes, educational supervision, and anything else that is pertinent to your education. You may also communicate information to the SPC and EC through your SPC advisor. In addition, you are expected to maintain close communication with your SPC advisor to get permission to begin each of your psychoanalytic cases. (See pages 12-17 for more detailed, essential information about this process.)

Every attempt is made to create effective candidate-SPC advisor pairings. However, if for any reason you experience problems in communicating with your advisor, and have attempted to discuss them directly without satisfaction, you are welcome to contact the Chair of the SPC to request a change of advisor.

Candidate and Advisor pairs may agree that portions of their discussions will remain confidential. Alternatively, a candidate might prefer to discuss a personal matter that affects his or her education with a faculty member who is not directly associated with PANY administration. At any point during your candidacy, you may request that any faculty member become a confidential mentor.

SPC Candidate Review Process

Your progress is reviewed on a regular basis with two goals in mind: 1) to keep abreast of your development, your learning needs and how we may best address them, as well as any other matters that are pertinent to your progression; and 2) to communicate feedback transparently about your progress. As you progress to later years of classes and senior status, discussions are guided by reference to your developing mastery of the key psychoanalytic competencies, and clinical immersion delineated on pages 21-27.

In-Class Candidates. The progress of in-class candidates is routinely reviewed twice during each academic year. SPC advisors review your class participation and synthesize comments by instructors and supervisors, from which they prepare a presentation for discussion with the SPC (see evaluation forms in Appendix C). This typically takes place mid-year (late January-early March) and end of year (June-mid July). Additional discussions may take place on an as-needed basis, at the request of candidates, SPC Advisors, supervisors, or the SPC Chair. After each SPC review, advisors meet with their advisees to share feedback and any recommendations that derive from SPC discussion. Following the June-July SPC review, a letter regarding progression is sent to you by PANY's office.

Your SPC advisor is only one source of feedback about your educational development. PCD supervisors write twice-yearly reports and your psychoanalytic case supervisors write an annual report on your clinical work. Both types of supervisors are expected to share their reports in full and to discuss them with you prior to sending them to PANY's office and to your SPC advisor. See guidelines for both types of supervisory reports in Appendix B.

Senior Candidates. Senior candidates are routinely reviewed by the SPC, once each academic year, in Senior Conferences. Your SPC advisor presents a comprehensive summary of your progress that includes: (1) a brief review of class instructors' evaluations over four years; (2) your clinical immersion-to-date; (3) supervisory reports; and (4) the status and quality of your written case reports. Senior Conferences are attended by all of your current supervisors, and occasionally a past supervisor, enabling the SPC and supervisors to engage in an informed discussion regarding your progress toward competency to do independent psychoanalytic work, i.e., toward graduation. The SPC may formulate recommendations regarding how you may best progress. (See the section on "Graduation from PANY" that begins on page 18.)

Following each Senior Conference, your SPC advisor will meet with you to share this information and to discuss any other matters of importance. At the end of each academic year a letter regarding status for the upcoming academic year is sent to senior candidates by PANY's office.

Occasionally a senior asks the advisor to initiate an SPC review of his or her progress. If the matter does not require extensive discussion, the advisor may respond quickly. However, if more comprehensive review is necessary, an SPC conference will be scheduled with your supervisors and the full committee. It may not be possible to arrange this for several months, for a number of reasons including: your SPC advisor needs to prepare a complete presentation; sufficient space must be found on the SPC's agenda; and a feasible date for all participants must be identified.

On-Leave Candidates. We recognize that not every candidate progresses at the same pace, and there can be great value in individualizing a candidate's pace through the sequence of seminars. Occasionally a candidate will go on leave. This may be for personal reasons, or at the request of the SPC, so that you may obtain more clinical experience in preparation for taking on a psychoanalytic case. Interruption is usually temporary and is not viewed negatively. There are a variety of reasons why one may go on leave, but the decision should always be made in consultation with one's SPC advisor. If you are considering going on leave for personal reasons, we request that you finalize your decision by July 1, circumstances permitting, to help PANY's planning.

While candidates' circumstances vary, in general during on-leave years you are expected to continue with your analysis, to meet with your PCD supervisor and/or other supervisor(s) recommended by the SPC; to keep up to date with your annual summaries and/or clinical consultation reports; to remain in touch with your SPC advisor and to pay an annual registration fee. Intermittent candidates are encouraged to attend all candidate and PANY events. A leave of absence is for the entire academic year; there is no partial year leave.

Protracted Leaves-of Absence. A leave of absence is renewable on a case-by-case basis. Candidates on leave-of-absence are reviewed by the SPC once a year. In an effort to avoid protracted candidacies that are both discouraging and less than optimal educationally, PANY wishes to encourage candidate activity and steady progress toward graduation. We are available to offer assistance toward progression, e.g., mentoring in writing or supplemental PCD or psychotherapy educational supervision. We understand that issues specific to an individual candidate may interfere with such progress, and exceptions to our guidelines can be considered in consultation with your SPC advisor.

Candidates Who Have Not Completed the Four-Year Class Sequence. Candidates who do not take the necessary steps to progress in the four-year class sequence (for any one of a number of reasons, e.g., because they do not develop the requisite number of analytic cases and/or complete the annual clinical summaries required for beginning cases requisite for progression in the class sequence) will be asked to go on leave of absence. If, after two additional years on leave of absence, there is still no progress toward completing the class sequence, the SPC may end your candidacy.

Senior Candidates. Senior candidates who do not take the necessary steps to progress toward graduation for two academic years (e.g., beginning one or more cases for the necessary clinical immersion, completing annual clinical summaries, and/or beginning a requested supplemental educational supervision or writing mentorship) may be asked to go on leave-of-absence. If, after one additional year on leave of absence, there is still no progress toward graduation, the SPC may end your candidacy.

Dismissal

The SPC may end your candidacy under the following circumstances: A candidate on leave of absence who has not made any progress in completing the four-year class sequence after two additional years on leave. A senior candidate on leave of absence who has made no progress towards graduation after one additional year on leave of absence. A candidate who has found to be in non-compliance with PANY's code of Academic Conduct (see Appendix A).

SUPERVISED PSYCHOANALYTIC WORK: GUIDELINES BY LEVEL OF TRAINING

Clinical work is central to your education at PANY. As you begin this exciting venture, we provide extensive educational supervision to assist you.

Over time, the nature of clinical activities and educational supervision progresses with your level of training. Ultimately, each candidate will have supervised experience treating a minimum of three patients in psychoanalysis, of more than one gender, seen at a frequency of 3 to 5 times a week (see “Frequency of sessions for candidates treating their patients in analysis” on pages 14-15). Correspondingly, each candidate should have the opportunity to work with at least three different supervisors during his or her candidacy. At least two cases, of more than one gender, should have progressed beyond the opening phase. One of these must exhibit elements of an Early Middle Phase, and the other, the characteristics of the Advanced Middle Phase (see “Phases of Analysis” on pages 26-27).

We find that there is a correlation between the degree of case immersion during the in-class years and a smooth transition to independent psychoanalytic work. Candidates who begin multiple cases during their four years of classes - as contrasted with meeting minimum clinical requirements for progression from one class year to another - generally are better able to develop psychoanalytic competency and proceed to advanced stages of psychoanalytic work with several patients, as well as to achieve the immersion necessary for graduation sooner rather than later.

It is recommended that candidates make every effort to attend educational supervision in person for as many analytic cases as possible. Educational supervision of the first analytic case is expected to be in-person.

During pandemic conditions, each supervisor/candidate pair will decide whether to meet in person or remotely for educational supervision.

Educational Supervision of Subsequent Analytic Cases

Phone or videoconferencing educational supervision is permitted for the second case or beyond. This request must be discussed with the candidate’s SPC advisor. Candidates and supervisors must ensure that they are using HIPAA compliant solutions and following all HIPAA regulations. Note: This is available for non- LP candidates only, as the NYS Office of the Professions requires in-person educational supervision for all analytic cases of LP candidates (Note: videoconference educational supervision is allowed during public health emergencies).

There are several sources of patients for supervised analysis. Candidates are encouraged to contact the Co-Chairs of the Psychoanalytic Consultation and Treatment Service to make their interest in referrals known. You may also consider a patient privately referred or develop one from your psychotherapy practice. With the exception of LP candidates, fees are negotiated between you and your patient and are paid directly to you. Supervisory fees are arranged between you and your supervisor and are paid directly to your supervisor. **Psychoanalytic candidates in the Licensure Qualifying Psychoanalysis (LP) track have special procedures for their clinical work, discussed in Appendix E: LP Candidacy Procedures.**

You must personally inform all patients in analysis that you are in training as a psychoanalytic candidate at PANY and that the analysis is being supervised. However, before doing so, be sure to discuss with your supervisor how best to convey this to the patient. The PANY office may request that you notify the office in writing that you have done so for each analytic patient.

Patient Safety and Reporting

Periodically, in the course of control case treatments-- as can occur in any treatment-- psychoanalytic material may prompt concern for the safety of the patient and/or others. As licensed mental health professionals, we are charged with assessing a patient's ability to refrain from harming one's self or others. Candidates and supervisors should follow directives for safety established by their licensing boards. Additionally, should there be any incident wherein the patient harms him/herself or others, or there are concerns about the risk of a patient harming self or others, candidate and supervisor are required to consult with the PANY Committee on Safety for consultation about reporting to outside agencies, including ACS (Administration for Children's Services). Additionally, a consultation with the committee will also focus on how to handle the pragmatic and emotional sequelae that will occur for both patient and candidate within the psychoanalytic frame, if a report to an outside agency is needed. Should the safety concerns be immediate, the appropriate city/state agencies should be advised without delay. The institute's position on interventions for safety are in-line with professional standards set forth by the NYS Board of Professions.

REQUIRED STEPS TO BEGIN A PSYCHOANALYTIC CASE

It is essential that you follow these procedures! These are not optional.

The **first step** is for you to express to your SPC advisor that you are interested in beginning a new analysis (your first case or any subsequent case) by sending your consultation report on that patient to your advisor. **Do not recommend analysis to the patient prior to this.**

After your SPC advisor has reviewed your report, if he or she believes it is advisable to offer analysis to this patient, you may make this recommendation to the patient. At times approval is obtained quickly, although there are rare occasions when it is necessary for your SPC advisor to review your request at the next SPC meeting.

You should not discuss the case or make arrangements with a potential new supervisor before consulting with your SPC advisor.

Please notify the office when you begin a new case by submitting a new case form, including the patient's initials, gender, age, and your supervisor's name. Send the consultation report on this patient to the office as well, protected with the password "train".

All Reports and Forms (Case Reporting Form, Annual Clinical Case Reports, and Annual Survey on Frequency of Sessions - see page 17) must be up to date in order to begin a new case at any point in candidacy.

First Year Candidates. You will begin a psychoanalytic case during your first year of training. You must have an ongoing case in order to progress to the second year of classes.

Psychoanalytic Case Development Educational Supervision (please be sure to review Appendix B for additional important information)

At the beginning of the first year of classes you are assigned a Psychoanalytic Case Development (PCD) supervisor with whom to discuss clinical material. The goal of these required weekly supervisory meetings is to prepare you – in ways tailored to your individual needs – to begin with a psychoanalytic patient at the earliest time.

Under close educational supervision, you will consult with patients from the clinic, or review patients in your psychotherapy practice to consider whether psychoanalysis might be the optimal treatment for them. If you do not yet have a practice, you will arrange for private office space to evaluate clinic patients to deepen your clinical experience. The PANY office maintains a list of available private offices and circulates periodic announcements of available space.

During the first two trimesters of your first year of classes, candidates complete a minimum of two consultations with clinic patients and/or patients from your practice. Supervisors and advisors typically encourage you to do as many supervised consultations as possible for your educational experience. Your PCD Supervisor will carefully review with you the patient's clinic application and the process of doing a psychoanalytic consultation. (Detailed information regarding clinic consultations appears on pages 28-41.) You and your classmates will present these consultations and learn from one another during a 1st year course entitled "Developing Psychoanalytic Cases through Consultation."

Writing a report is integral to all psychoanalytic consultations and an important facet of PCD educational supervision. (See guidelines on pages 36-41.) If you and your supervisor both feel that a patient is suitable for a trial of psychoanalysis, you are required to present this report to your SPC advisor to set in motion the approval process to begin the analysis.

Although PCD educational supervision is *required* only until you begin a psychoanalytic case, many candidates wish to continue this educational experience to assist them in developing additional cases. PANY is happy to help you to arrange this. Please contact your SPC advisor or Dr. Arden Rothstein (212-496-0808, aroth275@aol.com) to do so.

FREQUENCY OF SESSIONS FOR CANDIDATES TREATING THEIR PATIENTS IN ANALYSIS

The years of psychoanalytic candidacy provide a unique opportunity to participate in an immersive analytic experience with patients while being informed and guided by classroom learning, educational supervision, and one's own personal psychoanalysis (training analysis). This is a special time in an analyst's professional life when engagement in immersive, in-depth clinical work occurs while under the umbrella of a richly supportive educational environment. One of the pillars of this educational journey, the in-depth work with patients that allows for an effective analytic process to develop, occurs as candidates see patients multiple times a week. It is believed that higher frequencies enable a climate where vital information emerges, continuity and intimacy are facilitated, and the patient's and analyst's reactions to each other are deepened and better known. These reactions are among the core and crucial elements of an analytic endeavor, distinguishing analysis from other forms of psychotherapy.

Historically, psychoanalytic training has rested on the premise that the more times per week the patient and analyst meet, the better the chance for the development of an effective analytic process and therapeutic result. There is much to be said for this approach. But entering into a discussion of a specific number of sessions per week that an Institute permits or requires of its candidates during training can concretize and objectify numbers as somehow definitional of the entire enterprise, sometimes even at the expense of clinical judgment. Such discussions have a tendency to veer away from what we at PANY believe is most important when we think about educational aims for our candidates – that the quality of the candidate's work is paramount. We feel it is most meaningful to think about training in this way, qualitatively, rather than focusing on the number of sessions per week.

That being said, since candidates do ask about numbers, and because the number of sessions per week can and does affect the quality of the work, we think it is important to provide some orienting remarks.

We consider the optimal frequency for most analyses to develop an analytic immersive process to be at the higher end, four to five times a week. While this provides the best opportunity for analyst and patient, we also understand that it is not always possible, for a variety of reasons, for candidate and patient to be able to work at these frequencies. Therefore, PANY recognizes that analysis conducted at three times a week may provide an analytic experience that can work well for the patient and for the candidate's development. We also believe that frequencies below three times a week are not sufficient for a psychoanalytic process to develop, although they may be sufficient for a different sort of process to develop, that seen in psychodynamic psychotherapy.

Educational Supervision of the First Psychoanalytic Case

The SPC has the responsibility of deciding when you may begin your first case and every case thereafter. You are expected to begin your first psychoanalytic case during your first year or the summer before your second year. Once you have been approved in principle to begin a case and have developed one with your PCD supervisor that is approved by your SPC advisor, your SPC advisor will recommend an ongoing supervisor who is a Training and Supervising Analyst (TA) certified by the American Association for Psychoanalytic Education (AAPE). While we often try to accommodate a candidate's request for a particular supervisor, the SPC may have specific recommendations that are tailored to your particular educational situation. Some first-year candidates wish to continue educational supervision with their PCD supervisors, which may be possible if that individual is a TA. This possibility should be discussed with your SPC advisor, prior to finalizing any arrangements.

You and your supervisor will work out a mutually agreeable fee, which you pay directly to the supervisor **(except LP Candidates, who have different procedures)**.

Ongoing psychoanalytic educational supervision begins on a weekly basis, and typically remains at that frequency for several years. You should be prepared to present detailed process notes to your supervisor.

Educational Supervision of Subsequent Psychoanalytic Cases

As with your first case, you must send a consultation report about the proposed patient to your SPC advisor, with whom you need to confer prior to recommending analysis to a patient. If your SPC advisor agrees and all your other reports are up to date, your SPC advisor will help you arrange for a supervisor. After password protecting your initial report, you should share it with your new psychoanalytic case supervisor, as well as sending it to the PANY office.

Occasionally it is advisable to change supervisors. This process can be initiated by you, your supervisor, your SPC advisor, or the SPC. You should feel free to consider this option in consultation with your SPC advisor.

Second Year Candidates. Candidates entering the second year of classes must have at least one ongoing case, preferably by the first meeting of the first trimester, but no later than the fourth class of the first trimester. If not, he or she will need to wait until the following year to join the next second year group. We strongly recommend that you continue to seek and develop additional psychoanalytic cases during this year, since doing so enriches your education and you will need to be working with a second patient to proceed to the third year. A PCD supervisor is available to assist with this process. If a second year candidate loses a case mid-year – and thus does not have the requisite analytic immersion – he or she can proceed with classes with the understanding that active effort is under way to pick up a new case as soon as possible.

Third Year Candidates. For the 2021-22 academic year, given the challenges of the pandemic, progression requirements for third year candidates have been extended so that they need to have a second case by January 2022. Usually, candidates entering the third year of classes must have at least two ongoing cases, preferably by the first meeting of the first trimester, but no later than the fourth class of the first trimester. Those who do not meet this case requirement must go on leave of absence from classes, while continuing to develop the necessary cases to proceed in the class sequence. We encourage you to develop a third case. A PCD supervisor is available to assist with this process. A candidate who lost one of his or her two cases and has not replaced it by the fourth class of the third year will need to wait until the following year to join the next third year class, while continuing to develop another case or cases. If a candidate loses his/her second case in the second or third trimester and does not have two ongoing cases for two weeks or more of a trimester, s/he must repeat the Continuous Cases for that trimester or those trimesters after completing the fourth year of classes.

Fourth Year Candidates. To begin the fourth year, candidates must have at least two ongoing supervised analytic cases, preferably by the first week of the first trimester, but no later than the fourth week of the first trimester. A candidate who does not have two ongoing cases will need to wait until the following year to join the next fourth year class. A candidate in the fourth year who does not have two ongoing cases for two weeks or more of a trimester or trimesters must repeat the continuous case course for that trimester or those trimesters in the first academic year s/he has two ongoing cases.

Some candidates who do not have the required two cases by the fourth class of the first trimester nevertheless elect to proceed to fourth year classes with their classmates. This is done with the understanding that they must repeat fourth year clinical case seminars in the next academic year when they have the requisite two cases.

Third and Fourth Year Candidates. Candidates who have no ongoing cases before either the third or fourth year of classes do not have the option of staying with their class. This is because, in the absence of concurrent clinical experience, the educational experience would be too compromised.

Senior Candidates. Supervised analytic work continues, in addition to a one-year long senior seminar. Advanced candidates are often authorized by the SPC to begin a case with less frequent educational supervision or to work independently once a case is well underway. Even so, before beginning with any patient, you need to consult with your SPC advisor about the patient, submit an initial report on that patient, and be up to date on yearly summaries on your other patients.

Frequency of Sessions

If you and your supervisor agree that reducing the frequency of supervisory sessions is appropriate, please contact your SPC advisor to discuss this possibility, which will be reviewed by the Student Progression Committee. Although the frequency of supervisory sessions may be reduced or suspended as a case progresses, educational supervision is always resumed during the termination phase of an analysis.

If the termination phase is reached *after* you graduate, you should *still* resume consultation with the supervisor during this phase of the analysis.

REPORTS AND FORMS

Case Reporting Forms – Due February 1, June 1 and October 1

Three times per year the office will send you a link for an online form on behalf of the Education Committee Chair to update your PANY-related clinical work: your recent clinic consultations, and supervised psychotherapy and psychoanalytic cases. We ask that you please return this form promptly, even if you have no active cases.

Annual Clinical Case Reports – First Draft Due before summer break and Final report due no later than September 30

Clinical case reports on each analytic case are due once each year no later than September 30. Reports are required for all ongoing cases, as well as those which have interrupted or terminated since the previous September 30.

The process of writing annual reports provides a rich educational opportunity to reflect on trends over the past year. You and your supervisor should begin discussing your case in overview in the late spring, in preparation for the first draft you are expected to give your supervisor prior to your mutual summer break. You are expected to revise your report, according to supervisory feedback, and complete your final report no later than September 30.

Some additional information about these reports:

Your supervisor should review your final draft before you send it to Ella Chary in PANY's office, as well as to your supervisor and your SPC advisor.

All drafts and reports sent by email must be password-protected. If you are not sure how to do this, contact the PANY office.

See Appendix D: Guidelines for Writing Annual Psychoanalytic Process Summaries, pages 59-63, for guidelines on writing these reports. In addition, you can request to read sample reports that are on file in the office.

The only exception to the September 30 due date is a case begun April 1 or later of an academic year. In such a case, the report is due the following September (for example, the first annual report for a case begun on April 13, 2021 would be due September 30, 2022).

Having your case reports up to date is a prerequisite for clearance both to begin with an additional analytic patient, or to be sent a clinic referral.

NOTE: Each annual clinical case report must be accompanied by the survey on frequency of sessions. See below.

Annual Survey on Frequency of Sessions

To begin a new case, candidates must be up to date on these surveys. (See Appendix C forms)

The survey is to be filled out with the annual case reports.

GRADUATION FROM PANY

NON-CLINICAL ACADEMIC ASSOCIATES

PANY offers a limited number of candidate positions to professionals who seek an academic education in psychoanalysis to broaden their own professional perspectives. Once they have completed the four-year didactic course sequence, they receive a letter awarding them Academic Associate status. Academic Associates are eligible for Academic Associate Membership status of the American Psychoanalytic Association and PANY, as well as Associate Faculty of PANY.

CLINICAL PSYCHOANALYTIC GRADUATES

Graduation from PANY means recognition of your competency to conduct an independent psychoanalytic practice, and your fulfillment of the educational and ethical standards of PANY. It is a great accomplishment, a milestone on the lifelong journey of professional learning undertaken by psychoanalysts.

PATHS TO GRADUATION

Consideration for graduation may be initiated by you or by your SPC advisor, and may also arise in the context of an SPC review. If you believe you are eligible to graduate, please bring this to the attention of your SPC advisor, who will ask the SPC to review the request. If the SPC decides that a formal graduation discussion is warranted, this discussion will include your SPC advisor, your supervisors, and members of the SPC. Such a discussion usually takes some time to arrange. The process is essentially the same if initiated by your SPC advisor.

The SPC is interested in the overall quality of the candidate's development as an analyst. At the same time there are minimum case requirements. PANY understands that not all psychoanalytic treatments are ideal for a variety of reasons that may or may not be related to the quality of the candidate's efforts. The SPC pays particular attention to how the candidate worked with each patient and to his or her analytic understanding of what happened in the treatment. Candidates are occasionally concerned about whether a case will fulfill graduation requirements for clinical immersion (i.e., "count") if the frequency of sessions attended does not meet the 3-5 times weekly requirement for a portion of the treatment or if the treatment ends prematurely. All cases are evaluated by the SPC in the context of the entire body of the candidate's work.

Graduating candidates are considered for faculty appointments. The Faculty Appointment Committee, which includes the Faculty Search Committee, the EC chair, and PANY director will meet shortly before the EC graduation discussion of the prospective graduate and then presents its recommendation to the Education Committee, which decides on the faculty appointment.

Specific Graduation Requirements

- (1) You have been in a personal analysis for a substantial period of time during your analytic work with your training cases;
- (2) You have engaged in supervised analytic work at a treatment frequency of three to five times weekly with a minimum of three adult non-psychotic patients; see page 14-15 for remarks on the frequency of sessions.
- (3) At least two cases, of more than one gender, have progressed beyond the opening phase. One of these must exhibit elements of an Early Middle Phase, and the other, the characteristics of the Advanced Middle Phase (see "Phases of Analysis" on pages 26-27);
- (4) You demonstrate most of the analytic proficiencies described in "Elements of Psychoanalytic Competency" (pages 21-25) indicating the ability to work independently;
- (5) You have adhered to PANY's Academic Code of Conduct for Candidates (see Appendix A)
- (6) Written reports on all supervised psychoanalytic training cases and clinic consultations are up to date;
- (7) You have presented at a Continuous Case course at least once during candidacy; a psychotherapy case developing into an analytic one can be used for first continued case seminar;
- (8) You have presented in an All-PANY Clinical Case Conference one time during your candidacy;
- (9) Annual surveys on frequency of sessions have been completed for all analytic cases;
- (10) Tuition payments and registration fees have been paid in full.

While the input of supervisors is crucial to these deliberations, no single supervisor has an overview of his or her supervisee's candidacy and, therefore, cannot determine your readiness to graduate. The supervisor has the best grasp of your work with the patient being supervised.

The SPC reviews your entire educational experience to determine your fulfillment of specific requirements and substantial, progressive achievement of the clinical competencies PANY deems necessary for independent psychoanalytic work.

If the SPC concludes it is educationally optimal for you to have additional experience (e.g., to begin an additional case, to have further educational supervision with an ongoing case, or to work independently on a case previously supervised), this will be communicated to you by your SPC advisor.

If the SPC concludes that you are ready to graduate, it will make this recommendation to the Education Committee (EC). The EC is the body responsible for the final determination of eligibility for graduation. Your SPC advisor attends an EC meeting to present an overview of your training and the process by which the SPC arrived at its recommendation. On rare occasions the EC requests additional information or discussion following this presentation.

In the event of a disagreement between the SPC and a candidate regarding the candidate's readiness to graduate, an appeals process is available to the candidate. If you strongly disagree with the SPC's recommendation for further work prior to graduation, you may request a review by the Student Grievance Committee (SGC), which is an ad-hoc subcommittee of the Education Committee. The subcommittee consists of the EC Chair and two other EC members chosen by the EC Chair, neither of whom are on the SPC nor have supervised you. The subcommittee meets with you and with the SPC Advisor (or SPC Chair), and may avail itself of materials as needed (SPC reports, supervisory and/or instructors' evaluations, etc.). Two possible outcomes of this review are: 1) the subcommittee endorses the SPC's position; or 2) the subcommittee requests that the SPC reconsider the candidate's record in light of new or expanded information. Should the SGC decision be unsatisfactory to you, a final recourse would be for you to request a hearing before the full Education Committee to directly appeal your case.

If you do not want to abide by a recommendation for further training and you have completed the four years of classes, you will be offered a "nonclinical graduation" with a formal letter of completion of PANY coursework. You then become an "Academic Associate," PANY's term for nonclinical graduate, and become eligible for affiliate membership in APsA.

Reminder! A terminated case is not required for graduation, and it is the responsibility of the graduate to resume educational supervision during the termination phase of all analyses begun during candidacy, even if the termination occurs post-graduation.

Elements of Psychoanalytic Competency

The following categories inevitably overlap but are useful in orienting candidates, supervisors, and the Student Progression Committee in thinking about the development of analytic skills.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not - during candidacy, by the time of graduation, and throughout one's career. The proficiencies will emerge as part of one's learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and educational supervision that a judgment can be made about your ability to work independently, and thus to graduate.

Analytic Attitude and Stance

A. Exercises good clinical judgment

- During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training.
- In helping the patient transition from the consultation or psychotherapy into analysis.
- Throughout the analysis.

B. Capacity for analytic listening

- Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude.
- Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate.
- Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning.
- Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised.
- Focuses predominantly on the internal world of the patient.

C. Dependability, steadfastness, patience, and commitment to the analytic task

- Sustains capacity for empathy.
- Works effectively with defenses, resistances and transferences, including when these become entrenched.
- Tolerates not knowing, ambiguity and frustration.
- Observes and respects personal and ethical boundaries.

Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient.
- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient.
- Is aware of personal limitations in working with certain types of patients.
- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy.
- Notices and is motivated to analyze one's own mistakes and enactments, and can recover from a loss of analytic stance.

Interventional Skills

A. Effectiveness of interventions

- Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions).
- Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient.
- Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions.
- Grasps the nature of a patient's response to interventions and reflects on its meaning.
- Helps the work broaden and deepen, facilitating patients' progress in their analyses.

B. Flexibility of interventions

- Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions.
- Considers whether working in the transference or outside the transference at given moments will further the analysis.
- Works effectively with surface and depth, defenses and wishes.
- Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past.

Conceptual Skills

- Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized.
- Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit.
- Follows the flow of material within the session, as well as the macro-development of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis.
- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change.

Written Reports

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive.
- Able to convey process: what led to what in the analysis.
- Conveys and reflects upon problems and struggles in the analysis as well as future challenges.
- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished.
- Reflects on the role of educational supervision in the work with the patient.

Supervisory Process

- Presents material candidly and lucidly.
- Accepts and learns from constructive criticism.
- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find his or her own "analytic voice."
- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently.
- Recognizes the indications for and is willing to seek supervisory input in the future.

INTRODUCTION AND BACKGROUND TO SEX AND GENDER COMPETENCIES AND CHANGES IN CASE REQUIREMENTS

The understanding and expression of sex and gender has evolved, particularly in recent years, presenting challenges and opportunities to psychoanalytic theoreticians, practitioners and educators.

In order to consider the relevance of such developments for our institute's standards and educational goals, PANY established a Task Force (TFSG) on Sexuality and Gender, chaired by M. Carmela Perez. As a result of its discussions, the task force has recommended a change in the case requirement for graduation and an addition to the Competency Criteria used to assess candidates' progression. (The addition to the Competency Criteria is appended at the end of this document.)

Regarding the case requirement: Until recently, most analytic organizations have stipulated that a candidate must have experience working analytically with a male and a female patient as a requirement for graduation. This stipulation is being revised by many organizations. AAPE requires patients "of more than one gender," although some of its member institutes continue to stipulate "a male and a female." ABP requires "patients of different genders;" ACPE includes: "...experience treating patients from diverse populations." IPA has retained the aforementioned educational standard of a male and female. APsaA uses the IPA standards as "a baseline," but it leaves to individual affiliate institutes "the local option to require additional standards if they so choose..."

The TFSG has recommended that PANY's requirement be "more than one gender." This will replace "one of each gender," which had replaced "a male and a female." (The requirement for Training and Supervising analyst for PANY and AAPE has already been changed to "more than one gender.")

As can be imagined, the change in the wording is not without controversy. Some believe that candidates should experience, during the brief period of their training, what it is like to work with a cisgender male and female; that development is based on this foundational anatomy and gender; and that it is important to understand how sexual issues play out in the analyses of what we assume will be the majority of patients they work with.

Others, though they agree about the likely majority of patients one will treat, believe it is too restrictive to specify only a male and female as the requirement, because there is much to learn from all variations of sex and gender.

During training, especially in the crucible of the analytic endeavor, it is hoped that candidates will develop the skills to be open to whatever they learn and encounter; that they will experience and appreciate the value of a deepened analytic process; be able to handle a myriad of transferences and counter-transferences; develop a non-rigid approach to theory and technique together with an understanding of the contemporary challenges to these; have the ability to self-supervise, self-correct and continue to learn. Prescribing what patients a candidate needs to work with could be restrictive to our educational ethos. As educators we hope to counsel candidates who are seeing only the same type of patient, whether they be male, female, transgender, heterosexual, homosexual or bisexual. And related to this, the TFSG felt it necessary to add a subset of competency criteria.

Current social and cultural shifts in attitudes, practices and laws regarding sex and gender, along with the increasing open-mindedness of psychoanalysts about classical views necessitate an urgent, long overdue, deep and thorough consideration of the complicated biologic and psychological substrates that influence development and intrapsychic conflict. Sex and gender are not strictly binary in their development, outcomes and manifestations.

The controversies about origins, development and conflicts are best presented in a variety of forms, including coursework, scientific presentations, workshops, and scholarly papers.

Competencies Relating to the Role of Sexuality and Gender

- Demonstrate clinically applicable understanding of contemporary psychoanalytic and psychosocial theories of gender and sexuality.
- Aware of and able to reflect upon the meanings and impacts of the patient's gender and sexuality as intra-psychic and social experiences.
- Understand the patient's experience of the sex of their body.
- Understand transference and countertransference experiences relating to each member of the dyad's gender and sexual identities and how these affect the analytic process.
- Consider developmental aspects of gender and sexuality through the lifecycle.
- Demonstrate the capacity to think analytically about changes in gender and sexuality that may occur in the analysis.
- Include relevant aspects of gender and sexuality in annual psychoanalytic case reports regarding, but not limited to role-responsive empathy, conceptual understanding, and analytic technique.
- Make productive use of educational supervision to enhance learning and skills related to gender, sexuality, and the identity issues involved.

INTRODUCTION AND BACKGROUND TO RACE AND ETHNICITY COMPETENCIES

Role of Race and Ethnicity

In our society, we are all members of various races and ethnicities which, by definition, include affiliations with cultures, religions and nationalities. These complex concepts do not lend themselves easily to singular understandings, nor should patients or analysts be reduced to "competencies about the other." We recognize, however, that it is necessary for analysts to be cognizant and reflective about the many facets of an individual's identity- race and ethnicity being part, not the whole- and must be understood and accepted for effective clinical work. This begins with the analyst developing competency in understandings of the analyst's cultural context and identity. It is not that the patient is different- it is that the patient and analyst are different from one another.

Both analysts and patients are influenced by multiple systems within society and culture. Race and ethnicity function with and within class, gender, religion, language, et al. These influences exist within current and larger historical contexts that are significant aspects of patients' and analysts' psychic and social lives. Developing effective clinical knowledge and skills to consider and address the role of race and ethnicity is an on-going process that requires continuous commitment to learning about oneself and one's patients. It is important to acknowledge that understandings and expressions of race and ethnicity, how they are presented individually and within groups and communities are dynamic and ever-evolving.

Competencies Relating to the Role of Race and Ethnicity

- Aware of contemporary psychoanalytic and psychosocial theories of race and ethnicity and how experiences of power, privilege and oppression can be analytically considered within the psychoanalytic relationship.
- Aware of and able to reflect on the meanings and impact of one's own and the patient's race and ethnicity, as both intra-psychic and social experiences that are also created by the dyad within the analytic space.
- Able to provide consultation and treatment while acknowledging conscious and unconscious racial and ethno-cultural biases in both analyst and patient, being open to recognizing and engaging them.

- Able to approach one's own and patient's implicit and explicit racial and ethnic material with openness and curiosity.
- Understand transference and countertransference experiences related to both members of the dyad's racial, ethnic, cultural and religious identities and how these affect the analytic process.
- Consider the influences of race and ethnicity in identity development through the lifecycle and how these intersect with larger sociocultural contexts.
- Discuss relevant aspects of race and ethnicity in annual psychoanalytic case reports, including in considerations of transference and countertransference.
- Make use of educational supervision, self-reflection and professional consultation to enhance self-awareness, learning, skills, and to address clinical challenges related to race and ethnicity and the multiple identity issues involved for both analyst and patient.

Phases of Analysis

The following schematic description delineates many key aspects of a developing analytic process. It is characterized most importantly by processes that focus on the analysis of transference manifestations in relation to the person of the analyst. However, this does not imply that all analyses follow a linear course; few analyses are “typical” and many variations occur in successful analyses. For example:

There may be sudden shifts in the balance between expressions of transference and resistance, temporary advances and/or regressions, unexpected enactments, crucial insights that are seemingly lost, and external events that impact the analysis (e.g., insurance issues, job changes, educational requirements, marriages, births, deaths, the patient’s and/or the analyst’s health, and the like). These and many other occurrences require the analyst to be flexible, patient and open to the unexpected with patients and with his or her responses to these situations.

Transference elements may often be effectively analyzed in relationship to significant others in the patient’s life; work with some patients may involve exploration of challenges to the frame repeatedly throughout the analysis or at later phases rather than being restricted to the opening phase.

The analyst’s increasing confidence and clarity of understanding in midphase may alternate with periods of uncertainty or even perplexity. Furthermore, the technical emphasis of the opening phase may differ for some patients with more severe pathology.

We offer the following description of the phases of analysis to candidates at PANY as an educational tool that can be useful in discussion with supervisors, SPC advisors, and continuous case instructors, as well as for personal reflection, while simultaneously recognizing that there can be controversy about what constitutes an analytic process.

Opening Phase

The analyst and analysand begin to experience being with each other in this new and unusual relationship in which the patient is invited to share whatever comes to mind while (typically) lying on the couch without face to face contact with the analyst. The patient begins to learn that it is useful to share with the analyst not only symptoms, but a variety of data, such as childhood experiences, what is going on in the here---and---now, dreams, slips of the tongue, visual images, bodily sensations, and thoughts and feelings about the analyst. As the patient starts to appreciate that meanings attached to these experiences may be inter---connected, he or she also begins to understand how to work with this material. A major aspect of analytic work in this beginning period involves helping the patient to become aware of his or her resistances, and to begin to realize the power of these manifestations of defense in order to become attentive to and understand the ways they may appear, as well as the conscious and unconscious affects they are intended to avert. In other words, the patient begins to become aware of the existence of internal conflict. These resistances are often expressed in challenges to the frame in contexts such as establishing analytic frequency, the fee, free associating, using the couch, and the handling of missed sessions and personal questions about the analyst. In addition, both analyst and patient begin to recognize some elements of their transference and countertransference reactions, and the patient becomes increasingly aware that there is a dynamic unconscious. The time period necessary for this beginning work varies widely for different patients; in rare instances it may take months, but more often one to two or three years, and even longer with some patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the patient, and the analysis as a structure and process can become increasingly stable. An initial focus on reporting of symptoms begins to give way to a greater emphasis on the meanings of symptoms and on character.

Transference--- countertransference manifestations are gradually clearer as more and more derivatives offer evidence that support the analyst's interpretations, especially as resistances are worked with analytically. They may be experienced in fantasies and enactments expressed verbally or in action. These provide useful material for both patient and analyst to explore, and result in both the patient's fuller awareness of transference and the analyst's greater awareness of both transference and countertransference. The analyst often experiences more confidence in understanding the analysand's psychology and in his or her interventions. This, too, is subject to vicissitudes and challenges to certainty – as evidence may emerge that requires revision of previous interpretations. Some modifications are often observable in the patient's defensive style and ability to reflect on internal states and motivations – including the patient's reflecting upon the internal state of the analyst - as well as resistances to doing so. As this phase develops, with its deepening of the transference (and the patient's fuller appreciation of it), the analyst's interventions may place a greater emphasis on the here-and-now of the patient's mind within the session and less on the external life of the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to the patient. The patient-analyst pair engages in increasingly productive analysis of transference-countertransference patterns that have become more clear, interpretable, and workable, as well as reconstruction of the influence of childhood experiences, including traumatic events that have shaped childhood and current experience. Interpretations of specific content in these areas may become more prominent relative to work on defense and resistance. The patient's productions are usually more coherent, so that links between transference and extra-transference, and past and present become more evident and accessible to the patient and analyst. This may contribute to the analyst's increasing pleasure and/or freedom to interpret. Core conflicts are worked on over and over again in an affectively vivid way in the here-and-now and there-and-then, as various facets of these conflicts become manifest in the patient's life as well as in the analytic situation; the patient can also better appreciate connections between the two. Some significant changes in the nature of the relationship with the analyst, and/or in the patient's life outside the analysis, usually take place. The patient also evidences greater ability to engage in self-analysis; s/he notices new resistances as well as the old defensive patterns and some increased flexibility to use a greater variety of defenses, and a more developed and differentiated affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an appreciation of the conflicts that underlie manifest complaints, although the latter may not always remain conscious. By this time the patient has a fuller, more complex, and nuanced view of the personal narrative presented at the beginning of the analysis, and there is significant improvement in the problems that brought him or her into treatment. Core conflicts and complaints are inevitably revived, although usually - but not invariably - with less intensity, as termination is anticipated. This period offers an opportunity to further elaborate these core conflicts in the context of the impending loss of the analyst as a representative of old object relationships, as well as a real person and a daily presence. This work is done with a greater sense of independence from the analyst, including a greater capacity for self-analysis. Emotional appreciation of the reality and meanings of loss is inevitable (and necessary for an internalization of the analytic relationship and process to become structured). Themes of loss and mourning are common, as the patient relinquishes idealized fantasies that pertain to the analyst and to him or herself, even after the completion of a successful analysis. The analyst also deals with the loss of the patient and his/her countertransference responses that often mirror the patient's experiences of object loss. Both parties develop an awareness of the limitations of the treatment and an appreciation of what it has accomplished.

CONSULTATION AND TREATMENT SERVICE/ "CLINIC" GUIDELINES

More than twenty-five faculty and candidate members work on PANY's Consultation and Treatment Service, also called "PANY Clinic," or the Clinic Committee. It is currently chaired by Daniella Lukashok, MD (dlukashok@mac.com 212-772-3359) and Jason Wheeler, PhD, (jasonwheelerphd@gmail.com 646-823-6113). The mission of the committee is to serve both PANY and the New York City community by matching the educational needs of PANY candidates with the clinical needs of our patient applicants. Individuals seeking treatment submit an application to PANY and one of the Co-Chairs will either refer directly to a candidate for a consultation for psychoanalysis, psychotherapy preparatory to analysis, or psychotherapy or enlist a Committee Member to attain additional information during a telephone screening and then refer the patient. Doing consultations are a crucial part of your training and all candidates are expected to do consultations for clinic applicants even if the candidate decides not to take the applicant into his or her own practice.

The Consultation and Treatment Service is a "clinic without walls," since patients are seen in the private offices of our candidates. The Consultation and Treatment Service works closely with the Student Progression Committee, the Case Development Supervisory program, and the Psychotherapy Committee. In addition to general administrative clinic functions, the Committee is involved in promoting these clinical services to the New York community.

Psychoanalytic and psychotherapy candidates from all class years may see clinic patients in consultation and in treatment. Over time, doing consultations will contribute to the growth of your practice and help you to engage psychoanalytic and psychotherapy patients.

The task of the consultation is to understand enough about the patient to formulate and communicate a treatment recommendation. Consultations should, ideally, last no more than 3 sessions, with the goal of determining whether or not you will continue to treat the patient in any capacity. A fourth session can be added if necessary, but the lengthier the consultation, the greater the risk of the patient getting attached to the candidate and the less likely it will be that a patient will follow through on a referral to someone else if the candidate does not plan to continue. If you decide to treat the person in psychotherapy, the final decision about analysis can be made over time. Most clinic patients end up in treatment with our psychoanalytic or psychotherapy program candidates. The most frequent recommendations are for psychotherapy, psychotherapy preparatory to psychoanalysis, and psychoanalysis.

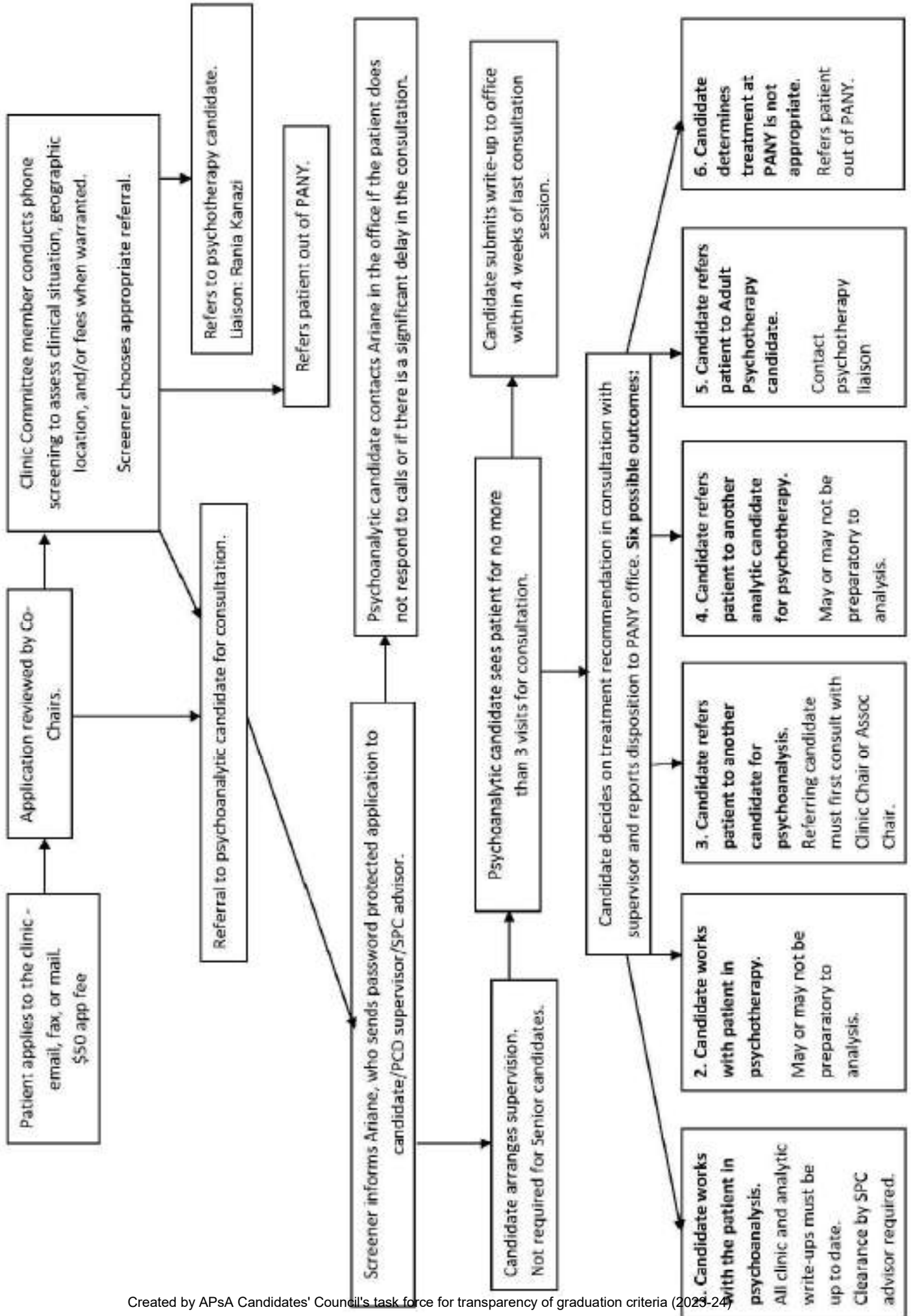
The flow chart on the following page lays out the consultation process and candidate responsibilities. LP candidates must follow a slightly different process that is delineated in Appendix E: LP Candidacy Procedures starting on page 64.

Please keep the office up to date about any insurance panels you accept or move off of.

Potential applicants often call the office looking for a treatment provider who accepts a particular insurance, if you are on the panel and keep the office up to date with that information, it will increase the number of referrals to you and save time for the office.

PANY Treatment and Consultation Service Flow Chart

Rev. 10/15/21



STEP 1: Patients Apply to the Clinic

The richness of New York City's diversity is reflected in the pool of applicants for treatment, who vary widely in cultural background, occupation, age, educational level, financial means and spectrum of pathology.

Although prospective patients know that they are applying to a psychoanalytic service, most applicants do not know much, if anything, about psychoanalysis. They find us through internet searches and referrals by friends and co-workers. Referrals from mental health professionals and from the NYU community (faculty, staff and students at both the downtown and medical center campuses) are the next most common sources.

Applicants to the clinic fill out a brief form, the clinic application (viewable on the PANY websites, and pay a \$50 fee to PANY for the three session consultation. Applications are sent to the email nyu.pi@nyulangone.org.

STEP 2: Clinic Coordinates Consultation by Candidate

One of the clinic co-chairs (Dr. Lukashok and Dr. Wheeler) reviews each patient application and will either refer the applicant directly to a candidate for a consultation or enlist a Committee Member to attain additional information during a telephone screening and then refer the patient. One of the co-chairs or the committee screener may contact you to discuss the case briefly and to ask if you are available to do a consultation; at times the office will email you at the request of Dr. Lukashok or Dr. Wheeler to inquire about your availability to do a consultation. We take a variety of factors into account when choosing which candidate to contact to perform the consultation, including which candidates are looking for cases and their clinical experience, patient preferences for geographical location or therapist gender, and input from the SPC and PCD supervisors.

If you agree to see the patient, the PANY program coordinator will email you the patient's application in a password-protected format. The clinic screener or the office will give the patient your contact information, with the understanding that the patient will take the initiative to reach you. If an applicant has not had a telephone screening, the candidate will be the first clinician to establish contact with the patient. **If you do not hear from the patient within one week, please let the PANY program coordinator know by phone or email and she will follow up to make sure the patient has your correct phone number.**

It is up to you to initiate the process by which the consultations are assigned to you. We expect that most candidates will be ready to accept consultation assignments within the first month or two of their training. If you are a first-year candidate, please check with your PCD supervisor for clearance to begin accepting patients for consultation. Candidates from all class years should inform the clinic co-chairs by email (dlukashok@mac.com and jasonwheelerphd@gmail.com) whenever you are interested in and prepared to accept a new consultation assignment.

Candidates do not charge for clinic consultations — the three evaluation visits are included as part of the \$50 application fee.

If there is a significant delay in the progress of the consultation for any reason, let your supervisor and the PANY Program Coordinator know, and document what happened in your final written report on the consultation. Please keep in mind that despite initial screening by the Clinic Committee, some applicants are not suited for psychodynamic treatment; substantial difficulty in setting and keeping appointments may be a meaningful counter-indication.

STEP 3: Candidate Arranges Educational Supervision for Every Consultation

If you are a first year candidate, your PCD supervisor will receive a copy of the patient's clinic application when you do. You are expected to discuss the application with your PCD supervisor prior to your first meeting with the patient, and you should continue regular supervisory appointments throughout the consultation to closely review subsequent meetings. It is very important to space out each consultation appointment to allow yourself time to carefully discuss the material that comes up in each appointment with your PCD supervisor. After the second consultation appointment, you should discuss with your PCD supervisor the decision about whether you will continue with the patient you are seeing. The discussion – prior to your third consultation appointment -- will also include your recommendation, and issues of fee and scheduling with the patient that you will explore in the third consultation session. If you are concerned about the patient's ability to pay a fee you can accept, you can present the situation to the patient in this way (with language tactfully adjusted to the particular patient): "This is the treatment I recommend. This is the fee that I charge. If that is manageable for you, we can continue to work together. If it isn't, I will find a referral for you."

For at least the first three or four clinic consultations you conduct, you should plan to schedule one PCD supervisory session prior to each of your three meetings with the patient; typically, this will mean that consultation appointments are scheduled about a week apart.

After you have completed several consultations, you and your PCD supervisor can adjust supervisory input to meet your developing competence and comfort with consultations in this setting.

Even when a consultation is brief and relatively straightforward, supervisory input from a faculty member is a PANY requirement. Candidates who have begun analytic cases and who no longer have PCD supervisors but who are seeing new clinic patients can arrange for educational supervision of clinic consultations in two ways. You can contact Arden Rothstein, PhD at 212-496-0808 to arrange for ad hoc in-person educational supervision; or you can contact a clinic committee faculty member to arrange for phone educational supervision. Clinic committee members available for phone educational supervision of consultations are: Daniella Lukashok, MD, (917-535-3359); Jason Wheeler (jasonwheelerphd@gmail.com); Marvin Nierenberg, MD, (212-874-6484). Senior candidates may accept patients in consultation without regular educational supervision but we recommend that you run the outcome/disposition by a supervisor or by a clinic co-chair.

Your consultation report on each clinic patient must be completed before a new patient can be referred to you. Guidance in writing reports is an inherent part of PCD educational supervision. Be sure to give your supervisor a copy of your completed consultation write-up (see guidelines beginning on page 39).

Candidates in the licensed psychoanalyst (LP) track have some special requirements for clinical recordkeeping (charting requirements) and supervisory input. Please consult **Appendix E**.

STEP 4: Candidate Consults With the Patient

Overview

We believe that the consultation process has educational value in and of itself, whether or not it results in a psychoanalytic case. Objectives of the consultation include more than simply ruling the patient “in” or “out” for psychoanalysis. They include learning enough about the patient’s presenting complaints in the context of his or her current situation and life history to make the best possible treatment recommendation, and helping the patient understand and accept that recommendation. The consultation should also be helpful in its own right. It offers a special - and in many ways unique - opportunity for the patient to express him- or herself and to receive thoughtful feedback from a concerned professional.

We recognize that you have a lot on your mind as you start doing consultations: the challenge of learning a complex new process, the task of gathering a lot of information in the relatively short time frame of three sessions, and “thinking on your feet” with the patient while also trying to register and remember enough detail to write process notes for presentation to your supervisor. We understand that this is not at all easy. As with all aspects of our analytic work, psychoanalytic consultation skills are a lifelong learning process.

Clarifying the Frame of the Consultation with the Patient

At the outset of the consultation it is important to speak briefly, in person, about what you plan to do. Your supervisor will help you think about ways of introducing yourself and the consultation process. Eventually you will develop your own personal style of establishing the frame for the work.

Generally speaking, it is helpful to state that you’ll probably be meeting for several sessions to understand enough about the patient’s background and current situation to make a recommendation about what might be helpful. You should explain that a maximum of three visits is usually sufficient to complete a consultation and tell the patient that there will be no charge for these consultation visits. Also explain that you may or may not be the therapist who ultimately treats the patient. This latter point is important so that the patient ultimately doesn’t feel misled if you end up referring him or her to another clinician or treatment setting.

Consultation Process and Content

While preparing for and then engaging in the consultation, think about how structured or how open-ended you want to be in fostering the patient’s conversation. Patients will vary tremendously in terms of the amount of structure they might require in helping them to tell their story and express why they have come for consultation and treatment. Too much structured questioning can impose your own way of thinking and interfere with getting to know the patient’s individual expressiveness. Too little structure in early sessions could be experienced by some patients, especially those with little or no prior experience in psychotherapy, as strange and inhibiting. Some patients may benefit from and even prefer minimal structuring by the interviewer, but please avoid the outdated and much caricatured style of the distant and silent interviewer. Take note of how much structuring intervention your patient seems to require; this is one useful source of information about the patient’s psychology, and about how treatment might proceed.

Many patients will benefit from your active engagement in the form of naturally pursuing your curiosity with questions and remarks, while at the same time respecting the patient’s own manner of delivering his or her story. Gathering facts for the purpose of obtaining an encyclopedic history for a write-up or educational supervision is less helpful than fostering a process in which the patient’s history emerges through the vehicle of his or her own associative tendencies, helped along by a modicum of structure. In reviewing many hundreds of candidate write-ups over the years, our faculty has noted that long reports filled with biographical details and isolated facts are often less helpful than simpler, lively accounts in which the patient’s narrative and history comes to life. It takes a long time for most of us to develop the art of providing

enough scaffolding to gather valuable information about a patient's history and current situation while at the same time not overly controlling the interview. It is an ever-developing skill.

In terms of the sorts of clinical information that you might seek during the consultation, see the Consultation Report section below.

How many visits constitute a consultation?

One session is usually insufficient. Meaningful insights often develop in the course of a two or three visit consultation during which the patient has an opportunity to express his or her reactions to the prior meeting. We seek a balance in which enough information emerges to support a treatment recommendation, but a patient does not have time to settle in with you when it is not yet clear that you will continue to work together. A consultation of more than three visits risks an excessive attachment that can complicate the referral process.

The three visit maximum should be sufficient for the vast majority of consultations. Although the three-session limit is not written in stone, there should be a compelling reason to go beyond three visits, and this decision should be reached in discussion with your supervisor -- especially if you will not be continuing with the patient.

Discussing Fees and Other Issues Pertinent to Referrals

In educational supervision, it will be helpful for you to consider the practical and psychological elements of discussing fees during a consultation.

Whether you will be continuing with the patient or not, it is important to set aside time during the consultation to hear the patient's thoughts about fees for treatment, once it is underway. What does the patient consider to be an affordable fee? How did the patient arrive at that amount? Does the patient have access to insurance, and/or to other sources of financial support? Tactful clarification or confrontation of the patient's preliminary thoughts about these matters might be helpful in some instances, for example if the fee the patient mentions seems unreasonably low. An issue of *The Candidate Journal* (www.thecandidatejournal.org/#archive) was devoted to the subject of fees in psychoanalytic training and might be useful for you to read.

Other practical considerations that may be important to broach with the patient during the consultation include whether the patient has preferences for the geographic location, or gender. Exploring the practical details as well as the meanings attached to these considerations can be useful in some instances.

If a patient repeatedly cancels consultation visits on short notice, or is very late for sessions (e.g., if the patient is a "no show" for one visit and twenty minutes late for another, necessitating a fourth or fifth scheduled consultation appointment), you might discuss with your supervisor -- and with a co-chair of the clinic -- whether you as a candidate should charge a fee for time beyond what you have set aside for the consultation.

STEP 5: Candidate Determines a Disposition

Six possible outcomes and how each one is handled

In terms of treatment disposition, there are six possible outcomes to your consultation, which you can discuss in educational supervision. These outcomes, and procedures associated with each, are listed below.

Do not make any treatment recommendations to the patient until you have discussed them with your supervisor. If the recommendation is for psychoanalysis with you, you must receive approval from your SPC advisor prior to making this recommendation.

1) You decide to recommend psychoanalysis, and you would like to work with the patient. Having already discussed the case in educational supervision and completed your consultation report, you must now send your report (password-protected) to - and confer with - your SPC Advisor before speaking to the patient about beginning an analysis. Clearance by your SPC advisor and the SPC are necessary before starting a psychoanalytic case. Keep in mind that your write-ups for prior clinic consultations and prior psychoanalytic cases must have been completed before you can begin a new psychoanalytic case. Prior to beginning an analytic case, you will need to write up the consultation, reporting on the patient's history, the process of the consultation, and the reason for recommending analysis (see the consultation write-up guidelines, below).

2) You would like to continue to work with the patient in psychotherapy, which you may (or may not) view as preparatory to analysis. Generally speaking, this decision is to be made in consultation with your PCD supervisor. If you no longer have a PCD supervisor, clearance by a clinic co-chair is all that is required. No other clearance is necessary.

3) You recommend psychoanalysis but are not available to treat the patient yourself and would like to refer the case to another candidate for psychoanalysis. You must confer with a clinic co-chair before making any referral to another candidate for psychoanalysis. Do not make the referral independently.

4) You recommend psychotherapy or psychotherapy preparatory to analysis and would like to refer the patient to another candidate in the psychoanalytic program. In making this referral, you may use your own discretion in choosing whom to refer to within our programs, in consultation with your PCD supervisor. If you have questions, call Dr. Lukashok at 917-535-3359 or Dr. Wheeler at 646-823-6113.

5) You recommend psychotherapy and would like to refer the patient to a candidate in the Adult Psychotherapy Program. This is a good option for patients for whom psychoanalysis is clearly not appropriate. Jason Wheeler, PhD (646-823-6113; jasonwheelerphd@gmail.com) and Rania Kanazi, LCSW-R (rktherapy@gmail.com) are the liaisons between the Psychotherapy Program and the Clinic. Contact one of them to discuss the referral and to identify a psychotherapy candidate appropriate for the referral. Then call the psychotherapy candidate to discuss the case. If you and the psychotherapy candidate agree, ask the office to transmit a password-protected copy of the patient's application and your consultation report to the psychotherapy candidate.

6) Neither psychoanalysis nor psychotherapy is appropriate for an applicant. You may conclude that the applicant might be best served by a hospital-based treatment, specialized substance abuse program, personality disorders or group program, or other structured program. If you and your PCD supervisor are not able to arrive at an appropriate referral, please contact any member of the clinic committee to discuss your next steps. You may consult the initial phone screener, a clinic co-chair, or any faculty member of the Clinic Committee. The PANY office also has a list of referral options on file.

Patients who require medication management: In some instances, the patient might benefit from psychotherapy but also needs medication. In this case you may refer the patient for psychotherapy to a psychiatrist in either the psychoanalytic or psychotherapy training programs, or you may refer the patient to a non-MD candidate for psychotherapy, in which case that candidate will help the patient obtain a consultation for medication management. The office maintains a list of candidate psychiatrists who are willing to offer medication management for the psychotherapy patient or another candidate, which may be feasible if the patient requires infrequent medication management visits.

STEP 6: Candidate Makes a Referral

Because of your familiarity and relationship with the patient, you have a crucial role in facilitating the patient's transition to the recommended treatment. ***If you would like to refer the patient to another psychoanalytic candidate, please contact Dr. Lukashok or Dr. Wheeler with the person's name prior to discussing the referral with the candidate.*** We try to distribute referrals evenly among candidates and also need to confirm that a candidate's write-ups are up to date. Once you receive clearance to refer the patient to a specific candidate you should speak to the candidate directly about the case, and arrange for the PANY program coordinator to transmit the patient's clinic application. Your impressions of the patient will be helpful to the treatment provider. At a minimum, a phone conversation is useful during the referral process. You may also send your consultation report, password protected, to the new clinician, as mentioned in #5 above.

Patient consent is needed for release of information for referral outside of PANY. Upon applying for treatment, patients sign consent for the sharing of information about their consultation and any treatment offered, for educational purposes and with appropriate concealment of their identity, within PANY [see PANY Treatment Application]. For any release of information to clinicians outside of PANY, the patient would need to sign an additional consent form. Please consult with your supervisor about how to secure consent for the release of information about a patient to any person or facility outside PANY.

STEP 7: Candidate Reports to the Office

It is imperative you keep the PANY program coordinator updated about the status of the consultation.

You can email her, using the patient's chart number in the email subject line, to keep her informed about important moments in the timeline: (1) If the patient does not call you; (2) if the patient does not complete the consultation; (3) if you begin treatment with the patient; and (4) about referral/disposition arrangements - whether you are referring to a trainee within the PANY community (and to whom), or to a clinic outside of PANY.

In all cases please inform the office of the outcome once it is decided. The PANY office maintains a clinic database that is our system for tracking all patients who apply for treatment. It is important that we keep accurate clinic records. You will also need to document the dates of the consultation meetings and the patient disposition on the quarterly case status forms mailed to you by the PANY office. **Remember! You are not eligible for new consultations or referrals unless you are up-to-date with all your reports and write-ups.**

Prior to making a referral, in addition to contacting the office, please contact Daniella Lukashok or Jason Wheeler, PhD to discuss the referral.

STEP 8: Candidate Submits Brief or Comprehensive Report to the Office

A Comprehensive write-up or a brief report is required regardless of the ultimate disposition of the patient. It is important that you complete each report within one week and comprehensive write-up within four weeks of the last consultation session and then email (***password-protected***), hand deliver, or fax it to the PANY office. ***Clearance for new clinic consultations and for beginning a clinic or non-clinic psychoanalytic case is contingent upon up-to-date write-ups of clinic consultations.*** The first candidate-clinician who sees a clinic patient must always write and send in a comprehensive write-up or report depending on what is required. The only instance in which two reports are required for a single patient is when the patient is seen by one candidate who writes a Brief Report and then referred to another candidate, who then writes a comprehensive write-up prior to recommending analysis. In this situation, the second candidate needs to submit a consultation write-up substantiating the recommendation for analysis – so that his or her PCD supervisor and SPC advisor can review the comprehensive write-up for clearance to begin an analytic case.

Candidates must submit a (1) "Brief Report" or (2) "Comprehensive Write-up" to the clinic to keep on file.

When do I write a Brief Report versus a Comprehensive Write-up:

Brief Reports are required:

If a patient

Does not complete the consultation;

You begin psychotherapy with the patient

You refer the patient to a candidate or faculty member within the PANY community or

You refer the patient to an individual or clinic outside of PANY

Comprehensive Write-ups are required:

Prior to recommending analysis to a patient -- *whether from the clinic or your practice, a comprehensive write-up must be completed. Your write-up must be sent to and discussed with your SPC advisor. Analysis may be recommended to a patient only after your SPC advisor has reviewed the write-up and indicated you may recommend analysis.*

Comprehensive write-ups are required prior to recommending analysis to anyone even if you have seen the patient in psychotherapy for a long time

May be required as part of your coursework.

BRIEF REPORTS

BRIEF Reports Contain:

Identifying Information

Patient's initials

Clinic ID number

Gender

Age

Dates of consultation appointments

The patient's chief complaint and history of presenting problem

Brief description of interaction with the patient

Statement indicating that the patient is or is not actively suicidal

Disposition (i.e., where/to whom the patient was referred and for what reason)

Remember that this brief report is a medical-legal document. It is kept permanently in the clinic records and must include a statement indicating the patient's suicidal status for example "the patient is not an acute danger to him or herself or anyone else at this time".

COMPREHENSIVE REPORTS

(see guidelines on page 38-41)

The comprehensive report has several purposes. It helps to develop your clinical writing skills; provides an initial record to which you can refer as treatment proceeds; supports Institute record-keeping; and, in instances when you do not continue with the patient, transmits clinical information to another clinician within PANY.

It is helpful to discuss the writing process in meetings with your supervisor. Most supervisors are willing to read successive drafts of a comprehensive case report, and your supervisor should always receive a final copy of your comprehensive report. Rather than a mere assemblage of historical data, the comprehensive write-up should convey an integrative statement of your thinking. The length of consultation reports will vary. However, please try to write no more than five pages; two to three pages may be sufficient in most cases. Less – when well-integrated and vividly rendered – is often more; it can be more difficult to write a good, brief write-up than a wordy one. Your writing will be most effective if you write an initial draft of your write-up and then edit it.

It is best to start drafting your report by using your own style and sequence in describing the encounter. Sometimes we receive candidate reports that lack the spirit of a personally crafted account of a unique personal interaction. A good report weaves together some of the elements described below, but its narrative flow emerges from the writer, not from a scripted format. Also, please note: although you may be accustomed to writing in the detached, impersonal style often favored for psychiatric charting purposes, we find that first-person narrative, active voice, and plain, jargon-free English make for the clearest, most effective clinical writing (e.g., "I remarked that the patient sounded angry," rather than "the patient's angry transference was noted").

What follows are two sets of guidelines that you may find helpful in drafting a comprehensive consultation write-up. The first set – in the text box - lists *required* components of a comprehensive consultation write-up for PANY. The second set, below the box, is a more comprehensive and elaborated outline of elements of clinical writing, including those required in a PANY comprehensive consultation write-up. Please include in your write-up *only what you and your supervisor think important for the purpose of a convincing and lively clinical description.*

Required Elements of a Comprehensive Consultation Report

Identifying Information (cover page)

- Patient's initial (use the patient's surname initial only, e.g., Ms. G)
- Patient's application number (found in the right corner of the application—this helps to identify patients for the office records)
- Patient's age and gender
- Candidate's name
- Supervisor's name
- Dates of consultation appointments
- Date of report

The patient's current reasons for seeking treatment

The patient's history

Some documentation of the patient's behavior during the interview

notable aspects of how the patient presents him- or herself, thought content and process, affective expressiveness, style of communication, etc.: interactional elements between evaluator and patient (brief vignettes of what the patient said, how the evaluator commented, and how the patient then responded to the evaluator's interventions); and descriptions of your own experience of the patient.

A thoughtful summary, including a succinct psychodynamically oriented formulation and treatment recommendation – including your rationale for the plan and the patient's responses to your treatment suggestions.

The ultimate treatment disposition!

Often we receive beautiful write-ups that do not include basic information about the ultimate referral decision. Some examples of a well-documented disposition: "I have referred the patient to a substance abuse program for stabilization"; or "I have referred the patient to another candidate in the psychoanalytic program for psychotherapy preparatory to analysis"; or "I have referred the patient for psychotherapy to a candidate in the psychotherapy program at PANY"; or "The patient has accepted my recommendation for analysis and we are in the process of setting up times."

Additional Elements of the Comprehensive Write-up (*Incorporate as you and your supervisor see fit*)

Being with the Patient

Start with a simple and specific description of your experience of the patient. Sometimes just a few introductory lines capturing something unique about the patient's presentation will suffice to bring the patient alive and draw the reader in. What does he or she look like? Sound like? What does it feel like to be in the room with this patient? How did he or she grasp the purpose of the interviews? Was there anything noteworthy about the progress of the consultation with this patient (e.g., an especially long delay, cancellations and the like)? Try to write vividly. Often you will find that close observation and rich description lead to fresh understandings of a patient's conflicts, defenses, and character. A brief vignette may be useful, if it captures something important about the patient or the interaction and draws the reader into your report right from the outset.

Presenting Complaint or Reason for Seeking Treatment

Why is the patient seeking treatment now? Identify the presenting complaints and symptoms and their history. Are the reasons for seeking treatment chronic or acute? What does the patient say he or she wants from treatment? It can be helpful to place these matters in the context of basic details of the patient's current life situation, e.g., occupation, living situation, relationship problems.

History

What is the recent and past history? Provide a narrative sketch of the patient's life history, weaving in the details that you think will help to bring your patient alive in the write-up. It may be useful to include childhood memories, descriptions of parents, siblings, or other important family members; also, descriptions of relationships outside the family and important life-historical events. Educational and occupational history also might be important. You may also want to mention any significant trauma or memories that seem invested with particular emotional significance. You might want to say something about the recent past, to set the patient's presenting concerns in context.

Previous Treatment

If there has been prior psychological treatment, ask about it. What does the patient recall about the treatment? What was the patient's relationship with and experience of the therapist? Was treatment helpful? What was accomplished? If past treatment did not help, how does the patient understand what went wrong? When and why was treatment concluded? Has the patient been on psychotropic medications?

Medical History

The patient's medical history might be included if important. Look at the health history provided on the application form. Ask about anything that is remarkable, including important family health problems.

The interview process, including interactional qualities and the flow of the consultation

A complete account of clinical process may include both direct observations of the patient's behavior during the interview and more abstract levels of observation, or inferences. Inferences about character traits or defensive operations, for example, involve a different level of observation (a conceptual one) than describing changes in the patient's affective expressiveness or the sequence of topics that came up during the interviews. Descriptions of the patient's behavior are most compelling when kept jargon-free. From these, you might infer something about character traits, defensive operations, etc.

Both direct observations and inferences are of value in a clinical report, but inferences are most compelling if clearly grounded in observation. It is best to provide direct observations in your report before moving on to inferences about what the material might mean on a psychodynamic level.

What are the notable elements of how the patient conducted him- or herself with you during the consultation interviews? How did the patient respond to your questions or comments? Did the patient speak easily or did it take a lot of effort for you to assemble the patient's story? How lucid is the patient? Is there anything notable about the patient's range of affective expressiveness, or about the quality of his/her thinking? How is the patient's story told? Is there a thoughtful quality to the patient's reflections about his or her history? Do you have a preliminary sense of the patient's psychological-mindedness? Do the patient and the people in his or her life come alive as the patient speaks?

Include comments on the nature of the patient's initial engagement with you. Candidates sometimes omit this important source of information about the patient; yet sometimes a vignette about exchanges between you and the patient during the consultation can be invaluable in capturing something significant. Did you or the patient come to any new understanding during the course of the consultation? Describe moments that were affectively intense. Did the patient become tearful -- and if so at what point in the interview? How did the patient react to your comments, trial interpretations, etc.?

Do you feel comfortable with the patient? Do you find the patient likeable? Does it disturb you to be with the patient? Have your reactions to the patient varied over the course of the consultation?

Psychodynamic Formulation

A psychodynamic formulation involves a more abstract level of inference than the observations (and lower-level inferences) conveyed in earlier sections of the report. You may find this section more difficult to write than prior sections of the report. Don't forget that your supervisor may be able to help you!

You may want to comment on *prominent defenses* and their role in the patient's personality or character style. How are these defenses and characterological adaptations evident in the patient's life? To what extent do these defenses compromise or enhance functioning? What might you surmise about the patient's *central organizing fantasies*, which reflect his or her inner life?

You may wish to hypothesize about particular conflicts that underlie presenting symptoms/complaints or other areas of conflictual functioning (e.g., sexual problems, substance abuse, learning disabilities) You also may want to comment on areas of function that are adaptive, but nonetheless conflicted (e.g.: you might speculate about reasons for a patient's driven need to succeed at work).

Does the patient convey particular strengths that impress you? What is the patient's level of disturbance? Perhaps you have observed a range of functioning over the course of the consultation; what are the high and low ends of this range? Comment on the patient's *self-reflective capacity*. Does he or she spontaneously observe his or her psychological self in action? Can he or she be induced to do so? How?

You may wish to describe manifestations of the patient's motivation for or anxiety about treatment, or particularly important resistances that arose in the course of the patient's narrative. You might try to understand and explain the patient's particular anxieties as a function of his or her psychology.

On the basis of your own experience of the patient or of observations about the patient's history and relationships, you may want to conjecture about possible *transference and countertransference* developments or make predictions about what might evolve in treatment.

Summary and Treatment Recommendation

A well thought-out summary highlights the process of your meetings with the patient, and conveys your overall clinical impressions. A few sentences summarizing the content of the consultation precede the treatment recommendation.

The conclusion of your report should make clear the basis of your treatment recommendation. It should include a description of what you have recommended, how you arrived at this recommendation, *the patient's responses to your recommendation*, and the ultimate treatment disposition. You might want to venture a prediction about how the opening phase of treatment will unfold, given patterns of anxiety and resistance observed in the consultation.

Make a specific treatment recommendation. If you think a trial of analysis is not indicated at this time in the patient's life, explain why you have reached this conclusion. A recommendation for analysis should be supported with specific indications for intensive analytic work. If you have recommended less intensive work in preparation for a possible future analysis, please explain this decision. A recommendation for psychotherapy also should be justified in clear and specific terms.

If not mentioned earlier in the report, please include something about your discussion of the fee in this section. What does the patient expect to pay for treatment? How have you and the patient arrived at this understanding?

Your language throughout the report, including the psychodynamic formulation and summary, should be descriptive. *In general, psychiatric diagnoses per se should not be included in the evaluator's summary statement. For the purpose of the report, description and dynamic formulation are more important than diagnosis. For help in formulating a psychoanalytically meaningful diagnosis, you may wish to consult Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process (McWilliams, N. 1994. New York: The Guilford Press).* The use of a psychiatric diagnostic category (DSM V) in the summary portion of the write-up should be reserved only for a situation in which the evaluator is making a recommendation that the patient be placed on a standing (daily) psychotropic medication (such as an antidepressant, psychostimulant, mood stabilizer, or antipsychotic agent). In that case, it is generally best to state the diagnosis as a provisional impression rather than as a firm conclusion. If there is reason to provide a specific psychiatric diagnosis in your report, please discuss the choice of diagnosis with a supervisor before including it.

Describe the patient's possible responses to the recommendation, and think about how best to help him or her accept this recommendation. You might also consider how to revise the recommendation on the basis of the patient's observed response to it.

Referral and Disposition

Finally, please state the ultimate treatment disposition, which (as noted above) should take one of the following forms: you will be treating the patient in psychoanalysis or psychotherapy (indicate which); you have referred the patient to another psychoanalytic candidate; you have referred the patient to a psychotherapy candidate; or you have referred the patient to a person, institution or program outside of PANY. You do not need to name a clinician or agency in the report, but you should notify the PANY office of the clinician's name so that it can be entered into the clinic database.

SPECIAL OPPORTUNITIES FOR CANDIDATES

CHILD AND ADOLESCENT PSYCHOANALYTIC PROGRAM

*Kimberly Chu, LCSW, 212-362-2838, kimberly.chu@yahoo.com, and Claudia Lament, PhD
212-228-3082; cmlament@msn.com*

PANY offers a training program in Child and Adolescent Psychoanalysis in conjunction with New York Psychoanalytic Society and Institute, and Columbia University Center for Psychoanalytic Training and Research. Candidates from the three institutes train together, and are taught and supervised by the different institutes' faculty.

Coursework consists of two years of weekly classes organized into three trimesters each year. The program is integrated with PANY's Division of Adult Psychoanalysis so that many prerequisites for child training are covered in a candidate's four years of adult classes.

In addition to the basic courses in child and adolescent development and child analytic technique that are part of the adult curriculum, Child candidates take advanced courses in various aspects of child and adolescent analysis and treat a minimum of two cases to be seen at a three-time-a-week frequency, and one case at a four-time-a-week frequency (two children and one adolescent) in supervised analyses. One of these supervised cases can be considered fulfillment of a case requirement for Adult Psychoanalytic training.

A candidate may apply for admission to the Child and Adolescent Program after consultation with your SPC advisor. You must be in good standing in the Adult Analytic Program, as determined by the Student Progression Committee, in order to begin Child training. Candidates who are simultaneously enrolled in the Adult and Child Psychoanalytic programs pay only one registration fee.

Graduation requirements include the development of the capacity for independent work, the successful completion of the didactic curriculum, and demonstrated analytic competence in supervised and unsupervised clinical work with at least two children and one adolescent (as evidenced by supervisors' written evaluations and the candidate's own written summaries of all their cases). A terminated case is not required, but demonstration that at least one of the candidates' current cases appears headed for satisfactory termination is essential.

CANDIDATES' ORGANIZATION

2021-22 Leadership

President – Stefany Fortin, LMSW

All candidates automatically belong to the Candidates' Organization. The purpose of our organization is:

- 1) To foster communication, collegiality and social activities among the members;
- 2) To provide a regular forum to consider and conduct candidate business and to promote and support the educational experience of members;
- 3) To represent the common interest, goals and concerns of members to the administrative and educational leadership of the Psychoanalytic Association of New York, the American Psychoanalytic Association, the national candidates' organization (Affiliate Council) and other relevant parties;
- 4) To support the professional and academic activities of the members; and
- 5) To serve as a conduit of information to the members from outside bodies and individuals.

The Steering Committee of the Candidates' Organization includes: President, Treasurer, Secretary, Delegate to the Affiliates Council, and Alternate Delegate to the Affiliates Council. Officers are elected by vote on a yearly basis. We look forward to your participation in our organization.

QUEER STUDY GROUP

Contact: Barry Rand, MD

(718-643-1726; bsrandmd8@gmail.com)

The PANY LGBTQ+ Study Group for the study of clinical practice issues in psychoanalysis (and psychoanalytic psychotherapy) and is open to all faculty and all candidates of all identities. The study group meets on a monthly basis at the PANY Institute at One Park Avenue (or Zoom). A variety of sexual and gender identities of the membership of this group will enhance the diversity of psychoanalytic perspectives for the clinical presentations and discussions. Psychoanalytic theory also has changed by incorporating learning from the fields of gender, queer and women's studies with internationally theorized psychoanalytic conceptualizations of sexuality. These new perspectives have fertilized the changes in clinical technique in psychoanalysis relating to the inclusion of all sexualities and genders. Viewing our own clinical cases referencing sexuality and gender as additions to contemporary analytic theory will allow us to enhance analytic practice of benefit to the LGBTQ+ community.

DIVERSITY INITIATIVE

Contacts: Kimberly Chu, PhD & Rajiv Gulati, MD

(Kimberly Chu, LCSW, 212-362-2838, kimberly.chu@yahoo.com, 917-697-7793; rajivgulatimd@gmail.com)

The PANY Diversity Initiative is pleased to facilitate a monthly Study Group on Race & Ethnicity for PANY psychoanalytic candidates. The study group will explore relevant readings, clinical material, and discussions as a way to support, supplement, and further candidates' psychoanalytic education.

Those candidates wishing to attend should register for each meeting. Participation in the study group is strictly voluntary and there will be no candidate assessments for this study group.

The Study Group is intended to be a collegial gathering to openly explore the many aspects of race and ethnicity in the context of psychoanalytic training and practice. To this end, it is important that all participants commit to listening and dialogue with consideration and respect for the differences of experiences, beliefs, and opinions of others in the group. By registering for the Study Group you agree to these guidelines.

APPENDIX A: PANY CODE OF ACADEMIC CONDUCT

Adherence to our Academic Code of Conduct for Psychoanalytic and Psychotherapy Candidates is part of PANY's Graduation Criteria

Basic principles of the Code of Academic Conduct extend beyond the competency and immersion criteria of clinical, written and supervisory work. The value and importance of character, professionalism, collegiality, honesty and integrity are considered by the Student Progression Committee (SPC), the Psychotherapy Committee (PTYC), and the Education Committee (EC) in evaluating participation in our programs, candidate progression, and graduation (see graduation criteria).

It is rare for EC action to take place related to a candidate's breach of PANY's Code of Academic Conduct. Nonetheless, PANY considers it to be important for candidates to be aware of the code. Not all breaches are considered to be equal; some are of concern if part of a pattern. Others involve basic moral standards that should not be breached (e.g., lying, gross deception, or other types of clearly immoral behavior).

Elements of the Code of Academic Conduct for Psychoanalytic and Psychotherapy Candidates

A candidate is considered to have breached standards of PANY's code of academic conduct if s/he displays any of the following:

1. Dishonesty or Dishonest behavior

- a. Plagiarism
- b. Misrepresentation or falsification of data
 - i. Significant problems with record keeping
 - ii. Financial irregularities with regards to patient and supervisory fees and reimbursement
 - iii. Fabrication of clinical material
 - iv. Misrepresentation of credentials to the public, e.g., as a graduate analyst
 - v. Misrepresentation in meeting administrative requirements.
- c. Lying, fraud and inappropriate disclosure
 - i. Dishonesty in clinical, supervisory, or classroom work
 - ii. Dishonesty in interactions with PANY administration (e.g., committee chairs) or administrative staff
 - iii. Neglecting to inform patients of candidate status (applies only to psychoanalytic candidates)
 - iv. Breaching of patient confidentiality

2. Disruptiveness

- a. Excessive absence in classroom and/or supervisory appointments
- b. Patterns of disruptiveness and/or inappropriate classroom behavior
- c. Patterns of unprofessional behavior with patients, fellow candidates, faculty, and/or

PANY administrative staff

3. Noncompliance

- a. Failure to comply with SPC or PTYC standard requirements that is not deemed to be for educational reasons.
- b. Patterns of resistance to requests by SPC or PTYC advisors to meet with a candidate
- c. Starting a case without SPC approval and/or educational supervision (this only applies to psychoanalytic candidates)

- d. Repeated failure to make appropriate use of feedback from the SPC and PTYC and supervisors that is not deemed to be for educational reasons.
- e. Repeated and gross unwillingness to implement safeguards against behavior that is or could be detrimental to patients.
- f. Failure to comply with LP Program requirements (this only applies to LP candidates)

Institutional Process—

Anyone (faculty, candidate, or administrative staff) can report concerns to the SPC or PTYC Chair, EC Chair, and Director. These individuals confer and decide whether to call a meeting of an ad hoc EC Subcommittee of five members (ECS) chosen by the EC Chair and Director. The ECS gathers information and meets to discuss the candidate. If further action is recommended by the ECS, the EC meets to deliberate on the situation and make recommendations.

The candidate is provided with both verbal and written feedback of the results of the process by a faculty member or members chosen by the Director and EC Chair.

Results can include no change in status, academic/disciplinary probation, suspension, conversion from clinical to non-clinical candidacy (this only applies to psychoanalytic candidates), or dismissal. In the case of academic/disciplinary probation, the ECS will provide the candidate with details about the length of the probation period as well as a specific plan for remediation and return to regular academic status.

Patient Safety

If a patient is felt to be dangerous to self or others, either the supervisor and/or candidate is required to speak with the chair of the EC and/or director who may advise consultation with an expert. Candidates will be encouraged to report to the chair of the EC and/or director if they disagree with their supervisor.

EC Determinations for Non-Compliance with PANY's Code of Academic Conduct for Psychoanalytic and Psychotherapy Candidates

Significant areas of non-compliance in adhering to PANY's academic code can be grounds for the following possible EC determinations:

1. No penalty/reprimand
2. Academic or Disciplinary Probation: Continuation in some or all academic activities with the understanding that probation can be converted to suspension if proper compliance does not develop.
3. Suspension from some or all academic activities for a period of time, which could include suspension of all supervisory and clinical activities.
4. Conversion from clinical to non-clinical candidacy (this only applies to psychoanalytic candidates)
5. Dismissal from PANY program(s).

Appeal Process

Written appeal must be made within 30 days of the determination of EC. The EC meets to discuss the appeal and the Director and EC Chair, in conjunction with the EC, designates another ad hoc ECS, none of whose members were on the original ECS. The second ECS gathers information from the candidate, the SPC or PTYC, the prior ECS, and the EC, as well as from the EC and SPC Chairs, and Director.

The second ECS reports back to the EC. The candidate is informed by the Director and EC Chair of the EC's determination of the appeal result in writing, which is final.

Unanimously approved by EC 9/13/18

APPENDIX B: PSYCHOANALYTIC CASE DEVELOPMENT (PCD) EDUCATIONAL SUPERVISION

Arden Rothstein, PhD, Coordinator

Feel free to contact Dr. Rothstein to clarify any aspect of the program (212-496-0808; aroth275@aol.com)

Training in psychoanalysis is richest when didactic courses are accompanied by clinical experience. The Psychoanalytic Case Development (PCD) Supervisory program was initiated to help you prepare – in ways tailor-made to your needs - to engage in psychoanalytic work at the earliest possible point.

PCD educational supervision is integral to the educational experience of all 1st Year candidates and candidates on leave because they do not have the requisite analytic cases to progress. Some advisors recommend that particular candidates participate in this experience later in training. Some candidates elect PCD educational supervision to further enhance their immersion in clinical psychoanalytic work.

In weekly meetings that begin at the outset of the academic year, you and your supervisor essentially create a tutorial. The objective is to prepare you – in ways the two of you define – to enhance your psychoanalytic attitude and clinical skills to ready yourself for engaging in intensive psychoanalytic work. **Even when you do not have specific clinical material to discuss, weekly meetings are to take place. Experience has shown that there is still much to be learned.**

Here are some scenarios:

If you are already in private practice, you and your supervisor are likely to review the patients in your practice to consider whether they would benefit from analysis, and how you might engage them in a more intensive treatment. In some instances, developing a psychoanalytic patient will be a process that extends over some time.

First year candidates are expected to do **consultations with patients who have applied to the Treatment and Consultation Service**, closely supervised by your PCD supervisor. You will also present some of these consultations in your technique classes ““Developing Psychoanalytic Cases through Consultations” and “Developing Psychoanalytic Cases through Deepening Psychotherapy Treatments.” during the first and second trimesters. You are required to complete two consultations during the first two trimesters of training, but are welcome to do multiple consultations. Once a consultation is concluded, it is possible to: (1) end the work with this patient after making a recommendation or, when appropriate, (2) take a patient into your practice for: (a) analysis (*pending approval by your Student Progression Committee advisor*), (b) to be developed as a psychoanalytic patient over time or (c) psychotherapy. Since you have weekly supervisory meetings, there will be ample opportunity to discuss the advisability of these possibilities and associated technical issues.

You will also **learn about writing psychoanalytic consultation reports** in which you elaborate on why you did, or did not, recommend analysis for a patient at this time. One or another type of report must be written on all clinic consultations (regardless of the nature of your recommendation) and patients in your practice to whom you wish to recommend analysis.

COMMON QUESTIONS

Why do we have PCD supervisors?

To help beginning candidates develop an analytic attitude in their approach to new patients with whom they consult. This includes learning how to gather psychoanalytically-informed material and how to propose analysis – when indicated -- to an applicant to PANY’s Consultation and Treatment Service. This supervised experience is a hands-on application of what you are learning in courses such as “Introduction to Technique,” “Continuous Case,” “Developing Psychoanalytic Cases through Consultations,” and “Developing Psychoanalytic Cases through Deepening Psychotherapy Treatments.”

To teach you about writing consultation reports in which you elaborate on why you did, or did not, recommend analysis for the patient at this time; *and*

To help you find and/or develop analytic cases – from the clinic, your own practices, or referrals from colleagues – once you receive approval to do so by the SPC.

To develop your clinical skills in ways that you and your supervisor discover to be useful to you.

Is this supervisory relationship an option or a requirement?

PCD educational supervision is a required part of the education of all 1st Year candidates and other candidates who do not have the requisite case(s) to progress. It is optional for most candidates who have begun a case; there may be instances when SPC advisors ask that one of their advisees work with a PCD supervisor even once a case has been started.

When do I begin to meet with my PCD supervisor?

You must begin PCD educational supervision no later than the first week after the beginning of classes.

How often do we meet?

You and your supervisor should meet **weekly**, beginning no later than the second week of classes. If you and your supervisor are unable to arrange regular meetings, please inform Arden Rothstein as soon as possible and we will change your assignment.

What is the substance of this educational supervision?

This will be determined by your individual needs. For example, if you are not in a position to do an evaluation or pick up a case, educational supervision should continue nevertheless. If there is *any* problem about using the supervisory time effectively, please contact Arden Rothstein ASAP so that we can find beneficial solutions.

Most candidates meet with their PCD supervisors to review potential cases for psychoanalysis. You will be asked to do one or more consultations with patients who have applied to PANY’s Consultation and Treatment Service during the 1st trimester of the 1st year of classes. In these instances, PCD educational supervision will include:

Discussion – in advance of the initial session with the patient to be considered for analysis – of characteristics of a psychoanalytic attitude, highlighting contrasts between such an attitude and previous training experiences (as psychiatric residents, psychology or social work students);

Close review of process notes of each clinical contact of the consultation process;

Help in writing your report of the consultation process, and overseeing its submission to the appropriate parties (e.g., PANY office and your SPC advisor), including:

Discussion – in advance – of guidelines for the report that need *not* be lengthy (3 to 5 pages is recommended);

Reading your draft and making suggestions or answering questions about the kind of material to be included; we appreciate that some of you require a great deal of help, while others write good reports without much assistance;

Reviewing **in depth** cases in your private practice to help you identify individuals who can currently profit from psychoanalysis and/or be developed as future psychoanalytic cases;

If you do not have patients in your private practice who can be developed for psychoanalysis at this time, continuing to supervise your consultations with patients who apply to the clinic until you find a suitable case.

Who are the supervisors?

PCD educational supervision is provided by institute faculty members who have agreed to participate in this program and are acquainted with its principles and procedures.

How are they assigned?

PCD supervisors are assigned by Arden Rothstein, in consultation with you and the Student Progression Committee (SPC).

What is the fee arrangement for this educational supervision?

In general, there are no fees for PCD educational supervision of cases from the clinic or brief discussion of potential psychoanalytic cases in your practice;

However, should you and your supervisor discuss a patient from whom you collect a fee for more than several weeks, you are to work out a mutually appropriate fee.

How do PCD supervisors provide feedback on my clinical work?

The supervisory relationship is one of ongoing feedback through your discussions together. Twice during the year (in December and May) PCD supervisors submit a supervisory report to the office for use by the SPC in evaluating your progress in clinical work (see Appendix C). The content of this report is shared with you prior to its submission to the SPC.

How long does PCD educational supervision continue?

At a minimum, you will see your supervisor until you start your first psychoanalytic case. Beyond this point, there is flexibility in how the relationship proceeds. This is to be jointly determined by you and your PCD supervisor – in consultation with your SPC advisor. However, the general idea is that such educational supervision will continue until you feel you no longer wish to do so;

In most instances the ongoing supervisor for the analysis will immediately replace your PCD supervisor. In others, PCD educational supervision may continue until you and your patient have begun the analysis.

You and your PCD supervisor may elect to focus on other cases from the clinic or your practice; It is also possible for you to continue working with your PCD supervisor for ongoing educational supervision of your first case, provided that: (1) you have cleared this with your SPC advisor, (2) your supervisor is a Training and Supervising Analyst *and* (3) that both you and your supervisor have agreed to continue working together.

Some candidates elect to have a PCD supervisor during later class years to enhance their clinical immersion in psychoanalytic work.

SPC advisors of some candidates require or recommend that an advisee continue PCD educational supervision in later class years for the same reason.

When I believe I am ready to begin a case, what must I do, and what roles do my PCD supervisor and my SPC advisor play?

You, your PCD supervisor and your SPC advisor should be in close communication about your readiness to begin an analytic case. It is possible to request approval *in principle*, even prior to having a specific case in mind, usually no earlier than the end of the 1st trimester of classes (although this is not a hard-and-fast rule). The way you conduct a consultation may be different if you know – theoretically – that you have approval to begin. Readiness to start a case includes multiple considerations, ranging from the impressions of class instructors and your PCD supervisor, as well as well as your own sense of preparedness -- both practically (e.g., having an office) and in terms of psychological comfort with the idea of taking on a first analytic experience.

Typically, First year candidates are reviewed by the SPC in January to determine whether to grant them permission in principle to begin a case. Even if you have been approved – theoretically – to begin with a case you must receive your SPC advisor's permission to begin with a *specific* patient once you have completed your case write-up. In order to begin a new case, you (1) must be in good standing and (2) all previous reports and frequency surveys must be up to date. (You may also consult the section of the candidate manual that describes general policies about SPC approval to pick up cases.)

Once approved, you must submit the new Case Form to the office.

APPENDIX C: CANDIDATE EVALUATION FORMS

Psychoanalytic Case Development Supervisory Report

Filled out by PCD supervisors 2x/year and discussed with the candidate

Date of report:	
Date of Previous Report (if pertinent):	
Supervisor's Name:	
Candidate's Name:	
When Educational Supervision Began:	
Typical Frequency of Meetings:	
Approximate # Meetings Since Last Report:	
Total Number of Meetings:	
Ready to begin a case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Emphasis/emphases of Educational Supervision During this Period</u> (indicate <u>all</u> that apply and try to <u>number them</u> in order of prominence)	
Reviewing patients in candidate's practice to consider their potential for psychoanalysis	
Supervising one or more consultations with clinic patients	
Presenting one's own clinical material to the candidate	
General discussions about reluctance to get started in clinical work, building a practice, and the like	
Reading and discussing literature regarding development of cases, analyzability, etc.	
Other (please specify) -	
When was the content of this report shared with your supervisee?	
How did your supervisee react?	

Please be sure to fill out the narrative portion on the following page.

Narrative Comments

We fully appreciate that your impressions are necessarily preliminary. Nevertheless your comments are of great importance in assessing a candidate’s progression. Please consult the outline below and describe in narrative form your supervisee’s developing competencies. Kindly address the ones that are relevant to this stage of his or her development, providing as much detail as possible.

OUTLINE FOR NARRATIVE PORTION OF SUPERVISORY REPORT

Please keep the following in mind when writing your narrative supervisory report:

PROVIDE SPECIFIC EXAMPLES OF THE CANDIDATE’S STRENGTHS AND WEAKNESSES

KEEP DATA ABOUT THE PATIENT TO A MINIMUM (only as necessary to understand the candidate's work).

ADDRESS WHAT IS CURRENTLY RELEVANT TO YOU AND YOUR SUPERVISEE (items delineated are suggestions that will not pertain to all supervisory situations at the time of any given supervisory report)

.....
DEVELOPMENT OF ANALYTIC ATTITUDE

Understands significance of frame and notices conflicts about it

Analytic listening skills

Empathy, attunement to patient's affects

Sensitivity to transference themes

Ability to think flexibly and imaginatively and to maintain sense of curiosity and nonjudgmental attitude

(2) TECHNICAL SKILLS

Skillfulness of interventions

Tact and timing; ability to sense what is accessible to patient and what is likely to deepen the material

Ability to work within transference

Ability to interpret defenses against frame, free association, transference, etc.

Ability to perceive effect of interventions

Grasp of why intervened as did, as well as what did not address with patient and why?

(3) SELF-AWARENESS & SELF-REGULATION

Of own reactions, affects

Of limitations and enactments

(4) SUPERVISORY PROCESS

Ability to present material candidly and consider supervisory input

Emphases during this period of educational supervision

Level of exchange (discussion rather than direction, for example, communication of grasp of macro-process)

(5) WRITTEN REPORTS

Date of most recent report: _____

Does this report adequately reflect the ongoing analytic process and supervisory work?

Does the candidate convey an ability to conceptualize what he/she does with the patient (confrontation, clarification, interpretation, dominant defenses, dominant transference-countertransferences, genetic reconstruction, working through, transference ramifications of medication)

(6) FUTURE AREAS FOR CANDIDATE AND SUPERVISORY ATTENTION

Analytic Supervisory Form (to be completed online)

To be filled out by supervisors once per year and discussed with the candidate prior to filing with the office (see questions 12 and 13 below)

BACKGROUND INFORMATION

1. Date of report:			
2. Candidate's name:			
3. Patient's initials:			
4. Date analysis began:			
5. # Analytic hours per week:	(if fewer than 4, please explain in your report)		
6. Supervisor's name:			
7. # Supervisory hours to date:			
8. Frequency of educational supervision:			
9. This patient is the (specify the number) case attempted by this candidate:	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
	<input type="checkbox"/> 4th		
10. Year of candidacy:	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
	<input type="checkbox"/> 4th		<input type="checkbox"/> 5th or greater
11. Phase of analysis: (check one)	<input type="checkbox"/> 1st or 2nd Year Post-Class		<input type="checkbox"/> 3rd
			<input type="checkbox"/> 4th
	<input type="checkbox"/> Opening Phase <input type="checkbox"/> Early Mid-Phase <input type="checkbox"/> Advanced (or Deep) Mid-Phase <input type="checkbox"/> Termination		
12. When was the content of this report shared with your supervisee?			
Click here to enter text.			
13. How did your supervisee react?			
Click here to enter text.			

Form updated 11/2015

Signature

Narrative Report next page

OUTLINE FOR NARRATIVE PORTION OF SUPERVISORY REPORT

Please keep the following in mind when writing your narrative supervisory report:

- o **PROVIDE SPECIFIC EXAMPLES OF THE CANDIDATE’S STRENGTHS AND WEAKNESSES**
- o **KEEP DATA ABOUT THE PATIENT TO A MINIMUM** (only as necessary to understand the candidate's work).
- o **ADDRESS WHAT IS CURRENTLY RELEVANT TO YOU AND YOUR SUPERVISEE** (items delineated are suggestions that will not pertain to all supervisory situations at the time of any given supervisory report)

.....

(1) DEVELOPMENT OF ANALYTIC ATTITUDE

Understands significance of frame and notices conflicts about it

Analytic listening skills

- o Empathy, attunement to patient's affects
- o Sensitivity to transference themes
- o Ability to think flexibly and imaginatively and to maintain sense of curiosity and nonjudgmental attitude

(2) TECHNICAL SKILLS

Skillfulness of interventions

- o Tact and timing; ability to sense what is accessible to patient and what is likely to deepen the material
- o Ability to work within transference
- o Ability to interpret defenses against frame, free association, transference, etc.
- o Ability to perceive effect of interventions

Grasp of why intervened as did, as well as what did not address with patient and why?

(3) SELF-AWARENESS & SELF-REGULATION

Of own reactions, affects

Of limitations and enactments

(4) SUPERVISORY PROCESS

Ability to present material candidly and consider supervisory input

Emphases during this period of educational supervision

Level of exchange (discussion rather than direction, for example, communication of grasp of macro-process)

(5) WRITTEN REPORTS

Date of most recent report: _____

Does this report adequately reflect the ongoing analytic process and supervisory work?

Does the candidate convey an ability to conceptualize what he/she does with the patient (confrontation, clarification, interpretation, dominant defenses, dominant transference-countertransferences, genetic reconstruction, working through, transference ramifications of medication)

(6) FUTURE AREAS FOR CANDIDATE AND SUPERVISORY ATTENTION

IMMERSION SURVEY FOR CANDIDATES

to be completed online at:

https://nyumc.qualtrics.com/jfe/form/SV_0lcr65Gk4O80pxP

The online form (sample below) is to be filled out separately for each case treated within the past 6 months. Please discuss with your supervisor.

One survey is due for each training case annually on September 30. For cases seen in PCD educational supervision, please do an Immersion Survey for the cases discussed in the prior academic year. In order to begin new analytic cases (not PCD), it is a requirement that all surveys must be submitted on all your cases.

This brief survey will provide a snapshot for each case of what the frequency is and how this is impacting the treatment. There are conflicting opinions both at PANY and in the field in general about the relative importance of frequency to achieve analytic immersion but there is not a lot of supporting data for any one position. We are hoping these surveys will begin to help to address that lack.

-
- Your name:
 - Case ID
 - Year of Treatment (Academic Year e.g. 2019-2020)
 - Candidate class year you began with this patient:
 - Practice Development
 - Year 1
 - Year 2
 - Year 3
 - Year 4
 - Senior 1
 - Senior 2
 - Senior 3+
 - On Leave
 - Current number of sessions per week for this patient:
 - 3x
 - 4x
 - 5x
 - Year (e.g. "2012") during your candidacy you began with this patient:

- Has there been a change of frequency over the course of the analysis?

Yes

No

Skip To *IF = No

- Please indicate the number of sessions when it started
- Please indicate the number of sessions it changed to
- At what point in the analysis was the change of frequency (length of time in months and/or years)?
- What factors were involved in making the change?

*Do you feel the current frequency is adequate to develop and experience an analytic process? Please explain as fully as you can.

Yes _____

No _____

- If you decided not to recommend analysis at this time, and understanding that time and money can be rationalizations, what are the factors you think might be involved? (Please rate all that apply from most (1) to least important (6) [CLICK AND DRAG ITEMS], and feel free to add in any other factors not listed .

_____The case is continuing to develop towards increasing the number of sessions

_____Time/scheduling

_____Money/fees

_____Patient factors (please describe)

_____Candidate factors (please describe)

_____Any other factors you think relevant

- What was your patient's response to the frequency recommendation?
- What was your supervisor's response to the frequency recommendation? If different from yours, what is the reason?

END

IMMERSION SURVEY FOR CANDIDATES in PCD EDUCATIONAL SUPERVISION

to be completed online at:

https://nyumc.qualtrics.com/jfe/form/SV_bNrYK7kqhueGAlv

The online form (sample below) is to be filled out separately for each case treated within the past 6 months. Please discuss with your supervisor.

One survey is due for each training case annually on September 30. For cases seen in PCD educational supervision, please do an Immersion Survey for the cases discussed in the prior academic year. In order to begin new analytic cases (not PCD), it is a requirement that all surveys must be submitted on all your cases.

This brief questionnaire will provide a snapshot for each case of what the frequency is and how this is impacting the treatment. There are conflicting opinions both at PANY and in the field in general about the relative importance of frequency to achieve analytic immersion but there is not a lot of supporting data for any one position. We are hoping these surveys will begin to help to address that lack.

-
- Date Survey Completed (MM/DD/YYYY)
 - Your name:
 - Case ID:
 - Year of Treatment (Academic Year, e.g. 2019-2020)
 - Please indicate your year of candidacy

Practice Development

Year 1

Year 2

Year 3

Year 4

Senior 1

Senior 2

Senior 3+

On Leave

- (For patients already in your practice that you review with your PCD supervisor) What was the current number of sessions per week for this patient (when you began reviewing him/her with your supervisor)?

1x

2x

3x

- Did you change the frequency over the course of the review?

Yes

No

Skip To: *If= No

- If the frequency of sessions changed during the consultation and/or review with your PCD supervisor (in the case of patients already in your practice)

a) Please indicate the number of sessions when it started

b) Please indicate the number of sessions it changed to

c) At what point did this occur? (length of time in months and/or years)

d) What factors were involved in making this change?

*If you decided not to recommend analysis at this time, and understanding that time and money can be rationalizations, what are the factors you think might be involved? (Please rate all that apply from most (1) to least important (6) [CLICK AND DRAG ITEMS], and add in any other factors not listed

_____ The case is continuing to develop towards increasing the number of sessions

_____ Time/scheduling

_____ Money/fees

_____ Patient factors (please describe)

_____ Candidate factors (please describe)

_____ Any other factors you think relevant

- What was your patient's response to the frequency recommendation?
- What was your supervisor's response to the frequency recommendation? If different from yours, what is the reason?

END

Instructor's Evaluation Form (to be completed online)

Name of Candidate:	Instructor:
Trimester:	Course:

General observations, comments, recommendations, etc.

For the items below, please select the number that indicates your evaluation of the candidate.

Level of Engagement

	1	2	3	4	5
--	---	---	---	---	---

Very Low Very High

Level of Preparedness (for content courses)

	1	2	3	4	5
--	---	---	---	---	---

Very Low Very High

Level of Clinical Sophistication (if relevant)

	1	2	3	4	5
--	---	---	---	---	---

Very Low Very High

Level of Responsibility (in terms of attendance, punctuality)

	1	2	3	4	5
--	---	---	---	---	---

Very Low Very High

APPENDIX D: GUIDELINES FOR WRITING ANNUAL PSYCHOANALYTIC PROCESS SUMMARIES

MOST IMPORTANTLY, DON'T PANIC!

Writing annual reports can appear to be a daunting task, but it doesn't have to be. Here's what you need to know:

Like everything else in our field, there is much room for individual variation and creativity in writing these summaries.

We do not expect your report to include everything about the year's analytic work. Rather, it should be a series of descriptions of the process of this particular treatment. You should focus on the major themes and include a few examples of each, demonstrating the presence of an analytic process. This can be accomplished from many different angles, including but not limited to major conflicts, enactments, dreams, fantasies, anything about the relationship between this particular patient and analyst. Your examples should illustrate these interactions (the patient's associative flow and the analyst's interventions).

The best way to get an idea of what we are looking for is to review typical reports on file at the PANY office. There are a number of helpful papers written on this subject that may also be of use to you. (Excerpts of one appear below.)

Writing annually about analytic cases contributes significantly to your developing a strong sense of what constitutes analytic process. As educators, we strive to help you develop the skills to write these reports with confidence. Most supervisors are willing and able to be helpful in the report-writing process, and if not, members of our writing mentor program are readily available for such assistance.

Most important of all: enjoy! This is a great learning experience, one that provides the opportunity to step back from and appreciate the work you have been doing. Intriguing insights, questions, and new directions often result.

Here are a few additional procedural details.

Identifying Information (REQUIRED)

Candidates sometimes omit basic information that is essential in orienting the reader.

Please be sure to include:

- Case ID (original if “Clinic” case or Case ID provided by office)
- Patient’s initial (use the patient’s surname initial only, e.g., Ms. G)
- Patient’s age and gender
- Your name
- Your supervisor’s name
- Date the analysis began
- Period covered in the report
- Dates of consultation appointments
- Date of report
- Which case (first, second, third, etc.)

Length of Report: Although there is no formula for length, reports are generally between 5 and 10 double-spaced typed pages.

Transmittal: Once you have reviewed your write-up with your supervisor and revised your report based on supervisory suggestions, mail or fax (or e-mail, only if password protected) your report to PANY office. The staff will forward a copy to your SPC advisor.

Your report, whether in draft or nearly final form, must be shared and reviewed with your supervisor prior to handing it in to PANY’s office. This is an essential part of your educational experience.

Suggested Approaches to Conveying Clinical Process:

Adapted from: Stephen B. Bernstein, MD (2008), Writing about the psychoanalytic process. *Psychoanalytic Inquiry*, 28: 433-449.

There are various ways of conveying the work of an analysis in written form. The ability to do analysis does not always progress at the same rate as the ability to readily write about it, and skills in writing may vary among individuals. In addition, the perspectives necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts. All of this said, it may be helpful to consider the following perspectives in approaching your reports.

Description of the Analytic Process

The written report of an analysis is at best an approximation, since the subtlety and complexity of the forces at work are only gradually and imperfectly revealed. A description of the process is a narrative of what happened in the analysis; how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient; what the patient experienced and expressed, how the analyst understood this, what the analyst did with this understanding (including what the analyst said to the patient), and what effects the analyst's interventions had on the patient. Psychoanalytic process is effectively described when it draws the reader into a sense of having been a participant. A well thought out and integrated description often illustrates a number of carefully chosen themes (selected from the hundreds which may have been present in the analysis), those that are seen as significant for that patient and that analysis. The description can be

illustrated with short quotes, examples of dialogue, paraphrases, and vignettes interspersed in the narrative sentences. Verbatim dialogue can be used effectively to make the analysis come alive for the reader. Work with the patient's dreams can be significant, especially as the analyst understands and participates in their interpretation.

"Talking about" or summarizing the analytic process is a somewhat distant observation about the process. It lacks immediacy or a sense of involvement, and discusses the process as if it had already been demonstrated. By itself, it refers to issues assumed to have been described when this is not the case. Without the original process upon which to reflect, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when condensed statements (such as "the maternal transference was interpreted") are made without further explanation, the reader is left to guess what actually happened. However, after the process has been clearly shown, this more global description may be a useful way of moving onward and providing a transition to the next segment.

Formulations

Formulations and conceptualizations do not necessarily have to be articulated directly in the report, as understanding of these can be conveyed through the narrative of the work itself. Nevertheless, it is sometimes helpful to occasionally step back from the rendering of the course of the analysis to present how it was understood at a specific time, thus alternating what occurred in the analysis with a brief formulation of the process. These interspersed short formulations can explain, expand and enrich the understanding of what took place, and can provide a continuity of awareness of the ongoing shape of the analysis for the reader. This type of formulation can be useful in reflecting on a sequence of analytic events, carrying the reader along in the description, or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. This may be captured by statements such as: "I understood this to mean..," "Over the prior two months I sensed a change in...," or "I saw this sequence as a result of..." Lengthy and/or intellectualized formulations tend to replace the narrative of the analytic story, and remove the reader from being able to experience what it was like in that analysis.

Helping the Reader Understand the Work

It may be helpful to write about your work as if you were speaking to the reader or to another colleague. Choose basic ideas or themes, segments of process, vignettes, dreams, etc. that help convey your work and analytic judgment. For example, you may want to convey what led you to say something at a certain time or to remain silent. In doing this you may describe what led to your decision, such as your sense of a shift in the patient's defenses; or your internal experience, associations, self-reflection, countertransference awareness, or supervisory discussions. If, on reflection, you would now handle something in a different way, describing how you would see and do things differently could be very helpful.

One way of selecting what you feel is central in the analysis is to quickly outline the analysis as you would to a colleague and note what you would choose to focus on. You may find that you have highlighted the essentials of the process. This exercise may serve both as an outline for your subsequent writing and as an overview of the analytic process, which can introduce your report and guide the reader. Such an initial brief summary of the analytic process, as well as an occasional brief commentary on the process, will keep the reader involved and oriented to what you are describing.

Organization of the Report

In organizing the treatment report you may want to briefly sketch out issues in the patient's history that are essential to understanding the course of the analysis, and allow further history to emerge in the analysis. The report should be written in a manner that protects confidentiality. You may want to describe your evaluation of the patient's analyzability, both at the time of the beginning of the analysis and currently, if you now see this differently. If the patient has been in a prior psychotherapy with you or someone else, you may wish to comment on how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader.

You may choose to present the analytic process in one of many ways: (1) as a continuous flow of interwoven themes, issues, and interactions; (2) in terms of specific issues of transference and resistance, how these evolved, and how you worked with them; or (3) an emphasis upon interwoven themes related to important aspects of the patient's history, e.g., adoption, loss, specific trauma, etc. In general, jargon is not helpful, long theoretical discussions are rarely warranted, and, if you use terminology, be sure your understanding of these terms is clear, i.e. "opening", "middle", and "termination" phases; "working through"; "transference neurosis."

Finally, you may want to provide a brief summary or formulation at the end of the report, including your understanding of the gains and limitations of the period of the analysis about which you are writing. This summary may not be necessary, however, if you clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the analysis.

For advanced candidates

Writing About the Ending of the Analysis

One of the elements of a successful analysis is the patient's entry into a termination phase prior to and as part of the completion of the analysis. While an effective termination process is considered to be the outcome of an effective analysis, this can be relative in each successful case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intra-psychic changes that led you and the patient to feel termination was appropriate. If the termination process was less than "ideal," describe your understanding of its limitations. Likewise, if the analysis was interrupted, discuss this process and your understanding of it. Finally, if there was post-analytic contact, how did you understand the rationale and dynamics of such?

Your Theoretical Point of View

You may want to relate your conduct of the analysis to the theoretical perspective in which you understood the patient and viewed what was occurring. Importantly, it should be noted that extensive theoretical discussions are not necessary. Many excellent reports avoid this and instead allow the analyst's orientation to become apparent in the narrative of the analytic work. What is important is that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with this patient, and convey that they have some internal consistency in your work.

Common Omissions

Some candidates omit discussion of the role of the supervisory experience in working with this patient. Other candidates feel that they must confine themselves to the positive effects of educational supervision, when their experience is actually more complex.

Sometimes, the analyst appears to have adopted a more psychotherapeutic stance without seeming to be aware of this or discussing the necessity for the shift. In other reports there is inadequate discussion of the patient's analyzability. Here, the issue is not the adherence to a narrow concept of analysis, but the importance of understanding what the analyst conceives of as an analytic stance, and some reflection on any clinical issues which may have necessitated a change in that stance.

Not every attempt at psychoanalysis will be successful. When it is not, this is inevitably a disturbing experience for the analyst and writing it up can be painful. However, there is much to be learned from a fruitful retrospective discussion of your grasp of the problems involved and how you might now deal with the difficulties encountered. When an analysand interrupts treatment, is unable to abide by the agreed upon frequency of appointments, is unable to use the couch, or when there is a perception of a lack of progress, it is important to discuss how these were understood and worked with, and what the outcome was.

It is not unusual to fail to comment on the significance of certain types of events that seem not to be part of the analysis "proper," for example, the impact of referral to a colleague for the management of medication or for couples treatment.

APPENDIX E: LP CANDIDACY PROCEDURES

PANY is authorized by New York State to provide Licensure Qualifying (LQ) training to professionals whose New York State License does not include psychoanalysis. This includes the Mental Health Counselor, Marriage and Family Therapist and Creative Arts Therapist professions – who when licensed are known as LMHC's, LMFT, and LCAT's. Professionals who anticipate obtaining a license to practice psychoanalysis during training may also apply, including LMSWs, and MDs awaiting green cards.

Our training in adult psychoanalysis qualifies these candidates to sit for the Licensed Psychoanalyst (LP) exam once these candidates – referred to as “LP candidates” -- have completed our training program. LP candidates invited to train at PANY meet the admissions criteria applied to all candidates, including the breadth of clinical experience required by the American Association of Psychoanalytic Education (AAPE).

PANY's adult psychoanalytic training is the Licensure Qualifying track, not a separate program. However, LP candidates are required by NY State to take a few additional short courses online, such as “Identifying and Reporting Child Abuse,” which are not required of post-licensure candidates. Information regarding LP Qualifying training requirements can be found online through the NY State Office of Professions at:

www.op.nysed.gov/prof/mhp/psyanllic.htm.

The one area where LP candidates fall under separate procedures is in patient treatment and educational supervision. **Under New York State law, LP candidates see patients under PANY's license and insurance. Legally each patient is PANY's patient and not the LP candidate's patient.** Therefore, there are specific procedures for patient arrangements, treatment, reporting and payments. In the case of unlicensed clinicians, this applies to every patient seen in consultation, psychotherapy and psychoanalysis. In the case of LP candidates who are licensed to provide psychotherapy (LMHC's, for example), this applies only to their patients in psychoanalysis. LP candidates must follow the procedures described in this manual and must also abide by the clinical guidelines elaborated below. The Licensure Qualifying Program Liaison is Desiree Santos, LCSW-R (646-574-7376, dsantos.lcsw@gmail.com). She works with LP candidates and the PANY office to make sure PANY complies with New York State's regulations.

UNLICENSED LP CANDIDATES (INCLUDING LMSW'S)

Referral and consultation: All referrals to unlicensed LP candidates (e.g. LMSW's and MDs awaiting green cards) must come through PANY's Consultation and Treatment Service (“the clinic”). Clinic applications are routed to the clinic co- chairs, who will assign patients to an LP candidate. Before the LP candidate can meet with the clinic applicant, a faculty member must screen the clinic applicant in order to establish that s/he is appropriate to be evaluated for psychotherapy or psychoanalysis by the LP candidate. PANY administrative staff member Ariane Cohen will send the application and the “Intake: Clinical Assessment by a Faculty Member” form to the faculty screener. She will also send the application to the LP candidate and the PCD supervisor.

The faculty screener, who may be the PCD supervisor of the LP candidate or another member of PANY's faculty, will contact the applicant to set up a brief screening session to determine if it is appropriate for the patient to be evaluated for psychotherapy or psychoanalysis by the LP candidate. For example, if the patient is deemed high risk, he or she would most likely not be referred. At the end of the screening, if appropriate, the faculty screener will give the patient the LP candidate's phone number to set up the consultation and

notify the LP candidate that she has done so, documenting the assessment on the “Intake: Faculty Member Clinical Assessment” form that will be returned to the office.

If a referral is initiated by a faculty member who has seen the patient, before s/he can be evaluated by the LP candidate, the applicant needs to register through the clinic and that faculty member is required to fill out the “Intake: Faculty Member Clinical Assessment” form and submit it to the office.

After the faculty screening has been completed, the candidate should expect to hear from the patient by phone within several days. If the patient does not contact the candidate within 10- 14 days, the candidate should call Ariane Cohen in the PANY office, who will follow up with the patient.

The LP candidate should review with his or her PCD supervisor—ahead of the first session -- how to discuss the LP candidate's professional designation and training status with the patient. International LP candidates may not promote themselves in writing as “MD” on a business card, bill-head or office sign.

After 1-3 initial visits, the LP candidate (in consultation with the PCD supervisor) makes a treatment recommendation. If the candidate suggests treatment and this recommendation is accepted by the patient, the candidate will ask the patient to sign a “Terms of Treatment” form in which the patient acknowledges that the treatment is occurring under PANY’s auspices, the treatment is supervised and payment will be made to PANY. The candidate returns this form to the office. The candidate writes up his or her clinic consultation report for the office, as all candidates do.

Educational supervision: Educational supervision is required for all phases of treatment, from consultation through psychotherapy and psychoanalysis. During the consultation phase, educational supervision is provided by the PCD supervisor. If the treatment recommendation is psychotherapy or psychoanalysis, the candidate will discuss assignment of a case supervisor with the SPC advisor. All supervisors must regularly file a “Monthly Supervisory Note” on each supervised patient and return it to the office. (Note: When a PCD supervisor and a candidate discuss a patient over a good deal of time to work on developing the patient as a psychoanalytic case, there is an expectation that a supervisory fee will be worked out (see Appendix B). If an LP candidate arranges for educational supervision for a psychotherapy case outside of PCD educational supervision, there is an expectation that an educational supervision fee will be worked out.

For those LP candidates who are eventually applying for LP licensure, educational supervision on analytic cases must be weekly, that is, four hours per month. The frequency of educational supervision for LP candidates cannot be reduced, even if the LP candidate is an advanced candidate. This rule is required by NY State statute and NY State regulations.

For those LP candidates who will not be applying for LP licensure, exceptions to weekly educational supervision on analytic cases must have the approval of the EC chair in consultation with the SPC advisor and or SPC chair.

Records: The LP candidate must fill out a “Candidate Reporting Form” and submit it to PANY.

Monthly treatment reports must be submitted by the 15th of the month. If treatment reports are not received by the 15th of the month, the candidate will receive a reminder that the report is overdue and that if it is not received by the PANY office by the end of the month, the candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

All LP forms and records sent to the PANY office by a member of the PANY community must be password protected.

Fees and Insurance

Educational supervision: The fee for case educational supervision is decided between the candidate and the supervisor. An invoice for the educational supervision should be created by the supervisor (or the supervisor in conjunction with the candidate) and given to the candidate for forwarding to PANY. PANY then pays the supervisor directly.

Treatment: LP candidates are not paid for cases in development and are not paid for control cases for which LP candidates are being supervised by PANY.

The LP candidate should not set fees for the patient's treatment until discussed with his or her case supervisor. The LP candidate bills the patient directly on the PANY Billing Statement, requesting that payment (check or money order) be made out to "PANY" and be returned to the candidate for forwarding to PANY.

Insurance Reimbursement: Insurance reimbursement is not possible for LP candidates since LP candidates are not licensed to practice psychoanalysis independently in NY State, and can only practice psychoanalysis while in educational supervision and under the auspices of PANY. For this reason, an LP candidate must not name himself or herself as the provider of psychoanalysis on bills given to patients, and the LP candidate must only use the PANY Billing Statement, which specifies that payment for treatment must be submitted to PANY. Bills must be on the PANY Billing Statement, in the event that if patients need to submit this documentation of services, no one concludes that the LP candidate is the provider. The LP candidate cannot be named as the provider of services on bills given to patients.

All protocol for the billing of LP patients must be followed as outlined in the Candidate Manual or the LP candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

Treatment Location: PANY must be the sublessor of record for the location and hours in which supervised treatment is taking place. PANY agrees to pay a designated fee per hour directly to the Lessor. The LP candidate must obtain agreement from the person responsible for operations, and provide contact information to PANY for transmittal of sublet agreement.

Finances

PANY pays for the LP educational supervision and for the "office hours" used by LP candidates working with patients in the LP program.

Coverage: The candidate must notify her supervisor, SPC Advisor, the LP Coordinator, and the office about any absence or vacation. Practice coverage must be provided by a licensed PANY candidate or faculty member. The candidate must arrange communication between the treatment provider and supervisor when this situation arises.

Cessation of LP Status: If educational supervision ends for any reason (e.g., graduation, achievement by the LP candidate of a license allowing psychotherapy or psychoanalysis, or the LP candidate withdraws from PANY), the LP candidate must inform the patient, and document in the clinical record that the patient was informed. If the LP candidate withdraws from PANY before completing training, an orderly transfer of all patients to a licensed clinician must be worked out in consultation with one's supervisor. The departing unlicensed LP candidate must cease all patient treatment.

LP CANDIDATES WHO ARE LICENSED TO DO PSYCHOTHERAPY (LMHC'S, LMFT'S AND LCAT'S)

Referral and consultation: LP candidates who are licensed to provide psychotherapy but not psychoanalysis may conduct their consultations in a similar fashion to our other licensed candidates (MD's, PhD's, LCSW's, NP's), with no need for direct faculty contact with the patient. The clinic procedures described elsewhere in this manual apply to these licensed LP candidates.

Educational supervision during the consultation and psychotherapy phase is provided by the PCD supervisor. The PCD supervisor does not need to submit any additional forms beyond the standard PCD supervisory reports, which are forwarded to the SPC. (If a PCD supervisor and a candidate discuss a patient over a prolonged period of time to work on developing the patient as a psychoanalytic case, there is an expectation that a supervisory fee will be worked out (See Appendix B).

Educational supervision during psychoanalysis: For those LP candidates who are eventually applying for LP licensure, educational supervision on analytic cases must be weekly, that is, four hours per month. The frequency of educational supervision for LP candidates cannot be reduced, even if the LP candidate is an advanced candidate. This rule is required by NY State statute and NY State regulations.

For those LP candidates who will not be applying for LP licensure, exceptions to weekly educational supervision on analytic cases must have the approval of the EC chair in consultation with the SPC advisor and or SPC chair.

Beginning analysis with a psychotherapy patient: Once it is clear that deepening of the treatment to psychoanalysis is taking place, PANY needs to become directly involved, and a faculty member must meet the patient briefly. This might be the candidate's PCD supervisor, the LP Coordinator, analytic supervisor or another faculty member who has agreed to do the in-person faculty screening. This can be worked out in discussion with the candidate's PCD supervisor with assistance from the LP Coordinator if requested. The faculty screener must submit an "Intake: Faculty Member Clinical Assessment" form to the office indicating that the patient is appropriate for a course of psychoanalytic treatment. A "Terms of Treatment" agreement must be signed by the patient. The patient's signature on the "Terms of Treatment" form informs PANY of the patient's full name which provides necessary information for patients who have not registered through PANY's Treatment and Referral Service.

Records: For the LP candidate's psychoanalytic cases, the candidate must complete a "Candidate Reporting Form" and submit it to PANY.

Monthly treatment reports must be submitted by the 15th of the month. If treatment reports are not received by the 15th of the month, the candidate will receive a reminder that the report is overdue and that if it is not received by the PANY office by the end of the month, the candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

All LP forms and records sent to the office by a member of the PANY community must be sent password protected.

Fees and Insurance

Educational supervision: The fee for case educational supervision is decided between the candidate and the supervisor. An invoice for the educational supervision should be created by the supervisor (or the supervisor in conjunction with the candidate) and given to the candidate for forwarding to PANY for payment to the supervisor. PANY then pays the supervisor directly.

Treatment: LP candidates are not paid for cases once the case has been approved for psychoanalysis by the SPC and the psychoanalysis has begun.

The LP candidate should not set fees for the patient's treatment until discussed with his or her case supervisor. The LP candidate bills the patient directly on the PANY Billing Statement, requesting that payment (by check or money order) be made out to "PANY" and be returned to the candidate for forwarding to PANY.

Insurance Reimbursement: Insurance reimbursement is not possible for LP candidates since LP candidates are not licensed to practice psychoanalysis independently in NY State, and can only practice psychoanalysis while in educational supervision and under the auspices of PANY. For this reason, an LP candidate must not name himself or herself as the provider of psychoanalysis on bills given to patients, and the LP candidate must only use the PANY Billing Statement, which specifies that payment for treatment must be submitted to PANY. Bills must be on the PANY Billing Statement, in the event that if patients need to submit this documentation of services, no one concludes that the LP candidate is the provider. The LP candidate cannot be named as the provider of services on bills given to patients.

All protocol for the billing of LP patients must be followed as outlined in the Candidate Manual or the LP candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

Office: For LP candidates who have a license to practice psychotherapy and have their own private office, PANY must rent the hours the LP candidate uses for psychoanalytic work. The LP Candidate agrees to enter into a sublet agreement with PANY, as PANY must be the lessor/sublessor of record for any location in which supervised treatment takes place.

Finances

PANY pays for the LP educational supervision and for the "office hours" used by LP candidates working with patients in the LP program.

Coverage: The candidate must notify his or her supervisor, SPC Advisor, the LP Coordinator and the office about any absence or vacation. Practice coverage must be provided by a licensed PANY candidate or faculty member. The candidate must arrange communication between the treatment provider and supervisor when this situation arises.

Cessation of LP Status: If educational supervision ends for any reason (e.g., graduation, achievement by the LP candidate of a license allowing psychoanalysis, or the LP candidate withdraws from PANY), the LP candidate must inform the patient, and document in the clinical record that the patient was informed. Should the LP candidate withdraw from PANY prior to graduation, an orderly transfer of all patients in psychoanalysis to a licensed candidate must be worked out in consultations with one's supervisors. The departing candidate must not offer psychoanalysis outside of PANY's auspices.

ALL LP CANDIDATES OFFERING A PATIENT PSYCHOANALYSIS

Deepening of a treatment from psychotherapy to psychoanalysis for LP candidates is subject to the same guidelines as for all other candidates at PANY. The candidate must have permission from the SPC to begin a case; **all LP documentation, clinic consultation write-ups and reports on other analytic cases must be up to date**. The candidate must submit a write up on the proposed case to his or her SPC Advisor, etc. (see the section in this manual on “Supervised Psychoanalytic Work: Guidelines by Level of Training.”)

LP candidates cannot begin new cases in either psychotherapy or psychoanalysis unless all LP documentation is up to date and has been submitted to PANY.

ADDITIONAL GRADUATION REQUIREMENTS FOR LP CANDIDATES

- All LP documentation is up to date and submitted to PANY.
- All LP finances are in order and have been processed by PANY.
- LP candidates cannot graduate as Academic Associates, that is, as non-clinical candidates.

SAMPLE FORMS

I. TERMS OF TREATMENT

[Licensure Qualifying Psychoanalytic Candidates only use this form, which is presented to patients prior to the beginning of treatment.]



One Park Avenue, 8th Floor, New York, NY 10016

P: 646-754-4870

F: 646-754-9540

Email: pany@nyulangone.org

Terms of Treatment

I, _____ (the patient) acknowledge that I am in psychoanalytic or psychotherapeutic treatment with _____ (the clinician), who is in training and who conducts the treatment, under the auspices of the Psychoanalytic Association of New York (PANY). I understand that this treatment will be supervised by a member of the PANY faculty. I have been informed that in the course of the educational supervision, the clinician will be sharing confidential personal and clinical information regarding me and my treatment with the Supervisor. I have been informed that in the course of the treatment, the clinician may be sharing confidential personal and clinical information regarding me and my treatment for educational purposes.

The agreed upon fee will be paid to the Psychoanalytic Association of New York ("PANY"), and will be at a frequency agreed upon between the Clinician and me.

Patient's Signature

Printed Name

Date: _____

Treatment Provider's Signature

Printed Name

Date: _____



**Psychoanalytic
Association of
New York**
Affiliated with NYU Langone Health

One Park Avenue 8th Floor
New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pny@nyulangone.org

**Candidate Reporting Form
Licensure Qualifying Psychoanalytic Training Program**

Patient Initials or Clinic ID: _____ **Month and Year Report Covers:** _____

LP Candidate: _____ **LP Supervisor:** _____

Frequency and Dates of Treatment: _____

Frequency and Dates of Supervision: _____

Treatment Modality: Psychotherapy Psychoanalysis

Chief complaints? _____

What has happened historically since the last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content):


Candidate's central psychoanalytic interpretations and/or interventions and the patient's response:

Significant topics discussed with your supervisor:

Treatment Plan:

Candidate Signature _____ **Date** _____

Please fill out one form per patient and return this form to PANY, password protected.

Psychoanalytic Association of New York CONSULTATION AND TREATMENT SERVICES One Park Avenue, 8 th Floor • New York, NY • 10016 Telephone: 646-754-4870 • Email: pamy@nyulandone.org		 Psychoanalytic Association of New York
<small>PANY is chartered by New York State to provide licensure-qualifying psychoanalytic training.</small>		
STATEMENT FOR PROFESSIONAL SERVICES RENDERED		
Date:		
Treatment Provider:	Psychoanalytic Association of New York CONSULTATION AND TREATMENT SERVICES	
Patient:		
Date(s) of Service:		
Fee:		
Please make check payable to "Psychoanalytic Association of New York". Payments to be remitted to clinician or mailed to PANY at address noted above.		

FOR OFFICE USE ONLY – Form prepared by: _____

IV. CANDIDATE MONTHLY REPORT – SAMPLE 1



Psychoanalytic
Association of
New York

One Park Avenue 8th Fl.
New York, NY 10016
P: 646-754-4870
F: 646-754-9580

Email: pony@newlangone.org

Candidate Reporting Form Licensure Qualifying Psychoanalytic Training Program

Patient Initials or Clinic ID: HD Month and Year Report Covers: 04/18

LP Candidate: K. Fields, M.D. LP Supervisor: R. Brooks, M.D.

Frequency and Dates of Treatment: 4x a week; 4/2,4/3,4/4,4/5,4/9,4/10,4/11,4/12
4/16,4/17,4/18,4/19,4/23,4/24,4/25,4/26,4/30

Frequency and Dates of Supervision: 1x a week 4/6, 4/13, 4/20, 4/27

Treatment Modality: Psychotherapy Psychoanalysis

Chief Complaints? Patient is struggling with relationships. Feels hopeless at times that she will be able to have a lasting relationship. She is also struggling to invest in her career.

What has happened historically since last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient. Patient recently began a new relationship but is increasingly worried it will not last.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content): Patient is extremely anxious and is deeply preoccupied with her boyfriend's every communication and seems to be searching for data to support her conviction that she will lose him.

Candidate's central psychoanalytic interpretations and/or interventions and the patient's response: Suggested to the patient that some of her intense preoccupation with her boyfriend and keeping him in mind at all times, is a way for her to try and hold onto him, as if, she is not letting him out of her sight. I suggested that she is interpreting his comments as his pulling away based on her early experiences of loss. The patient was furious with me for several sessions, suggesting that I do not acknowledge her boyfriend's inability to be close to her, and that I am focusing too much on her psychology.

Significant topics discussed with your supervisor: Discussed the patient's transference to me that I am not helping her or understanding her more, as though, in the treatment, I am emotionally abandoning her. Discussed also, that her fears of being left by her boyfriend may be a displacement of her fears of being left by me or that I will be detached and unavailable to her.

Treatment Plan: Continue with psychoanalysis, 4 times a week.

Candidate Signature K. Fields, M.D. _____ **Date** 5/1/18 _____

Please fill out one form per patient and return this form to PANY, password protected.

V. **CANDIDATE MONTHLY REPORT – SAMPLE 2**



One Park Avenue 8th Fl.
New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pany@nyulangone.org

**Candidate Reporting Form
Licensure Qualifying Psychoanalytic Training Program**

Patient Initials or Clinic ID: HD **Month and Year Report Covers:** 04/18

LP Candidate: K. Fields, M.D. **LP Supervisor:** R. Brooks, M.D.

Frequency and Dates of Treatment: 2x a week; 4/2,4/5,4/9,4/12
4/16,4/19,4/23,4/26,4/30

Frequency and Dates of Supervision: 1x a week 4/6, 4/13, 4/20, 4/27

Treatment Modality: **Psychotherapy** **Psychoanalysis**

Chief Complaints? Patient has had escalating anxiety in the last two months. His medical doctor suggested he begin psychotherapy.

What has happened historically since last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient. Patient has had several episodes at work where he became dizzy and thought he might pass out. He continues to be preoccupied with thoughts that he will faint while traveling on the subway.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content): Patient reports that he is less anxious since beginning treatment and that he is sleeping better. He is very rigid in his speech and he speaks in great detail without strong affect connected to content.

Candidate's central psychoanalytic interpretations and/or interventions and the patient's response: Trying to help patient talk more about his feelings and suggested to the patient that he may have some thoughts and feelings that he would like to keep at bay. Patient considered the idea that he may be staying away from strong feelings and difficult memories.

Significant topics discussed with your supervisor: Patient's defensive style may be a response to his chronic exposure as a child to violence between his parents and growing up in a chaotic environment. His anxiety may be a sign that underlying feelings, terror and trauma and possibly fears of his own aggression, are beginning to break through.

Treatment Plan: Continue with psychotherapy, 2 times a week.

Candidate Signature K. Fields, M.D. **Date** 5/1/18

Please fill out one form per patient and return this form to PANY, password protected

APPENDIX F:

MAJOR PANY POSITIONS AND COMMITTEES

Please consult the website (www.pany.org) for the most up-to-date information.

PANY Board of Trustees: Lisa Bialkin, JD, LCSW, Interim President

The Board of Trustees is responsible for overarching PANY issues such as strategic planning and overseeing the longer term effective functioning of our organization.

Rita Ataviado, MD
Rachel Blakeman, LCSW
Benjamin Cheney, MD
Rajiv Gulati, MD
Elizabeth Horwitz, MD

Stephen Malach, MD
Marina Mirkin, MD
M. Carmela Perez, PhD
Harvey Schwartz, MD
Aneil Shirke, MD

Malini Singh, MD
Kerry Sulkowicz, MD
Yukari Yanagino, PhD, LCSW

PANY Interim Director: Lisa Bialkin, JD, LCSW

Elected by the faculty, the Director serves a three-year term. He or she is responsible for the overall leadership and direction of PANY. The Director is President of the Board of Trustees and works closely with the Education Committee. The Director provides coordination between the various committee chairs, oversees the implementation of EC policy directives, and reports on all matters requiring legal consultation. In addition to providing vision to, and coordinating the implementation of, PANY's educational, clinical, and administrative functions, the Director represents PANY within the NYU Department of Psychiatry, the American Psychoanalytic Association, the American Association for Psychoanalytic Education, and to the public at large.

Education Committee: Rajiv Gulati, MD, Interim Chair

The Education Committee is responsible for overseeing all educational matters of PANY. It deals with issues of candidate education, from admissions through graduation, and faculty appointments. It has the ultimate oversight responsibility for the Adult Psychoanalytic Program, the Psychotherapy Program, the Fellowship in Psychoanalysis, the Prelude to Training Program, and the Child Psychoanalytic Program. The Education Committee is composed of faculty members, including the Director of PANY, the Chairs of the Education and Student Progression Committees, the Chairs of major committees, and two representatives elected by the Faculty. Former Directors are voting members of the EC.

Lisa Bialkin, JD, LCSW
Rachel Blakeman, JD,
LCSW-R
Kimberly Chu, LCSW
Leslie Cummins, DSW
David Frank, MD⁺
Alberto Goldwasser, MD
Dennis Haseley, LCSW
Samuel Herschkowitz, MD
Elizabeth Horwitz, MD

Cora Johnson, MD
Rania Kanazi, LCSW-R
Claudia Lament, PhD
Sharon Lavon-Krein, LCSW
Daniella Lukashok, MD
Monica Michell, MD
Susan Resek, LCSW
Arnold Rothstein, MD
Desiree Santos, LCSW-R
Jacqueline Schachter, PhD

Jennifer Schimmel, MD
David Schwam, MD
Harvey Schwartz, MD
Aneil Shirke, PhD, MD
Michael H. Singer, DO
Malini Singh, PhD
Herbert Stein, MD⁺
Jason Wheeler, PhD
Yukari Yanagino, PhD, LCSW

Admissions Committee: Jacqueline Schachter, PhD, and Desiree Santos, LCSW-R, Co-Chairs

The Admissions Committee processes applicants to the Adult Psychoanalytic Program throughout the academic year. The co-chairs assign interviewers (not necessarily members of the Admissions Committee) to see applicants to determine suitability for candidacy. A meeting is held in which the application, letters of recommendation and the interviewers' reports are read. Discussion ensues and a vote is taken.

Elizabeth Horwitz, MD
Arthur Lew, MD

Marvin Nierenberg, MD
Michael H. Singer, DO

Herbert Stein, MD⁺

Student Progression Committee: Elizabeth Horwitz, MD, Chair, and Susan Resek, LCSW, Associate Chair

Committee members, also known as SPC advisors, are responsible for following and enhancing the educational progress of candidates. The SPC advisor also serves as the communication channel between each candidate and PANY. Every candidate is assigned an SPC advisor with whom he or she works closely. Committee members are faculty members who have shown particular interest in working with candidates around the complex educational tasks and life issues they face in their analytic training. The progress of each candidate is carefully reviewed once or twice yearly at meetings of the SPC Committee. At these meetings, the SPC advisor conveys what he/she has learned from class instructors and supervisors and in individual meetings with the candidate. The SPC advisor brings back comments and recommendations made in SPC meetings to the candidate.

Salomon Bankier, PhD
Joanna Bures, MD
Joseph Cronin, LCSW

Daniella Lukashok, MD
Stephen Malach, MD
M. Carmela Perez, PhD

Dionne R. Powell, MD
Tanya Weisman, MD

Curriculum Committee: Cora Johnson, MD, David Schwam, MD, Co-Chairs; and Barry Rand, MD, Co-Chair (*through August 2022*)

The main objective of this committee is to administer the existing curriculum. The committee meets three times annually to review each course and its teachers at the mid-point and end of each trimester; candidate ratings of each course and its instructors; the selection of teachers for each course; and all changes in the curriculum. In addition, the Chair works throughout the year to address questions and concerns raised by candidates and faculty members, and to arrange teaching assignments for the upcoming academic year.

Francoise Graf, PhD
Ann Landowne, MD

Angela Retano, MS, RN, NPP
Desiree Santos, LCSW-R

Natalie Tobier, MPH, LCSW
Yukari Yanagino, PhD, LCSW

Curriculum Review and Revision Committee: Cora Johnson, MD, David Schwam, MD, Co-Chairs;

and Anne Erreich, PhD, Co-Chair (*through August 2022*)

This committee is charged with the task of reviewing the existing curriculum, in consultation with Curriculum Committee members and other key faculty members, and recommending revisions to the Curriculum and Education Committees.

Lawrence Friedman, MD
Elizabeth Horwitz, MD
Douglas Van der Heide, MD

Faculty and Affiliate Search Committee: Dennis Haseley, LCSW, Chair

This is an ad hoc committee that convenes to evaluate potential new members of the faculty, under any one of a number of circumstances: PANY is contacted by an individual who would like to join, a candidate or faculty member of PANY recommends an individual for consideration, or we require a teacher with special expertise that we do not already have for some aspect of our curriculum.

Salomon Bankier, PhD
Laurie Levinson, PhD

Tanya Weisman, MD
Jason Wheeler, PhD

Consultation and Treatment Service Committee:

Daniella Lukashok, MD, and Jason Wheeler, PhD, Co-Chairs

The Consultation and Treatment Service Committee runs the treatment clinic of PANY. The Service invites anyone interested in psychoanalytic treatment to apply by calling PANY office to request an application. Institute faculty members and candidates under educational supervision screen the applicants to decide upon the best treatment option. If it is felt that the applicant would benefit from psychoanalysis, then the applicant is referred to a trainee in PANY who provides treatment under the educational supervision of a faculty member.

Carlos Almeida, MD
Rita Ataviado, MD
Joan Bryan, LCSW
Dionyssios Caralis, PhD
Benjamin Cheney, MD
Kimberly Chu, LCSW
David Cole, MD
Luis Garza, MD

Jason Greenberg, PhD
Sameer Khan, MD
Lucille Kellman, LCSW*
Graciana Lapetina, MD
Samantha Leathers, MD
Marvin Nierenberg, MD
Angela Retano, RN, MS, NPP

Terrance Rooney, LCSW-R*
Tracy Roth, MD
Desiree Santos, LCSW-R
Crystal Tholany, MD
Natalie Tobier, LCSW, MPH
Patricia Winter, LCSW*
Justyna Zapolska, PhD

Child & Adolescent Psychoanalytic Program Committee: Kimberly Chu, LCSW and Claudia Lament, MD, Co-Chairs

Candidates in the Adult Psychoanalytic Program may apply for entrance into the child training program at any point during their training. Candidates may begin the two years of child course work, including both literature courses and clinical case presentations, concurrently with the adult training. The Child Analysis Section is involved with the NYU Child Psychiatry Fellowship, and the Child Study Center.

Kimberly Chu, LCSW
Claudia Lament, MD

Executive Committee: Lisa Bialkin, JD, LCSW, Interim Chair

The Executive Committee is composed of certain Executive Officers and other members of PANY selected at the discretion of the Director. The Executive Committee is responsible for initial administrative discussions and advising the Director with respect to Institute plans and general administration. This advisory capacity allows the Director to discuss such issues that may then be brought to the Education Committee for final disposition. These issues may include the general administration of PANY, including recommendation of and renewal of faculty appointments, the approval of Training Analyst appointments prior to recommendation to the Education Committee, administrative contracts, oversight of the curriculum and teaching assignments, and the creation of new policies and procedures of PANY. Of course, major decisions of the Executive Committee must be approved by the Education Committee.

Rita Ataviado, MD

Rachel Blakeman, JD, LCSW-R

Joan Bryan, LCSW

Benjamin Cheney, MD

David Frank, MD⁺

Rajiv Gulati, MD

Elizabeth Horwitz, MD

Sharon Lavon-Krein, LCSW

Stephen Malach, MD

Marvin Nierenberg, MD

Jennifer Nogi, MD

Neela Pania, MD

M. Carmela Perez, PhD

Harvey Schwartz, MD

Michael Singer, DO

Malini Singh, PhD

Jennifer I. Stephenson,

LMSW (ex-officio)

Training Analyst Appointment Committee: Michael H. Singer, DO, Acting Chair

The Training Analyst Appointment Committee is composed of the Chair of the Committee, selected by the Director; the Chair of the Education Committee; three past directors, and three (non-past-director) Training Analysts chosen by the director for a three-year term. The committee processes applications for Training Analyst appointment. It reviews the applicant's personal and professional qualities, including his or her psychoanalytic clinical immersion and contributions to PANY. The committee then assigns training analysts to review in depth the current clinical work of the applicant, and consults with these reviewers before voting on the suitability of the applicant for Training Analyst appointment. If the committee determines that the applicant should be appointed a TA, it forwards its recommendation to the Education Committee for final approval.

Barbara Deutsch, MD

David Frank, MD⁺

Rajiv Gulati, MD

Dennis Haseley, LCSW

L. Noah Shaw, MD

Herbert Stein, MD⁺

Sara Vogel, MD

Distance Learning Program Committee: Tracy Roth, MD and Herbert Stein, MD, Co-Chairs

Tracy Roth, MD

Herbert Stein, MD⁺

Fellowship Program Committee: Rania Kanazi, LCSW-R, Chair

Leslie Cummins, DSW

Norma Green, MD

Terrance Rooney, LCSW

Medical Center Liaison Committee: David Frank, MD, Chair Jennifer Nogi, MD, Associate Chair

K. Chapman Attwell, MD
Elizabeth Horwitz, MD

Cora Johnson, MD
Daniella Lukashok, MD

Graduate Society Committee: Aneil Shirke, MD, PhD, Chair

David Frank, MD⁺
Arthur Lew, MD
Monica Michell, MD

Marina Mirkin, MD
M. Carmela Perez, PhD

Outreach Committee: Jennifer Schimmel MD, and Leslie Cummins DSW, Co-Chairs

Sameer Kahn, MD
Samantha Leathers, MD

Jennifer Nogi, MD
Jennifer I. Stephenson,
LMSW (ex-officio)

Natalie Tobier, LCSW, MPH

Psychotherapy Committee: Sharon Lavon-Krein, LCSW, and Monica Michell, MD, Co-Chairs

Jeanmarie Anderer, MD
Lisa Bialkin, JD, LCSW
Benjamin Cheney, MD
David Cole, MD
Norma Green, MD
Elizabeth Horwitz, MD

Rania Kanazi, LCSW-R
Dawn Lohrer Engoron, LCSW
Marvin Nierenberg, MD
Angela Retano, RN, MS, NPP

Tracy Roth, MD
Desiree Santos, LCSW-R
Aneil Shirke, MD, PhD
Herbert Stein, MD⁺

Psychoanalyst Assistance Committee: Seth Eichler, MD, Chair

Rita Clark, MD
Luis Garza, MD
Monica Michell, MD
Herbert Stein, MD⁺

OTHER:

Task Force on Immersion: Michael Singer, DO, Chair

David Frank, MD
Elizabeth Horwitz, MD
Nasir Ilahi, LLB, LP
Sharon Lavon-Krein, LCSW
Jennifer Nogi, MD
M. Carmela Perez, PhD
Susan Resek, LCSW
Arden Rothstein, PhD
Noah Shaw, MD

⁺ Former Director

*^{**} Faculty Representative*

^{} Candidate member*



Psychoanalytic
Association of
New York

PSYCHOANALYTIC TRAINING PROGRAM

CANDIDATE MANUAL 2023-2024

(v01.03.24)

Classes, Events and Mail:

1 Park Avenue, 8th Floor, New York, NY 10016

Office Location:

Bellevue Hospital 20N11

www.pany.org

pany@nyulangone.org

(646) 754-4870

Fax: (646) 754-9540

Created by APsA Candidates' Council for transparency of graduation criteria (2023-24)

PANY Director

Lisa Bialkin, JD, LCSW
917-974-9336
lisa.bialkin@gmail.com

Chair, Education Committee

Stephen Malach, MD
212-935-3255
stephenmalachmd@gmail.com

Co-Chairs, Student Progression Committee

Elizabeth Horwitz, MD
646-644-7602
ehorwitzmd@verizon.net
Susan Resek, DSW, LCSW
212-216-9755
sressek@gmail.com

Chair, Consultation and Treatment Service

Jason Wheeler, PhD
646-823-6113
jasonwheelerphd@gmail.com

Co-Chairs, Ethics Committee

Rachel Blakeman, JD, LCSW-R
646-831-7430
rachelblakeman@gmail.com
Samuel Herschkowitz, MD
917-548-8181
docsam122@gmail.com

View complete listing of PANY committee chairs and membership at:
<https://www.pany.org/committees>

Office Staff (646-754-4870)*Administrative Director*

Jennifer I. Stephenson, LMSW
jennifer.stephenson@nyulangone.org

Program Coordinator

Ariane Cohen
ariane.cohen@nyulangone.org

Program Associate

EllaRose ("Ella") Chary
ellarose.chary@nyulangone.org

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This manual is posted to www.panydropbox.com,
where it may be updated during the course of the academic year.

ADMINISTRATION

Welcome to the Psychoanalytic Association of New York. We've compiled this manual for candidates in the Adult Psychoanalytic Program to help you take advantage of its opportunities and fulfill the requirements of your candidacy. We hope it will answer questions you may have about policies and procedures at the Institute at PANY, and identify the individuals to whom you can address any concerns. We look forward to a productive and exciting year together!

INSTITUTE AT PANY: STRUCTURE RELATED TO CANDIDACY

The Institute at PANY has a Director who is elected by the faculty for a three-year term. Presently Lisa Bialkin, JD, LCSW is the Director. The Chair of the Education Committee (EC) is Stephen Malach, MD and the Co-Chairs of the Student Progression Committee (SPC) are Elizabeth Horwitz, MD and Susan Resek, DSW. Other committees relevant to candidate education include the Curriculum Committee, Co-Chairs Cora Johnson, MD and David Schwam, MD, and the Consultation and Treatment Committee ("the Clinic") is chaired by Jason Wheeler, PhD. The Board of Trustees, also chaired by the PANY Director, is responsible for overarching PANY issues such as strategic planning and overseeing the longer term effective functioning of our organization. (For more information on these and other committees, their functions and membership see Appendix F: Major Institute Positions and Committees at the end of this manual, or visit the PANY website at www.pany.org, following the link for "Our Community.")

Each candidate is assigned a Student Progression Committee Advisor ("SPC Advisor") who is the person most directly involved in your educational relationship with the Institute at PANY. All SPC advisors are members of the Student Progression Committee. Others in the administration who may be particularly helpful in regard to educational matters are the Chairs of the Education Committee, Student Progression Committee, Curriculum Committee, and the Director.

Interested candidates may wish to become members of some of these committees, especially the Curriculum Committee, and the Clinic Committee. Other important options at PANY include the Child and Adolescent Psychoanalytic Program, the Candidates' Organization, Writing Mentor Program, Queer Study Group and Diversity Initiative (see page 43).

OFFICE ADMINISTRATION

The PANY office is located at Bellevue Hospital Center, 20N11. All classes and events are held at 1 Park Avenue, 8th Floor, in the suites housing the NYU Departments of Adult Psychiatry and Child/Adolescent Psychiatry. The staff currently work a hybrid schedule Monday through Friday, and on-site for classes and events on Saturdays in the academic year, and Monday through Friday in the summer. Jennifer I. Stephenson, LMSW is the Administrative Director. She is assisted by Ariane Cohen, Program Coordinator who provides administrative support on behalf of the Clinic Committee and EllaRose ("Ella") Chary, Program Associate, who handles all readings, CME administration, candidate case recording, and other matters. They are happy to assist you, and with a few days' notice can fulfill your requests. Requests by email are preferable. Their emails are listed on the inside front cover.

To ensure receipt of email, please add all pany.org and nyulangone.org individual emails and the domains nyulangone.org and pany.org, to your email safe/white lists. For gmail, create a filter to send these emails to your inbox.

Most of the administration of our educational programs takes place by email. For this reason, we assume that you check your email on a regular (preferably daily) basis, and routinely check your spam/junk folders. The office must have up-to-date contact information for you. Please make sure you inform the office of all changes in your phone numbers (home, work and cell), office and home address, and most importantly, email address.

A listing of public PANY events can be found on the PANY web site www.pany.org/events.

THE PSYCHOANALYTIC ELECTRONIC PUBLISHING (PEP) DATABASE

PANY candidates' are provided access to the Psychoanalytic Electronic Publishing (PEP) database through PANY's direct PEP-web subscription. You have been provided a unique username login and password from PEP-web. If you have not received this information, please contact the office. Please note that to be environmentally conscious, PEP-web no longer allows the download of certain long-form Freud readings, and these are only accessible to view and read online. This is your secondary resource for readings. The staff will send you a memo on how to use this collection of psychoanalytic journals and bulletins. It is the responsibility of all candidates to establish PEP access prior to the beginning of classes. Other readings are provided to you via www.panydropbox.com, saved in PDF files. The staff is available to assist you in navigating these systems, and you are strongly urged to review the documents and PEP prior to starting classes.

TUITION AND REGISTRATION FEES

New candidates pay a non-refundable training deposit upon their acceptance of candidacy; this deposit is applied to the annual tuition and registration fee, which is billed in two installments.

Continuing candidates pay their registration fees and an installment of the year's tuition prior to beginning classes each academic year. Payment plans are available, worked out with Jennifer Stephenson in the PANY office. For those not on a payment plan, the balance of tuition is due by January 15th. A late fee of \$100 is assessed on overdue accounts twice a year, according to a timetable determined by the office.

Tuition and registration fees must be current for the candidate to enter or continue classes, unless prior arrangements have been made with the PANY Office in consultation with the SPC.

Interest-free loan applications are available to eligible candidates through a revolving student aid fund administered by our professional society. Candidates must be enrolled in training to be eligible. Contact the PANY office for information and next steps. The American Psychoanalytic Association has a Candidate Assistance Fund; applications are due May 1 for the following year. Contact APsA directly for information.

ETHICS, STANDARDS, & ACADEMIC CODE OF CONDUCT

The Institute at PANY adheres to the “Principles and Standards of Ethics for Psychoanalysts” of the American Psychoanalytic Association (APSA), found on the APSA website, at www.apsa.org/code-of-ethics. Candidates must be familiar with these policies, which make up the principles of our work: professional competence, respect for all persons, mutuality and informed consent in the patient-psychoanalyst relationship, confidentiality, truthfulness, avoidance of exploitation, scientific responsibility, protection of the public and the profession, social responsibility and personal integrity. These values inform our work with our patients, our interactions with other PANY members, and our approach to education and training. Please review the APSA Ethics code periodically.

As a Candidate, the Institute at PANY also expects you to be aware of the Academic Code of Conduct, which is part of PANY’s graduation criteria. The basic principles of this code and its elements can be found on Appendix A.

As an analyst in training it is important for you to abide by the highest standards of patient care. This includes not representing yourself as competent to offer independent psychoanalysis to your patients until you graduate. In applying for training you signed a form declaring: *“I will not conduct unsupervised psychoanalytic treatment or represent myself as an independent practitioner of psychoanalysis until I am authorized to do so by PANY.”* Candidates must inform their patients of the fact that they are in training and that the psychoanalytic treatment is being supervised. Candidates must also not represent themselves to the public as independent psychoanalysts, including on websites, social media, stationery, and in public communications. Candidates may inform the public via any medium that they offer psychoanalysis as a form of treatment, in a manner consistent with the Code of Ethics of the American Psychoanalytic Association.

As discussed below, **you must not offer psychoanalysis to a patient without first obtaining approval from the Student Progression Committee [SEE FULL DESCRIPTION OF STUDENT PROGRESSION COMMITTEE ON PAGES 9-11]**. We consider it to be a serious breach of faith if a candidate begins an unauthorized, independent psychoanalysis.

Candidates are trained with the expectation that they will develop the necessary skills to understand psychoanalytic concepts and conduct clinical analyses. This implies that they possess certain abilities, at least in potential. It is always a complex and difficult matter to evaluate such factors both initially and in the course of training, and final decisions ultimately rest in the discretion of the Institute at PANY and its authorized committees. Experience has shown that such evaluations are best achieved when faculty and students are assured the utmost confidentiality of all educational records. PANY restricts access to candidate records exclusively to individual members of the committees charged with evaluating candidates: the Student Progression and Education Committees.

PANY candidates explore the application of ethical standards in the classroom, in educational supervision, in one’s own analysis, with your SPC Advisor, and in the many conversations with other members which take place over one’s candidacy. An Ethics course is part of every candidate’s training. PANY has a standing Ethics Committee, co-chaired by Rachel Blakeman, JD, LCSW-R and Samuel Herschkowitz, MD. These faculty are available for consultation, should you ever have an ethical concern.

A note on presenting clinical material in classes: Patients give written consent upon application to the “clinic” for clinical material to be shared for educational purposes within PANY. That said, it is always a good idea when making any clinical presentation to protect the patient’s identity by using pseudonyms and omitting any potentially identifying information, including names of significant others, educational institutions, workplaces, etc.

PSA Candidates as treatment providers of PTY students: PSA candidates cannot start a treatment, as the treating therapist, for a PTY candidate patient. This includes situations in which the prospective therapy candidate is in the process of applying to the PTY program. The only exception is if the PSA candidate began treating the prospective PTY candidate well before the PTY candidate applied for PTY training, in which case the PTY candidate can apply for a waiver.

If the waiver is granted, it is strongly recommended that the PSA candidate seek supervision for the treatment.

OVERVIEW OF TRAINING

Psychoanalytic candidacy is founded on immersion - in your own personal analysis, in the study of theory and practice, and in supervised clinical work - creating a springboard to a new way of working and understanding yourself. While our growth as psychoanalysts continues throughout our lives, candidacy is a particularly dynamic period. We sincerely hope that you will look back on your training as one of the most exciting times of your life.

CANDIDACY

Practice Development (PD) Year: PD candidates are trainees who have been accepted into the psychoanalytic training program who elect to spend a year before undertaking the first full year of classes enhancing their clinical skills and developing a psychodynamically-oriented clinical practice. During the PD year you are expected to begin your personal analysis, work with a psychotherapy supervisor to enhance your clinical experience and be mentored in beginning a practice, and communicate regularly with your SPC Advisor. You are encouraged to attend candidate events, especially the twice-yearly Saturday candidate case seminars.

In-Class Candidates: There are four years of classes during which candidates attend Saturday morning seminars (and for the first year and first trimester of the second year of training, Tuesday night classes as well). During this time your analysis is ongoing and during the early years you work with a Psychoanalytic Case Development (PCD) supervisor to develop psychoanalytic cases. You must have at least one ongoing case to progress from the first to the second year of classes, and two ongoing cases to progress to both the third and fourth years. These are minimum requirements, and we encourage you to seek additional cases during this time.

There are several required annual activities, including candidate case presentations and a meeting with members of the PANY administration, as well as a host of optional after-class learning and social opportunities. The office will send you the dates of these events well in advance. There is an active Candidates' Organization. Several PANY committees welcome in-class candidate participation, including Outreach, the Consultation and Treatment Service ("the clinic"), and Curriculum. In addition, PANY's governing body, the Board of Trustees, also welcomes a candidate-member.

Senior Candidates: These candidates have finished the four year seminar sequence and are working on completing their case experience for graduation. Seniors in the first year after finishing classes also attend a senior seminar that meets either monthly throughout the year or weekly during a trimester. Your own analysis continues during this important time of deepening patient treatment. In line with our emphasis as a teaching community, senior candidates may be invited to teach psychiatry residents, medical students, PANY Fellows in Psychoanalysis, Prelude to Training participants, and candidates in the Psychotherapy Program. In addition to the Outreach and Clinic committees, the Curriculum and Fellowship Committees welcome senior candidates.

Licensed Psychoanalyst (LP) Candidates: PANY is authorized by New York State to train mental health professionals who are not licensed in New York to offer psychoanalysis, and our training qualifies them to sit for New York's Licensed Psychoanalyst (LP) exam. LP candidates participate in the full psychoanalytic training program, with a few additional educational requirements mandated by the state. PANY accepts unlicensed candidates who meet the admissions standards of the American Psychoanalytic Association (APsa), including substantial clinical experience and a terminal degree in one's mental health

field. PANY accepts mental health professionals whose New York state license does not include psychoanalysis (Licensed Mental Health Counselors; Licensed Marriage and Family Therapists; and Licensed Creative Arts Therapists) and may consider some candidates that are close to obtaining their independent license. These candidates must follow certain procedures, discussed in Appendix F: LP Candidacy Procedures.

Non-clinical Candidates: PANY offers a limited number of candidate positions to professionals who seek an academic education in psychoanalysis to broaden their own professional perspectives. This may include individuals in the arts and social sciences who have an abiding interest in integrating a psychodynamic perspective into their professional fields. They participate in the same classes, tutorials and other educational experiences as clinical candidates, but do not see patients or have educational supervision. They hear clinical material throughout their training and agree to respect the strictest confidentiality standards. Non-clinical candidates have the option of experiencing a personal analysis, although it is not a requirement of their training. Eligibility is limited to individuals with terminal degrees in their field (PhD, MD, JD, etc.) or with accomplishments in the arts or other areas.

COMPONENTS OF TRAINING: THE TRIPARTITE MODEL

Clinical psychoanalytic training is based on a “tripartite model” consisting of a personal analysis, didactic training (a sequence of seminars), and supervised psychoanalytic work. These three elements work in tandem, creating a profoundly rich and multi-layered training experience. Some candidates begin with a Practice Development year, allowing for a full year of personal analysis before beginning classes. This facilitates class work, and promotes readiness for engaging in clinical work.

Personal Analysis

We believe there is a profound relationship between one's clinical competencies and the depth and breadth of one's own analysis. This is why we endorse the American Association for Psychoanalytic Education (AAPE) requirements that candidates be in analysis **on the couch at a minimum frequency of four times per week, for the majority of the time you are doing clinical work.** So much of what we do clinically is worked through in our analysis. The very elements that make up important analytic competencies - self-awareness, skills in making interventions, recovering from mistakes, etc. - are the grist of one's personal analytic discovery.

A candidate must be in analysis when he or she first enters classes and typically continues well into senior candidacy, when you are engaged in more advanced stages of analysis with your patients. Such work frequently poses personal challenges that are best addressed in analysis, along with educational supervision. Your treatment must be with a Training Analyst (TA) certified by AAPE or by a qualified analyst who has received a waiver of the TA requirement from PANY. Shortly following admission each incoming candidate confers with a faculty member involved in the admissions process to discuss arrangements for a personal analysis. Questions about a particular referral may also be reviewed with the EC Chair, the Director, or one's SPC advisor at any point.

Because of the great importance of the confidentiality of the personal analysis, when a candidate's analyst or analyst's spouse is scheduled to teach a class that the candidate will be taking, every effort will be made to find a different instructor for that class. If that is not possible, a tutorial will be arranged for the candidate.

There are less clear situations in which a candidate has had previous treatment experience with an instructor or instructor's spouse. PANY does not have a set policy barring such situations, but if either the instructor or candidate requests, an alternative arrangement will be made. The situation should be brought to the attention of either the EC Chair, SPC Chair, or Curriculum Committee Chair for determination of arrangements.

Following PANY's policy, TAs do not report to any PANY committee or individual about a candidate's analysis. Twice a year you will be asked to fill out a form indicating that your analysis is ongoing. The office records the name of your analyst in a confidential database, and periodically a report is issued for the few individuals who need to know who is treating whom. Your SPC Advisor will know the identity of your analyst. *No one from any part of PANY will ever contact your analyst about your treatment*, and the identity of your analyst is known to only several people.

As mentioned above, your personal analysis is considered to be a fundamental part of your psychoanalytic education – enriching and enriched by your clinical work, experiences in educational supervision, and your classroom work. It is in the nature of analytic treatment that difficult periods will occur. Bringing up these difficulties with your analyst can be an important part of the treatment. These experiences and conversations often end up being very useful for the analysis. However, if the difficulties become extensive or, in particular, if a sense of stagnation or intractability occurs, you may discuss the matter with your SPC advisor, or alternatively, with the EC Chair or Director. Efforts to further one's analytic experience through consultation are to be commended and will be seen in that positive light. **If you are considering ending your treatment you are expected to inform your SPC advisor, the SPC Chair or the Education Committee Chair.**

Didactic Curriculum

Four-Year Seminar Sequence

PANY offers a carefully crafted curriculum, consisting of several sequences of courses [over four years, each year divided into three trimesters]: Theory, Development, Technique, Critical Reading and Writing, Continuous Cases, and Special Topics. The Curriculum Review and Revision Committee regularly reviews the curriculum. Candidates are asked to communicate their feedback about each course to their class Curriculum Coordinator who sits in once per trimester. This feedback, together with the Coordinator's impressions, is reviewed by the Curriculum Committee mid-trimester to address any issues that may arise.

Candidates are expected to attend all meetings of each course in person and punctually. In our collegial, small class setting, each member's participation is important; interruptions in attendance, as well as lateness, compromise the continuity of class discussion and the sequential acquisition of knowledge. In a Continuous Case seminar there is the added repercussion of your classmates having to take the time to debrief you on what you missed. Class attendance is considered when the SPC makes decisions regarding progression as well as decisions regarding candidates having to repeat individual courses in the event of excessive class absences.

It is expected that candidates will make every effort to attend classes in person. In the case that a candidate would like to Zoom videoconference into a class, prior arrangements must be made with the instructors of the class. It is up to the classroom instructors' discretion whether virtual participation is allowed or not. Candidates must inform their SPC advisor and the office if they are participating virtually.

No classes may be recorded by any means, such as the Zoom recording function, screen capture recorders, external recording devices, or mobile phone recorder apps.

During the pandemic or other times such as extreme weather, classes/events are by necessity held virtually. In these circumstances when all candidates and learners are participating virtually, certain conditions must be in place. You may participate virtually from any location, as long as you have a strong stable internet connection and when discussing case material, you are in a location where your audio is private. You are expected to always turn your video on to best facilitate communication, and should only be turned off if your connection becomes unstable.

Planned absences: We understand that on rare occasions an absence may be unavoidable (e.g., to attend an important family function on a date you cannot control); this is in contrast to your scheduling a vacation on dates that classes meet. If you intend to plan an absence, you must contact your SPC advisor to discuss this matter in advance. You are also responsible for notifying both instructors of each class you will miss, as well as the PANY office – in advance.

Unplanned absences: If a last-minute illness or emergency prevents you from attending classes, please call and email the PANY office, and also email your instructors and SPC advisor.

Senior Seminars

For the first year following completion of the four-year curriculum sequence, senior candidates are required to attend a seminar, which meets either monthly or weekly during a single trimester. This is designed to focus on later-phase analytic work that the four-year curriculum cannot address due to the brevity of candidates' analytic experience during these early years.

The above-described policies regarding attendance and punctuality pertain to Senior Seminars as well.

Seniors are also encouraged to organize their own study groups. If faculty guidance is desired, you may contact the Curriculum Committee Chair or the Education Committee Chair.

Educational Supervised Psychoanalytic Clinical Work

Supervised clinical work begins at the outset of training. The nature and intensity of this work evolves over time. (See pages 12-17 and Appendix B for detailed information regarding educational supervision.)

**Continuing Medical Education (CME) Credits for MD's and DO's
& Continuing Education Credits (CE) for Licensed Social Workers and Licensed Psychologists**

PANY benefits from Joint Sponsorship with the American Psychoanalytic Association to provide CME's to physicians for your course work. The ACCME has strict guidelines regarding documentation of attendance at each class session. Your instructors keep a record of candidate attendance for PANY submission to the ACCME. The ACCME will not recognize course participation if there are no evaluations of the course, so it's very important that you and your classmates respond to office requests for end-of-course feedback. PANY is also a New York State Education Department approved provider for Social Work and Psychology CE's. If you are planning on requesting CME or Social Work or Psychology CE credits for your course work, please let the office know in advance, if possible, so that we may review the procedures and guidelines with you.

STUDENT PROGRESSION COMMITTEE

The Student Progression Committee (SPC) consists of approximately ten faculty members who meet regularly throughout the academic year to review the educational needs and progress of all candidates. Members of the committee are called SPC Advisors, each of whom has one or more candidate advisees. The SPC has three interrelated objectives: (1) to maintain regular, open, and direct communication so that you know what is expected of you and how you are progressing; (2) to create a sense of partnership in facilitating your developing competence to engage in psychoanalytic work; and (3) to be available for consultation about any issues that you may wish to discuss.

PANY is committed to transparency in its evaluation of a candidate's progress. Supervisors are expected to show their supervisory reports to you before submitting them to the office for review by your SPC Advisor. Advisors are in touch with you on a regular basis in person or by phone and convey the sentiments of your class instructors' and supervisors' evaluations. The SPC tries to address any problems or concerns as they arise.

SPC Advisors

Each candidate is assigned an SPC advisor at the beginning of the first year of psychoanalytic training. The same faculty member usually follows you throughout your candidacy to build a relationship of mutual trust and personal familiarity. Your advisor meets with you at regular intervals to discuss your progress and your thoughts about classes, educational supervision, and anything else that is pertinent to your education. You may also communicate information to the SPC and EC through your SPC advisor. In addition, you are expected to maintain close communication with your SPC advisor to get permission to begin each of your psychoanalytic cases. (See pages 12-17 for more detailed, essential information about this process.)

Every attempt is made to create effective candidate-SPC advisor pairings. However, if for any reason you experience problems in communicating with your advisor, and have attempted to discuss them directly without satisfaction, you are welcome to contact the Chair of the SPC to request a change of advisor.

Candidate and Advisor pairs may agree that portions of their discussions will remain confidential. Alternatively, a candidate might prefer to discuss a personal matter that affects his or her education with a faculty member who is not directly associated with PANY administration. At any point during your candidacy, you may request that any faculty member become a confidential mentor.

SPC Candidate Review Process

Your progress is reviewed on a regular basis with two goals in mind: 1) to keep abreast of your development, your learning needs and how we may best address them, as well as any other matters that are pertinent to your progression; and 2) to communicate feedback transparently about your progress. As you progress to later years of classes and senior status, discussions are guided by reference to your developing mastery of the key psychoanalytic competencies, and clinical immersion delineated on pages 21-27.

In-Class Candidates. The progress of in-class candidates is routinely reviewed twice during each academic year. SPC advisors review your class participation and synthesize comments by instructors and supervisors, from which they prepare a presentation for discussion with the SPC (see evaluation forms in Appendix D). This typically takes place mid-year (late January-early March) and end of year (June-mid July). Additional discussions may take place on an as-needed basis, at the request of candidates, SPC Advisors, supervisors, or the SPC Chair. After each SPC review, advisors meet with their advisees to share feedback and any recommendations that derive from SPC discussion. Following the June-July SPC review, a letter regarding progression is sent to you by PANY's office.

Your SPC advisor is only one source of feedback about your educational development. PCD supervisors write twice-yearly reports and your psychoanalytic case supervisors write an annual report on your clinical work. Both types of supervisors are expected to share their reports in full and to discuss them with you prior to sending them to PANY's office and to your SPC advisor. See guidelines for both types of supervisory reports in Appendix B.

Senior Candidates. Senior candidates are routinely reviewed by the SPC, once each academic year, in Senior Conferences. Your SPC advisor presents a comprehensive summary of your progress that includes: (1) a brief review of class instructors' evaluations over four years; (2) your clinical immersion-to-date; (3) supervisory reports; and (4) the status and quality of your written case reports. Senior Conferences are attended by all of your current supervisors, and occasionally a past supervisor, enabling the SPC and supervisors to engage in an informed discussion regarding your progress toward competency to do independent psychoanalytic work, i.e., toward graduation. The SPC may formulate recommendations regarding how you may best progress. (See the section on "Graduation from PANY" that begins on page 18.)

Following each Senior Conference, your SPC advisor will meet with you to share this information and to discuss any other matters of importance. At the end of each academic year a letter regarding status for the upcoming academic year is sent to senior candidates by PANY's office.

Occasionally a senior asks the advisor to initiate an SPC review of his or her progress. If the matter does not require extensive discussion, the advisor may respond quickly. However, if more comprehensive review is necessary, an SPC conference will be scheduled with your supervisors and the full committee. It may not be possible to arrange this for several months, for a number of reasons including: your SPC advisor needs to prepare a complete presentation; sufficient space must be found on the SPC's agenda; and a feasible date for all participants must be identified.

On-Leave Candidates. We recognize that not every candidate progresses at the same pace, and there can be great value in individualizing a candidate's pace through the sequence of seminars. Occasionally a candidate will go on leave. This may be for personal reasons, or at the request of the SPC, so that you may obtain more clinical experience in preparation for taking on a psychoanalytic case. Interruption is usually temporary and is not viewed negatively. There are a variety of reasons why one may go on leave, but the decision should always be made in consultation with one's SPC advisor. If you are considering going on leave for personal reasons, we request that you finalize your decision by July 1, circumstances permitting, to help PANY's planning.

While candidates' circumstances vary, in general during on-leave years you are expected to continue with your analysis, to meet with your PCD supervisor and/or other supervisor(s) recommended by the SPC; to keep up to date with your annual summaries and/or clinical consultation reports; to remain in touch with your SPC advisor and to pay an annual registration fee. Intermittent candidates are encouraged to attend all candidate and PANY events. A leave of absence is for the entire academic year; there is no partial year leave.

Protracted Leaves-of-Absence. A leave of absence is renewable on a case-by-case basis. Candidates on leave-of-absence are reviewed by the SPC once a year. In an effort to avoid protracted candidacies that are both discouraging and less than optimal educationally, PANY wishes to encourage candidate activity and steady progress toward graduation. We are available to offer assistance toward progression, e.g., mentoring in writing or supplemental PCD or psychotherapy educational supervision. We understand that issues specific to an individual candidate may interfere with such progress, and exceptions to our guidelines can be considered in consultation with your SPC advisor.

Candidates Who Have Not Completed the Four-Year Class Sequence. Candidates who do not take the necessary steps to progress in the four-year class sequence (for any one of a number of reasons, e.g., because they do not develop the requisite number of analytic cases and/or complete the annual clinical summaries required for beginning cases requisite for progression in the class sequence) will be asked to go on leave of absence. If, after two additional years on leave of absence, there is still no progress toward completing the class sequence, the SPC may end your candidacy.

Senior Candidates. Senior candidates who do not take the necessary steps to progress toward graduation for two academic years (e.g., beginning one or more cases for the necessary clinical immersion, completing annual clinical summaries, and/or beginning a requested supplemental educational supervision or writing mentorship) may be asked to go on leave-of-absence. If, after one additional year on leave of absence, there is still no progress toward graduation, the SPC may end your candidacy.

Dismissal

The SPC may end your candidacy under the following circumstances: A candidate on leave of absence who has not made any progress in completing the four-year class sequence after two additional years on leave. A senior candidate on leave of absence who has made no progress towards graduation after one additional year on leave of absence. A candidate who has found to be in non-compliance with PANY's code of Academic Conduct (see Appendix A).

SUPERVISED PSYCHOANALYTIC WORK: GUIDELINES BY LEVEL OF TRAINING

Clinical work is central to your education at PANY. As you begin this exciting venture, we provide extensive educational supervision to assist you.

Over time, the nature of clinical activities and educational supervision progresses with your level of training. Ultimately, each candidate will have supervised experience treating a minimum of three patients in psychoanalysis, of more than one gender, seen at a frequency of 3 to 5 times a week (see “Frequency of sessions for candidates treating their patients in analysis” on pages 14-15). Correspondingly, each candidate should have the opportunity to work with at least three different supervisors during his or her candidacy. At least two cases, of more than one gender, should have progressed beyond the opening phase. One of these must exhibit elements of an Early Middle Phase, and the other, the characteristics of the Advanced Middle Phase (see “Phases of Analysis” on pages 26-27).

We find that there is a correlation between the degree of case immersion during the in-class years and a smooth transition to independent psychoanalytic work. Candidates who begin multiple cases during their four years of classes - as contrasted with meeting minimum clinical requirements for progression from one class year to another – generally are better able to develop psychoanalytic competency and proceed to advanced stages of psychoanalytic work with several patients, as well as to achieve the immersion necessary for graduation sooner rather than later.

It is recommended that candidates make every effort to attend educational supervision in person for as many analytic cases as possible. Educational supervision of the first analytic case is expected to be in-person.

Educational Supervision of Subsequent Analytic Cases

Phone or videoconferencing educational supervision is permitted for the second case or beyond. This request must be discussed with the candidate’s SPC advisor. Candidates and supervisors must ensure that they are using HIPAA compliant solutions and following all HIPAA regulations. Note: This is available for non- LP candidates only, as the NYS Office of the Professions requires in-person educational supervision for all analytic cases of LP candidates (Note: videoconference educational supervision is allowed during public health emergencies).

There are several sources of patients for supervised analysis. Candidates are encouraged to contact the Chair of the Psychoanalytic Consultation and Treatment Service to make their interest in referrals known. You may also consider a patient privately referred or develop one from your psychotherapy practice. With the exception of LP candidates, fees are negotiated between you and your patient and are paid directly to you. Supervisory fees are arranged between you and your supervisor and are paid directly to your supervisor. **Psychoanalytic candidates in the Licensure Qualifying Psychoanalysis (LP) track have special procedures for their clinical work, discussed in Appendix F: LP Candidacy Procedures.**

You must personally inform all patients in analysis that you are in training as a psychoanalytic candidate at PANY and that the analysis is being supervised. However, before doing so, be sure to discuss with your supervisor how best to convey this to the patient. The PANY office may request that you notify the office in writing that you have done so for each analytic patient.

Patient Safety and Reporting

Periodically, in the course of control case treatments-- as can occur in any treatment-- psychoanalytic material may prompt concern for the safety of the patient and/or others. As licensed mental health professionals, we are charged with assessing a patient's ability to refrain from harming one's self or others. Candidates and supervisors should follow directives for safety established by their licensing boards. Additionally, should there be any incident wherein the patient harms him/herself or others, or there are concerns about the risk of a patient harming self or others, candidate and supervisor are required to consult with the PANY Committee on Safety for consultation about reporting to outside agencies, including ACS (Administration for Children's Services). Additionally, a consultation with the committee will also focus on how to handle the pragmatic and emotional sequelae that will occur for both patient and candidate within the psychoanalytic frame, if a report to an outside agency is needed. Should the safety concerns be immediate, the appropriate city/state agencies should be advised without delay. The institute's position on interventions for safety are in-line with professional standards set forth by the NYS Board of Professions.

REQUIRED STEPS TO BEGIN A PSYCHOANALYTIC CASE

It is essential that you follow these procedures! These are not optional.

The **first step** is for you to express to your SPC advisor that you are interested in beginning a new analysis (your first case or any subsequent case) by sending your consultation report on that patient to your advisor. **Do not recommend analysis to the patient prior to this.**

After your SPC advisor has reviewed your report, if he or she believes it is advisable to offer analysis to this patient, you may make this recommendation to the patient. At times approval is obtained quickly, although there are rare occasions when it is necessary for your SPC advisor to review your request at the next SPC meeting.

You should not discuss the case or make arrangements with a potential new supervisor before consulting with your SPC advisor.

Please notify the office when you begin a new case by submitting a new case form at:

https://nyumc.qualtrics.com/jfe/form/SV_eeVTtUe9n7FAxr7

Send the consultation report on this patient to the office as well, protected with the password "train".

All Reports and Forms (Case Reporting Form, Annual Clinical Case Reports) must be up to date in order to begin a new case at any point in candidacy.

First Year Candidates. You will begin a psychoanalytic case during your first year of training. You must have an ongoing case in order to progress to the second year of classes.

Psychoanalytic Case Development Educational Supervision (please be sure to review Appendix B for additional important information)

At the beginning of the first year of classes you are assigned a Psychoanalytic Case Development (PCD) supervisor with whom to discuss clinical material. The goal of these required weekly supervisory meetings is to prepare you – in ways tailored to your individual needs – to begin with a psychoanalytic patient at the earliest time.

Under close educational supervision, you will consult with patients from the clinic, or review patients in your psychotherapy practice to consider whether psychoanalysis might be the optimal treatment for them. If you do not yet have a practice, you will arrange for private office space to evaluate clinic patients to deepen your clinical experience. The PANY office maintains a list of available private offices and circulates periodic announcements of available space.

During the first two trimesters of your first year of classes, candidates complete a minimum of two consultations with clinic patients and/or patients from your practice. Supervisors and advisors typically encourage you to do as many supervised consultations as possible for your educational experience. Your PCD Supervisor will carefully review with you the patient's clinic application and the process of doing a psychoanalytic consultation. (Detailed information regarding clinic consultations appears on pages 28-41.) You and your classmates will present these consultations and learn from one another during a 1st year course entitled "Developing Psychoanalytic Cases through Consultation."

Writing a report is integral to all psychoanalytic consultations and an important facet of PCD educational supervision. (See guidelines on pages 36-41.) If you and your supervisor both feel that a patient is suitable for a trial of psychoanalysis, you are required to present this report to your SPC advisor to set in motion the approval process to begin the analysis.

Although PCD educational supervision is *required* only until you begin a psychoanalytic case, many candidates wish to continue this educational experience to assist them in developing additional cases. PANY is happy to help you to arrange this. Please contact your SPC advisor or Dr. Arden Rothstein (212) 496-0808, aroth275@aol.com to do so.

FREQUENCY OF SESSIONS FOR CANDIDATES TREATING THEIR PATIENTS IN ANALYSIS

The years of psychoanalytic candidacy provide a unique opportunity to participate in an immersive analytic experience with patients while being informed and guided by classroom learning, educational supervision, and one's own personal psychoanalysis (training analysis). This is a special time in an analyst's professional life when engagement in immersive, in-depth clinical work occurs while under the umbrella of a richly supportive educational environment. One of the pillars of this educational journey, the in-depth work with patients that allows for an effective analytic process to develop, occurs as candidates see patients multiple times a week. It is believed that higher frequencies enable a climate where vital information emerges, continuity and intimacy are facilitated, and the patient's and analyst's reactions to each other are deepened and better known. These reactions are among the core and crucial elements of an analytic endeavor, distinguishing analysis from other forms of psychotherapy.

Historically, psychoanalytic training has rested on the premise that the more times per week the patient and analyst meet, the better the chance for the development of an effective analytic process and therapeutic result. There is much to be said for this approach. But entering into a discussion of a specific number of sessions per week that an Institute permits or requires of its candidates during training can concretize and objectify numbers as somehow definitional of the entire enterprise, sometimes even at the expense of clinical judgment. Such discussions have a tendency to veer away from what we at PANY believe is most important when we think about educational aims for our candidates – that the quality of the candidate's work is paramount. We feel it is most meaningful to think about training in this way, qualitatively, rather than focusing on the number of sessions per week.

That being said, since candidates do ask about numbers, and because the number of sessions per week can and does affect the quality of the work, we think it is important to provide some orienting remarks.

We consider the optimal frequency for most analyses to develop an analytic immersive process to be at the higher end, four to five times a week. While this provides the best opportunity for analyst and patient, we also understand that it is not always possible, for a variety of reasons, for candidate and patient to be able to work at these frequencies. Therefore, PANY recognizes that analysis conducted at three times a week may provide an analytic experience that can work well for the patient and for the candidate's development. We also believe that frequencies below three times a week are not sufficient for a psychoanalytic process to develop, although they may be sufficient for a different sort of process to develop, that seen in psychodynamic psychotherapy.

Educational Supervision of the First Psychoanalytic Case

The SPC has the responsibility of deciding when you may begin your first case and every case thereafter. You are expected to begin your first psychoanalytic case during your first year or the summer before your second year. Once you have been approved in principle to begin a case and have developed one with your PCD supervisor that is approved by your SPC advisor, your SPC advisor will recommend an ongoing supervisor who is a Training and Supervising Analyst (TA) certified by the American Association for Psychoanalytic Education (AAPE). While we often try to accommodate a candidate's request for a particular supervisor, the SPC may have specific recommendations that are tailored to your particular educational situation. Some first-year candidates wish to continue educational supervision with their PCD supervisors, which may be possible if that individual is a TA. This possibility should be discussed with your SPC advisor, prior to finalizing any arrangements.

You and your supervisor will work out a mutually agreeable fee, which you pay directly to the supervisor **(except LP Candidates, who have different procedures)**.

Ongoing psychoanalytic educational supervision begins on a weekly basis, and typically remains at that frequency for several years. You should be prepared to present detailed process notes to your supervisor.

Educational Supervision of Subsequent Psychoanalytic Cases

As with your first case, you must send a consultation report about the proposed patient to your SPC advisor, with whom you need to confer prior to recommending analysis to a patient. If your SPC advisor agrees and all your other reports are up to date, your SPC advisor will help you arrange for a supervisor. After password protecting your initial report, you should share it with your new psychoanalytic case supervisor, as well as sending it to the PANY office.

Occasionally it is advisable to change supervisors. This process can be initiated by you, your supervisor, your SPC advisor, or the SPC. You should feel free to consider this option in consultation with your SPC advisor.

Second Year Candidates. Candidates entering the second year of classes must have at least one ongoing case, preferably by the first meeting of the first trimester, but no later than the fourth class of the first trimester. If not, he or she will need to wait until the following year to join the next second year group. We strongly recommend that you continue to seek and develop additional psychoanalytic cases during this year, since doing so enriches your education and you will need to be working with a second patient to proceed to the third year. A PCD supervisor is available to assist with this process. If a second year candidate loses a case mid-year – and thus does not have the requisite analytic immersion – he or she can proceed with classes with the understanding that active effort is under way to pick up a new case as soon as possible.

Third Year Candidates. Usually, candidates entering the third year of classes must have at least two ongoing cases, preferably by the first meeting of the first trimester, but no later than the fourth class of the first trimester. Those who do not meet this case requirement must go on leave of absence from classes, while continuing to develop the necessary cases to proceed in the class sequence. We encourage you to develop a third case. A PCD supervisor is available to assist with this process. A candidate who lost one of his or her two cases and has not replaced it by the fourth class of the third year will need to wait until the following year to join the next third year class, while continuing to develop another case or cases. If a candidate loses his/her second case in the second or third trimester and does not have two ongoing cases for two weeks or more of a trimester, s/he must repeat the Continuous Cases for that trimester or those trimesters after completing the fourth year of classes.

Fourth Year Candidates. To begin the fourth year, candidates must have at least two ongoing supervised analytic cases, preferably by the first week of the first trimester, but no later than the fourth week of the first trimester. A candidate who does not have two ongoing cases will need to wait until the following year to join the next fourth year class. A candidate in the fourth year who does not have two ongoing cases for two weeks or more of a trimester or trimesters must repeat the continuous case course for that trimester or those trimesters in the first academic year s/he has two ongoing cases.

Some candidates who do not have the required two cases by the fourth class of the first trimester nevertheless elect to proceed to fourth year classes with their classmates. This is done with the understanding that they must repeat fourth year clinical case seminars in the next academic year when they have the requisite two cases.

Third and Fourth Year Candidates. Candidates who have no ongoing cases before either the third or fourth year of classes do not have the option of staying with their class. This is because, in the absence of concurrent clinical experience, the educational experience would be too compromised.

Senior Candidates. Supervised analytic work continues, in addition to a one-year long senior seminar. Advanced candidates are often authorized by the SPC to begin a case with less frequent educational supervision or to work independently once a case is well underway. Even so, before beginning with any patient, you need to consult with your SPC advisor about the patient, submit an initial report on that patient, and be up to date on yearly summaries on your other patients.

Frequency of Sessions

If you and your supervisor agree that reducing the frequency of supervisory sessions is appropriate, please contact your SPC advisor to discuss this possibility, which will be reviewed by the Student Progression Committee. Although the frequency of supervisory sessions may be reduced or suspended as a case progresses, educational supervision is always resumed during the termination phase of an analysis.

If the termination phase is reached *after* you graduate, you should *still* resume consultation with the supervisor during this phase of the analysis.

REPORTS AND FORMS

Case Reporting Forms – Due February 1, June 1 and October 1

Three times per year the office will send you a link for an online form on behalf of the Education Committee Chair to update your PANY-related clinical work: your recent clinic consultations, and supervised psychotherapy and psychoanalytic cases. We ask that you please return this form promptly, even if you have no active cases.

Annual Clinical Case Reports (psychoanalytic process summaries) – First Draft Due before summer break and Final report due no later than September 30

Annual Clinical Case Reports (psychoanalytic process summaries) on each analytic case are due once each year no later than September 30. Reports are required for all ongoing cases, as well as those which have interrupted or terminated since the previous September 30.

The process of writing Annual Clinical Case Reports (psychoanalytic process summaries) provides a rich educational opportunity to reflect on trends over the past year. You and your supervisor should begin discussing your case in overview in the late spring, in preparation for the first draft you are expected to give your supervisor prior to your mutual summer break. You are expected to revise your report, according to supervisory feedback, and complete your final report no later than September 30.

Some additional information about these reports:

Your supervisor should review the final draft of your Annual Clinical Case Reports (psychoanalytic process summaries) before you send it to EllaRose Chary in PANY's office, as well as to your supervisor and your SPC advisor.

All drafts and reports sent by email must be password-protected with the password "train". If you are not sure how to do this, contact the PANY office.

See Appendix E: Guidelines for Writing Annual Psychoanalytic Process Summaries, for guidelines on writing these reports. In addition, you can request to read sample reports that are password protected on file in panydropbox.

The only exception to the September 30 due date is a case begun April 1 or later of an academic year. In such a case, the report is due the following September (for example, the first annual report for a case begun on April 13, 2021 would be due September 30, 2022).

Cases that interrupt or end during training prior to a planned termination should formally be closed by submitting a closing summary to the office and to your SPC advisor after the summary has been approved by your supervisor.

Having your casereports up to date is a prerequisite for clearance both to begin with an additional analytic patient, or to be sent a clinic referral.

GRADUATION FROM PANY

NON-CLINICAL ACADEMIC ASSOCIATES

PANY offers a limited number of candidate positions to professionals who seek an academic education in psychoanalysis to broaden their own professional perspectives. Once they have completed the four-year didactic course sequence, they receive a letter awarding them Academic Associate status. Academic Associates are eligible for Academic Associate Membership status of the American Psychoanalytic Association and PANY, as well as Associate Faculty of PANY.

CLINICAL PSYCHOANALYTIC GRADUATES

Graduation from PANY means recognition of your competency to conduct an independent psychoanalytic practice, and your fulfillment of the educational and ethical standards of PANY. It is a great accomplishment, a milepost on the lifelong journey of professional learning undertaken by psychoanalysts.

PATHS TO GRADUATION

Consideration for graduation may be initiated by you or by your SPC advisor, and may also arise in the context of an SPC review. If you believe you are eligible to graduate, please bring this to the attention of your SPC advisor, who will ask the SPC to review the request. If the SPC decides that a formal graduation discussion is warranted, this discussion will include your SPC advisor, your supervisors, and members of the SPC. Such a discussion usually takes some time to arrange. The process is essentially the same if initiated by your SPC advisor.

The SPC is interested in the overall quality of the candidate's development as an analyst. At the same time there are minimum case requirements. PANY understands that not all psychoanalytic treatments are ideal for a variety of reasons that may or may not be related to the quality of the candidate's efforts. The SPC pays particular attention to how the candidate worked with each patient and to his or her analytic understanding of what happened in the treatment. Candidates are occasionally concerned about whether a case will fulfill graduation requirements for clinical immersion (i.e., "count") if the frequency of sessions attended does not meet the 3-5 times weekly requirement for a portion of the treatment or if the treatment ends prematurely. All cases are evaluated by the SPC in the context of the entire body of the candidate's work.

Graduating candidates are considered for faculty appointments. The Faculty Appointment Committee, which includes the Faculty Search Committee, the EC chair, and PANY director will meet shortly before the EC graduation discussion of the prospective graduate and then presents its recommendation to the Education Committee, which decides on the faculty appointment.

Specific Graduation Requirements

- (1) You have been in a personal analysis for a substantial period of time during your analytic work with your training cases;
- (2) You have engaged in supervised analytic work at a treatment frequency of three to five times weekly with a minimum of three adult non-psychotic patients; see page 14-15 for remarks on the frequency of sessions.
- (3) At least two cases, of more than one gender, have progressed beyond the opening phase. One of these must exhibit elements of an Early Middle Phase, and the other, the characteristics of the Advanced Middle Phase (see "Phases of Analysis" on pages 26-27);
- (4) You demonstrate most of the analytic proficiencies described in "Elements of Psychoanalytic Competency" (pages 21-25) indicating the ability to work independently;
- (5) You have adhered to PANY's Academic Code of Conduct for Candidates (see Appendix A)
- (6) Written reports on all supervised psychoanalytic training cases and clinic consultations are up to date;
- (7) You have presented at a Continuous Case course at least once during candidacy; a psychotherapy case developing into an analytic one can be used for first continued case seminar;
- (8) You have presented in an All-PANY Clinical Case Conference one time during your candidacy;
- (9) Tuition payments and registration fees have been paid in full.

While the input of supervisors is crucial to these deliberations, no single supervisor has an overview of his or her supervisee's candidacy and, therefore, cannot determine your readiness to graduate. The supervisor has the best grasp of your work with the patient being supervised.

The SPC reviews your entire educational experience to determine your fulfillment of specific requirements and substantial, progressive achievement of the clinical competencies PANY deems necessary for independent psychoanalytic work.

If the SPC concludes it is educationally optimal for you to have additional experience (e.g., to begin an additional case, to have further educational supervision with an ongoing case, or to work independently on a case previously supervised), this will be communicated to you by your SPC advisor.

If the SPC concludes that you are ready to graduate, it will make this recommendation to the Education Committee (EC). The EC is the body responsible for the final determination of eligibility for graduation. Your SPC advisor attends an EC meeting to present an overview of your training and the process by which the SPC arrived at its recommendation. On rare occasions the EC requests additional information or discussion following this presentation.

In the event of a disagreement between the SPC and a candidate regarding the candidate's readiness to graduate, an appeals process is available to the candidate. If you strongly disagree with the SPC's recommendation for further work prior to graduation, you may request a review by the Student Grievance Committee (SGC), which is an ad-hoc subcommittee of the Education Committee. The subcommittee consists of the EC Chair and two other EC members chosen by the EC Chair, neither of whom are on the SPC nor have supervised you. The subcommittee meets with you and with the SPC Advisor (or SPC Chair), and may avail itself of materials as needed (SPC reports, supervisory and/or instructors' evaluations, etc.). Two possible outcomes of this review are: 1) the subcommittee endorses the SPC's position; or 2) the subcommittee requests that the SPC reconsider the candidate's record in light of new or expanded information. Should the SGC decision be unsatisfactory to you, a final recourse would be for you to request a hearing before the full Education Committee to directly appeal your case.

If you do not want to abide by a recommendation for further training and you have completed the four years of classes, you will be offered a "nonclinical graduation" with a formal letter of completion of PANY coursework. You then become an "Academic Associate," PANY's term for nonclinical graduate, at which point the EC determines if you will then be invited to become an Associate Faculty. As an Academic Associate you are also eligible for affiliate membership in APsA.

Reminder! A terminated case is not required for graduation, and it is the responsibility of the graduate to resume educational supervision during the termination phase of all analyses begun during candidacy, even if the termination occurs post-graduation.

Elements of Psychoanalytic Competency

The following categories inevitably overlap but are useful in orienting candidates, supervisors, and the Student Progression Committee in thinking about the development of analytic skills.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not - during candidacy, by the time of graduation, and throughout one's career. The proficiencies will emerge as part of one's learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and educational supervision that a judgment can be made about your ability to work independently, and thus to graduate.

Analytic Attitude and Stance

A. Exercises good clinical judgment

- During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training.
- In helping the patient transition from the consultation or psychotherapy into analysis.
- Throughout the analysis.

B. Capacity for analytic listening

- Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude.
- Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate.
- Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning.
- Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised.
- Focuses predominantly on the internal world of the patient.

C. Dependability, steadfastness, patience, and commitment to the analytic task

- Sustains capacity for empathy.
- Works effectively with defenses, resistances and transferences, including when these become entrenched.
- Tolerates not knowing, ambiguity and frustration.
- Observes and respects personal and ethical boundaries.

Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient.
- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient.
- Is aware of personal limitations in working with certain types of patients.
- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy.
- Notices and is motivated to analyze one's own mistakes and enactments, and can recover from a loss of analytic stance.

Interventional Skills

A. Effectiveness of interventions

- Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions).
- Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient.
- Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions.
- Grasps the nature of a patient's response to interventions and reflects on its meaning.
- Helps the work broaden and deepen, facilitating patients' progress in their analyses.

B. Flexibility of interventions

- Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions.
- Considers whether working in the transference or outside the transference at given moments will further the analysis.
- Works effectively with surface and depth, defenses and wishes.
- Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past.

Conceptual Skills

- Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized.
- Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit.
- Follows the flow of material within the session, as well as the macro-development of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis.
- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change.

Written Reports

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive.
- Able to convey process: what led to what in the analysis.
- Conveys and reflects upon problems and struggles in the analysis as well as future challenges.
- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished.
- Reflects on the role of educational supervision in the work with the patient.

Supervisory Process

- Presents material candidly and lucidly.
- Accepts and learns from constructive criticism.
- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find his or her own "analytic voice."
- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently.
- Recognizes the indications for and is willing to seek supervisory input in the future.

INTRODUCTION AND BACKGROUND TO SEX AND GENDER COMPETENCIES AND CHANGES IN CASE REQUIREMENTS

The understanding and expression of sex and gender has evolved, particularly in recent years, presenting challenges and opportunities to psychoanalytic theoreticians, practitioners and educators.

In order to consider the relevance of such developments for our institute's standards and educational goals, PANY established a Task Force (TFSG) on Sexuality and Gender, chaired by M. Carmela Perez. As a result of its discussions, the task force has recommended a change in the case requirement for graduation and an addition to the Competency Criteria used to assess candidates' progression. (The addition to the Competency Criteria is appended at the end of this document.)

Regarding the case requirement: Until recently, most analytic organizations have stipulated that a candidate must have experience working analytically with a male and a female patient as a requirement for graduation. This stipulation is being revised by many organizations. AAPE requires patients "of more than one gender," although some of its member institutes continue to stipulate "a male and a female." ABP requires "patients of different genders;" ACPE includes: "...experience treating patients from diverse populations." IPA has retained the aforementioned educational standard of a male and female. APsA uses the IPA standards as "a baseline," but it leaves to individual affiliate institutes "the local option to require additional standards if they so choose..."

The TFSG has recommended that PANY's requirement be "more than one gender." This will replace "one of each gender," which had replaced "a male and a female." (The requirement for Training and Supervising analyst for PANY and AAPE has already been changed to "more than one gender.")

As can be imagined, the change in the wording is not without controversy. Some believe that candidates should experience, during the brief period of their training, what it is like to work with a cisgender male and female; that development is based on this foundational anatomy and gender; and that it is important to understand how sexual issues play out in the analyses of what we assume will be the majority of patients they work with.

Others, though they agree about the likely majority of patients one will treat, believe it is too restrictive to specify only a male and female as the requirement, because there is much to learn from all variations of sex and gender.

During training, especially in the crucible of the analytic endeavor, it is hoped that candidates will develop the skills to be open to whatever they learn and encounter; that they will experience and appreciate the value of a deepened analytic process; be able to handle a myriad of transferences and counter-transferences; develop a non-rigid approach to theory and technique together with an understanding of the contemporary challenges to these; have the ability to self-supervise, self-correct and continue to learn. Prescribing what patients a candidate needs to work with could be restrictive to our educational ethos. As educators we hope to counsel candidates who are seeing only the same type of patient, whether they be male, female, transgender, heterosexual, homosexual or bisexual. And related to this, the TFSG felt it necessary to add a subset of competency criteria.

Current social and cultural shifts in attitudes, practices and laws regarding sex and gender, along with the increasing open-mindedness of psychoanalysts about classical views necessitate an urgent, long overdue, deep and thorough consideration of the complicated biologic and psychological substrates that influence development and intrapsychic conflict. Sex and gender are not strictly binary in their development, outcomes and manifestations.

The controversies about origins, development and conflicts are best presented in a variety of forms, including coursework, scientific presentations, workshops, and scholarly papers.

Competencies Relating to the Role of Sexuality and Gender

- Demonstrate clinically applicable understanding of contemporary psychoanalytic and psychosocial theories of gender and sexuality.
- Aware of and able to reflect upon the meanings and impacts of the patient's gender and sexuality as intra-psychic and social experiences.
- Understand the patient's experience of the sex of their body.
- Understand transference and countertransference experiences relating to each member of the dyad's gender and sexual identities and how these affect the analytic process.
- Consider developmental aspects of gender and sexuality through the lifecycle.
- Demonstrate the capacity to think analytically about changes in gender and sexuality that may occur in the analysis.
- Include relevant aspects of gender and sexuality in annual psychoanalytic case reports regarding, but not limited to role-responsive empathy, conceptual understanding, and analytic technique.
- Make productive use of educational supervision to enhance learning and skills related to gender, sexuality, and the identity issues involved.

INTRODUCTION AND BACKGROUND TO RACE AND ETHNICITY COMPETENCIES

Role of Race and Ethnicity

In our society, we are all members of various races and ethnicities which, by definition, include affiliations with cultures, religions and nationalities. These complex concepts do not lend themselves easily to singular understandings, nor should patients or analysts be reduced to "competencies about the other." We recognize, however, that it is necessary for analysts to be cognizant and reflective about the many facets of an individual's identity- race and ethnicity being part, not the whole- and must be understood and accepted for effective clinical work. This begins with the analyst developing competency in understandings of the analyst's cultural context and identity. It is not that the patient is different- it is that the patient and analyst are different from one another.

Both analysts and patients are influenced by multiple systems within society and culture. Race and ethnicity function with and within class, gender, religion, language, et al. These influences exist within current and larger historical contexts that are significant aspects of patients' and analysts' psychic and social lives. Developing effective clinical knowledge and skills to consider and address the role of race and ethnicity is an on-going process that requires continuous commitment to learning about oneself and one's patients. It is important to acknowledge that understandings and expressions of race and ethnicity, how they are presented individually and within groups and communities are dynamic and ever-evolving.

Competencies Relating to the Role of Race and Ethnicity

- Aware of contemporary psychoanalytic and psychosocial theories of race and ethnicity and how experiences of power, privilege and oppression can be analytically considered within the psychoanalytic relationship.
- Aware of and able to reflect on the meanings and impact of one's own and the patient's race and ethnicity, as both intra-psychic and social experiences that are also created by the dyad within the analytic space.
- Able to provide consultation and treatment while acknowledging conscious and unconscious racial and ethno-cultural biases in both analyst and patient, being open to recognizing and engaging them.

- Able to approach one's own and patient's implicit and explicit racial and ethnic material with openness and curiosity.
- Understand transference and countertransference experiences related to both members of the dyad's racial, ethnic, cultural and religious identities and how these affect the analytic process.
- Consider the influences of race and ethnicity in identity development through the lifecycle and how these intersect with larger sociocultural contexts.
- Discuss relevant aspects of race and ethnicity in annual psychoanalytic case reports, including in considerations of transference and countertransference.
- Make use of educational supervision, self-reflection and professional consultation to enhance self-awareness, learning, skills, and to address clinical challenges related to race and ethnicity and the multiple identity issues involved for both analyst and patient.

Phases of Analysis

The following schematic description delineates many key aspects of a developing analytic process. It is characterized most importantly by processes that focus on the analysis of transference manifestations in relation to the person of the analyst. However, this does not imply that all analyses follow a linear course; few analyses are “typical” and many variations occur in successful analyses. For example:

There may be sudden shifts in the balance between expressions of transference and resistance, temporary advances and/or regressions, unexpected enactments, crucial insights that are seemingly lost, and external events that impact the analysis (e.g., insurance issues, job changes, educational requirements, marriages, births, deaths, the patient’s and/or the analyst’s health, and the like). These and many other occurrences require the analyst to be flexible, patient and open to the unexpected with patients and with his or her responses to these situations.

Transference elements may often be effectively analyzed in relationship to significant others in the patient’s life; work with some patients may involve exploration of challenges to the frame repeatedly throughout the analysis or at later phases rather than being restricted to the opening phase.

The analyst’s increasing confidence and clarity of understanding in midphase may alternate with periods of uncertainty or even perplexity. Furthermore, the technical emphasis of the opening phase may differ for some patients with more severe pathology.

We offer the following description of the phases of analysis to candidates at PANY as an educational tool that can be useful in discussion with supervisors, SPC advisors, and continuous case instructors, as well as for personal reflection, while simultaneously recognizing that there can be controversy about what constitutes an analytic process.

Opening Phase

The analyst and analysand begin to experience being with each other in this new and unusual relationship in which the patient is invited to share whatever comes to mind while (typically) lying on the couch without face to face contact with the analyst. The patient begins to learn that it is useful to share with the analyst not only symptoms, but a variety of data, such as childhood experiences, what is going on in the here---and---now, dreams, slips of the tongue, visual images, bodily sensations, and thoughts and feelings about the analyst. As the patient starts to appreciate that meanings attached to these experiences may be inter---connected, he or she also begins to understand how to work with this material. A major aspect of analytic work in this beginning period involves helping the patient to become aware of his or her resistances, and to begin to realize the power of these manifestations of defense in order to become attentive to and understand the ways they may appear, as well as the conscious and unconscious affects they are intended to avert. In other words, the patient begins to become aware of the existence of internal conflict. These resistances are often expressed in challenges to the frame in contexts such as establishing analytic frequency, the fee, free associating, using the couch, and the handling of missed sessions and personal questions about the analyst. In addition, both analyst and patient begin to recognize some elements of their transference and countertransference reactions, and the patient becomes increasingly aware that there is a dynamic unconscious. The time period necessary for this beginning work varies widely for different patients; in rare instances it may take months, but more often one to two or three years, and even longer with some patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the patient, and the analysis as a structure and process can become increasingly stable. An initial focus on reporting of symptoms begins to give way to a greater emphasis on the meanings of symptoms and on character.

Transference--- countertransference manifestations are gradually clearer as more and more derivatives offer evidence that support the analyst's interpretations, especially as resistances are worked with analytically. They may be experienced in fantasies and enactments expressed verbally or in action. These provide useful material for both patient and analyst to explore, and result in both the patient's fuller awareness of transference and the analyst's greater awareness of both transference and countertransference. The analyst often experiences more confidence in understanding the analysand's psychology and in his or her interventions. This, too, is subject to vicissitudes and challenges to certainty – as evidence may emerge that requires revision of previous interpretations. Some modifications are often observable in the patient's defensive style and ability to reflect on internal states and motivations – including the patient's reflecting upon the internal state of the analyst - as well as resistances to doing so. As this phase develops, with its deepening of the transference (and the patient's fuller appreciation of it), the analyst's interventions may place a greater emphasis on the here-and-now of the patient's mind within the session and less on the external life of the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to the patient. The patient-analyst pair engages in increasingly productive analysis of transference-countertransference patterns that have become more clear, interpretable, and workable, as well as reconstruction of the influence of childhood experiences, including traumatic events that have shaped childhood and current experience. Interpretations of specific content in these areas may become more prominent relative to work on defense and resistance. The patient's productions are usually more coherent, so that links between transference and extra-transference, and past and present become more evident and accessible to the patient and analyst. This may contribute to the analyst's increasing pleasure and/or freedom to interpret. Core conflicts are worked on over and over again in an affectively vivid way in the here-and-now and there-and-then, as various facets of these conflicts become manifest in the patient's life as well as in the analytic situation; the patient can also better appreciate connections between the two. Some significant changes in the nature of the relationship with the analyst, and/or in the patient's life outside the analysis, usually take place. The patient also evidences greater ability to engage in self-analysis; s/he notices new resistances as well as the old defensive patterns and some increased flexibility to use a greater variety of defenses, and a more developed and differentiated affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an appreciation of the conflicts that underlie manifest complaints, although the latter may not always remain conscious. By this time the patient has a fuller, more complex, and nuanced view of the personal narrative presented at the beginning of the analysis, and there is significant improvement in the problems that brought him or her into treatment. Core conflicts and complaints are inevitably revived, although usually - but not invariably - with less intensity, as termination is anticipated. This period offers an opportunity to further elaborate these core conflicts in the context of the impending loss of the analyst as a representative of old object relationships, as well as a real person and a daily presence. This work is done with a greater sense of independence from the analyst, including a greater capacity for self-analysis. Emotional appreciation of the reality and meanings of loss is inevitable (and necessary for an internalization of the analytic relationship and process to become structured). Themes of loss and mourning are common, as the patient relinquishes idealized fantasies that pertain to the analyst and to him or herself, even after the completion of a successful analysis. The analyst also deals with the loss of the patient and his/her countertransference responses that often mirror the patient's experiences of object loss. Both parties develop an awareness of the limitations of the treatment and an appreciation of what it has accomplished.

CONSULTATION AND TREATMENT SERVICE/ "CLINIC" GUIDELINES

More than twenty-five faculty and candidate members work on PANY's Consultation and Treatment Service, also called "PANY Clinic," or the Clinic Committee. It is currently chaired by Jason Wheeler, PhD, (jasonwheelerphd@gmail.com 646-823-6113). The mission of the committee is to serve both PANY and the New York City community by matching the educational needs of PANY candidates with the clinical needs of our patient applicants. Individuals seeking treatment submit an application to PANY and the Chair will either refer directly to a candidate for a consultation for psychoanalysis, psychotherapy preparatory to analysis, or psychotherapy or enlist a Committee Member to attain additional information during a telephone screening and then refer the patient. Doing consultations are a crucial part of your training and all candidates are expected to do consultations for clinic applicants even if the candidate decides not to take the applicant into his or her own practice.

The Consultation and Treatment Service is a "clinic without walls," since patients are seen in the private offices of our candidates. The Consultation and Treatment Service works closely with the Student Progression Committee, the Case Development Supervisory program, and the Psychotherapy Committee. In addition to general administrative clinic functions, the Committee is involved in promoting these clinical services to the New York community.

Psychoanalytic and psychotherapy candidates from all class years may see clinic patients in consultation and in treatment. Over time, doing consultations will contribute to the growth of your practice and help you to engage psychoanalytic and psychotherapy patients.

The task of the consultation is to understand enough about the patient to formulate and communicate a treatment recommendation. Consultations should, ideally, last no more than 3 sessions, with the goal of determining whether or not you will continue to treat the patient in any capacity. A fourth session can be added if necessary, but the lengthier the consult, the greater the risk of the patient getting attached to the candidate and the less likely it will be that a patient will follow through on a referral to someone else if the candidate does not plan to continue. If you decide to treat the person in psychotherapy, the final decision about analysis can be made over time. Most clinic patients end up in treatment with our psychoanalytic or psychotherapy program candidates. The most frequent recommendations are for psychotherapy, psychotherapy preparatory to psychoanalysis, and psychoanalysis.

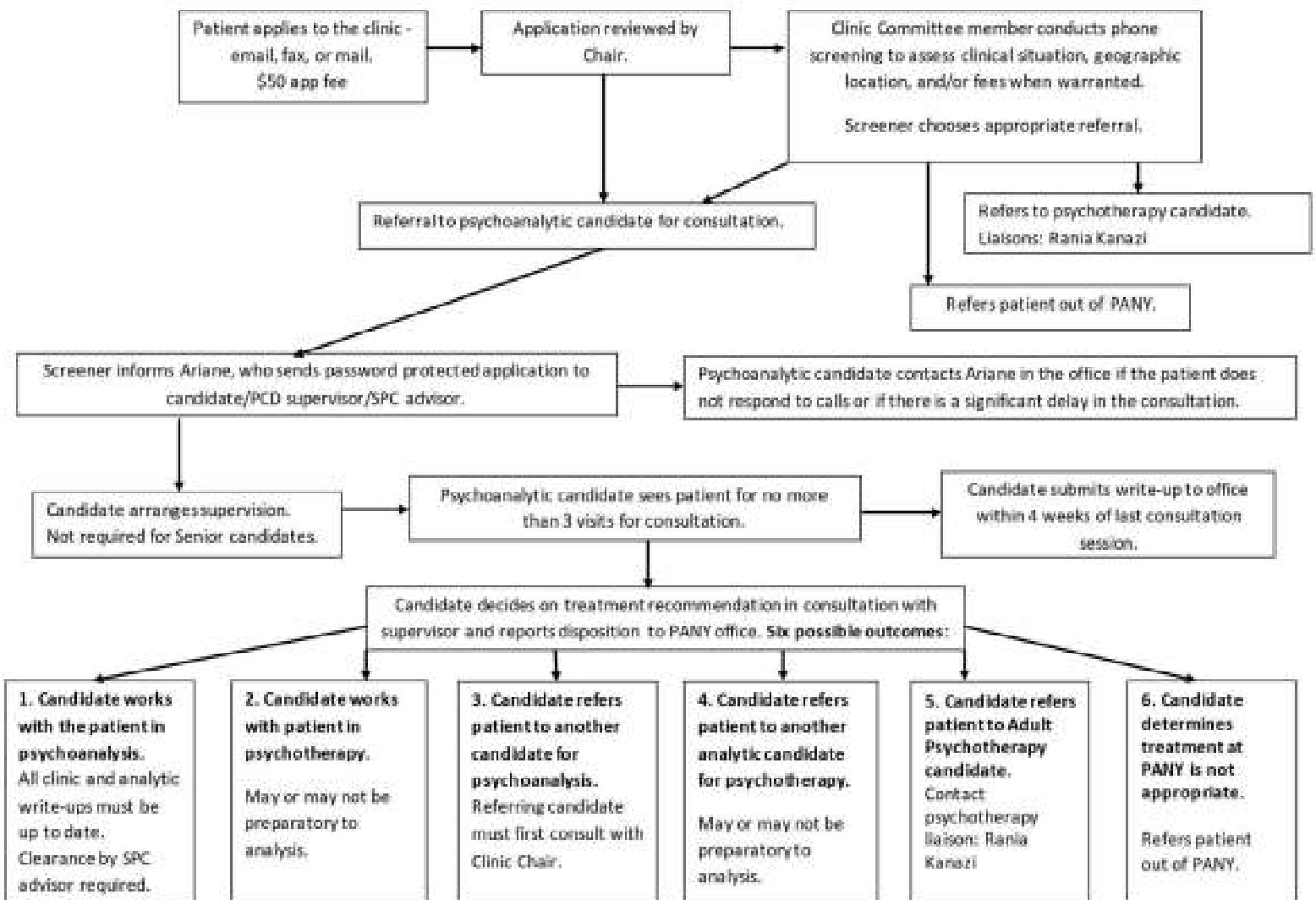
The flow chart on the following page lays out the consultation process and candidate responsibilities. LP candidates must follow a slightly different process that is delineated in Appendix F: LP Candidacy Procedures.

Please keep the office up to date about any insurance panels you accept or move off of.

Potential applicants often call the office looking for a treatment provider who accepts a particular insurance, if you are on the panel and keep the office up to date with that information, it will increase the number of referrals to you and save time for the office.

PANY Treatment and Consultation Service Flow Chart

Rev. 11/6/23



STEP 1: Patients Apply to the Clinic

The richness of New York City's diversity is reflected in the pool of applicants for treatment, who vary widely in cultural background, occupation, age, educational level, financial means and spectrum of pathology.

Although prospective patients know that they are applying to a psychoanalytic service, most applicants do not know much, if anything, about psychoanalysis. They find us through internet searches and referrals by friends and co-workers. Referrals from mental health professionals and from the NYU community (faculty, staff and students at both the downtown and medical center campuses) are the next most common sources.

Applicants to the clinic fill out a brief form, the clinic application (viewable on the PANY websites, and pay a \$50 fee to PANY for the three session consultation. Applications are sent to the email nyu.pi@nyulangone.org.

STEP 2: Clinic Coordinates Consultation by Candidate

The clinic chair reviews each patient application and will either refer the applicant directly to a candidate for a consultation or enlist a Committee Member to attain additional information during a telephone screening and then refer the patient. The co-chair or the committee screener may contact you to discuss the case briefly and to ask if you are available to do a consultation; at times the office will email you at the request of Dr. Wheeler to inquire about your availability to do a consultation. We take a variety of factors into account when choosing which candidate to contact to perform the consultation, including which candidates are looking for cases and their clinical experience, patient preferences for geographical location or therapist gender, and input from the SPC and PCD supervisors.

If you agree to see the patient, the PANY program coordinator will email you the patient's application in a password-protected format. The clinic screener or the office will give the patient your contact information, with the understanding that the patient will take the initiative to reach you. If an applicant has not had a telephone screening, the candidate will be the first clinician to establish contact with the patient. **If you do not hear from the patient within one week, please let the PANY program coordinator know by phone or email and she will follow up to make sure the patient has your correct phone number.**

It is up to you to initiate the process by which the consultations are assigned to you. We expect that most candidates will be ready to accept consultation assignments within the first month or two of their training. If you are a first-year candidate, please check with your PCD supervisor for clearance to begin accepting patients for consultation. Candidates from all class years should inform the clinic chair by email (jasonwheelerphd@gmail.com) whenever you are interested in and prepared to accept a new consultation assignment.

Candidates do not charge for clinic consultations — the three evaluation visits are included as part of the \$50 application fee.

If there is a significant delay in the progress of the consultation for any reason, let your supervisor and the PANY Program Coordinator know, and document what happened in your final written report on the consultation. Please keep in mind that despite initial screening by the Clinic Committee, some applicants are not suited for psychodynamic treatment; substantial difficulty in setting and keeping appointments may be a meaningful counter-indication.

STEP 3: Candidate Arranges Educational Supervision for Every Consultation

If you are a first year candidate, your PCD supervisor will receive a copy of the patient's clinic application when you do. You are expected to discuss the application with your PCD supervisor prior to your first meeting with the patient, and you should continue regular supervisory appointments throughout the consultation to closely review subsequent meetings. It is very important to space out each consultation appointment to allow yourself time to carefully discuss the material that comes up in each appointment with your PCD supervisor. After the second consultation appointment, you should discuss with your PCD supervisor the decision about whether you will continue with the patient you are seeing. The discussion – prior to your third consultation appointment -- will also include your recommendation, and issues of fee and scheduling with the patient that you will explore in the third consultation session. If you are concerned about the patient's ability to pay a fee you can accept, you can present the situation to the patient in this way (with language tactfully adjusted to the particular patient): "This is the treatment I recommend. This is the fee that I charge. If that is manageable for you, we can continue to work together. If it isn't, I will find a referral for you."

For at least the first three or four clinic consultations you conduct, you should plan to schedule one PCD supervisory session prior to each of your three meetings with the patient; typically, this will mean that consultation appointments are scheduled about a week apart.

After you have completed several consultations, you and your PCD supervisor can adjust supervisory input to meet your developing competence and comfort with consultations in this setting.

Even when a consultation is brief and relatively straightforward, supervisory input from a faculty member is a PANY requirement. Candidates who have begun analytic cases and who no longer have PCD supervisors but who are seeing new clinic patients can arrange for educational supervision of clinic consultations in two ways. You can contact Arden Rothstein, PhD at 212-496-0808 to arrange for ad hoc in-person educational supervision; or you can contact a clinic committee faculty member to arrange for phone educational supervision. Clinic committee members available for phone educational supervision of consultations are: Jason Wheeler (jasonwheelerphd@gmail.com) and Marvin Nierenberg, MD, (212-874-6484). Senior candidates may accept patients in consultation without regular educational supervision but we recommend that you run the outcome/disposition by a supervisor or by a clinic chair.

Your consultation report on each clinic patient must be completed before a new patient can be referred to you. Guidance in writing reports is an inherent part of PCD educational supervision. Be sure to give your supervisor a copy of your completed consultation write-up (see guidelines beginning on page 39).

Candidates in the licensed psychoanalyst (LP) track have some special requirements for clinical recordkeeping (charting requirements) and supervisory input. Please consult **Appendix F**.

STEP 4: Candidate Consults With the Patient

Overview

We believe that the consultation process has educational value in and of itself, whether or not it results in a psychoanalytic case. Objectives of the consultation include more than simply ruling the patient “in” or “out” for psychoanalysis. They include learning enough about the patient’s presenting complaints in the context of his or her current situation and life history to make the best possible treatment recommendation, and helping the patient understand and accept that recommendation. The consultation should also be helpful in its own right. It offers a special - and in many ways unique - opportunity for the patient to express him- or herself and to receive thoughtful feedback from a concerned professional.

We recognize that you have a lot on your mind as you start doing consultations: the challenge of learning a complex new process, the task of gathering a lot of information in the relatively short time frame of three sessions, and “thinking on your feet” with the patient while also trying to register and remember enough detail to write process notes for presentation to your supervisor. We understand that this is not at all easy. As with all aspects of our analytic work, psychoanalytic consultation skills are a lifelong learning process.

Clarifying the Frame of the Consultation with the Patient

At the outset of the consultation it is important to speak briefly, in person, about what you plan to do. Your supervisor will help you think about ways of introducing yourself and the consultation process. Eventually you will develop your own personal style of establishing the frame for the work.

Generally speaking, it is helpful to state that you’ll probably be meeting for several sessions to understand enough about the patient’s background and current situation to make a recommendation about what might be helpful. You should explain that a maximum of three visits is usually sufficient to complete a consultation and tell the patient that there will be no charge for these consultation visits. Also explain that you may or may not be the therapist who ultimately treats the patient. This latter point is important so that the patient ultimately doesn’t feel misled if you end up referring him or her to another clinician or treatment setting.

Consultation Process and Content

While preparing for and then engaging in the consultation, think about how structured or how open-ended you want to be in fostering the patient’s conversation. Patients will vary tremendously in terms of the amount of structure they might require in helping them to tell their story and express why they have come for consultation and treatment. Too much structured questioning can impose your own way of thinking and interfere with getting to know the patient’s individual expressiveness. Too little structure in early sessions could be experienced by some patients, especially those with little or no prior experience in psychotherapy, as strange and inhibiting. Some patients may benefit from and even prefer minimal structuring by the interviewer, but please avoid the outdated and much caricatured style of the distant and silent interviewer. Take note of how much structuring intervention your patient seems to require; this is one useful source of information about the patient’s psychology, and about how treatment might proceed.

Many patients will benefit from your active engagement in the form of naturally pursuing your curiosity with questions and remarks, while at the same time respecting the patient’s own manner of delivering his or her story. Gathering facts for the purpose of obtaining an encyclopedic history for a write-up or educational supervision is less helpful than fostering a process in which the patient’s history emerges through the vehicle of his or her own associative tendencies, helped along by a modicum of structure. In reviewing many hundreds of candidate write-ups over the years, our faculty has noted that long reports filled with biographical details³² and isolated facts are often less helpful than simpler, lively accounts in which the patient’s narrative and history comes to life.

It takes a long time for most of us to develop the art of providing enough scaffolding to gather valuable information about a patient's history and current situation while at the same time not overly controlling the interview. It is an ever-developing skill.

In terms of the sorts of clinical information that you might seek during the consultation, see the Consultation Report section below.

How many visits constitute a consultation?

One session is usually insufficient. Meaningful insights often develop in the course of a two or three visit consultation during which the patient has an opportunity to express his or her reactions to the prior meeting. We seek a balance in which enough information emerges to support a treatment recommendation, but a patient does not have time to settle in with you when it is not yet clear that you will continue to work together. A consultation of more than three visits risks an excessive attachment that can complicate the referral process.

The three visit maximum should be sufficient for the vast majority of consultations. Although the three-session limit is not written in stone, there should be a compelling reason to go beyond three visits, and this decision should be reached in discussion with your supervisor -- especially if you will not be continuing with the patient.

Discussing Fees and Other Issues Pertinent to Referrals

In educational supervision, it will be helpful for you to consider the practical and psychological elements of discussing fees during a consultation.

Whether you will be continuing with the patient or not, it is important to set aside time during the consultation to hear the patient's thoughts about fees for treatment, once it is underway. What does the patient consider to be an affordable fee? How did the patient arrive at that amount? Does the patient have access to insurance, and/or to other sources of financial support? Tactful clarification or confrontation of the patient's preliminary thoughts about these matters might be helpful in some instances, for example if the fee the patient mentions seems unreasonably low. An issue of *The Candidate Journal* at <https://dasunbehagen.org/the-candidate-journal/> was devoted to the subject of fees in psychoanalytic training and might be useful for you to read.

Other practical considerations that may be important to broach with the patient during the consultation include whether the patient has preferences for the geographic location, or gender. Exploring the practical details as well as the meanings attached to these considerations can be useful in some instances.

If a patient repeatedly cancels consultation visits on short notice, or is very late for sessions (e.g., if the patient is a "no show" for one visit and twenty minutes late for another, necessitating a fourth or fifth scheduled consultation appointment), you might discuss with your supervisor -- and with a co-chair of the clinic -- whether you as a candidate should charge a fee for time beyond what you have set aside for the consultation.

STEP 5: Candidate Determines a Disposition

Six possible outcomes and how each one is handled

In terms of treatment disposition, there are six possible outcomes to your consultation, which you can discuss in educational supervision. These outcomes, and procedures associated with each, are listed below.

Do not make any treatment recommendations to the patient until you have discussed them with your supervisor. If the recommendation is for psychoanalysis with you, you must receive approval from your SPC advisor prior to making this recommendation.

1) You decide to recommend psychoanalysis, and you would like to work with the patient. Having already discussed the case in educational supervision and completed your consultation report, you must now send your report (password-protected) to - and confer with - your SPC Advisor before speaking to the patient about beginning an analysis. Clearance by your SPC advisor and the SPC are necessary before starting a psychoanalytic case. Keep in mind that your write-ups for prior clinic consultations and prior psychoanalytic cases must have been completed before you can begin a new psychoanalytic case. Prior to beginning an analytic case, you will need to write up the consultation, reporting on the patient's history, the process of the consultation, and the reason for recommending analysis (see the consultation write-up guidelines, below).

2) You would like to continue to work with the patient in psychotherapy, which you may (or may not) view as preparatory to analysis. Generally speaking, this decision is to be made in consultation with your PCD supervisor. If you no longer have a PCD supervisor, clearance by a clinic co-chair is all that is required. No other clearance is necessary.

3) You recommend psychoanalysis but are not available to treat the patient yourself and would like to refer the case to another candidate for psychoanalysis. You must confer with a clinic co-chair before making any referral to another candidate for psychoanalysis. Do not make the referral independently.

4) You recommend psychotherapy or psychotherapy preparatory to analysis and would like to refer the patient to another candidate in the psychoanalytic program. In making this referral, you may use your own discretion in choosing whom to refer to within our programs, in consultation with your PCD supervisor. If you have questions, call Dr. Wheeler at 646-823-6113.

5) You recommend psychotherapy and would like to refer the patient to a candidate in the Adult Psychotherapy Program. This is a good option for patients for whom psychoanalysis is clearly not appropriate. Jason Wheeler, PhD (646-823-6113; jasonwheelerphd@gmail.com) and Rania Kanazi, LCSW-R (rktherapy@gmail.com) are the liaisons between the Psychotherapy Program and the Clinic. Contact one of them to discuss the referral and to identify a psychotherapy candidate appropriate for the referral. Then call the psychotherapy candidate to discuss the case. If you and the psychotherapy candidate agree, ask the office to transmit a password-protected copy of the patient's application and your consultation report to the psychotherapy candidate.

6) Neither psychoanalysis nor psychotherapy is appropriate for an applicant. You may conclude that the applicant might be best served by a hospital-based treatment, specialized substance abuse program, personality disorders or group program, or other structured program. If you and your PCD supervisor are not able to arrive at an appropriate referral, please contact any member of the clinic committee to discuss your next steps. You may consult the initial phone screener, a clinic co-chair, or any faculty member of the Clinic Committee. The PANY office also has a list of referral options on file.

Patients who require medication management: In some instances, the patient might benefit from psychotherapy but also needs medication. In this case you may refer the patient for psychotherapy to a psychiatrist in either the psychoanalytic or psychotherapy training programs, or you may refer the patient to a non-MD candidate for psychotherapy, in which case that candidate will help the patient obtain a consultation for medication management. The office maintains a list of candidate psychiatrists who are willing to offer medication management for the psychotherapy patient of another candidate, which may be feasible if the patient requires infrequent medication management visits.

STEP 6: Candidate Makes a Referral

Because of your familiarity and relationship with the patient, you have a crucial role in facilitating the patient's transition to the recommended treatment. ***If you would like to refer the patient to another psychoanalytic candidate, please contact Dr. Wheeler with the person's name prior to discussing the referral with the candidate.*** We try to distribute referrals evenly among candidates and also need to confirm that a candidate's write-ups are up to date. Once you receive clearance to refer the patient to a specific candidate you should speak to the candidate directly about the case, and arrange for the PANY program coordinator to transmit the patient's clinic application. Your impressions of the patient will be helpful to the treatment provider. At a minimum, a phone conversation is useful during the referral process. You may also send your consultation report, password protected, to the new clinician, as mentioned in #5 above.

Patient consent is needed for release of information for referral outside of PANY. Upon applying for treatment, patients sign consent for the sharing of information about their consultation and any treatment offered, for educational purposes and with appropriate concealment of their identity, within PANY [see PANY Treatment Application]. For any release of information to clinicians outside of PANY, the patient would need to sign an additional consent form. Please consult with your supervisor about how to secure consent for the release of information about a patient to any person or facility outside PANY.

STEP 7: Candidate Reports to the Office

It is imperative you keep the PANY program coordinator updated about the status of the consultation. You can email her, using the patient's chart number in the email subject line, to keep her informed about important moments in the timeline: (1) If the patient does not call you; (2) if the patient does not complete the consultation; (3) if you begin treatment with the patient; and (4) about referral/disposition arrangements - whether you are referring to a trainee within the PANY community (and to whom), or to a clinic outside of PANY.

In all cases please inform the office of the outcome once it is decided. The PANY office maintains a clinic database that is our system for tracking all patients who apply for treatment. It is important that we keep accurate clinic records. You will also need to document the dates of the consultation meetings and the patient disposition on the quarterly case status forms mailed to you by the PANY office. **Remember! You are not eligible for new consultations or referrals unless you are up-to-date with all your reports and write-ups.**

Prior to making a referral, in addition to contacting the office, please contact Jason Wheeler, PhD to discuss the referral.

STEP 8: Candidate Submits Brief or Comprehensive Report to the Office

A Comprehensive write-up or a brief report is required regardless of the ultimate disposition of the patient. It is important that you complete each report within one week and comprehensive write-up within four weeks of the last consultation session and then email (***password-protected***), hand deliver, or fax it to the PANY office. ***Clearance for new clinic consultations and for beginning a clinic or non-clinic psychoanalytic case is contingent upon up-to-date write-ups of clinic consultations.*** The first candidate-clinician who sees a clinic patient must always write and send in a comprehensive write-up or report depending on what is required. The only instance in which two reports are required for a single patient is when the patient is seen by one candidate who writes a Brief Report and then referred to another candidate, who then writes a comprehensive write-up prior to recommending analysis. In this situation, the second candidate needs to submit a consultation write-up substantiating the recommendation for analysis – so that his or her PCD supervisor and SPC advisor can review the comprehensive write-up for clearance to begin an analytic case.

Candidates must submit a (1) "Brief Report" or (2) "Comprehensive Write-up" to the clinic to keep on file.

When do I write a Brief Report versus a Comprehensive Write-up:

Brief Reports are required:

If a patient does not complete the consultation;

You begin psychotherapy with the patient

You refer the patient to a candidate or faculty member within the PANY community or

You refer the patient to an individual or clinic outside of PANY

Comprehensive Write-ups are required:

Prior to recommending analysis to a patient -- *whether from the clinic or your practice, a comprehensive write-up must be completed. Your write-up must be sent to and discussed with your SPC advisor. Analysis may be recommended to a patient only after your SPC advisor has reviewed the write-up and indicated you may recommend analysis.*

Comprehensive write-ups are required prior to recommending analysis to anyone even if you have seen the patient in psychotherapy for a long time

May be required as part of your coursework.

BRIEF REPORTS

BRIEF Reports Contain:

Identifying Information:

Patient's Initials

Clinic ID number

Gender

Age

Dates of consultation appointments

The patient's chief complaint and history of presenting problem

Brief description of interaction with the patient

Statement indicating that the patient is or is not actively suicidal

Disposition (i.e., where/to whom the patient was referred and for what reason)

Remember that this brief report is a medical-legal document. It is kept permanently in the clinic records and must include a statement indicating the patient's suicidal status for example "the patient is not an acute danger to him or herself or anyone else at this time".

COMPREHENSIVE REPORTS

(see guidelines on page 38-41)

The comprehensive report has several purposes. It helps to develop your clinical writing skills; provides an initial record to which you can refer as treatment proceeds; supports Institute record-keeping; and, in instances when you do not continue with the patient, transmits clinical information to another clinician within PANY.

It is helpful to discuss the writing process in meetings with your supervisor. Most supervisors are willing to read successive drafts of a comprehensive case report, and your supervisor should always receive a final copy of your comprehensive report. Rather than a mere assemblage of historical data, the comprehensive write-up should convey an integrative statement of your thinking. The length of consultation reports will vary. However, please try to write no more than five pages; two to three pages may be sufficient in most cases. Less – when well-integrated and vividly rendered – is often more; it can be more difficult to write a good, brief write-up than a wordy one. Your writing will be most effective if you write an initial draft of your write-up and then edit it.

It is best to start drafting your report by using your own style and sequence in describing the encounter. Sometimes we receive candidate reports that lack the spirit of a personally crafted account of a unique personal interaction. A good report weaves together some of the elements described below, but its narrative flow emerges from the writer, not from a scripted format. Also, please note: although you may be accustomed to writing in the detached, impersonal style often favored for psychiatric charting purposes, we find that first-person narrative, active voice, and plain, jargon-free English make for the clearest, most effective clinical writing (e.g., "I remarked that the patient sounded angry," rather than "the patient's angry transference was noted").

What follows are two sets of guidelines that you may find helpful in drafting a comprehensive consultation write-up. The first set – in the text box - lists *required* components of a comprehensive consultation write-up for PANY. The second set, below the box, is a more comprehensive and elaborated outline of elements of clinical writing, including those required in a PANY comprehensive consultation write-up. Please include in your write-up *only what you and your supervisor think important for the purpose of a convincing and lively clinical description.*

Required Elements of a Comprehensive Consultation Report

Identifying Information (cover page)

Patient's initial (use the patient's surname initial only, e.g., Ms. G)
Patient's application number (found in the right corner of the application—this helps to identify patients for the office records)
Patient's age and gender
Candidate's name
Supervisor's name
Dates of consultation appointments
Date of report

The patient's current reasons for seeking treatment

The patient's history

Some documentation of the patient's behavior during the interview

notable aspects of how the patient presents him- or herself, thought content and process, affective expressiveness, style of communication, etc.: interactional elements between evaluator and patient (brief vignettes of what the patient said, how the evaluator commented, and how the patient then responded to the evaluator's interventions); and descriptions of your own experience of the patient.

A thoughtful summary, including a succinct psychodynamically oriented formulation and treatment recommendation – including your rationale for the plan and the patient's responses to your treatment suggestions.

The ultimate treatment disposition!

Often we receive beautiful write-ups that do not include basic information about the ultimate referral decision. Some examples of a well-documented disposition: "I have referred the patient to a substance abuse program for stabilization"; or "I have referred the patient to another candidate in the psychoanalytic program for psychotherapy preparatory to analysis"; or "I have referred the patient for psychotherapy to a candidate in the psychotherapy program at PANY"; or "The patient has accepted my recommendation for analysis and we are in the process of setting up times."

Additional Elements of the Comprehensive Write-up (*Incorporate as you and your supervisor see fit*)

Being with the Patient

Start with a simple and specific description of your experience of the patient. Sometimes just a few introductory lines capturing something unique about the patient's presentation will suffice to bring the patient alive and draw the reader in. What does he or she look like? Sound like? What does it feel like to be in the room with this patient? How did he or she grasp the purpose of the interviews? Was there anything noteworthy about the progress of the consultation with this patient (e.g., an especially long delay, cancellations and the like)? Try to write vividly. Often you will find that close observation and rich description lead to fresh understandings of a patient's conflicts, defenses, and character. A brief vignette may be useful, if it captures something important about the patient or the interaction and draws the reader into your report right from the outset.

Presenting Complaint or Reason for Seeking Treatment

Why is the patient seeking treatment now? Identify the presenting complaints and symptoms and their history. Are the reasons for seeking treatment chronic or acute? What does the patient say he or she wants from treatment? It can be helpful to place these matters in the context of basic details of the patient's current life situation, e.g., occupation, living situation, relationship problems.

History

What is the recent and past history? Provide a narrative sketch of the patient's life history, weaving in the details that you think will help to bring your patient alive in the write-up. It may be useful to include childhood memories, descriptions of parents, siblings, or other important family members; also, descriptions of relationships outside the family and important life-historical events. Educational and occupational history also might be important. You may also want to mention any significant trauma or memories that seem invested with particular emotional significance. You might want to say something about the recent past, to set the patient's presenting concerns in context.

Previous Treatment

If there has been prior psychological treatment, ask about it. What does the patient recall about the treatment? What was the patient's relationship with and experience of the therapist? Was treatment helpful? What was accomplished? If past treatment did not help, how does the patient understand what went wrong? When and why was treatment concluded? Has the patient been on psychotropic medications?

Medical History

The patient's medical history might be included if important. Look at the health history provided on the application form. Ask about anything that is remarkable, including important family health problems.

The interview process, including interactional qualities and the flow of the consultation

A complete account of clinical process may include both direct observations of the patient's behavior during the interview and more abstract levels of observation, or inferences. Inferences about character traits or defensive operations, for example, involve a different level of observation (a conceptual one) than describing changes in the patient's affective expressiveness or the sequence of topics that came up during the interviews. Descriptions of the patient's behavior are most compelling when kept jargon-free. From these, you might infer something about character traits, defensive operations, etc.

Both direct observations and inferences are of value in a clinical report, but inferences are most compelling if clearly grounded in observation. It is best to provide direct observations in your report before moving on to inferences about what the material might mean on a psychodynamic level.

What are the notable elements of how the patient conducted him- or herself with you during the consultation interviews? How did the patient respond to your questions or comments? Did the patient speak easily or did it take a lot of effort for you to assemble the patient's story? How lucid is the patient? Is there anything notable about the patient's range of affective expressiveness, or about the quality of his/her thinking? How is the patient's story told? Is there a thoughtful quality to the patient's reflections about his or her history? Do you have a preliminary sense of the patient's psychological-mindedness? Do the patient and the people in his or her life come alive as the patient speaks?

Include comments on the nature of the patient's initial engagement with you. Candidates sometimes omit this important source of information about the patient; yet sometimes a vignette about exchanges between you and the patient during the consultation can be invaluable in capturing something significant. Did you or the patient come to any new understanding during the course of the consultation? Describe moments that were affectively intense. Did the patient become tearful -- and if so at what point in the interview? How did the patient react to your comments, trial interpretations, etc.?

Do you feel comfortable with the patient? Do you find the patient likeable? Does it disturb you to be with the patient? Have your reactions to the patient varied over the course of the consultation?

Psychodynamic Formulation

A psychodynamic formulation involves a more abstract level of inference than the observations (and lower-level inferences) conveyed in earlier sections of the report. You may find this section more difficult to write than prior sections of the report. Don't forget that your supervisor may be able to help you!

You may want to comment on *prominent defenses* and their role in the patient's personality or character style. How are these defenses and characterological adaptations evident in the patient's life? To what extent do these defenses compromise or enhance functioning? What might you surmise about the patient's *central organizing fantasies*, which reflect his or her inner life?

You may wish to hypothesize about particular conflicts that underlie presenting symptoms/complaints or other areas of conflictual functioning (e.g., sexual problems, substance abuse, learning disabilities) You also may want to comment on areas of function that are adaptive, but nonetheless conflicted (e.g.: you might speculate about reasons for a patient's driven need to succeed at work).

Does the patient convey particular strengths that impress you? What is the patient's level of disturbance? Perhaps you have observed a range of functioning over the course of the consultation; what are the high and low ends of this range? Comment on the patient's *self-reflective capacity*. Does he or she spontaneously observe his or her psychological self in action? Can he or she be induced to do so? How?

You may wish to describe manifestations of the patient's motivation for or anxiety about treatment, or particularly important resistances that arose in the course of the patient's narrative. You might try to understand and explain the patient's particular anxieties as a function of his or her psychology.

On the basis of your own experience of the patient or of observations about the patient's history and relationships, you may want to conjecture about possible *transference and countertransference* developments or make predictions about what might evolve in treatment.

Summary and Treatment Recommendation

A well thought-out summary highlights the process of your meetings with the patient, and conveys your overall clinical impressions. A few sentences summarizing the content of the consultation precede the treatment recommendation.

The conclusion of your report should make clear the basis of your treatment recommendation. It should include a description of what you have recommended, how you arrived at this recommendation, *the patient's responses to your recommendation*, and the ultimate treatment disposition. You might want to venture a prediction about how the opening phase of treatment will unfold, given patterns of anxiety and resistance observed in the consultation.

Make a specific treatment recommendation. If you think a trial of analysis is not indicated at this time in the patient's life, explain why you have reached this conclusion. A recommendation for analysis should be supported with specific indications for intensive analytic work. If you have recommended less intensive work in preparation for a possible future analysis, please explain this decision. A recommendation for psychotherapy also should be justified in clear and specific terms.

If not mentioned earlier in the report, please include something about your discussion of the fee in this section. What does the patient expect to pay for treatment? How have you and the patient arrived at this understanding?

Your language throughout the report, including the psychodynamic formulation and summary, should be descriptive. *In general, psychiatric diagnoses per se should not be included in the evaluator's summary statement. For the purpose of the report, description and dynamic formulation are more important than diagnosis. For help in formulating a psychoanalytically meaningful diagnosis, you may wish to consult Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process (McWilliams, N. 1994. New York: The Guilford Press).* The use of a psychiatric diagnostic category (DSM V) in the summary portion of the write-up should be reserved only for a situation in which the evaluator is making a recommendation that the patient be placed on a standing (daily) psychotropic medication (such as an antidepressant, psychostimulant, mood stabilizer, or antipsychotic agent). In that case, it is generally best to state the diagnosis as a provisional impression rather than as a firm conclusion. If there is reason to provide a specific psychiatric diagnosis in your report, please discuss the choice of diagnosis with a supervisor before including it.

Describe the patient's possible responses to the recommendation, and think about how best to help him or her accept this recommendation. You might also consider how to revise the recommendation on the basis of the patient's observed response to it.

Referral and Disposition

Finally, please state the ultimate treatment disposition, which (as noted above) should take one of the following forms: you will be treating the patient in psychoanalysis or psychotherapy (indicate which); you have referred the patient to another psychoanalytic candidate; you have referred the patient to a psychotherapy candidate; or you have referred the patient to a person, institution or program outside of PANY. You do not need to name a clinician or agency in the report, but you should notify the PANY office of the clinician's name so that it can be entered into the clinic database.

SPECIAL OPPORTUNITIES FOR CANDIDATES

CHILD AND ADOLESCENT PSYCHOANALYTIC PROGRAM

*Kimberly Chu, PsyD, LCSW 212-362-2838; kimberly.chu@yahoo.com,
and Claudia Lament, PhD 212-228-3082; cmlament@msn.com*

PANY offers a training program in Child and Adolescent Psychoanalysis in conjunction with New York Psychoanalytic Society and Institute, and Columbia University Center for Psychoanalytic Training and Research. Candidates from the three institutes train together, and are taught and supervised by the different institutes' faculty.

Coursework consists of two years of weekly classes organized into three trimesters each year. The program is integrated with PANY's Division of Adult Psychoanalysis so that many prerequisites for child training are covered in a candidate's four years of adult classes.

In addition to the basic courses in child and adolescent development and child analytic technique that are part of the adult curriculum, Child candidates take advanced courses in various aspects of child and adolescent analysis and treat a minimum of two cases to be seen at a three-time-a-week frequency, and one case at a four-time-a-week frequency (two children and one adolescent) in supervised analyses. One of these supervised cases can be considered fulfillment of a case requirement for Adult Psychoanalytic training.

A candidate may apply for admission to the Child and Adolescent Program after consultation with your SPC advisor. You must be in good standing in the Adult Analytic Program, as determined by the Student Progression Committee, in order to begin Child training. Candidates who are simultaneously enrolled in the Adult and Child Psychoanalytic programs pay only one registration fee.

Graduation requirements include the development of the capacity for independent work, the successful completion of the didactic curriculum, and demonstrated analytic competence in supervised and unsupervised clinical work with at least two children and one adolescent (as evidenced by supervisors' written evaluations and the candidate's own written summaries of all their cases). A terminated case is not required, but demonstration that at least one of the candidates' current cases appears headed for satisfactory termination is essential.

CANDIDATES' ORGANIZATION

2023-24 Leadership

President – Outgoing - Stefany Fortin, LCSW and Incoming Hannah Geller, JD, LCSW

All candidates automatically belong to the Candidates' Organization. The purpose of our organization is:

- 1) To foster communication, collegiality and social activities among the members;
- 2) To provide a regular forum to consider and conduct candidate business and to promote and support the educational experience of members;
- 3) To represent the common interest, goals and concerns of members to the administrative and educational leadership of the Psychoanalytic Association of New York, the American Psychoanalytic Association, the national candidates' organization (Affiliate Council) and other relevant parties;
- 4) To support the professional and academic activities of the members; and
- 5) To serve as a conduit of information to the members from outside bodies and individuals.

The Steering Committee of the Candidates' Organization includes: President, Treasurer, Secretary, Delegate to the Affiliates Council, and Alternate Delegate to the Affiliates Council. Officers are elected by vote on a yearly basis. We look forward to your participation in our organization.

QUEER STUDY GROUP

Contact: Barry Rand, MD

(718-643-1726; bsrandmd8@gmail.com)

The PANY LGBTQ+ Study Group for the study of clinical practice issues in psychoanalysis (and psychoanalytic psychotherapy) and is open to all faculty and all candidates of all identities. The study group meets on a monthly basis at the PANY Institute at One Park Avenue (or Zoom). A variety of sexual and gender identities of the membership of this group will enhance the diversity of psychoanalytic perspectives for the clinical presentations and discussions. Psychoanalytic theory also has changed by incorporating learning from the fields of gender, queer and women's studies with internationally theorized psychoanalytic conceptualizations of sexuality. These new perspectives have fertilized the changes in clinical technique in psychoanalysis relating to the inclusion of all sexualities and genders. Viewing our own clinical cases referencing sexuality and gender as additions to contemporary analytic theory will allow us to enhance analytic practice of benefit to the LGBTQ+ community.

THE PANY DIVERSITY INITIATIVE

Contacts: Kimberly Chu, PsyD, LCSW & Rajiv Gulati, MD

(Kimberly Chu, LCSW, 212-362-2838, kimberly.chu@yahoo.com, 917-697-7793; rajivgulatimd@gmail.com)

The PANY Diversity Initiative is pleased to facilitate a monthly Study Group on Race & Ethnicity for PANY psychoanalytic candidates. The study group will explore relevant readings, clinical material, and discussions as a way to support, supplement, and further candidates' psychoanalytic education.

Those candidates wishing to attend should register for each meeting. Participation in the study group is strictly voluntary and there will be no candidate assessments for this study group.

The Study Group is intended to be a collegial gathering to openly explore the many aspects of race and ethnicity in the context of psychoanalytic training and practice. To this end, it is important that all participants commit to listening and dialogue with consideration and respect for the differences of experiences, beliefs, and opinions of others in the group. By registering for the Study Group you agree to these guidelines.

APPENDIX A: PANY CODE OF ACADEMIC CONDUCT

Adherence to our Academic Code of Conduct for Psychoanalytic and Psychotherapy Candidates is part of PANY's Graduation Criteria.

Basic principles of the Code of Academic Conduct extend beyond the competency and immersion criteria of clinical, written and supervisory work. The value and importance of character, professionalism, collegiality, honesty and integrity are considered by the Student Progression Committee (SPC), the Psychotherapy Committee (PTYC), and the Education Committee (EC) in evaluating participation in our programs, candidate progression, and graduation (see graduation criteria).

It is rare for EC action to take place related to a candidate's breach of PANY's Code of Academic Conduct. Nonetheless, PANY considers it to be important for candidates to be aware of the code. Not all breaches are considered to be equal; some are of concern if part of a pattern. Others involve basic moral standards that should not be breached (e.g., lying, gross deception, or other types of clearly immoral behavior).

Elements of the Code of Academic Conduct for Psychoanalytic and Psychotherapy Candidates

A candidate is considered to have breached standards of PANY's code of academic conduct if s/he displays any of the following:

1. Dishonesty or Dishonest behavior
 - a. Plagiarism
 - b. Misrepresentation or falsification of data
 - i. Significant problems with record keeping
 - ii. Financial irregularities with regards to patient and supervisory fees and reimbursement
 - iii. Fabrication of clinical material
 - iv. Misrepresentation of credentials to the public, e.g., as a graduate analyst
 - v. Misrepresentation in meeting administrative requirements.
 - c. Lying, fraud and inappropriate disclosure
 - i. Dishonesty in clinical, supervisory, or classroom work
 - ii. Dishonesty in interactions with PANY administration (e.g., committee chairs) or administrative staff
 - iii. Neglecting to inform patients of candidate status (applies only to psychoanalytic candidates)
 - iv. Breaching of patient confidentiality
2. Disruptiveness
 - a. Excessive absence in classroom and/or supervisory appointments
 - b. Patterns of disruptiveness and/or inappropriate classroom behavior
 - c. Patterns of unprofessional behavior with patients, fellow candidates, faculty, and/or PANY administrative staff
3. Noncompliance
 - a. Failure to comply with SPC or PTYC standard requirements that is not deemed to be for educational reasons.
 - b. Patterns of resistance to requests by SPC or PTYC advisors to meet with a candidate
 - c. Starting a case without SPC approval and/or educational supervision (this only applies to psychoanalytic candidates)

- d. Repeated failure to make appropriate use of feedback from the SPC and PTYC and supervisors that is not deemed to be for educational reasons.
- e. Repeated and gross unwillingness to implement safeguards against behavior that is or could be detrimental to patients.
- f. Failure to comply with LP Program requirements (this only applies to LP candidates)

Institutional Process—

Anyone (faculty, candidate, or administrative staff) can report concerns to the SPC or PTYC Chair, EC Chair, and Director. These individuals confer and decide whether to call a meeting of an ad hoc EC Subcommittee of five members (ECS) chosen by the EC Chair and Director. The ECS gathers information and meets to discuss the candidate. If further action is recommended by the ECS, the EC meets to deliberate on the situation and make recommendations.

The candidate is provided with both verbal and written feedback of the results of the process by a faculty member or members chosen by the Director and EC Chair.

Results can include no change in status, academic/disciplinary probation, suspension, conversion from clinical to non-clinical candidacy (this only applies to psychoanalytic candidates), or dismissal. In the case of academic/disciplinary probation, the ECS will provide the candidate with details about the length of the probation period as well as a specific plan for remediation and return to regular academic status.

Patient Safety

If a patient is felt to be dangerous to self or others, either the supervisor and/or candidate is required to speak with the chair of the EC and/or director who may advise consultation with an expert. Candidates will be encouraged to report to the chair of the EC and/or director if they disagree with their supervisor.

EC Determinations for Non-Compliance with PANY's Code of Academic Conduct for Psychoanalytic and Psychotherapy Candidates

Significant areas of non-compliance in adhering to PANY's academic code can be grounds for the following possible EC determinations:

1. No penalty/reprimand
2. Academic or Disciplinary Probation: Continuation in some or all academic activities with the understanding that probation can be converted to suspension if proper compliance does not develop.
3. Suspension from some or all academic activities for a period of time, which could include suspension of all supervisory and clinical activities.
4. Conversion from clinical to non-clinical candidacy (this only applies to psychoanalytic candidates)
5. Dismissal from PANY program(s).

Appeal Process

Written appeal must be made within 30 days of the determination of EC. The EC meets to discuss the appeal and the Director and EC Chair, in conjunction with the EC, designates another ad hoc ECS, none of whose members were on the original ECS. The second ECS gathers information from the candidate, the SPC or PTYC, the prior ECS, and the EC, as well as from the EC and SPC Chairs, and Director.

The second ECS reports back to the EC. The candidate is informed by the Director and EC Chair of the EC's determination of the appeal result in writing, which is final.

Unanimously approved by EC 9/13/18

APPENDIX B: PSYCHOANALYTIC CASE DEVELOPMENT (PCD) EDUCATIONAL SUPERVISION

Arden Rothstein, PhD, Coordinator

Feel free to contact Dr. Rothstein to clarify any aspect of the program (212-496-0808; aroth275@aol.com)

Training in psychoanalysis is richest when didactic courses are accompanied by clinical experience. The Psychoanalytic Case Development (PCD) Supervisory program was initiated to help you prepare – in ways tailor-made to your needs - to engage in psychoanalytic work at the earliest possible point.

PCD educational supervision is integral to the educational experience of all 1st Year candidates and candidates on leave because they do not have the requisite analytic cases to progress. Some advisors recommend that particular candidates participate in this experience later in training. Some candidates elect PCD educational supervision to further enhance their immersion in clinical psychoanalytic work.

In weekly meetings that begin at the outset of the academic year, you and your supervisor essentially create a tutorial. The objective is to prepare you – in ways the two of you define – to enhance your psychoanalytic attitude and clinical skills to ready yourself for engaging in intensive psychoanalytic work. **Even when you do not have specific clinical material to discuss, weekly meetings are to take place. Experience has shown that there is still much to be learned.**

Here are some scenarios:

If you are already in private practice, you and your supervisor are likely to review the patients in your practice to consider whether they would benefit from analysis, and how you might engage them in a more intensive treatment. In some instances, developing a psychoanalytic patient will be a process that extends over some time.

First year candidates are expected to do **consultations with patients who have applied to the Treatment and Consultation Service**, closely supervised by your PCD supervisor. You will also present some of these consultations in your technique classes ““Developing Psychoanalytic Cases through Consultations” and “Developing Psychoanalytic Cases through Deepening Psychotherapy Treatments.” during the first and second trimesters. You are required to complete two consultations during the first two trimesters of training, but are welcome to do multiple consultations. Once a consultation is concluded, it is possible to: (1) end the work with this patient after making a recommendation or, when appropriate, (2) take a patient into your practice for: (a) analysis (*pending approval by your Student Progression Committee advisor*), (b) to be developed as a psychoanalytic patient over time or (c) psychotherapy. Since you have weekly supervisory meetings, there will be ample opportunity to discuss the advisability of these possibilities and associated technical issues.

You will also **learn about writing psychoanalytic consultation reports** in which you elaborate on why you did, or did not, recommend analysis for a patient at this time. One or another type of report must be written on all clinic consultations (regardless of the nature of your recommendation) and patients in your practice to whom you wish to recommend analysis.

COMMON QUESTIONS

Why do we have PCD supervisors?

To help beginning candidates develop an analytic attitude in their approach to new patients with whom they consult. This includes learning how to gather psychoanalytically-informed material and how to propose analysis – when indicated -- to an applicant to PANY's Consultation and Treatment Service. This supervised experience is a hands-on application of what you are learning in courses such as "Introduction to Technique," "Continuous Case," "Developing Psychoanalytic Cases through Consultations," and "Developing Psychoanalytic Cases through Deepening Psychotherapy Treatments."

To teach you about writing consultation reports in which you elaborate on why you did, or did not, recommend analysis for the patient at this time; *and*

To help you find and/or develop analytic cases – from the clinic, your own practices, or referrals from colleagues – once you receive approval to do so by the SPC.

To develop your clinical skills in ways that you and your supervisor discover to be useful to you.

Is this supervisory relationship an option or a requirement?

PCD educational supervision is a required part of the education of all 1st Year candidates and other candidates who do not have the requisite case(s) to progress. It is optional for most candidates who have begun a case; there may be instances when SPC advisors ask that one of their advisees work with a PCD supervisor even once a case has been started.

When do I begin to meet with my PCD supervisor?

You must begin PCD educational supervision no later than the first week after the beginning of classes.

How often do we meet?

You and your supervisor should meet **weekly**, beginning no later than the second week of classes. If you and your supervisor are unable to arrange regular meetings, please inform Arden Rothstein as soon as possible and we will change your assignment.

What is the substance of this educational supervision?

This will be determined by your individual needs. For example, if you are not in a position to do an evaluation or pick up a case, educational supervision should continue nevertheless. If there is *any* problem about using the supervisory time effectively, please contact Arden Rothstein ASAP so that we can find beneficial solutions.

Most candidates meet with their PCD supervisors to review potential cases for psychoanalysis. You will be asked to do one or more consultations with patients who have applied to PANY's Consultation and Treatment Service during the 1st trimester of the 1st year of classes. In these instances, PCD educational supervision will include:

Discussion – in advance of the initial session with the patient to be considered for analysis – of characteristics of a psychoanalytic attitude, highlighting contrasts between such an attitude and previous training experiences (as psychiatric residents, psychology or social work students);

Close review of process notes of each clinical contact of the consultation process;

Help in writing your report of the consultation process, and overseeing its submission to the appropriate parties (e.g., PANY office and your SPC advisor), including:

Discussion – in advance – of guidelines for the report that need *not* be lengthy (3 to 5 pages is recommended);

Reading your draft and making suggestions or answering questions about the kind of material to be included; we appreciate that some of you require a great deal of help, while others write good reports without much assistance;

Reviewing **in depth** cases in your private practice to help you identify individuals who can currently profit from psychoanalysis and/or be developed as future psychoanalytic cases;

If you do not have patients in your private practice who can be developed for psychoanalysis at this time, continuing to supervise your consultations with patients who apply to the clinic until you find a suitable case.

Who are the supervisors?

PCD educational supervision is provided by institute faculty members who have agreed to participate in this program and are acquainted with its principles and procedures.

How are they assigned?

PCD supervisors are assigned by Arden Rothstein, in consultation with you and the Student Progression Committee (SPC).

What is the fee arrangement for this educational supervision?

In general, there are no fees for PCD educational supervision of cases from the clinic or brief discussion of potential psychoanalytic cases in your practice;

However, should you and your supervisor discuss a patient from whom you collect a fee for more than several weeks, you are to work out a mutually appropriate fee.

How do PCD supervisors provide feedback on my clinical work?

The supervisory relationship is one of ongoing feedback through your discussions together. Twice during the year (in December and May) PCD supervisors submit a supervisory report to the office for use by the SPC in evaluating your progress in clinical work (see Appendix D). The content of this report is shared with you prior to its submission to the SPC.

How long does PCD educational supervision continue?

At a minimum, you will see your supervisor until you start your first psychoanalytic case. Beyond this point, there is flexibility in how the relationship proceeds. This is to be jointly determined by you and your PCD supervisor – in consultation with your SPC advisor. However, the general idea is that such educational supervision will continue until you feel you no longer wish to do so;

In most instances the ongoing supervisor for the analysis will immediately replace your PCD supervisor. In others, PCD educational supervision may continue until you and your patient have begun the analysis.

You and your PCD supervisor may elect to focus on other cases from the clinic or your practice; It is also possible for you to continue working with your PCD supervisor for ongoing educational supervision of your first case, provided that: (1) you have cleared this with your SPC advisor, (2) your supervisor is a Training and Supervising Analyst *and* (3) that both you and your supervisor have agreed to continue working together.

Some candidates elect to have a PCD supervisor during later class years to enhance their clinical immersion in psychoanalytic work.

SPC advisors of some candidates require or recommend that an advisee continue PCD educational supervision in later class years for the same reason.

When I believe I am ready to begin a case, what must I do, and what roles do my PCD supervisor and my SPC advisor play?

You, your PCD supervisor and your SPC advisor should be in close communication about your readiness to begin an analytic case. It is possible to request approval *in principle*, even prior to having a specific case in mind, usually no earlier than the end of the 1st trimester of classes (although this is not a hard-and-fast rule). The way you conduct a consultation may be different if you know – theoretically – that you have approval to begin. Readiness to start a case includes multiple considerations, ranging from the impressions of class instructors and your PCD supervisor, as well as your own sense of preparedness -- both practically (e.g., having an office) and in terms of psychological comfort with the idea of taking on a first analytic experience.

Typically, First year candidates are reviewed by the SPC in January to determine whether to grant them permission in principle to begin a case. Even if you have been approved – theoretically – to begin with a case you must receive your SPC advisor's permission to begin with a *specific* patient once you have completed your case write-up. In order to begin a new case, you (1) must be in good standing and (2) all previous reports and frequency surveys must be up to date. (You may also consult the section of the candidate manual that describes general policies about SPC approval to pick up cases.)

Once approved, you must submit the new Case Form to the office.

APPENDIX C: CTS CONSENT FORM

EXAMPLE OF TERMS OF TREATMENT FORM USED BY CTS WHICH HAS BEEN EDITED FOR USE FOR CONTROL CASES NOT FROM CTS



One Park Avenue 8th Fl. New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pany@nyulangone.org

Terms of Treatment

I, _____ (the patient) acknowledge that I am entering into psychoanalytic or psychotherapeutic treatment with _____ (the clinician), who is in training and who conducts the treatment, under the auspices of the Psychoanalytic Association of New York (PANY). I understand that this treatment will be supervised by a member of the PANY faculty. I have been informed that in the course of the supervision, the clinician will be sharing confidential personal and clinical information regarding me and my treatment with the Supervisor. I have been informed that in the course of the treatment, the clinician may be sharing confidential personal and clinical information regarding me and my treatment for educational purposes.

Patient's Signature

Printed Name

Date: _____

Treatment Provider's Signature

Printed Name

Date: _____

APPENDIX D: CANDIDATE EVALUATION FORMS

PSYCHOANALYTIC CASE DEVELOPMENT (PCD) SUPERVISORY REPORT

Completed and submitted online by PCD supervisors 2x/year and discussed with the candidate
https://psychoanalyticassociationofnewyork.formstack.com/forms/pcd_supervisory_form

There are two parts to the report: (1) Short answer questions and (2) a narrative section concerning psychoanalytic competencies.

The supervisor will be prompted to attach the narrative report and respond to additional questions for the candidate. Once submitted, there is an opportunity to access the form again for another candidate.

SEE BELOW FOR FIELDS AND INFORMATION CONTAINED IN THE FORM

FORM REPORT FIELDS:

Supervisor's Name *

Candidate's Name *

Have you reviewed the completed narrative report with the candidate yet? *

Today's Date *

Date of Previous Report (If pertinent)

Supervision Start Date *

Total # of supervisory meetings to date: *

Typical Frequency of Supervisory Meetings *

- 1 per week
- 2 per week
- every other week
- 2 per month
- as needed

Approximate # of supervisory meetings since last report *

Ready To Begin A Case? *

Emphasis/Emphases of Supervision During This Period (please check all that apply) *

- Reviewing patients in candidate's practice to consider their potential for psychoanalysis Supervising one or more consultations with clinic patients
- Presenting one's own clinical material with clinic patient
- General discussions about reluctance to get started in clinical work, building a practice, and the like Reading and discussing literature regarding development of cases, analyzability, etc.
- Other:

Reviewing patients in candidate's practice to consider their potential for psychoanalysis (Indicate level of emphasis below): *

- Low
- Medium
- High

Any other comments about the Supervision Process? (optional)

GUIDE TO NARRATIVE PORTION

We fully appreciate that your impressions are necessarily preliminary. Nevertheless your comments are of great importance in assessing a candidate's progression. Please consult the outline below and describe in narrative form your supervisee's developing competencies. Kindly address the ones that are relevant to this stage of his or her development, providing as much detail as possible.

OUTLINE FOR NARRATIVE PORTION OF SUPERVISORY REPORT

Please keep the following in mind when writing your narrative supervisory report:

- o **PROVIDE SPECIFIC EXAMPLES OF THE CANDIDATE'S STRENGTHS AND WEAKNESSES**
- o **KEEP DATA ABOUT THE PATIENT TO A MINIMUM** (only as necessary to understand the candidate's work).
- o **ADDRESS WHAT IS CURRENTLY RELEVANT TO YOU AND YOUR SUPERVISEE** (items delineated are suggestions that will not pertain to all supervisory situations at the time of any given supervisory report)

.....

DEVELOPMENT OF ANALYTIC ATTITUDE - Understands significance of frame and notices conflicts

(1) Analytic listening skills

- o Empathy, attunement to patient's affects
- o Sensitivity to transference themes
- o Ability to think flexibly and imaginatively and to maintain sense of curiosity and nonjudgmental attitude

(2) TECHNICAL SKILLS

Skillfulness of interventions

- o Tact and timing; ability to sense what is accessible to patient and what is likely to deepen the material
- o Ability to work within transference
- o Ability to interpret defenses against frame, free association, transference, etc.
- o Ability to perceive effect of interventions; Grasp of why intervened as did, as well as what did not address with patient and why?

(3) SELF-AWARENESS & SELF-REGULATION

- o Of own reactions, affects
- o Of limitations and enactments

(4) SUPERVISORY PROCESS

- o Ability to present material candidly and consider supervisory input Emphases during this period of educational supervision
- o Level of exchange (discussion rather than direction, for example, communication of grasp of macro-process)

(5) WRITTEN REPORTS

Date of most recent report: _____

- o Does this report adequately reflect the ongoing analytic process and supervisory work?
- o Does the candidate convey an ability to conceptualize what he/she does with the patient (confrontation, clarification, interpretation, dominant defenses, dominant transference - countertransferences, genetic reconstruction, working through, transference ramifications of medication)

(6) FUTURE AREAS FOR CANDIDATE AND SUPERVISORY ATTENTION

ANALYTIC SUPERVISORY REPORT

The report narrative is completed separately by the case supervisor as a text document and submitted as an attachment to the online analytic Supervisory Form at:

https://psychoanalyticassociationofnewyork.formstack.com/forms/analytic_supervisory_report_2022_2023

The report narrative is reviewed with the candidate prior to attaching to the online form. This process is to be done by supervisors once per year.

OUTLINE FOR NARRATIVE PORTION OF SUPERVISORY REPORT

Please keep the following in mind when writing your narrative supervisory report:

- o **PROVIDE SPECIFIC EXAMPLES OF THE CANDIDATE’S STRENGTHS AND WEAKNESSES**
 - o **KEEP DATA ABOUT THE PATIENT TO A MINIMUM** (only as necessary to understand the candidate's work).
 - o **ADDRESS WHAT IS CURRENTLY RELEVANT TO YOU AND YOUR SUPERVISEE** (items delineated are suggestions that will not pertain to all supervisory situations at the time of any given supervisory report)
-

DEVELOPMENT OF ANALYTIC ATTITUDE - Understands significance of frame and notices conflicts

(1) ANALYTIC LISTENING SKILLS

- o Empathy, attunement to patient's affects
- o Sensitivity to transference themes
- o Ability to think flexibly and imaginatively and to maintain sense of curiosity and nonjudgmental attitude

(2) TECHNICAL SKILLS

Skillfulness of interventions

- o Tact and timing; ability to sense what is accessible to patient and what is likely to deepen the material
- o Ability to work within transference
- o Ability to interpret defenses against frame, free association, transference, etc.
- o Ability to perceive effect of interventions; Grasp of why intervened as did, as well as what did not address with patient and why?

(3) SELF-AWARENESS & SELF-REGULATION

- o Of own reactions, affects
- o Of limitations and enactments

(4) SUPERVISORY PROCESS

- o Ability to present material candidly and consider supervisory input Emphases during this period of educational supervision

Level of exchange (discussion rather than direction, for example, communication of grasp of macro-process)

(5) WRITTEN REPORTS

Date of most recent report: _____

- o Does this report adequately reflect the ongoing analytic process and supervisory work?
- o Does the candidate convey an ability to conceptualize what he/she does with the patient (confrontation, clarification, interpretation, dominant defenses, dominant transference - countertransferences, genetic reconstruction, working through, transference ramifications of medication)

PSYCHOANALYTIC CANDIDATE EVALUATION FORM

(to be completed by instructor online at

https://psychoanalyticassociationofnewyork.formstack.com/forms/psa_candidate_evaluation)

Name of Candidate:	Instructor:
Trimester:	Course:

General observations, comments, recommendations, etc.

For the items below, please select the number that indicates your evaluation of the candidate.

Level of Engagement

1	2	3	4	5

Very Low Very High

Level of Preparedness (for content courses)

1	2	3	4	5

Very Low Very High

Level of Clinical Sophistication (if relevant)

1	2	3	4	5

Very Low Very High

Level of Responsibility (in terms of attendance, punctuality)

1	2	3	4	5

Very Low Very High

APPENDIX E: GUIDELINES FOR CANDIDATES FOR WRITING ANNUAL PSYCHOANALYTIC PROCESS SUMMARIES

MOST IMPORTANTLY, DON'T PANIC!

Writing annual reports can appear to be a daunting task, but it doesn't have to be. Here's what you need to know:

Like everything else in our field, there is much room for individual variation and creativity in writing these summaries.

We do not expect your report to include everything about the year's analytic work. Rather, it should be a series of descriptions of the process of this particular treatment. You should focus on the major themes and include a few examples of each, demonstrating the presence of an analytic process. This can be accomplished from many different angles, including but not limited to major conflicts, enactments, dreams, fantasies, anything about the relationship between this particular patient and analyst. Your examples should illustrate these interactions (the patient's associative flow and the analyst's interventions).

The best way to get an idea of what we are looking for is to review typical reports on file at the PANY office. There are a number of helpful papers written on this subject that may also be of use to you. (Excerpts of one appear below.)

Writing annually about analytic cases contributes significantly to your developing a strong sense of what constitutes analytic process. As educators, we strive to help you develop the skills to write these reports with confidence. Most supervisors are willing and able to be helpful in the report-writing process, and if not, members of our writing mentor program are readily available for such assistance.

Most important of all: enjoy! This is a great learning experience, one that provides the opportunity to step back from and appreciate the work you have been doing. Intriguing insights, questions, and new directions often result.

Here are a few additional procedural details.

Identifying Information (REQUIRED)

Candidates sometimes omit basic information that is essential in orienting the reader. Please be sure to include:

- Case ID (original if “Clinic” case or Case ID provided by office)
- Patient’s initial (use the patient’s surname initial only, e.g., Ms. G)
- Patient’s age and gender
- Your name
- Your supervisor’s name
- Date the analysis began
- Period covered in the report
- Dates of consultation appointments
- Date of report
- Which case (first, second, third, etc.)

Length of Report: Although there is no formula for length, reports are generally between 5 and 10 double-spaced typed pages.

Transmittal: Once you have reviewed your write-up with your supervisor and revised your report based on supervisory suggestions, mail or fax (or e-mail, only if password protected) your report to PANY office. The staff will forward a copy to your SPC advisor.

Your report, whether in draft or nearly final form, must be shared and reviewed with your supervisor prior to handing it in to PANY’s office. This is an essential part of your educational experience.

Suggested Approaches to Conveying Clinical Process:

Adapted from: Stephen B. Bernstein, MD (2008), Writing about the psychoanalytic process. *Psychoanalytic Inquiry*, 28: 433-449.

There are various ways of conveying the work of an analysis in written form. The ability to do analysis does not always progress at the same rate as the ability to readily write about it, and skills in writing may vary among individuals. In addition, the perspectives necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts. All of this said, it may be helpful to consider the following perspectives in approaching your reports.

Description of the Analytic Process

The written report of an analysis is at best an approximation, since the subtlety and complexity of the forces at work are only gradually and imperfectly revealed. A description of the process is a narrative of what happened in the analysis; how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient; what the patient experienced and expressed, how the analyst understood this, what the analyst did with this understanding (including what the analyst said to the patient), and what effects the analyst's interventions had on the patient. Psychoanalytic process is effectively described when it draws the reader into a sense of having been a participant. A well thought out and integrated description often illustrates a number of carefully chosen themes (selected from the hundreds which may have been present in the analysis), those that are seen as significant for that patient and that analysis. The description can be

illustrated with short quotes, examples of dialogue, paraphrases, and vignettes interspersed in the narrative sentences. Verbatim dialogue can be used effectively to make the analysis come alive for the reader. Work with the patient's dreams can be significant, especially as the analyst understands and participates in their interpretation.

"Talking about" or summarizing the analytic process is a somewhat distant observation about the process. It lacks immediacy or a sense of involvement, and discusses the process as if it had already been demonstrated. By itself, it refers to issues assumed to have been described when this is not the case. Without the original process upon which to reflect, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when condensed statements (such as "the maternal transference was interpreted") are made without further explanation, the reader is left to guess what actually happened. However, after the process has been clearly shown, this more global description may be a useful way of moving onward and providing a transition to the next segment.

Formulations

Formulations and conceptualizations do not necessarily have to be articulated directly in the report, as understanding of these can be conveyed through the narrative of the work itself. Nevertheless, it is sometimes helpful to occasionally step back from the rendering of the course of the analysis to present how it was understood at a specific time, thus alternating what occurred in the analysis with a brief formulation of the process. These interspersed short formulations can explain, expand and enrich the understanding of what took place, and can provide a continuity of awareness of the ongoing shape of the analysis for the reader. This type of formulation can be useful in reflecting on a sequence of analytic events, carrying the reader along in the description, or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. This may be captured by statements such as: "I understood this to mean...", "Over the prior two months I sensed a change in...", or "I saw this sequence as a result of..." Lengthy and/or intellectualized formulations tend to replace the narrative of the analytic story, and remove the reader from being able to experience what it was like in that analysis.

Helping the Reader Understand the Work

It may be helpful to write about your work as if you were speaking to the reader or to another colleague. Choose basic ideas or themes, segments of process, vignettes, dreams, etc. that help convey your work and analytic judgment. For example, you may want to convey what led you to say something at a certain time or to remain silent. In doing this you may describe what led to your decision, such as your sense of a shift in the patient's defenses; or your internal experience, associations, self-reflection, countertransference awareness, or supervisory discussions. If, on reflection, you would now handle something in a different way, describing how you would see and do things differently could be very helpful.

One way of selecting what you feel is central in the analysis is to quickly outline the analysis as you would to a colleague and note what you would choose to focus on. You may find that you have highlighted the essentials of the process. This exercise may serve both as an outline for your subsequent writing and as an overview of the analytic process, which can introduce your report and guide the reader. Such an initial brief summary of the analytic process, as well as an occasional brief commentary on the process, will keep the reader involved and oriented to what you are describing.

Organization of the Report

In organizing the treatment report you may want to briefly sketch out issues in the patient's history that are essential to understanding the course of the analysis, and allow further history to emerge in the analysis. The report should be written in a manner that protects confidentiality. You may want to describe your evaluation of the patient's analyzability, both at the time of the beginning of the analysis and currently, if you now see this differently. If the patient has been in a prior psychotherapy with you or someone else, you may wish to comment on how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader.

You may choose to present the analytic process in one of many ways: (1) as a continuous flow of interwoven themes, issues, and interactions; (2) in terms of specific issues of transference and resistance, how these evolved, and how you worked with them; or (3) an emphasis upon interwoven themes related to important aspects of the patient's history, e.g., adoption, loss, specific trauma, etc. In general, jargon is not helpful, long theoretical discussions are rarely warranted, and, if you use terminology, be sure your understanding of these terms is clear, i.e. "opening", "middle", and "termination" phases; "working through"; "transference neurosis."

Finally, you may want to provide a brief summary or formulation at the end of the report, including your understanding of the gains and limitations of the period of the analysis about which you are writing. This summary may not be necessary, however, if you clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the analysis.

For advanced candidates

Writing About the Ending of the Analysis

One of the elements of a successful analysis is the patient's entry into a termination phase prior to and as part of the completion of the analysis. While an effective termination process is considered to be the outcome of an effective analysis, this can be relative in each successful case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intra-psychic changes that led you and the patient to feel termination was appropriate. If the termination process was less than "ideal," describe your understanding of its limitations. Likewise, if the analysis was interrupted, discuss this process and your understanding of it. Finally, if there was post-analytic contact, how did you understand the rationale and dynamics of such?

Your Theoretical Point of View

You may want to relate your conduct of the analysis to the theoretical perspective in which you understood the patient and viewed what was occurring. Importantly, it should be noted that extensive theoretical discussions are not necessary. Many excellent reports avoid this and instead allow the analyst's orientation to become apparent in the narrative of the analytic work. What is important is that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with this patient, and convey that they have some internal consistency in your work.

Common Omissions

Some candidates omit discussion of the role of the supervisory experience in working with this patient. Other candidates feel that they must confine themselves to the positive effects of educational supervision, when their experience is actually more complex.

Sometimes, the analyst appears to have adopted a more psychotherapeutic stance without seeming to be aware of this or discussing the necessity for the shift. In other reports there is inadequate discussion of the patient's analyzability. Here, the issue is not the adherence to a narrow concept of analysis, but the importance of understanding what the analyst conceives of as an analytic stance, and some reflection on any clinical issues which may have necessitated a change in that stance.

Not every attempt at psychoanalysis will be successful. When it is not, this is inevitably a disturbing experience for the analyst and writing it up can be painful. However, there is much to be learned from a fruitful retrospective discussion of your grasp of the problems involved and how you might now deal with the difficulties encountered. When an analysand interrupts treatment, is unable to abide by the agreed upon frequency of appointments, is unable to use the couch, or when there is a perception of a lack of progress, it is important to discuss how these were understood and worked with, and what the outcome was.

It is not unusual to fail to comment on the significance of certain types of events that seem not to be part of the analysis "proper," for example, the impact of referral to a colleague for the management of medication or for couples treatment.

APPENDIX F: LP CANDIDACY PROCEDURES

PANY is authorized by New York State to provide Licensure Qualifying (LQ) training to professionals whose New York State License does not include psychoanalysis. This includes the Mental Health Counselor, Marriage and Family Therapist and Creative Arts Therapist professions – who when licensed are known as LMHC’s, LMFT, and LCAT’s. Professionals who anticipate obtaining a license to practice psychoanalysis during training may also apply, including LMSWs, and MDs awaiting green cards.

Our training in adult psychoanalysis qualifies these candidates to sit for the Licensed Psychoanalyst (LP) exam once these candidates – referred to as “LP candidates” -- have completed our training program. LP candidates invited to train at PANY meet the admissions criteria applied to all candidates, including the breadth of clinical experience required by the American Association of Psychoanalytic Education (AAPE).

PANY’s adult psychoanalytic training is the Licensure Qualifying track, not a separate program. However, LP candidates are required by NY State to take a few additional short courses online, such as “Identifying and Reporting Child Abuse,” which are not required of post-licensure candidates. Information regarding LP Qualifying training requirements can be found online through the NY State Office of Professions at:

www.op.nysed.gov/prof/mhp/psyanllic.htm.

The one area where LP candidates fall under separate procedures is in patient treatment and educational supervision. **Under New York State law, LP candidates see patients under PANY’s license and insurance. Legally each patient is PANY’s patient and not the LP candidate’s patient.** Therefore, there are specific procedures for patient arrangements, treatment, reporting and payments. In the case of unlicensed clinicians, this applies to every patient seen in consultation, psychotherapy and psychoanalysis. In the case of LP candidates who are licensed to provide psychotherapy (LMHC’s, for example), this applies only to their patients in psychoanalysis. LP candidates must follow the procedures described in this manual and must also abide by the clinical guidelines elaborated below. The Licensure Qualifying Program Liaison (currently unassigned) works with LP candidates and the PANY office to make sure PANY complies with New York State’s regulations.

UNLICENSED LP CANDIDATES (including LMSW’s)

Referral and consultation: All referrals to unlicensed LP candidates (e.g. LMSW’s and MDs awaiting green cards) must come through PANY’s Consultation and Treatment Service (“the clinic”). Clinic applications are routed to the clinic co-chairs, who will assign patients to an LP candidate. Before the LP candidate can meet with the clinic applicant, a faculty member must screen the clinic applicant in order to establish that s/he is appropriate to be evaluated for psychotherapy or psychoanalysis by the LP candidate. PANY administrative staff member Ariane Cohen will send the application and the “Intake: Clinical Assessment by a Faculty Member” form to the faculty screener. She will also send the application to the LP candidate and the PCD supervisor.

The faculty screener, who may be the PCD supervisor of the LP candidate or another member of PANY’s faculty, will contact the applicant to set up a brief screening session to determine if it is appropriate for the patient to be evaluated for psychotherapy or psychoanalysis by the LP candidate. For example, if the patient is deemed high risk, he or she would most likely not be referred. At the end of the screening, if appropriate, the faculty screener will give the patient the LP candidate’s phone number to set up the consultation and notify the LP candidate that she has done so, documenting the assessment on the “Intake: Faculty Member Clinical Assessment” form that will be returned to the office.

If a referral is initiated by a faculty member who has seen the patient, before s/he can be evaluated by the LP candidate, the applicant needs to register through the clinic and that faculty member is required to fill out the “Intake: Faculty Member Clinical Assessment” form and submit it to the office.

After the faculty screening has been completed, the candidate should expect to hear from the patient by phone within several days. If the patient does not contact the candidate within 10- 14 days, the candidate should call Ariane Cohen in the PANY office, who will follow up with the patient.

The LP candidate should review with his or her PCD supervisor—ahead of the first session -- how to discuss the LP candidate's professional designation and training status with the patient. International LP candidates may not promote themselves in writing as “MD” on a business card, bill-head or office sign.

After 1-3 initial visits, the LP candidate (in consultation with the PCD supervisor) makes a treatment recommendation. If the candidate suggests treatment and this recommendation is accepted by the patient, the candidate will ask the patient to sign a “Terms of Treatment” form in which the patient acknowledges that the treatment is occurring under PANY’s auspices, the treatment is supervised and payment will be made to PANY. The candidate returns this form to the office. The candidate writes up his or her clinic consultation report for the office, as all candidates do.

Educational supervision: Educational supervision is required for all phases of treatment, from consultation through psychotherapy and psychoanalysis. During the consultation phase, educational supervision is provided by the PCD supervisor. If the treatment recommendation is psychotherapy or psychoanalysis, the candidate will discuss assignment of a case supervisor with the SPC advisor. All supervisors must regularly file a “Monthly Supervisory Note” on each supervised patient and return it to the office. (Note: When a PCD supervisor and a candidate discuss a patient over a good deal of time to work on developing the patient as a psychoanalytic case, there is an expectation that a supervisory fee will be worked out (see Appendix B). If an LP candidate arranges for educational supervision for a psychotherapy case outside of PCD educational supervision, there is an expectation that an educational supervision fee will be worked out.

For those LP candidates who are eventually applying for LP licensure, educational supervision on analytic cases must be weekly, that is, four hours per month. The frequency of educational supervision for LP candidates cannot be reduced, even if the LP candidate is an advanced candidate. This rule is required by NY State statute and NY State regulations.

For those LP candidates who will not be applying for LP licensure, exceptions to weekly educational supervision on analytic cases must have the approval of the EC chair in consultation with the SPC advisor and or SPC chair.

Records: The LP candidate must fill out a “Candidate Reporting Form” and submit it to PANY.

Monthly treatment reports must be submitted by the 15th of the month. If treatment reports are not received by the 15th of the month, the candidate will receive a reminder that the report is overdue and that if it is not received by the PANY office by the end of the month, the candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

All LP forms and records sent to the PANY office by a member of the PANY community must be password protected.

Fees and Insurance

Educational supervision: The fee for case educational supervision is decided between the candidate and the supervisor. An invoice for the educational supervision should be created by the supervisor (or the supervisor in conjunction with the candidate) and given to the candidate for forwarding to PANY. PANY then pays the supervisor directly.

Treatment: LP candidates are not paid for cases in development and are not paid for control cases for which LP candidates are being supervised by PANY.

The LP candidate should not set fees for the patient’s treatment until discussed with his or her case supervisor. The LP candidate bills the patient directly on the PANY Billing Statement, requesting that payment (check or money

order) be made out to “PANY” and be returned to the candidate for forwarding to PANY.

Insurance Reimbursement: Insurance reimbursement is not possible for LP candidates since LP candidates are not licensed to practice psychoanalysis independently in NY State, and can only practice psychoanalysis while in educational supervision and under the auspices of PANY. For this reason, an LP candidate must not name himself or herself as the provider of psychoanalysis on bills given to patients, and the LP candidate must only use the PANY Billing Statement, which specifies that payment for treatment must be submitted to PANY. Bills must be on the PANY Billing Statement, in the event that if patients need to submit this documentation of services, no one concludes that the LP candidate is the provider. The LP candidate cannot be named as the provider of services on bills given to patients.

All protocol for the billing of LP patients must be followed as outlined in the Candidate Manual or the LP candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

Treatment Location: PANY must be the sublessor of record for the location and hours in which supervised treatment is taking place. PANY agrees to pay a designated fee per hour directly to the Lessor. The LP candidate must obtain agreement from the person responsible for operations, and provide contact information to PANY for transmittal of sublet agreement.

Finances

PANY pays for the LP educational supervision and for the “office hours” used by LP candidates working with patients in the LP program.

Coverage: The candidate must notify her supervisor, SPC Advisor, the LP Coordinator, and the office about any absence or vacation. Practice coverage must be provided by a licensed PANY candidate or faculty member. The candidate must arrange communication between the treatment provider and supervisor when this situation arises.

Cessation of LP Status: If educational supervision ends for any reason (e.g., graduation, achievement by the LP candidate of a license allowing psychotherapy or psychoanalysis, or the LP candidate withdraws from PANY), the LP candidate must inform the patient, and document in the clinical record that the patient was informed. If the LP candidate withdraws from PANY before completing training, an orderly transfer of all patients to a licensed clinician must be worked out in consultation with one’s supervisor. The departing unlicensed LP candidate must cease all patient treatment.

LP CANDIDATES WHO ARE LICENSED TO DO PSYCHOTHERAPY (LMHC'S, LMFT'S AND LCAT'S)

Referral and consultation: LP candidates who are licensed to provide psychotherapy but not psychoanalysis may conduct their consultations in a similar fashion to our other licensed candidates (MD's, PhD's, LCSW's, NP's), with no need for direct faculty contact with the patient. The clinic procedures described elsewhere in this manual apply to these licensed LP candidates.

Educational supervision during the consultation and psychotherapy phase is provided by the PCD supervisor. The PCD supervisor does not need to submit any additional forms beyond the standard PCD supervisory reports, which are forwarded to the SPC. (If a PCD supervisor and a candidate discuss a patient over a prolonged period of time to work on developing the patient as a psychoanalytic case, there is an expectation that a supervisory fee will be worked out (See Appendix B).

Educational supervision during psychoanalysis: For those LP candidates who are eventually applying for LP licensure, educational supervision on analytic cases must be weekly, that is, four hours per month. The frequency of educational supervision for LP candidates cannot be reduced, even if the LP candidate is an advanced candidate. This rule is required by NY State statute and NY State regulations.

For those LP candidates who will not be applying for LP licensure, exceptions to weekly educational supervision on analytic cases must have the approval of the EC chair in consultation with the SPC advisor and or SPC chair.

Beginning analysis with a psychotherapy patient: Once it is clear that deepening of the treatment to psychoanalysis is taking place, PANY needs to become directly involved, and a faculty member must meet the patient briefly. This might be the candidate's PCD supervisor, the LP Coordinator, analytic supervisor or another faculty member who has agreed to do the in-person faculty screening. This can be worked out in discussion with the candidate's PCD supervisor with assistance from the LP Coordinator if requested. The faculty screener must submit an "Intake: Faculty Member Clinical Assessment" form to the office indicating that the patient is appropriate for a course of psychoanalytic treatment. A "Terms of Treatment" agreement must be signed by the patient. The patient's signature on the "Terms of Treatment" form informs PANY of the patient's full name which provides necessary information for patients who have not registered through PANY's Treatment and Referral Service.

Records: For the LP candidate's psychoanalytic cases, the candidate must complete a "Candidate Reporting Form" and submit it to PANY.

Monthly treatment reports must be submitted by the 15th of the month. If treatment reports are not received by the 15th of the month, the candidate will receive a reminder that the report is overdue and that if it is not received by the PANY office by the end of the month, the candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

All LP forms and records sent to the office by a member of the PANY community must be sent password protected.

Fees and Insurance

Educational supervision: The fee for case educational supervision is decided between the candidate and the supervisor. An invoice for the educational supervision should be created by the supervisor (or the supervisor in conjunction with the candidate) and given to the candidate for forwarding to PANY for payment to the supervisor. PANY then pays the supervisor directly.

Treatment: LP candidates are not paid for cases once the case has been approved for psychoanalysis by the SPC and the psychoanalysis has begun.

The LP candidate should not set fees for the patient's treatment until discussed with his or her case supervisor. The LP candidate bills the patient directly on the PANY Billing Statement, requesting that payment (by check or money order)

be made out to “PANY” and be returned to the candidate for forwarding to PANY.

Insurance Reimbursement: Insurance reimbursement is not possible for LP candidates since LP candidates are not licensed to practice psychoanalysis independently in NY State, and can only practice psychoanalysis while in educational supervision and under the auspices of PANY. For this reason, an LP candidate must not name himself or herself as the provider of psychoanalysis on bills given to patients, and the LP candidate must only use the PANY Billing Statement, which specifies that payment for treatment must be submitted to PANY. Bills must be on the PANY Billing Statement, in the event that if patients need to submit this documentation of services, no one concludes that the LP candidate is the provider. The LP candidate cannot be named as the provider of services on bills given to patients.

All protocol for the billing of LP patients must be followed as outlined in the Candidate Manual or the LP candidate may be subject to disciplinary action that could include suspension or expulsion from the LP program.

Office: For LP candidates who have a license to practice psychotherapy and have their own private office, PANY must rent the hours the LP candidate uses for psychoanalytic work. The LP Candidate agrees to enter into a sublet agreement with PANY, as PANY must be the lessor/sublessor of record for any location in which supervised treatment takes place.

Finances

PANY pays for the LP educational supervision and for the “office hours” used by LP candidates working with patients in the LP program.

Coverage: The candidate must notify his or her supervisor, SPC Advisor, the LP Coordinator and the office about any absence or vacation. Practice coverage must be provided by a licensed PANY candidate or faculty member. The candidate must arrange communication between the treatment provider and supervisor when this situation arises.

Cessation of LP Status: If educational supervision ends for any reason (e.g., graduation, achievement by the LP candidate of a license allowing psychoanalysis, or the LP candidate withdraws from PANY), the LP candidate must inform the patient, and document in the clinical record that the patient was informed. Should the LP candidate withdraw from PANY prior to graduation, an orderly transfer of all patients in psychoanalysis to a licensed candidate must be worked out in consultations with one’s supervisors. The departing candidate must not offer psychoanalysis outside of PANY’s auspices.

ALL LP CANDIDATES OFFERING A PATIENT PSYCHOANALYSIS

Deepening of a treatment from psychotherapy to psychoanalysis for LP candidates is subject to the same guidelines as for all other candidates at PANY. The candidate must have permission from the SPC to begin a case; **all LP documentation, clinic consultation write-ups and reports on other analytic cases must be up to date.** The candidate must submit a write up on the proposed case to his or her SPC Advisor, etc. (see the section in this manual on “Supervised Psychoanalytic Work: Guidelines by Level of Training.”)

LP candidates cannot begin new cases in either psychotherapy or psychoanalysis unless all LP documentation is up to date and has been submitted to PANY.

ADDITIONAL GRADUATION REQUIREMENTS FOR LP CANDIDATES

- All LP documentation is up to date and submitted to PANY.
- All LP finances are in order and have been processed by PANY.
- LP candidates cannot graduate as Academic Associates, that is, as non-clinical candidates.

SAMPLE FORMS

TERMS OF TREATMENT

[Licensure Qualifying Psychoanalytic Candidates only use this form, which is presented to patients prior to the beginning of treatment.]



One Park Avenue, 8th Floor, New York, NY 10016

P: 646-754-4870

F: 646-754-9540

Email: pany@nyulangone.org

Terms of Treatment

I, _____ (the patient) acknowledge that I am in psychoanalytic or psychotherapeutic treatment with _____ (the clinician), who is in training and who conducts the treatment, under the auspices of the Psychoanalytic Association of New York (PANY). I understand that this treatment will be supervised by a member of the PANY faculty. I have been informed that in the course of the educational supervision, the clinician will be sharing confidential personal and clinical information regarding me and my treatment with the Supervisor. I have been informed that in the course of the treatment, the clinician may be sharing confidential personal and clinical information regarding me and my treatment for educational purposes.

The agreed upon fee will be paid to the Psychoanalytic Association of New York ("PANY"), and will be at a frequency agreed upon between the Clinician and me.

Patient's Signature

Printed Name

Date: _____

Treatment Provider's Signature

Printed Name

Date: _____

MONTHLY TREATMENT FORM



Psychoanalytic Association of New York
Affiliated with NYU Langone Health

One Park Avenue 8th Floor
New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pny@nyulangone.org

**Candidate Reporting Form
Licensure Qualifying Psychoanalytic Training Program**

Patient Initials or Clinic ID: _____ **Month and Year Report Covers:** _____

LP Candidate: _____ **LP Supervisor:** _____

Frequency and Dates of Treatment: _____

Frequency and Dates of Supervision: _____

Treatment Modality: Psychotherapy Psychoanalysis

Chief complaints? _____

What has happened historically since the last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content):

Candidate's central psychoanalytic interpretations and/or interventions and the patient's response:


Significant topics discussed with your supervisor:

Treatment Plan:

Candidate Signature _____ **Date** _____

Please fill out one form per patient and return this form to PANY, password protected.

PANY BILLING FORM

Psychoanalytic Association of New York CONSULTATION AND TREATMENT SERVICES One Park Avenue, 8 th Floor • New York, NY • 10016 Telephone: 646-754-4870 • Email: pamy@nyulapone.org		 Psychoanalytic Association of New York
<small>PANY is chartered by New York State to provide licensure-qualifying psychoanalytic training.</small>		
STATEMENT FOR PROFESSIONAL SERVICES RENDERED		
Date:		
Treatment Provider:	Psychoanalytic Association of New York CONSULTATION AND TREATMENT SERVICES	
Patient:		
Date(s) of Service:		
Fee:		
Please make check payable to "Psychoanalytic Association of New York". Payments to be remitted to clinician or mailed to PANY at address noted above.		

FOR OFFICE USE ONLY – Form prepared by: _____

CANDIDATE MONTHLY REPORT – SAMPLE 1



Psychoanalytic
Association of
New York

One Park Avenue 8th Fl.
New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pany@nyulangone.org

Candidate Reporting Form Licensure Qualifying Psychoanalytic Training Program

Patient Initials or Clinic ID: HD Month and Year Report Covers: 04/18

LP Candidate: K. Fields, M.D. LP Supervisor: R. Brooks, M.D.

Frequency and Dates of Treatment: 4x a week; 4/2,4/3,4/4,4/5,4/9,4/10,4/11,4/12
4/16,4/17,4/18,4/19,4/23,4/24,4/25,4/26,4/30

Frequency and Dates of Supervision: 1x a week 4/6, 4/13, 4/20, 4/27

Treatment Modality: Psychotherapy Psychoanalysis

Chief Complaints? Patient is struggling with relationships. Feels hopeless at times that she will be able to have a lasting relationship. She is also struggling to invest in her career.

What has happened historically since last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient. Patient recently began a new relationship but is increasingly worried it will not last.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content): Patient is extremely anxious and is deeply preoccupied with her boyfriend's every communication and seems to be searching for data to support her conviction that she will lose him.

Candidate's central psychoanalytic interpretations and/or interventions and the patient's response: Suggested to the patient that some of her intense preoccupation with her boyfriend and keeping him in mind at all times, is a way for her to try and hold onto him, as if, she is not letting him out of her sight. I suggested that she is interpreting his comments as his pulling away based on her early experiences of loss. The patient was furious with me for several sessions, suggesting that I do not acknowledge her boyfriend's inability to be close to her, and that I am focusing too much on her psychology.

Significant topics discussed with your supervisor: Discussed the patient's transference to me that I am not helping her or understanding her more, as though, in the treatment, I am emotionally abandoning her. Discussed also, that her fears of being left by her boyfriend may be a displacement of her fears of being left by me or that I will be detached and unavailable to her.

Treatment Plan: Continue with psychoanalysis, 4 times a week.

Candidate Signature K. Fields, M.D. **Date** 5/1/18

Please fill out one form per patient and return this form to PANY, password protected.

CANDIDATE MONTHLY REPORT – SAMPLE 2



Psychoanalytic
Association of
New York

One Park Avenue 8th Fl.
New York, NY 10016
P: 646-754-4870
F: 646-754-9540
Email: pany@nyulafgond.org

Candidate Reporting Form Licensure Qualifying Psychoanalytic Training Program

Patient Initials or Clinic ID: HD Month and Year Report Covers: 04/18

LP Candidate: K. Fields, M.D. LP Supervisor: R. Brooks, M.D.

Frequency and Dates of Treatment: 2x a week; 4/2,4/5,4/9,4/12
4/16 ,4/19,4/23,4/26,4/30

Frequency and Dates of Supervision: 1x a week 4/6, 4/13, 4/20, 4/27

Treatment Modality: Psychotherapy Psychoanalysis

Chief Complaints? Patient has had escalating anxiety in the last two months. His medical doctor suggested he begin psychotherapy.

What has happened historically since last report? Include significant developments in the patient's life or symptoms since the last report, based on subjective report of the patient. Patient has had several episodes at work where he became dizzy and thought he might pass out. He continues to be preoccupied with thoughts that he will faint while traveling on the subway.

Brief Mental Status (objective findings and notable factors such as mood, affect, thought process/content): Patient reports that he is less anxious since beginning treatment and that he is sleeping better. He is very rigid in his speech and he speaks in great detail without strong affect connected to content.

Candidate's central psychoanalytic interpretations and/or interventions and the patient's response: Trying to help patient talk more about his feelings and suggested to the patient that he may have some thoughts and feelings that he would like to keep at bay. Patient considered the idea that he may be staying away from strong feelings and difficult memories.

Significant topics discussed with your supervisor: Patient's defensive style may be a response to his chronic exposure as a child to violence between his parents and growing up in a chaotic environment. His anxiety may be a sign that underlying feelings, terror and trauma and possibly fears of his own aggression, are beginning to break through.

Treatment Plan: Continue with psychotherapy, 2 times a week:

Candidate Signature K. Fields, M.D. Date 5/1/18

Please fill out one form per patient and return this form to PANY, password protected



2023-2024 TRAINING PROGRAMS STUDENT HANDBOOK

Rockland – East Fairmount
Park 3810 Mt. Pleasant Drive
Philadelphia, PA 19121 Phone:
215-235-2345 Fax: 215-235-
2388 pcop@philanalysis.org

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INTRODUCTION Welcome to the Psychoanalytic Center of Philadelphia! This handbook is designed to provide you with information about our different training programs and their policies and procedures.

This Handbook applies to students whose first year is the academic year 2023-2024. Other students are responsive to the handbook under which they entered unless otherwise directed.

Our four clinical training programs (Adult Psychoanalytic, Adult Psychodynamic Psychotherapy, Child Psychoanalytic, and Child Psychotherapy) branch off from our two-year combined curriculum, *Foundations of Psychoanalytic Thought* (FOPT). *All candidates and students complete the first two years as a combined group.* There are some program-specific variances, however, so trainees should be sure to check Section Two for program-specific information. *Any student who is Undecided (i.e., has not declared a program) during any period of the two FOPT years is to follow the policies of the Psychodynamic Psychotherapy Training Program.*

This handbook has two sections: The first section provides information that applies to the *Foundations of Psychoanalytic Thought* years. Section Two provides program-specific information.

Your first points of contact for questions or concerns (other than clear administrative needs) are the Deans. Their contact information is in the front of this handbook.

Any resources you may need as a student can be found online at the PCOP Member Home.

To Access Member Home

- Go to www.philanalysis.org
- Click “Member Login” at the top of the page
- Enter your username and password (Your username is the email address affiliated with your FOPT application)
- Click “Login”

Once you log in, click on the “Training Program Resources” button under the Quick Links section on the right hand side of the webpage.

If you have a question or concern not answered in the Member Home, you can email pcop@philanalysis.org or call the office at 215-235-2345.

Once you have login access to the PCOP website as a Student Member, please check that your information is correct in the Membership Directory. Please also update your profile whenever there are changes. To find contact information for a specific member, you can use the Membership Directory function on the Member Home Page.

Wireless internet is available at the Center. To access the wifi on your laptop or mobile device, select the network called PCOP. The password is pcopsecurity1.

Tuition Tuition for students in the FOPT is \$2,800 per year. This tuition is split into two equal payments of \$1,400. Students are sent a tuition invoice each year before the start of classes. This invoice must be paid, or a payment plan made with the PCOP office, in order to attend classes. Upon starting the program, a payment agreement form must be signed, which is sent with the first tuition invoice. Scholarship and funding opportunities are available to qualified students, and this information can be found among the training programs listed on the Training Program Resources pages of the Member Home. Scholarship applications are submitted June 1st for each academic year (one must apply each year).

CLASSES FOPT classes are one hour and twenty-five minutes long each and take place on Tuesdays from September to June between 6:00 pm and 9:00 pm. There is a 10-minute break between classes. There are program-specific additions to this schedule. Please see Section II for this information.

Class schedules are available in the Training Program Resources section of the Member Home (see Introduction).

Due to ongoing Covid-19 concerns and other current issues, classes this year will start in-person. Classes will then move remote from late Fall to early Spring, then resume in-person until the end of the year. Please consult the course schedules for details. Our [Covid-19](#) policies and practices (and the ways they affect in-person and remote classes) can be found in the Training Resources section of the website, and they will be updated as things evolve.

Outside of the Covid-19 precautions period, classes are held at Rockland Mansion:

Rockland – East Fairmount Park
3810 Mt. Pleasant Drive

Philadelphia, PA 19121

Curriculum The FOPT curriculum consists of two academic years. There is the option to complete just the first year and be awarded a Foundation Year certificate. Those continuing on will complete the second FOPT year, then branch into their specific training program and its curriculum (the Child Psychotherapy program ends at the completion of the FOPT years). For detailed descriptions of the curricula and classes, please refer to the course catalogs available on the Training Program Resources page of the Member Home (see Introduction).

Declaring a Track Applicants are asked to declare a program or identify as *Undecided* at the time of their application. The FOPT experience aims to help those who are undecided choose the program track that best suits their training goals and circumstances. Deans and Directors are also available to help with this important decision. If trainees can decide by the end of the first year of the FOPT, they will be able to take full advantage of available options and program-specific requirements. For those who do not decide at the end of the first year, or for those who change their intended program during the FOPT years, program Deans and Directors will work to support trainees in meeting all program requirements and prerequisites.

Attendance At each class session, students will write their initials on a sign-in sheet kept in a binder outside of the classrooms. (In the case of remote learning, attendance will be tracked electronically.) At the end of the year, students will receive a transcript summarizing their attendance and credits earned for each class.

If you will miss class on a given night, please **email the instructor and your class** to let them know (instructor contact information is on the syllabus).

We are currently planning on holding the first and last ten weeks of classes in-person at Rockland. It is expected that FOPT 1 students will attend these classes in person unless they are not located in the Greater Philadelphia area. Our classes will have hybrid access, so we will allow the flexibility to attend class virtually for one out of five sessions. Any requests for prolonged virtual attendance need to be approved by the FOPT deans.

In order to receive credit for a class, students must:

- Arrive to class or login on time. Those who arrive more than 20 minutes late to class may not receive continuing education or program credit for that class

period.

- Remote attendees are expected to log in and log out in accordance with the scheduled class time, have their full name listed as their Display Name, **and to remain on video** for the entirety of the class.
- Attend 75% of the classes in each course in person or remotely. If a student misses more than one class in a single course, they will need to contact the instructor regarding any makeup work to receive course credit. If a student misses multiple classes in a given course, they may be asked to take the course the following year in order to receive course credit toward graduation.

Evaluations After a course ends, the instructor completes an evaluation of each student's class performance. The evaluations are kept in the trainee file in the PCOP office. Students may ask to read the evaluations at any time.

After the last class meeting, trainees will receive an email with a link to a course evaluation survey. Please complete course surveys within a week of receiving the invitation. All responses will be summarized and be kept anonymous to the instructors. **Program credits toward graduation will not be given without the completion of the course survey.**

Awarding Continuing Education Credits Continuing Education credits are licensing-based. Once a course evaluation survey is completed, a Certificate of Continuing Education credits will be system-generated and available for submission to licensing boards.

Documentation of Program Credit Program credit is related to PCOP's training programs (separate from Continuing Education credit). At the end of each academic year, students will be sent a transcript and a program certificate. These function as official documentation of a student's attendance at each course.

Course Materials Course materials can be accessed through the website (see Introduction for instructions) on the Training Program Resources page. There will be a link for each program year, which will direct you to a folder in Google Drive. Syllabi and some reading materials will be found in a course's digital folder. Every effort will be made to have syllabi and reading materials available at least one month prior to the beginning of a class.

PEP Web PEP Web is a database of psychoanalytic journals and articles. All students will receive a username and password for accessing PEP web (<http://www.pep-web.org>). If an article is available on PEP Web, it will not be in the digital folder of course materials. If you forget your login information, you can find instructions on

retrieving your username and password on the Member Home main page. PCOP does not have access to your log in information. Troubleshooting beyond this will require communication with the PEP Web administrator.

Please note: First year students will not have access to PEP Web until mid-October. For classes that begin prior to mid-October, PEP Web articles will be available in the Course Materials folder.

Library PCOP has a lending library in the ballroom and recent editions of many psychoanalytic journals in the ground floor office. Students may borrow books from the library and make photocopies of the journals. Contact the office (215-235-2345 or pcop@philanalysis.org) for more information.

PERSONAL TREATMENT Personal psychoanalysis or psychotherapy is strongly recommended in Year 1 of the FOPT and required for Year 2. We recommend that students choose a therapist who is a PCOP member. There are some therapists who offer reduced fee therapy, and that information can be provided upon request from the Deans. The Consultation & Referral service can also assist in finding a therapist (see next).

CONSULTATION & REFERRAL SERVICE PCOP's Consultation & Referral Service is a service that matches individuals seeking psychoanalytic treatment with suitable PCOP members. The service is available for PCOP students seeking personal treatment and the general community, and so can also provide case referrals for trainees who are qualified to provide psychotherapy to individuals in the general community. In addition, PCOP's website has a Find-a-Therapist search function, where prospective clients will be able to search our directory for therapists and analysts by name, zip code, area of interest, and/or gender. In order to receive referrals from the Consultation & Referral Service, students must fill out the [Consultation and Referral Service Trainee Information Form](#) and must provide the PCOP office with their most up-to-date license and insurance information.

CLINICAL SUPERVISION Our training programs require clinical supervision of psychoanalytic/psychodynamic casework with a licensed professional. Each program has specific requirements. Please see the subsequent sections for information on the program-specific requirements.

CASEWORK Our training programs require students to work psychoanalytically or psychodynamically to enhance learning and to discuss in the required supervision. Each program has a different requirement, please see Section II for the requirements of your program

ETHICAL GUIDELINES All students are expected to adhere to the ethical guidelines of their profession in their training and involvement at the Center. The American Psychoanalytic Association (APsaA) has a code of ethics for psychoanalysts and candidates (psychoanalysts-in-training) that applies to all PCOP trainees (candidates and non-candidates alike). This Code of Ethics can be found on APsaA's website: <https://apsa.org/code-of-ethics>. It is the responsibility of all students to be familiar with this information. If ever there is a conflict between the ethical guidelines of your profession and the APsaA guidelines, please bring this to the attention of your program Deans or Director immediately. There is also a document listing PCOP's procedures for dealing with complaints of unethical conduct, which can be [found here](#).

MEMBER LISTSERV New students will be added to the members' listserv. The listserv allows members to communicate with each other. It is most often an exchange of information about referrals, office space sublets, article links, etc. It can also be used for discussion of issues related to psychoanalytic thinking, organizational concerns, and societal topics. We have a list of guidelines for use of the listserv. If anything you read concerns or upsets you, please reach out to a Dean or Program Director to discuss. The Diversity and Inclusion Committee and the Center Council or Institute Council are other resources for addressing concerns about listserv content.

CONCERNS AND ISSUES As we work to build community and a rich learning environment, your feeling at home and safe as a student is of utmost importance to us. If you find yourself having a concern or problem during your time in the program with some aspect of the teaching, faculty, the environment, or classmates, we want you to know how to seek resolution to these. You have several options, starting with being able to address it directly with the relevant party. You can reach out to the Deans or the Education Division chair for assistance (contact information for these people are in the front of this handbook). You can also click [here](#) to access the Suggestion Box, where you can share concerns or make suggestions. This form can be anonymous, though if you wish a follow-up, you will need to list your name on the form.

STUDENT/ MEMBER/EMPLOYEE/PATIENT GRIEVANCES Grievances can be formally submitted via the [form](#) on the Center website. Grievances related to educational programs can also be brought directly to the Directors of the Adult Psychoanalytic, Adult Psychodynamic Psychotherapy, and Child & Adolescent programs, who will collaborate with the Education Division in order to assess and resolve grievances as appropriate. In the case of serious educational grievances, a task force of the Education Division will be formed to assess the grievance and oversee the disciplinary process as appropriate. In the case of grievances involving alleged discrimination, the matter will be referred to the Discrimination Complaint Committee. In the case of grievances involving alleged ethical violations, the matter will be referred to the Ethics Committee. In the case of grievances involving alleged impairment, the matter will be referred to the Colleague Impairment and Assistance Committee.

Disciplinary Process The Education Division or task force formed by the Education Division will be responsible for overseeing the disciplinary process for grievances relating to the educational programs. If it is concluded that the behavior of a member is unacceptable, the individual will be subject to appropriate corrective action, up to and including termination of membership or employment. If it is concluded that the behavior of a student is unacceptable, the candidate or student will be subject to appropriate corrective action, up to and including termination from the program.

A grievance against a member or employee will be directed to the Chair of the Board of Directors who will convene a Task Force for the assessment and resolution of the complaint and for determining a corrective or disciplinary action when appropriate.

CONTINUING EDUCATION PROGRAMS The Center has regular continuing education programming, which it publicizes to members. Most of these events are free to PCOP members or offered at a discounted price. Information about these programs can be found on PCOP's website, which is updated regularly.

CENTER EVENTS The Center holds three member events per year; this year is contingent on COVID-19 precautions. In September, we open the year with the Welcome Party. This event allows members to meet candidates, students, and fellows, and for incoming trainees to meet one other. In December, we hold a Holiday Party to celebrate the many holidays people celebrate in and around the month of December. In June, we conclude the year with the Year End Dinner, a formal event where we recognize graduates and members who have made outstanding contributions during the

year. Students are encouraged to attend these events, as well as any other social events held throughout the year.

COMMITTEES Students are eligible to serve on some organizational committees. Students can find the PCOP organizational chart and meetings schedule on the Organization page of the Member Home (see Introduction) and may contact the chair of the committee to express an interest in becoming a committee member.

LEAVE OF ABSENCE (LOA) The policy for seeking an LOA is intended to be flexible and understanding of the individual circumstances of the student.

There are two types of Leave: A Short-term LOA is defined as an absence from the training program for a period of at least **6 consecutive class nights (12 classes with 2/night)**. A Long-term LOA is defined as an absence from the training program for a period of **12 or more consecutive class nights (24 classes with 2/night)**.

If a student misses fewer than 6 consecutive class nights, it is the student's responsibility, with assistance as needed from the Deans or Program Director, to work with the instructor to make up for the missed classes in order to receive course credit.

A written request (email will suffice) requesting the LOA should be presented to the Student Deans (for FOPT) or your Program Director explaining the reasons for leave, the length of the leave, and the plan to return from leave. This request will be taken by the Deans to the Program Director, and/or Program Committee for acceptance and to work out the student's plan. The Child programs require that the letter be directed to the Child programs Director.

The Leave of Absence Coordinator (LOAC) will be the point of contact for students on Leave. The coordinator sees to it that the LOA plan is adhered to, offers support as needed to the student on Leave, and assists the student with resuming training.

If a student has been on Long-term Leave and was not in classes for a year, and they plan to resume with Fall courses, they must commit by June 15th. This allows the Admissions Committee to cap new enrollments accordingly to keep class sizes optimal.

If a LOA occurs beyond the proposed length, a discussion ensues with the Student Deans and/or Program Directors. Should there be an extended LOA, students will be asked to withdraw from the program, understanding that they will be welcomed to re-apply without penalty when they are able.

Students on Long-term Leave are strongly encouraged to remain members during this period; more information on this option can be provided upon request.

Fees: There is no fee for Short-term Leave. Due to administrative efforts, holding a place for a student to return, and in order to maintain student membership, there is a \$250 fee for a Long-Term Leave.

GRADUATION Requirements for Graduation are as follows:

- Satisfactory completion of all course work.
- Each individual class requires a minimum of 75% attendance.
- The program directors must determine that a student has met all requirements of the program (Personal Treatment and Supervised Casework).
- All tuition and fees must be paid.
- There are no other administrative matters requiring resolution.

SECTION TWO

PROGRAM-SPECIFIC INFORMATION

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PSYCHODYNAMIC PSYCHOTHERAPY TRAINING PROGRAM

This section of the training handbook addresses policies and requirements specific to the Psychodynamic Psychotherapy Training Program (PPTP). These policies apply to those in the PPTP track and are the policies for those in the FOPT who have not yet declared a track. All policies and requirements listed in the FOPT section apply unless specifically noted otherwise in this section.

OPTION TO TAKE ADDITIONAL SECOND YEAR CLASSES The Adult Psychoanalytic track curriculum includes in its second year additional classes each Tuesday beginning at 4:45pm. While not required for PPTP students, all are welcome to attend these additional classes if interested and space permitted.

PERSONAL TREATMENT REQUIREMENT It is strongly *encouraged* that students engage in a personal treatment (psychoanalysis or psychotherapy) starting the first year, but it is not required until the second and third years of the program. The Consultation and Referral Service, offered by PCOP, will assist students in finding a suitable psychotherapist upon request. There are some members who offer low fee therapy, and that information can be found [here](#).

SUPERVISION REQUIREMENT While it is strongly *encouraged* in the first training year, in the second and third program years, students are **required** to have weekly individual supervision and are expected to have experience with at least two different supervisors throughout the course of the program. Exceptions to this can be made at the directors' discretion, such that a student may work continuously with the same supervisor. A list can be found [here](#) of those members who provide lower-fee supervision to PPTP students. Fees for supervision are otherwise arranged between the student and supervisor. In order to ensure the ideal learning experience, supervisors must be Center members or approved by the program's directors. We are happy to assist students in choosing an appropriate supervisor upon request.

CASEWORK REQUIREMENT Students are expected to see at least two cases, working psychodynamically, no fewer times than once-per-week (ideally 2-3 times per week) during the second and third years of the program. These are cases that will be discussed in the required supervision.

CONSULTATION AND REFERRAL SERVICE

Consultation and Referral Committee Chair: Jeanette Redmond, LCSW, BCD - jeakam@aol.com

PCOP's Consultation & Referral Service is a service that matches individuals seeking psychoanalytic treatment with suitable PCOP members. The service is available for PCOP students seeking personal treatment and the general community, and so can also provide case referrals for trainees who are qualified to provide psychotherapy to individuals in the general community. In addition, PCOP's website has a Find-a-Therapist search function, where prospective clients will be able to search our directory for therapists.

In order to receive referrals from the Consultation & Referral Service, students must fill out the [Consultation and Referral Service Trainee Information Form](#) and must provide the PCOP office with their most up-to-date license and insurance information.

PSYCHOTHERAPY FORUM Once a year, there will be a Psychotherapy Forum where a psychotherapy student or recent graduate will present a case to a visiting analyst. They typically run from 4:30-9 on a Friday in the Fall and include a student case presentation, dinner, and lecture by the visiting analyst. This is a required event for all psychotherapy students in the FOPT years as well as the third program year.

GRADUATION Requirements for Graduation are as follows:

- Satisfactory completion of all course work
 - 80% attendance at all classes with all instructors giving course credit
 - Attendance of all Psychotherapy Forums
 - Completion of all required writing assignments
- The program directors review students' work and must determine that a student has met all requirements of the program (Supervision, Personal Treatment, and Supervised Casework).
- All tuition and fees must be paid.
- There are no other administrative matters requiring resolution.

CHILD AND ADOLESCENT PSYCHOTHERAPY AND PSYCHOANALYTIC TRAINING PROGRAMS

This section of the training handbook addresses policies and requirements specific to the Child and Adolescent Psychotherapy and Psychoanalytic Training Programs. This is program-specific information. All policies and requirements listed in the FOPT section apply unless specifically noted otherwise in this section.

CHILD AND ADOLESCENT PSYCHOANALYTIC PROGRAM Program-specific information is as follows:

- Five years of integrated (with adult training) didactic courses
- Six Child Saturday Seminars per year
- Group supervision twice per month
- Child Continuous Case
- Child Master Course (10 weeks)
- Child elective (5 weeks)
- Mandatory personal analysis
- Supervision with three different PCOP child analysts
- Three control cases (oedipal, latency, adolescent)
- One child case may count toward adult graduation
- Leave of Absence letters are to be given to the C&A Director
 - Leave of Absence from the Child Program is \$150 per year

CHILD AND ADOLESCENT PSYCHOANALYTIC STAND-ALONE TRAINING PROGRAM Program-specific information is as follows:

- Five years of didactic courses with FOPT and Psychoanalytic Training
- Six Child Saturday Seminars per year
- Group supervision twice per month
- Child Continuous Case
- Child Master Course (10 weeks)
- Child elective (5 weeks)
- Mandatory personal analysis
- Supervision with three different PCOP child analysts
- Three control cases (oedipal, latency, adolescent)

- Leave of Absence letters are to be given to the C&A Director
 - Leave of Absence from the Child Program is \$150 per year

CHILD AND ADOLESCENT PSYCHOTHERAPY TRAINING PROGRAM

Program-specific information is as follows:

- FOPT (2 years)
- Six Child Saturday Seminars per year
- Group supervision twice per month
- Child Continuous Case
- Child Master Course (10 weeks)
- Child elective (5 weeks)
- Supervision with PCOP child analysts
- In the first year personal therapy is recommended
- Mandatory personal therapy in the second year
- Leave of Absence letters are to be given to the C&A Director
 - Leave of Absence from the Child Program is \$150 per year

After completion of the two-year psychotherapy training program the student may apply to continue in the Adult and/or Child and Adolescent Psychoanalytic training program as a third year candidate.

CHILD AND ADOLESCENT PSYCHOTHERAPY STAND-ALONE TRAINING PROGRAM

Program-specific information is as follows:

- A two-year combined curriculum with FOPT and Psychoanalytic Training Program
- Six Child Saturday Seminars per year
- Group supervision twice per month
- Child Continuous Case
- Child Master Course (10 weeks)
- Child elective (5 weeks)
- Supervision with PCOP child analysts
- In the first year personal therapy is recommended
- Mandatory personal therapy in the second year
- Leave of Absence letters are to be given to the C&A Director
 - Leave of Absence from the Child Program is \$150 per year

After completion of the two-year psychotherapy training program the student may apply to continue in the Adult and/or Child and Adolescent Psychoanalytic training program as a third year candidate.

ADULT PSYCHOANALYTIC PROGRAM

*******IMPORTANT NOTE: The academic year 2022-23 is the first in which students will progress from the psychoanalytic track of the FOPT program into full psychoanalytic training. We are still in the process of defining the policies and procedures governing this progression, so some of the information in this section of the Handbook may be out of date. For the latest available information about program requirements and fees, please contact the Psychoanalytic Program Director (Elio Frattaroli, MD ejfratt@verizon.net 610-667-2247) or PCOP Director (Ashlyn Ernst aernst@philanalysis.org 215-235-2345)**

This section of the training handbook addresses policies and requirements specific to the Adult Analytic Training Program. This is program-specific information that applies during the Foundations of Psychoanalytic Thought (FOPT) years and during the training years that follow. All policies and requirements listed in the FOPT section apply unless specifically noted otherwise in this section.

TUITION Tuition is split into two equal payments for the fall and spring semesters. Invoices for the fall semester will be sent out by the first week in August or when the final acceptances are approved.. Invoices for spring semester will be sent out no later than the first week of December.

The candidate/student will have one month to pay fall tuition from the creation of the invoices. Spring tuition payments must be received by January 1. The due date will be on the top of the invoice.

Failure to adhere to this policy may result in suspension of attendance at classes and of membership.

Tuition for candidates is as follows:

- For candidates who move into full psychoanalytic training after the FOPT program, tuition is \$4000 for years 3-5.
- **Advanced Candidate (years 6+): \$2400**
- **Candidate Fees: \$30**

Leave of Absence from Adult Program: \$500 per year

Candidates are sent a tuition invoice each year before the start of classes. *Candidates must have paid tuition or arranged a payment plan with the office before attending classes.* If you need a payment plan please call the Office and speak to the office staff BEFORE the start of classes.

Scholarship and funding opportunities are available to qualified candidates. A list of opportunities can be found on our website or by contacting PCOP office staff.

SUPERVISION POLICY

Fees for individual supervision are negotiated privately between the candidate and the supervisor. The Education Committee has recommended (but does not require) the following guidelines: a standard fee of \$50/supervisory session for psychoanalytic supervision unless the candidate's analyst is paying more than \$50/session, in which case the supervisory fee should be adjusted accordingly. Candidates are required to have a different supervisor for each of their three psychoanalytic cases and it is expected that supervision for each case will be at a frequency of once a week. For more advanced candidates, at the discretion of the supervisor, this frequency can be reduced as the case progresses. For purposes of estimating the overall cost of supervision during the course of training, the requirement for graduation is a minimum of seven case-years of supervision: four for one case and a minimum of three for the other two cases combined. This is in addition to the cost of the preliminary period of supervision preparatory to the candidate's beginning a first case. See below, page 23 of this handbook.

PERSONAL ANALYSIS DURING TRAINING

Objectives The objectives of psychoanalysis are for the candidate to gain an awareness of unconscious processes and for the candidate to develop the skills for empathy, insight, and object relatedness necessary for personal development as a psychoanalyst. Inherent in these objectives is the goal of addressing conflictual matters that might interfere with the practice of psychoanalysis. The analysis offers the candidate the opportunity to understand the process from the patient's vantage point, by working through one's own personal conflicts. The duration of the personal analysis depends on the needs of the candidate and will be determined by the candidate and analyst.

Requirements Following admission to the Adult Program, all candidates are required to undergo personal analysis with an analyst from the Center's list of Training and Personal analysts. This can be found under Psychoanalytic Training Program Resources on the website. (Analysts approved to treat candidates under the old vetting system of the American Psychoanalytic Association were appointed as "Training Analysts." Analysts approved to treat candidates under the new vetting system are appointed as "Personal Analysts.")

Candidates must begin the analysis at least a month prior to the start of classes. The candidate's analysis should continue well into the period of supervised clinical work. Candidates should plan to select an analyst from the list of approved training and personal analysts.

The Institute expects training and personal analysts to maintain the highest standards of confidentiality with regard to the candidates they treat; thus a training/personal analyst does not participate in educational decisions concerning his or her analysand. Absence from or participation in a course taught by a candidate's analyst may be decided mutually. In the instance where analyst and patient decide for the candidate not to participate in such a course, the Institute will arrange for substitute tutorial courses. Written requests for tutorials separate from the analyst-analysand situation noted previously and which create potential conflicts related to educational matters may be considered by the program director in consultation with the appropriate committee chair(s).

Policy for Candidate's Personal Analyst Waiver

Introduction:

This waiver policy applies to candidates already in analytic treatment with an analyst not previously approved by PCOP to analyze candidates. The waiver goes to the candidate, not to the analyst. Its purpose is to avoid interrupting an ongoing psychoanalytic treatment and to allow that treatment to evolve, naturally, to completion. The prospective candidate shall initiate the Waiver Application before starting active training and shall be substantially involved in the analysis before receiving approval to begin a supervised case.

The prospective candidate shall be informed that analytic candidacy is conditional upon being involved in an ongoing analysis and meeting all other requirements for matriculation to active candidacy. The candidate shall be informed and understand that a Waiver application may not be approved. The Waiver does not apply to a prospective analyst with whom analysis has not yet begun.

The Institute shall make every effort to make the evaluation process collegial, respectful, and thorough. Candidates must understand that if their analyst's application is not successful, they will need to begin working in analysis with an approved analyst prior to starting the third analytic year. If a situation arises that a prospective candidate cannot find a PCOP analyst, the Institute officers (EC Chair, TAPASA Chair or Director of the Adult Program) shall assist them in their effort.

The Personal Analyst Waiver Qualifications and Procedure:

1. The candidate must write a letter to the Education Committee Chair requesting a Personal Analyst Waiver. The letter must state how long the ongoing personal analytic treatment has been in progress, why continuing would be more desirable than switching to a Personal or Training Analyst and include contact information for his/her analyst.

2. The EC Chair will contact the prospective candidate's analyst and provide an Application Form, detailing analytic training and experience. The prospective analyst will return the completed form and a Curriculum Vitae to the EC Chair who will transmit it to the Personal Analyst Waiver Subcommittee.

3. The candidate's analyst will, along with the CV and Application form, submit a written report (5-10 pages in length) of a psychoanalytic case (not the applicant prospective candidate) that demonstrates his or her way of thinking and working in the psychoanalytic process, incorporating actual process material if possible.

4. The usual immersion requirements are 5 years post-graduation with 2 psychoanalytic cases begun post-graduation (one of which may be a child case). Clinical immersion reflects more than the number of cases or duration of treatment. Other forms of clinical immersion that may be considered include 3x/week cases and 2x/week cases, external certification (optional), psychoanalytic teaching, writing, and research, service on committees, participation in psychoanalytic study groups, presentations of clinical material in collegial settings. The Subcommittee has the discretion to qualify a candidate's analyst even if he or she does not fully meet the 5-year postgraduate or immersion requirements. This includes recent graduates who have a matriculating candidate in an established analysis.

5. The written report will be the basis for a discussion of the case with a 3-member Personal Analyst Waiver Subcommittee. The Subcommittee will be established by the TAPASA and Education Committee (EC) Chairs and will include two TAPASA analysts and one non-TAPASA analyst serving on the EC. Alternatively, a non-PCOP Analyst may be included if the applicant candidate requests this option. Typically, the analyst will meet with the Subcommittee one time for 90 minutes, but an additional meeting may be required, and the Subcommittee may at its discretion ask for a brief write up and discussion of a second case for additional assessment.

6. To demonstrate the analyst's clinical work, the candidate's analyst is evaluated by the same procedure and qualifications as that required for appointment as a Personal Analyst, although the Personal Analyst Waiver appointment is valid only to the candidate applicant. The analyst may be considered for one additional Waiver for another candidate. Previously Waivered Personal Analysts who have analyzed two candidates will automatically be appointed as PAs. PCOP Supervising Analysts who are analyzing prospective candidates will automatically qualify for approval as Waivered

Personal Analysts upon request, because the clinical immersion requirements are identical.

7. After meeting with the analyst, the Subcommittee members will discuss and vote on the applicant's appointment. The Subcommittee will report its recommendation and its rationale to the EC and the TAPASA Committees. The final approval of the application will be determined by the EC. The EC will discuss the recommendation and vote on the appointment.

8. The analyst must be in good ethical standing.

9. The analyst is encouraged to be a member in good standing of the American Psychoanalytic Association or the IPA.

10. The candidate applying for the waiver may bring a request for an appeal to the Chair of the EC in the event of an Education Committee decision not to grant a waiver. The EC Chair and TAPASA Chair will appoint an ad-hoc Appeal Subcommittee using the same criteria and procedures as those in #5 and #7 (above).

11. A collegial consultation is recommended for the Waivered Personal Analyst at any appropriate juncture during the analysis. This is voluntary and in the spirit that supervision is a lifelong appropriate endeavor. An out-of-town consultant can be used and may be preferable for purposes of confidentiality.

12. All Personal, Training and Supervising Analysts are expected to follow these standards:

- Maintain high ethical standards.
- Maintain high academic standards as evidenced by lifelong learning.
- Participate in teaching candidates and FOPT students.
- Engage in important organizational infrastructure such as committee work and leadership roles.
- Share in the commitment to analyze and supervise candidates with financial constraints to contribute to the strength of psychoanalysis and PCOP.

CLASSES Adult Psychoanalytic classes are one hour and fifteen minutes long, and take place on Wednesdays from September to June between 4:45 pm and 9:00 pm. There is a 15-minute break between classes. Class schedules are available on the Psychoanalytic Program Resources page of the Member Home (see Introduction).

Due to Covid-19 restrictions, starting in the Fall of 2021 and indefinitely, all classes will be held remotely via Zoom. Outside of the Covid-19 restrictions period, classes are held at Rockland Mansion:

Rockland – East Fairmount Park
3810 Mt. Pleasant Drive
Philadelphia, PA 19121

Adult Curriculum Curriculum/Faculty Committee Chair: *TBD*

The psychoanalytic curriculum involves 5 years of coursework (the first two years of which are FOPT years 1 and 2, including the 4:45pm FOPT2 classes), consisting of classes in theory, technique, and development, case conferences, advanced electives, and master classes. After the five years of course work, if a candidate hasn't met the requirements for graduation, he or she becomes an Advanced candidate. Advanced candidate status will last for as long as the candidate needs to complete the requirements for graduation.

For a detailed description of the curriculum and classes, please refer to the course catalog, available on the Psychoanalytic Program Resources page of the Member Home.

When a candidate's analyst is teaching a class, the candidate may complete the class by means of a tutorial. Tutorials are arranged by the Curriculum Chair in consultation with the candidate and are scheduled at the mutual convenience of teacher and candidate.

Attendance At each class session, candidates will write their initials on a sign-in sheet kept in a binder outside of the classrooms. The instructor or an identified class member will indicate attendance for distance candidates on the sign-in sheet. At the end of the year, candidates will receive a transcript summarizing their attendance and credits earned for each class.

In order to receive program credit toward graduation, students must attend 80% of all class sessions each year, either in person or remotely (via video conference when available). In addition to this, be advised that if you miss more than one class night of any particular course, you must reach out to the instructor to make arrangements to meet the requirements, or else you will not receive credit for that course. This may involve, for example, writing something to demonstrate an understanding of the readings for the missed class. Students are encouraged, when it is not possible to attend a class in person or remotely, to ask a classmate to record a lecture, as listening to the class could count as a make-up if the instructor agrees. Continuing education credit cannot be offered for this option, however.

Evaluations Each teacher completes evaluations of each candidate's performance in his or her class. The evaluations are kept in the candidate's file in the PCOP office. Candidates may ask to read the evaluations at any time.

Within a week after the end of each class, candidates will receive an email with a course evaluation survey. **Candidates must complete the survey for every class within a week of receiving the invitation to receive continuing education credit.** You will not receive continuing education credit for the course until this evaluation survey is completed.

Credit The certificates distributed at the end of the course evaluation survey act as official documentation of a candidate's attendance at each course and continuing education credits earned. The transcript sent out at the end of the year is a summary of data for the candidate's reference, not an official certificate. Upon completion of the survey, a digital certificate for the class will appear on the computer screen, and can be downloaded and/or printed. Each certificate has a blank space for the candidate to write in his/her name, and the number of credits earned (summarized on the candidate's transcript the certificate reflects provision of continuing education units for psychiatrists, psychologists, social workers and any other professional for whom the Center is an approved CEU sponsor.

Course Materials Course materials can be accessed through the Member Home page (see Introduction for instructions) on the Psychoanalytic Program Resources page. There will be a link for each program year, which will direct you to a folder in Google Drive. Every effort will be made to make syllabi, course bibliographies, and course materials available at least two weeks prior to the beginning of a class.

PEP Web Bibliographies will list all readings assigned by the instructor and will indicate if the readings can be found online at PEP Web, a database of psychoanalytic journals and articles. All candidates will receive a username and password for accessing PEP Web (<http://www.pep-web.org>) and can search for articles by title, author, year, and a number of other descriptors. If an article is available on PEP web, it will not be in the digital folder of course materials. If you forget your login information, you can find instructions on retrieving your username and password on the Member Home main page. **PCOP does not have access to your log in information.** Troubleshooting beyond this will require communication with the PEP Web administrator in London, England.

Please note: First year students will not have access to PEP Web until mid-October. For classes beginning prior to mid-October, PEP Web articles will be available on the Member Home.

Library PCOP has a lending library in the ballroom, and recent editions of many psychoanalytic journals in the ground floor office. Candidates may borrow books

from the library and make photocopies of the journal articles for personal use only. Contact the Educational Programs Coordinator for more information.

CLINICAL SUPERVISION Candidates are required to conduct at least three psychoanalyses under supervision, with a different supervisor for each control case. Candidates will be eligible to begin supervised clinical work with a first control case after they have taken the 4:45pm FOPT 2 psychoanalytic track course on “Practicing Psychoanalysis,” after personal analysis is underway, and after they have been approved to begin a case by the Candidate Progression Committee. While the frequency of supervision will be worked out between the candidate and the supervisor, it is strongly recommended that you will meet with your supervisor for each case on a weekly basis. In general, it is expected that one case will be supervised into or through the termination period.

Candidates are able to select their own supervisors from the list of available training, personal, and supervising analysts. This list can be found under Psychoanalytic Training Program Resources on the website.

Students who have been formally accepted for full psychoanalytic training and approved to begin treating psychoanalytic cases are expected to begin supervision as soon as possible with an approved training, personal, or supervising analyst (ie. an analyst from the TAPASA list). The purpose of this preliminary supervision is to help the student find and assess cases suitable for psychoanalysis. If desired, this “preliminary” supervisor can also continue as the supervisor for the candidate’s first psychoanalytic case. Before beginning a first case, however, the candidate must first get permission from the chair of the Candidate Progressions Committee (CPC).

PSYCHOANALYTIC CASES

The First Case Candidates must receive permission from the Progression Committee to take a first analytic case, usually after completing the Technique course in the first year. The candidate should contact the Chair of the Candidate Progressions Committee to ask permission. This will be discussed at a future Committee meeting and the decision will be communicated to the candidate. Candidates should always speak to their supervising analyst about the case before offering analysis to a potential analytic patient.

Procedure for beginning a new case:

1. Begin preliminary supervision with a training, personal, or supervising analyst to help find and evaluate potential psychoanalytic cases.
2. Contact the Candidate Progression Committee Chair to obtain permission to proceed with a new case. The Candidate Progression Committee monitors the

sequencing and general types of cases candidates will need to meet the criteria for graduation.

3. If the preliminary supervisor will not continue as the supervisor for the first case, contact another potential supervisor from the TAPASA list to review the case clinically. With the supervisor, assess whether the case is an appropriate one for analysis and whether the supervisor is available to supervise.

Candidates may not represent themselves as psychoanalysts until they have graduated from the Institute. Candidates are expected to review criteria for Informed Consent with their supervisor and to present these considerations to the patient before beginning the analysis. A candidate who has begun supervised clinical work may designate him or herself as a "Clinical Associate in Psychoanalysis." Prior to enrollment each academic year, all clinical candidates must present satisfactory evidence of current licensure and malpractice insurance. This information must be updated throughout your training.

The Second Case and Beyond When the candidate has demonstrated a basic grasp of psychoanalytic principles and the ability to utilize them effectively in the treatment of the first analytic patient, he or she will be encouraged by the Candidate Progressions Committee (CPC) to seek additional cases. Permission to take on additional cases is granted by the Progression Committee. When in doubt, candidates should consult with their advisor.

Thus, the candidate presents the second and subsequent case(s) to the CPC chair, who will either support the candidate moving forward at that time, or request that the candidate not initiate analytic treatment until the case has been reviewed at the next CPC meeting. The candidate's advisor may contact the CPC Chair to clarify questions or offer perspective related to the candidate's readiness for additional cases

Candidates also enrolled in the Division of Child and Adolescent Psychoanalysis may generally begin their first child case after adult classes have provided them with the necessary foundation. Child candidates are required to have three child or adolescent cases. Candidates concurrently enrolled in the Adult and Child Programs are also required to have two adult cases.

CANDIDATE PROGRESSION

Candidate Progression Committee Chair: Christie Huddleston,
MD chuddlestonmd@verizon.net • 610-667-3760

All forms related to Candidate Progression can be accessed on the Psychoanalytic Program Resources page on the Member Home (see Introduction). See Appendix for Candidate Progression flowchart.

Advisors All Candidates are assigned an advisor at the beginning of training who will be available to answer any questions the candidate may have about the Progression process. Advisors meet with their advisee at least twice during the year, including a

meeting 4-6 weeks before the candidate's annual review, to understand their activities and progress. During the pre-review meeting, the candidate should provide a copy of the most recent case report and a completed Summary of Cases form for their advisor (see below). The advisor will check in with the candidate throughout the year about his or her progress and will be present at the annual review.

Case Reports Candidates are required to write case reports to document the progression of their psychoanalytic cases. Candidates must also complete a face sheet for each report. The face sheet and reports are due to the PCOP office on **October 15** and **April 15** of each year. If the candidate does not have any current psychoanalytic cases, he or she must write a report on a psychotherapy case. Please print case reports on single-sided paper, no staple (paper clips are fine).

All candidates are reviewed once a year, at which time their most recent report(s) will be sent to readers and discussed by the Candidate Progression Committee. The committee will also review teachers' evaluations of the candidate and reports from the candidate's supervisors.

Initial reports on new analysands should follow the initial case report model found on the website. Second and subsequent reports should be limited to 3-pages, reviewed and approved by the case supervisor prior to submission, and reflect changes in the analytic process since the last Interim Report. Sample case reports may be signed out from the PCOP office for reference, must be treated as confidential material, and must be returned.

Summary of Cases Candidates are required to submit the Annual Summary of Supervised Cases form at least 3 weeks prior to their annual review each year. This form documents basic information about each case and the candidate's relationship with the supervisor.

Training Cases Candidates may have one 3 time per week Training case. It may not be the first Training case, except for distance learners, in which case it can be, depending on their practice environment. The candidate must explain to the CPC, with input from the Supervisor and in the form of a case report, or through oral explanation to the CPC, why 3 times per week is needed for this particular case. The case must demonstrate an analytic process in order to be accepted for graduation, independent of frequency.

Candidates may conduct one of the three Training cases required for graduation online. If the candidate is deemed ready to proceed with a Training case and has experience with online treatment, online and in-person Training cases may be undertaken in any order. However, it is recommended that the first case be in person. The Progressions Committee will take particular candidate situations under consideration.

CONSULTATION AND REFERRAL SERVICE

Consultation and Referral Committee Chair: Jeanette Redmond, LCSW, BCD - jeakam@aol.com

PCOP's Consultation & Referral Service is a service that matches individuals seeking psychoanalytic treatment with suitable PCOP members. The service is available for PCOP students seeking personal treatment and the general community, and so can also provide case referrals for trainees who are qualified to provide psychotherapy to individuals in the general community. In addition, PCOP's website has a Find-a-Therapist search function, where prospective clients will be able to search our directory for therapists.

In order to receive referrals from the Consultation & Referral Service, students must fill out the [Consultation and Referral Service Trainee Information Form](#) and must provide the PCOP office with their most up-to-date license and insurance information.

~~**ASSESSMENT SEMINAR** The Assessment Seminar is scheduled from 3:15-4:30pm before the Visiting Analyst Conferences on dates when there is a Forum (either a Wednesday or Friday evening) and is facilitated by a member of the PCOP Institute faculty. This is a conference where candidates present case material from their practices. The focus of the seminar is to explore the assessment process, in order to determine how best to help the patient and to consider what type of analytic therapy will be optimally therapeutic. The seminar also explores different pathologies and how best to treat these problems.~~

~~**Candidates are required to attend at least 80% of the Assessment Seminars over the course of their training.**~~

~~Attendance is optional for Advanced candidates, and is optional for distance candidates located in China due to the early hour. Any other candidate who cannot attend because of a time conflict should contact the instructor.~~

VISITING ANALYST CONFERENCES

1. writing skills
2. To expose the candidates to a broader number of cases

~~**Candidates are required to attend at least 80% of the Visiting Analyst Conferences over the course of their training and must act as presenter for at least one conference in order to graduate.**~~

~~The format of the conferences varies somewhat with the style, goals, and group leadership skills of the guest analyst. The Center attempts to invite analysts who present at the Center's Psychoanalytic Forums also to preside over a Visiting Analyst Conference. This arrangement offers the candidates the opportunity to interact with the speakers on a more informal basis.~~

CONTINUING EDUCATION PROGRAMS Frequently throughout the academic year, the Center holds Forums, which are lecture-based events that feature prominent professionals in the field of psychoanalysis. There are additional programs that may be of interest. Many of these events are free to PCOP members or offered at a discounted price.

Candidates are required to attend at least 80% of the Forums (which follow Assessment Seminars and Visiting Analyst Conferences) over the course of their training and are encouraged to attend other continuing education programs as well.

Information about these programs can be found on PCOP's website, which is updated regularly.

CENTER EVENTS The Center holds three major member events per year. In September, we open the year with the Welcome Party. This event allows members to meet new candidates, students, and fellows, and for incoming trainees to meet one another. In December, we hold a Holiday Party to celebrate the many holidays people celebrate in and around the month of December. In June, we conclude the year with the Year End Dinner, a formal event where we recognize graduates and members who have made outstanding contributions during the year. Candidates are encouraged to attend these events, as well as any other social events held throughout the year.

COMMITTEES AND MEETINGS Almost every committee of the Center has or is looking for candidate representation. If candidates are interested in participating in a particular committee, they can find the PCOP organizational chart and meetings schedule on the Divisions and Committees page of the Member Home (see Introduction). Candidates may contact the chair of the committee to express interest in becoming a committee member.

Candidates are also invited to all Members Meetings and clinical candidates are eligible to vote in Center elections in the spring of each year. Ballots and voting instructions are sent out by the office.

Candidate Organization All candidates are invited to attend Candidate Organization meetings, which are held on the same days as VA Conferences and Assessment Seminars. One candidate serves as President and another as Vice-President. The Candidate Organization communicates the perspectives, ideas, and concerns of candidates to the Board of Directors and to the Center office. The meetings allow candidates to discuss issues regarding their training and to socialize.

LEAVE OF ABSENCE (LOA) The policy for seeking a Leave of Absence is flexible and understanding of the candidates' individual circumstances. Within

this position there are procedures that need to be followed to negotiate a leave. A letter requesting LOA should be presented to the CPC explaining the reasons for leave, what the candidate would like to accomplish from the leave, and the circumstances under which the candidate plans to return from leave, including the proposed length of the leave. Additionally, a candidate is expected to send a copy of this letter to the Center office so that it is included in the candidate's file.

Candidates on Leave of Absence for the entire academic year shall pay a fee of \$500 in lieu of traditional tuition payments. They will have the option of attending one Master Class or Advanced elective at no additional cost. Candidates must pay their LOA fee in full before enrolling in a class. This policy applies only to those candidates on leave for the entire academic year. Candidates are expected to keep the Center office informed of their leave status.

Leave will be reviewed on a yearly basis to keep contact with the candidate. If a second request is made to extend LOA beyond the initially requested time, the candidate needs to meet with a CPC member (who will be appointed in committee discussion) and his or her Advisor. If a LOA occurs beyond a substantial number of years, the candidate will be asked to withdraw his or her candidacy, understanding that he or she will be welcomed to re-apply without penalty when he or she is able.

Responsibility for the candidate's control cases will require a status report every six months by the candidate and by the supervisor, to be provided to the candidate's advisor, who will inform the CPC. Therapeutic efforts with the patient certainly can continue at the judgment of the analyst. Supervision for control cases needs to be continued at the frequency preceding the LOA unless changed by the supervisor and indicated in the status report.

GRADUATION The Candidate Progression Committee recommends candidates for graduation, and the Education Committee approves the graduation. Once a candidate is recommended for graduation, the candidate must submit a graduation report to the committee. Sample graduation reports may be signed out from the PCOP office for reference, must be treated as confidential material, and must be returned. Contact the PCOP office for more information.

Requirements for Graduation

- Satisfactory completion of all course work
 - 80% attendance at all classes during years 1-5
 - 80% attendance at Visiting Analyst Conferences, and Forums for candidates in years 1-5. Attendance is optional for Advanced Candidates.
 - Completion of all writing assignments.
 - Participation in Child and Adult Continuous Case Conferences, Master Classes, and Electives or their equivalent during Advanced Candidacy years as follows:

- Advanced candidates must complete an Adult Continuous Case Conference or Child Continuous Case Conference each year unless they are excused from participation by the Candidate Progressions Committee.
 - Advanced candidates must complete any two of the following during each academic year until graduation: Master Class, Elective, Independent Study with a faculty member, co-teach a class in the Analytic Program, teach or co-teach a class in the Psychotherapy Program, attend APsaA Meetings and attend 4 to 5 presentations and/or 1.5 hour workshops, OR attend a Study Group for at least 6 sessions (1- 1.5 hours) and complete a 1 page write-up summarizing the content.
 - Advanced candidates must inform the Chair of the Curriculum Committee and the Chair of the Candidate Progression Committee of their academic plans in writing **at the start of each academic year**. Proposals for Independent Study or Study Group projects must be submitted and approved for credit in advance of their start date by the same two Chairs.
- Participation in analysis during a significant period of supervised clinical work.
 - Treatment of three cases under supervision, at least one of each sex.
Candidates enrolled concurrently in the Adult and Child programs must have three child or adolescent cases (at least one of each sex) and two adult cases (at least one of each sex).
 - One adolescent case (age 13 or older) can be counted as an adult case. .
The case supervisor can be a child supervisor if that supervisor has also met Institute requirements for supervision of an adult case.
 - The committee should have received indication from supervisors that the candidate has met the clinical learning objectives (i.e., acquired the clinical competencies) at a senior level as described in the Columbia supervision reporting system.
 - Cases:
 - Candidates are encouraged to see patients both in the room and online if necessary, and to study the effects of each situation on the analysis and in supervision.
 - Completion of a case through the termination phase is not required, but at least one case is required to have been in analysis for at least four years (approximately 732 hours) unless successfully terminating sooner. It is strongly recommended that all candidates return for supervision when they have a case in termination for the first time.
 - A second case should have progressed at least into mid-phase, as described by Columbia's mid-phase criteria, and is required to have been in analysis for at least two years.

- A third case must demonstrate the establishment of an analytic process
- Candidates should have a minimum of 7 case-years of supervision. This cumulative number should be comprised of one supervised case for four years, and two others for a minimum of three combined years. (Although this criterion is stated weekly, it is understood that the frequency of supervision is ordinarily weekly but may be reduced at the supervisor's discretion once the candidate advances and becomes more proficient.)
- For cases seen for less than one year (approx. 200 hours of analysis or 40 hours of supervision), the committee will consider candidates' work as part of their accumulated clinical experience, which will be one of the criteria taken into account in evaluating readiness for graduation.
- Cases seen for over 1^{1/2} years (approx. 300 hours of analysis and 60 hours of supervision) will be credited in accordance with the supervisor's recommendation.
- For cases falling between one and two years of treatment, the combined recommendation of the supervisor and the Committee is required. The Progressions Committee retains the right to consider the overall experience of the candidate on all cases granting credit.
- All initial and interim reports for the three control cases must be completed at the time of application for graduation. In addition, one case must be written in its entirety, describing the initial presentation, the establishment of analytic conditions, prominent transferences that arose, the to-and-fro of defense analysis, and the analyst's dynamic formulation. The graduation report will be no more than 20 pages and will integrate the material included in the interim reports. A template for the structure of these reports is available in the office, as well as sample graduation reports, which may be signed out from the PCOP office for reference. They must be treated as confidential material and must be returned.
- All tuition and fees must be paid.

Deviations from the above criteria may be decided upon by the Progression Committee. Points of debate about progression policies or graduation decisions will be referred to the Education Committee on Wednesdays from September to June between 4:45 pm and 9:00 pm. There are 15-minute breaks between classes.

Psychoanalytic Center of the Carolinas

Components (and graduation criteria) for Psychoanalytic Training

1. The training analysis

Each candidate will have an analysis with a training analyst of the PCC or an analyst who has obtained a training waiver from our Psychoanalysis Committee. Such waivers may be granted if the new candidate is already in analysis with a PCC member who would qualify to become a training analyst. The analysis is expected to take place at a frequency of three to five times per week, on at least three days per week. The fee is negotiated between the analyst and the analysand. We strongly encourage that the training analysis overlaps in time substantially with supervised control cases. To promote a full and useful analytic process, candidate analyses are confidential. The training analyst is “non-reporting.” The candidate’s analyst makes no oral or written report of any kind to the Psychoanalysis Committee or anyone else. In addition, the analyst is not present at any discussion of the candidate’s progress.

We recognize that conducting an analysis using distance technologies is possible while attending to its benefits and limitations. We strongly recommend beginning with sessions in the office for a period of time if at all possible. After the establishment of a treatment, we encourage the analyst and analysand to continue using a framework that includes some periodic in-person meetings.

2. Didactics

There are two goals of the didactic portion of the training: (1) To become familiar with a significant body of analytic thinking and writing to achieve a reasonable mastery of the theories and techniques of the major psychoanalytic schools of thought along with an understanding of how these writings fit into the overall theory and practice of psychoanalysis. As part of this, to apply papers on theory and technique to the candidate’s work with analytic patients and psychotherapy patients. (2) To develop the ability to read a theoretical paper critically. This skill includes understanding the means of persuasion used by the author and the relationship of the paper to other papers dealing with the same set of clinical questions. This will allow candidates to then assess how newly encountered writings, including those they read after graduation, fits into the overall theory and practice of psychoanalysis and how it applies or does not apply to the candidate’s work with analytic patients.

To reach these goals, the candidate will attend courses totaling 492 class hours. Some of the classes are specifically focused on the conceptual basis of the psychoanalytic understanding of mind and others more broadly on psychoanalytic perspectives as they are applied in the clinical setting. Candidates will be expected to demonstrate their growth in these skills in classroom discussions and through the writing assignments given by the instructors.

3. Supervised Case Experience

There are two major goals of the supervisory experience, which is aimed to prepare the student to function independently as an analyst: (1) To engage in supervision through an opening phase with several patients and to have an experience of analyzing the more intense transferences of the middle phase of analysis. Supervision with at least two of the cases must reach a well-established middle phase of psychoanalysis, one of which demonstrates progression well into this phase (2) To develop the competencies of an independent analyst.

To reach these goals the candidate must treat a minimum of three cases at a frequency of 3 to 5 times per week. Each case is required to receive weekly supervision with training and supervising analysts throughout. If, however, the supervisor determines that it would be in the candidates' educational interest to reduce the frequency of supervision, the supervisor can bring this proposal to the Psychoanalysis Committee for consideration. The candidate’s cases must represent patients of a variety of gendered identities. It is expected that a different supervising analyst supervise each case.

The candidate must have a minimum of 200 patient contact hours and 50 hours of supervision with each of these cases. This minimum, however, would rarely be sufficient for a case to reach and progress through the middle phase of analysis, a process that generally requires more than two years of supervision. Termination of a case is not required for graduation, but candidates are expected to return for consultation during the termination of a case after graduation if it was not part of the pre-graduation experience.

Once the Progressions Committee permits each new case, the candidate may begin a case after two supervisors have approved it as suitable. A diagnostic summary should be written at the outset and reviewed with the supervisor. For each treatment case, the candidate will write a summary of each 6-month period of treatment and report hours of treatment and supervision to the program administrator. The goal of the six-month summaries is to learn to describe what has happened in an analytic process. Six-month summaries should be evaluated in the context of the candidate's development as an analyst. We hope each candidate will attempt to give the reader a sense of the patient's difficulties, how they are manifest in the analytic process, how the candidate is thinking and then intervening, and finally how the patient's response is then understood. Summaries that are one or two pages are sufficient and encouraged. These descriptive reports are to be submitted on every case that begins analysis, whether or not the case has 200 hours and/or 50 hours of supervision. They are useful and count towards the candidate's overall educational experience.

Candidates with four or more cases may have periodic supervision with a supervisor who is covering a different case. Candidates would need to request approval for this status.

4.Synthesis project

The candidate will complete a graduation project whose purpose is to demonstrate the capacity to integrate clinical work with psychoanalytic theory. A candidate may choose a graduation project at any time, but generally does so after the mid-training review, when a third case is well underway, and after finishing seminars. There are two forms of the graduation project, a paper, or an oral graduation project with a case write-up at its center.



SDPC TRAINING MANUAL

June 2023

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Accredited by the American Psychoanalytic Association. Member of the American Psychoanalytic Association, the International Psychoanalytic Association, and FIPAS, The organization of Southern California Psychoanalytic Institutes and Societies.

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STATEMENT OF PURPOSE

The San Diego Psychoanalytic Center (SDPC), a component Institute and Society of the American Psychoanalytic Association, seeks to provide excellent psychoanalytic education to mental health professionals and selected educators and professionals from other fields. The Center offers two intensive programs in psychoanalytic education, one for training in the practice of psychoanalysis and one for training in advanced psychoanalytic psychotherapy. It also fosters the collegial exchange of knowledge and ideas amongst its members and invited guests. The Center offers numerous outreach activities aimed at bringing psychoanalysis to the professional community and to the public.

In this manual, various aspects of the adult and the child/adolescent educational programs for training to become a psychoanalyst and psychotherapist are reviewed in detail. Graduate psychoanalysts from SDPC are eligible for full membership in the American Psychoanalytic Association and the International Psychoanalytic Association, as well as being eligible for certification in psychoanalysis by the American Board of Psychoanalysis. This manual is intended to provide clinical associates¹ with answers to most of the questions that will arise during the normal course of psychoanalytic training.

PSYCHOANALYTIC STUDIES PROGRAM

In 2019, the Psychoanalytic Program and the Advanced Psychoanalytic Psychotherapy Program were combined, such that students in both programs began attending classes together for the first two years. Students in the Psychoanalytic Studies Program can declare their intentions to pursue full psychoanalytic training from the outset, or they can declare after completion of the first year. After two years, all students will be granted a certificate of completion of the Psychotherapy Program. Students intending to continue will need to meet the requirements of the Psychoanalytic Program, including approval by the Admissions Committee and the Education Committee for Psychoanalytic Training (if not obtained at the beginning), being in psychoanalysis four days/week, and meeting with a supervisor to select a suitable case for psychoanalysis.

Clarification of Terms: In both the Psychoanalytic Psychotherapy Program and the Psychoanalytic Program, work with a more experienced psychotherapist or psychoanalyst is an essential part of advancing clinical skill. The term Supervision is reserved for the relationship between a psychoanalytic candidate and a supervising analyst, when a psychoanalytic case has been identified and commenced. All other such meetings are considered to be consultation, in which the candidate is qualified to assume full responsibility for the clinical work, and the consultant has taken on no specific responsibility for the case.

Tuition: A fee of \$2,500 is charged for seminars each year during the regular two or four-year didactic program. A fee of \$1,250 per year is charged for each subsequent year of matriculation past the core didactic program until graduation. Tuition is payable in three installments, due on the first of September, the first of January, and the first of April.

If a candidate falls more than 2 quarters behind in payment, he/she will not be allowed to continue to take courses until tuition is current or arrangements are made that are approved by the Board.

The costs of the candidate's personal psychoanalysis or psychotherapy, and the supervision and consultation of clinical work are arranged individually with the training and supervising psychoanalysts and therapists. When a candidate or applicant cancels enrollment, in writing, prior to the completion of the term, a prorated portion of the paid tuition will be refunded, less a \$50 registration/administrative fee.

The different requirements for the two programs are further outlined as follows:

ADVANCED TRAINING IN PSYCHOANALYTIC PSYCHOTHERAPY

I. COURSE OF STUDY REQUIREMENTS

The course of study is two academic years. There are three quarters per year: September-November; December-March; March – May. Candidates will contact the administrator if they need to miss a class. Candidates will have appropriate evaluations from each instructor in order to progress to graduation. In situations in which a student has not been able to attend a significant portion of a course, private tutorials may be required to make up the course work.

If candidates are obtaining Continuing Education credits for classes, the attendance requirement of the candidate's Continuing Education granting agency must be met. This may be different for MD's, PhD's, LCSW's and MFT's. In any case, CME hours granted will not exceed actual hours of class attended. Students must return evaluations of the class in order to receive CME credit.

II. CONSULTATION

Each candidate must arrange individual consultation with an SDPC faculty member, concurrent with the course work. Consultation is intended to assist the candidate in applying course work to the candidate's actual clinical work. Consultants will be provided with course syllabi, to assist consultants and candidates in coordinating the consultation and didactic components of the program. Candidates must complete 50 hours of individual consultation, with at least two different faculty consultants, over the course of the two-year program.

While it is hoped that each candidate will be doing clinical work that includes intensive individual psychotherapy cases, and will bring these cases into consultation, using process notes or recordings, and writing case reports for the consultant, in fact the consultation hours may be used to provide psychodynamic perspective on and guidance in whatever clinical work the student is doing at the time. This may include clinic, hospital, and medication work, for example.

Payment for consultation hours is arranged by the candidate with each respective consultant. This cost is not included in the tuition expense.

III. CONSULTANTS' RESPONSIBILITIES

Consultants will complete semi-annual evaluations of the candidates work. Consultants' reports must be current in order for a candidate to progress. Consultants should discuss each evaluation with the candidate.

Consultants will use and complete the SDPC consultation report forms, to which they may add their comments; without these completed forms, consultation cannot be credited.

IV. CLINICAL PRESENTATIONS

Each candidate will do in-class case presentations at least once a year during the program. This is usually done in the Case Conference classes. Instructors will set a schedule for presentations.

V. PERSONAL PSYCHOTHERAPY

Candidates are required to participate in personal psychoanalysis or psychoanalytic psychotherapy, twice weekly, concurrent with the program, unless a waiver is obtained. The cost of psychotherapy or psychoanalysis is the responsibility of the candidate.

VI. CURRICULUM

The didactic curriculum for the psychotherapy program is the same as the first two years of the psychoanalytic program.

VI. CANDIDATE FILE

The Administrator will maintain a file for each candidate's program records on location at SDPC. This file may be reviewed by the candidate by arranging a time with the Administrator.

VII. LEAVES OF ABSENCE

Leaves of absence, for all or part of a quarter of classwork, may be requested through the Executive Committee. Because class content is important to the overall curriculum, didactic classwork missed while on leave needs to be made up in order to meet graduation requirements. One way to make up the material is to enroll in the course the next time it is taught. An alternative is for the candidate to obtain a consultant knowledgeable in class content (approved by the Executive Committee), and spend one consultation hour for every three class sessions missed; a three-to-five-page paper discussing some matter of clinical importance from the class material may be required for submission to the Executive Committee.

VIII. CORRESPONDENCE

All correspondence pertaining to this training program, whether addressed to the individual consultant(s), program director, or the Center, should be sent to the SDPC office, unless the correspondence is of a personal nature.

ADULT PSYCHOANALYTIC TRAINING PROGRAM

Principles and standards of psychoanalytic education are developed in conjunction with the American Psychoanalytic Association in order to promote the highest quality of psychoanalytic education. These principles and standards reflect a model of psychoanalytic education, which is thought to provide the best opportunity for all graduates to develop a basic psychoanalytic identity and to achieve the highest possible level of proficiency in the clinical application of psychoanalytic methodology.

Psychoanalysis is a body of knowledge about the development and functioning of the human mind, including conscious and unconscious mental processes. It is also a method of research to advance the understanding of the human mind, and it is a method of treatment of mental dysfunction. A psychoanalytic identity includes an intellectual and emotional openness toward understanding the full range of human experience. This should include an attitude of scientific curiosity, a spirit of inquiry toward the accumulated body of psychoanalytic knowledge, and a commitment to extend that body of knowledge whenever possible. Education in psychoanalysis should result in the achievement of a professional level of knowledge of psychoanalytic theory. It should also result in the development of a psychoanalytic stance, attitude, and level of proficiency in the utilization of psychoanalytic procedures in regard to the treatment of mental dysfunction. Finally, psychoanalytic education should result in a deep and lasting commitment to continuing study and development as a psychoanalyst.

Psychoanalytic education is also intended to provide an in-depth appreciation of the subtleties and complexities of human mental functioning that will enhance the work of those graduates who follow career paths in research, psychotherapy, administration, education, or other fields where knowledge of psychoanalytic theory can be applied.

It is understood that the depth of knowledge about human mental functioning gained in psychoanalytic training, the development of an analytic attitude and stance, and achievement of proficiency of technical skill will enable candidates and graduates to promote the development of, and effectively utilize where possible, a psychoanalytic process in the treatment of patients. The ultimate test of the success of this ongoing development will be the capacity to carry out independent, competent psychoanalysis. This standard should be met at the time of graduation, and reaffirmed by certification by the American Board of Psychoanalysis. All graduates should appreciate the complexity and the personal demands of psychoanalytic practice and be dedicated to life-long learning. They should thus be aware of the value of, and be willing to seek, consultation.

Psychoanalytic education in all aspects is a function of the SDPC and of the American Psychoanalytic Association, and not of any analyst as an individual. The SDPC observes the principles and standards established by the American Psychoanalytic Association, as well as the principles of Ethics of the Association, which are appended (Appendix D).

OVERVIEW OF THE ADULT PSYCHOANALYTIC TRAINING PROGRAM

A. ENROLLMENT

Accepted applicants may enroll as candidates to begin seminars in the psychoanalytic education and training program subject to the approval of the Education Committee. Unless a waiver is granted, candidates are expected to begin their personal psychoanalysis with a training analyst at least six months prior to matriculation. It is the responsibility of accepted applicants to arrange for personal analysis and matriculation, and to communicate these plans to the Admissions Committee no later than one year after their acceptance. If the candidate is unable to meet these standard requirements, the Education Committee reserves the right to reconsider the status of the clinical or academic associate.

B. PROGRESSION

The Institute's Candidate Progression Committee, a subcommittee of the Education Committee, will periodically report the candidate's work and aptitude for continued training to the Education Committee. Based on this information, the Education Committee will evaluate the candidate's progress. Reports of these evaluations are kept on file and may be reviewed at any time by the clinical associate upon arrangement with the administrator. This evaluation process continues throughout each candidate's formal candidacy. The Education Committee also grants authorization to candidates seeking to begin any supervised case.

All candidates are expected to complete their requirements for graduation within eight years of matriculation. Under exceptional circumstances, the Education Committee may grant a waiver for extension.

A candidate may withdraw from the training program at any time or, alternatively, request a temporary leave of absence. The Education Committee reviews all such requests and grants them when appropriate. The Education Committee also reserves the right to interrupt or terminate any candidate's enrollment if it determines that the candidate is unsuitable for further training. For example, training may be interrupted or terminated if the candidate fails to meet program requirements regarding preparation for and participation in seminar discussions, case reports, clinical immersion, payment of tuition, or complaints of ethical violations.

In cases where the Education Committee recommends that a candidate's training should be restricted or terminated, it will advise the candidate verbally and in writing of the specific issues and problems that support its recommendation, before any final action is taken. The candidate will be offered an opportunity to meet at a mutually agreeable time with representatives from the Candidate Progression Committee and the Education Committee to discuss the recommended action, to question Committee members, and to present any further oral or written information which the candidate believes should be considered before a decision is made by the Education Committee to restrict or terminate the candidate's

participation in the training program. The candidate will be provided with reasonable notice of the recommended action and the proposed meeting and a copy of any written documentation that the Education Committee relied upon in recommending restriction or termination of the candidate's participation in the training program. If the Education committee must take immediate action to restrict or terminate a candidate's participation in the program, the process described above shall occur at a mutually agreeable time within seven calendar days after the action. In all cases, the Education Committee shall provide the candidate with a written decision setting forth the action, if any, that will be taken and the factual reasons supporting it. The meeting with the candidate shall be informal and shall not be conducted according to the rules governing hearings required by California Business & Professions Code sections, 809, et sec.

C. ACADEMIC CALENDAR

Fall Term:	September - December
Winter Term:	January - March
Spring Term:	April – May/June

Classes are held on Wednesdays from 10:00 AM to 2:30 PM. No classes are held during the Mid-winter and spring meetings of the American Psychoanalytic Association.

D. ADVISORS

At the time of matriculation, each candidate will be offered a faculty advisor. Candidates may consult their advisors for clarification and support at any time, or with respect to any grievances or concerns they may have about their education. They also may consult with the Director or the Assistant Director of the Education Committee, or with their Class Advisor.

E. CANDIDATES' ASSOCIATION

Membership in the SDPC's Candidates' Association is open to all candidates who are currently in adult or child training at SDPC. Officers are elected annually with a past president, president, and president-elect serving, simultaneously providing for continuity throughout the program. A delegate is elected by the candidates to represent their interests at the national level as a voting member of the Affiliates Council of the American Psychoanalytic Association. The candidates are represented at the local level with one candidate serving as a voting member of the SDPC Board of Directors, and others serving on a number of committees of the Education Committee or Board of Directors, such as the Curriculum Committee, the Clinic Committee, the Extension Division Committee or the Community Outreach Committee.

The Candidates' Association provides an opportunity and a forum for candidates from each class to express their interests and concerns as a group. It also serves to promote the growth and development of the candidates' identity as an analyst and promotes a sense of belonging in the analytic community.

COMPONENTS OF PSYCHOANALYTIC EDUCATION

The primary goal of psychoanalytic education is to facilitate the development of psychoanalytic competence and a core psychoanalytic identity. A psychoanalytic identity requires an intellectual and emotional openness toward understanding the full complexity of the human mind. Essential to this identity are an attitude of scientific curiosity, a spirit of inquiry, and a wish to acquire a comprehensive understanding of the accumulated body of psychoanalytic knowledge. A psychoanalytic identity also includes a deep and lasting commitment to continuing study and development as an analyst, to periodic consultation/supervision with colleagues, and a deep commitment to patient care.

Psychoanalytic education involves the study of theoretical and clinical principles, and aims toward scholarly achievement, personal growth, and the development of psychoanalytic clinical expertise. Certain minimal requirements, as stated below, are necessary to accomplish these goals. However, to develop the clinical skills necessary to become a competent psychoanalyst with a psychoanalytic identity requires an education involving much more than the fulfillment of a list of quantitative requirements. Rather it requires a balance between three basic components: a personal analysis of the candidate, a didactic curriculum with scholarly research and writing, and supervised clinical experience. The effective interweaving and reinforcing of these three elements is a fundamental aim of the psychoanalytic educational process and has come to be known as the tripartite system. It has been the consensus of the American Psychoanalytic Association and the Education Committee of the SDPC that the interaction among the elements of such a model provides the best basis for the development of a psychoanalytic identity as well as for the development of psychoanalytic clinical skills. Simultaneous immersion in all three elements is essential and required. Only by simultaneous immersion can all three elements influence, clarify, and enhance each other. These mutually dependent elements provide a multi-dimensional and comprehensive experience that has an intensity of personal involvement that can lead to the depth of understanding and conviction that underlies a psychoanalytic identity. The Education Committee gives careful attention to and periodically reviews the integration and synchrony of these components. The program may vary to some degree from time to time according to the needs and progression of the individual candidate.

A. PERSONAL PSYCHOANALYSIS

The personal psychoanalysis is the foundation of psychoanalytic education. This personal analysis during the course of psychoanalytic training aims to enable the candidate to achieve an optimal balance among the organizations of the mind and a high degree of character stability, openness, flexibility and maturity. It is essential that the candidate develop the capacities for self-reflection, self-observation, and ultimately self-analysis, which are necessary for the basic analytic stance and analytic receptiveness. These achievements are essential if the future analyst is to be sufficiently free of psychological symptoms and character traits, which may interfere with psychoanalytic work in any of its aspects. This does not imply that perfection can be expected, but a candidate's psychic functioning must not suggest hazards, either to the patient or to the candidate. The analysis should enable the

candidate to achieve an appreciation of the nature and power of the conscious and unconscious processes, including conflicts, affects, defenses and their interrelationship. It should also result in conviction of the therapeutic value of forming and working through transferences, and of the value of gaining understanding of the role of childhood experiences, memories and fantasies. This analysis also provides an experience that will enable the candidate to understand the impact of analysis upon patients, to foster his/her capacity to examine and understand countertransference reactions, to develop insight into his/her own unconscious processes so as to appreciate those of others, and to perform analytic work unimpeded to any significant degree by personal problems and conflicts.

Because of the potentially unsettling nature of the personal analysis in its early stages, and because of the potential of the personal analytic experience to enrich the learning in classes, it is strongly recommended that the Clinical Associate begin a personal analysis with a Training Analyst in advance of matriculation, ideally at least a year before the beginning of the psychoanalytic curriculum, and no later than 6 months prior to beginning seminars. The training analyst should be selected from a roster of training analysts provided by the Education Committee. Applicants who have completed a prior analysis with a training analyst are recommended to consider undertaking a training analysis with a different analyst.

Analytic educators appreciate that a higher frequency of sessions in an analysis facilitates the reopening of early conflicts, the analysis of defenses as they occur within the process, optimal intensity, and continuity of the process. Therefore, the personal analysis of clinical associates shall be conducted four or five times a week through termination, except when special considerations require temporary interruption or alterations of frequency. Candidates with financial need may begin their personal analysis at three times per week; however, the candidate must transition to four to five times weekly analysis by the beginning of the second year of training, and may not begin control cases until four to five times weekly analysis is in process. Experience has shown that frequency has an important influence on the nature of material that may enter the psychoanalytic process and on the type of change that can be achieved. Furthermore, many aspects of the analytic process require an environment that is largely a function of regularity and frequency. Examples include joining insight and affect, the necessary tolerance of unsettling states so that new synthesis and integration can occur, and the delicate receptivity to unconscious determinants both on the part of the patient and the analyst. The analyst's own experience in psychoanalysis and his first experiences functioning as an analyst have an important role in the formation of an analyst's career. For this reason, it is necessary to provide those conditions that optimize the potential for the fullest psychoanalytic experience. An essential base from which to derive a conviction about the effectiveness of psychoanalysis is a searching personal experience into the depths of human suffering and conflict, an experience through which one is profoundly affected, as both patient and analyst. Such a conviction can sustain one's life work as an analyst.

A successful personal analysis during candidacy requires confidentiality and privacy. Therefore, progress in analysis is not directly considered in the evaluation of candidate progression. The faculty of the Center, through observation of the candidate's work in seminars, supervised analyses, and case presentations will be able to judge the extent to which the goals of the personal analysis are being achieved. At SDPC, the training analysts absent themselves from any and all administrative discussions or decisions regarding the progress of

their analysands. The analyst reports only the number of analytic sessions conducted each month.

There is no minimal number of hours of approved training. The decision to terminate the analysis is made between the candidate and his/her training analyst within the psychoanalytic process. However, most graduates have obtained several years of analytic treatment during their training. Also, a substantial portion of supervised analytic work generally occurs while the personal analysis is still ongoing in order to fulfill the previously described goals.

Selection of a specific analyst for a training analysis is entirely the responsibility of the candidate. While the Institute reviews the professional credentials of available Training Analysts at the time of appointment and reappointment (every five years), it cannot "guarantee" the analyst or promise that unanticipated events, such as illness, poor health, or a decision to leave the community, will not interfere with or interrupt the analysis. For these reasons, the Institute emphasizes that it assumes no responsibility for the completion or outcome of the analysis and asks each candidate to discuss any concerns regarding any such issues with a potential analyst before beginning the analysis, or during the analysis, if so indicated. The candidate should address the Director or Assistant Director of Education regarding any concerns that arise pertaining to their psychoanalysis.

B. PSYCHOANALYTIC SCHOLARLY STUDY

1. CURRICULUM

An integrated curriculum of psychoanalytic study has been designed to enable the Clinical Associate to acquire a comprehensive understanding of the fundamentals of psychoanalytic theory and clinical practice, and the interrelationship between them. A creative and critical exploration of clinical situations and theoretical issues can demonstrate the ways in which theory provides working hypotheses about the clinical situation and the ways in which clinical dilemmas lead to the further evolution of theory.

In most cases of training, the curriculum is integrated with ongoing supervised clinical work. Such integration enables the candidate to, a) understand the theoretical underpinnings of clinical material and methodology, b) gain conviction of the manner in which clinical material provides the empirical basis for theoretical formulations and their revisions, and c) develop skill in the conceptualization of case material. In instances where seminars occur during a period of less than optimal clinical immersion, a program of post-seminar study may be indicated to help the candidate achieve an optimal experience. While on-site participation in seminars is customary, in instances where a candidate is challenged by distance and/or disability, a candidate may join the seminar by distance learning. While SDPC makes all efforts to have effective technology, many factors influence the reliability of a connection by phone or the Internet. Should a candidate have difficulties joining or remaining connected to a seminar, it is understood that there will not be efforts to re-connect that would be disruptive to the class experience.

The sequence of didactic seminars is based on the evolving theory and methods of psychoanalysis (see appendix E). The discoveries of Freud are presented in order to establish the historical roots of contemporary theory and practice. Current ideas are then examined with attention given to the lively debate and controversy surrounding their scientific status and applicability. The curriculum is organized into five basic tracks to include the following subject matters:

Psychoanalytic Theory: The basic concepts of psychoanalysis are studied from a critical and historical perspective to provide an understanding of the fundamental theoretical approaches found in contemporary psychoanalysis. It begins with a survey of the early history of the psychoanalytic movement. This is followed by an overview of the evolution of psychoanalytic theory from its birth in Freud's investigations through its various modifications in Topographical and Structural theory. Courses in contemporary theories of Object Relations and Self Psychology are included. In each theory course, instructors and candidates will attempt to clarify the clinical relevance and limitations of theoretical constructs.

To prepare for this study of psychoanalytic theory, Clinical Associates are asked to read one of the major biographies of Freud before matriculating. Peter Gay's *Freud: A Life for Our Time* (1988) or Ernst Jones' *The Life and Work of Sigmund Freud* (3 volumes, 1953) would be excellent choices.

Psychopathology: It is essential that a psychoanalyst develop a dynamic understanding of a broad range of patients. Seminars on psychopathology consider historical and contemporary psychoanalytic theories of the neuroses, character disorders, borderline and narcissistic disorders, perversions, psychosomatic disorders, and the psychoses. Clinical examples illustrate the multiplicity of dynamic, structural, genetic, and developmental factors leading to the formation of the clinical pictures presented.

Development: Understanding the ways in which psychic functions and structures originate, evolve, and progress throughout the life cycle is essential to a psychoanalytic understanding of the human mind, and essential to an understanding of the psychoanalytic clinical situation. The curriculum includes study of psychoanalytic theories of psychological development beginning with infancy and extending through adulthood. Whenever possible, material drawn from child analyses will be integrated with theoretical study. Such integration not only facilitates theoretical understanding, but it also promotes an appreciation of the importance of child analysis. This integration may help candidates consider including at least one child analytic case in their psychoanalytic education or interest them in pursuing education and clinical training in child psychoanalysis.

Psychoanalytic Treatment Situation and Technique: The study of psychoanalysis as a treatment process usually begins with consideration of case selection along with the theoretical and technical issues that need to be considered upon beginning a psychoanalytic treatment. Subsequent readings and clinical case seminars include the technical considerations presenting in the beginning, middle, and ending phases of the analytic process, as well as a variety of topics in which candidates consider how theoretical constructs enable understanding of clinical issues. Technique seminars also explore how technique is related to

the theoretical understanding of the individual patient and how technique contributes to the unfolding of the analytic process. Candidates learn how the understanding of unconscious processes is validated through free-association and other forms of analytic communication, including dreams, fantasy, acting-out, enactment, etc. An examination of current controversies of technique is also usually included.

Psychoanalytic Writing: Not only is psychoanalysis a treatment technique, but also it is a research tool and a body of theoretical knowledge about the functioning of the human mind. Therefore scholarly research and writing can be an important part of a psychoanalyst's career. Learning to write about psychoanalytic process is thus an important part of psychoanalytic education.

Although the basic curriculum is completed in four years (see Appendix E), all candidates continue to participate in a limited schedule of elective seminars and clinical case conferences beyond their fourth year until all requirements for graduation are fulfilled.

If Candidates have requests for the inclusion of a particular subject area not currently covered, concerns about courses or concerns about the curriculum, they should address these to the Candidates Association, to their Faculty Advisor, the Curriculum Committee Chairperson, or to the Director of Education.

A chart showing the current four-year curriculum along with a description of each course can be found in Appendix E

3. SUPERVISED PSYCHOANALYSIS

The supervisory relationship provides the context within which the candidate identifies and develops the skills needed to successfully use the psychoanalytic method. These include use of the couch with the analyst removed from the visual field of the analysand and use of the free-associative method. It also involves a commitment to meet at a recommended frequency of five times per week with a minimum frequency of four times per week on separate days through termination, except when unusual considerations indicate temporary interruption or temporary changes in frequency. One case may be conducted at a frequency of three times per week. The ability to conduct psychoanalysis also requires particular talents, attitudes, and skills. For example, the psychoanalytic situation carries a unique potential for the emotional growth of the analysand through the development and resolution of the transference-based relationship. This requires the analyst to limit expressions of personal feelings, opinions, and attitudes and instead listen to the free-associative flow of the patient. The analyst must also be receptive to the unconscious derivatives of the patient while sometimes simultaneously creating a situation wherein prolonged intense affect can be contained. In addition, the analyst must refrain from gratifying certain wishes and needs of the patient in order to create a situation wherein the patient can reveal warded off thoughts, wishes, or experiences, and thereby achieve greater freedom of self-expression and increased self-understanding.

The aims of supervision include the following:

Enhancing the candidate's skill in clinical psychoanalytic diagnosis, case selection, and the assessment of analyzability and suitability for psychoanalysis. This includes helping candidates recognize the varieties and types of patients for whom psychoanalysis may be of value, including those who do not present with specific syndromes of mental dysfunction although they may have certain characterological inhibitions or impairments.

Developing the candidate's clinical skills in establishing and nurturing the psychoanalytic process. This includes mastering the range of technical challenges that arise in each individual case, as well as the recognition and interpretation of transference, resistance, and derivatives of unconscious conflict.

Facilitating the candidate's ability to work flexibly and responsibly as they learn the fundamentals of psychoanalysis, following the Practice Guidelines and Principles of Ethics of the American Psychoanalytic Association (APsaA).

Enabling a candidate to recognize the ways in which psychoanalytic technique is distinct from the techniques used in psychotherapy or modified psychoanalytic treatment¹. When psychoanalytic education is successful, the graduate will be able not only to offer psychoanalytic treatment, but also when necessary, to provide modified psychoanalytic treatment. Modified psychoanalytic treatment may entail working with the patient at a reduced frequency of sessions per week, yet continuing to use fundamental psychoanalytic principles, and continuing to adhere to the Practice Guidelines and Principles of Ethics of the APsaA.

Enabling the candidate to become aware of his or her part in the developing psychoanalytic process. This includes recognizing transference to the patient and resistance to the process with the hope that the candidate will explore these further in personal analysis.

Enabling a candidate to identify resistance to learning and find ways to overcome these.

Enabling a candidate to consolidate a personal psychoanalytic style and to develop responsible, creative, and independent psychoanalytic thinking through the synthesis of the supervisory work, the personal analysis, and the didactic course work.

Helping the candidate develop the ability to conceptualize and to write about the psychoanalytic process and about the clinical and theoretical issues specific to each individual case. This can be done in part by reviewing with the candidate the candidate's periodic written reports on the progress of the case, and the supervisor's reports on the progress of the candidate. It is recommended that these reports be an integral part of the supervisory process. These reports afford the supervisor and candidate an opportunity to review together the candidate's understanding of the evolving work and the candidate's progress in writing about the psychoanalytic process, and the supervisor's evaluation of this work.

¹ Psychoanalysis and modified psychoanalytic treatment are differentiated from psychotherapy in the Current Procedural Terminology of the American Medical Association. Psychotherapy in this context refers to cognitive behavioral therapy, short-term psychotherapy, behavior modification etc., and is linked to the concepts and standards for psychotherapy of the American Psychiatric Association practice guidelines.

Assisting the Education Committee in determining, through ongoing reports of the candidate's clinical work, how fully the aims of the personal analysis and didactic work are being achieved. It is important that feedback be given regularly to the candidate during the process of supervision.

The candidate is expected to continue personal psychoanalysis throughout a significant period of supervised clinical work. The tripartite educational process for psychoanalysis is based on the experience that both personal analysis and supervised clinical work benefit when concurrent. In addition, psychoanalytic educators recognize that unconscious conflicts and intense affects can be stimulated in the analyst by some of the unique aspects of psychoanalytic treatment that were mentioned above. These features differentiate psychoanalysis from other therapies, including those therapies for which psychoanalytic theory provides a conceptual framework. Therefore even experienced psychotherapists may find the psychoanalytic situation emotionally challenging. It is in the context of the personal analysis that the candidate has the opportunity to reflect upon and scrutinize the unconscious derivatives and intense affects that might be aroused by the personal abstinence required using the psychoanalytic method; such self-scrutiny offers the candidate valuable opportunities for extending self-awareness and self-understanding.

It is recommended that candidates begin consultation with a supervisor from the list of training and supervising analysts as soon as they receive acceptance for psychoanalytic training, or as soon as they begin classes in their first year. They will meet with this consultant on a regular basis in order to discuss their current caseloads in an effort to begin to think psychoanalytically about their patients in a systematic manner. The consultation fee for such work will follow current guidelines regarding supervisory fees. Such consultation is expected to help the candidate to make the transition from a therapeutic to an analytic perspective with regard to intensive treatment. Furthermore, it is expected that such consultation will help the candidate to consider possible conversions from psychotherapy to psychoanalysis from their current caseloads and, therefore, to expedite their ability to begin a first control case as soon as they are eligible to do so. They can also have the benefit of working with the consultant on the complexities of the process of converting a case. It is expected that this consultant will become the supervisor of the candidate's first control case, but the candidate retains the right to arrange a different supervisor at that time if he or she prefers. At the time of beginning the first control case, the candidate may either cease working with the initial consultant if another has been chosen for the first case or maintain the relationship with the initial consultant. It should be stressed that this recommendation is voluntary, and that failure to implement it will have no negative impact on the candidate's standing or progression; but it is expected that taking advantage of it will provide a very useful learning experience.

The candidate should have psychoanalytic experience with a number and variety of types of patients in order to develop the competence needed to conduct psychoanalysis independently. Three adult cases, including patients of each sex, has been established as a minimal number to meet this requirement, although more are strongly recommended.

The supervision of each of at least three cases should occur over a sufficient length of the analysis that the candidate's ability to recognize, evaluate, and interpret the dominant genetic factors and central conflicts can be adequately demonstrated and evaluated. Supervision should also continue over enough time to allow significant transference manifestations to develop and be observed, understood, and worked through, so that the Candidate can experience and learn under supervision how to deal effectively with and work within intense transference situations. Cases in which there has not been a period of significant analytic work and process generally do not contribute sufficiently to the candidate's experience to be considered as one of the three required cases. An example would be a case in which treatment remained chaotic or in a fixed state of resistance, in spite of a considerable number of psychoanalytic and supervisory hours. Should a question arise regarding credit for a particular case, the key principle is whether or not an analytic process was established, rather than simply the number of hours of supervision.

A minimum of 50 supervisory hours per case, with a total of at least 200 supervisory hours has been established as a minimal requirement, although many more may be necessary for the candidate to become competent to undertake independent psychoanalytic work. Therefore, regular supervision should continue until there are indications of psychoanalytic competency and an ability to work independently. In every instance a case should be supervised weekly for at least one year to count toward the three needed for graduation. Supervision on at least one case should be conducted for two years minimum, and it is recommended that supervision continue through the termination of at least one case. For each case, a maximum of 4 hours from the assessment phase may count toward the 50-hour minimum. Also, prior to the start each case approved for psychoanalysis by the Education Committee, the candidate must have their patient sign one of the informed consent forms listed in either Appendix O or N, so that the patient is made aware of the candidate training status and the supervised nature of their clinical work.

Each candidate must have at least three different supervisory analysts. Candidates may not bring a second active case to the same supervisor until they have met the requirement of 3 different supervisors for 3 cases. Training analysts will not undertake to supervise their own analysands at any time during the candidacy. Supervisors must be current in all currently supervised cases to be eligible to begin supervision, meaning all supervisors' reports must be turned in within 30 days of being due. Should a candidate wish to change supervisors, he/she is free to do so without any loss of supervisory hours or any other prejudice. The candidate must simply obtain a new supervisor, inform the former one of the decision, and notify the training director and administrator of the SDPC of the change.

In cases where a control case analysand moves out of the area after an analytic process has been established, the case may continue via a HIPAA compliant audiovisual communication medium provided that these requirements are met: 1) The continuation of analysis must be deemed in the best interest of the patient, through approval of the Education Committee, with the recommendation of the supervisor. 2) The candidate must obtain a license in the state where the analysand lives or ensure that his or her license covers treatment where the patient lives. 3) The candidate must ensure that his or her malpractice coverage is valid under the circumstances in which it is being continued.

In cases where the supervisor resides in a different state than the candidate and the patient, the responsibility for any decision or advice with respect to a specific patient must be determined on the facts and observations in that case and remain subject to the professional judgment of the treating practitioner.

ANALYTIC CASES AND CASE REPORTS

1. First Case

Evaluation of the candidate's readiness to begin supervised psychoanalytic work with patients must receive final approval of the Education Committee. After completion of a minimum of six months of seminars and involvement in a 4-5 times-per-week personal analysis, the Candidate may begin the process towards beginning a first analytic case. **The time requirement can be waived at the discretion of the Progressions Committee, the Supervisor, and the Education Committee.** The Candidate is expected to first obtain a consultant to discuss the Candidate's readiness to begin supervised analytic work towards the goal of case selection. Names of available supervisors may be obtained through contacting the SDPC administrator. The Candidate, with the Supervisor's guidance, may choose a new case or convert a case from the Candidate's existing caseload. The Candidate shall communicate in writing to the office administrator and the progressions committee that this step has begun along with the name of the Supervisor, through the completion of the Request/Waiver form. When the Candidate and Supervisor feel they have an appropriate case, the Candidate shall write-up a preliminary Initial Report. A copy of this report is shared with the Supervisor and the Progressions Committee who discuss the Candidate and the case. Strengths and potential challenges of the Candidate are identified, especially as they may pertain to the prospective case. Any additional preparation or assistance the Candidate may need to successfully carry out the work then becomes part of the report shared with the Education Committee to request approval for the Candidate to begin supervised analytic work. The results of these discussions become part of an individualized learning plan that facilitates the candidate's ongoing growth.

Regarding the first analytic patient, an ideal case presents with predominantly neurotic symptoms and structure. Patients with undercurrents of psychosis, severe character pathology, or tendencies to acting-out may or may not be suitable for psychoanalysis and should nevertheless be reserved for more advanced cases. It is also recommended that this initial patient be in a relatively stable life situation in order to assure continuity of psychoanalytic effort.

To obtain a list of available Supervisors, please contact the SDPC Office Administrator.

2. Second Case

Once a first case is under way, a candidate may request in writing that the Candidate Progression Committee grant permission to begin a second supervised analysis. The candidate may begin a second case as soon as reports of the first supervisor indicate that the analytic work in the first case is proceeding satisfactorily and that the candidate has been able to establish an opening phase. The Institute encourages all its candidates to avoid delays in beginning their first two supervised cases. With that permission, a candidate contacts a supervisor and proceeds as he/she did with the initial case. Requirements for write-ups and case progress reports are the same as for the first case. The Request/Waiver form is also required for the second case, and all subsequent cases.

3. Third Case

The candidate may be considered to start a third supervised case after the first and second cases are underway. The initial case write-ups and any other reports that are due should be submitted and approved by the current supervisors. Coursework shall be complete and all fees are paid up-to-date. The candidate will follow the customary procedure of submitting a completed Request/Waiver Form to the Progressions Committee and the Office Administrator. The Progressions Committee will evaluate the candidate's capacities and readiness to begin a third supervised case through discussions and recommendation of all the candidate's supervisors, past and current. The initial report and progress reports follow the same procedures as for the second case.

4. Unsupervised Analysis

A candidate may wish to obtain permission to do unsupervised psychoanalysis even before meeting all graduation requirements. To do so, he/she may submit a written request to the Candidate Progression Committee. That committee evaluates the candidate's progress to date, integrating all supervisors' and instructors' evaluations, and makes a recommendation to the Education Committee where final decision is made. Permission is not automatic, as the Candidate Progression and Education Committees may feel that the candidate is not yet ready to do unsupervised psychoanalysis and would benefit from further supervision.

In all instances, the Institute's educational objective is for its candidates to develop the capacity to conduct satisfactory psychoanalysis independently (without needing supervisory oversight). For some candidates, meeting the minimal requirements for graduation attains this goal, while for others occasional supervision on additional cases may be necessary.

5. PROGRESSION REQUIREMENTS and REQUEST FOR SPECIAL WAIVER

To enter the third-year of training, the clinical associate should have already begun a first supervised case. If a first case has not been obtained, the candidate is required to participate in weekly supervision with an SDPC supervisor); to enter the fourth-year of training, a second case; and to enter the fifth-year, a third case. Any deviation from this sequence will require a request for waiver to the Education Committee in order to progress to the next year of training. This written request should highlight the reasons for delay in taking the first case attached to the standard Progressions Form. For any candidate who has not yet graduated, permission to enter an eighth-year or more of training will require a waiver to allow the

candidate to proceed with training. A written request for a waiver should include some explanation of the reasons for the delay and a statement of the prospects for graduation attached to the standard Progressions Form (Appendix S.).

6. Reports

All required reports for control cases must be completed and up to date for each control case before the next report is due for that case; until all reports are in compliance with this provision, no subsequent cases may not be undertaken.

The Progressions Committee will report to the Education Committee when any candidate falls behind on any reports, as these reports are considered an essential part of the training process. Supervision hours for cases are counted when progress reports are in the candidate's file. If the initial case write-up is submitted and dated within the first month of beginning a case, up to four supervisory hours prior to beginning the analysis will count towards the total number for that case. If the initial case write-up for a control case is submitted after the first month, no supervisory hours prior to the beginning of the analysis will count, and supervisory hours will only begin to count subsequent to the time the initial write-up is in the candidate's file (after the 30 days). Note: Where the new graduation requirements are in effect, counting of supervisory hours will become moot. However, the duration of the case will begin when the initial report is submitted, if submitted more than 30 days after the start of treatment.

Initial Report

Learning to write psychoanalytic case material is an important part of the educational process. Therefore, before each case begins, the candidate is required to write up a complete clinical and developmental history of the case, including a formulation of basic conflicts, the psychodynamics as presently perceived, a diagnostic and prognostic estimation, and an assessment of assets and liabilities for psychoanalysis. The candidate may represent the case in any manner that reflects his or her assessment of the patient's major conflicts, difficulties, and capacities. Reference should be made to genetic, dynamic, and structural determinants and to the question of psychoanalysis as the treatment of choice. One frequently employed format for evaluating a case and writing it up is presented in Appendix F. Typically reports are 6-10 double-spaced pages. The case report must be submitted to and discussed with the supervisor and then submitted to the administrator before the supervised psychoanalysis can begin.

Progress Reports.

During the first six months of the first supervised case, two quarterly progress reports, each covering three-month periods, are to be submitted. The candidate will send the report to the Administrator to be added to the candidate's folder. After the first six months, all subsequent reports for all cases are submitted semi-annually. The candidate should demonstrate through the reports the unfolding of the psychoanalytic process in a concise and integrated manner using clinical vignettes to illustrate it. Candidates should also strive to incorporate within

these written narratives key concepts such as resistance, conflict, trauma, transference, and countertransference. Candidates are to use the forms in Appendix P, Q, and R as their cover sheet for each corresponding report, while a sample of report writing for these reports is provided in Appendix V. Copies of reports are to be submitted to the candidate's supervisor and to the administrator of the SDPC. With each report, the candidate's supervisor should also complete an evaluation (Appendix H) of the candidate's progress, review it with the candidate, and then submit it to the administrator of the SDPC.

Final Report.

Last, a final case report is required in all supervised cases regardless of their length of treatment or reason for ending. This final summary reviews the entire course of treatment with particular attention to the termination phase. Once a case is completed, the candidate should also complete an evaluation of their supervisor (Appendix I), review it with him or her, and then submit it to the administrator of the SDPC.

7. Supervisory Fees

For cases paying more than \$50/session the maximum low fee will be based on the fee per session paid by the patient. For example, if the patient is paying \$80 per session the maximum supervisory fee will be \$80 and if the patient is paying \$40 the maximum will be \$50.

In situations where the Candidate cannot receive a fee from a patient for analytic treatment sessions, and where, as part of the psychoanalysis, it is important that the patient pay for the treatment session, the patient shall make the payment payable to SDPC. In such case, SDPC shall pay the respective supervisor the previously agreed-upon supervisory fee, using the formula outlined in this same section. Any additional amount collected from such fees greater than the supervisory fee shall be payable to offset the Candidate's SDPC educational costs.

E. REQUIREMENTS FOR GRADUATION

The following are the minimum requirements for graduation from the Adult Psychoanalytic Training Program of the SDPC.

1. Satisfactory completion of the academic curriculum, including participation in one year of an ongoing clinical case seminar or until graduation.
2. Satisfactory completion of the second year Colloquium. Minimum of three supervised analytic cases with different supervisors.
3. One of the three supervised analytic cases would be carried into a solid midphase under supervision, as determined by the supervisor of the case.

4. Minimum of 200 hours of analytic supervision, with a minimum of 50 hours on each of three cases and at least 50 hours of supervision with both a male and a female patient. In each of these cases, an analytic process must be attained and demonstrated. For candidates in the child program, one child case may substitute for one adult case, as long as it is not meeting the minimum adult requirements for one male case, one female case and one case in the termination phase. For one or more control cases, it is expected that the candidate will conduct the termination under supervision, even though graduation can occur earlier. The demonstration of clinical competence requires meeting these minimum quantitative requirements, and a meeting of all supervisors to discuss the candidate's readiness to graduate based on his/her work with control cases (according to the guidelines set forth for candidate progression in Section V. of this manual).
5. Satisfactory quality of analytic work as reported by supervisors and instructors and reviewed by the Education Committee. Consideration will be given to the degree to which the candidate has integrated all parts of psychoanalytic education and developed a psychoanalytic identity.
6. Sufficient personal analysis to ensure that the candidate can independently conduct satisfactory analysis without significant interference from personal unresolved conflicts. While there is no longer a formal, minimum requirement for the number of hours of the candidate's own analysis, it is expected that the goals of the personal analysis will require an experience lasting at least several years.
7. Payment of all fees and completion of all required case summaries and progress reports.
8. A declaration by the candidate that he/she has received no complaints of ethical violations, or that any said complaints have been satisfactorily resolved

GUIDELINES FOR ASSESSMENT OF CANDIDATE DEVELOPMENT

These Guidelines are intended to aid in the overall assessment of the development of the Candidate as reflected in his/her:

- Confidence in response to the demands and challenges posed by the training program
- Sophistication of thought
- Flexibility of thought
- Technical skills
- Evolution of personal style
- Flexibility of technique
- Tolerance of ambiguity

A. THEORY

GENERAL PRINCIPLE: The analyst is able to communicate that an organized theory of the mind informs his thinking about normal development and mental functioning, pathogenesis and clinical technique.

- Analyst is able to demonstrate sufficient mastery of standard Psychoanalytic concepts of normal development and mental functioning, pathogenesis and clinical technique as these issues come alive when discussing theoretical issues as well as clinical matters.
- Analyst has knowledge of a range of Psychoanalytic theories: their similarities and differences and the conceptual and/or clinical rationale for their development.
- Analyst demonstrates flexibility and openness to a range of theoretical approaches.
- Analyst develops increasing sophistication in his/her ability to articulate a coherent theoretical rationale for his/her approach to understanding and technique.

B. ASSESSMENT AND DIAGNOSTIC SKILLS

GENERAL PRINCIPLE: The analyst demonstrates the ability to assess the patient's psychopathology and make clinical/psychoanalytic diagnoses. Assessment ability ranges from superficial assignment of DSM category to capacity to combine descriptive diagnosis with recognition of subtle unconscious and pre-conscious factors influencing behavior.

- Analyst is attuned to developmental, dynamic and structural factors in assessing the manifest material. These considerations may be made within the framework of any generally accepted Psychoanalytic point of view.
- Analyst demonstrates the ability to make an assessment of the patient's psychopathology and the suitability of the treatment for the patient.
- If there was a previous psychotherapy, the analyst demonstrates an understanding of the effects of this on the analysis.
- Analyst demonstrates the ability to determine if and when the patient might benefit from an assessment for psychotropic medication.
- If medication is recommended, he/she appreciates the complex issues involved and demonstrates the ability to assess the effect of medication on the analysis in general, and upon the transference(s), in particular.

C. FORMULATION AND CONCEPTUALIZATION

GENERAL PRINCIPLE: The analyst demonstrates a working understanding of major psychoanalytic concepts.

- Analyst can elucidate a theory of pathogenesis.
- Analyst demonstrates the ability to make psychodynamic and structural formulations initially and throughout his/her work with the patient.
- Analyst is able to distinguish between evidence and hypotheses.
- Analyst modifies formulations if they are not confirmed in the process of the analysis.
- The use of jargon is avoided.

D. ATTITUDE AND ATTUNEMENT

GENERAL PRINCIPLE: The analyst maintains a non-critical attitude of curiosity, patience and open-mindedness.

- Analyst demonstrates flexibility of thought.
- Analyst conveys a sense of availability to patient.
- Analyst maintains balanced affective involvement – avoids excessive distance and over involvement.
- Analyst demonstrates tact and the capacity to empathize when appropriate.
- Analyst demonstrates tolerance of uncertainty/ambiguity in the ongoing work.

E. TREATMENT ALLIANCE

GENERAL PRINCIPLE: The analyst demonstrates the ability to help the patient engage in analysis and helps to establish a sense of reciprocity and safety of communication that allows for affective enrichment, reflection, and insight.

- The experience of the relationship between patient and analyst is accessible to analysis – whether that relationship is ‘comfortable’ or anything else.
- There is a shared perception that patient and analyst are working towards mutually agreed upon goals.
- There is mutual respect and trust between patient and analyst.
- Analyst responds flexibly yet analytically to patient’s questions, demands, and challenges.
- Analyst demonstrates competence in working within intense transferences (negative, homosexual, eroticized) while maintaining the treatment alliance.
- Analyst demonstrates competence in working creatively and flexibly with same sex patients and with opposite sex patients.
- There is an uncompromising commitment to patient responsibility while maintaining the ongoing work of the analysis.

F. TECHNIQUE

GENERAL PRINCIPLE: The analyst demonstrates competence in interpretive analytic technique.

- Interventions are well worded, succinct and to the point.
- Interventions predominately follow the relevant surface of the patient’s material and/or the analytic context.
- Interventions enhance further understanding and facilitate the ongoing analytic work.
- The analyst demonstrates competence in assessing the effects of interventions.
- Analyst demonstrates skills to convert psychotherapy cases to analytic cases, when appropriate.

- Analyst demonstrates flexibility in technique can modify if/when necessary and can provide a suitable rationale for doing so
- Interventions tend to be experience near without the analyst being overly involved.
- Interventions do not impose the analyst's own personal agendas.
- Interventions are informed by and consistent with the analyst's preferred theoretical orientation but are not theory driven.
- Interventions reflect the analyst's personal style rather than mirroring an admired senior or supervisor.

G. DREAMS AND FANTASY

GENERAL PRINCIPLE: The analyst demonstrates competence in helping the patient to recognize and accept the reality of an inner life, as reflected in dreams, fantasy, and associations.

Analyst demonstrates competence in engaging the patient in the process of association to and reflection on dreams as a significant means of learning about unconscious mental process. Multiple uses of dreams are recognized (serving resistance and transference functions, to signal affect and to convey non-symbolized or unlabeled affective experience. etc.).

- Content and process aspects of dreams are recognized.
- Analyst demonstrates flexible and creative, not concrete, rule driven or symbol driven approach to dreams.

H. TRANSFERENCE

GENERAL PRINCIPLE: The analyst demonstrates understanding that work with transference is central to the analytic work.

- Analyst recognizes and facilitates the development of manifold transferences through the analytic dialogue.
- Analyst demonstrates sensitivity to subtle underlying themes, affects, and transferences.
- Analyst demonstrates the capacity to use transference as a therapeutic tool as shown in the ability to:
 - Interpret within the transference in a sensitive and timely manner.
 - Facilitate increasing depth and complexity in the transference material.
 - Persevere and work analytically in the face of intense and persistent transferences (e.g., aggressive, erotic, erotized, opposite and same sex transferences, etc.).

I. RESISTANCE

GENERAL PRINCIPLE: The analyst demonstrates an understanding of the many meanings and functions of resistance as they manifest themselves in an analysis.

- Analyst demonstrates an understanding of the nuanced and complex aspects of defenses especially as they manifest themselves in relation to the transference.
- Analyst demonstrates competence in working analytically with resistance as a part of the analytic process. He/she demonstrates a recognition and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing and also recognizes the protective function of defenses.
- Analyst demonstrates recognition of enactments and how they evolve and demonstrates capacity to work analytically with the resolution of enactments.

J. ANALYTIC PROCESS AND PROGRESS

GENERAL PRINCIPLE: The analyst is able to demonstrate how his understanding of the material informed his interventions and how his interactions with the patient caused the analysis to evolve.

- Analyst conveys how the story of the patient's psychic life unfolds and becomes more coherent as the analysis progresses.
- Analyst demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
- Analyst demonstrates evidence of improvement in the patient's problems as a result of the analytic process.
- Analyst demonstrates evidence of change in the analysand's way of perceiving and relating to self and others.

K. ENDING OF THE ANALYSIS

GENERAL PRINCIPLE: The analyst demonstrates the ability to work in the termination phase.

- If the termination process evolved naturally from the analysis, the analyst can explain how the analytic work evolved to the point of a termination process.
- If the analysis comes to a premature termination, but a termination that is nevertheless a result of the analytic progress, analyst can reflect on what was accomplished and what was left undone. (e.g. analysis freed patient to seek career advancement, but this necessitated a move; analysis enabled patient to reengage with spouse who had a job transfer)
- If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
- If there is a termination process (whether as a result of analytic progress, or premature termination), the analyst understands its distinct components.
- If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of such.

L. COMMUNICATION SKILLS

GENERAL PRINCIPLE: The analyst's written and oral presentations demonstrate competence in communicating the increasing complexity of the analytic process.

- Both written and oral presentations demonstrate analyst's capacity to conceptualize and to convey in an open, informative and compelling manner the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
- Written or oral presentations demonstrate competence in communicating the rationale, the effect on the analysis, and the ultimate fate of any technical maneuvers, modifications, or parameters utilized.
- Analyst can recognize and can articulate the limitations of the analysis.
- Analyst reflects on possible mistakes, misjudgments, or what, on hindsight would be done differently.

M. CHILD AND ADOLESCENT PSYCHOANALYSIS

GENERAL PRINCIPLE: The analyst demonstrates the capacity to engage in an analytic process with child or adolescent.

- Analyst shows flexibility in maneuvering among developmental needs and transference needs of child/adolescent.
- Analyst demonstrates awareness of the variety of ways the analyst may be used by the child/adolescent and awareness of the various meanings of such.
- Analyst demonstrates competence in framing succinct interpretations in a manner appropriate to the developmental level of child/adolescent.
- In the case of a child/adolescent from a chaotic, deprived or abusive background, or a child/adolescent continuing to live in such an environment where certain ego deficits or caregiver deficits may be present, narrative nevertheless shows analyst's capacity to establish and maintain a psychoanalytic attitude with child/adolescent and/or caregiver.
- Analyst demonstrates competence in dealing with caregivers in a way that optimizes psychoanalytic work with child/adolescent.

N. ETHICAL CONSIDERATIONS

GENERAL PRINCIPLE: The analyst demonstrates a professional identity with an uncompromising commitment to the highest ethical standards, as reflected in his/her work with patients, colleagues, students, etc.

- Analyst demonstrates awareness of the range of possible boundary violations and possible effects of boundary violations on the analysis.
- Analyst demonstrates recognition of need for personal consultation if issues of possible boundary violations should emerge.
- Analyst demonstrates awareness of ethical principles in relationship with colleagues, supervisees, supervisors and potential students.

O. THE ANALYST’S SENSE OF HIMSELF/HERSELF

GENERAL PRINCIPLE: The compass of the analyst’s work points to the progressive development of an analytic identity.

- Analyst demonstrates awareness of his/her feelings, fantasies, and other reactions to the patient and recognizes that his/her reactions to the patient can affect the patient and the course of the analysis.
- Analyst demonstrates the awareness that his/her reactions to the patient can be sources of information about the patient and the analytic interaction.
- Analyst demonstrates personal flexibility, such as an ability to adapt theoretical position or technique to the needs of the analysand at any given time.
- Analyst demonstrates a capacity for learning and the abilities to self-observe and self-supervise.
- Analyst has awareness of his/her personal limitations and blind spots.
- Demonstrates reflection on benefits or difficulties posed by supervision and appears open to considering these issues in personal analysis, if appropriate.

EVALUATION OF CANDIDATE PROGRESSION

The Education Committee evaluates a candidate’s progress at regular intervals based on reports of the Candidate Progression Committee. Each candidate's progress is reviewed at least twice a year and at times when requests for cases are made. A written summary of the evaluation is recorded in a file kept on each candidate. The file is available for inspection at any time by requesting the administrator to make it available. The candidate's personal psychoanalyst absents him or herself from all discussion about that candidate at any meeting where progression is discussed. After each evaluation the Chairperson or a representative of the Candidate Progression Committee meets individually with each candidate to review the evaluation and to discuss any recommendations made by the Education Committee. The following are among the sources of information that make up the reports of the Progressions Committee to the Education Committee about the candidate’s progression.

A. SEMINAR EVALUATIONS

Following the completion of every course, instructors are asked to evaluate the performance of each candidate. While no formal grades are given or objective criteria used, a candidate's participation in discussion helps instructors to form impressions of a candidate's involvement

in the course and grasp of the material. A sample of the form used by instructors can be found in Appendix G. The instructor's report on each candidate will be filed in the candidate's folder.

B. REPORTS OF SUPERVISORS

Once yearly there will be a teleconference of all active supervisors (and faculty members) to evaluate the candidate's analytic work. A reporter from that teleconference, will fill-in the annual supervisory form. Please see the form in the Appendix (put an appendix letter in here Michelle and the new form) to view the specific criteria being evaluated. Each supervisor will discuss this annual report with the candidate they supervise, highlighting the individual issues relevant to their control case. If needed, supervisors, candidates, and/or the Progressions Committee may be in contact in the interim between the yearly supervisory teleconferences.

C. INDIVIDUAL'S PERSONAL ANALYST DOES NOT PARTICIPATE IN THE EVALUATION OF CANDIDATE PROGRESSION.

To reiterate what was stated earlier, the individual's personal analyst is not permitted to participate in any way or to provide any information regarding the above progression matters or decisions. Only attendance records are maintained.

D. CLINICAL ASSOCIATES WHO FALL BEHIND IN TRAINING

Sometimes a clinical associate falls behind in training. This may be a result of missing seminars, failing to keep up with seminar reading requirements, poor colloquium performance, failing to submit quarterly and semi-annual reports of supervised analysis, failing to pay tuition, failing to begin supervised clinical work in a timely fashion, failing to seek supervision in a timely way during the assessment of a potential control case, and the like. In the case of any such circumstances, the Candidate Progression Committee will hold personal interviews in order to ascertain the problem and to make suggestions. The committee will reevaluate such a situation in six months. Failure to pick up pace or to show reasonable involvement, motivation, and responsibility will give cause to consider interruption or termination of the candidate's training. Any candidate may discuss their concerns about progress with their Faculty Advisor, Chairperson of the Candidate Progression Committee, or the Director or Assistant Director of Education.

E. CANDIDATE'S EVALUATION OF SEMINAR AND SEMINAR INSTRUCTORS

The candidate is regularly asked to evaluate seminars and seminar instructors. The assessment form is included as Appendix J.

CHILD & ADOLESCENT PSYCHOANALYTIC TRAINING

Although the technique of psychoanalytic treatment of children and adolescents may differ in some respects from that employed with adults, treatment is nevertheless based on the same general and clinical theory as that of adults. Specific training in child and adolescent analysis teaches how the technique originally derived from the analysis of adults can be adapted to the analysis of children and adolescents, taking into account phase specific developmental characteristics. Such training enables candidates to become clinically competent in the application of psychoanalytic theory to the emotional problems of the child and adolescent.

Each candidate will learn how to form an appropriate alliance with the child and adolescent. In the case of the child, the candidate will help the child move from play to verbalization and toward interpretation, to understand how the child experiences the analyst as the object of a variety of transferences, as an auxiliary ego, or as an auxiliary superego. During training, the child analyst should also learn to verbalize the child's perceptions of the external world and internal world in such a manner that integrative and adaptive resources may be strengthened and the child's impulses may be both gratified and controlled in a more effective manner.

The work of the analysis should permit the child and adolescent to recover and reconstruct repressed conflicts and experiences, and ultimately to overcome the regressive impulses and defenses that impede optimal growth and adaptation. The overall emphasis is on the patient's inner life and on those conditions and techniques of child and adolescent analysis which permit the analysis of transference manifestations as the means of advancing the patient's self-understanding and the return to the path of normal development.

A. REQUIREMENTS FOR ADMISSION

An applicant for admission shall be an active candidate or graduate of an accredited institute of the American Psychoanalytic Association. Prior to training, the candidate shall have gained considerable familiarity with the psychology, development, and diagnosis of normal and pathological conditions in children. This experience may be acquired through training in child psychiatry or effectively supervised experiences with children in a variety of settings, e.g., pediatric services, schools, and day care nurseries. Since it is highly desirable that a candidate be engaged in Personal Psychoanalysis during some or all of the child and adolescent supervised case experience, candidates should begin child training as early as possible after beginning adult training.

B. PROGRESSION REQUIREMENTS FOR THE COMPLETION OF TRAINING

Training in the psychoanalysis of children and adolescents at various stages of their development requires special didactic courses and supervision beyond the regular courses offered and required in the training program for adult analysis. Candidates may discuss their concerns about training in child and adolescent analysis with the Chairperson of the Child and Adolescent Analysis Committee or with the Director or Assistant Director of Education.

Didactic Seminars - The curriculum in adult analysis includes courses in child and adolescent development. Candidates in child and adolescent analysis have additional courses in the basic literature, psychopathology, and theory and technique of child and adolescent analysis.

Continuous Case Seminars - Attendance at continuous case seminars of child and adolescent analysis is required throughout the training experience in child analysis.

Supervision - Candidates in child and adolescent analysis are asked to do sufficient clinical work under supervision to demonstrate satisfactory competence in the analysis of children and adolescents. Selection of cases is determined by written initial report and by presentation to a child supervisor. The following is required:

Analysis of at least three patients under supervision, including one of each sex, with one begun during and one begun during adolescence. The frequency of sessions is the same as adult analysis, at least four times per week.

Working experience with at least two but preferably three supervisors.

Supervision weekly for at least one year with the first supervised case. Subsequent cases may be supervised at a frequency determined by candidate and supervisor. Each of the three cases should extend over a period of no less than one year. A minimum of 50 supervisory hours on each case is required and a minimum of 150 hours for the total supervisory experience with the three cases is required. It is recommended that at least one case be supervised into the termination phase of the analysis. Case progress reports should follow the same guidelines as those specified for the adult psychoanalytic program (see III.C #7).

In order to graduate from the child analytic program, the clinical associate should have graduated or simultaneously be graduating from the adult training program.

PROFESSIONAL ETHICS

Becoming aware of the broad range of ethical guidelines, expectations and responsibilities for a psychoanalyst is part of a candidate's obligation to SDPC and to the profession. All psychoanalysts and clinical associates are expected to be familiar with and to comply with the "Principles of Ethics for Psychoanalysts," as established by the American Psychoanalytic Association. A copy is included as Appendix D.

NORVELLE LA MAR MEMORIAL LIBRARY

The Norvelle C. La Mar Memorial Library is built around a nucleus of books donated by the widow of Dr. Norvelle La Mar in 1965. The primary purpose of the library is to provide a source of psychoanalytic books and journals to meet the seminar and research needs of clinical associates and faculty. Present holdings include well over 2,000 books in the field of psychoanalysis. All books are indexed by author and title. Complete bound sets of the major psychoanalytic journals remain in the library for reference only, while additional sets of unbound journals are for circulation. The Chair of the Library welcomes suggestions from candidates and faculty about books to be added and library policy. The "Title Key Word and Author Index" is available for reference. Books and journals may be checked out for 30 days.

In September 1985, the Institute opened the Ralph R. Greenson Memorial collection. This collection, housed in locked glass cabinets, contains Dr. Greenson's library, copies of his own works, and psychoanalytic memorabilia that he collected. The collection was a gift of Mrs. Hildi Greenson.

EM LIPPETT PSYCHOANALYTIC REFERRAL SERVICE

The E. M. Lippett Psychoanalytic Referral Service was established to provide a high-quality treatment service to the community in the form of reduced fee psychoanalysis for a limited number of adults, adolescents, and children found suitable for supervised psychoanalysis. It also hopes to provide a structure within which qualified analysts in training are referred suitable patients for supervised analysis, following an evaluation of prospective patients. Finally, the Referral Service wishes to promote education and research into problems of evaluation, suitability for analysis, and analyzability.

All members of the Institute participate in supporting the Referral Service through involvement in the assessment, treatment, and supervision of patients enrolled in the Referral Service. Any clinical associate who has been approved to undertake supervised analysis and any graduate analyst is eligible to receive referrals.

MEMBERSHIP IN SDPC

Affiliate Membership in SDPC shall be open to all candidates as long as they are matriculated in psychoanalytic training in a psychoanalytic training institute accredited by the American Psychoanalytic Association.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

A. MEMBERSHIP

Upon matriculation, Candidates are invited to join the American Psychoanalytic Association as an Affiliate member. As members, Candidates are encouraged to participate in both the scientific and administrative aspects of the organization. At the time of graduation, Affiliate Members are eligible to become full voting members. However, although an Affiliate Member has full voting rights, he/she may not serve on the Executive Council nor be or an officer of the Association.

B. CERTIFICATION

1. Eligibility. Applicants must be active members of the American Psychoanalytic Association and a graduate of an accredited training program such as SDPC. The Standards, Procedures and Guidelines for certification are found in Appendix Q.
2. Application. Applications are available from the American Board of Psychoanalysis.
3. Certification Assistance Committee. The Certification Assistance Committee of the SDPC is available to consult with and help any analyst preparing to apply for certification.
4. Certification in Child & Adolescent Psychoanalysis: Upon graduation from the child and adolescent psychoanalytic training program, the graduate analyst may apply to the American Board of Psychoanalysis for certification. The same evidence of competency is required; namely, satisfactory completion of course and supervised clinical work, and reports of cases must be submitted to the the American Board of Psychoanalysis.

SDPC ORGANIZATIONAL STRUCTURE

A Board of Directors elected by the SDPC membership governs the SDPC. A listing of officers, committees, faculty and members is found in Appendix R. The Education Committee administers the training programs in psychoanalysis and psychoanalytic psychotherapy.

A. EDUCATION COMMITTEE

The Education Committee consists of 12 analysts elected by the regular Faculty of the SDPC.

The Education Committee, chaired by the Director of Education, has jurisdiction over all educational activities of the SDPC. The subcommittees are often chaired by members of the Education Committee and constitute the functional elements of the educational system. Subcommittees report to the Education Committee on all aspects of admissions, candidate evaluation and progression, recommendations for graduation, faculty appointments and evaluation, curriculum content and teaching assignments, and training standards.

B. SUBCOMMITTEES OF THE EDUCATION COMMITTEE

1. Admissions Committee

The functions of the Admissions Committee are to receive and process applications for full or didactic psychoanalytic training. When the Committee determines that the applicant meets the requirements, it requests letters from persons listed as references and arranges for interviews with members of the faculty of the Institute. The completed application and other data are then presented to the Education Committee for definitive action.

2. Candidate Progression Committee

The Candidate Progression Committee consists of five to six experienced analysts selected by the Chairperson of the Education Committee. The Committee evaluates each candidate at least every six months, in keeping with the standards of the program and the American Psychoanalytic Association. In this process, course evaluations and supervisor reports are reviewed. The results of the review are reported to the Education Committee and the candidate.

3. Curriculum Committee

The Curriculum Committee has the responsibility for designing and evaluating the curriculum of the Psychoanalytic Training Program and for the assignment of faculty members to teach the courses. Evaluations of the curriculum are based on clinical associate reports, faculty reports, colloquium results, and information derived from the Education Committee through its Candidate Evaluation Committee and other sources. Evaluations include the scope and purpose of the courses, the bibliographies, the teaching effectiveness, and any other matters

related to the goal of thorough in-depth communication of psychoanalytic knowledge and skill.

4. Faculty Committee

The Faculty Committee is composed of members from the Education Committee, the faculty, and the clinical associates and is charged with evaluation and improvement of teaching, as well as presenting appropriate reports and recommendations to the Education Committee for faculty advancement and procedural changes. In addition, this Committee will discuss with faculty members summaries of reports relevant to their teaching and will be available for discussions initiated by faculty members. The Committee seeks candid in-depth assessment of instructors' performances in each seminar; in this regard, evaluations are obtained from both clinical associates and the instructors themselves at the close of every quarter. The Committee believes that the faculty's serious consideration of direct, thoughtful, timely criticism of the seminars and of the instruction is one of the best guarantees of an effective program to fulfill essential educational goals. The Faculty Chair, who is elected by the entire faculty, makes appointments to the Faculty Committee, calls meetings of the Faculty Committee and of the entire faculty as necessary.

5. Child Analysis Committee

The Child Analysis Committee consists of at least three graduate child analysts and is responsible for implementing the Child and Adolescent Psychoanalytic Training program. Evaluation of applicants for admission and progression, as well as establishment of the curriculum in Child Psychoanalysis, is coordinated with other Education Committee subcommittees. In addition, the Child Analysis Committee sponsors occasional conferences and meetings of interest to child analysts.

6. Certification Committee

The mission of the Certification Committee is to encourage all graduate analysts at SDPC to obtain certification of the American Board of Psychoanalysis, with the aim of encouraging the career development of all the members at SDPC and participation in the American Psychoanalytic Association.

LIST OF APPENDICES

- A. Graduates of the Adult & Child/Adolescent Psychoanalytic Training Programs
- B. Graduates of the Psychoanalytic Psychotherapy Training Programs
- C. SDPC Bylaws
- D. Principles of Ethics for Psychoanalysts
- E. Curriculum Outline
- F. Evaluation Guidelines & Initial Case Report Recommendation
- G. Evaluation of Candidate by Seminar Instructor(s)
- H. Evaluation of Supervision by Candidate
- I. Evaluation of Supervision by Supervisor
- J. Evaluation of Course and Instructor by Candidate
- K. Requirements for Certification by American Psychoanalytic Association
- L. Faculty and Member list
- M. Mid-phase Criteria
- N. Patient Consent Form (Adult)
- O. Patient Consent Form (Child)
- P. Candidates' Quarterly #1 Report Form
- Q. Candidates' Quarterly #2 Report Form
- R. Candidates' Semi-Annual Report Form
- S. Candidate Progressions Form
- T. Provider Confidentiality Form
- U. Candidate's Quick Reference Guide for Clinical Cases
- V. Writing Sample and References

APPENDIX A

GRADUATES OF THE ADULT PSYCHOANALYTIC TRAINING PROGRAM

<u>#</u>	<u>Name</u>	<u>Date Graduated</u>	<u>Appointed to Faculty</u>
1.	Alvin Robbins, MD*	September, 1975	
2.	Haig Koshkarian, MD*	February, 1976	
3.	Burton J. Conn, MD	June, 1976	
4.	Leroy Jaret, MD	December, 1976	
5.	Harry B. Woods, MD*	April, 1977	
6.	Loretta Loeb*	July, 1977	
7.	James L. Morris, MD*	September, 1979	
8.	Gary Shepherd, MD	June 2, 1980	
9.	John Hassler, MD*	July 7, 1980	
10.	Donald L. Kripke, MD	November 3, 1980	
11.	Edward Fields, MD	November 18, 1980	
12.	Gary Levinson, MD	February 2, 1981	
13.	Davis Suskind, MD	June 1, 1981	
14.	Mark Leffert, MD*	June 1, 1981	
15.	Eli Miller, MD*	October 5, 1981	
16.	Joel Rosen, MD	January 11, 1982	
17.	Paul Keith, MD	October 4, 1982	
18.	Craig A. Brown, MD	October 22, 1982	
19.	Stephen H. Gould, MD	November 20, 1982	
20.	Phyllis Tyson, PhD*/**	July 2, 1984	
21.	Michele Stewart, MD*	September 10, 1984	
22.	Stephen Silk, PhD*	February 4, 1985	
23.	Robert Schannon, MD	July 1, 1985	
24.	Joanne Callan, PhD*	December 2, 1985	
25.	David A. Olenik, MD	November 3, 1986	
26.	Daniel Gardner, MD	July 20, 1987	
27.	Judith Braun, MD	October 5, 1987	
28.	Richard Buccigross, MD	November 2, 1987	
29.	Alan Sugarman, PhD*/**	April 4, 1988	
30.	Jay H. Shaffer, MD	April 4, 1988	
31.	Robert W. Keller, MD	June 6, 1988	
32.	Don Houts, MD	January 8, 1990	
33.	Thomas A. Hessling, MD	March 4, 1991	
34.	Nadine Levinson, DDS*	June 3, 1991	
35.	Adaline E. Corrin, MD*	November 4, 1991	
36.	Diane Hoye Campbell, MD	November 4, 1991	
37.	Sally L. Hall, MD	November 4, 1991	
38.	Guy Russell, MD	March 1, 1993	
39.	Bryan E. Bruns, MD	February 7, 1994	
40.	Gay Parnell, PhD*	February 7, 1994	
41.	James Beatrice, PhD	February 6, 1995	
42.	Lee S. Jaffe, PhD	October 7, 1996	

43.	Jaga Nath Glassman, MD	November 10, 1997
44.	Mark Cerbone, MD	September 7, 1998
45.	Keith Kanner, PhD	June 7, 1999
46.	Virginia Livesay, PhD	June 7, 1999
47.	Melford Spiro, PhD	June 7, 1999
48.	Claudia Law-Greenberg, PhD	May 1, 2000
49.	Judith Hughes, PhD	January 8, 2001
50.	Steven Elig, MD	May 7, 2001
51.	Barbara Rosen, PhD	April 7, 2003
52.	Holly McMillan, PhD	April 7, 2003
53.	David Diamond, PhD	April 7, 2003
54.	Timothy Rayner, MD*	May 5, 2003
55.	Gordon Caras, PhD	May 3, 2004
56.	Maria Ritter, PhD	December 6, 2004
57.	Martha Peck, PhD*	June 13, 2005
58.	Caroline de Pottel, PhD LCSW	June 13, 2005
59.	Felise Levine, Ph.D.	June 8, 2006
60.	Anellina Marrelli, LCSW	June 8, 2006
61.	David Goldberg, Ph.D.	June 8, 2006
62.	Martha Reynolds, LCSW	September 8, 2007
63.	Scott Boles, Ph.D.	May 23, 2010
64.	Mojgan Khademi, Psy.D.	May 23, 2010
65.	Harry Polkinhorn, Ph.D.*	September 10, 2011
66.	Daniel Blaess, Ph.D.	May 11, 2012
67.	Charles Moreau, M.D.	May 11, 2012
68.	Robert Stieber, Ph.D. <i>(Psychoanalytic Associate)</i>	May 11, 2012
69.	In-Soo Lee, M.D. <i>(Psychoanalytic Associate)</i>	June 29, 2013
70.	Byeong-Yong Lee, M.D. <i>(Academic Graduate)</i>	June 29, 2013
71.	Boscan, Deisy, Ph.D.	June 29, 2013
72.	Chung, Sun-Ju, M.D.	June 29, 2013
73.	Cohen, Alain, Ph.D.	June 29, 2013
74.	Hall, Roderick, Ph.D.	June 29, 2013
75.	Masse, Monique, M.D.	June 29, 2013
76.	Sweet, Hannah, M.D.	June 29, 2013
77.	Thomas, Jeffrey, LCSW	June 29, 2013
78.	Weiss, Laura, Ph.D.	June 29, 2013
79.	James Mason, MFT	July 3, 2013
81.	RD Dipp, D.O.	June 13, 2015
82.	Jung-In Ko, M.D.	June 13, 2015
83.	In-Soo Lee, M.D. <i>(Analytic Training Program)</i>	Sept 17, 2016
84.	Jason Bennett, M.D. <i>(Psychoanalytic Associate)</i>	Sept 17, 2016
85.	Mingeol Kim, M.D. <i>(Psychoanalytic Associate)</i>	Sept 17, 2016
86.	Matthew Zetumer, M.D.	June 24, 2017
87.	Jesus Gonzalez, Ph.D.	June 9, 2018
88.	Maya Klein, Ph.D.	June 9, 2018
89.	Silvia Rodriguez, M.S.	June 9, 2018
90.	Emilie Sfregola, Psy.D.	June 9, 2018
91.	Barbara Kelly, Ph.D.	Aug 8, 2020

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- | | | |
|------|----------------------------------------------------------------|---------------|
| 92. | Arash Khatami, M.D. | Aug 8, 2020 |
| 93. | Michelle Lalouche-Kadden, Ph.D. | Aug 8, 2020 |
| 94. | Kristin Whiteside, Ph.D. | Aug 8, 2020 |
| 95. | Lucas Klein, Ph.D. | Aug 8, 2020 |
| 96. | Daniel Brockett, M.D. | Sept 17, 2022 |
| 97. | Robyn Grossman Cohen, M.D. (<i>Psychoanalytic Associate</i>) | Sept 17, 2022 |
| 98. | Carol Koenigsberger, M.D. | Sept 17, 2022 |
| 99. | Michael Lembaris, Psy.D. | Sept 17, 2022 |
| 100. | Mariela Shibley, Psy.D. | Sept 17, 2022 |
| 101. | Benoit Vincent, AMFT (<i>Psychoanalytic Associate</i>) | Sept 17, 2022 |
| 102. | Paula Waisman, Ph.D. (<i>Psychoanalytic Associate</i>) | Sept 17, 2022 |

* Adult Certification by the American Psychoanalytic Association

** Child Certification by the American Psychoanalytic Association

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APPENDIX B

SAN DIEGO PSYCHOANALYTIC CENTER

GRADUATES OF THE PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM

<u>Name</u>	<u>Graduation Date</u>	<u>Membership Date</u>
1.	Linda Eaton, PhD 1986	Nov 6, 1986
2.	Civia Gordon, MSW	Nov 6, 1986
3.	Charlotte Lewis, MSW	Nov 6, 1986
4.	Barbara Rosen, PhD	Nov 6, 1986
5.	Nancy Acker, PhD	June 25, 1987
6.	Martha Graner, MSW	June 25, 1987
7.	Cheryl Martin, EdD	June 25, 1987
8.	Gay Parnell, PhD	June 25, 1987
9.	Gil Spielberg, PhD	June 25, 1987
10.	Penny Dublin, MSW	Dec 10, 1987
11.	Manuel Tobias, PhD	Dec 10, 1987
12.	Mary Jane Norcross Omens, LCSW	Dec 8, 1988
13.	Susan Richards, LCSW	Dec 8, 1988
14.	Claudia Levin-Andrews, MSW	Sept 1, 1989
15.	Marjorie F. Milstein, MSW	June 1, 1990
16.	Ellen B. Margolis, PhD	Nov 1, 1990
17.	Peter LiBero, PhD	Nov 1, 1990
18.	Lee S. Jaffe, PhD	Nov 16, 1990
19.	DeDe Herst, MSW	Dec 7, 1990
20.	Russell Federman, PhD	May 1, 1991
21.	Amy Beth Horne, PhD	Sept 6, 1991
22.	Jean Beth Houts, LCSW	Sept 11, 1991
23.	Sheila A. Sharpe, PhD	Oct 18, 1991
24.	Michelle M. Banta, MD	Dec 11, 1991
25.	Elizabeth Taylor-Huey, MSW	October 16, 1992
26.	Joanne Frankel, MD	January 22, 1993
27.	Irma Mary Howarth, LCSW	February 4, 1994
28.	Louise Lewis, LCSW	April 15, 1994
29.	Sonya Hintz, MD	April 18, 1994
30.	Margaret A. Bouher, MSW	April 26, 1994
31.	Linda J. Helinski, PhD	May 6, 1994
32.	Christine Ferrera, PhD	Dec 16, 1994
33.	Teri Wright, PhD	Jan 24, 1995
34.	Caroline dePottel, LCSW	June 10, 1995
35.	Robert Burgess, PhD	June 10, 1995
36.	John McCarron, PhD	June 10, 1995
37.	Felise Levine, PhD	June 7, 1997
38.	Joy Martin, PhD	June 7, 1997
39.	Elaine Litton, PhD	June 13, 1998

		October 2022
40.	Anne Uphoff, PhD	June 3, 2000 Sept 2000
41.	Tara Robbins, PhD	June 3, 2000 Sept 2000
42.	Tina Boughton, MFT	May 7, 2001 July 2001
43.	Marky Reynolds, LCSW	May 7, 2001
44.	Janine Becker, LCSW	June 2, 2001
45.	Scott Boles, PhD	June 3, 2002
46.	Mojgan Khademi, PsyD	June 3, 2002
47.	Sandra Doron, LCSW	May 6, 2002 Sept 2002
48.	Strawn, PhD	June 13, 2005
49.	Lisa Auslander, PhD	June 8, 2006 July 2006
50.	Therese Reichert, PhD	Sept 8, 2007
51.	Stephanie Nigh, MFT	Sept 8, 2007 April 2008
52.	Jun-Seok Lee, MD (<i>Academic Track</i>)	June 6, 2009
53.	Stamatia Daroglou, PhD (<i>Academic Track</i>)	May 23, 2010
54.	Alana Iglewicz, MD (<i>Academic Track</i>)	Sept 10, 2011
55.	Mi-Seon Park, MA (<i>Academic Track</i>)	Sept 10, 2011
56.	Mariela Shibley, PsyD (<i>Academic Track</i>)	May 12, 2012
57.	Kirsti Senac, MFT	June 29, 2013
58.	Michelle Kole, PhD (<i>Academic Track</i>)	May 12, 2012
59.	Heather Collins, MSW (<i>Academic Track</i>)	June 29, 2013
60.	Shannon Gilbride, MFT (<i>Academic Track</i>)	June 29, 2013
61.	Jesus Gonzalez, PhD (<i>Academic Track</i>)	June 29, 2013
62.	Lisa Kutner, MD (<i>Academic Track</i>)	June 29, 2013
63.	Roseann Larson, LCSW (<i>Academic Track</i>)	June 29, 2013 January 28, 2014
64.	Margaret Sawires, PsyD (<i>Academic Track</i>)	June 29, 2013
65.	Shannon Gilbride, MS (<i>Clinical Track</i>)	June 14, 2014
66.	Roseann Larson, LCSW (<i>Clinical Track</i>)	June 14, 2014
67.	Ed Lowery, LCSW (<i>Clinical Track</i>)	June 14, 2014
68.	Dana Mendel, Ph.D. (<i>Clinical Track</i>)	June 14, 2014
69.	Rebecca Buller, Ph.D. (<i>Clinical Track</i>)	June 14, 2014
70.	Sean Ryan, M.D. (<i>Clinical Track</i>)	June 14, 2014
71.	Margaret Sawires, Psy.D. (<i>Clinical Track</i>)	June 14, 2014
72.	Silvia Rodriguez (<i>Clinical Track</i>)	June 14, 2014
73.	Barbara Kelly, Ph.D.	June 13, 2015
74.	Helene Mirzakhanian, Ph.D.	June 13, 2015
75.	Jessica Sperber, M.D.	June 13, 2015
76.	Benoit Vincent, Ph.D.	September 17, 2016
77.	Hili Mann, MFT	June 24, 2017
78.	Abby Brewer-Johnson, Psy.D.	June 24, 2017
79.	Matthew Schumacher, Ph.D. (<i>academic</i>)	June 24, 2017
80.	Amanda Freeman, Ph.D. (<i>academic</i>)	June 24, 2017
81.	Carol Koenigsberger, M.D.	June 24, 2017
82.	Mi-Seon Park, M.A. (<i>clinical</i>)	September 26, 2016
83.	Emily Kierce, Psy.D. (<i>clinical</i>)	June 9, 2018
84.	David Quattrociocchi, MSW (<i>clinical</i>)	June 9, 2018

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85.	Susana Rodriguez Perea, M.A. (clinical)	June 9, 2018
86	Ana Laura Thomat, Ph.D. (clinical)	June 9, 2018
87.	Jaclyn Joyce, D.O.	Sept 14, 2019
88.	Bethany Dunn, LCSW	Aug 8, 2020
89.	Azita Hickey, Ph.D.	Aug 8, 2020
90.	Zohreh Kermani, Psy.D.	Aug 8, 2020
91.	Jennifer Zimmerman, MSW	Aug 8, 2020
92.	Belinda Daniel, M.D.	Sept, 2022
93.	Farah Giovannelli, Psy.D.	Sept, 2022
94.	Max Loginov, LCSW	Sept, 2022
95.	Jessica Oye-Trautloff, Psy.D.	Sept, 2022
96.	Stephen Rodriguez, M.D.	Sept, 2022
97.	Paul Smith, M.D.	Sept, 2022
98.	Mark Teles, Ph.D.	Sept, 2022

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SAN DIEGO PSYCHOANALYTIC CENTER

A California Nonprofit Public Benefit Corporation

as amended through April 10, 2015

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The organization of Southern California Psychoanalytic Institutes and Societies.

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ARTICLE 1

PURPOSES

Section 1.1---General Purposes

This corporation shall be operated exclusively for charitable, educational and scientific purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 2011.

Section 1.2---Specific Purposes

The specific purposes and objectives of the Corporation are:

Provide training and continuing education of psychoanalysts and psychoanalytic psychotherapists within a respectful atmosphere for learning, in accordance with the standards established by the American Psychoanalytic Association (“Association”).

Serve the mental health needs of our multi-cultural and diverse San Diego community.

Promote the understanding of and regard for psychoanalytic treatments and points of view in the mental health community and in the community-at-large.

Support and enrich the professional lives of our members within a collegial community setting, with respect for the diversity of views.

Facilitate the availability of psychoanalytically oriented services to patients, programs and institutions.

Advance psychoanalytic knowledge and practice through writing, research and public presentations.

ARTICLE II

OFFICE

Section 2.1---Principal Office

The principal office for the transaction of the business of the Corporation shall be located at such place in the County of San Diego, State of California, as the Board shall from time to time fix and designate.

Section 2.2---Other Offices

Branch or subordinate offices may, at any time, be established by the Board at any place or places.

ARTICLE III

MEMBERS

Section 3.1---Classes of Membership

- a. Psychoanalyst membership is open to graduates of psychoanalytic institutions accredited by the American Psychoanalytic Association or to individuals who are full psychoanalyst members of the American Psychoanalytic Association by virtue of demonstrating substantially equivalent training, and who live in California.
- b. Psychotherapist membership is open to individuals who have graduated from the SDPC Psychoanalytic Psychotherapy Program.
- c. Life Psychoanalyst or Life Psychotherapist membership may be conferred on any Psychoanalyst or Psychotherapist member who has reached the age of seventy years. Life members shall have all the respective privileges of Psychoanalyst or Psychotherapy membership.
- d. Life Psychoanalyst (retired) or Life Psychotherapist (retired) membership may be conferred on any Psychoanalyst or Psychotherapy member who has reached the age of eighty years or at the discretion of the Board (by the Board of Directors). Life members shall have all the privileges of Psychoanalyst or Psychotherapy membership. Life members are not required to pay dues.

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- e. Psychoanalyst Associate membership shall be open to those individuals who graduate from the SDPC adult psychoanalytic program as Associate in Psychoanalysis.
- f. Graduate Academic membership is open to individuals from academic disciplines who have undertaken psychoanalytic education to enhance their work. The individual must have satisfactorily completed the adult psychoanalytic curriculum specified by the Education Committee for persons from academic disciplines, a curriculum which excludes the conducting of supervised analyses but which requires the completion of a personal psychoanalysis conducted by a training psychoanalyst.
- g. Academic Associate membership shall be open to those individuals who have completed the full didactic curriculum for psychoanalytic or psychotherapy training at an institution accredited by the Association.
- h. Psychoanalyst Affiliate membership shall be open to those individuals who have begun psychoanalytic training in a psychoanalytic training institution accredited by the Association. A Psychoanalyst Affiliate member whose training is interrupted or discontinued before completion, regardless of the cause or reason for doing so, shall automatically become ineligible for such membership, and that membership shall terminate immediately. Termination of Psychoanalyst Affiliate membership shall not entitle the individual to any procedural rights.
- i. Psychotherapist Affiliate membership shall be open to those individuals who are in training in the Psychoanalytic Psychotherapy Program. A Psychotherapy Affiliate member whose training is interrupted or discontinued before completion, regardless of the cause or reason for doing so, shall automatically become ineligible for such membership, and that membership shall terminate immediately. Termination of Psychotherapy Affiliate membership shall not entitle the individual to any procedural rights.
- j. Corresponding membership may be extended both to graduate psychoanalysts who would otherwise qualify for Psychoanalyst membership and to graduates of the Psychoanalytic Psychotherapy Program who live outside California.
- k. Honorary membership may be conferred on any individual who has made an outstanding contribution to psychoanalysis or to the dissemination of its findings. Honorary members shall not be required to pay dues.
- l. Special membership shall be open to lay or professional persons not eligible for other categories of membership who may make or have made a significant contribution toward the activities and goals of the Corporation.
- m. Friend of SDPC membership is open to interested laypersons, professionals and students in the mental health field, as well as other professions, with the aim of enriching and broadening SDPC as an organization. While there are no dues donations are encouraged.
- n. Student membership is open to any full-time student.
- o. Associate membership is open to any licensed mental health clinician.

- p. Inactive membership is automatically conferred according to provisions in section 3.11. Member privileges, all new SDPC activities and further dues assessment are all suspended.

Section 3.2---Application

- a. Application for membership to any eligible class of membership may be made at any time by any qualified applicant, or any active member may nominate an individual to any class membership for which he/she may be eligible. Except for nominees for honorary membership or advancement to life membership, or as provided in Section 3.4, a nominee for membership shall be required to fill out a membership application. Completed applications shall be transmitted to the Membership Committee which shall inquire into the standing of each applicant and make a report and recommendation to the Board. The applicant shall have the burden of producing adequate information for a proper evaluation.
- b. Upon receipt of the completed application, and the report and recommendation of the Membership Committee, the Board, shall consider the application for membership. The Board, by majority vote, shall accept such application, deny membership or defer the application for further investigation. In cases of rejection, the Board's action shall not be deemed final until the applicant has exercised or waived his/her rights pursuant to subsection "d" below.
- c. The Secretary of the Corporation shall notify the applicant and the appropriate officials of the Association of the results of the election within thirty (30) days of the final determination of the applicant's acceptance, rejection, or deferral for membership.
- d. Applicants who are rejected may appeal according to Section 3.14.c. of the Bylaws. A right to appeal shall be deemed waived if a request to appeal is not forwarded to the Corporation's Secretary by certified mail within ten (10) days of notice of rejection. Rejected applicants who wish to reapply for membership to the Corporation must wait at least one (1) year before doing so.

Section 3.3---Conditions of Membership

- a. Signifies his/her willingness to appear for interviews in regard to his/her application or continuing membership.
- b. Authorizes the Corporation to consult with others and to inspect records and documents that may aid the Corporation in examining the standing of the applicant.
- c. Releases from any liability all Corporation representatives for their acts performed in evaluating the applicant and releases from any liability all individuals and organizations who provide information to the Corporation concerning his/her qualifications and fitness.

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- d. Authorizes and consents to the Corporation providing the Association or any other professional society, association or licensing board with any information relevant to those organizations' purposes, and releases the Corporation from liability for so doing.
- e. Agrees to respect and maintain the confidentiality of all discussions, deliberations, records and information related to the peer review, ethics and other activities of the Corporation in connection with the evaluation of fitness for membership, and not to disclose voluntarily any such information to anyone, except to persons authorized to receive it in the conduct of the Corporation's business. Violation of this Section may result in involuntary termination pursuant to Section 3.13 of these Bylaws.

Section 3.4---Meetings of Members

- a. The members shall have an annual meeting at least one (1) time a year, in March, unless otherwise designated by the President and approved by the Board. The Meeting of members shall be held at any place with or without of California designated by the Board, provided however, that if the Board selects a place outside of San Diego County it must be with the written consent of ten percent (10%) of the members entitled to vote. If not so designated, the meeting shall be held at the principal office of the Corporation. The Board shall establish the date and the time of such meetings.
- b. A special meeting of the members may be called at any time by any of the following: the Board, the President, or by five percent or more of the voting members. If a special meeting is called by members other than the President, the request shall be submitted by such members in writing, specifying the general nature of the business proposed to be transacted, and shall be delivered personally or sent by registered mail or by telegraphic or other facsimile transmission to the President, the Vice-President or the Secretary of the Corporation. The officer receiving the request shall cause notice to be promptly given to the members entitled to vote, in accordance with the provisions of Section 3.5 that a meeting will be held, and the date for such meeting, which date shall be not less than 35 nor more than 90 days following the receipt of the request, the persons requesting the meeting may give the notice. Nothing contained in this subsection shall be construed as limiting, fixing or affecting the time when a meeting of members may be held when the meeting is called by action of the Board.

Section 3.5---Notice of Meetings

- a. All notices of meetings shall be sent or otherwise given in accordance with this Article not less than 10 or more than 90 days before the date of the meeting. The notice shall specify the place, date, and hour of the meeting and (i) in the case of a special meeting, the general nature of the business to be transacted, and no other business may in that case be transacted, or (ii) in the case of the annual meeting, those matters which the Board, at the time of giving the notice, intends to present for action by the members.

- b. If action is proposed to be taken at any meeting for approval of any of the following proposals, the notice shall also state the general nature of the proposal. Member action on such items is invalid unless the notice or written waiver of notice states the general nature of the proposal(s):
1. Removing a Board member without cause;
 2. Filling vacancies on the Board by the members;
 3. Amending the Articles of Incorporation;
 4. Approving a contract or transaction in which a Board member has a material financial interest;
 5. Approving a plan of distribution of assets, other than cash, in liquidation.
 6. Approving the expulsion, termination or other sanction against a member if the member so requests that the approval be made by the members.
- c. Notice of any meeting of members shall be given either personally, by first-class mail, telegraphic, e-mail or other written communication, charges prepaid, addressed to each member either at the address of that member appearing on books of the Corporation or the address given by the member to the Corporation for the purpose of notice. If no address appears on the Corporation's books and no other has been given, notice shall be deemed to have been given if either (i) notice is sent to that member by first class mail, e-mail, telegraphic or other written communication to the Corporation's principal executive office, or (ii) notice is published at least once in a newspaper of general circulation in San Diego County. Notice shall be deemed to have been given at the time when delivered personally or deposited in the mail, e-mail or sent by telegram or other means of written communication.
- d. An affidavit of the mailing or other means of giving any notice of any members' meeting may be executed by the Secretary, or any other agent of the Corporation giving the notice, and if so executed, shall be filed and maintained in the minute book of the Corporation.

Section 3.6---Quorum

- a. Fifty percent (50%) of the voting members shall constitute a quorum for the transaction of business at a meeting of members. Members present at a duly called or a duly held meeting at which a quorum is present may continue to transact business until adjournment, notwithstanding the withdrawal of enough members to leave less than a quorum, if any action taken (other than adjournment) is approved by at least a majority of the members required to constitute a quorum.

- b. Any members' meeting, annual or special, whether or not a quorum is present, may be adjourned from time to time by the vote of the majority of the members represented at the meeting. But in the absence of a quorum, no other business may be transacted at that meeting, except as provided in this Article.

Section 3.7---Voting

Psychoanalyst, Life, and Life (retired) members in good standing (as defined in Section 3.1) shall have the right to nominate and elect Board candidates (except for Psychotherapy Associate members on the Board who will be chosen by the mechanism described in Section 4.3), to serve on committees or the Board, to hold office and to vote on all matters brought before any regular or special meeting of members. Voting by proxy shall be permitted.

Psychotherapy members and Psychotherapy Life members shall have the right to vote on all general organizational matters except items that concern the training of psychoanalysts. They are to be voting members when serving on the Board.

Psychoanalyst Associate members shall have the right to vote on all general organizational matters, except items that concern the training of psychoanalysts. They are to be full voting members when serving on the Board.

Graduate Academic, Academic Associate, Psychoanalyst Affiliate, Psychotherapist Affiliate, Honorary, Special, and Community members, when serving on the Board, shall serve as voting members of the Board.

Every other year, in even number years, prior to the annual meeting of the Association, active members shall elect a counselor and an alternate counselor to represent the Corporation on the Executive Council of the Association for a term of two years. The counselor and alternate must be active members of the Corporation and Association, and shall possess such other qualifications as may be set by the Board or the Association, and, except as provided herein or otherwise provided by the Board, shall be elected in the same manner as directors of the Corporation.

Section 3.8---Waiver of Notice or Consent by Absent Members

- a. The transactions of any meetings of members, either regular or special, however called or noticed, and wherever held, shall be as valid as though taken at a meeting duly held after regular call or notice, if a quorum be present in person, and if, either before or after the meeting, each person entitled to vote, who was not present in person, signs a written waiver of notice or a consent to a holding of the meeting, or an approval of the minutes. Waiver of notice or consent need not specify either the business to be transacted or the purpose of any regular or special meeting of members, except that if action is taken or proposed to be taken for approval of any of those matters specified in Section 3.6.b. the waiver of notice or consent shall state the general nature of the proposal. All such waivers, consents, or approvals shall be filed with the Corporation's records or made a part of the minutes of the meeting.

- b. Attendance by a person at a meeting shall also constitute a waiver of notice of that meeting, except when the person objects at the beginning of the meeting to the transaction of any business due to the inadequacy or illegality of the notice. Also, attendance at a meeting is not a waiver of any right to object to the consideration of matters not included in the notice of the meeting if that objection is expressly made at the meeting.

Section 3.9---Action by Written Consent without a Meeting

Any action that may be taken at any regular or special meeting of members may be taken without a meeting and without prior notice if written ballots are received from a number of members at least equal to the quorum applicable to a meeting of members. All such written ballots shall be filed with the Secretary of the Corporation and maintained in the corporate records. All solicitations of ballots shall indicate the time by which the ballot must be returned to be counted.

Section 3.10---Record Date

The Board may fix, in advance, a record date for the determination of the members entitled to notice of any meeting of members or entitled to exercise any rights in respect of any lawful action pursuant to Section 5611 of the California Nonprofit Public Benefit Corporation Law.

If no record date is fixed by the Board, the record date for determining members entitled to notice of a meeting of members shall be at the close of business on the business day next preceding the day on which notice is given or, if notice is waived, at the close of business on the business day next preceding the day on which the meeting is held. If no record date is fixed by the Board, members on the day of the meeting who are otherwise eligible to vote are entitled to vote at the meeting of the members or, in the case of an adjourned meeting, members on the day of the adjourned meeting who are otherwise eligible to vote are entitled to vote at the adjourned meeting of the members. The record date for determining members for any purpose other than set forth in this section shall be at the close of business on the day on which the Board adopts the resolution relating thereto, or the sixtieth day prior to the date of such other action, whichever is later.

Section 3.11---Dues and Assessments

All dues paying members must remit, within the time and on the conditions set by the Board, dues and assessments in amounts to be fixed from time to time by the Board. A member upon learning of such dues and assessments may avoid liability for their payment by promptly resigning his/her membership. The process for assessing dues shall proceed as follows:

First Year:

1. Initial dues statement clearly indicates payment is expected in 30 days.
2. Send statements at 30, 60 and 90 days past due.

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3. Personal contact by Treasurer when six months past due.
4. Personal contact by President when nine months past due.
5. Send a certified letter when 10 months past due, explaining the potential change to Inactive member status when over one year past due.
6. The Member can request a dues waiver and repayment plan from the Treasurer. If the Board grants the waiver, it will specify the program for repayment.

Second Year (without a waiver): The member will receive a certified letter explaining the change in their membership to Inactive member status, which will be defined as follows:

1. Suspension from taking on any new SDPC related activities (e.g. supervision, teaching).
2. No access to reduced fees for SDPC events or other member benefits.
3. No dues accrue from this point forward.
4. No more dues statements are sent.
5. Owed dues are removed from the SDPC accounting ledger and treated as uncollectible.
6. Full reinstatement to active status is possible, one time, when the member pays their dues.
7. A second occurrence of being placed on inactive status requires reapplication to SDPC.
8. No other action will be taken unless the member resigns.

Section 3.12---Voluntary Termination of Membership

A member may resign from membership at any time. However, subject to Section 3.11, such resignation shall not relieve the resigning member from any obligation for charges incurred, services or benefits actually rendered, or dues, assessments incurred at the date of resignation.

Section 3.13---Involuntary Termination of Membership

- a. The Corporation may expel or suspend and terminate membership in the corporation and may recommend to the American Psychoanalytic Association that a member be expelled or suspended and his/her membership therein be terminated if his/her conduct is in persistent violation of the rules of conduct concerning membership or he/she breaches any Principles of Ethics for his/her professional license or professional discipline.
- b. For members whose conduct may be a breach of the Principles referred to above, the procedures for expulsion, suspension or termination shall be those provided in the Association's Provisions for Implementation of the Principles of Ethics of Psychoanalysts. The Board may adopt additional rules and regulations not inconsistent with the Association's Bylaws and Procedures that insures a fair and reasonable procedure. However, any such procedures for addressing an alleged breach of the Principles of Ethics or an expulsion, suspension or termination for any reasons do not

apply to Affiliate members.

- C. For expulsion of any member or rejection of any applicant for membership, the following procedure shall be implemented:
 1. A notice shall be sent prepaid, first-class, and registered mail to the most recent address of the member or applicant as shown on the Corporation's records, setting forth the recommendation for expulsion and the reasons therefore. In cases of expulsion, such notice shall be sent at least 15 days before the recommendation is to be forwarded to the Association.
 2. The member being recommended for expulsion or rejected applicant shall be given an opportunity to be heard, either orally or in writing, at a hearing to be held not fewer than 5 days before the Board is to take action or its decision shall be final. The hearing will be held by any special or standing committee appointed by the Board for that purpose. The notice to the member shall state the date, time, and place of the hearing.
 3. Following the hearing, the committee so appointed shall decide whether or not the member should be expelled, suspended, or sanctioned in some other way, or whether the applicant's rejection should be final. The decision of the committee shall be final unless the member desires a review by the Board, in which case the Board shall review the matter (including any written materials submitted). The decision of the Board shall then be final unless the member requests a review by the members. Such requests shall be made within ten (10) days after the member is notified of the Board's decision. In such case, the decision of the members shall then be final. The final decision shall be forwarded to the Association which shall act in accordance with its Bylaws and Procedures.
 4. Any person expelled from the Corporation shall receive a refund of dues or assessments already paid. The refund shall be prorated to return only the unaccrued balance remaining for the period of the dues payment.

Section 3.14---Transfer of Membership

No member may transfer a membership or any right arising from it.

Section 3.15---Moratorium

A member under ethics investigation may be allowed upon request in writing to have any hearing pursuant to that investigation deferred if he/she has a pending Board of Medical Quality Assurance or civil action pending with regard to the same complainant. During the interim between the approval of the deferral and the conclusion of the Board of Medical Quality Assurance or civil action the member will lose all prerogatives of membership. Such

prerogatives of members will be reinstated when the deferral has been terminated.

Section 3.16---Ombuds

The SDPC Ombuds is a Senior Member, appointed by the President and approved by the Board of Directors for the purpose of deepening a sense of trust within a community of **diverse** backgrounds and viewpoints. The Ombuds is available to all Members, staff, and Candidates/Students solely for the purpose of confidential consultation, advice, and assistance by listening to concerns and, if possible, resolving disagreements or grievances with neutrality and respect. The Ombuds takes additional steps in resolving conflicts only with the approval from the consulting party.

ARTICLE IV

BOARD

Section 4.1---Powers

Subject to limitations of the Articles, of these Bylaws, and of the California Nonprofit Public Benefit Corporation Law relating to action required to be approved by the members or by a majority of members, the activities and affairs of the Corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board. The Board may delegate the management of the activities of the Corporation to any person or persons, a management company, or committees however composed, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board. Without prejudice to such general powers, but subject to the same limitations, it is hereby expressly declared that the Board shall have the following powers in addition to the other powers enumerated in these Bylaws:

- a. To select and remove all the officers, agents, and employees of the Corporation, prescribe powers and duties for them as may not be inconsistent with law, the Articles, or these Bylaws, fix their compensation, and require from them security for faithful service.
- b. To conduct, manage, and control the affairs and activities of the Corporation and to make such rules and regulations therefore not inconsistent with law, the Articles, or these Bylaws, as they may deem best.
- c. To adopt, make, and use a corporate seal, and to prescribe the forms of certificates of membership, and to alter the form of such seal and of such certificates from time to time as they may deem best.
- d. To authorize the issuance of membership of the Corporation from time to time, upon such

terms and for such consideration as may be lawful.

To borrow money and incur indebtedness for the purposes of the Corporation, and to cause to be executed and delivered therefore, in the corporate name, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecations, or other evidence of debt and securities therefore. All Board Members, unless otherwise stated, are full voting members of the Board.

Section 4.2---Number of Board Members

The authorized number of Board members shall not be less than 5 or more than 25 until changed by amendment of the Articles or by a Bylaw duly adopted by approval of the members.

Typically, the number of Board members shall be 15. At least 3 of the Board members shall be training and supervising analysts. The exact number may be fixed by the Board or the members, within the limits specified, by amendment of these Bylaws.

Section 4.3---Election

The Directors of the Board shall be elected for two-year terms at each annual meeting of the members to replace those whose terms have expired. If any such elected directors are not elected at an annual meeting of members, they may be elected at any special member's meeting held for that purpose or by written ballot. Each such elected director, including a director elected to fill a vacancy or elected at a special member's meeting or by written ballot shall hold office until expiration of the term for which elected and until a successor has been elected and qualified.

A Nominations Committee, appointed by the President and chaired by the Vice-president will nominate candidates other than the Psychotherapy members for the available director positions, and similar nominations from the active members will also be placed on the ballot, provided such nominations are signed by at least two active members. All such nominations shall be provided to the Secretary at least 30 days prior to the election, and shall be provided to each member prior to the election.

The nomination and election of Psychotherapy Program members to the Board will be as follows. Up to 3 Psychotherapy members can serve on the Board, each for two-year terms. The Chair of the Nominations Committee will solicit nominations from amongst the Psychotherapy Members. Nominees will then be sent to the Board for its approval, and will be elected by the Psychotherapy Members in good standing.

Divisional Directors of the Training Division, the Membership Division, the Extension Division, and the Academic Division shall be Board members by virtue of their positions. The current President of the Candidates Association (or designate of the Candidates Association), with the approval of the Board, shall be a voting member of the Board. The past-President shall not be a member of the Board, but a consultant to the President and the Board for another term.

Section 4.4---Place of Meeting

Regular or special meetings of the Board shall be held at any place within San Diego County which has been designated from time to time by the Board. In the absence of such designation, regular meetings shall be held at the principal office of the Corporation.

Section 4.5---Regular Meetings

Regular meetings of Board shall be held without call or notice at such time as shall from time to time be fixed by the Board.

Section 4.6---Special Meetings

- a. Special meetings of the Board for any purpose or purposes may be called at any time by the President, the Vice-President, the secretary, or any two other Board members.
- b. Special meetings of the Board shall be held upon four days' notice by first-class mail or 24 hours' notice given personally or by telephone, or other similar means of communication. Any such notice shall be addressed or delivered to each Board member at such Board member's address as it is shown upon the records of the Corporation or as may have been given to the Corporation by the Board member for purposes of notice or, if such address is not shown on such records or is not readily ascertainable, at the place in which the meetings of the Board members are regularly held.
- c. Notice by mail shall be deemed to have been given at the time a written notice is deposited in the United States mail, postage prepaid. Any other written notice shall be deemed to have been given at the time it is personally delivered to the recipient or is delivered to a common carrier for transmission, or actually transmitted by the person giving the notice by electronic means, to the recipient. Oral notice shall be deemed to have been given at the time it is communicated, in person or by telephone or wireless, to the recipient or to a person at the office of the recipient who the person giving the notice has reason to believe will promptly communicate it to the recipient.

Section 4.7---Quorum

A majority of the Board members then in office constitutes a quorum of the Board for the transaction of business. Every act or decision done or made by a majority of the Board members present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board, unless a greater number be required by law or by the Articles, except as provided in the next sentence. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Board members, if any action taken is approved by at least a majority of the required quorum for such meeting.

Section 4.8---Participation in Meetings by Conference Telephone

Board members may participate in a meeting through use of conference telephone or similar communications equipment, so long as all Board members participate.

Section 4.9---Waiver of Notice

Notice of a meeting need not be given to any Board member who signs a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such Board member. All such waivers, consents, and approvals shall be filed with the Corporation's records or made part of the minutes of the meetings.

Section 4.10---Adjournment

A majority of the Board members present, whether or not a quorum is present, may adjourn any Board meeting to another time and place. Notice of the time and the place of holding an adjourned meeting need not be given to absent Board members if the time and place be fixed at the meeting adjourned, except as provided in the next sentence. If the meeting is adjourned for more than 24 hours, notice of any adjournment to another time and place shall be given prior to the time of the adjourned meeting to the Board members who were not present at the time of the adjournment.

Section 4.11---Action without Meeting

Any action required or permitted to be taken by the Board may be taken without a meeting if all members of the Board shall individually or collectively consent in writing to such action. Such consent or consents shall have the same effect as a unanimous vote of the Board and shall be filed with the minutes of the proceedings of the Board.

Section 4.12---Rights of Inspection

Every Board member shall have the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind and to inspect the physical properties of the Corporation except when applicable state or federal law would allow the Corporation to restrict access to prevent disclosure of confidential information.

Section 4.13---Fee and Compensation

Board members and members of the committees may receive such compensation, if any, for their services, and such reimbursement for expenses, as may be fixed or determined by the Board.

Section 4.14---Recall

A Board member may be recalled by a petition initiated by five percent (5%) of the voting members and approved by a majority of a quorum of the members in a secret ballot at a regular meeting or special meeting called for this purpose.

ARTICLE V

OFFICERS

Section 5.1---Officers

The officers of this Corporation shall be a President, who is the Chair of the Board, President-elect (when in office), Vice-President, Secretary, Chief Financial Officer (Treasurer), and Director of Education. The President and Director of education may not be the same person.

The Board shall elect the officers from amongst themselves, except that the Director of Education shall be elected by the Faculty members and shall be a member of the Board. The President-elect shall be elected at the beginning of the last year of the term of the sitting president. The Board may empower the President to appoint, such other officers as the business of the Corporation may require each of whom shall hold office for such period, have such authority, and perform such duties as are provided in these Bylaws or as the Board may from time to time determine. These subordinate officers will not be Board members.

Section 5.2---Vacancies

Any officer may resign effective upon giving written notice to the Board, the President, or the Secretary, unless the notice specifies a later time for the effectiveness of such resignation. If the resignation is effective at a future time, a successor may be elected before such time to take office when the resignation becomes effective.

Vacancies on the Board or among the officers shall be filled by a majority of the remaining Board members, although less than a quorum, or by a sole remaining Board member, and each Board member or officer so elected shall hold office until the expiration of the term of the

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replaced Board member or officer and until such replacement's successor has been elected and qualified.

A vacancy or vacancies on the Board shall be deemed to exist in the case of a death, resignation or removal of any officer, or if the authorized number of Board members be increased.

The Board may declare vacant an office of a Board member who has been declared of unsound mind by a final order of the court, convicted of a felony, or been found by a final order or judgment of any court to have breached any duty arising under Section 7238 of the California Nonprofit Public Benefit Corporation Law.

No reduction of the authorized number of Board members shall have the effect of removing any Board member prior to the expiration of the Board members' term of office.

Section 5.3---Tenure

The term of the President, Vice-President, Secretary and Chief Financial Officer (Treasurer) shall expire when their term as director expires. Exception to this is when a member begins his/her term as President in the middle of their two year term as a member of the Board. In this case their term as President shall expire two years after their term as President begins, and their term on the Board shall automatically be extended to that time. The Director of Education shall serve for three years, unless removed sooner as provided in Section 5.8 hereof. The President and Director of Education may be reelected for two terms in succession. Subsequent reelection will require at least one term out of office.

Section 5.4---President

The President is the chief executive officer of the Corporation and has, subject to the control of the Board, general supervision, direction, and control of the business and officers of the Corporation. The President shall preside at all meetings of the members, and at all meetings of the Board. The President has the general powers and duties of the management usually vested in the office of the president of a corporation and such other powers and duties as may be prescribed by the Board.

Section 5.5---Vice-President

In the absence or disability of the President, the Vice-President shall perform all the duties of the President, and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the President. The Vice-President shall also Chair the Nominations Committee and be Director of the Membership Division. The Vice-President may have other powers and perform other duties as from time as prescribed for him or her by the Board.

Section 5.6---Secretary

The Secretary shall keep or cause to be kept, at the principal office or such other place as the Board may order, a book of minutes of all meetings of members, the Board, and its committees, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present at Board and committee meetings, the number of members present or represented at members' meetings, and the proceedings thereof. The Secretary shall keep, or cause to be kept, at the principal office in the State of California the original or a copy of the Corporation's Articles and Bylaws, as amended to date.

The Secretary shall give, or cause to be given, notice of all meetings of the members and of the Board and any committees thereof required by these Bylaws or by law to be given shall keep the seal of the Corporation in a safe custody, and shall such other powers and perform such other duties as may be prescribed by the Board.

Section 5.7---Treasurer

The Treasurer is the chief financial officer of the Corporation and shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Corporation, and shall send or cause to be sent to the members of the Corporation such financial statements and reports as are by law or these Bylaws required to be sent to them. The books of account shall at all times be open to inspection by any officer.

The Treasurer shall deposit all moneys and other valuables in the name and to the credit of the Corporation with such depositaries as may be designated by the Board. The Treasurer shall disburse the funds of the Corporation as may be ordered by the Board, shall render to the President and the Board members, whenever they request it, an account of all transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board.

Section 5.8--- Director & Assistant Director of the Training Division

The Director of the Training Division shall be a training and supervising psychoanalyst, and shall serve as the principal educational officer of the Corporation. As such, he/she shall direct and have responsibility for developing and implementing the policies and practices of the Corporation with respect to professional psychoanalytic education, and also with respect to other educational activities, scientific research and community activities. He/she shall also act as a liaison for the Faculty and the Education Committee to the Board. The Director of Education shall designate an Assistant Director of Education from among the elected members of the Education Committee who shall be subject to confirmation (or, at the option of the Director Education, shall be elected by) the Education Committee. The Assistant Director of Education shall act as liaison to the faculty, but shall not sit on the Board solely by virtue of this office.

The Director of Education and Assistant Director of Education shall be subject to removal only

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upon a recommendation of a majority of the entire Education Committee and a 2/3 majority vote of the entire Board, except that the Director of Education may remove the Assistant Director.

ARTICLE VI

BOARD COMMITTEES

Section 6.1---Board Committees

The Board may appoint one or more committees, each consisting of two or more Board members, and delegate to such committees any of the authority of the Board except with respect to:

- a. the approval of any action for which the California Nonprofit Public Benefit Corporation Law also requires approval of the members or approval of a majority of all members;
- b. the filling of vacancies on the Board or on any Board committee;
- c. the fixing of compensation of the Board members;
- d. the amendment or repeal of Bylaws or the adoption of new Bylaws;
- e. the amendment or repeal of any resolution of the Board which by its express terms is not amendable nor can be repealed;
- f. the appointment of other committees of the Board or the members thereof;
- g. with respect to any assets held in charitable trust, the approval of any self-dealing transaction; and;
- h. expulsion, termination, sanction or Faculty demotion of any member.

Section 6.2---Meetings and Action of Board Committees

Meetings and actions of Board committees shall be governed by, and held and taken in accordance with, the provisions of Article IV of these Bylaws, concerning meetings of the Board, with such changes in the context of those Bylaws as are necessary to substitute the committee and its members for the Board and its members, except that the time for regular meetings of committees may be determined either by resolution of the Board or by resolution of the Board committee. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of Board committees shall also be given to any and all

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alternate members, who shall have the right to attend all meetings of the Board committee. The Board may adopt rules for the governance of any Board committee not inconsistent with the provisions of these Bylaws.

Section 6.3---Executive Committee

The Executive Committee is a Board committee composed of the President, Vice-President, Secretary, Treasurer and Director of Training. The immediate Past-President shall be a consultant to the Executive Committee for one year upon completion of his/her term as President. When the Board is not in session, the Executive Committee shall have the power and authority of the Board to transact all regular business of the corporation, subject to any prior limitation imposed by the Board or the Bylaws, including Section 6.1. The Executive Committee shall report to the next Board meeting all actions taken.

ARTICLE VII

OTHER COMMITTEES

Section 7.1---Other Committees

The President, subject to the limitations imposed by the Board, or the Board itself may create other committees to serve the Corporation which do not have the powers of the Board. Such committees may or may not be completely or partially composed of Board members. Such committees may include ethics, nominating, library, and referral services.

Section 7.2---Creation and Combination of Committees

The creation of committees is discretionary with the Board. If the Board determines that any one or more of such committees should not exist, it shall assign the functions of such committee to a new or existing committee or to the Board acting as a committee of the whole.

Section 7.3---Appointment and Tenure

The President shall appoint members to serve on committees. One of the members appointed shall be designated Chair. Each member of a committee shall continue at the pleasure of the President unless he/she shall sooner resign or be removed from the committee.

Section 7.4---Meetings and Notice

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Meetings of a committee may be called by the President, the Chair of the committee, or a majority of the committee's voting members. Each committee shall meet as often as is necessary to perform its duties. Notice of a meeting of a committee may be given at any time and in any manner reasonably designed to inform the committee members of the time and place of the meeting.

Section 7.5---Quorum

A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee. Each committee may keep minutes of its proceedings and shall report periodically to the Board.

Section 7.6---Manner of Acting

A committee may take action by majority vote.

Section 7.7---Resignation and Removal

Any member of a committee may resign at any time by giving written notice to the Chair of the committee or to the Secretary. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later time specified in said notice. The President may remove any appointed member of a committee.

Section 7.8---Vacancies

The President shall fill a vacancy in any committee or any increase in the membership for the unexpired portion of the term.

ARTICLE VIII

TRAINING DIVISION

Section 8.2---Education Committee

The regular Faculty shall exercise its delegated authority through the Education Committee. The Education Committee shall consist of 12 elected members of the Regular Faculty. Any member

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of the Regular Faculty can make nominations for members of the Education Committee. Further, there may be two PPP Representatives of the Education Committee, one of whom is the Director of the PP Program, and the PPP Executive Committee shall appoint the second. Both shall be voting members, except on issues related specifically to analytic training. The Director of Education can appoint two additional non-elected members to the Committee. The term of office for all elected members shall be three years and there will be no term limit. Regular elections shall be held every three years in accordance with procedures approved by the Regular Faculty. All members of the Regular Faculty shall have the right to vote. If an elected member is unable to complete his/her term, a special election shall be held to elect a member to complete the three-year term.

The Director of Education and Chair of the Education Committee, who must be a member of the Regular Faculty, will be nominated by each newly constituted Education Committee from among its ranks. The names of nominees will be forwarded to the Regular Faculty for election. If only one individual is on the ballot, that person must receive a majority of the votes cast. The Director is encouraged to appoint a Co-Director, who must be a member of the Education Committee, to share the duties and responsibilities of the office. The Director shall be limited to two consecutive three-year terms in the position of Director, but may run for additional terms of office as Director after a space of six years and shall have no term limit for regular elected membership to the Education Committee. At the completion of term(s), the Director will serve another term on the EC as Past-director by position.

Section 8.3---Faculty Categories

There shall be eight categories of Faculty appointment, as follows:

- a. A Guest Instructor is appointed for a maximum term of one year for a specific teaching or co-teaching purpose in one or another of the educational areas under Board supervision. This appointment expires when the specific teaching or co-teaching work, course, or seminar ends and the appointment is considered a temporary Faculty position.
- b. Associate Psychoanalyst Instructor is the faculty appointment for Psychoanalyst Associate members who graduate from the SDPC adult psychoanalytic program as Associate in Psychoanalysis, and who have demonstrated their expertise by co-teaching in the Psychoanalytic and/or Psychotherapy Program with a psychoanalyst member of the regular Faculty for a minimum of one course each year for two years.
- c. Associate Psychotherapy Instructor is a faculty appointment specific to the Advanced Psychoanalytic Psychotherapy Program, for those Psychotherapy Associate members who have demonstrated their expertise by co-teaching in the Psychotherapy Program with a psychoanalyst member of the regular Faculty for a minimum of one course each year for two years.
- d. Provisional Instructor is a temporary Faculty appointment open to Psychoanalyst Members, who will teach under the supervision of a senior Faculty member. After co-teaching a minimum of one course each year for two years, he or she may be eligible for

advancement to Instructor.

- e. An Instructor designation is the first level of Faculty appointment to be considered regular Faculty. An Instructor may apply for advancement to Senior Instructor if he/she (a) has been certified by the Association and has had a minimum of two years of teaching at the Instructor level, or (b) if he/she has not been certified, only if he/she has completed three years of co-teaching at the Instructor level.
- f. A Senior Instructor, the next regular Faculty appointment, is based on demonstrated expertise and experience in teaching so that he/she may undertake to teach an assigned course alone or with a junior co-instructor.
- g. The next regular Faculty level is that of Training and Supervising Analyst. In order to be appointed a Training and Supervising Analyst, a person must have held active membership for at least five years in an affiliated society of the American Psychoanalytic Association after graduation from an approved institute. In addition, she/he must have attained active membership in the Association and been certified by it in adult psychoanalysis, and have been an active participant in the teaching and administrative functions of the Society and Institute. His/her major professional activity in a five-year period following completion of training in an Association approved institute must have been the consistent independent practice of therapeutic psychoanalysis.
- h. The last regular Faculty category is Supervisor in Child and Adolescent Analysis. In order to be appointed as a Supervisor in Child and Adolescent Analysis, a potential appointee must have graduated from a child analytic training program approved by the Association at least five years prior to the appointment and have been certified by the Association at some time prior to the appointment. Additionally, a potential appointee must have maintained a standard child analytic practice of at least three child and/or adolescent cases totaling at least twelve hours per week during a five year period subsequent to graduation, and shall have satisfied any other qualifications specified in the Education Committee Procedure Manual or otherwise promulgated pursuant to these Bylaws.

Section 8.4---Faculty Appointment

Faculty members shall be appointed and promoted pursuant to the following procedures and guidelines, and any further procedures or guidelines consistent with these Bylaws which are promulgated by the Education Committee:

- a. The Faculty members of the Corporation just prior to the adoption of these Bylaws shall be the initial Faculty. Each new application for appointment to the Faculty or promotion in Faculty rank may be made at any time by an eligible active member of the Corporation. By applying for a Faculty appointment or promotion, each applicant hereby agrees to the conditions specified in Section 3.2, with respect to applications for membership. Additionally, each applicant shall execute an authorization and release form at the time application is made.
- b. Decisions concerning Faculty appointment or promotion shall be made by majority vote

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of the Education Committee, upon recommendation of any subcommittee or subcommittees established by the Education Committee to investigate and evaluate such applicants.

Section 8.5---Term of Appointment

All Faculty appointments shall be made by the Education Committee for a three year term, except that (a) guest instructor appointments are for a maximum of one year and (b) training and supervising analysts and supervisors in child and adolescent analysis shall be for a five year term, or such shorter term as the Education Committee may determine. At the end of the term, the Education Committee may (or may not) reappoint the Faculty member to the same, higher or lower Faculty designation. Additionally, Faculty appointment may be made subject to probation or such other conditions as the Education Committee may deem reasonable.

Section 8.6---Adverse Action

In the event an application for Faculty appointment or promotion is denied, or if the Education Committee demotes or fails to reappoint any Faculty member at the end of a three year term, the procedures specified in Section 3.14.c. shall be followed to the extent applicable, except that the individual's opportunity to be heard shall be before the Education Committee, which shall forward its recommendation to the Board. A three-fourths (3/4) vote of a quorum of the Education Committee is required for demotion of a training and supervising analyst.

Section 8.7---Fellows

The Education Committee shall elect two fellows to the Board on Professional Standards of the Association, who shall serve three year terms. The Director of Training shall be one of the fellows. The other Fellow elected by the Committee may be re-elected for two terms in succession, but subsequent re-election will require at least one term out of office. The Committee shall also elect two alternates, who may hold successive terms without any restrictions. Fellows and alternates shall be training and supervising analysts.

Section 8.8---Procedures for Retirement of Training and Supervising Psychoanalysts

The Board of Directors voted to strike Section 8.8 (a-e) on November 14, 1994. The Bylaw was replaced by Education Committee policies.

Section 8.9---Manuals

The Education Committee shall establish policies which may be set forth in the Education Committee Procedure Manual, the Candidate Manual for analytic training, and the PPP Student Manual for psychotherapy training. The policies set forth in these manuals shall be binding upon the persons covered thereby and shall govern the educational activities of the Corporation. These manuals may be revised from time to time by the Education Committee, and the most current version shall be available upon request to all members and students.

ARTICLE IX

MEMBERSHIP DIVISION

Section 9.1---Appointment and Term

The Vice-President shall be the Director of the Membership Division by position, unless the President in conjunction with the Vice-President determines that another appointment is more suitable.

Section 9.2---Powers of the Division Director

The Director shall have the power to appoint members of the committees of their Division according to the needs and mission of the Division.

ARTICLE X

EXTENSION DIVISION

Section 10.1---Appointment and Term

The Director of Extension Division shall be appointed by the President (after one year of his or her term), for a period of two years, subject to reappointment for one consecutive two-year term.

Section 10.2---Powers of the Division Director

The Director shall have the power to appoint members of the committees of their Division

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according to the needs and mission of the Division. The Director will serve on the Board by virtue of his or her position.

ARTICLE XI

ACADEMIC DIVISION

Section 11.1---Appointment and Term

The Director(s) of the Academic Liaison & Research Division shall be appointed by the President (after one year of his or her term), for a period of two years, subject to reappointment for one consecutive two-year term.

Section 11.2 Powers of the Division Director(s)

The Director(s) shall have the power to appoint members of the committees of their Division according to the needs and mission of the Division. The Director(s) will serve on the Board of Directors by virtue of his/her or their positions.

ARTICLE XII

MISCELLANEOUS

Section 12.1---Inspection of Corporate Records

Subject to Sections 8330, 8331, and 8332 of the California Nonprofit Public Benefit Corporation Law, a member may do either or both of the following for a purpose reasonably related to such member's interest as a member:

- a. Inspect and copy the record of all the member's names, addresses, and voting rights, at reasonable times, upon five business days' prior written demand upon the Corporation, which demand shall state the purpose for which the inspection rights are requested; or:
- b. Obtain from the Secretary, upon written demand and tender of a reasonable charge, a list of the names, addresses, and voting rights of those members entitled to vote for the election of the officers, as of the most recent record date for which it has been compiled

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or as of a date specified by the number subsequent to the date of the demand. The demand shall state the purpose for which the list is requested. The Secretary shall make the membership list available on or before the later of 10 business days after the demand is received or after the date specified therein as the date as of which the list is to be compiled.

The Corporation may, within 10 business days after receiving a demand, as set forth in subsections a or b, deliver to the person(s) making the demand a written offer of an alternative method of achieving the purpose identified in said demand without providing access to or a copy of the membership list. Any rejection of the Corporation's offer shall be in writing and shall indicate the reasons the alternative proposed by the Corporation does not meet the proper purpose of the demand made pursuant to Subsections a or b.

The accounting books and records and minutes of proceedings of the members and the Board and committees of the Board shall be open to inspection upon written demand on the Corporation of any member at any reasonable time for a purpose reasonably related to such person's interests as a member.

Notwithstanding the above, the Corporation may restrict access to certain minutes of proceedings of the members, the Board or its committees if such access would jeopardize the confidentiality of such minutes or potentially allow for the discovery of records otherwise not discoverable.

Section 12.2---Inspection of Articles and Bylaws

The Corporation shall keep in its principal office in the State of California the original or a copy of its Articles and of these Bylaws as amended to date, which shall be open to inspection by the members at all reasonable times during office hours. If the Corporation has no office in the State of California, it shall upon the written request of any member furnish to such member a copy of the Articles or Bylaws as amended to date.

Section 12.3---Endorsement of Documents; Contracts

Subject to the provisions of applicable law, any note, mortgage, evidence of indebtedness, contract, conveyance, or other instrument in writing and any assignment or endorsement thereof executed or entered into between the Corporation and any other person, when signed by the President, or the Vice-President, and the Secretary, or the Treasurer shall be valid and binding on the Corporation in the absence of actual knowledge on the part of the other person that the signing officers had no authority to execute the same. Any such instruments may be signed by any other person or persons and in such manner as from time to time shall be determined by the Board, and, unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement or to pledge its credits or to render it liable for any purpose or amount.

Section 12.4---Construction and Definitions

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Unless the context otherwise requires, the general provisions, rules of construction, and definitions contained in the General Provisions of the California Non Profit Corporation Law and in the California Nonprofit Public Benefit Corporation Law shall govern the construction of these Bylaws. Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision.

ARTICLE XIII

INDEMNIFICATION AND INSURANCE

Section 13.1---Indemnification

The Corporation shall, to the maximum extent permitted by the California Nonprofit Public Benefit Corporation Law, and in accordance with that Law, indemnify each of its agents against its expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising by reason of the fact any such person is or was an agent of the Corporation. For purposes of this section, an "agent" of the Corporation includes any person who is or was an officer, employee, director or other agent of the Corporation, or is or was serving at the request of the Corporation as an officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, or was a director, officer, employee, or agent of a corporation which was a predecessor corporation of the Corporation or of another enterprise at the request of such predecessor corporation.

Section 13.2---Insurance

The Corporation shall have power to purchase and maintain insurance on behalf of any agent of the Corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Corporation would have the power to indemnify the agent against such liability under the provisions of this Article X.

ARTICLE XIV

AMENDMENTS

These Bylaws or the Articles of Incorporation may be amended or repealed by approval of the members or by the approval of the Board; provided, however, that members must approve any

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action that would: (a) materially and adversely affect the rights of members as to voting, dissolution, or redemption, or transfer of memberships; (b) increase or decrease the number of memberships authorized in total or for any class; (c) effect an exchange, reclassification, or cancellation of all or any part of the memberships; (d) authorize a new category of membership; or (e) specify or change the maximum or minimum number of Board members or vice versa; (f) amend or repeal the Articles of Incorporation or (g) amend paragraph 6.1 of these Bylaws.

CERTIFICATE OF ADOPTION OF THESE BYLAWS

I certify that I am the Secretary of the San Diego Psychoanalytic Center, and that the foregoing Revised Bylaws of San Diego Psychoanalytic Center constitute the Bylaws of the San Diego Psychoanalytic Center.

DAN GARDNER, MD, SECRETARY

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AUTHORIZATION AND RELEASE BY FACULTY APPLICANT

By applying for admission to the faculty of the San Diego Psychoanalytic Center (the "Organization"), I hereby authorize the Organization and its faculty and representatives to consult with administrators, faculty members and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties, including professional liability carriers, who may have information bearing on my professional competence, character and ethical qualifications. I further consent to the inspection by the Organization, its faculty and representatives of all records and documents that may be material to an evaluation of my professional, personal and ethical qualifications and competence to serve on the Organization's faculty.

I hereby release from liability the Organization, its faculty and representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Organization, their faculty or representatives, in good faith and without malice, concerning my professional competence, ethics, character and other qualifications for appointment to the faculty. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Organization, its faculty and representatives of information concerning my professional competence, ethics, character and other qualifications to mental health facilities, professional societies, professional educational programs and licensing authorities, on request, provided such information is released in good faith and without malice. I further release from liability the Organization, its faculty and representatives for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee Manual regardless of whether I am appointed as a faculty Member in all respects concerning my application, and, if appointed, agree to abide by the Education Committee Procedure Manual and the Bylaws in all other respects.

Date: _____

Applicant: _____

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AUTHORIZATION AND RELEASE BY APPLICANT FOR MEMBERSHIP

By applying for membership in the San Diego Psychoanalytic Center (the "Organization"), I hereby authorize the Organization and its faculty and representatives to consult with administrators, faculty members and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties, including professional liability carriers, who may have information bearing on my professional competence, character and ethical qualifications. I further consent to the inspection by the Organization, and its committees and representatives, of all records and documents that may be material to an evaluation of my professional, personal and ethical qualifications and competence.

I hereby release from liability the Organization, its committees and representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Organization, or its or representatives, in good faith and without malice, concerning my professional competence, ethics, character and other qualifications. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Organization, its committees and representatives of information concerning my professional competence, ethics, character and other qualifications to mental health facilities, professional societies, professional educational programs and licensing authorities, on request, provided such information is released in good faith and without malice. I further release from liability the Organization, its committees and representatives for so doing.

I agree to abide by the Bylaws of the Organization regardless of whether I am admitted to membership in all respects concerning my application, and, if appointed, agree to abide by the Education Committee Procedure Manual and the Bylaws in all other respects.

Date: _____

Applicant: _____

AUTHORIZATION AND RELEASE BY CLINICAL ASSOCIATE APPLICATION

By applying for admission to the Clinical Associate Training Program of the San Diego Psychoanalytic Center, and ultimately for membership in the San Diego Psychoanalytic Center, I hereby authorize the Society and Institute, their faculty, and representatives to consult with administrators, faculty members, and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties who may have information bearing on my professional competence, character, and ethical qualifications for admission to the Society and Institute, and successful completion of the curriculum and membership in the Society and Institute. I further consent to the inspection by the Society and Institute, their faculty, and representatives of all records and documents that may be material to an evaluation of my professional, personal, and ethical qualifications and competence.

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I hereby release from liability the Society and Institute, their faculty, and representatives for their acts performed in good faith and without malice in connection with evaluation of my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Society and Institute, their faculty, or representatives, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for admission to the Society and Institute, successful completion of the curriculum, and membership in the Society and Institute. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Society and Institute, their faculty, and representatives of information concerning my professional competence, ethics, character, and other qualifications to other facilities, organizations, and interested persons, on request, provided such information is released in good faith and without malice. I further release from liability the Society and Institute, its faculty, and representatives, for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee and Student Manuals (the "Manuals") regardless of whether I am admitted to the Training Program in all respects concerning my application, and, if admitted, agree to abide by the Bylaws and the Manuals in all other respects.

Date: _____

Applicant: _____

AUTHORIZATION AND RELEASE BY STUDENT APPLICATION

By applying for admission to the Advanced Psychoanalytic Psychotherapy Program of the San Diego Psychoanalytic Center, and ultimately for membership in the San Diego Psychoanalytic Center, I hereby authorize the Society and Institute, their faculty, and representatives to consult with administrators, faculty members, and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties who may have information bearing on my professional competence, character, and ethical qualifications for admission to the Society and Institute, and successful completion of the curriculum and membership in the Society and Institute. I further consent to the inspection by the Society and Institute, their faculty, and representatives of all records and documents that may be material to an evaluation of my professional, personal, and ethical qualifications and competence.

I hereby release from liability the Society and Institute, their faculty, and representatives for their acts performed in good faith and without malice in connection with evaluation of my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Society and Institute, their faculty, or representatives, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for admission to the Society and Institute, successful completion of the curriculum, and membership in the Society and Institute. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Society and Institute, their faculty, and representatives of information concerning my professional competence, ethics, character, and other qualifications to other facilities, organizations, and interested persons, on request, provided such information is released in good faith and without malice. I further release from liability the Society and Institute, its faculty, and representatives, for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee and Student Manuals (the "Manuals") regardless of whether I am admitted to the Training Program in all respects concerning my application, and, if admitted, agree to abide by the Bylaws and the Manuals in all other respects.

Date: _____

Applicant: _____

APPENDIX D

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Principles and Standards of Ethics for Psychoanalysts

Preamble:

Psychoanalysis is a method of treating children, adolescents and adults with emotional and mental disorders that attempts to reduce suffering and disability and enhance growth and autonomy. While the psychoanalytic relationship is predicated on respecting human dignity, it necessarily involves a power differential between psychoanalyst, patient and, particularly in the case of children, the family that, if ignored, trivialized or misused, can compromise or derail treatment and inflict significant damage on both parties to treatment*. Constant self-examination and reflection by the psychoanalyst and liberal use of formal consultation are obvious safeguards for the patient, as well as the treating psychoanalyst.

No code of ethics can be encyclopedic in providing answers to all ethical questions that may arise in the practice of the profession of psychoanalysis. Sound judgment and integrity of character are indispensable in applying ethical principles to particular situations and individuals. The major goal of this code is to facilitate the psychoanalyst's best efforts in all areas of analytic work and to encourage early and full discussion of ethical questions with colleagues and members of local and national ethics committees. These revised Principles presuppose a psychoanalyst's life-long commitment to act ethically and to encourage similar ethical behavior in colleagues and students. It is expected that over time all psychoanalysts will enrich and add cumulatively to the guidance provided by the Principles with their own experience and values, and that the Principles will evolve, based on the profession's insights and experience.

* When the patient is a child or adolescent (a minor) the parent(s) or guardian(s) play a significant role in the treatment. In these situations the functions of such a role changes with age, stage of development, diagnosis, as well as growth of capacity within the patient. How the psychoanalyst relates to the patient and family will reflect such changes. These shifts need to be dealt with in direct and open ways with all concerned. The potential power differential and transference-countertransference between psychoanalyst, patient and parenting figures (or other important family members) can be significant. If not recognized or mishandled such issues can interfere with the treatment and disrupt it.

General Principles of Ethics for Psychoanalysts

Introduction:

The American Psychoanalytic Association has adopted the following Principles of Ethics and associated Standards to guide members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues and the public. These Principles and Standards substantially revise and update the

ethical principles contained in the previous Principles of Ethics published by the American Psychoanalytic Association in December 1975, and revised in 1983. The revisions take account of evolving moral sensibilities and observed deficiencies in the earlier codes. As ethical standards change, behaviors that were acceptable in the past may no longer be considered ethical. In this regard, however, these evolving standards should not be used to punish individuals retroactively. These revised principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference-countertransference relationship to the detriment of patients and, in the case of minors, their parent (s) or guardian (s) as well.

The new code seeks to identify the parameters of the high standard of care expected of psychoanalysts in treatment, teaching, and research. By specifying standards of expected conduct, the code is intended to inform all psychoanalysts in considering and arriving at ethical courses of action and to alert members and candidates to departures from the wide range of acceptable practices. When doubts about the ethics of a psychoanalyst's conduct arise, early intervention is encouraged. Experience indicates that when ethical violations are thought to have occurred, prompt consultation and mediation tend to serve the best interests of all parties concerned. When indicated, procedures for filing, investigating and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the Principles and Standards of Ethics for Psychoanalysts.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's duty is to the patient directly, or indirectly through supervision or consultation with the treating psychoanalyst. In the case of patients who are minors there are also ethical obligations to parent(s) or guardian(s) which change as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to students and colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with these Principles and Standards; to conduct regular self-examination; to seek consultation promptly when ethical questions arise; and to reach just sanctions when judging the actions of a colleague.

Guiding General Principles:

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst's performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.

II. Respect for Persons. The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status is ethically unacceptable.

III. Mutuality and Informed Consent. The treatment relationship between the patient and the psychoanalyst is founded upon trust and informed mutual agreement or consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The psychoanalyst should make agreements pertaining to

scheduling, fees, and other rules and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. Promises made should be honored.

When the patient is a minor these same general principles pertain but the patient's age and stage of development should guide how specific arrangements will be handled and with whom.

IV. Confidentiality. Confidentiality of the patient's communications is a basic patient's right and an essential condition for effective psychoanalytic treatment and research. A psychoanalyst must take all measures necessary to not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational or scientific contexts. If a psychoanalyst uses case material in exchanges with colleagues for consultative, educational or scientific purposes, the identity of the patient must be sufficiently disguised to prevent identification of the individual, or the patient's authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, the probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, patient's families in the case of those who are minors, students, and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. In light of the vulnerability of patients and the inequality of the psychoanalyst-patient dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and personal desires. Sexual relations between psychoanalyst and patient or family member, current or former, are potentially harmful to both parties, and unethical. Financial dealings other than reimbursement for therapy are unethical.

VII. Scientific Responsibility. The psychoanalyst is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient's rights especially the right to confidentiality, and to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. S/he should urge such colleagues to seek help. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local or national levels.

IX. Social Responsibility. A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. Personal Integrity. The psychoanalyst should be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. He or she should accord members of allied professions the respect due their competence.

Standards Applicable to the Principles of Ethics for Psychoanalysts

The American Psychoanalytic Association is aware of the complicated nature of the psychoanalyst-patient relationship and the conflicting expectations of therapists and patients in contemporary society. In addition, the Association recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the therapeutic picture. The following ethical standards are offered as a more specific and practical guide for putting into practice the Guiding Principles. The Standards represent practices that psychoanalysts have found over time to be generally conducive to morally appropriate professional conduct. A discussion of situation-dependent guidelines and dilemmas will be presented in a separate document, a Casebook on Ethics.

I. Competence

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.
2. Psychoanalysts should strive to keep up to date with changes in theories and techniques and to make appropriate use of professional consultations both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.
3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.
4. Psychoanalysts should take steps to correct any impairment in his or her analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status.
2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardian(s) of a minor patient.
2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students or supervisees into treatment or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.
3. It is unethical for a psychoanalyst to use his/her position of power in analytic organization, professional status or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate the person into treatment.
4. Careful attention should be given to the process of referral to avoid conflicts of interest with other patients and colleagues.
5. All aspects of the treatment contract which are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst's policy of charging for missed sessions should be understood in advance of such a charge. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardian(s) as well as with the patient as age and capability dictate.
6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.
7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent (s) or guardian (s) and an offer of referral for further treatment. Consultation should be considered.

IV. Confidentiality

1. All information about the specifics of a patient's life is confidential, including the name of the patient and the fact of treatment. The psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required, for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information even in the face of the patient's informed consent and accept instead the legal consequences of such a refusal.⁽¹⁾
2. The psychoanalyst should never share confidential information about a patient with nonclinical third-parties (e.g., insurance companies) without the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst, provided the consultant is also bound by the confidentiality standards of these Principles and the informed consent of the patient or parent or guardian of a minor patient has first been obtained. If a third-party payer or a patient

or parent **or** guardian of a minor patient demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's or guardian's informed consent.⁽²⁾

3. The psychoanalyst of a minor patient must seek to preserve the patient's confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality. A psychoanalyst may direct an executor to destroy such records and documents after his or her death.

5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the consultant or supervisor is aware of and accepts the requirements of the Confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient's informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient's treatment and the patient's right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.

7. Supervisors, peer consultants and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. Candidate psychoanalysts-in-training are strongly urged to consider obtaining the patient's informed consent before beginning treatment, pertaining to disclosures of confidential information in groups or written reports required by the candidate's training. Where the patient is a minor, the candidate is strongly urged to consider obtaining informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

(1) Refusal of such demands for confidential information, while ethical, may have serious consequences for the patient, e.g., loss of benefits, loss of job opportunity, etc., which may cause the patient to take some legal action against the member. The fact that refusal is ethical is unlikely to protect the psychoanalyst in those circumstances, unless the member has made his or her position clear both at the onset and throughout treatment. Even with these clarifications a degree of exposure may remain.

(2) the caveat expressed in footnote (1) is applicable. Again, the psychoanalyst may refuse the patient's demand that he or she act contrary to the principles. While this may protect a member against accusations of unethical conduct, it is unlikely to protect a psychoanalyst against legal allegations of substandard conduct.

V. Truthfulness

1. Candidate psychoanalysts-in-training are strongly urged to inform psychoanalytic training patients and prospective psychoanalytic training patients that they are in training and supervised. Where the patient is a minor, the parent(s) or guardian(s) should also be informed. If asked, candidate psychoanalysts-in-training should not deny that they are being supervised as a requirement of their training.
2. The psychoanalyst should speak candidly with prospective patients or the parent(s) or guardian(s) if the patient is a minor about the benefits and burdens of psychoanalytic treatment.
3. The psychoanalyst should avoid misleading patients or parents or guardians of minor patients or the public with statements that are knowingly false, deceptive or misleading.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian or family member or by the treating psychoanalyst, are unethical. Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential for misunderstanding of the event by the patient or the psychoanalyst, and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty touching between the patient and the psychoanalyst is likely to occur as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the psychoanalyst concern.

2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patient is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.
3. It is not ethical for a psychoanalyst to engage in financial dealings with a patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment; or to use information shared by a patient or parent(s) or guardian(s) for the psychoanalyst's financial gain.
4. It is not ethical for a psychoanalyst to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should a psychoanalyst give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent or guardian of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically and, if necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst's obligation to recuse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient organization or cause.
6. If a current or former patient or the parent/guardian of a current or former patient, gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of his/her psychoanalyst, or for the benefit of the professional or scientific work of said psychoanalyst, or for the benefit of the psychoanalyst's family, or the gift is placed under the control of the psychoanalyst, even if not directly beneficial to the psychoanalyst or his/her family, it is not ethical for the psychoanalyst to accept any financial benefit or to control its disposition.
7. It is ethical for a psychoanalyst to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the psychoanalyst or his/her family do not personally benefit and over which the psychoanalyst has no direct control.
8. It is unethical for a psychoanalyst to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships, or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients, members of the patient's immediate family, psychoanalysts-in-training or supervisees. Sexual relationships between current supervisors and supervisees are unethical.

VII. Scientific Responsibility

1. The psychoanalyst should take every precaution in using clinical material to respect the patient's rights and to minimize the impact of its use on the patient's privacy and dignity. In the case of minor patients the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is still undergoing treatment.
2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the clinical situation. Such clinical material must be disguised sufficiently to protect identification of the patient.
3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the

psychoanalyst and parental figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation consultation is indicated.

2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, must consult with a colleague and/or medical specialist to clarify the significance of his or her condition for continuing to work.

3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seek consultation should receive respectful and reflective consideration.

4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must consult with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the consultation has been requested by the patient.

6. It is ethical for a psychoanalyst to intervene on behalf of a colleague's patient if he or she has evidence from a direct or indirect consultation with the colleague's patient or from supervision of the colleague's work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient's welfare.

7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicates that it is in the best interest of the patient to do so.

8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary only to the extent necessary to prevent imminent harm from occurring. The same applies to a credible threat of suicide.

9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self injury or suicide is imminent, the psychoanalyst should take appropriate steps. This would include the notification of parent(s) or guardian(s) even if a breach of confidentiality is required. Under these circumstances, any breach of confidentiality should be restricted to the minimum necessary to prevent harm of the minor child.

10. When a psychoanalyst becomes convinced that abuse is occurring, the psychoanalyst may report adult or child abuse of a patient or by a patient to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) needs to be considered. In these circumstances, confidentiality may be breached to the minimum extent necessary. However, in keeping with General Principle IX, a psychoanalyst may also refuse to comply with local reporting laws if that psychoanalyst believes that to do

so would seriously undermine the treatment or damage the patient. Given the complexities of these matters, a psychoanalyst who is concerned that abuse of an adult or child is occurring is encouraged to continue to explore the situation and to consider utilizing consultation to determine what course of action would be most helpful.

11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard patients' rights to confidentiality, to ensure the protection of patient treatment records from third party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.

2. The psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.

3. The psychoanalyst is encouraged to contribute his or her time and talents, if necessary without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived members of the community.

X. Integrity

1. Psychoanalysts and candidate psychoanalysts-in-training should be familiar with the Principles of Ethics and Standards, other applicable professional ethics codes, and their application to psychoanalysis.

2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests impact their work.

3. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.

Provisions For Implementation of the Principles and Standards of Ethics for Psychoanalysts

I. Committee on Ethics: There shall be a joint standing Committee on Ethics of the Board on Professional Standards and the Executive Council.

A. Composition and Appointment. The Committee on Ethics ("Committee") shall consist of seven members appointed jointly by the President of the Association ("President") and the

Chair of the Board on Professional Standards ("Board Chair"). At least one of the seven members shall be a child analyst. Each member shall serve a staggered five year term; members will be appointed each year to replace members whose term has expired.

The President and Board Chair will jointly designate one member to act as chair of the Committee for a term of two years and, in the event of a vacancy on the Committee, will jointly appoint members to complete the unexpired term of the incumbent member. The President and the Board Chair will jointly appoint a substitute to replace any Committee member who recuses him/herself from a case or who is unable to serve for any other reason. In the event that the case involves a patient who is a minor the President and the Board Chair will assure that a child analyst will serve on the Committee. On completion of the disposition of such a case, the recused, or otherwise unavailable member shall resume his/her seat on the Committee.

B. Duties. The Committee on Ethics shall:

(1) Respond to communications regarding the "Principles and Standards of Ethics for Psychoanalysts" ("Principles") and the "Provisions for Implementation of the Principles of Ethics for Psychoanalysts" ("Provisions") and issue advisory opinions regarding the application of the "Principles" to particular conduct.

(2) Recommend to the Board on Professional Standards and the Executive Council appropriate additions or modifications to the "Principles" and "Provisions."

(3) Pursuant to procedures hereinafter described, review decisions of Affiliated Societies, Study Groups, Accredited and Provisionally Accredited Training Institutes (hereinafter, collectively, "local groups") with regard to complaints alleging that a member of the Association has breached the "Principles." Such review shall enable the Committee to (a) make a decision on the basis of the local group's investigation and decision, regarding the psychoanalyst's membership status in the Association; and (b) where appropriate, make recommendations to local groups regarding their handling and disposition of such matters.

II. Association Procedures in Regard to Questions of Unethical Conduct

A. Advisory Opinions.

(1) Requests for advisory opinions will be referred to the Chair, Committee on Ethics for response. Copies of responses will be sent to the President and the Board Chair.

(2) The Committee will prepare summaries of any such advisory opinions rendered. Summaries will be distributed to the membership after approval by the Executive Committee or by the Board on Professional Standards and the Executive Council on referral from the Executive Committee.

B. Adjudication.

(1) A complaint alleging breach of the "Principles" by a member of the Association must be made directly to a local group.

(2) If a complaint alleging breach of the "Principles" is addressed to the Association, it shall be referred to the charged member's local group for investigation.

(3) The Association may also refer to a member's local group publicly available information about the member, including information about malpractice findings, adverse membership actions by professional societies, and loss or restriction of license, and request that the local group initiate an ethics investigation on the basis of such information.

III. Adjudication at the Local Level

A. Committee on Ethics of Local Group. Each local group shall have a Committee on Ethics for dealing with complaints of unethical conduct.

B. Informal Proceedings and Resolution.

(1) Each local group shall consider establishing mechanisms to enable it to determine whether to proceed pursuant to formal procedures outlined in Section III below, or to address the issues through more informal, nonadversarial proceedings which can facilitate the efficient resolution of the complaint in a manner that is educational and corrective to the member.

(2) The local group's procedures should include a description of any such informal mechanisms for resolution of which the complainant may take advantage and of any early, informal procedures by which the local group may decide to resolve the complaint through alternative, informal means, rather than through formal procedures.

C. Initial Response to Potential Complaint. The local group should furnish any potential complainant copies of the group's procedures for dealing with complaints of unethical conduct, and of the Association's "Principles" and "Provisions."

The complainant should also be informed that such complaint must identify the charged member; must be in writing and be signed by the complainant; must clearly describe the facts and circumstances surrounding the charge of unethical conduct, citing, if possible, the applicable principle(s) of ethics alleged to have been breached; and must be accompanied by a signed statement agreeing to the use of the local group's and the Association's procedures, asking that action be taken and authorizing the distribution of the complaint and other materials submitted by the complainant in connection with the investigation.

D. Notification of Accused Member. The local group shall then notify the charged member of the complaint, providing copies of the complaint and other materials submitted by the complainant, the group's procedures for handling ethics complaints, and the Association's "Provisions."

E. Determination of Whether Complaint Merits Investigation. The local group shall determine whether the complaint merits investigation under the ethical standards established by the "Principles." If it does not, the complainant and the charged member shall be so informed in writing. If the complaint is determined to merit further investigation, the charged member shall be informed in writing and notified of the right to a hearing, and that during the investigation and hearing, the rights set out in Section (F) below shall apply.

F. Procedures of Local Group. The local group's procedures for handling complaints of unethical conduct must assure fair process and provide the charged member with the following:

- (1) the opportunity to be notified of, and to address, the charges;
- (2) the right to be represented by legal counsel;
- (3) the right to a hearing, including the right to call, examine and cross-examine witnesses, or reasonable alternatives thereto;
- (4) notice of not less than 30 days of the date, place, and time of the hearing, the witnesses expected to testify thereat; and the member's procedural rights at the hearing;
- (5) the right to submit a written statement at the end of any hearing;
- (6) the right to have a record made of the hearing proceedings and to have a copy of the record upon payment of reasonable charges; and
- (7) the right to receive (a) the written final decision or recommendation of the ethics committee or other hearing body, including a statement of the basis therefore, and (b) if the hearing body makes a recommendation to its local group or other body of the local group, a written final decision of the group, including a statement of the basis for the decision. The charged member must be informed that relevant evidence will not be excluded from any hearing solely on the grounds that it would not be admissible in a court of law.

G. Decision of Local Group. In any case in which formal procedures have been followed, after full and fair consideration of the complaint and all the evidence introduced at the hearing, the local group shall arrive at a determination as to the appropriate disposition of the case. In addition to any other disposition, the local group's procedures may enable it to (1) conclude that unethical conduct may have occurred but recommend that no formal finding be made and no sanction imposed pending completion of remedial action recommended and agreed to by the charged member; or (2) dismiss the charges with prejudice, accompanying the dismissal with a letter of admonition, expressing the sense that there may be questions about the member's practices or judgment and putting the member on notice that further education, consultation and/or supervision may be indicated as well as possible sanctions.

H. Notification of Charged Member and of American Psychoanalytic Association. After arriving at a decision, the local group shall advise the charged member, the complainant, the President of the Association and the Chair of the Board on Professional Standards, as well as the Ethics Committee of the Association, of the action taken by the local group.

IV. Review of Decision of Local Group and Action by Association

A. Purpose of Review. The Association shall review a local group's investigation and decision in order (1) to determine whether action by the Association is appropriate, and (2) where appropriate, to make recommendations to local groups regarding their handling and disposition of the case.

B. Circumstances of Review. The Association shall review an investigation and decision by a local group under the following circumstances:

(1.) Automatic Review. If a member of the Association has been censured, suspended, or expelled by a local group, or if his/her faculty status in an accredited Institute has been suspended or terminated as a result of adjudication of complaints of unethical conduct, a review of the case shall be promptly undertaken.

(2.) Requested Review. If the disposition of a case is other than censure, suspension or expulsion by a local group, or suspension or termination of a member's faculty status in an accredited Institute, the Association shall undertake a review of the case if formal request for such review is made to the President of the Association, by the member(s) charged, the complainant, or the local group, within 60 days after notification of the group's decision.

(a) Each such request by a complainant or charged member shall include the reasons for dissatisfaction with the action taken at the local level.

(b) Each such request by the charged member also shall include adequate information regarding the charge, and his/her defense.

(c) Each such request by a local group shall include identification of the charges and the persons involved, a description of all attempts by the group to resolve the matter, and the reason for referral to the Association.

C. Process of Review.

(1) The initial review of the investigation and decision of a local group shall be conducted by the Association's Committee on Ethics, which may confer with the President and legal counsel of the Association.

(2) The Committee on Ethics will request all records of the investigation from the local group and will review the procedures used by the local group, its interpretation and application of the Association's "Principles" and its decision regarding the conduct complained of and any sanction imposed.

(3) In the course of its review, the Committee on Ethics may, but shall not be required to, request written briefs from complainant or counsel for complainant, charged member or counsel for the charged member, and the local group or counsel for the local group. Any brief received from the complainant or the local group shall be provided to the charged member, who shall be given at least 30 days to respond. Personal appearance before the Committee by the complainant, charged member, or local group representatives may be requested.

(4) The Committee on Ethics shall prepare a written summary of the case, including its decision and the basis of its decision.

D. Outcome of Ethics Committee Review.

(1) On the basis of its review of the investigation and decision of the local group, the Committee, by majority vote with no more than two members dissenting or abstaining, shall decide what action the Association should take with regard to the complaint filed against the charged member. While based on the information gathered by the local group, the decision of the Committee on Ethics may differ from the decision arrived at by the local group. The Committee on Ethics shall vote for one of the following measures:

(a) Exoneration. The charged member is cleared from blame as the evidence established no unethical conduct by the member.

(b) Dismissal of Complaint Without Prejudice. This disposition permits new proceedings with respect to the same charge at a later date; i.e., when a determination on the merits cannot be made because of insufficient reliable evidence or other procedural defects.

(c) Dismissal of Complaint With Prejudice. The complaint is dismissed without any finding of unethical conduct; proceedings with regard to the same complaint may not be reinstated.

Where appropriate, such a dismissal may be accompanied by a letter of admonition, expressing the sense of the Association that there may be questions about the appropriateness of the conduct of the charged member and putting the member on notice that further education, consultation and/or supervision may be indicated.

(d) Censure.

(e) Suspension from the Association. Such suspension shall be for a stipulated period, not to exceed three years from date of suspension.

(f) Separation from the Rolls. A new application for membership in the Association shall not be entertained in less than five years from date of separation.

(g) Permanent Expulsion from the Association.

(2) On the basis of its review, the Committee may also decide to consult with the local group regarding its procedures in investigating the complaint of unethical conduct, its interpretation of the Association's "Principles" and its decision regarding the conduct complained of and sanction imposed. However, the Committee and the Association may not otherwise reverse or modify the decision of the local group.

E. Procedure Following Committee on Ethics

(1) The Committee on Ethics shall forward a summary of the case, including a statement of the basis of its decision, to the President of the Association. The President shall notify the charged member, the complainant, and the local group of the decision and shall provide the charged member with a copy of the summary.

(2) If the decision of the Committee on Ethics has been to exonerate the charged member, to dismiss the complaint with or without prejudice, or to censure the charged member, the

charged member also shall be advised that such decisions of the Committee are final, and unappealable.

(3) If the decision of the Committee on Ethics has been to suspend, separate from the rolls, or expel the charged member, the decision is not final unless it has been ratified by the Executive Council pursuant to the procedures set out in Section IV(E)(4), below. When the President notifies the charged member of such a decision, the President also shall notify the member that he/she must indicate in writing within 30 days from the date of mailing of the notice, that he/she either accepts the decision or that he/she wishes to appeal it. Unless written notification from the charged member is received within the specified time, the right to appeal shall have been forfeited.

(4) Executive Council Ratification or Appeal. Following notification of all parties as set out above, the Chair of the Committee on Ethics shall present the case and its conclusions to the Executive Council sitting in Executive Session.

(a) When Appeal Not Requested. When the charged member has not requested an appeal, The Executive Council shall decide whether or not to ratify the decision of the Committee on Ethics.

(i) If the Executive Council by majority vote, decides to ratify the decision of the Committee on Ethics, the decision will be final. The Executive Council may prepare its own written decision of the case or adopt the conclusions of the Committee on Ethics as the decision of the Association.

(ii) If the Council fails to ratify the decision of the Committee on Ethics, the Council may refer the matter back to the Committee on Ethics for further deliberation and may specify questions or concerns it has about the matter.

(iii) If the Executive Council refers the matter back to the Committee on Ethics, the Committee shall reconsider its decision, following procedures set forth in Sections IV(C), (D) and (E). The President shall notify all concerned parties of the Council's decision, provide the charged member with current status of the matter and remind the member of his/her right to appeal as set out in IV(E)(3). If the charged member does not exercise the right to appeal, the matter will again be presented for Executive Council consideration as set out herein.

(iv) On the Executive Council's ratification of the decision of the Committee on Ethics, whether at initial or subsequent presentations, the charged member, complainant and local group shall be notified of its decision. The charged member shall be provided a copy of the final decision.

(b) When Appeal Requested; Executive Council Ratification. If the charged member exercises his/her right to appeal the decision of the Committee on Ethics, the President and Board Chair shall jointly appoint an Executive Council Ethics Appeals Committee consisting of five members, including at least two Councilors-at-Large, and at least one Executive Councilor. The remaining two members shall be former members of the Committee on Ethics. If the case involves a minor patient the Appeals Committee must include a child analyst. The appointment and composition of the Ethics Appeals Committee shall be confirmed by a

majority vote of the Executive Council. This Committee is empowered to act on behalf of the Executive Council in adjudicating the charged member's appeal, and its decision shall be final. The Committee shall review the record of the proceedings to ascertain that proper procedures have been followed. If it deems further fact finding is required, it shall refer the matter to the Committee on Ethics for the necessary further investigation and deliberation. On completion of its further review of the matter, the Committee on Ethics shall report its decision on reconsideration of the matter to the Ethics Appeals Committee. A majority vote of this Committee shall be required to reach a final disposition of the matter. This Committee's final disposition shall be reported to Council and its report shall be considered on action by Council without further debate or vote by Council.

V. Confidentiality and Disclosure

All information and records pertaining to a charge of unethical conduct against a member, its investigation and any decision rendered shall be kept confidential except as set forth herein. Disclosure is authorized in the following instances:

A. Information may be disclosed to those members, staff and non-member consultants who need the information to assure the effective administration of these procedures.

B. A decision relating to a charge of unethical conduct, which has been reviewed and ratified by the Executive Council:

(1) shall be reported with identification of the member, to the Meeting of Members in the Secretary's report of the Minutes of the Executive Council and in such written Minutes, circulated by mail to the membership of the Association if the decision has resulted in the suspension, separation from the rolls, or expulsion of the member from the Association;

(2) shall be reported to the membership of the Association as noted in V(B)(1) above if the decision has resulted in the censure of the member, with the identification of the member included only at the discretion of the Executive Council; and

(3) shall be reported, to the membership of the Association as noted above, if the decision has been to dismiss the charges or exonerate the member, with the identification of the member only on his/her written request.

C. The Committee on Ethics may, at its discretion, report decisions or disclose other matters brought before it to other components of the Association, provided the identity of the parties involved is not revealed.

D. The Committee on Ethics shall provide information concerning a charge of unethical conduct, including the name of the charged member, to the Association's Membership Committee and the Board's Certification Committee when either of these committees consider an application from a member who has been sanctioned for unethical conduct. This information should also be supplied to the Appointments Committee chairs of the Board and Council.

E. The Committee on Ethics may disclose a decision concerning a charge of unethical conduct to other appropriate ethical bodies or, when required by law, to appropriate governmental or other entities.

F. The Executive Council may report an ethics complaint or a decision finding that a member has acted unethically to any licensing authority, professional society or other entity or person if it considers such disclosure appropriate to protect the public.

VI. Resignation

The Association shall not be required to accept a resignation from a member against whom a charge of unethical conduct is pending. An offer of resignation, whether or not it is accepted by the Association, shall not require the termination of an investigation of unethical conduct, nor prevent the rendering or disclosure of a decision on such a charge.

VII. Indemnification

As a condition of membership in the Association, each member agrees to cooperate with the work of the Committee on Ethics, on request, and to release, hold harmless and indemnify the Association, its officers, agents and members of the Committee on Ethics from any and all claims:

A. arising out of the institution and processing of investigations of unethical conduct in respect to said member, and the imposition and disclosure of sanctions as a result of such proceedings; and

B. with respect to any third party action or proceeding brought against such member based upon, relying on, arising from or with reference to the Principle of Ethics and Standards of the Association or any ethical proceeding conducted by the Association involving such member.

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Last revised 09/24/2001*

APPENDIX E.

Year 1 2022-23

Psychoanalytic Studies Program

Draft 10.7.22

	Quarter 1/Quarter 2		Quarter 3	Quarter 3	
Class 1 10:00 – 11:30 am	Development I 11 weeks Emilie Sfregola 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/30	Psychoanalysis 101 10 weeks (combined with 3 rd & 4 th year classes) Alan Sugarman & Laurie Weiss 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1	Development: Latency & Adolescence 9 weeks Bryan Bruns & Silvia Rodriguez 3/8, 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3	TBD 3 weeks 5/10, 5/17, 5/24	
Class 2 11:45 am – 1:15 pm	Freud's Models 8 weeks Alain Cohen 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2		Relational Model 7 weeks Scott Boles 11/9, 11/16, 11/30, 12/7, 12/14, 1/4, 1/11	Object Relations 7 weeks Arash Khatami 1/18, 1/25, 2/8, 2/15, 2/22, 3/1, 3/8	Overview of Psychoanalytic & Psychotherapy Technique 11 weeks Laurie Weiss 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24
Class 3 1:30 – 2:30 pm	Continuous case 11 weeks Mojgan Khademi 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/30		Continuous case 11 weeks Sonya Hintz & Tara Robbins?? 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1, 3/8	Continuous case 11 weeks Fred Huang 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24	

Holidays/No Class:

Yom Kippur – 10/5/22

Thanksgiving – 11/23/22

Christmas/Hanukkah – 12/21 & 12/28/22

APsaA Meetings – 2/1/23

	Quarter 1		Quarter 2		Quarter 3
Class 1 10:00 – 11:30 am	Writing 9 weeks Harry Polkinhorn & Caroline de Pottel 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2, 11/9	Understanding the Effect of Psychedelic Therapy on Depression and PTSD in Psychoanalytic Terms 2 weeks Bryan Bruns 11/16, 11/30	Psychoanalysis 101 Combined w/ 1st & 4th Year Classes 10 weeks Alan Sugarman 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1	Midphase 4 weeks Rick Hall 3/8, 3/15, 3/22, 3/29	Child & Adult analysis: Similarities Differences 8 weeks Rick Hall & Bryan Bruns 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24
Class 2 11:45 am – 1:15 pm	The Contemporary Kleinian Approach to Psychoanalysis 8 weeks Judy Hughes 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2	British Middle School 8 weeks Charlie Cutler & Ed Lowery 11/9, 11/16, 11/30, 12/7, 12/14, 1/4, 1/11, 1/18	Dreams 5 weeks Tim Rayner 1/25, 2/8, 2/15, 2/22, 3/1	RIS 6 weeks Charlie Cutler 3/8, 3/15, 3/22, 3/29, 4/5, 4/12	Situating Lacan 6 weeks Alain Cohen 4/19, 4/26, 5/3, 5/10, 5/17, 5/24
Class 3 1:30 – 2:30 pm	Continuous case 11 weeks Alain Cohen (COMBINED 3RD & 4TH YEARS) 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/30	Continuous case 11 weeks Charlie Cutler 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1, 3/8	Continuous case 11 weeks Kristin Whiteside 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24		

Holidays/No Class:

Yom Kippur – 10/5/22
Thanksgiving – 11/23/22
Christmas/Hanukkah – 12/21 & 12/28/22
APsaA Meetings – 2/1/23

	Quarter 1		Quarter 2		Quarter 3	
Class 1 10:00 – 11:30 am	Technique: Object Relations 6 weeks Jeff Thomas 9/7, 9/14, 9/21, (no class on 9/28), 10/12, 10/19	Trauma 5 weeks Rick Hall & Daniel Brockett 10/26, 11/2, 11/9, 11/16, 11/30	Psychoanalysis 101 10 weeks Combined w/ 1st & 3rd Year Classes Alan Sugarman & Laurie Weiss 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1	Dreams 5 weeks Harry Polkinhorn 3/8, 3/15, 3/22, 3/29, 4/5	Termination 7 weeks TBD 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/2	
Class 2 11:45 am – 1:15 pm	Contemporary Structural Theory 8 weeks Fred Busch 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2	Psychotherapy vs. Psychoanalysis 7 weeks Arash Khatami & Jesus Gonzalez 11/9, 11/16, 11/30, 12/7, 12/14, 1/4, 1/11	Technique - RIS 11 weeks Ira Moses 1/18, 1/25, 2/8, 2/15, 2/22, 3/1, 3/8, 3/15, 3/22, 3/29, 4/5	Integrating How We Think & What We Do 7 weeks Jesus Gonzalez 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24		
Class 3 1:30 – 2:30 pm	Continuous case 11 weeks Alain Cohen (COMBINED 3RD & 4 YEARS) 9/7, 9/14, 9/21, 9/28, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16, 11/30		Continuous case 11 weeks Charlie Cutler 12/7, 12/14, 1/4, 1/11, 1/18, 1/25, 2/8, 2/15, 2/22, 3/1, 3/8	Continuous case 11 weeks Kristin Whiteside 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10, 5/17, 5/24		

Holidays/No Class:

- Yom Kippur – 10/5/22
- Thanksgiving – 11/23/22
- Christmas/Hanukkah – 12/21 & 12/28/22
- APsaA Meetings – 2/1/23

APPENDIX F

Evaluation Guidelines

The following list of categories/questions can be used as a guide for gathering important information on cases being considered for psychoanalytic treatment, and can further help with the facilitation, organization, and writing of initial case reports. These types of questions are being offered to help stimulate your thinking about your prospective analytic patients, yet it should be recognized they are far from being comprehensive or exhaustive.

1. Identifying Information

- a. Referral source
- b. Age, gender, marital status, children, race, ethnicity, occupation, socio-economic status, religious affiliation, and current living situation.
- c. When relevant, immigration history, country of origin, primary language, and level of acculturation.

2. Presenting Problem and History of Problem

- a. What are the patient's primary concerns/problems/predicaments?
- b. Is the patient aware of any symptoms (e.g., depressed mood, distractibility, insomnia)?
- c. What is the degree of distress, conflict, and impairment associated with these problems?
- d. Current stressors and/or precipitating events?
- e. What is the history of the presenting problems, including previous episodes?
- f. Why is the patient seeking help now?
- g. What are the patient's preconceptions about psychoanalysis?
- h. What are the patient's expectations of the analyst and psychoanalysis?

3. Previous Mental Health Treatment

- a. History of previous mental health treatment (e.g., outpatient, residential, inpatient)
- b. Has patient worked with a psychiatrist and taken any psychotropic medications? If so, what types and dosages of medications and what was their response to them?

4. Substance Abuse History

- a. Does the patient have any problems with substance abuse or addiction?
- b. If so, describe the substance abuse, history of problem, and treatment.

5. Current and Past Relationship History

- a. Quality of **current** intimate relationships, including romantic, friendships, and work?
- b. Quality of **past** intimate relationships, including romantic, friendships, and work?
- c. If patient has a family, its current composition, roles, and dynamics?

- d. Recent extraordinary events, traumas, losses, illnesses, or financial setbacks?

6. Family History

- a. Family-of-origin composition, roles, and dynamics?
- b. Any major physical and/or mental illness in the family history?
- c. Any substance abuse or addiction in the family history?
- d. Any history of physical or sexual abuse?

7. Educational , Occupational, and Military History

- a. Current and past educational, occupational, and military experiences?
- b. Any significant or recurring conflicts with classmates, coworkers, authority figures?
- c. Any significant disruptions, resignations, firings, leave of absences, etc.?

8. Developmental History: Infancy, Childhood, and Adolescence

- a. Circumstances around pregnancy and birth (e.g., natural conception, planned vs unplanned, premature birth, infertility problems and treatment, adopted)?
- b. Did the patient's mother abuse drugs or alcohol during or after the pregnancy?
- c. Were developmental milestones met (e.g., sitting up at 6 months, crawling at 8 months, taking first steps and single words by 1-year, short sentences and running by age 2)?
- d. Were there any significant illnesses, medical interventions, traumas, losses, or prolonged separations from parents?
- e. How much time did patient's parents devote to parenting?
- f. Were others involved in caring for the patient as a child?
- g. Were the parents able to set limits in an empathetic, consistent manner?
- h. What was the quality of the parent's relationship with each other?
- i. What was the nature of the child's first experiences in school?
- j. Did he or she separate easily from parents?
- k. Was the patient able to relate well to teachers and peers?
- l. How did the patient do academically in elementary and middle school?
- m. Was he or she accepted by peers, particularly of the same sex?
- n. Did the patient demonstrate an interest in athleticism, artistic pursuits, or hobbies during elementary and middle school?
- o. When did puberty occur? Was he or she prepared? What was the reaction?
- p. Did peers become an increasingly important part of the patient's life as an adolescent?
- q. How did the patient get along with peers during adolescence?
- r. Did the emergence of a sexually mature body lead to dating in mid to late adolescence and the beginning of a sexual life?
- s. In high school, how did he or she achieve academically? Get along with teachers?
- t. Did the patient plan for work or further schooling after high school?
- u. Any experimentation with alcohol and drug use?
- v. Any trouble with police or authority as an adolescent?

9. Medical History

- a. Medical issues?
- b. Medications and treatment?
- c. History of head trauma or severe bodily injury?

10. Ancillary Procedures and Information

- a. Any data obtained from psychological or educational testing, or from examinations performed by physicians, other professionals, or past therapists recorded here.

APPENDIX F (Continued)

Initial Case Report Recommendation

Central to the initial case report is demonstrating your understanding of the patient, as well as your thoughts about why the patient will benefit from psychoanalysis instead of some other treatment modality. Given each supervisor may have their own unique set of ideas about the format of the initial case report, please consult and collaborate with them regarding their preferences and/or approach to the writing of the report. If your supervisor does not have a specific format in mind for the report, here is a recommended example:

Initial Case Report

Candidate:

Case Number:

Supervisor:

Date patient first seen:

Psychoanalysis beginning date:

Identifying Information:

This section should provide the basic realities of the patient's life. For instance, you might include age, gender, marital status, children, race, ethnicity, occupation, socio-economic status, religious affiliation, and current living situation.

Presenting Problem:

This section should cover the primary concerns, problems, and difficulties the patient is experiencing, and to what degree they are aware of any symptoms, conflicts, or impairment associated with their problems. If these problems are not new to the patient, it can be helpful to share how they have existed or evolved over time. You might also consider describing how the patient came to you for treatment, why they decided to seek treatment at this time, any preconceptions they may have about it, and their expectations of you and the treatment process. It is reasonable to include quotes, as well as your reactions, to help illuminate and personalize the presentation.

Background Information:

This section should help establish a meaningful backdrop for better understanding the patient's problems, by placing them in the context of the broader realities of the patient's life and history. You might consider including the patient's psychiatric history, medical history, medications, substance use, current and past relationship history, educational/occupational/military service history, family-of-origin history, and developmental history.

Psychoanalytic Formulation:

This is the most important section of the report. It is where you explain your understanding of the patient's problems, the unique inner workings of their mind based on your theoretical orientation, and your reasoning for recommending psychoanalysis to your patient.

We hope you will approach this section with an air of curiosity and humility, so please do not feel that you need to be authoritative in your knowledge. We simply hope to see you striving to articulate and convey all you are learning and integrating from your training. You are encouraged to draw upon your experiences with your patient and include your feelings, reactions, and thought process as part of the formulation.

Prognosis

This section should cover how you anticipate your patient responding to psychoanalysis, once it underway. You might consider sharing the types of transference/countertransference reactions you expect to emerge, or any unique challenges, resistances, or obstacles you might encounter along the way. In the end, what type of outcome might you predict?

Candidate signature:

Supervisor signature:

We hope this example is helpful.

Once your supervisor has read and approves your report, please submit it to the Psychoanalytic Center's administrator with the **Candidate Reports Submission Coversheet**, including candidate's and supervisor's signature.

APPENDIX G

**SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF CLINICAL ASSOCIATE
BY COURSE INSTRUCTOR(S)**

The Curriculum Committee will be reviewing instructor(s) evaluations of the Clinical Associate’s coursework. Summaries of these comments will also be submitted to the CME Committee for their annual needs assessment review. Your evaluation of this Clinical Associate is also important for the assessment and planning of future courses. Therefore, we greatly appreciate your response to Items A – F below, and also encourage you to include any additional feedback you would like considered in the planning of future courses.

COURSE:
CLINICAL ASSOCIATE:
INSTRUCTOR(S):
DATES:
TERM:

Using the following scale, rate Items A. thru F. below:

<u>Consistent</u>	<u>Somewhat Consistent</u>	<u>Occasional</u>	<u>Infrequent</u>	<u>Never</u>
5	4	3	2	1

Please circle your rating of the candidate for each item below:

- A. Interest and preparation.....5 4 3 2 1
- B. Involvement and participation.....5 4 3 2 1
- C. Demonstrated evolving capacity to articulate concepts.....5 4 3 2 1
- D. Demonstrates conceptual grasp by clinical examples.....5 4 3 2 1
- E. Relevance of the course to the candidate’s clinical practice.....5 4 3 2 1
- F. Evidence the candidate demonstrates improvement in treatment of patients.....5 4 3 2 1

Please summarize the clinical associate’s progress emphasizing areas of strength, areas that require more focused attention, and ways in which the candidate has applied the concepts of this class towards improved treatment outcomes. Give a few specific examples (add another page if necessary).

Return your completed evaluation to the Administrator.

APPENDIX H

**THE SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF SUPERVISION BY CANDIDATE**

Rationale - Psychoanalytic Supervision is central to the tripartite training model, and requires unique interpersonal as well as cognitive/didactic skills in the supervisor. Candidate feedback has been a neglected but potentially very useful factor in improving the quality of the supervisory experience for both partners in the dyad, as well as for the overall training program. This form is also intended to help us assess the effectiveness of supervision in improving patient outcome as currently required for our CME accreditation.

Method– All responses will be collated anonymously and distributed to all supervisors to ensure confidentiality and facilitate candor for the Supervisee. Although this will eliminate the specificity of the feedback, we will be better able to identify strengths and weaknesses in the overall quality of this aspect of the training. Supervisory dyads are encouraged to review and discuss both the content and process of this evaluation to whatever extent is practicable.

Clinical Associate:

Case No:

Patient Gender:

Supervisor:

Period Covered by this Report:

No. of Supervisory Sessions (Current Period/Total):

Please circle the number that best corresponds with how you would describe your supervision experience this year:

Consistent Somewhat Consistent Occasional Infrequent Never
5 4 3 2 1

<i>Please circle your response for each item below:</i>	5	4	3	2	1
A. Instructions and expectations were clear	5	4	3	2	1
B. Supervisor was collaborative	5	4	3	2	1
C. Supervisor was knowledgeable	5	4	3	2	1
D. Supervisor helped me conceptualize cases	5	4	3	2	1
E. Supervisor helped me develop a therapeutic relationship	5	4	3	2	1
F. Supervisor helped me develop a coherent theory of mind	5	4	3	2	1
G. Supervisor helped me develop effective interventions	5	4	3	2	1
H. Supervisor helped me recognize/use countertransference	5	4	3	2	1
I. Supervisor helped me facilitate the analytic process	5	4	3	2	1
J. Supervisor attended to multi-cultural issues	5	4	3	2	1
K. Supervisor fostered my creativity	5	4	3	2	1
L. Supervisor helped me improve patient outcome	5	4	3	2	1

Please answer the following questions:

1. What characteristics of your supervisor’s approach to supervision were most and least instrumental in facilitating your learning?

2. Did you feel sufficiently challenged? in what ways were you challenged to grow as an analyst? How has your work changed as a result?

3. What else do you think would improve the experience of future supervisees?

4. Without revealing any identifying information, please give one example of how a supervisory interaction resulted in your being able to work more successfully to bring about change in your analysis.

E. Recognition and utilization of countertransference...					
F. Evidence the patient is benefitting from the analysis...					
G. Ability to convey analytic process in writing.....					

Please summarize the candidate's progress emphasizing areas of strength, areas that require more focused supervisory attention, and ways in which the candidate has applied the concepts learned in classes to increase treatment outcomes. See attached course chart. Also, please provide at least one example of improvement of candidate's patient care. Add another page if necessary.

Return your completed evaluation to the Administrator.

Supervisor's Signature: _____

Candidate's Signature: _____

Date: _____

APPENDIX J

**SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF COURSE & INSTRUCTOR(S)
BY CLINICAL ASSOCIATE**

The Curriculum Committee will be reviewing the Clinical Associate’s (Candidate’s) feedback regarding the instructor and the course. Summaries of these comments will also be submitted to the CME Committee for their annual needs assessment review.

Your evaluation of this instructor/course is important for the assessment and planning of future courses. Therefore, we greatly appreciate your response to Items A – F below, and also encourage you to include any additional feedback you would like considered in the planning of future courses.

COURSE:

INSTRUCTOR(S):

CO-INSTRUCTOR:

DATES:

ACADEMIC TERM:

Using the following scale, rate Items A. thru F. below:

<u>Consistent</u>	<u>Somewhat Consistent</u>	<u>Occasional</u>	<u>Infrequent</u>	<u>Never</u>
5	4	3	2	1

Please circle your rating for each item below:

A. Organization of Course Material.....5	4	3	2	1
B. Preparation for each Seminar.....5	4	3	2	1
C. Instructor’s ability to integrate the course material.....5	4	3	2	1
D. Co-Instructor’s ability to integrate the course material.....5	4	3	2	1
E. Relevance of the course to clinical practice.....5	4	3	2	1
F. Evidence that the course improved work with patients.....5	4	3	2	1

Describe a specific example of how this course impacted your clinical understanding and your actual work with patients to demonstrate your improved treatment outcomes. Give a few examples. (Add another page if necessary).

Return your completed evaluation to the Administrator.

APPENDIX K

SAN DIEGO PSYCHOANALYTIC CENTER
4455 Morena Blvd., Ste. 202
San Diego, CA 92117

TRAINING ANALYST COMMITTEE POLICY – Revised April 7, 2019

I. DUTIES AND EXPECTATIONS OF TRAINING AND SUPERVISING ANALYSTS

1. Training and supervising analysts, whether active, inactive, or emeritus, are expected to adhere to the highest ethical and moral standards of behavior. These are codified by the American Psychoanalytic Association in the form of principles of ethics for psychoanalysts. Training and supervising analysts are also expected to adhere to the highest standards as analysts and as teachers. As psychoanalysts committed to the teaching and advancement of psychoanalysis, they are expected to serve as exemplars with regard to their clinical and theoretical expertise, their ability to communicate, and their supporting, empathic, and non-self-serving attitudes toward colleagues and students.

2. With the exception of monthly reports of frequency and total sessions, training analysts do not report on, give opinions about, or take part in discussions relevant to any candidates who are or have been in treatment with them at any time prior to the graduation of that candidate. In accord with this policy of confidentiality, training analysts are expected to recuse themselves from any discussion or report concerning such a candidate regardless of whether the analysis is still ongoing.

3. Having demonstrated interest in and ability to participate in the scientific teaching, and administrative functions of the organization prior to being appointed as training and supervising analyst, each such appointee is expected to continue to make similar contributions to the training program. These expectations include accepting teaching assignments at the request of the Chair of the Curriculum Committee, accepting committee assignments at the request of the Chair of the Education Committee, attending meetings of the training and supervising analysts, participating in a study group to discuss clinical material and reading all relevant meeting minutes, email communications and other material relevant to his/her responsibilities.

4. Each active training and supervising analyst is expected to be available to conduct training analyses and to provide supervision of other candidates' required training cases, provided that mutually satisfactory arrangements can be made with the candidate concerned. The maximum number of training analysts and of supervisees permitted each training and supervising analyst are governed by policy established as needed from time to time on the basis of suggestions made by the Training Analyst Committee to the Education Committee, or as established by the Education Committee itself.

5. It is expected that the training analyst will make every effort to arrive at an affordable rate for candidates experiencing financial hardship. Such fee adjustments are considered part of the training analyst's contribution to the future of psychoanalysis.
6. Each active training and supervising analyst is expected to be available to supervise at least one and not more than two cases at the minimum fee of \$50 if a lower fee per session is paid to the candidate by the patient. For low fee patients paying more than \$50 per session the maximum fee will be no greater than the per session fee paid by the patient. Fees for more than two low fee supervisory cases should be negotiated between the supervisor and candidate. Fees for child psychoanalytic supervision are exempt from this policy.
7. The TA Committee will periodically review the policy regarding the number of analysands and supervisees each TA may have at a given time.
8. Supervisors are expected to make timely reports to the Candidate Progression Committee regarding candidates' work with patients in analysis. These reports are to be made according to the current prescribed schedule. When requested, supervisors are also expected to attend Candidate Progression Committee meetings about their supervisees.

II. AVAILABILITY OF CURRENT TRAINING/ SUPERVISING ANALYSTS

There shall be a subcommittee of the Education Committee established on an ad hoc basis and called the Training Analyst Availability Subcommittee, consisting of three to five members appointed by the Chair of the Education Committee. The duties of this subcommittee will include the investigation of any information reported to it regarding the health, well-being, or possible impairment of any active training and supervising analyst that may interfere with his or her ability to carry out his or her duties and obligations as described herein. Another duty of this subcommittee is to respond to a training and supervising analyst's request to discuss concerns regarding his/ her self and welfare with colleagues. This request is to be regarded as strictly confidential.

On receipt of information raising questions about a training and supervising analyst's health, well-being, or impairment, as described above, this subcommittee is empowered to require, at its discretion, any mental or physical examinations of that analyst which it deems necessary to determine whether he or she is able to continue to perform his or her professional responsibilities in accordance with the current Training Analyst Committee policies and all current, relevant standards of practice. All training and supervising analysts, as a condition of their appointment, of their periodic reappointment, and/or of their continuing status as an active training and supervising analyst, are required to sign a written agreement in advance to cooperate with the subcommittee and to undergo such examinations, should it be deemed necessary by the subcommittee. The San Diego Psychoanalytic Center agrees to pay 50% of all unreimbursed costs for any examinations required by the subcommittee.

III. ELIGIBILITY AND PROGRESSION OF PROSPECTIVE TRAINING ANALYSTS

1. There shall be a subcommittee of the Education Committee established on an ad hoc basis and called the Training Analyst Evaluation and Progression Subcommittee, consisting of three to five members appointed by the Chair of the Education Committee for the duration of the

chairman's term. No member of this Committee shall participate in deliberations of that Committee, if he or she has had therapeutic contact with the prospective training analyst or with their immediate family.

2. Any active faculty member of the Society and Institute who fulfills the criteria as listed in the Bylaws, Article VIII, Section 8.3(11/11) and the APsaA **PRINCIPLES AND STANDARDS FOR EDUCATION IN PSYCHOANALYSIS (4/11)** or who fulfills other IPA procedures for becoming a training and supervising analyst, is eligible for consideration for appointment as a training and supervising psychoanalyst.

3. At the start of each calendar year, the EC Director will designate an EC member as Chair of the Training Analyst Committee to notify the faculty of the requirements and process for Training and Supervising Analyst Appointment, and ask for interested individuals to express their interest. Interested individuals will be provided a copy of the current policy on evaluation and appointment of applicants for the position of Training and Supervising Analyst and invited to discuss any questions about the application or the procedure personally with a designated committee member. All graduates from the Adult and Child Analytic Training Programs will also be provided a copy of the current policy on Training and Supervising Analyst appointment, and offered mentorship toward readying themselves to apply for appointment when they become eligible.

PHASE 1: For faculty members who express an interest in proceeding, the Chair of the Training Analyst Committee will appoint a member of the committee to mentor the applicant, facilitate the process and conduct a confidential review of the applicant's qualifications. There will be no report of this review to the Education Committee. If it is determined that the applicant does not yet meet the qualifications defined below, the mentor will continue to work with the applicant until the criteria have been met or the applicant decides to withdraw their application. The elements reviewed in this phase are:

- a. Completion of 5 years' experience of psychoanalytic treatments after obtaining official qualification and appointment to the faculty of SDPC, and has experience with the termination of psychoanalytic treatment. Control cases continued after graduation qualify toward immersion.
- b. Contributions to the Institute – consisting of prior and current contributions to the teaching, administrative and overall quality of Institute functioning.
- c. Ethical concerns – an assessment of whether the applicant meets the accepted standards of integrity, and of ethical and moral behavior.
- d. Participation in a study group of peers to discuss clinical work.
- e. Submission of a Curriculum Vitae.
- f. The analyst is an Active Member in good standing of the American Psychoanalytic Association,

PHASE 2: Listening group – If the criteria of Phase 1 are met, the applicant and mentor will select 3 colleagues and request that the Chair of the Training Analyst Committee appoint them to serve on a listening group.

a. The listening analysts may consist of all training analysts, or of one non-training analyst and two training analysts, none of whom has had therapeutic contact with the prospective training analyst or with their immediate family

b. The aim of the listening process is to confirm the applicant's ability to independently conduct a competent psychoanalysis derived from a coherent theory of mind and technique, which he or she can effectively convey and discuss with colleagues.

c. The listening group will consist of at least three members as described above. The nature of the case(s) and duration of the discussion will be determined by the group. Disagreements are to be resolved in consultation with the rest of the Training Analyst Committee, and if that is not possible, by referral to the Education Committee Director and Committee as a whole.

d. Appointment as training and supervising psychoanalyst and as a child and adolescent supervising analyst shall be made by a majority vote of the members of the Education Committee on the recommendation of the Training Analyst Committee.

e. Under special circumstances, waiver of some requirements for the appointment to training and supervising analyst, and to child and adolescent supervising analyst, may be granted on the recommendation of the Training Analyst Committee, provided that the action does not violate the minimal standards of the American Psychoanalytic Association.

f. All appeals for appointment to be on the SDPC Faculty or to become a SDPC TA, for those applicants who are not approved, will be referred to the Director of the Education Committee, who will bring the appeal to the Education Committee for consideration on a case-by-case basis. Anyone on the EC with prior involvement will recuse themselves from consideration of the appeal. Any applicants for such appointments will be informed of this option at the time of application, as well as their option to seek mediation from another APsA Institute if they do not feel a fair hearing can be held locally.

4. After approval of the appointment by the Training Analyst Committee, the appointee may begin supervising and carrying out training analyses.

5. Disclaimer of Warranty of Training Analysts: The following Notice shall be included in the Training Brochure, in the Clinical Associates Manual, and shall accompany any list of active training analysts given to applicants or possible applicants on their request, or to successful applicants accompanying their official letter of acceptance:

Notice of Disclaimer of Warranty to All Clinical Associates

Selection of a specific analyst for a training analysis is entirely the responsibility of the Clinical Associate. While the Institute reviews the professional credentials of available Training Analysts at the time of appointment and reappointment (every five years), it cannot

“guarantee” the analyst or promise that unanticipated events, such as illness, poor health, or a decision to leave the community, will not interfere with or interrupt the analysis. For these reasons, the Institute emphasizes that it assumes no responsibility for the completion or outcome of the analysis and asks each Clinical Associate to discuss any concerns regarding any such issues with a potential analyst before beginning the analysis, or during the analysis, if so indicated.

IV. ACTIVE, INACTIVE, AND EMERITUS STATUS OF TRAINING AND SUPERVISING PSYCHOANALYSTS

1. By notifying the Training Analyst Committee in writing a training and supervising psychoanalyst may take a leave of absence for up to 12 months (renewable) without jeopardizing his or her status as a training and supervising analyst. His or her status will be designated as “Inactive” and duly reported to the Education Committee.

2. After his or her 70th birthday, a training and supervising analyst may but is not required to assume Emeritus Status by notifying the Training Analyst Committee in writing. Training and supervising analysts with Emeritus Status may serve as chairperson or member of any EC subcommittees and as a clinical training supervisor. Permission to start new training analyses is not authorized for those training analysts with Emeritus status. Training and supervising analysts with Emeritus Status who sit on the EC will not be able to vote.

3. An individual who has been designated a training analyst in inactive status may request a return to active status by writing to the Training Analyst Committee. Upon receiving such a request, the committee will review the applicant’s situation to determine if the original reasons for such a designation are no longer operative, and if the analyst is currently able and willing to participate in the teaching and administrative functions of SDPC. The Training Analyst Committee will then report to the Education Committee with its recommendation and the Education Committee will make the final decision, notifying the applicant in writing.

V. GUIDELINES AND POLICY FOR PERIODIC EVALUATION AND REAPPOINTMENT OF TRAINING AND SUPERVISING ANALYSTS AND OF CHILD AND ADOLESCENT SUPERVISING ANALYSTS

1. Evaluations of each training and supervising analyst and of each child and adolescent supervising analyst shall be conducted every five years by the Training Analyst Committee, and recommendations regarding reappointment shall be made to the Education Committee.

2. Evaluations shall be based on data from a number of sources, including, but not limited to the following:

a. Reports from students of classes taught. These reports are available through the current system each quarter for which candidates turn in reports for each course and instructor.

b. Reports from the students who have been supervised. Though there is no current provision for such reports, the Training Analyst Committee will devise a plan for obtaining such information.

c. Evaluation of attendance and functioning on the Education Committee and other administrative tasks. Active Status carries the expectation of active participation in the teaching and administrative functions of the Society and Institute and reappointment will be guided by the extent to which those expectations have been met.

d. Record of participation in at least one Clinical Study Group every five years.

3. The evaluations shall be the responsibility of the Training Analyst Committee and the findings shall be discussed with the entire body of Training and Supervising Analysts.

4. The Training Analyst Committee shall then report its conclusions to the Education Committee.

Training and Supervising Analyst Agreement

I agree that, as a condition of my appointment, possible reappointment, and continuing status as an active training and supervising analyst that I will cooperate with the Training Analyst Availability Subcommittee when requested and undergo such mental or physical examinations it may deem necessary to determine whether I am able to continue to perform my professional responsibilities in accordance with the current Training Analyst committee policies and all current relevant standards of practice.

Signed: _____

Date: _____

APPENDIX L

**SDPC Members by
Category: 2022-23**

Psychoanalyst Members (\$1,300 dues)

Alan Sugarman, Ph.D. (faculty)
 Arash Khatami, M.D. (faculty)
 Barb Kelly, Ph.D.
 Caroline de Pottel, Ph.D., LCSW (faculty)
 Charles Cutler, PhD (faculty)
 Daniel Blaess, Ph.D. (faculty)
 Davis Suskind, M.D. (faculty)
 Deisy Boscan, Ph.D. (faculty)
 Emilie Sfregola, Psy.D.
 Fred Huang, Ph.D.
 Harry Polkinhorn, Ph.D. (faculty)
 In-Soo Lee, M.D. (**Associate**)
 Jeff Thomas, LCSW (faculty)
 Jesus Gonzalez, Ph.D.
 Judith Braun, M.D.
Khademi, Mojgan, Psy.D. (faculty)
 Laura Weiss, Ph.D. (faculty)
 Michele Stewart, M.D. (faculty)
 Michelle Lalouche-Kadden, Ph.D. (faculty)
 Monique Masse, M.D.
 RD Dipp, D.O. (faculty)
 Rick Hall, Ph.D. (faculty)
 Robert Stieber, Ph.D. (**Associate**) (faculty)
 Scott Boles, Ph.D. (faculty)
 Silvia Rodriguez, Ph.D.
 Tim Rayner, M.D. (faculty)

Psychotherapy Members (\$435 dues)

Amy Horne, Ph.D. (faculty)
 Ana Thomat, Ph.D.
 Carol Koenigsberger, MD (candidate – no dues)
 Ed Lowery, LCSW (candidate – no dues)
 Emily Kierce, Psy.D.
 Jessica Sperber, M.D.
 Linda Helinski, Ph.D.
 Lisa Auslander, Ph.D.
 Manuel Tobias, Ph.D.
 Margaret Sawires, Psy.D.
 Mariela Shibley, Psy.D. (candidate – no dues)
 Martha Diamond, Ph.D.
 Peter Libero, Ph.D. (faculty)
 Roseann Larson, LCSW
 Sean Ryan, MD
 Sheila Sharpe, Ph.D. (faculty)
 Sonya Hintz, M.D. (faculty)

Stephanie Nigh, MFT (faculty)
 Tara Robbins, Ph.D. (faculty)
 Zohreh Kermani, Psy.D.

Corresponding Members (\$30 dues)

Joseph Abrahams, M.D.
 Mark Leffert, M.D.
 Martha Graner, LCSW

Semi-Retired Members (\$575 dues)

Al Robbins, M.D.
 Alain Cohen, Ph.D. (faculty)
 Anellina Marrelli, LCSW
 Barbara Rosen, Ph.D. (faculty)
 Bryan Bruns, M.D. (faculty)
 Calvin Colarusso, M.D. (faculty)
 Dan Gardner, M.D.
 David Diamond, Ph.D. (faculty)
 Eli Miller, M.D. (faculty)
 J. Reid Meloy, Ph.D. (faculty)
 Judy Hughes, Ph.D. (faculty)
 Marti Peck, Ph.D. (faculty)
 Paul Keith, M.D. (faculty)
 Phyllis Tyson, Ph.D. (faculty)
 Sanford Shapiro, M.D. (faculty)
 Stephen Silk, Ph.D. (faculty)
 Thomas Hessling, M.D.
 Zetumer, Matthew, M.D. (faculty)

Fully Retired Members *No Dues

Ada Burris, M.D.
 Adaline Corrin, M.D. (faculty) (in-active)
 Bob Tyson, M.D.
 Don Kripke, M.D.
 Ed Fields, M.D.
 Eduardo Val, M.D.
 Felise Levine, Ph.D. (PPP faculty)
 Joanna Goodman, MSW
 John Hassler, M.D.
 Haig Koshkarian, M.D.
 Nadine Levinson, D.D.S. (faculty)
 Robert Nemiroff, M.D.
 Steve Gould, M.D.

Friend Members (\$49 dues)

Alan Bisarya
 Jill Ash

APPENDIX M

Mid-phase Criteria

These criteria for mid-phase were developed at The Columbia University Center for Psychoanalytic Training and Research. They are meant to identify a series of relatively objective features characteristic of an analytic process that has evolved into the mid-phase. They should each be easily identifiable and describable by both supervisor and candidate, and are purposefully presented in terms of core elements of clinical theory and technique without privileging any of the currently accepted more inferential and experience distant general psychoanalytic theories.

1. Frame

- The candidate has been able to establish the analytic frame (fee, schedule, use of couch, handling of missed sessions, handling of personal questions, etc.) and the patient has been able to work relatively consistently within this frame.
- Describe difficulties in establishing or maintaining the frame including the candidate's understanding and technical approach to such problems.

2. Therapeutic / working alliance

- A therapeutic / working alliance can be described and is well established- for example, the patient can collaborate with the analyst in recognizing and reflecting on resistances, regressive transference reactions, maladaptive extra-transference behaviors, etc.
- Describe difficulties in establishing or maintaining the therapeutic/working alliance including the candidate's understanding and technical approach to such problems

3. Free association

- Free association is demonstrable- the patient is able to relatively freely express whatever comes to mind including thoughts, feelings, body sensations, etc. resulting in oscillations between past and present, transference and extra-transference experiences, dreams, fantasies, etc.
- The analyst is able to maintain a psychoanalytic stance that includes free floating attention, psychoanalytic listening, technical neutrality and abstinence.
- Describe difficulties in facilitating free association and maintaining a psychoanalytic stance including the candidate's understanding and technical approach to such problems.

4. Transference

- Transference paradigms are clearly evident and have been interpreted
- Analytic work focuses **predominately** on the transference. The patient uses the discussion of transference to deepen associations, to gain understanding into defensive operations, enactments, and acting out, and to broaden genetic understanding.

- ☐ Transference/countertransference enactments have been recognized and explored.
- ☐ Intense positive and negative affects in the transference have been tolerated and explored
- ☐ The impact of prescribing medication during the analysis (whether by the analyst or by a psychopharmacologist), is identified and explored with emphasis on its transference meanings.

5. Resistances

- ☐ The major forms of resistances have been consistently identified and interpreted. This includes resistance to awareness of the transference.

6. Countertransference

- ☐ Major countertransference reactions are evident to the candidate and used to better understand the patient's unconscious processes and ultimately to interpret them.
- ☐ Analyst is sensitive to the distinction between and appropriate use of countertransference reactions that reflect the patient's dynamics and those that reflect his/her own dynamics.

7. Working through

- ☐ The analyst understands the patient's core dynamic constellations and recognizes them when they emerge over time in the transference and in extra-transferential material.
- ☐ The analyst repeatedly addresses these different versions of the core dynamic constellations via confrontation, clarification, and interpretation
- ☐ The analyst's repeated interventions result in change including the patient's deepened understanding of his/her core dynamics with shifts in defense and resistance, shifts in the transference manifestations of the core dynamic constellation, and more adaptive extra-transferential behavior and object relationships.

8. Dreams and fantasies

- ☐ Patient and analyst are able to work with dreams and conscious and unconscious fantasies using them to deepen the analytic process particularly in relation to the transference.

9. Genetic connections

- ☐ Major genetic antecedents of transference reactions and extra-transferential dynamics have begun to be understood and interpreted, and the patient is able to use them to deepen the material and further associations.

APPENDIX N

ADULT PATIENT CONSENT FORM

Verification of Patient Informed Consent

I have requested a personal analysis with _____, a licensed physician, psychologist, or therapist (“My Analyst”), whose work with me will be part of My Analyst’s advanced training at the San Diego Psychoanalytic Center (SDPC). My signature on this form verifies that:

- (a) I understand a senior Supervising Psychoanalyst will discuss my analysis regularly with My Analyst for the benefit of my analysis and my Analyst’s training, until My Analyst’s graduation.
- (b) I have been given a copy of the brochure “About Psychoanalysis” (written by The American Psychoanalytic Association) describing psychoanalytic treatment. I have had an opportunity to discuss it and all my other questions to my satisfaction with My Analyst.
- (c) My Analyst has explained to me my privacy rights under state and federal law, including HIPAA.
- (d) I understand that my analysis is voluntary, that I may stop the analysis at any time, and that discussion of such a decision with My Analyst is strongly recommended. Should I decide to stop, SDPC will remain available to help with a referral. I understand that during the course of analysis I may experience some distress over what I am discovering; My Analyst will help me learn from such discoveries to promote the overall goal of emotional and personal growth.
- (e) I understand that neither My Analyst nor SDPC can guarantee a particular outcome. My signature below indicates that:
 - (1) I have read and understand the information in this consent form;
 - (2) The psychoanalytic treatment process has been adequately explained to me by My Analyst;
 - (3) I have had a chance to ask questions (4) I have received all the information that I desire concerning the psychoanalytic treatment process,
 - (5) My Analyst has explained my privacy rights, and
 - (6) I consent to participating in psychoanalytic treatment.

Signature: _____

Date: _____

ATP/patientconsentformadult

APPENDIX O

CHILD PATIENT CONSENT FORM

Verification of Patient Informed Consent

I have requested a personal analysis for my child with _____, a licensed physician, psychologist, or therapist (“My Child’s Analyst”), whose work with my child will be part of the advanced training of My Child Analyst’s at the San Diego Psychoanalytic Center (SDPC). My signature on this form verifies that:

- (a) I understand a senior Supervising Psychoanalyst will discuss the analysis regularly with My Child’s Analyst for the benefit of my child’s analysis and the training of My Child’s Analyst, until My Child’s Analyst graduates.
- (b) I have been given a copy of the brochure “About Child and Adolescent Psychoanalysis”, written by The American Psychoanalytic Association, describing psychoanalytic treatment. I have had an opportunity to discuss it and all my other questions to my satisfaction with My Child’s Analyst.
- (c) My Child’s Analyst has explained to me the privacy rights under state and federal law, including HIPAA.
- (d) I understand that my child’s analysis is voluntary, that I may stop the analysis at any time, and that discussion of such a decision with My Child’s Analyst is strongly recommended. Should I decide to stop the analysis, SDPC will remain available to help with a referral. I understand that during the course of the analysis my child may experience some distress over what he/she is discovering; My Child’s Analyst will help my child learn from such discoveries to promote the overall goal of emotional and personal growth.
- (e) I understand that neither My Child’s Analyst nor SDPC can guarantee a particular outcome.

My signature below indicates that:

- (1) I have read and understand the information in this consent form;
- (2) The psychoanalytic treatment process has been adequately explained to me by My Child’s Analyst;
- (3) I have had a chance to ask questions
- (4) I have received all the information that I desire concerning the psychoanalytic treatment process,
- (5) My Child’s Analyst has explained the privacy rights, and
- (6) I consent to my child participating in psychoanalytic treatment.

Signature: _____

Date: _____

ATP/patientconsentformchild

APPENDIX P

**San Diego Psychoanalytic Center
Education Committee Record & Report Form for
Candidates in the Adult Psychoanalytic Training Program**

Candidate's Quarterly Report #1 on Supervised Psychoanalysis

PERIOD COVERED BY REPORT:

CANDIDATE:	
SUPERVISOR:	
CASE # & INITIALS:	

DATE SUPERVISION BEGAN: _____ **DATE ANALYSIS BEGAN:** _____

	MONTH	NO. OF SUPERVISORY SESSIONS	NO. OF ANALYTIC SESSIONS
1			
2			
3			

Summary of Case Progress:

Please note that there are two components to the semi-annual report: 1) The candidate’s narrative, which describes the analytic work itself from the candidate’s perspective, and 2) the supervisor’s report, which reflects the candidate’s progress (Appendix I, to be submitted separately by the supervisor).

The purposes of the candidate’s semi-annual report are a) to convey the analysand’s progress in the analysis for this period of time; and, most importantly, b) to provide the candidate with the opportunity to demonstrate in the narrative how he or she thinks and works as an analyst. The narrative is expected to be several pages in length, not more than 4-5 pages. It is key that the candidate demonstrate the developing, and then ongoing, analytic process in a concise and integrated manner using clinical vignettes to illustrate the casework, while incorporating key concepts such as resistance, conflict, dreams, trauma, transference, and countertransference within it.

In Appendix V, you will find an example of how to organize and convey the psychoanalytic process in your reports, as well as useful references related to writing about the psychoanalytic process.

Candidate’s signature: _____ **Date:** _____

Supervisor’s signature: _____ **Date:** _____

APPENDIX Q

**San Diego Psychoanalytic Center
Education Committee Record & Report Form for
Candidates in the Adult Psychoanalytic Training Program**

Candidate's Quarterly Report #2 on Supervised Psychoanalysis

PERIOD COVERED BY REPORT:

CANDIDATE:	
SUPERVISOR:	
CASE # & INITIALS:	

DATE SUPERVISION BEGAN: _____ **DATE ANALYSIS BEGAN:** _____

MONTH	NO. OF SUPERVISORY SESSIONS	NO. OF ANALYTIC SESSIONS
4		
5		
6		

Summary of Case Progress:

Please note that there are two components to the semi-annual report: 1) The candidate’s narrative, which describes the analytic work itself from the candidate’s perspective, and 2) the supervisor’s report, which reflects the candidate’s progress (Appendix I, to be submitted separately by the supervisor).

The purposes of the candidate’s semi-annual report are 1) to convey the analysand’s progress in the analysis for this period of time; and, most importantly, 2) to provide the candidate with the opportunity to demonstrate in the narrative how he or she thinks and works as an analyst. The narrative is expected to be several pages in length, not more than 4-5 pages. It is key that the candidate demonstrate the developing, and then ongoing, analytic process in a concise and integrated manner using clinical vignettes to illustrate the casework, while incorporating key concepts such as resistance, conflict, dreams, trauma, transference, and countertransference within it.

In Appendix V, you will find an example of how to organize and convey the psychoanalytic process in your reports, as well as useful references related to writing about the psychoanalytic process.

Candidate’s signature: _____ **Date:** _____

Supervisor’s signature: _____ **Date:** _____

APPENDIX R

**San Diego Psychoanalytic Center
Education Committee Record & Report Form for
Candidates in the Adult Psychoanalytic Training Program**

Candidate's Semi-Annual Report on Supervised Psychoanalysis

PERIOD COVERED BY REPORT:

CANDIDATE:	
SUPERVISOR:	
CASE # & INITIALS:	

DATE SUPERVISION BEGAN: _____ **DATE ANALYSIS BEGAN:** _____

	MONTH	NO. OF SUPERVISORY SESSIONS	NO. OF ANALYTIC SESSIONS
7			
8			
9			
10			
11			
12			

Summary of Case Progress:

Please note that there are two components to the semi-annual report: 1) The candidate’s narrative, which describes the analytic work itself from the candidate’s perspective, and 2) the supervisor’s report, which reflects the candidate’s progress (Appendix I, to be submitted separately by the supervisor).

The purposes of the candidate’s semi-annual report are 1) to convey the analysand’s progress in the analysis for this period of time; and, most importantly, 2) to provide the candidate with the opportunity to demonstrate in the narrative how he or she thinks and works as an analyst. The narrative is expected to be several pages in length, not more than 4-5 pages. It is key that the candidate demonstrate the developing, and then ongoing, analytic process in a concise and integrated manner using clinical vignettes to illustrate the casework, while incorporating key concepts such as resistance, conflict, dreams, trauma, transference, and countertransference within it.

In Appendix V, you will find an example of how to organize and convey the psychoanalytic process in your reports, as well as useful references related to writing about the psychoanalytic process.

Candidate’s signature: _____ **Date:** _____

Supervisor’s signature: _____ **Date:** _____

APPENDIX S

(Use additional sheets as needed for all other cases)

**Candidate Progressions Form
Annual Update of Compliance with Training Requirements**

Candidate's Name _____
Current Year of training _____
Faculty Advisor _____

Personal Treatment Requirement

For Candidates in the 2-Year Track Only:

Personal psychotherapy/psychoanalysis:

Yes
 No (If no, please explain the reasons below)

Name of Provider: _____

TA: YES NO

Frequency of treatment: _____

Start Date: _____

Notes:

Candidates in the 5-Year Track Only:

Personal Psychoanalysis:

Yes
 No (If no, please explain the reasons below)

Name of Provider: _____

TA: YES NO (If no, explain the reasons below)

Start Date of psychoanalysis _____

Frequency of treatment: _____

If frequency has changed or will change over time, please explain

Clinical Experience Requirement

First Control Case *

Psychoanalysis **Psychotherapy (Check which applies to the case below)**

Currently meeting with a supervisor: YES NO

Have identified a first case: YES NO

First case started: YES NO

If YES:

Date of first session: _____

Frequency of sessions: _____

Gender: _____

Age (adult or child): _____

Supervisor: _____

Date supervision began: _____

Hours of supervision so far: _____

If NO, please explain:

If above case was terminated:

Date case terminated _____

If the case has ended, did the case reach mid-phase? _____

Total hours of supervision: _____

Reports up to date – including Initial Case Report?

Yes

No

Date last report submitted: _____

Period covered on last report: _____

If reports not up to date, when will they be submitted? _____

*If you had a case that terminated before reaching 50 hours of supervision, please label your first case 1.1 and the one to replace it, 1.2, etc.

Second Control Case

Psychoanalysis **Psychotherapy (Check which applies to the case below)**

Currently meeting with a supervisor: YES NO

Have identified a first case: YES NO

First case started: YES NO

If YES:
 Date of first session: _____
 Frequency of sessions: _____
 Gender: _____
 Age: _____
 Supervisor: _____
 Date supervision began: _____
 Hours of supervision so far: _____

If NO, please explain:

If above case was terminated
 Date case terminated: _____
If the case has ended, did the case reach mid-phase? _____
 Total hours of supervision: _____
 Reports up to date – including Initial Case Report?
 Yes
 No
 Date last report submitted: _____
 Period covered on last report: _____
 If reports not up to date, when will they be submitted? _____

Third Control Case (Check which applies to the case below)

Psychoanalysis **Psychotherapy**

Currently meeting with a supervisor: YES NO

Have identified a first case: YES NO

First case started: YES NO

If YES:
 Date of first session: _____
 Frequency of sessions: _____
 Gender: _____
 Age: _____
 Supervisor: _____
 Date supervision began: _____
 Hours of supervision so far: _____

If NO, please explain:

If above case was terminated:

Date case terminated _____
If the case has ended, did the case reach mid-phase? _____
Total hours of supervision: _____
Reports up to date – including Initial Case Report?
 Yes
 No
Date last report submitted: _____
Period covered on last report: _____
If reports not up to date, when will they be submitted? _____

*If you had a case that terminated before reaching 50 hours of supervision, please label your first case 1.1 and the one to replace it, 1.2, etc.

If you need to include more cases, please cut and paste from above and create additional sections to input the required information.

Colloquium

2nd Year Colloquium Taken (*scheduled after the 2nd year courses end*)?

- Yes
- No

Third Year or Advanced Colloquium Taken? (*Optional*)

- Yes
- No

Incomplete Courses (Please list the course name below, for which you need a tutorial):

Course Name: _____

Course Name: _____

APPENDIX T

Provider Confidentiality Responsibility Form

Course/Presentation Name: _____

Program: _____

Provider & License Number: _____

I, (Faculty/Guest Faculty/Speaker Name), acknowledge that the entire responsibility for maintaining the confidentiality of my patients is between my patients and me. I have explained my responsibility to protect confidentiality to all of my patients as part of my privacy notice. Accepting this responsibility, I will take all necessary steps to insure that my discussion of my patients with other therapists, with SDPC faculty, or at any SDPC related programs do not identify the patient. I will also make certain that I do not release enough information about a patient, that a third party could reasonably determine the identity of the patient.

If there are any reasonable concerns that my discussion of a patient could reveal their identity, I will obtain the patient’s prior written consent releasing me to share their information. This written release, signed by the patient, will specify to whom and what I will discuss of their treatment. In such cases, I will provide the SDPC administrator with a copy of the written consent prior to my discussion of the patient.

Signature: _____

Date: _____

APPENDIX U

A CANDIDATE'S QUICK* REFERENCE GUIDE FOR CLINICAL CASES

Request first case

1. Candidate must be in analysis four times a week
2. Eligible to request starting first case once coursework begins in first year. Candidate required to begin first case by end of second year of coursework or must engage a supervisor (training analyst) towards acquiring first case. Waiver required for exception to this rule.
3. Send email requesting to begin first case to Michelle Spencer, Progressions, and EC with attached request form filled out. Progressions will notify you of approval to begin.
4. Select supervisor to review current cases for conversion or to discuss new case for analysis.
5. Candidate can begin counting supervisory hours once his/her case is in four times weekly psychoanalysis and the Initial Case Write-up requirement is completed. If the candidate completes the Write-up by the end of the first month, up to four hours of supervision prior to commencement of psychoanalytic treatment can count toward the total hours for the case. If the write-up is not submitted in the first month, supervisory hours will begin counting only after the write-up is submitted.

Case Write-ups for each case

1. Initial Case Write-up: Completion by the end of the first month after analytic case has begun. Supervisor reviews and discusses with candidate, then approves final version; copy sent to Michelle at the office. (Sample copy of initial case write-up in candidate's manual. Candidate can modify sample format at personal discretion)
2. Two Quarterly Reports: One is written three months after analytic case start date; second quarterly report three months after first quarterly report. (Sample copy in candidate's manual)
3. Semi-Annual Reports: These are reviewed and approved by each case supervisor, then turned in to Michelle. They are completed every six months starting six months from the due date of the second Quarterly Report.

Affix printed header that identifies each report, candidate, etc. (attached to this and in the training manual)

Request Second Case

1. Same as Request for first case above
2. Candidate must have all reports current for first case to accrue supervisory hours on second case. Progressions will notify candidate of approval to begin second case.
3. Select supervisor and proceed as outlined above.

Request Third Case

1. Same as request for first and second cases outlined above.
2. Requirement that case reports current for supervisory hours to count.

***Consult Candidate's Manual for complete details on all these topics and concerning the Child/Adolescent Program requirements.**

De Pottel, 2016

APPENDIX V

Writing Sample and References

The candidate's written narrative shall be organized as follows to best illustrate the analytic work (see sample included below): set-up; experiencing; reflecting; transitional; (experiencing; reflecting; etc.).

Sample write-up

(Set-up) The following is from the mostly mid-phase of Jane's analysis. I use the term mostly mid-phase as there were times I felt we were at the beginning once again. During our treatment together, Jane had developed a painful sadomasochistic fantasy relationship towards a woman in her life. Often, when I addressed Jane's feelings about me, she erected what felt like a wall against me. I felt angry and shut out as she spoke rapidly in her favorite intellectualized way. I wanted to understand these painful feelings as they related to me. The dissolving of this wall of resistance necessitated a continuous effort on my part that felt like drilling. This focused vigilance was unfamiliar to my usual way of working and difficult for me to imagine having to receive. Looking back, I see that we went back and forth with the roles of sadist and masochist. Let me give an example of how I worked with this resistance.

"I can see that you prod me to go deeper . . . and you know it does really help me to focus on my internal feelings. You know from what I told you that I do want someone to see who I am. My parents never really saw me. My mother wasn't available and I felt I had to protect myself from my father." Jane was not angered by my efforts, but seemed to feel cared for. I recalled her father having felt "intrusive" to her, and said, "I sense you are afraid if you acknowledge those difficult feelings between us, I will no longer be your ally. Instead, I become like your intrusive father and you have to keep me out." Jane then responded, "I guess I have been afraid you would turn on me too."

(Reflecting) I was thrilled when Jane referred to my efforts as "prodding." Her use of the word "prodding" signaled an acknowledgement of my presence within her mind. I got in! I felt we had finally entered the realm of the father transference in our work together. There were

many times I felt like I was suffering in the treatment trapped in the world of our enmeshing mothers. Now, somehow I felt almost cruel, like I had forced myself inside of her. Strangely, I thought, was she enjoying this?

Jane's acknowledgement of these early conflicts between us was a sign of her being able to work within the transference. She could see the enormous energy she expended to cover her awareness of herself in all of her relationships. She also began to notice me and spoke about my efforts to help her. This awareness of the two of us led to her increased curiosity about herself and feelings of loneliness on the weekends. She questioned why other women were in relationships and she wasn't.

(Transition) The painful sadomasochistic fantasy relationship Jane had suffered in her outside life was a transference that was difficult for her to imagine could happen between us. I was encouraged she was allowing this painful experience to be part of our relationship as this transference had caused her a great deal of distress at various times in her life. Jane became more active socially and seemed able to engage in more creative endeavors. This led to a memory from her childhood she had not shared before. I noticed she was able to tell me the story in a less intellectualized manner, but with more emotional expression. She recalled in 5th grade performing at her ballet lesson and the awareness of her father in the audience watching her. She tearfully described a very confusing experience of becoming aware she was developing breasts and feeling shame, while on the other hand, enjoying his watching her perform. She always wondered why she quit ballet around that time when she had enjoyed it so much and was told she had a gift for dance. These conflicted feelings and memory led to the following interaction between us.

References

Bernstein, S. (2008). Writing About the Psychoanalytic Process. *Psychoanalytic Inquiry*, 28:433-449.

Expressive Uses of Countertransference – Notes to the Patient from Oneself. *Contemporary Psychoanalysis*, 19:1-33

Lister, Kravis, Sandberg, Halpern, Cabaniss, & Singer. (2009) "I Write to Know What I Think": A Four-Year Writing Curriculum. *JAPA*, 56/4:1231-1237.

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Psychoanalytic Process

Seattle Psychoanalytic Society and Institute Adult Psychoanalytic Training Program

SPSI's Adult Psychoanalytic Training Program is the only training program in the Pacific Northwest accredited by the American Psychoanalytic Association. Our program fosters the development of clinical expertise, scholarly achievement, and personal growth. The program utilizes the traditional three-part approach to psychoanalytic education; a personal "training" psychoanalysis, didactic courses and case conferences, and work with psychoanalytic cases conducted in consultation with an approved consulting analyst. These three elements reinforce each other to provide a comprehensive, multi-dimensional educational experience.

Personal Psychoanalysis

The Personal Analysis is the foundation for becoming an effective psychoanalyst. Students develop their capacity for self-observation, self-reflection, and free themselves as much as possible from neurotic conflicts and personality problems which might interfere with treatment of psychoanalytic patients.

Didactic Curriculum

The classroom portion of the program consists of four years of seminars and case conferences and is designed to be integrated with ongoing personal analysis and clinical work conducted under consultation. This enables the student to understand the empirical basis of psychoanalytic theory and to develop skill in putting the material into practice.

Classes meet on Fridays from September to June, over four years. Each academic year consists of four terms: one 9-week term and one 4-week term in the fall, and two 9-week terms in the winter and spring. Each term is comprised of two didactic courts or seminars and either a case conference or a writing seminar. Courses cover theory, human development, psychoanalytic process, psychopathology, ethics, community and group dynamics, sociocultural dynamics and contexts, writing, continuous case conferences elective courses and more.. Currently, SPSI's four-year didactic curriculum totals 558 classroom hours.

Adult Psychoanalytic Training Program

Admission Policies & Procedures for the Psychoanalytic Training Programs

Selection for psychoanalytic education and clinical training is based on an applicant's suitability, eligibility, and readiness.

Applicants should display integrity, maturity, flexibility, and strength of character.

A requirement for psychoanalytic education and clinical training is an established identity as a professional whose prior experience and conduct assures a firm and enduring commitment to responsible and ethical patient care. The assessment of suitability is based on an applicant's possession of character traits and ethical values necessary for every psychoanalyst.

Applicants should demonstrate a capacity for self-observation, self-monitoring, and the ability to maintain appropriate interpersonal boundaries.

Applications for the 2024-2028 cohort will be accepted starting in the Spring of 2024, with a deadline of May 1st. Earlier application is appreciated, to allow more time for interviews and preparation for the upcoming academic year.

Link to Psychoanalytic Training Program Application Form

SPSI Psychoanalytic Training Programs are offered to:

A graduate or student in active training at an accredited institute of the American Psychoanalytic Association.

Physicians whose background includes graduation from an accredited medical school and completion of at least one year of psychiatric residency. Physicians are required to have completed three years of psychiatry residency before graduation from the Institute.

Clinical psychologists with Ph.D., D.Ed., or Psych. degrees; social workers with Clinical Doctoral degree; Doctors of Mental Health

Mental health professionals, other than those designated in categories above, who have earned at least a Masters Degree in their fields and who have established their excellence as clinicians.

Non-mental health professionals

Non-mental health professionals from related fields of the Arts or Sciences may apply for Academic Associate status.

Under certain circumstances, applicants who do not meet the above formal criteria will be considered for admission based on their particular qualifications and experience, as follows:

Individuals whose mental health graduate degree is not at the highest educational level generally obtained to practice clinically within their profession but who nevertheless have satisfactorily completed the prerequisites as well as sufficient additional didactic and clinical education.

Individuals who possess the highest clinical degree obtained within their profession, but whose didactic and clinical education is marginal.

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.

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.

Individuals who for some other reason appear to the Institute to be suitable but are not automatically eligible by the formal criteria.

It is the official position of SPSI that an applicant is never excluded on the basis of age, gender, sexual orientation, religious affiliation, race, ethnic background, or disability status.

Adult Psychoanalytic Training Program Graduation Requirements

The decision to graduate a Candidate from the Adult Psychoanalytic Training Program is based upon:

The attainment of minimal numerical standards in accordance with the requirements of the American Psychoanalytic Association.

Demonstration of clinical competence in conducting adult psychoanalyses

The ability to effectively communicate psychoanalytic work verbally and in writing.

Mastery of psychoanalytic theories of development, psychopathology, and clinical process.

Training Case Requirements

A Candidate must work with a minimum of three cases to graduate. For a case to be credited, it must progress for at least a year at a frequency of four or more times a week, with weekly consultation from a Consulting Analyst. Candidates must demonstrate the ability to conduct advanced cases, and must accumulate a minimum of 200 total hours of consultation from three different Consulting Analysts. Fees for consultation are arranged between Candidates and Consulting Analysts.

Didactic Classes and Case Conference Requirements

Completion of the four-year sequential didactic classes and clinical case conferences in good standing.

SPSI 2024-2025 Adult Psychoanalytic Training Curriculum

Year	Fall Term (9 Weeks) September 6, 13, 20, 27; October 4, 11, 18, 25; November 1	Interession (4 Weeks) November 15, 22; December 6, 13	Winter Term (9 Weeks) January 10, 17, 24, 31; February 14, 21, 28; March 7, 14	Spring Term (9 Weeks) March 28; April 4, 11, 18, 25; May 2, 9, 16, 30
1	Identity and Groups I (G, SC) (8 weeks with CAAO meeting taking 1 full session)	CAAO – 1 Writing (W) – 3	Cont. Case Conference (C) (8 weeks with CAAO meeting taking 1 full session)	Cont. Case Conference (C) (8 weeks with CAAO meeting taking 1 full session)
	Freud I (T) <i>NOTE: This is a 13-week course with a week off between weeks 9 and 10 (November 8).</i>		History of PSA (T)	Ego Psychology (T) • A. Freud, S. Freud • Hartmann, Kris, Lowenstein, Arlow & Brenner
	Analytic Core Concepts I (P/T, E, C): • Intro to Analytic Listening • Free Association • Analytic Attitude/Stance • Thinking analytically about medication • Social Context • Ethics (frame)	PSA Theory of Groups (T, G)	Beginning Analysis (P/T, E): • Formulation/assessing for analysis • Increasing to analytic frequency – technique, considerations, and ethics • Frame considerations (including virtual) • Social Context • Ethics (being in training)	Psychopathology I: Neurotic Psychopathology (P)
3	Cont. Case Conference (C) (8 weeks with CAAO meeting taking 1 full session)	CAAO – 1 Writing (W) – 3	Cont. Case Conference (C) (8 weeks with CAAO meeting taking 1 full session)	Cont. Case Conference (C) (8 weeks with CAAO meeting taking 1 full session)
	BOR: Klein, Bion, and related contemporary theorists (T) Klein, Bion, Contemp. Kleinians Middle School: Winnicott, Bowlby, Fairbairn, Sharpe <i>NOTE: This is a 13-week course with a week off between weeks 9 and 10 (November 8).</i>		Theory and Process of Dreams (T, P/T)	Self Psychology (T)
	Human Development I: Birth to Latency (HD)	Special Topics*	Human Development II: Middle Childhood to Early Adulthood (HD)	Psychopathology III: Severe Character Pathology and Psychotic level syndromes (P)

KEY: T – Theory P/T – Process and Technique C – Clinical and Presentation P – Psychopathology
 HD – Human Development E – Ethics G – Groups SC – Sociocultural Context W – Writing

* Special Topics may include multiple offerings in each interession, based on input and ideas from candidates and faculty members regarding topics of interest to them. Goals are to allow space for analysts of candidates to teach and to provide a greater variety of special topics.

Theory Sequence

The APTP curriculum traces the course of psychoanalytic theory from its fin de siècle Viennese origins to the contemporary neurobiological findings over the course of the four years.

First Year

We begin by reading the cases of Sigmund Freud and his contemporaries to acquaint ourselves with the foundational concepts and radical nature of our discipline. This includes the influence of

cultural context, the concept of the biological drives, infantile sexuality, transference, and the extent to which psychoanalytic theory has been inextricable from clinical practice from its inception. This is followed by the study of Anna Freud’s contributions and Post-World War II Structural Theory. This sequence acquaints us with the concept of ego functions and defense. Introduction to Contemporary Psychoanalytic Viewpoints assists the Associates in understanding the relationships and differences among the major theoretical schools of psychoanalysis. Finally, Introduction to Child Analysis exposes us to applying psychoanalytic concepts to work with children and adolescents.

Second Year

In the second year, we study Modern Structural Theory, post-Freudian and American Object Relations theory. Associates become further familiar with the concepts of ego functions and

defense as well as separation and individuation as perspectives by which to understand analytic treatment via the transference. By the end of the second year SPSI Associates will have a thorough working understanding of the fundamentals of psychoanalytic theory.

Third Year

In the third year we study British Object Relations Theory, including the contributions of Sandler, Winnicott and Klein, and contemporary analytic theories and ideas including the relational and intersubjective points of view. These theories expand our understanding of technique to view the psychoanalytic relationship as a communicative field where transference/countertransference are viewed as aspects of one constellation.

Fourth Year

In the fourth year, we study Intersubjective and Relational theories. This course further builds an appreciation of the analyst's contributions to the psychoanalytic relationship and process, including enactments and development of the "analytic third." A final seminar is devoted to neuropsychanalysis, although aspects of this field are included throughout the curriculum

Human Development Sequence

Second Year

Infant Observation and Development from Pregnancy to 18 months

We begin the study of Human Development with a year-long course on early infant development, recent research and attachment theory, alternating with Infant Observation. Meeting weekly in a family's home, SPSI Associates observe a mother or primary care giver with his/her infant from birth through the first birthday, and write weekly narratives of the observations. Associates complete the Massey-Campbell Scale of Mother-Infant Attachment Indicators During Stress, discuss observations in class and write a final paper including the attachment scale and countertransference reactions.

Third Year

18 months to year 7; the pre-Oedipal and the Oedipal phases

The pre-Oedipal psychic tasks include mentalization, anality, aggression, play, object and self-constancy, gender, the influence of the father or other in character development, separation

individuation, and the development of autonomy. The Oedipal tasks include management of phallic drives, psychic structure formation, sexual identity, triadic object relations, and sexual and gender development.

Latency 6-12 years

The latency period includes psychic structure development sufficient to ready the child for educational settings, gender development, ego defenses against Oedipal and pre-Oedipal urges, and cognitive and structural characteristics of latency functioning.

Fourth Year Adolescence to Young Adulthood: 12-20 years

During the adolescent component, we discuss the concepts of sexuality, drive resurgence, object removal, formal operational thinking, identity consolidation and special issues in psychoanalytic treatment of adolescents.

Psychopathology Sequence

We study psychopathology in each of the first three years of the program: first year- Neurotic Character and Symptom Disorders, second- Borderline Character, and third- Severe Character Pathology and Psychosis. Topics are presented to coordinate with both the Theory and Human Development courses. Psychopathology is the conceptual link between theory and the immediate psychoanalytic process. Psychopathology is drawn from several paradigms to assess and categorize clinical phenomena. These include the trauma/strain model, conflict and fixation as well as neurobiological correlates and psychiatric descriptive approaches. The goal of the psychopathology courses is to teach the Candidate psychoanalytic assessment and how to work with emotional disturbances via the transference/countertransference situation.

Psychoanalytic Process Sequence

Throughout the four years of didactics, we study the practical techniques needed for conducting psychoanalytic treatment, from the evaluation of suitability for analysis through the complexities of termination. Ethical issues are addressed throughout the Process seminars.

First and Second Years

The first and second year courses are directed towards helping Candidates with their training cases, as conducting psychoanalysis is essential to learning the psychoanalytic process. We focus on the application of the fundamental concepts of analysis to the treatment situation, especially the psychoanalytic frame and ethics, transference/countertransference constellation, and defense and resistance. We cover related topics including interpretations and other interventions, the therapeutic alliance, the use of dreams, writing case formulations and the analytic approach to time and money. We look at the evolution of the analytic process in order to place contemporary thinking and practices into an historical context.

Third and Fourth Years

In the third and fourth years, our studies include “working through” and other technical issues encountered when conducting a psychoanalytic treatment. In the final year, we focus on the late middle phase and the process of termination, including the transition from middle phase to termination.

Case Conferences

Candidates present and attend case conferences until graduation. Case conferences follow a single psychoanalytic case over several months to give Associates a feel for the psychoanalytic process over time. Every Candidate is expected to present cases during their training. All case conferences are led by Senior Analysts. The first Case Conference particularly focuses on issues of ethics.

Electives

The fourth year includes 11-16 weeks of electives, typically allowing exposure to concepts of interest and to instructors not already available to that group of Associates.

St. Louis Psychoanalytic Institute

GRADUATION CRITERIA

1. Completion, with credit, of all four years of required didactic course work.
2. Completion of all case write-ups.
3. Three supervised analytic cases, one of which is in a late middle phase. The cases are required to be conducted at a frequency of three to five times per week, with at least one case at four times per week continuously for a minimum of twenty-four months. The other two cases must have lasted for at least one year in order to count toward graduation. At least two genders must be represented.
4. Supervisors' reports attest to the competence of the candidate to conduct analyses.
5. A minimum of 150 hours of psychoanalytic supervision, combined, of which at least 75 have been devoted to one case.
6. A Graduation Project.

GRADUATION PROJECT

1. You must complete a graduation project in order to graduate from the Adult Psychoanalytic Program.
2. You will need to have a faculty consultant to work with you on your graduation project. Any faculty member can be asked by you to serve in this capacity (It can be your mentor/advisor). It is your responsibility to find the faculty consultant and your mentor may assist with this. The faculty consultant will assist you in developing your graduation proposal/project and determine with you when it (paper, case presentation, etc.) is ready for evaluation by the Education Committee.
3. The Education Committee will evaluate your project. A panel of three reviewers will be assigned by the Education Committee Chair. The reviewers will evaluate your project and report to the Education Committee. At that time, a vote will be taken by the Education Committee as to the acceptability of your work in its present form.
4. For non-clinical Candidates, a paper is required as a graduation exercise.

DESCRIPTION OF GRADUATION PROJECTS

A graduation project can consist of:

- (A) a scholarly paper,
- (B) an oral exam of two hours,
- (C) a formal case presentation, in written or oral form, consisting of researching the literature on a psychoanalytic concept encountered in the analysis of a patient and discussion of this concept's applicability to the analysis,
- (D) other creative proposals subject to the approval of the

Education Committee,

(E) a write-up of 3 cases consistent with certification guidelines by the American Psychoanalytic Association for case reports.

Graduation papers can be on clinical topics, theoretical topics, historical topics or creative topics that deal with psychoanalysis. A graduation paper can be an essay or a research paper in applied psychoanalysis.

II. CRITERIA FOR EVALUATING GRADUATION PROJECTS

A. The general criterion for all papers is that they demonstrate scholarly and scientific thinking in the chosen area/topic.

1. A clinical paper should fulfill the following criteria:

- a) It should demonstrate adequate mastery of the relevant theoretical literature.
- b) It should demonstrate adequate analytic thinking about the specific case material.
- c) It should demonstrate an ability to adequately integrate theoretical and clinical thinking.

2. A research paper should fulfill the following criteria:

- a) It should demonstrate adequate mastery of the relevant theoretical literature.
- b) If clinical case material is included, the paper should demonstrate adequate analytic thinking about the case material.
- c) If it is a theoretical or historical paper (without clinical case material) it should demonstrate relevance to psychoanalytic theories.

B. If you choose to take the oral examination of two hours, three faculty members will be selected by the Education Committee to be evaluators. There will also be two additional members: an observer and a secretary. If you choose, you may invite special guests, e. g. faculty mentor. The above graduation criteria “a, b and c” will also apply to the oral examination.

C. A formal case presentation, in written or oral form should fulfill the following criteria:

- a) It should demonstrate adequate analytic thinking about the specific case material.
- b) It should demonstrate adequate mastery of the relevant theoretical literature.
- c) It should demonstrate an ability to adequately integrate clinical and theoretical thinking.

D. A creative project should demonstrate the relevance to psychoanalytic theory/thinking in an appendix.

E. Criteria for write-ups of three cases consistent with certification guidelines for case reports:

1. Demonstrate assessment and diagnostic skills
2. Demonstrate the ability to conceptualize and formulate psychodynamic formulations.

3. Demonstrate a psychoanalytic attitude and attunement.
4. Demonstrate ability to use technique.
5. Demonstrate recognition and use of transference.
6. Demonstrate recognition, understanding, and tolerance of resistance (defenses).
7. Demonstrates awareness and use of countertransference.
8. Demonstrates an understanding of psychoanalytic progress and process.
9. Demonstrates an understanding of the dynamics of the termination process.
10. Demonstrates integrity and maintenance of highest ethical standards.

WASHINGTON BALTIMORE PSYCHOANALYTIC INSTITUTE

CANDIDATES MANUAL

INTRODUCTION

This manual makes available to the candidate the rules and administrative procedures of the Washington Baltimore Psychoanalytic Institute. It is hoped that this manual will contain answers to most of the procedural questions which may arise in the course of the candidate's study in the Institute. The candidate should keep this manual for ready reference. Questions should be directed to the Institute Director, the Liaison to the Institute Council and the President of the Candidates Organization.

Whenever changes are made in any of the procedures, replacement pages will be sent for insertion in this manual.

(Revised April 2022)

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The Washington Baltimore Psychoanalytic Institute follows the tripartite model, as required of all institutes accredited by the American Psychoanalytic Association. This model consists of a personal analysis with a Training Analyst, class work and continuous case conferences, and supervised psychoanalysis.

1. TRAINING ANALYSIS

It is the individual candidate's personal responsibility to arrange for his/her training analysis. The names of all Training Analysts are listed on the website.

The standards for the personal analysis are:

- In person
 - 4-5 days/week for a significant portion of the analysis
 - On separate days
 - Standard hour in length
 - Usually on the couch
- 1) The candidate's personal analysis plays a central role in developing the candidate's competence to conduct psychoanalytic treatments. Arrangements for the personal analysis should be made with the thought in mind of facilitating the depth of personal involvement and emotional intensity in the analysis that is most conducive to developing the candidate's ability to consistently engage his or her patients effectively.
 - 2) Sufficient prior experience in a personal analysis is necessary to prepare the candidate to effectively engage in the practice of clinical psychoanalysis with the candidate's own patients. Candidates are expected to have been involved in a well established personal analysis for a period of time, i.e., 4-6 months before beginning the first control case.
 - 3) The candidate is required to remain in a personal analysis throughout a significant portion of the supervised clinical control work.
 - 4) On an annual basis, candidates are responsible for confirming with their advisors that their analysis is on-going. Candidates are also responsible for informing their advisors of any changes in the analytic arrangements or of the ending of the analysis when these events occur.
 - 5) Ordinarily, a candidate's personal analysis must be conducted by a Training Analyst appointed by the Washington Baltimore Psychoanalytic Institute. However, when a candidate has been in an ongoing psychoanalytic treatment with an analyst not affiliated with the WBPI prior to beginning analytic training, the candidate may apply to the STADC for a **waiver** permitting the analyst to serve as the candidate's personal analyst. The waiver process is designed to provide the candidate who wishes to do so the opportunity to continue an ongoing treatment relationship. To be eligible for a waiver, the treating analyst must meet WBPI's current criteria for appointment of TAs and agree to participate in the requisite vetting process.

No firm rule can be established regarding the duration of the training analysis. It is a dynamic procedure determined by individual therapeutic needs. Any statement of a definite number of hours of analysis is incompatible with this concept. Termination of the candidate's personal training analysis is a matter of decision between the candidate and the

training analyst, with the caveat that the candidate remains in the training analysis through a significant portion of her/his supervised clinical work. The termination of the analysis and any change in frequency below 4 times per week should be reported to the advisor. Only the name of the Training Analyst, beginning and termination dates, and any change in frequency below 4x/week will be reported to CPC.

The Washington Baltimore Psychoanalytic Institute is committed to providing affordable training analyses for candidates. The fee for a training analysis should be negotiated between Training Analyst and prospective candidate analyst. A candidate having difficulty finding an affordable analysis should contact the Director of the Institute. The Institute takes no position concerning the use of insurance by candidates.

2. FACULTY ADVISORS

Faculty advisors are essential to the training experiences of candidates. They serve as an essential bridge between candidates and the Institute. The advisor represents the candidate to the Institute and represents the Institute to the candidate. The advisor conveys the candidate's progress and development during the entire time that the candidate is in training at the Washington Baltimore Psychoanalytic Institute. This involvement includes with advanced candidates and/or those on leave of absence. Advising a candidate means fleshing out strengths and weaknesses to help the candidate take his/her work seriously. The advisor follows the candidate's development in class work, control case work, supervision, administrative work (regularly updating the candidate's file), committee work (some candidates are members of committees such as the Curriculum Committee or the Clinic Committee), and clinical consultation panels.

Upon admission to the Institute, candidates are assigned a faculty advisor with whom they are encouraged to consult regarding any phase of their training. Candidates who entered the program through the PSP will already have an advisor. Faculty advisors meet with their advisees as soon as feasible after admission to the Institute. Most candidates remain with the same advisor throughout training. Sometimes, however, the fit between advisor and candidate is not good. In this case, the candidate may switch advisors after consulting with the head of the Candidates Progress Committee.

Once a year advisors present a written report of their advisees to the CPC for review. For this purpose, the advisor will have spoken at length with the candidate about the candidate's assessment of her/his development. The advisor will also speak with the candidate's supervisors by conference call to get a realistic view of the candidate's clinical work, including strengths and weaknesses. It is the responsibility of the advisor to communicate the supervisors' assessments of the candidate to the candidate prior to presenting the candidate to the CPC. The advisor will also have reviewed reports from the candidate's course instructors to include them in the discussion of the candidate's progress. These reports which the candidate has access to, are on the cloud and filed in the candidate's folder at the Institute office. Advisors review initial, annual and final case summaries of the candidate's control cases as well.

Once a year, all faculty advisors will arrange to meet with their advisees in person a month or more in advance of the annual presentation of the candidate to the CPC. If necessary, the Chair of the CPC is available for consultation. Faculty Advisors are to be consulted by candidates prior to undertaking each new supervised case, as described in the section on Supervised Clinical work. If a candidate elects to have his/her faculty advisor become his/her supervisor of a control case, a new faculty advisor is appointed.

Faculty advisors and candidates are responsible for maintaining ongoing contact to discuss issues involving candidates and their educational development. Candidates should feel free to consult faculty advisors at any time about any questions concerning their training. Faculty advisors, as representatives of the CPC, are responsible for settling routine matters concerning candidates' educational experience. They will also bring out of the ordinary matters to the attention of the Committee for its recommendations. The spacing of supervised cases, for example, may be varied according to individual preparedness. Special recommendations regarding leave of absence, postponement of courses, etc., as

determined by the CPC, may also be necessary. In the rare instance when a supervisor becomes unavailable for a prolonged period, either because of illness or some other life event, the candidate should contact the advisor to arrange for interim supervision.

When a candidate wishes to take on a 3rd control case, his/her advisor will have a conference call with the supervisors of his/her first 2 cases to discuss control work in the first 2 cases in detail. The conclusions of that conference call will then be reported to the CPC and a recommendation will be made concerning readiness for additional control cases. Should the candidate wish to conduct the 3rd control case at a reduced frequency (3x/week), the supervisor must agree that it is likely that a psychoanalytic process can be developed with the particular patient at a lesser frequency. This request is made by the advisor to CPC, and CPC, based on an overall view of the candidate's educational requirements, will decide whether the reduced frequency will be educationally useful for the candidate. The advisor will also speak with supervisors concerning the question of readiness to do unsupervised work, as well as about the issue of readiness to graduate.

The advisor will initiate the consideration to graduate, talking with the Chair of CPC, and the candidate. Once they are all in agreement the advisor arranges a conference call with all the candidate's supervisors to see if they concur that the candidate's clinical work is of sufficient quality to support graduation. If the supervisors do support graduation, then the advisor should contact the Chair of the CPC to have this request put on the agenda. This request should be made several months in advance, as it takes time to make such arrangements. Once a date has been arranged, the advisor is to re-contact the supervisors with that information as it is essential that all the candidate's supervisors attend this CPC meeting. The advisor and candidate must see that everything in the candidate's file is up-to-date (annual summaries written by candidate and semi-annual evaluations written by supervisors, class evaluations, monthly summaries of analytic and supervisory hours, etc.). It is also a prerequisite for graduation for the candidate to have met with her/his clinical consultation panel at least once during every academic year following the beginning of the 2nd case, including the year of the graduation request. The panel must concur that its consultative work has been sufficient and the chair of the panel must inform the advisor of this determination. The advisor checks to make sure the candidate has no outstanding financial issues with the Center. If the CPC recommends graduation, then the candidate's request will be presented to the next Institute's Council meeting for final approval.

In summary, the CPC evaluates each candidate's progress on an individual basis throughout his/her training experiences in the Institute. Course work, consultative panels, and supervision are continued until, in the view of the CPC, the candidate and his/her work has shown sufficient professional maturity to warrant his/her being graduated by the Institute Council. The advisor has an essential role in following the candidate's progress throughout, serving as a bridge between the CPC and the candidate, advising and mentoring the candidate, as well as keeping tabs on necessary administrative tasks. Thus, the relationship between the candidate and the advisor is important to the success of the candidate. Should issues arise which interfere with their work, the Chair of the CPC is available for consultation.

3. COURSES

Enrollment

All candidates accepted for training in the Washington Baltimore Psychoanalytic Institute are expected to be in a 4-5x/week training analysis as spelled out in Section 1 – Training Analysis.

Registration

During the first 4 years of classes, candidates are automatically registered for classes upon successful completion of the previous year's class work. Advanced candidates shall register for Institute courses for which they are eligible by

written application on the appropriate forms with written approval of the faculty advisor. See also "Fees" and "Faculty Advisors."

Attendance

Attendance is kept by the instructor in each course. Any absence should be discussed with the instructor and any required make-up should be arranged with him/her.

Evaluations

Each course will be evaluated by the candidates on a form provided by the Curriculum Committee. This evaluation is essential both as feedback to the Curriculum Committee and a necessary requirement for CEUs/CMEs. **Candidates will receive credit for each Institute class once they have 1) completed all class requirements and 2) completed their evaluation of the class.** Candidates will also be evaluated by their teachers in every class. The candidates will receive copies of the evaluations, as well as these evaluations will be placed in their file on the cloud. Each candidate will be sent a link to their Sharefile account by the office. Be sure to keep the password and access code as the office will not have this information. Once the account has been set up, the candidate will have access to their own file from their own computer.

4. TUITION AND FEES:

Invoicing for tuition will occur on **July 1st** via email.

Payment in-full for tuition will be required by October 1st.

New candidates will be informed when they are accepted into the Institute that tuition and fees are due by October 1st.

Benefits to paying in full by October 1st are inclusion in the PEP web subscription, access to the resources in the Members-only section of the Center website, and inclusion in the online membership directory

Candidates who are not able to pay in-full by October 1st must contact the Executive Director of the Center in advance of October 1st to make arrangements for a payment plan.

Candidates who do not respond to the invoice(s) will be unsubscribed from PEP web as of September 1st. The Center's PEP web subscription renewal is due at that time, and only current members in good standing will be renewed as part of the Center group. A candidate can re-subscribe to PEP through the Center once s/he has made a payment plan arrangement. Re-subscribing after the PEP deadline, however, costs the Center extra money; this amount will be covered by the late-fee assessment.

Candidates who are not in good standing as of October 1st will not be included in the online membership directory, nor have access to the members-only section of the website. Once payment to the Center has been made, access to the members-only part of the website and inclusion in the online directory will resume.

Candidates who have not paid dues or tuition in-full by December 31st may forfeit their membership or student status and are subject to termination from the training program.

Candidates who take a leave of absence still pay tuition, but at a greatly reduced rate.

Graduation

A candidate who has graduated shall have the pro-rated fiscal year tuition fee refunded except for those candidates enrolled in the combined Adult-Child/Adolescent Program. Should a candidate in the combined program be graduated only from the Adult Program, the advanced tuition fee will be charged annually until graduation from the Child/Adolescent Program or the candidate withdraws from the Child/Adolescent Program. If the graduate in the combined program becomes an active member of the Center, s/he will be charged Center dues plus a personal tuition fee, the total to equal the advanced candidate tuition fee.

Training Analysis

The fee for training analysis is arranged privately between the Training Analyst and the candidate.

5. CURRICULUM

The basic curriculum consists of a graduated series of seminars covering the theory and technique of psychoanalysis and the psychoanalytic understanding of human development. It extends over a core 4 year period with an additional 5th year required at a lesser intensity.

Instructors are required to give candidates a rating. Written commentary will also be provided. Instructors are expected to discuss their evaluations and ratings with the candidates as well as providing the candidates with a copy of the evaluation submitted to the office.

After the basic 4 years of courses have been completed, in their 5th year and beyond, candidates are required to take a minimum of 2 trimester courses of 10 sessions each during each academic year until they have been graduated by the Institute Council. The Curriculum Committee may decide that certain courses are required to be taken by 5th year candidates. Beyond required classes, the course work can include the Comprehensive Seminar, participation in an Institute Day course or study group, a course arranged between students and an instructor or tutorials. Courses may also be selected from the basic curriculum. The advisor should be consulted and must approve advanced course work.

Candidates on a leave of absence can enroll in classes with the prior approval of their advisors, CPC, and the Curriculum Committee.

Comprehensive Writing Seminar

Prior to graduation all candidates must enroll in the Comprehensive Writing Seminar. To be eligible to take the Comprehensive Seminar, the candidate is required to have 2 control cases which are already creditable, and a third control under way.

The major task in the Comprehensive Seminar is for each candidate to demonstrate a synthesis of their analytic theoretical and clinical learnings through writing up one of his/her cases as a report which includes history, initial assessment as to analyzability, a clinical narrative of the analytic work, demonstrating the development of the transference phenomenon, presenting countertransference, interpretations, and the working through process, and, if applicable, the termination process. The psychodynamic formulations should demonstrate the candidate's competence in utilizing the theoretical knowledge s/he has acquired in the basic curriculum in the analytic work with the patient. Each case report will be pre-circulated to the instructors and the group members, and re-written after feedback from the class and the instructors has been given.

6. CLINICAL CONSULTATION PANEL

The clinical consultation panel is intended to provide candidates with an opportunity to discuss their work over time with 3 faculty analysts in a setting structured to facilitate open exchange among the candidate and the panel members.

Candidates select and begin their clinical consultation panel as soon as possible after beginning the second control case. The panel meets each year until graduation. The chair of the committee must be a TA or SA, the other 2 members analysts of WBCP. The members of the panel cannot be any of the candidate's supervisors. The candidate presents ongoing control work to the panel.

7. SUPERVISED CLINICAL WORK

The candidate in training in the Adult Psychoanalytic Program is required to conduct the creditable analysis of 3 non-psychotic adult patients of different gender orientations under supervision to graduate. It commonly occurs that a candidate will have had experience with more than 3 supervised cases by the time s/he completes his/her training. Careful case selection is essential. It is important to select cases with a variety of diagnoses and character structures, perhaps at varying developmental levels. The advisor can be helpful with case selection.

The candidate should have a different Supervising Analyst for each required case unless educational consideration dictates otherwise. One of the 3 supervised cases is to be selected from the Psychoanalytic Clinic (see Service in the Psychoanalytic Clinic, Section 9).

For candidates taking the combined Adult-Child/Adolescent Psychoanalytic Program, the information concerning the required child cases is contained in the section on "Training in Child/Adolescent Analysis."

It is expected that candidates will begin the supervised analysis of a case within the 1st year of becoming a candidate. Once accepted as a candidate, with the help of their advisor, the candidate is to find a Supervising Analyst with whom to begin supervision to discuss psychoanalytic psychotherapy cases and the selection and assessment of potential control cases. Before actually beginning the 1st control case the candidate must be granted permission to do so by their advisor in collaboration with the CPC Chair.

Criteria for assessing readiness to begin a 1st control case:

- 1) immersion in a personal training analysis (4-6 months)
- 2) some level of clinical competency from a psychodynamic/ psychoanalytic viewpoint and/or immersion in PSP classes
- 3) discussion with the Supervising Analyst as to the candidate's readiness to take on a 1st case

Soon after the analysis of the 1st case has become established, the candidate is encouraged to consult with his/her faculty advisor about beginning a 2nd supervised case, either child or adult. The candidate must be granted permission to take on a 2nd case by the advisor in consultation with the CPC Chair. To begin a 3rd case the advisor makes a formal request to CPC. Supervision will begin in each case before a commitment is made to the patient for analysis, until such time as the candidate has been granted permission to conduct unsupervised analysis.

Unsupervised analysis may be undertaken only when permission has been expressly granted by the CPC. Permission to conduct unsupervised analysis is a requirement of graduation, whether the candidate elects to take advantage of said permission.

Supervision on all 3 required adult cases (or 2 adult cases and 1 adolescent) will continue throughout the analyses until graduation. After establishment of the middle phase (see Appendix C3 for a description of middle phase criteria), with

candidates who have considerable supervised experience, the frequency of supervisory sessions may be reduced to bi-weekly, according to the needs of the candidate and the case as judged by the supervisor. If the supervisor judges that lesser frequency would be warranted, s/he should consult the candidate's faculty advisor regarding its appropriateness in relation to the needs of the candidate's overall educational program.

A Note on the Selection of Control Cases for Candidates

The Candidates Progress Committee recommends the “original ApsaA model” as the guide for selection of candidate control cases. These are enumerated in the ApsaA Standards for Education and Training in Psychoanalysis (page 7). As stated: “In the ‘original ApsaA model’ candidates are required to have at least three adult non-psychotic cases, including patients of different genders.... the supervision of cases should occur over a length of time that allows the candidate to develop sufficient knowledge and skill to conduct psychoanalysis independently and competently. Demonstration of this competency is a component of graduation.”

Contemporary psychoanalysis recognizes that diagnosis and character assessment do not fall into neat mutually exclusive categories. Rather, diagnosis and character structure are seen as lying along a developmental continuum, which can be fluid, depending upon regressive and progressive forces at play.

The CPC, as well as most analytic supervisors therefore have assessed patients’ suitability not according to a specific diagnosis or locus along the continuum, but rather according to whether the patient is able to engage in a constructive analytic process. This means that the patient can work within the analytic frame and has the capacity to form a transference which can be experienced, observed and reflected upon in a constructive way.

Supervisors and the CPC have been employing the systematic approach of David Tuckett as a way of assessing and describing the analytic work of the candidate as well as the presence of an analytic process. In this method, 3 classes of analytic functioning are assessed. 1) Listening and Observing, 2) Formulating, and 3) Intervening. The use of the Tuckett method not only reveals the level of skill of the candidate, but also provides much information about the patient’s capacity to engage in a constructive analytic process. Given today’s “widening scope” of psychoanalytic practice, we see that a variety of non-psychotic patients can benefit from psychoanalysis. There is an advantage for the candidate to work with a variety of patients at different developmental levels, including those who are at the upper end of the spectrum of psychological maturity, which we would refer to as a more “neurotic” region.

Frequency of Sessions for Control Cases

4-5x/week, with the possibility of the 3rd case at 3-5x/week

- In some instances, there may be periods of time in which the patient does not maintain a 4-5 session/week schedule. In these cases, the candidate’s and the supervisor’s annual report should include a discussion of the candidate’s understanding of the nature of this change in the frame and how the candidate worked with it analytically.
- The CPC may approve a candidate seeing the 3rd control case at 3x/week provided:
 1. The candidate has shown the ability to work productively with the first 2 cases at 4-5x/week. This will usually mean the cases have been viewed by supervisors as creditable.
 2. The candidate and supervisor believe that it is likely that a psychoanalytic process can be developed with the particular patient at a lesser frequency.
 3. The candidate and the supervisor have considered possible unconscious determinants on the part of the patient

and/or candidate surrounding the possible decreased frequency.

4. The CPC, based on the totality of information about the candidate's progression agrees that control work at this reduced frequency will be educationally useful for this candidate.

The Frame for Control Cases

The standards for control cases are:

- In person
- 4-5 days/week; 3 days/week for the 3rd case if the case has been approved by CPC for a reduced frequency; otherwise 4-5 days/week for the 3rd case as well
- On separate days
- Standard hour in length
- Determination of the utility of using the couch will be made by the candidate, patient, and supervisor

If the use of electronic communication is unavoidable for an interim period or the candidate requires a modification of any of the above standards, the candidate must inform the CPC and request an approval for the modification.

Supervision of Control Cases and Creditability:

A. Supervision

- Each creditable case has a different supervisor.
- A candidate can change supervisors at any time without question or explanation; nonetheless, this should first be discussed with the particular supervisor before the change is made.
- Candidates meet weekly with supervisors. Frequency of supervisory meetings can be reduced when immersion criteria have been met (i.e., case is considered creditable) at the discretion of the supervisor-supervisee pair and in consultation with the advisor as the candidate progresses. However, a candidate must remain in supervision on a supervised control case until graduation.
- The means by which supervision is conducted, electronically or in person, will be determined by the candidate and supervisor. The CPC needs to be informed of the nature of the supervision.

B. Creditability

- Retain a 3 control case minimum
- Different gender orientations
- A minimum total of 225 supervisory hours across all 3 or more cases; e.g., 100, 80, 45 hours, etc.

- 2 of the cases need to have reached a point where the supervisor considers them creditable, which means a determination that an ongoing analytic process has been established; the 3rd case can be early phase
- A candidate in Adult Training may include 1 supervised child or adolescent case as 1 of the 3 required control cases. The candidate must first consult with the Child and Adolescent Committee so that they may determine if the candidate has the requisite experience to take on such a case. The Committee will assist the candidate in obtaining this experience if it is deemed necessary.

The number of supervisory hours is but one criterion of satisfactory fulfillment of this portion of training. An analytic process must also be established with each case. Quality, depth, and breadth of analytic experience with various types of patients and of different gender orientations are preeminent considerations. The number and frequency of supervisory hours are determined in each case by the needs of the candidate, rather than by the accumulation of an arbitrary number of hours beyond the minimum number of hours. The CPC determines when the candidate's work warrants graduation. Supervised clinical work is to be continued until graduation and if the candidate so desires can be continued post-graduation. A fundamental requirement for graduation is the demonstrated ability of a candidate to conduct analysis independently that meets the standards for creditable control work (see Appendix C4: Criteria for Creditable Control Work).

Supervision Reports

Supervision reports are to be prepared by the supervisor and discussed with the candidate according to the following schedule:

First Report by Supervising Analyst: 4 months after analysis begins (Appendix B2 – Report by Supervising Analyst):

Circle First. This report is written by the supervisor and discussed with the candidate. It is filed with the candidate's advisor and with the office.

Interim Report by Supervising Analyst: Jan. 1 and Jul.1 every year for 2 years; then only Jul. 1 thereafter (Appendix B3 – Report by Supervising Analyst):

Circle Interim. The supervisor fills out this form, discusses it with the candidate, and sends the report to the advisor and the office.

A guideline for using this form is Tuckett's Frames of Assessment (Appendix C1). Additional resources are the Columbia Learning Objectives, Mid-Phase Criteria, Criteria for Creditable Control Work, and Competencies for Certification (Appendices C2, C3, C4, and C5). These are provided not as rules but as different frameworks for considering analytic development. Once the control case has been in analysis for two years, the supervisor will no longer complete a report Jan. 1, but will continue reporting Jul. 1 every year until the case terminates.

Final Report by Supervising Analyst: 4 months after supervision ends (Appendix B4 – Report by Supervising Analyst):

Circle Final. This report is filled out by the supervisor after a case is interrupted or completed. The supervisor's final version is given to and discussed with the candidate, and then sent to the advisor and the office. These reports are part of the process of evaluating candidates' progress in supervision. They are separate from the reports candidates write describing their work with analysis (see the following section: Section 8. Reports and Case Summaries).

Candidate Feedback on Supervision: January 1 (Appendix B5):

This is filled out by the candidate to share with the supervisor. It is meant to encourage open discussion of areas of concern, need or appreciation in the supervisory relationship. It remains confidential and is not filed.

8. REPORTS AND CASE SUMMARIES

Treatment Record of Supervised Cases

The candidate should maintain in her/his personal files an accurate and complete record of all supervised control cases. This accounting should include both supervisory hours and analytic hours. Once a year, prior to the candidate's annual review in CPC, the Candidate should provide to the advisor, an updated summary of all control case work as of the date the form is filled out. Use form Appendix D2-Control Case Summary. This form will be included in the candidate's CPC report and kept in the candidate's file by the office.

Case Summaries

Initial Case Summary: 2 months after analysis begins (Appendix A1):

For both adult and child cases, the candidate is required to prepare an initial case summary within **2 months after beginning analysis with a new supervised case**. This initial case summary should include the initial appraisal of the patient's problem, an estimate of the patient's strengths and weaknesses, and psychoanalytic diagnosis. A DSM diagnosis may also be given. The initial case summary should be filed together with the completed form from Appendix A1.

Annual Case Summary: July 1 every year (Appendix A2):

For each supervised case, in collaboration with the supervisor, the candidate prepares an annual summary. The summary describes the patient, the main presenting symptoms, the opening phase of the analysis, the course of the analysis (including the transference manifestations), the current status, and a dynamic formulation. The summaries will be used in assessing the candidate's educational achievements during the year and his/her readiness to progress to the next phase of training. They will also provide the candidate with the information helpful in the preparation of the final case summary and may ease the task of summarizing several years of analytic work with a patient.

Annual summaries on all control cases are required to be completed, approved by each supervisor on the appropriate cover sheet (see Appendix A2), and turned in to the Institute office by **July 1**. Failure to fulfill this academic requirement will be sufficient reason to delay a candidate's academic progression. Candidates who fail to submit these case reports in a timely fashion will be ineligible for fall courses that year or to undertake new supervised cases. Any request for an exception to this rule is made to the CPC through the candidate's advisor.

Final Case Summary: 3 months after termination of supervision (Appendix A3):

On completion of the supervision of a case, the candidate is required to prepare a written summary to be discussed with his/her supervisor as part of the learning experience from the supervisory work. **This summary is due within 3 months after the end of the supervision**, regardless of whether treatment continues after supervision has ended.

The candidate and supervisor will continue to meet at least once a month until the summary is completed.

The dynamics include the history and structure of the neurosis and/or character pathology and its manifestations in the transference utilizing the theoretical conceptualizations from which the supervisor/supervisee pair have been working. The analytic techniques include management of the case, handling of the transference, the defenses and anxieties, and the recognition and resolution of countertransference problems, where present. The results should be indicated by a precise and concise statement of changes in the patient's modes of handling conflict and his/her general and specific adaptive capacities. Since it is a case report, the material should be presented in clinical language, rather than abstract metapsychological formulation.

After the candidate and supervisor have discussed the case summary and revisions suggested by the supervisor have been made, the supervisor will indicate his/her approval on the cover sheet which can be found in Appendix A3. The supervisor may append comments if so desired.

For further information on how to write reports and think about analytic cases, the candidates should refer to the documents included in Appendix C: "Psychoanalytic Case Summary Outline", "Criteria for Creditable Control Work", "Guidelines for Report Writing", and "Competencies for Certification".

When preparing an application for certification in the APsaA, the candidate will need to update the summaries for those cases which continued for a substantial time after supervision terminated. The candidate should be aware that the acceptability of the case summary depends on its demonstrating in a brief form a basic understanding of the dynamics of the case, the analytic techniques for handling them, and the results evidenced to date in the analysis. These reports are limited to 20 pages, double spaced.

9. CLINIC CASES AND THE CLINIC CASE REQUIREMENT

The "Psychoanalytic Clinic" has been a fixture in the WBCP and its predecessors since the 1940s. Just as today, initially the Clinic had a Clinic case requirement for candidates. Over the decades, the Clinic has developed a national reputation for its ability to provide analysts for candidates. Clinicians throughout the country commonly refer cases to the Clinic when their patients move to the DC metro area.

In the 3rd quarter of 2018, a Clinic Study Task Force was formed by the Institute Council (IC) to survey the WBCP and make recommendations for the ongoing role of the Clinic. Based on the survey results, the IC decided to reaffirm many existing Clinic policies while updating others. On June 1, 2019 the updated Clinic policies will be activated. They are stated here.

The Clinic Case Requirement The Institute Council (IC) has reaffirmed that candidates are required to treat one Clinic case during their training. A "Clinic case" is defined as an analytic control case that starts with an average per-session fee of \$50 or less from all sources and continues for at least forty (40) hours of supervision. If the patient's circumstances change during the period of forty (40) supervisory hours such that their fee is increased above \$50 per session, the case will still meet the Clinic case requirement.

On March 11, 2020, in an effort to provide an additional avenue for candidates to meet the Clinic requirement, the IC agreed that a candidate may choose to designate a low fee control case as a Clinic case even if the average per-session fee exceeds \$50. If a candidate chooses to do so, any fees received by the candidate that exceed the average of \$50 per session must be sent to the Community Treatment Fund. The CTF has a mission similar to the Clinic – to provide treatment for those who would otherwise not be able to afford it. As such, the CTF is a fitting place for excess Clinic case fees to reside. The candidate should consult with his or her advisor, the CPC and the Clinic before taking this path.

Clinic Supervision The IC has reaffirmed that all Supervising Analysts are required to have one Clinic case in supervision at all times and must notify the Supervisor and Training Analyst Clinic coordinator of his or her availability at the conclusion of a Clinic supervision. Supervisors must also comply with the Institute’s fee structure for supervision of Clinic cases. The supervisory fee for Clinic cases will be equal to the per session fee of the Clinic case in supervision or \$25, whichever is lower.

Clinic Case Reporting For both Clinic and non-Clinic control cases reporting will essentially be the same. Financial transactions will be limited to those between the supervisor and the candidate and between the candidate and the analysand. Candidates retain all session fees except the supervisory fee. Control case hours will be reported to the Candidate Progression Committee (CPC). Clinic control case hours will be designated as such in reporting hours.

Fulfilling the Clinic Case Requirement Supervisors, advisors and candidates work with the CPC to discuss training progress. Analytic hours and supervisory hours for Clinic cases will be included in the discussion. Determination of whether the Clinic requirement has been met will be addressed by the CPC and Clinic supervisors.

Transition from a Clinic case to a non-Clinic Case Once the Clinic requirement has been met, candidates may continue the treatment as a Clinic case if the fee remains less than \$50/session. Clinic supervision fees will continue to apply. If the Clinic requirement has been met and the treatment session fee is greater than \$50, the candidate and supervisor will together determine whether the treatment remains a Clinic case. If the case becomes a non-Clinic case, the candidate will begin to pay non-Clinic supervisory fees. Otherwise, Clinic supervision fees continue to apply.

The IC has reaffirmed that the current non-Clinic control case supervisory fee will remain in place. That is: The maximum supervisory fee that can be charged for all non-Clinic control cases is either the supervisor’s usual fee or double the fee rate of the control case, whichever is lower.

Finding Available Clinic Case Supervisors As of June 1, 2019, the Supervisor and Training Analyst Clinic Coordinator will maintain a list of available supervisors for Clinic cases. The S&TACC will also be available to consult with any candidate to discuss the choice of a supervisor.

Longstanding Unchanged Clinic Policy All candidates are required to volunteer for the Clinic's “on-call” service. When providing coverage (i.e. on-call), the candidate will respond to all incoming calls and emails, conduct screening interviews, and arrange an appropriate placement for potential analysands and for those deemed more appropriate for psychotherapy.

For more guidance, refer to the online Clinic Manual or contact the Clinic Steering Committee Chair.

10. GRADUATION FROM THE ADULT TRAINING PROGRAM

Although each candidate's overall educational experience will vary according to the specific needs of the candidate, the following is an outline of the basic requirements necessary to be considered for graduation:

1. All required coursework and the clinical consultation panel are satisfactorily completed. Note that in order to be eligible to graduate, candidates are required to have attended at least six of the "Special Presentation Days." These presentations are focused on a single topic and are offered three times each year in lieu of regular classes. Attendance at these presentations is required for third and fourth year candidates and is optional for advanced candidates.
2. All required writing assignments are satisfactorily completed. Case reports, including interrupted cases, and supervisor reports must be complete and in the file.
3. A minimum of 3 creditable cases with different supervisors, and meeting the following criteria:
 - a) Of different gender orientations
 - b) A minimum total of 225 supervisory hours across all 3 cases, e.g., 100, 80, 45 hours; 2 of the cases have reached mid-phase as determined by the supervisor; 1 case may be early phase
 - c) 1 of the 3 cases must be a Clinic case
 - d) During a substantial portion of each control case, the analysand must have worked productively in an analytic process at a non-psychotic level of organization, defined by such qualities as the tolerance of relative abstinence and neutrality and the ability to achieve and maintain insight through interpretation of the transference.
4. The candidate has been granted approval by CPC to conduct unsupervised analyses. The candidate is eligible to graduate regardless of whether any such cases have been seen.
5. The candidate has been in a 4-5x/week personal analysis with a TA of the Washington Baltimore Psychoanalytic Institute or an analyst that the candidate requested and was granted a waiver by the STADC for a substantial portion of the candidate's control work.
6. The candidate has no unresolved legal or ethical problems concerning patient care.
7. All financial obligations to the Institute are paid in full.

Procedure to Request Graduation

Once the candidate has met the requirements listed above, and the advisor believes the depth and breadth of the candidate's training is sufficient, the advisor will consult with the Chair of CPC to discuss readiness to graduate. If they concur, the advisor meets with the candidate to discuss the candidate's self assessment.

- 1) Once in agreement, then...
- 2) The advisor arranges a telephone conference call with all the candidate's supervisors:

- a) During the phone call, the candidate's overall educational needs and experience will be discussed, focusing on strengths, recommending further areas of growth, and whether they suggest continuing the candidacy or graduation.
 - b) The advisor must provide feedback to the candidate from this conference call.
- 3) Assuming the candidate and advisor decide to pursue the graduation request, the advisor contacts the Chair of CPC to be placed on the CPC schedule for the next available time, which is likely to be many months hence.
 - 4) The advisor and the candidate make sure the file is complete, gathering any necessary information for it to be completed.
 - 5) The advisor writes a Request for Graduation Report for CPC and arranges the attendance of all the supervisors at the scheduled CPC meeting.
 - 6) CPC meets and makes a recommendation to IC on the candidate's readiness to graduate.
 - 7) The candidate is presented at the next IC meeting; IC makes the final decision for graduation, voting on the CPC's recommendation.
 - 8) A graduation fee is charged. Each new graduate is immediately eligible to apply for membership in the Washington Baltimore Center for Psychoanalysis, and upon obtaining this membership becomes immediately eligible to apply for active membership in the APsA and IPA.

Certification is not automatic. It is a separate process and requires formal application and favorable review by the American Psychoanalytic Association. Appropriate application forms and procedural questions can be obtained from the Central Office of the American. Questions regarding certification may also be directed to the Chair of the Recent Graduates Committee of the WBCP.

11. TRAINING IN CHILD/ADOLESCENT ANALYSIS

The Child/Adolescent Analytic Program has the dual role of enhancing the educational experiences of all candidates and of training child analysts. Candidates may enroll as auditors in specific child courses or may enroll as candidates for graduation from the Child/Adolescent Analytic Program. For those interested in becoming child analysts, prior formal training in child training is recommended but not required. Additional child training will be arranged.

The candidate may begin his/her 1st child supervisory case after completion of the 2 trimesters of the 1st year of the basic Adult Curriculum. S/he should already have at least 1 adult case in supervision, and s/he must have the approval both of his/her advisor in the adult program and of the Child/Adolescent Analytic Training Committee. All child candidates should try to have a child/adolescent case in supervision as soon as possible after being accepted. A candidate is not permitted to represent him/herself as a qualified child analyst until authorized to do so by the Child/Adolescent Analytic Training Committee. The exact choice of cases for supervision will be determined by the Child/Adolescent Analytic Training Committee in accordance with the candidate's training needs and wishes. Candidates in the adult program may undertake the analysis of a child or adolescent as 1 of their required cases with the approval of their advisors, the CPC, and the Child/Adolescent Analytic committee.

Candidates may graduate from the Adult Psychoanalytic Program prior to the completion of the requirements for graduation from the Child/Adolescent Analytic Training Program. The procedure for graduation from the Child/Adolescent Psychoanalytic Training Program will be followed whether the candidate does the combined training

program or seeks to complete child/adolescent training after graduating from the Adult Psychoanalytic Training Program. In either case, graduation from the Child/Adolescent Program will follow graduation from the Adult Program.

Members of the Center and candidates enrolled in adult analytic courses are encouraged to audit, with the permission of the Child/Adolescent Analytic Training Committee, any course in the Child/Adolescent Analytic curriculum which may interest them, even if they are not interested in full training in child analysis. Application to audit child analytic courses may be made by letter to the Chair, Child/Adolescent Analytic Committee.

The requirements of the American Psychoanalytic Association regarding training in child analyses are listed in "Training Standards in Child Psychoanalysis," which may be requested from the APsA.

Enrollment

After obtaining approval from his/her advisor in the adult program, a prospective child candidate may apply to the Child/Adolescent Analytic Program. This request for approval is made to the Chair, of the Child/Adolescent Analytic Training Program of the Institute.

Faculty Advisor

Each candidate enrolled in the Child/Adolescent Analytic Program is assigned a faculty advisor who is also a member of the Child/Adolescent Analytic Faculty. This advisor should be consulted about any training questions or problems that arise.

Courses

Those candidates wishing to become child analysts are expected to complete the required didactic curriculum of the Child/Adolescent Analytic Program as outlined in the Institute catalogue.

After completion of his/her required work and while s/he is still being supervised, a candidate must continue his/her course work either through attending a case conference or a clinical or theoretical course in child analysis. One course each year is required. Three years of continuous case seminars in child/adolescent analysis are also required.

Frequency of Sessions for Child and Adolescent Cases

Cases will be seen at a frequency between 3-5x/ week.

- Although 3x/week is included in consideration of candidates' having difficulty engaging in more frequent treatment, the Child and Adolescent Committee believes that a more immersive (4-5x/week) treatment provides an optimal training experience for the candidate. Therefore, candidates are encouraged to see child and adolescent analytic patients at a 4-5x/week frequency whenever possible.

The Frame for Child and Adolescent Cases

With the exception of frequency of sessions (see above) and the use of the couch, all standards for the Adult Training Program cases apply to child analyses. These standards are:

- In person

- On separate days
- Standard hour in length

If the use of electronic communication is unavoidable for an interim period or the candidate requires a modification of any of the above standards, the candidate must inform the CPC and request an approval of the modification.

Supervision of Child and Adolescent Cases and Creditability

A. Supervision

- Each case in child and adolescent psychoanalytic training should be supervised by a different child and adolescent Supervising Analyst, if possible. There will be no fewer than 2 different supervisors.
- A candidate may change supervisors at any time without question or explanation; nonetheless, this should first be discussed with the particular supervisor before the change is made.
- Candidates meet weekly with supervisors. Frequency of supervisory meetings can be reduced when immersion criteria have been met at the discretion of the supervisor-supervisee pair and in consultation with the child advisor as the candidate progresses. Any such change needs to be reported to the CPC. The candidate must remain in supervision on a supervised case until graduation.
- The means by which supervision is conducted, whether electronically or in person, will be determined by the candidate and supervisor. The CPC needs to be informed of the nature of the supervision.

B. Creditability

- At least 2 child and adolescent patients from different stages of development (i.e., pre-latency, latency, and adolescence). If a candidate has a child/adolescent case as 1 of the 3 cases required for the Adult Program, that case will count as 1 of the 2 child/adolescent cases needed to graduate from the child program.
- Differing gender orientations whenever possible. The Child and Adolescent Committee will determine on a case by case basis, whether or not this requirement can be waived for a particular candidate.
- A minimum total of 150 supervisory hours across both cases.
- Both cases have reached the mid-phase of analysis.

Personal Analysis

It is recommended that candidates in the Child/Adolescent Training Program be in a personal analysis for a substantial period of their training. The Standards for the personal analysis are the same as for the personal analysis in the Adult Training Program.

Candidates' Reports

Just as in the Adult Analysis Program, each candidate in the Child/Adolescent Analytic Program is required to furnish the Institute with the following reports using the same forms used in the Adult Analytic Program. Please consult the section on Reports in the Adult Analytic Program for more information and description.

Initial Case Summary	(Appendix A1)
Yearly Control Case Summary	(Appendix D2)
Annual Case Summary	(Appendix A2)
Final Case Summary	(Appendix A3)

Graduation from the Child and Adolescent Training Program

- All required coursework is satisfactorily completed.
- All required writing assignments are satisfactorily completed. Case reports, including interrupted cases, and supervisor reports must be complete and in the candidate's file.
- A minimum of 2 creditable cases:
 - a) From different stages of development
 - b) Of differing gender orientations, whenever possible.
 - c) A minimum of 150 supervisory hours across both cases.
 - d) Both cases have reached the mid-phase of analysis.
- The candidate has no unresolved legal or ethical problems regarding patient care.
- All financial obligations to the Institute have been paid in full

12. CONTINUING PROFESSIONAL EDUCATION CREDITS

Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychoanalytic Association and the Washington Baltimore Center for Psychoanalysis. The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians. The American Psychoanalytic Association designates this Live Activity. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education — Psychology

The Washington Baltimore Center for Psychoanalysis, Inc. is approved by the American Psychological Association to sponsor continuing education for psychologists. The Washington Baltimore Center for Psychoanalysis, Inc. maintains responsibility for the program and its content.

Continuing Education — Social Work

The programs of the Washington Baltimore Center for Psychoanalysis, Inc. meet the criteria for continuing education as defined by the Maryland Board of Social Work Examiners, District of Columbia and Virginia Boards of Social Work, and the American Board of Examiners in Clinical Social Work. The Washington Baltimore Center for Psychoanalysis, Inc. designates this program as a continuing education activity for social work.

Continuing Education – Licensed Professional Counselors

The Washington Baltimore Center for Psychoanalysis continuing education credits meet the criteria and may be submitted for re-licensure of LPCs in Maryland, DC, and Virginia.

13. RESEARCH AFFILIATE PROGRAM

The Washington Baltimore Psychoanalytic Institute welcomes applications for psychoanalytic training in its Research Affiliate Program from both medical and non-medical research investigators and scholars who wish this training as an enrichment of their scientific, teaching, scholarly, or other special capabilities.

Training for research candidates involves the personal analysis and a curriculum of courses. It does not include the supervised analysis of patients.

14. VETERANS' BENEFITS

This section is intentionally blank.

15. LEAVE OF ABSENCE

Should it become necessary to take a leave of absence, the candidate should first discuss this with the advisor to see if another lesser alternative can be arranged. If the candidate continues to feel that a leave of absence is in her/his best interest, then the candidate writes a letter to the Chair of CPC stating such. The leave request is presented to CPC. The advisor and candidate work out a plan for what the candidate will be doing during the leave as regards to personal analysis, control cases, supervision, and classes. Whatever individualized plan is developed, the candidate will not accumulate hours towards graduation in any classes taken, nor in control work which is continued during the leave. Neither candidates, nor supervisors are required to write yearly and/or semi-annual reports during the leave.

Candidates on leave still pay tuition but at a much reduced rate. The candidate continues to be presented to CPC on a yearly basis. When the candidate is ready to return full time, the advisor presents the candidate to CPC noting what has changed to enable the candidate to return.

16. MEMBERSHIP

Washington Baltimore Center for Psychoanalysis

Following graduation from the Institute, the graduate will be eligible to become a member of the Washington Baltimore Center for Psychoanalysis upon paying the usual dues. Upon favorable recommendation of the Institute Council, the Center membership will vote on the recommendation at its next business meeting.

Upon matriculation to the Institute, a candidate automatically becomes an Active member. Dues are not charged. After graduation from the Institute, the graduate must pay dues to remain an Active member. The first year's full membership dues following graduation are reduced by 50%.

American Psychoanalytic Association (APsaA)

Upon acceptance, candidates are eligible for Affiliate Membership. The advantages of Affiliate membership are many, including the privilege to register without fee at all Scientific Meetings of The American, the right to attend meetings of the Board on Professional Standards and the Executive Council, participation in Business Meetings of members with the right to forum, participation in the Association's insurance program, and the receipt of all Association mailings, newsletters, the Roster, and the Journal.

The opportunity to become an Affiliate member is automatically offered by written invitation from the Secretary of the APsaA upon the submission by the Institute of the names of all eligible candidates. The status of Affiliate Member automatically terminates 1) 180 days following the date of graduation, from the Institute, or 2) upon disaffiliation from the Institute prior to graduation. The graduate may apply for Active Membership upon graduation from an approved Institute.

17. CERTIFICATION BY THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Certification by the APsaA is a separate application. The current application form and guidelines can be found on APsaA's website.

Final case summaries prepared for the Institute which are being considered for the certification application should be re-written to reflect the graduate's increased experience and more mature view of these analyses at the time of application to the APsaA. The view of a case at the time of a final summary during training may not fully reflect the graduate's growth and ability to conceptualize the analytic process. These abilities of the graduate can be better demonstrated in summaries re-written at the time of application.

Since the members of APsaA's Committee on Certification do not personally know either the applicant or the patient, the evaluation of the applicant must be based on written material. Therefore, the presentation of a clear and knowledgeable clinical report on each supervised case will be greatly to the applicant's advantage. Essentially, each report should describe 1) the pathology which existed, 2) how the transference neurosis developed and was analyzed, and 3) all aspects of the outcome with special emphasis on any structural changes which occurred. It is important to include evidence of what the applicant has learned in the course of each analysis and supervision. It is common experience that not all cases go smoothly during all phases of the analysis and that, in fact, the analyst may learn more from difficult than from smooth and easy analyses.

An applicant initiates the process of certification by submitting the appropriate application forms to the Central Office of the APsaA. Graduation from an affiliate Institute automatically qualifies an applicant to submit such an application and no specific corroboration of the type, nature, and quality of the applicant's training experience is required from the affiliate Institute. The applicant may or may not inform the affiliate Institute of his/her application for certification. APsaA will not inform the affiliate Institute of an applicant's pursuit of certification or its results, except at the latter's request.

18. RECOMMENDED PERSONAL REFERENCE LIBRARY

Each candidate is expected to subscribe to the Journal of the American Psychoanalytic Association (JAPA), which is available from the International Universities Press, Inc., 59 Boston Post Road, P.O. Box 1524, Madison, CT 06443-1524, telephone number (203) 245-4000; e-mail: office@iup.com; <http://www.iup.com>.

Most of the questions raised by candidates regarding the structure and functions of the APsaA have been answered in the Bulletin, which is part of the Journal. Actions of the Council, and various committees are published in the Bulletin. The required standards for training in psychoanalysis, entitled "Standards for Training in Psychoanalysis," may be obtained from the APsaA.

It is further recommended that, at the onset of his/her training, the candidate purchase a set of "The Standard Edition of the Complete Psychological Works of Sigmund Freud." However, **please be advised that "The Standard Edition" is also available on PEP web for free.** Those candidates desiring to purchase the Standard Edition of Freud (Hogarth), sold only in sets, may do so via the internet at <http://karnacbooks.com>, telephone inquiry: +44 (0) 20-8969-4454, or addressing a letter of inquiry concerning the present price to:

H. Karnac (Books) Limited
118 Finchley Road
London, S.W. 7, England

When sending in checks, please mention your affiliation, with the Washington Baltimore Center for Psychoanalysis, but request delivery (which takes 2-3 weeks) to your home or office.

All candidates who have paid their tuition will be given access to the PEP web, an online publication site which covers many psychoanalytic journals, including those mentioned above. The PEP web does not publish journals until they have been published for 2 years, so it is recommended that one subscribes to the above mentioned journals in order to keep current.

19. PARTICIPATION IN CENTER MEETINGS AND SOCIAL FUNCTIONS

Candidates are invited to attend the scientific meetings and any other functions of the Washington Baltimore Center for Psychoanalysis when such meetings are not limited to graduated analysts. A schedule of scientific meetings and administrative meetings are posted on the web page.

20. JOINING THE FACULTY

A new graduate or any analyst who is interested should send an application letter to the Curriculum Committee requesting to be considered for the faculty. The application should include a description of his/her experience in teaching, a CV and 2 letters of recommendation. A class on how to teach psychoanalysis is offered by the Institute. It is highly recommended that all faculty members, new and old, take this course.

Promotion and Teaching Levels

Instructors are subjected to reappointment annually. It is expected that instructors will accept teaching assignments when offered: rejected multiple requests to teach is grounds for reconsidering status.

Associate Status

The Associate's performance will be evaluated by the senior teacher in the class, by the candidates in the class via verbal communication to the class liaison representative from the Curriculum Committee, and by written evaluations submitted by the candidates at the conclusion of each course. Associate Instructors will have to demonstrate their competence as teachers in the Institute by obtaining satisfactory evaluations in 2 of their first 3 teaching assignments, in a 5 year period, with an accumulation of at least 20 clock hours of teaching, since their last promotion. The criterion for satisfactory performance would be a rating of 3.0 or higher (on a scale of 1-5) on the candidates' rating forms. Associates failing to meet this standard usually would not be reappointed. They would be encouraged to develop their teaching competence and then to reapply for faculty appointment.

Once selected, the Associate will be assigned to co-teach a course with a senior instructor, taking into consideration the Associate's interests and the availability of a course that has an opening for an assisting teacher with those interests.

The Associate's name will appear in the list of faculty members in the Bulletin under "Associate Instructors", as well as appearing with the co-teacher's name in the course listing.

With favorable evaluations from all sources, the Associate may be recommended for promotion to Instructor and with more teaching service and continued positive evaluation to Teaching Analyst.

21. COMPLAINTS OF UNETHICAL CONDUCT (proposed in 2009)

Diversity of membership and a new system of governance stimulate this revision of procedures for handling complaints of unethical conduct at the Washington Baltimore Center for Psychoanalysis. These new procedures are designed to conform to the mandates of the APsaA, while, at the same time, to reflect the unique qualities and realities of the Washington Baltimore Center for Psychoanalysis.

An individual wishing to register a complaint about the professional and/or personal behavior of a Center member has recourse to two Committees: The Ethics Committee and the Colleague Assistance Committee (CAC). The Ethics Committee offers a formal procedure for investigating and adjudicating complaints of unethical behavior by members of the APsaA, or by analytic candidates at the Institute of the Center. Recommendations of the Ethics Committee may involve sanctions imposed on the charged member, some of which offer opportunities for remediation. When complaints of unethical conduct involve members, who are not analytic candidates or members of APsaA the Center's Colleague Assistance Committee (CAC) may refer the complainant to the ethics committee of the accused's professional society, or to the appropriate licensing board.

CAC provides an informal and flexible mechanism for resolving complaints and/or concerns about members. This function has been mandated by the American Psychoanalytic Association. These complaints may or may not involve ethical issues, and, unlike the Ethics Committee, the main effort of CAC is to resolve problems, rather than to discipline the member.

Please consult Appendix E1 for additional information.

22. COMPLAINTS REGARDING ORGANIZATION ISSUES

General issues should be discussed with the Liaison to the Candidates' Organization from the IC and with his/her faculty advisor. The issues raised will be brought to the attention of the Chair of the IC for discussion at a meeting of the IC.

23. COMPLAINTS REGARDING ACADEMIC ISSUES

If the candidate feels that his/her concerns regarding issues pertaining to the academic program, instructors, supervision, and general issues are not being appropriately addressed by the CPC, the Curriculum Committee, and/or the IC, the candidate should contact the President of the Washington Baltimore Center for Psychoanalysis, Inc.

If the candidate does not obtain a satisfactory response through the appropriate channels including the President of the Center and the Board, the candidate may then address the complaint to the Chair, Board on Professional Standards of the American Psychoanalytic Association as well as to the Executive Director, DC Education Licensure Commission, Washington, DC. The procedures of the “Policy Guidelines--DC Education Licensure Commission, February 1994” are included in Appendix E2.

25. USEFUL ACRONYMS

Washington Baltimore Psychoanalytic Center Acronyms:

CC – Curriculum Committee
CO – Candidates Organization
COO – Chief Operating Officer
(or Chief Staff Officer)
CAC – Colleague Assistance Committee
CPC – Candidates Progress Committee
IC – Institute Council
JICC – Joint Institute Case Conference
PMC – Program Management Committee
SA – Supervising Analyst
TA – Training Analyst
TSA- Training and Supervising Analyst
WBCP – Washington Baltimore Center for Psychoanalysis
WBPI – Washington Baltimore Psychoanalytic Institute

Other Miscellaneous Acronyms:

APsaA-American Psychoanalytic Assoc.

IPA-International Psychoanalytic Assoc.
JAPA-Journal of the American
Psychoanalytic Association
PEP web or PEP-Online subscription to
Psychoanalytic
journals

I. Graduation:

The requirements for graduation from candidacy are:

1. All required coursework and the clinical consultation panel are satisfactorily completed.
2. All required writing assignments are satisfactorily completed. Case reports, including interrupted cases, and supervisor reports must be complete and in the file.
3. A minimum of 3 creditable cases:
 - Of different gender orientations
 - A minimum total of 225 supervisory hours across all 3 cases; e.g., 100, 80, 45 hours
 - 2 of the cases would have reached mid-phase; one could be in an early phase
 - One of the 3 cases must be a clinic case
 - During a substantial portion of each control case, the analysand must have worked productively in an analytic process at a non-psychotic level of organization, defined by such qualities as the tolerance of relative abstinence and neutrality and the ability to achieve and maintain insight through interpretation of the transference.
4. The candidate has been in 4-5x/week analysis with a TA of the WBIP or with an analyst who the candidate asked for a waiver from the STADC for a substantial portion of the candidate's control work.
5. The candidate has no unresolved legal or ethical problems concerning patient care.
6. All financial obligations to the Institute are paid in full.

1. Candidate Manual – Attached
2. Leave of Absence Policy – The following is copied from the Candidates Manual

15. LEAVE OF ABSENCE

Should it become necessary to take a leave of absence, the candidate should first discuss this with the advisor to see if another lesser alternative can be arranged. If the candidate continues to feel that a leave of absence is in her/his best interest, then the candidate writes a letter to the Chair of CPC stating such. The leave request is presented to CPC. The advisor and candidate work out a plan for what the candidate will be doing during the leave as regards to personal analysis, control cases, supervision, and classes. Whatever individualized plan is developed, the candidate will not accumulate hours towards graduation in any classes taken, nor in control work which is continued during the leave.

Neither candidates, nor supervisors are required to write yearly and/or semi-annual reports during the leave.

Candidates on leave still pay tuition but at a much reduced rate. The candidate continues to be presented to CPC on a yearly basis. When the candidate is ready to return full time, the advisor presents the candidate to CPC noting what has changed to enable the candidate to return.

3. Currently we offer our program in a virtual/Zoom format. The Institute will periodically review this policy based on health and safety matters and the best interest of the Candidates' education.

Joseph Chirico

Executive Director
Washington Baltimore Center for
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2120 L Street, NW, Suite 600-1
Washington, DC 20037

www.wbcp.org

(202) 237-1854 Office
(703) 472-1163 Mobile

[Click here](#) for the WBCP Member Directory

[Click Here](#) for Upcoming Events

[Click here](#) to access PEPweb

The member listserv address is member@wbcp.memberclicks.net

[See More from Hannah Geller](#)

CANDIDATE'S MANUAL
THE WESTERN NEW ENGLAND INSTITUTE FOR PSYCHOANALYSIS

This manual supplements the Bulletin. Its intent is to clarify various procedures and policies of the training program and attempts to answer some of the questions which tend to arise during training.

Parts of the manual may be changed or added to from time to time; such alterations or additions will be printed on supplementary sheets and distributed to you for inclusion in this folder.

We suggest that you read this manual carefully and keep it handy for reference during your training.

Suggestions for additional inclusions are welcome. Please feel free to phone your advisor about anything that remains unclear to you.

For the Education Committee:

Oscar Hills, M.D., Chairman & Secretary

Revised January 2022

ENROLLMENT

Applicants who are accepted are enrolled in the training program as pre-matriculants. They will be provided with the names of Training Analysts in order to make arrangements with one of them to begin personal psychoanalysis. If more than a year elapses between the acceptance for training and readiness to start the training analysis, a review and rescreening may be required. After being in a personal analysis for a minimum of one year, a pre-matriculant after consulting with his advisor may apply to the Education Committee to begin courses.

ETHICS

As part of the application process applicants are required to complete an ethics questionnaire (see Appendix A), which requests details of any disciplinary actions, malpractice claims or any impairments that may exist which interfere with the applicant's ability to practice. Candidates are asked to update this form yearly and to provide proof that they carry up-to-date malpractice insurance.

Upon matriculation applicants complete the Candidate Registration form, at which time they pledge not to represent themselves as a psychoanalyst until they have been authorized to do so by the Education Committee and to abide by the principles and standards for ethics set forth by the American Psychoanalytic Association. Please see Appendix A for the Candidate Registration form and the aforementioned principles and standards set by APsA.

THE TRAINING ANALYSIS

The personal psychoanalysis is the foundation for training in psychoanalysis. A personal psychoanalysis cannot be conducted satisfactorily with fewer than four hours a week.

Candidates who, following the completion of their training analysis, and prior to graduation from the Institute, intend to seek further analysis, must discuss their plans with their Advisor. The rationale for this policy is the necessity for the Education Committee to remain responsible for the education and training of candidates. This could include a recommendation that candidates seek additional analysis with an approved analyst before fulfilling graduation requirements.

A candidate who has completed a personal analysis prior to beginning supervised psychoanalytic work with patients is required to return to personal analysis at some period during this phase of training.

The Education Committee recently approved a policy allowing for the possibility, in certain specific circumstances, on the candidate to continue a personal analysis with a non-TA (see specific details in the 'Bulletin').

FACULTY ADVISOR

An Advisor will be appointed for each candidate and will be available for conferences in regard to the candidate's progress in training. It is suggested that the candidate initiate arrangements for such meetings and that at least one conference per academic year is recommended.

COMMUNICATIONS TO THE EDUCATION COMMITTEE

It will be helpful if communications to the Education Committee could be made at least one week in advance of a meeting. A list of the annual meetings of the Education Committee is posted on the kitchen bulletin board. The Education Committee cannot guarantee that requests submitted after the above suggested times will get a hearing at the next meeting. All communications should be sent to the Chair of the Education Committee in writing at the Institute office. They should be addressed as follows:

Oscar Hills, M.D., Chairman
Education Committee
WNE Institute for Psychoanalysis
255 Bradley Street
New Haven, CT 06510

Candidates may contact the Administrator with any concerns or questions regarding meeting dates for the Education Committee.

CANDIDATE COORDINATOR

The Candidate Coordinator meets twice a year with each class and, with individual candidates upon request, to discuss educational and training concerns. The Coordinator is a graduate analyst and is appointed for a three year term by the Education Committee but is not a member of the EC and has no role in candidate evaluation and progression. While each candidate has an advisor on the EC to whom the candidate may bring concerns about training, there may be occasions when candidates prefer to speak with the Coordinator as someone outside the EC. Candidates may bring to the Coordinator concerns about any aspect of their training, including case supervision and the training analysis. Discussion between the Coordinator and the candidate(s) may lead to a resolution of the problem. Or there may be situations where the candidate(s) and Coordinator decide to bring the matter to the Chair of the EC. If the issue potentially constitutes an ethical violation the Coordinator and candidate(s) would notify the Society's Ethics Committee.

SCHOLARSHIP AND LOAN FUNDS

A scholarship fund exists to defray tuition costs for candidates who need financial assistance. Any candidate who is in good academic and ethical standing at WNEIP may apply. The application process is highly confidential and completed as rapidly as possible. If you are interested, please contact the Administrator for an application

The following funds are available to affiliate, associate, and regular members of The American Psychoanalytic Association (contact the central office of the APsA for further information):

Liddle Fund - The Ethel Spillsbury Liddle Fund is for use in assisting needy and deserving candidates in psychoanalytic training in any of the affiliate institutes.

Fund for Psychoanalytic Research - For research projects recommended by the Board of Directors of the

fund.

Psychoanalytic Assistance Fund - a private corporation for emergency assistance to members of the American Psychoanalytic Association

THE HENRY WEXLER MEMORIAL LIBRARY

The Western New England Institute for Psychoanalysis maintains the Henry Wexler Memorial Library of psychoanalytic books and periodicals located at 255 Bradley Street, New Haven. The library is accessible whenever the building is open. Special arrangements for use may be made with the Administrator.

All withdrawals of books and journals should be recorded on the card located in the back cover of the book with your name and date of withdrawal. Books and journals may be kept on loan for two weeks. Date of return should be entered on the same card, the card returned to the book pocket, and the book returned to the appropriate space on the shelves.

Three frequently used periodicals are available in duplicate: The Journal of the American Psychoanalytic Association, The International Journal of Psychoanalysis, and the Psychoanalytic Study of the Child. One copy of each must remain in the Library at all times.

The complete Standard Edition of Freud, located in the Gardiner Room, DOES NOT CIRCULATE.

The libraries at Yale University are available to candidates and members affiliated with Yale. All candidates and members may use the materials at the Buley Library, Southern Connecticut State University. The web site for Buley Library provides detailed information about hours, making appointments with a librarian for training in advanced online search techniques, links to major databases, and arranging for interlibrary loans.

ON BEGINNING COURSES

True understanding of the psychoanalytic process requires a preparation which only the candidate's personal analysis can provide, since his intellectual capacity can be assumed. The candidate must be in analysis with a Training Analyst of this Institute for a minimum one year before starting classes.

The candidate's intention to start classes should be considered in the course of the analysis. It should then be discussed with your Advisor. The candidate should write to the Education Committee and request permission to begin course work when he/she feels ready to begin classes. Each candidate authorized to attend courses will be provided with a schedule of courses before the beginning of the academic year.

ATTENDANCE AT COURSES

An attendance record is kept by the Instructor in each course. Only two absences per course will be permitted (3 hours). Any absence should be reported directly to your Instructor. If a make-up session is deemed necessary, arrangements should be made with the Instructor for individual tutoring at the

candidate's expense. Candidates will receive credit for only those hours attended in class.

Candidates will take six courses per year for the first four years. Candidates in the Child Analysis program are required to take at least two electives from the general program, rather than fulfill this requirement only from Child Analysis courses.

Candidates who have completed five years of the formal curriculum and have not graduated are expected to participate in two electives per year until graduation.

At the end of each seminar, candidates are encouraged to prepare a course evaluation. This may be a cooperative effort by all the candidates in the class rather than an individual evaluation. It need not be signed. These critiques will be reviewed by the Chair of the Curriculum Committee and the Chairman of the Education Committee.

LEAVE OF ABSENCE

Psychoanalytic training occurs as a part of a candidate's life and development. While a smooth and continuous course of training from beginning to end would be ideal, we realize that planned and unplanned life events may at times cause a brief or prolonged interruption of training. Discussion with the candidate's faculty advisor and clinical supervisors may be helpful in planning any significant interruption of supervised analytic work with patients and didactic course work.

If a candidate becomes ill during training or other life events (see below) require an absence of longer than two weeks, the candidate must request that the Progression Committee grant a leave of absence. A leave of absence may be granted for up to a year by the Progression Committee. After reviewing the situation, the Progression Committee may extend the leave of absence for a second year. A candidate who has been on leave of absence for two years or more must be fully reevaluated by the Progression Committee before being allowed to resume any aspect of training in the Institute.

Other life events that may result in brief or prolonged absence from training include: a candidate's pregnancy; pregnancy of a candidate's spouse or partner; birth of a child; adoption; extenuating child care requirements; significant illness or death of a close relative; severe financial reversals. This list is not exhaustive.

If a leave of longer than two weeks, but less than a trimester is taken in response to any of these possible life events, the course work will be made up at the discretion of the instructor. The course may be repeated when it is offered again in a future trimester. The candidate and the instructor may work out other arrangements by mutual consent to make up the missed course work. This might include electronic conferencing, audiovisual recording, or a tutorial.

GRIEVANCE PROCEDURE

Candidates should direct any concerns about the program, faculty, supervisor, or fellow students to their advisor or, if preferred to the Candidate Coordinator, a faculty member, supervisor or the Institute Administrator. The individual receiving the complaint will bring it to the Progression Committee or the Education Committee.

All grievances are taken seriously and the Committee will discuss specific remedies. The candidate's faculty advisor (or appropriate surrogate) will meet with the candidate to discuss satisfactory resolution of the problem. If the complaint raises ethical questions it may be referred to the Society's Ethics Committee.

SUPERVISED CLINICAL WORK

Each Candidate must carry malpractice insurance in the amount of \$1,000,000/\$3,000,000 and must annually (at time of policy renewal) send a copy of his/her current insurance information and an updated copy of the ethics questionnaire (originally filled out as part of the application) to the office.

Supervised clinical work does not ordinarily begin until the candidate has completed at least one year of didactic courses and seminars. Supervised clinical work is undertaken with the approval of the Progression Committee after the candidate has consulted with his or her analyst and Faculty Advisor. To obtain approval send a letter to the care of the Administrator requesting permission to begin a clinical case. The Administrator will work with the EC Chair to put the request on the agenda of the EC meeting. You must similarly request permission to begin each subsequent clinical case.

The minimum supervision requirement of The American Psychoanalytic Association is 150 control hours with at least three supervising psychoanalysts. The actual requirements for each candidate are determined by the Progression Committee in the course of his/her training, and will always exceed the minimum. All analytic cases will be screened with a supervising analyst before commencing analytic treatment. The screening analyst may not necessarily be selected as the supervising analyst.

It is expected that every candidate will have a period of personal analysis while conducting analysis under supervision. The opportunity for an analyst to explore his or her own responses to the analytic situation while analyzing a patient is essential to development as an analyst.

At some time prior to graduation, a candidate must analyze two supervised cases under the aegis of The Psychoanalytic Clinic, for a minimum of 200 hours each. Although ordinarily these will be the first two analytic patients, candidates may, in deference to certain geographic or other problems, complete this Clinic requirement later in the course of their supervised work, as long as it occurs prior to graduation.

For Clinic cases, supervisory fees will be paid by the Institute directly to the Supervisor. For private cases, supervisory fees will be arranged by the candidate and his/her Supervising Analyst.

The first two supervised cases will be adult neurotic patients. All supervised cases should be seen five times a week unless there is a cogent and persuasive psychoanalytic or reality-based reason for reducing the frequency to four times a week. The frequency is to be specifically discussed and decided in conference between the supervisor and the candidate. The candidate will meet with a supervisor one hour per week. At least one case will be supervised to termination. Any change in the above will be at the discretion of the supervisor and reported to the Progression Committee.

When a candidate has demonstrated a basic grasp of psychoanalytic principles and the ability to use them effectively in the treatment of a first psychoanalytic case, upon request in writing, the Progression Committee may authorize the start of a second case under supervision. The candidate will notify the

Administrator when arrangements for supervision have been made and treatment begun. Candidates authorized to do psychoanalysis will submit an Initial Report and case summary, and annual reports about the progress of the case.

Termination is a crucial and complex phase of analysis. The Progression Committee strongly recommends one or more of your cases continue in supervision through termination before requesting to graduate. In instances where a candidate has a case in supervision that has continued five or more years and is unlikely to enter a termination phase within the next year, the candidate may discuss this with his or her advisor before submitting a request to graduate (assuming all other graduation requirements have been met). If the advisor supports graduation, the candidate may request to graduate with the understanding that he or she will re-enter supervision during the termination phase of an analytic case. The Progression Committee strongly recommends the candidate also participate in an Institute course where readings on theoretical and clinical aspects of termination are the focus.

Candidates who have begun supervised analytic cases are considered affiliate members of the Institute. As such they are encouraged to serve on various committees.

Candidates who are not enrolled in the Child Analysis Program are also encouraged to apply for permission to analyze a child or adolescent under supervision as part of their general training in psychoanalysis.

The Institute's professional liability insurance requires that the Administrator be informed annually of the number of hours of analysis, Clinic and private, supervised and unsupervised, conducted by each candidate. Annual totals (July 1 – June 30) for each case should be sent to the Administrator at the end of the year.

If a candidate's work is unsatisfactory, the circumstances will be reported to the Progression Committee by his/her supervisor. The Progression Committee will review the candidate's progress and may then assign another psychoanalyst for supervision; or, if indicated, may suggest a resumption of the personal analysis, if this has been terminated; or may interrupt or discontinue training.

Candidates must inform their psychoanalytic patients if their training status changes before graduation or if they withdraw from training. Candidates must discuss with the supervisor or advisor how to communicate their change of status or withdrawal from the program to each analytic patient in an ethical and clinically sensitive way.

THE PSYCHOANALYTIC CLINIC

Two supervised cases analyzed under the auspices of the Clinic are required by each candidate prior to graduation. A 200 hour minimum for each case will be necessary in order for a candidate to discharge his Clinic obligation (refer to "Supervised Clinical Work").

In addition to the Initial Report and Initial Summary, annual reports on the status and progress of both Clinic and private cases are required for each participating affiliate analyst (candidate). One copy (initialed by your supervisor) is to be sent to the Institute Office, and one copy should be given to your supervisor. A final and summary report is required when the case is terminated. Copies of all reports are to be given to the Administrator to be placed in the confidential office files.

Applications to the Psychoanalytic Clinic are initially screened by a member of the Clinic Committee, and if found suitable for analysis, are then referred to a candidate in training. The candidate must have received prior approval from the Progression Committee to begin a supervised case before being assigned a clinic case. The candidate will conduct preliminary interviews with the patient, under consultation with a Screening Analyst, to assess the possibility of proceeding with analysis. If these screening interviews progress satisfactorily, the candidate will make arrangements for supervision with a Supervising Analyst. Your screening analyst does not necessarily have to be your supervising analyst. Cases assigned for supervised analysis under auspices of the Clinic must continue to be seen as Clinic cases through graduation (unless the case is terminated or interrupted). Following graduation, all fees for active Clinic cases will go directly to the graduate analyst (as of the date of graduation determined by the Education Committee).

Clinic fees range from \$5 to \$50 per session. Every effort should be made in each case to establish as realistic a fee as possible and to make appropriate adjustments in the fee during the course of the analysis. In all cases, a candidate should discuss the setting of the fee with their supervisor prior to the establishing the fee with the patient.

The Clinic recommends that patients be billed directly by the analyst on his own stationery, and that the patient be asked to pay the analyst directly. The analyst will then endorse the check payable to the Institute, and forward it to the office. Unless there is some good analytic reason for doing otherwise, such fees will be collected and remitted on a monthly basis.

In every case, the matter of payment procedure should be discussed with the Supervisor before the case is started so that variations in the procedure may be based on indications in the case.

CANDIDATE'S RECORD

An administrative record sheet is maintained in the Institute office for each candidate. Data concerning various aspects of training is necessary in evaluating records for graduation and for subsequent certification by The American Psychoanalytic Association. It is expected that the candidate will keep the Administrator advised of the following statistics on a timely basis. Failure to do so apprise the Administrator of this information in a timely manner will create difficulties for the Progression Committee and consequently for the candidate in the periodic and final evaluation of his training.

All supervised cases will be given a number in the order in which they are begun. Each case so numbered retains the same number regardless of the outcome of the case. In this way consistent records can be maintained. It is of utmost importance that each candidate keeps an accurate record of:

- a) starting date of treatment
- b) starting date of supervision
- c) number of hours per month of treatment
- d) numbers of hours per month of supervision
- e) termination (or interruption) date of treatment
- f) termination date of supervision
- g) total hours of treatment
- h) total hours of supervision

i) if interrupted, the reason for the interruption

Separate forms are provided for reporting the beginning and the termination (or interruption) of a supervised case. The "Initial Report" (blue form) should be completed and sent to the administrative office PROMPTLY at the beginning of analysis. The "Final Report" (pink form) should be completed and filed at the office as soon as a case is terminated or interrupted (regardless of the duration). This procedure should be followed for each analytic case. Copies of these forms can be obtained at the office.

An "Initial Summary" is to be submitted to your supervisor promptly at the start of each new case. This report should include background information, initial diagnosis and impressions. It is of the utmost important that all identifying data be omitted from your summaries for purposes of maintaining confidentiality. No proper names or initials should be used. Thereafter an "Annual Interim Report" is due at the end of June of each subsequent year for all active cases. These summaries should address transference developments, aspects of defense and dynamic shifts in the period described. Annual interim reports on the progress of treatment are to be written for all Clinic and private cases, whether supervised or unsupervised. A "Final Case Summary" is required for all analytic cases (Clinic and private) at the end of treatment (whether interrupted or terminated).

As a requirement of HIPPA, a "Patient Informed Consent" should be reviewed and signed by the analyst and candidate. You may discuss this procedure with your supervisor.

In summary, at least six documents are required for each patient treated, clinic or private (including patients seen without formal analytic supervision):

- a) Initial Report (blue form)
- b) Patient Informed Consent
- c) Initial Summary
- d) Annual Interim Reports
- e) Final Case Summary
- f) Final Report (pink form detailing case statistics)

The Progression Committee will not consider a candidate for graduation until all of these reports have been furnished. Progression may be impeded if these reports are not submitted in a timely manner. No new cases may be started until the required reports and annual summaries are up to date. The candidate is responsible for informing the Administrator of the above information.

PROGRESSION

In 2010 the Education Committee established the Progression Committee to assess candidate progression. The Progression Committee decides on all educational matters concerning progression, probation, termination of training, and graduation. Its voting membership is comprised of all training and supervising analysts who are on the EC, the Faculty Chair, the Essay Review Committee Chair and the Admissions Chair.

The Chair of the EC serves as the Chair of the PC. All decisions concerning probation, termination, and graduation shall be reported to the EC, and the EC will have final approval of these PC decisions. The day-to-day PC decisions, including permission to take new analytic cases, requests for family leave,

request for independent studies, request to take analytic cases without supervision, establishing learning points during semiannual reviews of candidate progress, do not require EC approval.

There are several phases of training through which the candidate will ordinarily progress (i.e., personal psychoanalysis, theoretical and clinical courses, supervised clinical work, etc). Completion of any phase (or phases) of training does not automatically guarantee eventual graduation. If, in the opinion of the Progression Committee, the candidate does not satisfactorily fulfill the requirements of the training program, his training may be interrupted or terminated at any time prior to graduation. Candidates are expected to have a control case in analysis by their second year of classes.

A candidate may appeal a decision by the EC to suspend or terminate the candidate's training or place the candidate on probation by submitting a written appeals request to the chair of the EC within 30 days of being notified of the decision. In collaboration with the EC, the chair of the EC will appoint an ad hoc committee of three members of the Institute faculty who are not members of the EC. The chair of the EC will appoint one of the three members of the Appeals Committee as Chair.

The appeals Committee will receive all of the written documentation related to the decision under appeal. The candidate appealing may also submit in writing a letter of explanation as to why the decision should be overturned. The chair of the EC will submit a letter of explanation as to why the decision was made. The Appeals Committee may speak with the appellant as well as the chair of the EC. The Appeals Committee will carefully review and consider all of this information to arrive at a decision by majority vote as to whether confirm or disconfirm the EC's original decision. The Appeals Committee must reach its decision within thirty days of being constituted as a committee. The decision of the Appeals Committee is final and may not be appealed further.

Candidates who have resigned or whose training has been terminated on the basis of unsatisfactory progress may re-apply for reinstatement to active status in the Institute if they can provide indications that they have made serious and productive efforts to deal with the deficiencies which led to separation from the Institute.

Candidates are expected to meet appropriate standards of ethical professional conduct as outlined in the statement by The American Psychoanalytic Association entitled, "Principles of Ethics for Psychoanalysts" approved by the Board on Professional Standards and the Executive Council, May 1975. A recently amended copy (May 1990) is included at the end of the manual.

CHILD ANALYTIC TRAINING PROGRAM

Applicants seeking admission to the program must apply in writing to the Education Committee after consulting with the Chair of the Child Analytic Training Program. They may do so any time after one year of personal analysis. The adult and child analysis programs may be taken concurrently. Upon acceptance into the program, they will be assigned an advisor from among the child faculty.

Trainees in the child program are required to do sufficient child analysis under supervision to demonstrate competence in the analysis of children. This requires the analysis of at least three children under supervision, one of whom must be a latency child. It is highly desirable that one is a pre-latency child and that the candidate has significant experience in analyzing some phase of adolescence. Children of both sexes should be included. The candidate will be supervised weekly for at least one year with their

first supervised case. Thereafter the frequency of supervision is at the discretion of the supervisor. At least one case will be supervised during the termination phase of the analysis.

Students in the Child Analytic Program are encouraged to fulfill their commitment to the Clinic by analyzing children who are Clinic patients, and may substitute one child case for one adult case. Students in the Child Analysis Program must fulfill the minimal supervision requirements described under "Supervised Clinical Work."

Candidates in the Child Analysis Program are required to take at least two electives from the general program along with their required courses in child analysis. Candidates who are taking the Child and Adult program concurrently may apply one trimester of their Child Analytic Seminar to the elective requirement in the fourth year of training, thus reducing the requirement for that year to one elective rather than two. Candidates who are in the Child Analytic Program *and* are also post-fifth year candidates in the Adult Program are required to take only one elective per year in the adult program during their four core years in child analytic training. Candidates in the Child Analytic Program during their four core years may request not to take any adult electives for one year.

ESSAY REQUIREMENT

The Institute requires that each candidate submit an essay within five years of beginning supervised analytic work. This requirement expresses a commitment on the part of the Institute to research and scholarship by its constituents upon which the future development of psychoanalysis depends. The candidate may look to any faculty member for guidance in his research work and in the exploration of related literature and in the structure of the thesis.

Writing is thinking. Thought is clarified, distilled, deepened when written. While not every candidate will publish (though we welcome and encourage the effort), it is our hope that work on the essay will sharpen your critical analytic thinking and help make you a better analyst.

We realize that writing such an essay may be a new experience for you. We have designed the writing courses to help you to develop a topic and an early draft of your essay. You may consult with your faculty advisor or another faculty member when writing your essay.

The essay is not the only requirement for graduation, however, nor is it the basis upon which graduation is recommended. Completion of the essay does not signify nor guarantee graduation. Rather, it is a training exercise which can be undertaken at any time during training. It is assumed that the candidate will keep his advisor aware of the nature and progress of the work.

Guidelines for the Required Essay Approved by the Education Committee on 6/26/21

1. Drawing on your experience treating an analysand, develop a central point or argument to demonstrate how you think and work as an analyst, integrating relevant theory and clinical process from

your own work. The essay should not be a metapsychological paper or an extensive literature review, and you should not summarize an entire analysis.

2. Make it clear why you chose to write about this patient. Topics may include, among others:
 - (a) A critical event or developmental issue in the life of the patient that could be traced as it emerges in the course of the analysis, e.g., immigration during childhood or adolescence, or the loss of a parent or sibling.
 - (b) The manner in which a technical issue unfolded during the analysis and affected the process, e.g., a silent patient, or a significant interruption of the treatment by the analyst or patient.
 - (c) A specific period in an analysis demonstrating critical turning points for both the analyst and the patient.
 - (d) The use of clinical process to demonstrate a theoretical idea, or a difficult or puzzling clinical process that theory helps to clarify.
3. Integrate clinical process and theory showing an understanding of the relationship between the two. Provide a brief literature review pertinent to what you intend to demonstrate in the essay. Citations and quotations from the literature should clarify or demonstrate the points you are making in the essay.
4. Provide concise descriptions of significant developmental and treatment information and the patient's important relationships. This information should be relevant to your topic and sufficient to make the case intelligible to the reader.
5. Demonstrate your understanding and use of some basic concepts, such as transference and countertransference, object relations, conflict and defense, free association, and dreams and fantasy. As much as possible, avoid unexplained jargon.
6. The essay should be about 20 pages long, double-spaced with 1" margins and a font no smaller than 12 point.
7. We encourage you to consult with your advisor or another faculty member while working on your essay.
8. Please maintain the patient's confidentiality in the content of the essay as well as in its distribution.

Procedures for Submitting and Reviewing the Essay

When the essay is near completion or already finished, you should have your faculty advisor check whether it is ready to submit.

When you are ready to submit the final version of the essay, you may email it to the Administrator, Anne Rodems, and to the Chair of the Essay Review Committee, Susan Bers. They will distribute it to the Essay Review Committee and the Education Committee.

Your advisor will contact you to inform you of the decision of the two committees. Then you should contact Susan Bers, the chair of the Essay Review Committee, to discuss the reactions and suggestions of the committees.

If you have any questions or comments, contact Susan Bers, Chair of the Essay Review Committee, at susan.bers@yale.edu or 203-530-7535.

GRADUATION

In order to graduate from The Western New England Institute for Psychoanalysis a student shall have fulfilled the following requirements:

1. Satisfactory completion of the required courses of the curriculum.
2. Required supervised analytic case work (see 'Supervised Clinical Work'), including completion of all required clinical case reports.
3. Completion and acceptance of a Psychoanalytic Essay.
4. The achievement of professional maturity which includes the acquisition of fundamental understanding of psychoanalytic theory and method. This pre-supposes a satisfactory completion of the personal psychoanalysis and demonstrated competence in the psychoanalytic treatment of patients.
5. In the case of a psychiatric intern, the completion of the residency prerequisite (See Bulletin, under "Prerequisites for Admission").

Senior candidates, after consulting with their advisor, may request in writing (to the Chair of the Progression Committee) to be reviewed for graduation.

Upon graduation, you are eligible to apply for membership in The Western New England Psychoanalytic Society. Send your written request for membership and a copy your Curriculum Vitae to the Chair of the Membership Committee of the Society (255 Bradley Street, New Haven, CT 06510). You will be eligible for membership in The Western New England Institute for Psychoanalysis upon acceptance for membership in the Society.

Applications for membership in The American Psychoanalytic Association, or for information regarding Certification, are available from the central office: 309 East 49th Street, New York, NY 10017. Telephone: 212-752-0450. Website address: <http://apsa.org>

Graduates who are members of the Institute are eligible to attend elective courses (space permitting with the approval of the instructor) at a reduced fee of \$275 per course.

RESEARCH AND PARTIAL TRAINING

Partial and Research Candidate training are available. The application procedure in either case is essentially the same but partial training involves no clinical work. Successful completion of partial training is recognized by the title, "Graduate, Special Research". If a trainee becomes interested in clinical work, further application to the Institute is possible.

Research candidates should consult with their faculty advisors six months in advance of the time when it is necessary to apply for a waiver from The American Psychoanalytic Association, in order that appropriate plans can be made and completed. This means June for the December meeting, and September for the April meeting. The Education Committee will designate one of its members to interview the Research Candidate who wishes clinical training and report on the interview. On the basis of this report and a review of the candidate's course work, the Education Committee will decide on whether or not to

apply for a waiver. Research Candidate registrants should also consult their advisor regarding the acquisition of supplementary experience.

RESEARCH FELLOWSHIP

The Research Fellowship allows for an academic scholar to take the same courses as candidates in the adult and/or child training programs, including in the didactic and elective curricula. The Research Fellowship is designed for those scholars who do not want to train as psychoanalysts, yet whose research would benefit substantively from exposure both to the continuous case and technique seminars of the core and elective curricula as well as the courses in psychoanalytic theory, development, and psychopathology.

In their application for the Research Fellowship, applicants must make a strong and convincing case that (1) they maintain continued productivity within and commitment to their original fields; (2) they intend to remain productive in their original fields and wish to amplify the scope of their original research and academic work with insights gained from this fellowship; (3) their research requires coursework beyond what is offered in the Scholars Program; and (4) their research and scholarship would benefit specifically from the continuous case and technique seminars as well as the other courses in the adult and/or child programs.

Professional boundaries and respect for patients' confidentiality are crucially important principles of analytic training. The candidates, with whom Research Fellows take courses, are already experienced clinicians and understand these principles from previous training in their respective disciplines as mental health professionals, as well as from their own training analyses. We require Research Fellows either to have been in an ongoing personal analysis for at least a year prior to beginning classes or to have completed a personal analysis. We consider this evidence of the scholar's deep interest in and commitment to psychoanalysis. We also view the personal analysis as a way to help engage the Research Fellow in the principles of psychoanalysis and to recognize the significance of professional boundaries and confidentiality. We consider their personal analyses as evidence that they merit our trust in allowing them to participate in highly confidential and protected courses. There will be other opportunities in their coursework to learn about professional boundaries, including, for example, the need to recuse themselves from seminars where faculty and candidates present clinical material from someone known by the Research Fellow.

We also ask Research Fellows to sign an Ethics Pledge that affirms that they will not put themselves forward as psychoanalysts and that they will abide by the Principles and Standards of Ethics for Psychoanalysts as set forth by the American Psychoanalytic Association (see "Ethics Case Book" pp. i-xxix or visit website at www.apsa.org).

APPENDIX A: ETHICS STANDARDS AND RELATED FORMS

General Principles of Ethics for Psychoanalysts

Introduction

The American Psychoanalytic Association has adopted the following Principles of Ethics and associated Standards to guide members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues and the public. These Principles and Standards substantially revise and update the ethical principles contained in the previous Principles of Ethics published by the American Psychoanalytic Association in December 1975, and revised in 1983. The revisions take account of evolving moral sensibilities and observed deficiencies in the earlier codes. As ethical standards change, behaviors that were acceptable in the past may no longer be considered ethical. In this regard, however, these evolving standards should not be used to punish individuals retroactively. These revised principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference-countertransference relationship to the detriment of patients and, in the case of minors, their parent (s) or guardian(s) as well.

The new code seeks to identify the parameters of the high standard of care expected of psychoanalysts in treatment, teaching, and research. By specifying standards of expected conduct, the code is intended to inform all psychoanalysts in considering and arriving at ethical courses of action and to alert members and candidates to departures from the wide range of acceptable practices. When doubts about the ethics of a psychoanalyst's conduct arise, early intervention is encouraged. Experience indicates that when ethical violations are thought to have occurred, prompt consultation and mediation tend to serve the best interests of all parties concerned. When indicated, procedures for filing, investigating and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the Principles and Standards of Ethics for Psychoanalysts.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's duty is to the patient directly, or indirectly through supervision or consultation with the treating psychoanalyst. In the case of patients who are minors there are also ethical obligations to parent(s) or guardian(s) which change as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to students and colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with these Principles and Standards; to conduct regular self-examination; to seek consultation promptly when ethical questions arise; and to reach just sanctions when judging the actions of a colleague.

Guiding General Principles

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst's performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.

II. Respect for Persons. The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status is ethically unacceptable.

III. Mutuality and Informed Consent. The treatment relationship between the patient and the psychoanalyst is founded upon trust and informed mutual agreement or consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The psychoanalyst should make agreements pertaining to scheduling, fees, and other rules and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. Promises made should be honored.

When the patient is a minor these same general principles pertain but the patient's age and stage of development should guide how specific arrangements will be handled and with whom.

IV. Confidentiality. Confidentiality of the patient's communications is a basic patient's right and an essential condition for effective psychoanalytic treatment and research. A psychoanalyst must take all measures necessary to not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational or scientific contexts. If a psychoanalyst uses case material in exchanges with colleagues for consultative, educational or scientific purposes, the identity of the patient must be sufficiently disguised to prevent identification of the individual, or the patient's authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, the probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, patient's families in the case of those who are minors, students, and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. In light of the vulnerability of patients and the inequality of the psychoanalyst-patient dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and personal desires. Sexual relations between psychoanalyst and patient or family

member, current or former, are potentially harmful to both parties, and unethical. Financial dealings other than reimbursement for therapy are unethical.

VII. Scientific Responsibility. The psychoanalyst is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient's rights especially the right to confidentiality, and to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. S/he should urge such colleagues to seek help. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local or national levels.

IX. Social Responsibility. A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. Personal Integrity. The psychoanalyst should be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. He or she should accord members of allied professions the respect due their competence.

Standards Applicable to the Principles of Ethics for Psychoanalysts

The American Psychoanalytic Association is aware of the complicated nature of the psychoanalyst-patient relationship and the conflicting expectations of therapists and patients in contemporary society. In addition, the Association recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the therapeutic picture. The following ethical standards are offered as a more specific and practical guide for putting into practice the Guiding Principles. The Standards represent practices that psychoanalysts have found over time to be generally conducive to morally appropriate professional conduct. A discussion of situation-dependent guidelines and dilemmas will be presented in a separate document, a Casebook on Ethics.

I. Competence

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.
2. Psychoanalysts should strive to keep up to date with changes in theories and techniques and to make appropriate use of professional consultations both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.
3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.
4. Psychoanalysts should take steps to correct any impairment in his or her analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status.
2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardian(s) of a minor patient.
2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students or supervisees into treatment or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.
3. It is unethical for a psychoanalyst to use his/her position of power in analytic organization, professional status or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate the person into treatment.
4. Careful attention should be given to the process of referral to avoid conflicts of interest with other patients and colleagues. Referrals between members of the same family, including spouses, and significant others, should be especially scrutinized and disclosure should be made to patients about the relationship in the initial stages of the referral so that preferable alternatives may be considered.
5. All aspects of the treatment contract which are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst's policy of charging for missed sessions

should be understood in advance of such a charge. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardian(s) as well as with the patient as age and capability dictate.

6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.

7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent (s) or guardian (s) and an offer of referral for further treatment. Consultation should be considered.

IV. Confidentiality

1. All information about the specifics of a patient's life is confidential, including the name of the patient and the fact of treatment. The psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required, for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information even in the face of the patient's informed consent and accept instead the legal consequences of such a refusal.[1]

2. The psychoanalyst should never share confidential information about a patient with nonclinical third-parties (e.g., insurance companies) without the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst, provided the consultant is also bound by the confidentiality standards of these Principles and the informed consent of the patient or parent or guardian of a minor patient has first been obtained. If a third-party payer or a patient or parent or guardian of a minor patient demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's or guardian's informed consent.

3. The psychoanalyst of a minor patient must seek to preserve the patient's confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality (*rv. 06-08*).

5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the consultant or supervisor is aware of and accepts the requirements of the Confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient's informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient's treatment and the patient's right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.

7. Supervisors, peer consultants and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. Candidate psychoanalysts-in-training are strongly urged to consider obtaining the patient's informed consent before beginning treatment, pertaining to disclosures of confidential information in groups or written reports required by the candidate's training. Where the patient is a minor, the candidate is strongly urged to consider obtaining informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

V. Truthfulness

1. Candidate psychoanalysts-in-training are strongly urged to inform psychoanalytic training patients and prospective psychoanalytic training patients that they are in training and supervised. Where the patient is a minor, the parent(s) or guardian(s) should also be informed. If asked, candidate psychoanalysts-in-training should not deny that they are being supervised as a requirement of their training.

2. The psychoanalyst should speak candidly with prospective patients or the parent(s) or guardian(s) if the patient is a minor about the benefits and burdens of psychoanalytic treatment.

3. The psychoanalyst should avoid misleading patients or parents or guardians of minor patients or the public with statements that are knowingly false, deceptive or misleading.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian or family member or by the treating psychoanalyst, are unethical. Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential for misunderstanding of the event by the patient or the psychoanalyst. and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty touching between the patient and the psychoanalyst is likely to occur as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the psychoanalyst concern.

2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patient is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.

3. It is not ethical for a psychoanalyst to engage in financial dealings with a patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment; or to use information shared by a patient or parent(s) or guardian(s) for the psychoanalyst's financial gain.

4. It is not ethical for a psychoanalyst to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should a psychoanalyst give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent or guardian of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically and, if necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst's obligation to recuse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient organization or cause.

6. If a current or former patient or the parent/guardian of a current or former patient, gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of his/her psychoanalyst, or for the benefit of the professional or scientific work of said psychoanalyst, or for the benefit of the psychoanalyst's family, or the gift is placed under the control of the psychoanalyst, even if not directly beneficial to the psychoanalyst or his/her family, it is not ethical for the psychoanalyst to accept any financial benefit or to control its disposition.

7. It is ethical for a psychoanalyst to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the psychoanalyst or his/her family do not personally benefit and over which the psychoanalyst has no direct control.

8. It is unethical for a psychoanalyst to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships, or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients, members of the

patient's immediate family, psychoanalysts-in-training or supervisees. Sexual relationships between current supervisors and supervisees are unethical.

9. Concurrent supervision of candidates by the spouse, significant other or other relative of their analysts should be avoided whenever possible in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

VII. Scientific Responsibility

1. The psychoanalyst should take every precaution in using clinical material to respect the patient's rights and to minimize the impact of its use on the patient's privacy and dignity. In the case of minor patients the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is still undergoing treatment.

2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the clinical situation. Such clinical material must be disguised sufficiently to protect identification of the patient.

3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the psychoanalyst and parental figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation consultation is indicated.

2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, must consult with a colleague and/or medical specialist to clarify the significance of his or her condition for continuing to work.

3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seek consultation should receive respectful and reflective consideration.

4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must consult with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the consultation has been requested by the patient.

6. It is ethical for a psychoanalyst to intervene on behalf of a colleague's patient if he or she has evidence from a direct or indirect consultation with the colleague's patient or from supervision of the colleague's work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient's welfare.

7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicates that it is in the best interest of the patient to do so.

8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary only to the extent necessary to prevent imminent harm from occurring. The same applies to a credible threat of suicide.

9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self injury or suicide is imminent, the psychoanalyst should take appropriate steps. This would include the notification of parent(s) or guardian(s) even if a breach of confidentiality is required. Under these circumstances, any breach of confidentiality should be restricted to the minimum necessary to prevent harm of the minor child.

10. When a psychoanalyst becomes convinced that abuse is occurring the psychoanalyst may report adult or child abuse of a patient or by a patient to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) needs to be considered. In these circumstances, confidentiality may be breached to the minimum extent necessary. However, in keeping with General Principle IX, a psychoanalyst may also refuse to comply with local reporting laws if that psychoanalyst believes that to do so would seriously undermine the treatment or damage the patient. Given the complexities of these matters, a psychoanalyst who is concerned that abuse of an adult or child is occurring is encouraged to continue to explore the situation and to consider utilizing consultation to determine what course of action would be most helpful.^[3]

11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard patients' rights to confidentiality, to ensure the protection of patient treatment records from third party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.

2. The psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.

3. The psychoanalyst is encouraged to contribute his or her time and talents, if necessary without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived members of the community.

X. Integrity

1. Psychoanalysts and candidate psychoanalysts-in-training should be familiar with the Principles of Ethics and Standards, other applicable professional ethics codes, and their application to psychoanalysis.

2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests impact their work.

3. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.

**The Western New England Institute for Psychoanalysis
255 Bradley Street, New Haven, CT 06510**

CANDIDATE REGISTRATION FORM

1. Representation

As a recently accepted applicant for training at The Western New England Institute for Psychoanalysis, I hereby pledge not to represent myself as a practitioner of psychoanalysis until I am authorized to do so by the Education Committee of the Institute.

Signature: _____ Email: _____

Office Address _____

2. Ethics

I hereby pledge to abide by the Principles and Standards of Ethics for Psychoanalysts as set forth by the American Psychoanalytic Association (see "Ethics Case Book" pp. i-xxix or visit website at www.apsa.org) and certify that to my knowledge there have never been any charges of violations of professional ethics or charges of unprofessional conduct brought against me. (amplify if necessary)

Signature: _____ Date: _____

3. Competency

I hereby certify that to my knowledge I have no mental or physical impairment that would adversely affect my ability to clinically practice psychoanalysis competently.

Signature: _____ Date: _____

4. Licensure (as applicable)

I am licensed in the state of Connecticut by: _____

License number: _____ Date of Birth: _____

5. Professional Liability Insurance

As a candidate in training at The Western New England Institute for Psychoanalysis, you are required to purchase professional liability insurance coverage in the amount of \$1,000,000/\$3,000,000. Please attach the cover sheet of your policy (with dates of coverage and amount stated) to this form. Insurance coverage documentation is required to be filed at the office annually at date of policy renewal until you graduate.

6. Training Requirements and Regulations

I acknowledge receipt of the Institute Bulletin and copy of the Candidate's Manual of The Western New England Institute for Psychoanalysis. I have read the contents and understand the procedures, directions and requirements contained therein.

Signature: _____ Date: _____

Return this form to the Institute office, 255 Bradley Street, New Haven, CT 06510, at your earliest convenience. This form will be kept on file as part of your training record.

Western New England Institute for Psychoanalysis

255 Bradley Street
New Haven, CT 06510

The questions below refer to the last year. Check either YES or NO (not N/A) for each question, except #4 which can be answered YES, NO, or N/A. If the answer to any question is YES, please explain on a separate sheet, attached to this form.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Has any pending or new professional malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)?.....	_____	_____	
2. Have you been a defendant in any pending or new criminal proceeding other than a minor traffic offense?.....	_____	_____	
3. Are any formal disciplinary charges pending or has any disciplinary action (as defined by your professional Board regulations) been taken against you by any governmental authority, hospital, or other health care facility, or professional association (international, national, state or local)?.....	_____	_____	
4. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted, surrendered, or have you been called before or been warned by this state or any other jurisdiction including a federal agency?...	_____	_____	_____
5. Have you withdrawn an application for a professional license or been denied a professional license for any reason?.....	_____	_____	
6. Have you been diagnosed with or do you have a medical condition which limits or impairs your ability to practice your profession?.....	_____	_____	
7. Have you engaged in the use of any chemical substances which in any way interfered with your ability to practice your profession?.....	_____	_____	

Signature: _____

Date: _____

PROGRAMS OF THE INSTITUTE

The primary mission of the Institute is its psychoanalytic training program. The Institute has also had a long and treasured tradition of educational and humanitarian undertakings and of profound dedication to community and social issues. The power and excitement of psychoanalysis as well as its applicability to many aspects of human functioning are reflected in the programs described below. Mission and tradition continue to coalesce to extend the mutative potential of psychoanalysis and psychoanalytic therapy to ever-widening populations.

PSYCHOANALYTIC TRAINING

(A) CERTIFICATE PROGRAM IN PSYCHOANALYSIS

(PSYCHOANALYTIC TRAINING FOR “EXEMPT” MENTAL HEALTH PROFESSIONALS)

The program of postgraduate training in psychoanalysis is open to qualified psychiatrists, psychologists, social workers, and other mental health professionals whose scope of practice includes “psychoanalysis” who seek a rigorous training in the concepts and methods of psychoanalytic treatment. This program typically requires four to six years for completion of all requirements. Additional information on page 13.

(B) LICENSURE-QUALIFYING PROGRAM IN PSYCHOANALYSIS (PSYCHOANALYTIC TRAINING LEADING TO QUALIFICATION FOR NEW YORK STATE LICENSURE IN PSYCHOANALYSIS)

This program of training in psychoanalysis is open to applicants who have completed a Master’s or higher degree in any field that is registered by the New York State Education Department, or substantially equivalent as determined by the Department of Education. The prescribed course of study is intended to qualify graduates to sit for the New York State licensing examination leading to becoming a “Licensed Psychoanalyst” (“L.P.”) in New York State. The program offers rigorous training in the concepts and methods of psychoanalytic treatment. This program is registered by the New York State Education Department to provide training leading to an advanced certificate in psychoanalysis for candidates who are not licensed in an “exempt” profession and who meet the minimum education requirements for admission. The LQP typically requires four to six years for completion of all graduation requirements. Additional information on page 18.

(A) CERTIFICATE PROGRAM IN PSYCHOANALYSIS

APPLICATION

Application forms for enrollment in the program of training may be obtained from the Registrar, and must be accompanied by a \$100 application fee, which is not refundable. Applications are also available on the Institute website at www.wawwhite.org. A matriculation fee of \$1,000 will be applicable to the first trimester’s tuition and is due upon acceptance of an applicant as a candidate.

The Certificate Program in Psychoanalysis typically requires four-to-six years to complete all requirements for graduation. Application will require several personal interviews in addition to submission of credentials and recommendation. (Some applicants who are not accepted may reapply on the recommendation of the Director of Training.)

The William Alanson White Institute admits students of any race, color, gender, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender,

and sexual orientation, national or ethnic origin in administration of its educational policies, fellowship and loan programs, and other school-administered programs.

ELIGIBILITY FOR MATRICULATION

The William Alanson White Institute is committed to offering psychoanalytic training to highly motivated, exceptional individuals from a variety of disciplines and backgrounds. Eligible applicants must meet all current criteria for admission, including New York State licensed or license-eligible (or eligible for a "limited permit") in one of the professions that includes psychoanalysis in its statutory "scope of practice."

Psychiatrist - ADMISSION REQUIREMENTS: Matriculation as a candidate for the Certificate in Psychoanalysis is open to graduates of medical schools who have completed at least one year of psychiatric residency. Upon admission, psychiatrists will be required to present a New York State license, and evidence of current professional liability insurance, in order to be granted permission to conduct supervised clinical work with patients.

CONCURRENT REQUIREMENTS: Four years of approved psychiatry residency must be completed prior to graduation. This must include at least three months experience in an out-patient department or mental health clinic. Successful completion of this program provides eligibility for Fellowship in The American Academy of Psychoanalysis and Dynamic Psychiatry.

Psychologist - ADMISSION REQUIREMENTS: Matriculation as a candidate for the Certificate in Psychoanalysis is open to applicants with a doctoral level degree in Psychology. In addition, the applicant must have completed a one-year, full-time clinical internship. Additional supervised clinical work will be reviewed by the Admissions Committee. Upon admission, psychologists will be required to present a New York State license or limited permit, and evidence of current professional liability insurance, in order to be granted permission to conduct supervised clinical work with patients. Successful completing of this program provides eligibility for the American Board of Psychoanalysis in Psychology Diplomate examination.

Licensed Clinical Social Worker - ADMISSION REQUIREMENTS: Matriculation as a candidate for the Certificate in Psychoanalysis will be open to Social Workers who have a doctoral degree in clinical social work from an accredited program which includes a two-year clinical internship or who have a masters' degree in social work and are New York State Licensed Clinical Social Workers (L.C.S.W). Upon admission, clinical social workers will be required to present a current New York State license, and evidence of current professional liability insurance, in order to be granted permission to conduct supervised clinical work with patients.

Licensed Master Social Worker - ADMISSION REQUIREMENTS: Matriculation as a candidate for the Certificate in Psychoanalysis will be open to master's level social workers who are New York State Licensed Master Social Workers (L.M.S.W.), subject to clinical training regulations of the New York State Education Department.

Upon admission, Licensed Master Social Workers (L.M.S.W.) will be required to present evidence of a New York State license (L.M.S.W.) and current registration, as well as current professional liability insurance in order to be granted permission to conduct supervised work with patients. Supervisors will assume legal and professional responsibility for all patients seen in the Institute clinic by L.M.S.W.

candidates. Until the receipt of the L.C.S.W., the L.M.S.W candidate must see all of their patients in the WAWI clinic in accordance with the social work licensing law. While matriculating as an L.M.S.W. in the WAWI psychoanalytic program and treating patients in the WAWI clinic, the candidate may be asked to attend various diagnostic and technique classes that are offered through the LQP if previous clinical experience did not sufficiently cover necessary clinical skills.

Outstanding applicants who do not meet the above criteria will be evaluated on a case-by case basis. They may be eligible to apply to the Institute's Licensure-Qualifying Program in Psychoanalysis [Division I (B)], described below.

REQUIRED CLINICAL TRAINING

The curriculum of both psychoanalytic training programs (the Certificate Program in Psychoanalysis and the Licensure-Qualifying Program in Psychoanalysis) provides candidates with a survey of the principal issues that shape clinical and theoretical psychoanalysis. Candidates in both programs take most classes and seminars together, and each entering class moves largely as a group through 360 class sessions meeting over the span of four years. Three classes are held on Tuesday evenings during three ten-week trimesters per academic year. In addition, candidates select a total of five classes from among the 500-level Clinical Case Seminars and 600-level Elective Courses. When the core required curriculum has been completed, candidates must take three 500/600-level courses per year to maintain enrollment. All coursework must be completed within six years unless the Director of Training grants an extension.

Personal Psychoanalysis:

Since the personal psychoanalysis is considered an integral part of the psychoanalytic training program, it is anticipated that candidates will remain in psychoanalysis through graduation. This analysis is conducted at the rate of at least three sessions per week for 300 hours. Under very special circumstances the Training Committee may permit a candidate to reduce the number of weekly sessions or to terminate his or her analysis prior to completion of training. In addition, the Training Committee may suggest an intensification of or return to analysis if this seems indicated by the quality of the candidate's work.

Each candidate is required to undergo personal psychoanalysis as a means of attaining awareness of personality factors that would interfere with the ability to conduct psychoanalytic treatment. This analysis must be undertaken with an approved Training Analyst of the Institute. Applicants who are engaged in an ongoing, productive treatment with an Institute graduate (at least five years post-graduation) may apply to the Training Committee for a waiver of this requirement and permission to continue their personal analysis with their analyst in fulfillment of the training analysis requirement. Waivers are also permitted for those who have attained Training Analyst status at a member Institute of the American Psychoanalytic. Arrangements for analysis must be made by the candidate upon acceptance by the Institute and should begin no later than October 1st of the first academic year of candidacy. The personal analysis must be at the rate of at least three (3) sessions per week for the first 300 hours. Subsequent frequency and duration are up to the candidate and analyst. The Training Committee may suggest an intensification of or return to analysis if this seems indicated by the quality of the candidate's work. In order to preserve the integrity of the analysis, the candidate's analyst is expressly excluded from participation in any administrative decisions regarding his/her analysis.

Psychoanalysis Under Supervision: Clinical work with four patients, each of whom is seen at least three times weekly, under the direction of at least three supervising analysts of the Institute for a

minimum of 200 supervision hours total, is required. This requirement must be met prior to June 1 of the year of graduation. Each supervisor must be seen for a minimum of 40 hours, but not more than 80 hours, if credit is to be given. A different patient should be presented to each supervisor. Fees for psychoanalytic supervision are to be arranged between the candidate and the supervising analyst. Fees are not to exceed \$75 per session.

The first psychoanalytic case will be referred by the Psychoanalytic Service of the Clinical Services. This patient must be seen for a minimum of 240 hours at a frequency of at least three times weekly and supervised weekly during that period by a Supervising Analyst. In unusual or exceptional circumstances, and only with the prior consent of the Director of Training and the Director of Clinical Services, a private patient from the candidate's practice may be substituted for the clinic case, with fees for 240 hours paid to the Institute; this case must be transferred to the clinic and this requires both the submission of a clinic application from the patient and screening by the Director of Clinical Services. All fees from the first psychoanalytic case referred from the Clinical Services are retained by the Clinical Services. If the patient terminates the treatment prematurely, or before the minimum 240 hours has been reached, the candidate may combine another patient's psychoanalytic hours until the total number of psychoanalytic hours contributed to the Clinical Services reaches 240 hours.

If the first psychoanalytic case terminates treatment or reduces frequency to fewer than three sessions weekly, the candidate must begin work with a new psychoanalytic case. (If the terminated case has been seen for at least 120 hours at a minimum frequency of three times weekly, the case can be used toward fulfillment of the psychoanalytic case requirements for subsequent cases.) Supervision on the first psychoanalytic case should include a minimum of 80 hours of supervision, either with one Supervising Analyst or with two Supervising Analysts for a minimum of 40 hours of supervision with each.

Barring extraordinary circumstances, the candidate will carry the analysis to completion. If the treatment extends beyond the 240 hours, the therapist will transfer the patient to his/her private practice. Treatment will be at least three times a week for the first two years, and as frequently thereafter as necessary. A prerequisite for undertaking psychoanalysis under supervision is approval by the Director of Training. Prior to requesting approval, the candidate must have completed one trimester of course work and be in personal psychoanalysis.

Additional Psychoanalytic Cases (beyond the first case): Additional psychoanalytic cases need to be seen for a minimum of 120 hours at a minimum frequency of three times weekly. Supervising Analysts need to be seen for a minimum of 40 hours for each case to fulfill credit toward graduation requirements. Additional patients for supervision are the responsibility of the candidate. Patients may be referred from the Psychoanalytic Service when available, although these will be referred to the candidate's private practice from the start.

Though hours of treatment cannot be combined to compensate for patients who terminate treatment prematurely or before the minimum required hours have been completed, a candidate may apply to the Training Committee for graduation on the basis of "equivalence" if their work includes one case that falls short of the graduation requirement.

Duration of Supervision Requirement: All candidates are required to continue supervision until graduation. Each psychoanalytic supervision for credit must be on a weekly basis on only one continuous case.

Diversity Requirement:

Psychoanalytic supervision will consist of experience with supervisors of at least two genders. Candidates are expected to work with four cases reflecting a diversity of characteristics including, but not limited to, gender, identity, race, religion, ethnicity, culture, sexual orientation and socioeconomic status.

Psychotherapy Requirement: Candidates who do not participate in the Clinic Fellowship need to contribute a minimum of 80 hours of psychotherapy to the Clinical Services. These hours may be accrued by treating one patient on a twice-weekly basis or two patients on a weekly basis, for one year. Candidates are credited \$25 per patient hour to an account that may be used to offset training expenses.

This requirement can be met by individual psychotherapy (adult, adolescent, or child), special modalities of therapy (group, family, or couples), or participation in a clinical project. The Psychotherapy Requirement provides candidates with the opportunity to apply psychoanalytic knowledge to a different form of treatment. This work will be supervised weekly, at no charge to candidates, by a Supervisor of Psychotherapy chosen by the candidate from the Institute's list of Supervisors of Psychotherapy. This requirement must be fulfilled prior to June 1 of the year of anticipated graduation. Some candidates may provide additional psychotherapy as part of the Clinic Fellowship. If a candidate wants to transfer a patient from the Psychotherapy Service to the Psychoanalytic Service, s/he must engage a new Supervising Analyst for the psychoanalytic treatment; the Supervisor of Psychotherapy may not continue as the Supervising Analyst.

FEES

Tuition and fees are payable in advance. Admission to courses will be authorized only when fees are paid and previous indebtedness is discharged unless arrangements are made with the Business Manager. Students who do not notify the Registrar of inability to attend a course prior to its first session will be charged 50% of the fee for the course. After the second session of the course the full tuition fee will be charged.

Full tuition is required for the first four years. Current tuition for candidates in Division I is \$2,100 per trimester. This fee covers all required courses and required electives for each of the first twelve trimesters. Candidates may also enroll in one additional elective each semester without payment of additional fees. After four years of training, which would be a total of 12 trimesters, the candidate will pay half tuition until graduation. An administrative fee is charged for each trimester a candidate is on leave of absence. Request for full and partial leave of absence requires application to the Director of Training and the approval of the Institute administration.

Candidates are required to pay an annual Reserve Library fee of \$175, providing access to the Institute's online library materials, with their first trimester's tuition.

Fees for personal psychoanalysis and for psychoanalysis under supervision are determined by mutual arrangement between each candidate and his or her training or supervising analyst. However, fees for psychoanalytic supervision are not to exceed \$75 per session.

CERTIFICATES

Candidates who satisfactorily complete the full program of training will be granted the Certificate in Psychoanalysis. The program will ordinarily require four to six years. Course credit is given only to those who fulfill all requirements and whose absences do not exceed 20% of the total hours of each course (when appropriate the guidelines of accrediting organizations will take precedence).

Decision as to successful completion of training is made by a vote of the Council of Fellows, upon recommendation by the Training Committee. As in the case of admission to the program, readiness for graduation is not based solely on scholastic and technical competence. The candidate's personal and professional integrity, clinical proficiency, soundness of judgment and commitment to the profession will be considered by the Training Committee following completion of all academic requirements.

(B) LICENSURE-QUALIFYING PROGRAM IN PSYCHOANALYSIS

GENERAL INFORMATION

(B) LICENSURE-QUALIFYING PROGRAM REQUIREMENTS

The William Alanson White Institute is committed to offering psychoanalytic training to highly motivated, exceptional individuals from a variety of disciplines and backgrounds in addition to its traditional Certificate Program in Psychoanalysis (A) that provides postgraduate training to psychiatrists, psychologists, and clinical social workers. The Licensure-Qualifying Program in Psychoanalysis (B) reflects the Institute's commitment to providing such training opportunities.

This program is registered by the New York State Education Department to provide training leading to an advanced certificate in psychoanalysis for candidates who are not licensed in an "exempt" profession and who meet the minimum education requirements for admission. Questions about eligibility to apply for training in the program may be directed to Laura Miller, LCSW, Director.

ELIGIBILITY FOR MATRICULATION

Matriculation as a candidate for the Licensure-Qualifying Program in Psychoanalysis is open to applicants who have completed graduate study and earned a master's degree or higher in any field that is registered by the New York State Education Department or substantially equivalent as determined by the Department.

The prescribed course of study, a rigorous training in the concepts and methods of psychoanalytic treatment, is intended to qualify graduates to sit for the New York State licensing examination leading to becoming a "Licensed Psychoanalyst" ("L.P.") in New York State. The White Institute offers an LQP Case Narrative Exam Preparation Course to be taken after the completion of all Division I requirements in preparation for the NYS Licensure Exam.

ADMISSION

Application forms may be obtained from the Registrar and must be accompanied by a \$100 application fee which is not refundable. Applications are also available on the Institute website at www.wawhite.org. The deadline for application to the training program is May 1. Special permission is required for late application. A matriculation fee of \$1,000 will be applicable to the first trimester's tuition and is payable upon acceptance of an applicant as a candidate. Application will require several personal interviews in addition to submission of credentials and recommendation letters. (Some applicants who are not accepted may reapply on the recommendation of the Director of Training.)

The William Alanson White Institute admits students of any race, color, gender, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, sexual orientation, religion, national or ethnic origin in administration of its educational policies, fellowship and loan programs, and other school administered programs.

FEES FOR SUPERVISION

Candidates will pay to the Institute all fees for course work and supervised experience completed as part of the education program. Fees for psychoanalysis under supervision will be included in tuition fees charged by the Institute (in addition to coursework tuition), as incurred. The fees (not to exceed \$75 per session) will be paid to the Institute as part of required tuition, and not to the Supervising Analyst directly.

CERTIFICATES

Candidates who satisfactorily complete the full program of training will be granted the Licensure-Qualifying Program's Certificate in Psychoanalysis. Although the Licensure-Qualifying Program in Psychoanalysis is designed to enable its graduates to sit for the New York State licensing examination in Psychoanalysis, the Institute does not grant State licenses. Questions about procedures for seeking a New York State Licensure in Psychoanalysis should be directed to the State Department of Education: <https://www.op.nysed.gov/psychoanalysts>.

Course credit is given only to those who fulfill all requirements and whose absences do not exceed 20% of the total hours of each course. The guidelines of accrediting organizations will take precedence over this requirement.

Decision as to successful completion of training is made by an affirmation of the Council of Fellows upon recommendation by the Training Committee. As in the case of admission to the program, readiness for graduation is not based solely on scholastic and technical competence. The candidate's personal and professional integrity, clinical proficiency, soundness of judgment and commitment to the profession will be considered by the Training Committee following completion of all academic requirements.

REQUIRED CLINICAL TRAINING

Personal Psychoanalysis: Each candidate is required to undergo personal psychoanalysis as a means of attaining awareness of personality factors that would interfere with the ability to conduct psychoanalytic treatment. The personal psychoanalyst shall be selected by the candidate – not the Institute – and the student is responsible for payment of fees for this personal psychoanalysis. The Institute maintains a list of approved Training Analysts, including Training Analysts who have indicated their availability to treat candidates at reduced fees. The personal Training Analyst is responsible for verifying to the Institute the completion of the required hours. Criteria established for the list of acceptable Training Analysts includes licensure and registration in a profession established under Title VIII of the New York State Education Law and competence to practice psychoanalysis.

Arrangements for analysis must be made by the candidate upon acceptance by the Institute and should begin no later than October 1st of the first academic year of candidacy. New York State Education Law and Regulations require at least 300 hours of personal psychoanalysis. The Training Analysis must be at the rate of at least 3 sessions per week for the first 300 hours. Subsequent frequency and duration

are up to the candidate and analyst. The Training Committee may suggest an intensification of or return to analysis if this seems indicated by the quality of the candidate's work. In order to preserve the integrity of the analysis, the candidate's analyst is expressly excluded from participation in any administrative decisions regarding his/her/their analysis.

The Institute does not have the authority or responsibility to establish the fees paid to personal analysts. To assist prospective candidates in estimating the cost of education in psychoanalysis, the Institute will provide a reasonable range of fees charged by Training Analysts; a number of Institute Training Analysts have agreed to provide reduced fees when there is financial need.

Psychoanalysis under Supervision (Institute requirements): Clinical work with four patients, each of whom is seen at least three times weekly, under the direction of at least four supervising analysts of the Institute for a minimum of 200 "supervision hours" (of 45-minutes each) total, is required. The Institute retains responsibility for all supervised work, including assignment of all supervising analysts, who are responsible for the patients to be seen by the candidate under supervision. All supervised practice must be in accordance with New York State laws and State Education Department regulations. The supervisor is responsible for ensuring compliance and upon satisfaction of the education requirements, will report to the State Board on Form 4B all supervised practice hours that may be counted toward licensure. Candidates may commence their clinical work in psychoanalysis upon approval of the Training Committee. Prior to requesting the approval of the Training Committee, the candidate must have completed a minimum of two trimesters of course work, a minimum of two intakes, and be engaged in personal psychoanalysis of at least three sessions weekly.

Institute requirements for psychoanalysis under supervision must be distributed as follows for LQP candidates as per New York State Education Department regulations:

- 1)** one psychoanalytic supervisor must be seen for a minimum of 50 weekly sessions, on a single case
- 2)** another psychoanalytic supervisor must be seen for a minimum of 100 weekly sessions with one or more additional cases
- 3)** subsequent psychoanalytic supervisors (at least two) must be seen for a minimum of 40 sessions each. A different patient should be presented to each supervisor (i.e., the candidate cannot present more than a single case to a Supervising Analyst for credit); however, in order to complete the 100-hour supervisory requirement, if the candidate has completed a case with the supervisor, or if the patient terminates psychoanalytic treatment, a new case may be presented. All supervision sessions will be for a minimum of 45 minutes, with an additional 10-15 minutes of reflection and record-keeping by supervisor and candidate. Supervisory requirements must be met prior to June 1 of the year of graduation.

LQP candidates must be in continuous, year-round supervision until they are licensed by the New York State Education Department, and hence authorized to practice independently. Post-graduation, the Institute will continue to maintain a maximum supervision fee of \$75 per session for LQP graduates while they are on the Limited Permit. Post-graduation, the candidate may request the approval of the Director of Clinical Services and the Training Committee to increase the number of patients per each psychoanalytic supervisor.

Fees for psychoanalytic supervision during training are to be paid directly to the Institute, incorporated into tuition charges, billed by and paid to the Institute, not the Supervising Analyst, according to the current schedule of fees for Institute Supervising Analysts. Supervising Analysts will be paid directly by the Institute, not by the candidate in training. Fees are not to exceed \$75 per session.

The Institute will provide students with a list of approved Supervising Analysts. Supervising Analysts of the Institute are all trained as psychoanalysts and are graduates of the Institute's Certificate Program in Psychoanalysis. Each Supervising Analyst is licensed to practice in one of the "exempt" professions in New York State whose "scope of practice" includes psychoanalysis or is licensed under Article 163 as a "psychoanalyst". The current list of approved Supervising Analysts and other Supervisors of the Institute will indicate which of these supervisors are Licensed Psychoanalysts ("L.P."). The Institute appoints Supervising Analysts in a selective process that requires each to present clinical supervisory work to a standing committee of the Institute charged with the appointment of graduates to such roles.

All psychoanalytic patients seen by candidates enrolled in the Institute's Licensure Qualifying Program in Psychoanalysis will be referred by the Psychoanalytic Service of the Institute's Clinical Services and seen under the auspices of the Clinical Services. The first patient must be seen for a minimum of 240 hours and supervised weekly during that period by a supervising analyst. Barring extraordinary circumstances, the candidate will carry the analysis to completion. Treatment will be at least three times a week for the first two years, and as frequently thereafter as necessary. The Institute delegates responsibility for the treatment of cases seen in the Psychoanalytic Service to the Supervising Analysts who are responsible for all patients seen by candidates under supervision.

Each candidate is required to treat at least four cases, for a minimum of three sessions weekly, under the direction of at least four supervising analysts, for a minimum of 750 sessions of supervised psychoanalytic treatment (as per NYS). All supervised psychoanalysis must be done on site in accordance with the regulations of the New York State Education Department at the Institute's low-cost Psychoanalytic Service. Private offices of students matriculated in the Institute's Licensure-Qualifying Program (Division I (B)) are not acceptable settings in which students may complete the required hours of supervised practice, even for those students who might be licensed in other professions whose scope of practice includes psychotherapy. Likewise, all clinical supervision must be done in accordance with the New York State Education Department's regulations. A qualified Supervising Analyst must be on site when the student is practicing psychoanalysis.

Psychotherapy Requirement: Each candidate is required to conduct a minimum of 80 45-minute hours of psychoanalytic psychotherapy in the Clinical Services under the direction of one of the Institute's Supervisors of Psychotherapy on a weekly basis by a Supervisor of Psychotherapy (there is no charge for this supervision). The requirement may be met by individual psychotherapy (adult or child), special modalities of therapy (group, family, couples), or participation in a clinical project. Verification of these supervisory hours must be provided by the supervisor on Form 4B to the New York State Education Department at the appropriate time. A maximum of two cases may be supervised by a given supervisor. This requirement must be fulfilled prior to June 1 of the year of graduation.

The Psychotherapy Requirement is part of the sequence of curricular requirements that includes the Intake Practicum Requirement, the Clinical Services Meeting, the Clinic Fellows Seminar, and the "700-series" seminars listed in the Bulletin. Completion of the Intake Practicum Requirement (3 supervised clinic intake cases) and approval of the Training Committee and Director of Clinical Services are prerequisites to beginning the Psychoanalytic Psychotherapy Requirement. Typically, the Intake Practicum Requirement will begin during the first year of training and the Psychotherapy Requirement will begin no earlier than the second year of training.

A patient being seen in psychotherapy who wishes to be seen in psychoanalysis may be referred to psychoanalysis only on the basis of a decision made by the patient and a licensed supervisor, not by a

candidate or permit holder (who may not independently treat or refer patients). This decision should be made by the patient in accordance with acceptable practices for referring patients and informed consent by the patient.

Diversity Requirement: Psychoanalytic supervision will consist of experience with supervisors of at least two genders. Candidates are expected to work with four cases reflecting a diversity of characteristics including, but not limited to: gender, identity, race, religion, ethnicity, culture, sexual orientation and socioeconomic status.

Required Clinical Seminars: All first-year candidates in Division I (B)—Licensure - Qualifying Program in Psychoanalysis are required to participate in a clinical seminar program on Tuesdays from 10:00 am – 3:00 pm and Thursdays from 3:00 pm - 4:00 pm. These seminars will increase the candidate’s exposure to psychoanalytic clinical theory and treatment.

First Year candidates are required to attend the Clinical Education Meeting (from 10:00 am – 11:30 am), the Intake Course (from 11:45 am – 12:45 pm the first half of the year); the Clinic Meeting (1:00 pm – 2:00 pm), and the Postdoctoral Fellows Clinical Seminar (2:00 pm – 3:00 pm). They are also required to attend the clinical sequence on Thursdays from 3:00 pm -4:00 pm.

Second, Third and Fourth Year candidates are required to attend the Clinical Education Meeting (10:00 am – 11:30 am) and the Clinic Meeting (1:00 pm – 2:00 pm) on Tuesday.

Fifth and Sixth Year candidates and **Limited Permit holders** are required to attend the Clinic Meeting (1:00-2:00 pm Tuesdays).

Tuition Credit: LQP candidates will receive credit toward tuition fees at the Clinical Services. Tuition credit will be computed at the rate of \$10 per session for psychoanalysis (beginning after the 240-hour “first case” requirement is fulfilled) and at the rate of \$25 for the 80-hour Psychoanalytic Psychotherapy requirement.

Other Requirements: Once the Training Committee has approved a candidate for graduation, the candidate will be considered to have met the New York State requirements for a Limited Permit in Psychoanalysis. Limited Permits issued by the New York State Education Department are site-specific and the Institute’s Clinical Services will provide the site for continuing treatment within the scope of practice of the Limited Permit.

BOUNDARIES OF PROFESSIONAL COMPETENCE

New York State law governing the practice of psychoanalysis by Licensed Psychoanalysts requires that the provision of mental health services for “serious mental illness” on a continuous and sustained basis requires a medical evaluation of the illness by, and consultation with, a physician regarding such illness, in order to determine and advise whether any medical care is indicated for such illness. “Serious mental illness” is defined by law as including schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism. The Institute provides opportunities to candidates in our Licensure-Qualifying Program in Psychoanalysis to consult with a physician.

REQUIRED COURSES

Required coursework comprises classroom instruction in each of the following areas, prescribed by the New York State Education Department: personality development; psychoanalytic theory of psychopathology; psychoanalytic theory of psycho-diagnosis; sociocultural influences on growth and psychopathology; practice technique (including dreams and symbolic processes); analysis of resistance, transference, and countertransference; case seminars on clinical practice; practice in psychopathology and psycho-diagnosis; professional ethics and psychoanalytic research methodology. The Institute's curricular requirements exceed the New York State minimum requirements and currently comprise more than 540 hours of classroom instruction. The Institute requires that all candidates enrolled in the Division I (B) Licensure Qualifying Program complete the five "700 series" courses described in the "Course Descriptions" beginning on page 20 of this Bulletin, below.

In addition, in accordance with New York State Education Law as applicable to all professionals seeking New York State licensure as a "Licensed Psychoanalyst," all matriculants are required to complete at least two (2) clock hours of training in the identification and reporting of child abuse and maltreatment, and to provide a certificate that attests to its satisfactory completion.

All required work must be completed within six years unless the Director of Training grants an extension. In addition to the completion of required courses in the sequential curriculum, if additional requirements for graduation (such as supervised clinical hours) have not yet been completed, candidates must take three elective courses per year. Clinical Case Seminars are strongly recommended in fulfillment of this additional requirement. Candidates are permitted to change the sequence of certain courses if they feel it will be helpful in their training with the approval of the Directors of Training and Curriculum. If personal issues require a candidate to limit time commitments or otherwise alter the curriculum, individual arrangements may be made requested through consultation with the Directors of Training and Curriculum.

Issues relating to the "scope of practice" of Licensed Psychoanalysts, as addressed above in the section labeled "BOUNDARIES OF PROFESSIONAL COMPETENCE," are addressed in a number of courses in the required curriculum. These courses will discuss practice by Licensed Psychoanalysts as defined by law and when consultation is required to rule out physical/mental causes. These courses include the following:

- Course 112 – Beginning the Treatment: Conceptual & Clinical Approaches
- Course 123 – The Problem of Technique
- Course 220 – Psychopathology: Issues of Diagnosis, Entity vs. Process and Character
- Course 231 – Ethics in Psychoanalytic Practice
- Course 312 – Working Psychoanalytically
- Course 410 – Faculty and Candidate Case Presentations of Psychoanalytic Clinical Process
- Course 411 – Neuroscience and Psychoanalysis
- Course 422 – Trauma and Dissociation
- Course 431 – Current Issues and Controversies
- Course 520 – Clinical Case Seminar
- Course 521 – Clinical Case Seminar
- Course 522 – Clinical Case Seminar: Interpersonal and Relational Approaches to Countertransference
- Course 531 – Countertransference: Clinical Case Seminar (Instructor TBA)
- Course 613 – Integrating Interpersonal Psychoanalysis and Couples Therapy
- Course 620 – Current Research in Complex Psychopathology
- Course 621 – Comparative Models of Therapeutic Action
- Course 732 – Child Abuse Identification and Reporting

For Course Descriptions for Required Courses for Programs A and B go to page 26.

LQP Required Courses

710: Mark Goldenthal, Ph.D., Psychopathology for Psychoanalysts (LQP)

711: Ines McMillan, L.P., MSc. Initial Consultation: Intake and Assessment Practicum (LQP)

721: Deborah Fraser, Ph.D. The Role of Developmental History in Interpersonal Psychoanalysis (LQP)

722: David Applebaum, Psy.D. Introduction to Psychoanalytic Clinical Process (LQP)

731: Stefan R. Zicht, Psy.D. Practical Aspects and Frame Issues in Psychoanalysis and Psychoanalytic Psychotherapy (LQP)

The Institute offers an LQP Case Narrative Exam Preparation Course to be taken in the last year of training in preparation for the NYS Licensure Exam.

FOREIGN STUDENTS

The Institute has been approved by the Department of Homeland Security Student and Exchange Visitors Service, (SEVIS) of the United States as an educational Institution that may be attended by foreign students under Section 4(e) of the Immigration Act of 1952. This allows the Institute to sponsor F-1 Visa to full time candidates and students. F-1 visas allow for training related work, after the first year of enrollment.

In order to matriculate in the Institute's Licensure-Qualifying Program, including being able to work with patients in the Institute's Clinical Services, New York State Education Department recognition of an applicant's master's degree or equivalent will be required. LQP applicants must submit their foreign training credentials to the NYSED Office of the Professions, for the purpose of enabling SED to review and approve these credentials.

The required process involves 3 steps:

(1) Applicants must apply to sit for the L.P. licensing examination (even though candidates will not actually be admitted to the examination until after they have completed psychoanalytic training). This will enable SED to evaluate and verify prior training in a foreign institution. The process includes arranging for an official transcript to be sent to SED directly by the degree-granting institution(s). If an applicant's transcript is not in English, candidates will need to arrange for translation by one of the official translating services recognized by SED, as listed on SED's website.

(2) In connection with step (1), applicants must complete Form 1 online along with payment in the amount of \$371, payable to New York State Education Department.

(3) Applicants will need to arrange for the direct submission of Form 2A to the foreign academic institution for transmission along with an official transcript to SED. Please note that forms cannot be faxed and must be submitted directly by the foreign institution, not the applicant.

Foreign Students with USA or Canadian Master's degrees from an accredited university may be exempt from these requirements. Contact Richard Herman at: r.herman@wawwhite.org.

All relevant forms can be found on the website of the New York State Education Department:

<https://www.op.nysed.gov/psychoanalysts>. The address for The NYSED is:

New York State Department of Education, Office of the Professions, Division of Professional Licensing, Psychoanalytic Unit; 89 Washington Avenue; Albany, New York 12234-1000.

SCHOLARSHIPS, FELLOWSHIPS AND LOANS

The Institute has received several gifts and bequests to establish memorials at the Institute. The donors have made these contributions because they have known and esteemed the work of the Institute and its graduates and because they believe its vision will endure. Applications for scholarships are due by August 15th.

Institute Administered Scholarships

June Jackson Christmas Scholarships—Division I and CAPTP

These scholarships honor the Institute's first Black female graduate, June Jackson Christmas, MD, who graduated in 1959. These need-based scholarships are awarded to Black candidates in Division I (our adult analytic training program) and our Child and Adolescent Psychotherapy Training Program and provide funding for up to the full amount of program tuition. The scholarships are renewable on a yearly basis. Dr. Christmas used her psychoanalytic training to inform her work in a range of urban mental health settings, including as a psychiatrist at Riverdale Children's Association, Founder/Director, Harlem Hospital Rehabilitation Center, Harlem Hospital/Columbia University (1962-1972), and NYC Commissioner of Mental Health, Mental Retardation and Alcoholism Services from 1972 till 1980. Dr. Christmas also led the transition team for Carter's incoming Department of Health, Education and Welfare; served as a member of New York Governor Mario Cuomo's Advisory Committee on Black Affairs in 1986; and chaired NYC Mayor David Dinkins' Advisory Council on Child Health in New York City from 1990 to 1994. Dr. Christmas retired from private practice in 2019.

The **Mark J. Blechner Psychoanalytic Scholarship** is awarded to a person of color or a transgender person with financial need and high ability. It provides funding toward the Institute's tuition for one year of psychoanalytic training in Division I, with year-to-year renewal for up to three years based upon the scholarship winner's performance in the preceding year of training.

The **Marylou Lionells Psychoanalytic Scholarship Endowment Fund** was created to encourage a broad spectrum of meritorious professionals, who might otherwise have been unable to do so, to pursue psychoanalytic training.

The **Benjamin Wolstein Memorial Scholarship Fund** has been established to help defray the costs of training of an outstandingly gifted student in financial need.

Independently Administered Fellowship/Scholarship

Catherine Stuart Memorial Fellowship

Catherine Stuart was a graduate of the White Alanson White Institute. Prior to her untimely passing in 2007, Cathy had begun to address the challenge of increasing the diversity of analytic candidates at White and broadening the conversation about race and gender at the Institute. This fellowship encourages applicants who would increase the diversity of the class or who would bring significant clinical experience serving diverse clinical populations. Applicants for grants should submit a CV and a brief personal introduction of three to four paragraphs about how they meet the Fellowship's mission to Bill Lubart (doclubart@gmail.com) or directly submit materials to: William D. Lubart, PhD, Catherine Stuart Memorial Fellowship; 450 West 24th Street, Suite 1A; NY, NY 10011.

The Psychoanalytic Society of the William Alanson White Institute (composed of graduates of the Division I training program) offers a yearly scholarship of \$3000 to help a BIPOC candidate with financial need. This scholarship is a cash award for the student's training and education-related costs other than tuition. It is intended to support the Psychoanalytic Society's commitment to increasing the diversity of our field. Applicants should submit a CV and brief personal introduction (three to four paragraphs), which also offers an idea of how you would use the scholarship. Please send inquiries and/or application materials to Katherine Noordsij, LCSW, PhD (Lit) (noordsij.katherinem@gmail.com).

Loans

The **Judith Harris Selig Memorial Fund** has established a revolving educational loan fund to defray expenses of training for needy candidates. It is intended to aid worthy applicants whose financial resources are inadequate.

The **Jane Michel McGarry Revolving Loan Fund** has been established as an educational fund to defray expenses of training. It is intended to aid worthy psychologists whose financial resources are inadequate.

Candidate Assistance Fund of the American Psychoanalytic Association provides loans up to \$5,000 to analytic candidates. Loans, to be repaid within a maximum of six years, are made from a revolving fund. Thus, repayment is critical in order to continue making loans. Loans are interest-free, but carry a one-time 1% service charge that is deducted when the loan is made. Loans are based on need and ability to repay. Any questions should be addressed to Tom Newman at tnewman@apsa.org.

We are in the process of applying for Veterans Administration Benefits.

Except where indicated, inquiries regarding the above scholarships, awards and loans should be addressed to Elizabeth Krimendahl, Psy.D., Executive Director, at (212) 873-0725, Ext. 15 or director@wawwhite.org for confidential consideration by the Financial Aid Committee. In keeping with the mandate of the Board of Trustees, any financial aid must be need-based and may be further subject to the donor restrictions. See Financial Aid Policies and Application on our website for a list of the required documentation.

REQUIRED COURSES—Psychoanalytic Training (A and B)

All required work must be completed within six years unless the Director of Training grants an extension. When the required curriculum has been completed, candidates must take three elective courses per year. Clinical Case Seminars are strongly recommended. Candidates are permitted to change the sequence of certain courses if they feel it will be helpful in their training. If a variation in sequence is desired, candidates should contact the Director of Curriculum. If personal issues require a candidate to limit time commitments or otherwise alter the curriculum, individual arrangements may be made through the Director of Curriculum.

Listed below are descriptions of the required courses during each of the four years and the current electives.

First Year Required Courses

110: Evolution of Psychoanalytic Concepts I: Development of Freud's Theory

Evelyn Hartman, Ph.D.

10 sessions

This course provides an overview of Freudian Theory from 1893 thru 1915. It is the first trimester of a year-long review of Freudian theory. The course will demonstrate Freud's evolving conceptualizations of his mind and of clinical technique and will offer an appreciation of Freud, as a developing clinician and theoretician as well as an appreciation of how his ideas continue to apply to our work. We will learn how Freud's examination of his own life through his self-analysis contributed to the evolution of his thinking. Freud's theoretical and clinical struggles will be elucidated and shown to resemble those conceptual and technical challenges with which we continue to grapple.

110b. Freud II

Victoria Malkin, Ph.D.

10 sessions

This class takes up Freud after his Lectures on Technique (1911–1915) to explore how Freud expanded and elaborated his basic ideas of the fundamental rules of psychoanalytic work—transference, resistance, free-association, neutrality and working through. Taking his papers on character and a case study (the Ratman) we will read with these concepts in mind to explore how Freud continues to develop his ideas and grapple with clinical questions that lead him to elaborate further to move “Beyond the Pleasure Principal” and into newer territories that continue to be taken up in later psychoanalytic thinking.

112: Beginning the Treatment - Conceptual and Clinical Approaches

Gary Schlesinger, Ph.D.

10 sessions

This course will attempt to familiarize candidates with the complex issues involved in beginning a psychoanalytic treatment. I will try to provide a comparative, contextual approach to the clinical issues involved as one's beliefs about what facilitates mutative experience may determine how one seeks to begin a treatment. I will use a combination of readings discussing conceptual and practical matters and clinical material from both my practice and cases presented by candidates.

114a: Sullivan in Time: His Life and Thought

Don Troise, LCSW

7 sessions

Harry Stack Sullivan's extraordinary contributions to psychoanalysis have been undervalued even as they constitute a significant substratum for the elaboration of interpersonal and later, relational theory. This course will explore Sullivan's life and thought as intersecting, correspondent experiences. In particular, the influence of his marginalized identities on his developmental theory and his practice techniques will be considered in detail. Sullivan's life story and the commensurate theories he devised from it, reminds us that psychoanalytic theories are, essentially, stories too, and that psychoanalysis itself stands most securely in the Humanities than in any other realm.

114b: Erich Fromm: Clinical Practice in Social Context

Roger Frie, Ph.D., Psy.D., R. Psych

3 sessions

Given Fromm's stature as a public intellectual, it is easy to overlook the fact that he was first and foremost a pioneering psychoanalyst who founded psychoanalytic institutes and organizations in Germany, the US and Mexico. This short course sheds light on Fromm's key clinical contributions. Fromm's clinical ideas are discussed in their historical context and parallels with contemporary relational psychoanalysis are considered. Fromm's work helps us to understand that clinical practice, like human experience, can never be separated from the social and political surround.

120: Beginning with Clara M. Thompson: The context, the person, her theories, and relevance

Ann D'Ercole, Ph.D.

5 sessions

This course examines the work of Clara M. Thompson, the pioneering 20th century psychoanalyst, a founder and Director of the WAWI. Drawing from her biography (D'Ercole, 2023), we follow her development including her transformative therapeutic experience as an analysand of Sandor Ferenczi as she becomes an outspoken advocate of a new psychoanalysis. Together with her colleagues—Harry Stack Sullivan, Frieda Fromm-Reichmann and Erich Fromm, she established the Interpersonal Psychoanalytic Tradition that is foundational to Relational Psychoanalysis.

111: Developing Interpersonalism in Historical Context: Sullivan, Thompson, Fromm, and the Pioneers

Philip Blumberg, Ph.D.

10 sessions

The goals of this course are essentially two-fold: an historical accounting of the "life and times" of the founders of Interpersonal psychoanalysis with a view towards contextualizing their notions of theory and praxis in their lived lives; while at the same time, implicitly and explicitly orienting students to think more deeply about their own "lives and times" and how those factors come to bear on their own developing personal metapsychologies and psychoanalytic identities.

116: Clinical Case Seminar

Irwin Hirsch, Ph.D.

5 sessions

This five-week clinical seminar is devoted to a focus on examining the interaction between patient and analyst. Equal attention is paid to transference and countertransference (the transference-countertransference matrix), highlighting the degree to which this emphasis reflects the heart of

therapeutic action. Clinical illustration will liberally accompany presentation and discussion of theoretical concepts.

117: Freud III

David Rappaport, Ph.D.

10 sessions

This course will focus on development of meta psychology, the postulate of the death instinct, and the elaboration of object relations that Freud articulated in the later phase of his career. We will also discuss some of the important cultural issues he addressed during this period and the implications for clinical practice that are not explicitly stated yet run through these writings. As we consider Freud's work, we will also examine how subsequent theorists and clinicians have elaborated on the ideas that were germinated during this fertile period of Freud's writing.

118: Analytic Listening and Intervention

David Appelbaum, Psy.D.

5 sessions

This five sessions course focuses on analytic listening, guided by idea that a core feature of the psychoanalytic approach entails working closely with the patient's own process. During our meetings we will study the concept of analytic listening from different historical and theoretical vantage points including: the therapeutic impact of listening, listening with the third ear, neutrality, empathic immersion, meditative techniques, inquiry and barriers to listening. Clinical material will be shared by candidates to examine how we listen to our patients.

115: Inquiry and Free Association

Ira Moses, Ph.D.

5 sessions

We will review ways to integrate inquiry and modified free association with a variety of patients including those who tend to externalize, avoid introspection, act out, self-medicate, etc. We will also consider the 1) transference and countertransference dynamics of inquiry 2) the therapeutic action of inquiry to further the patient's articulation of inner experience and 3) inquiry as a counterpoint to the therapist's intuitive assumptions.

113: Pragmatics and Poetry: The Clinical Work of Edgar Levenson

Miri Abramis, Ph.D.

10 sessions

Edgar Levenson's work represents the most significant advance in interpersonal psychoanalysis since Sullivan, from participant observation to theorizing the analyst's subjectivity as central in analytic change. As Don Stern has written, he is "more responsible than any other single writer for the current emphasis in North American psychoanalysis on the inevitable, unconscious, personal participation of the analyst on the therapeutic relationship." Having said this, Levenson, now in his 90's, is also one of the least well-known major psychoanalytic thinkers in the contemporary psychoanalytic world, despite his prominence in the late 70's and 80's, when debates between the two-person interpersonal perspective and one-person classical Freudian model were central, and the idea that we "cannot not interact" was radical. In the next ten weeks we will take a deep dive into Levenson's work, beginning by placing his work in the development of interpersonal thought, especially Sullivan. We will read a selection of papers from his early work and end with Levenson's (2019) last paper, *Quo Vadis* presented at WAWI's 75th Anniversary Conference.

Second Year Required Courses

232: Stephen Mitchell: Catalyst

Elizabeth Krimendahl, Psy.D.

10 sessions

Mitchell is considered the originator of relational psychoanalysis; he blended interpersonal theory and technique with object relations and self-psychological concepts. This course surveys the development of Mitchell's thought on interpersonal-relational analysis, focusing on topics such as narcissism, therapeutic action, the analytic relationship, love and guilt.

210: Evolution of the Person in Childhood and Adolescence - Clinical Theories - Their Sources and Context

Robert B. Shapiro, Ph.D.

10 sessions

A study of personality development from the points of view of intra- and interpersonal factors in the individual, the family, the society and the culture. This course will highlight the clinical implications of early life experiences.

234: Theories of Child Development and Adult Psychotherapy: How the Past Lives in the Present

Toni Andrews, Ph.D.

10 sessions

All psychoanalytic theories postulate that past experiences affect the present functioning of our patients. In this course, we will consider contemporary child development theories from an Interpersonal perspective with an eye toward enhancing our clinical understanding of adult patients. We will survey the literature on early infant studies, the development of emotional regulation and mental inaction, attachment theory, latency, adolescence and identity development. Our focus will include connecting developmental theory to adult functioning and psychopathology. Class time will be divided between lecture and discussion of assigned readings and clinical case material.

215: Character and Psychopathology

Evelyn Hartman, Ph.D. and Melanie Israelovitch, M.D.

10 sessions

In this course we will examine the complexity of character and the ways that characterological styles help to foster and impede the ability of our patients to live their lives in the face of struggles, big and small, through daily living and during major life events. We will consider how we, as interpersonal analysts living within our own characterological styles, use ourselves and the intense reactions that may arise, as we confront the challenge of helping our patients live more fully within their character and in their world. We will also consider the interplay of psychopharmacology with character style and treatment.

216: Standing in the Spaces with Philip Bromberg

Emily Kuriloff, Psy.D.

10 sessions

This course, both theoretical and clinical in content, shall explore the work of Philip M. Bromberg, who transformed the *Detailed Inquiry*, and all of Interpersonal Psychoanalytic theory and praxis from a positivist search for Truth/Reality (aka an Interpersonal Ego Psychology) to a shared therapeutic process, during which multiple, discontinuous self states emerge, or are dissociated in response to the

ever changing relatedness in the consulting room. Such shifts, as Bromberg refers to this action, emerge from the threat of traumatic repetition, and cripple possibilities for intimacy. Using both his scholarly writings, his clinical vignettes, and student representations of process, candidates shall develop greater attunement to such self-other schemata, enactments of, and explore ways of working through such repetitions.

214: The Interactive Matrix

Jenny Kaufmann, Ph.D.

10 sessions

In this course we will consider the crucial concepts of transference and countertransference. We will look at how the concept has evolved from Freud into the present, and consider how the concept has changed from the patient/analyst displacing their respective issues onto the current relationship to looking at the total relationship involving old and new co-created object relationships. We will look at how Freud, Klein and neo-Kleinian thinkers (Racker) contributed to this evolution, and how more contemporary writers (Mitchell, Greenberg, Bach, Kohut & Winnicott) have complexified how we look at the transference-countertransference matrix. In doing so we will emphasize the contributions of interpersonal writers (Levenson and Ehrenberg), who have stressed the importance of the real relationship and the here-and-now interaction, bringing alive the patient's issues (what's "going on around here").

212: Emergent Properties of the Interpersonal Field

Donnel Stern, Ph.D.

10 sessions

All clinical events are emergent and involve both patient and analyst. The unpredictable and changing nature of the interpersonal field, especially its unconsciously mediated aspects, determines the experience that patient and analyst can have in one another's presence; but we can just as well say that patient and analyst, simply by doing their work together, ceaselessly configure and reconfigure the field. These principles will be studied in clinical material supplied by seminar members, each of whom will have an opportunity to present their work.

220: How Psychoanalysts Gaze: Race, Ethnicity, Culture, and "Hot" Moments of Clinical Encounter

Michelle Stephens, Ph.D., & Cleonie White, Ph.D.

10 sessions

This course addresses various ways in which issues of race, ethnicity, and cultural difference influence the clinical encounter and the treatment process. Is race a scientific reality or a social/political construct? To whom does race belong? Is race, and the Racialized Othering observed in the culture at large, present in the seemingly more contained field represented in the analytic room? How does its presence in the psychoanalytic relationship exert influence?

Third Year Required Courses

311: Seminar - Faculty and Candidate Presentations of Psychoanalytic Clinical Process

Anton Hart, Ph.D.

5 sessions

In this seminar senior psychoanalysts will present detailed clinical process material to demonstrate both how they work as well as to conceptualize what is transpiring. Candidates will be encouraged to

question, explore and critique the material. Candidates will also have the opportunity to present clinical material. There is no formal reading syllabus for this class, though readings may be assigned as the need arises.

310: Object Relations Theory

Seth Aronson, Psy.D. & Deborah Fraser, Ph.D.

15 sessions

This course provides an overview of object relations theory through a consecutive focus on three major contributors: Klein, The British Middle School and Fairbairn.

313: Overview of Self Psychology: It's Emphases and Evolution

Peter Kaufmann, Ph.D.

10 sessions

In this overview course about Self Psychology, we will review its particular emphases in terms of understanding patients and clinical practice and how it has evolved. We will begin by considering the contributions of Heinz Kohut, the founder of Self Psychology and highlight his ideas about empathy, self-object relatedness and the self-object transferences. "the leading edge" and "the trailing edge". Then we will study how subsequent Self Psychologists- Dick Geist, Marian Tolpin, Robert Stolorow, Frank Lachmann, Jim Fosshage and Steven Stern have elaborated upon these ideas by considering how the repetitive dimension of experience is represented, how much development and treatment are two-person processes and the significance of the parent's and analyst's role as a separate subject. We also will compare these writers with contributors from the Interpersonal tradition so that the candidates can better appreciate the similarities and differences between practitioners in these two traditions.

331: Comparative Theories of Therapeutic Action: The Goals of Psychoanalysis and How We Arrive There

Christopher Bonovitz, Psy.D.

10 sessions

The purpose of this course is to compare and contrast different theoretical perspectives on therapeutic action. The notion of therapeutic goals vs. psychoanalytic goals will be explored with an eye towards how each theory conceptualizes what is mutation as well as their respective mechanisms of change. Aspects of therapeutic action that will be considered include enactment, role of countertransference, here-and-now vs reconstructing the past, hate and love in the analytic relationship, and the role of interpretive action and insight as compared to experiential moments of meeting, as well as how the patient's envy of the analyst may contribute to negative therapeutic reaction.

332: Dreams in Psychoanalysis

Gudrun Opitz, Ph.D.

10 sessions

This course addresses theoretical aspects of unconscious processes and their communication as seen in dreams. The focus will be, first, on understanding the structure of dreams and the psychology of the dream process, and second, on the clinical use of dreams in all phases of unconscious processes and their communication as seen in dreams.

312: Working Psychoanalytically

Alice Sohn, Ph.D.

10 sessions

The purpose of this course is to examine and consolidate psychoanalytic thinking in its application both to short- and long-term clinical work, and in particular to work with "difficult" patients posing difficult

treatment predicaments. Working psychoanalytically entails an awareness of transference, insight and working through, as well as an interpersonal engagement with patients in whatever ways they choose to present themselves. This way of working effectively integrates psychoanalysis and psychotherapy in a common interpersonal approach. Readings will frame problematic situations for class discussion; presentations of clinical examples by instructors and candidates will provide in vivo application.

335: Psychoanalysis in Context: A History of Ideas

Pascal Sauvayre, Ph.D. and Orsi Hunyady, Ph.D.

10 Sessions

This course studies foundational psychoanalytic concepts by exploring their origins in intellectual history. The different, and often opposed, psychoanalytic theories of mind are linked back to their philosophical roots. This is also the story of the emergence of the 'subject' walking in lock step with its de-centering through various forms of laterite, from the intersubjective to alienation. The aim is to contextualize key psychoanalytic ideas and to anchor their relevance in clinical experience. Since the class emphasizes reflection and close reading, required readings will be kept to a strict minimum (often limited to excerpts of a few paragraphs or pages), but the students are invited to peruse the full readings, and to suggest passages, or other readings, they find of particular interest.

Fourth Year Required Courses

411: Neuroscience and Psychoanalysis

Josh Bazell, M.D. & Andrew Gerber, Ph.D.

10 sessions

Neuroscience and psychoanalysis in theory and practice. What scientific evidence exists to support the techniques and assumptions of psychoanalysis? How has psychoanalysis affected neuroscience? How does the brain host the mind? This course will ask these and other questions through a study of both classic and contemporary research.

416: Gender, Sex & Sexuality: Freud and beyond

Katharina Rothe, Ph.D. & David Braucher, L.C.S.W.

10 sessions

This course will introduce the candidates to non-biologistic, non-heteronormative ways of thinking about gender, sex, drives, desire, and sexualities. Starting with Freud and then moving beyond Freud, we will study conceptualizations that neither reduce the human being to biology nor to sociology or culture.

413: Trauma and Dissociation

Elizabeth Hegeman, Ph.D. & Sharon Kofman, Ph.D.

10 sessions

The focus of this seminar will be to read contemporary essays on trauma, dissociation, and treatment. All participants will be encouraged to reflect on the readings through the lens of their own work with traumatized patients.

412: Contemporary Kleinian Viewpoints

Jay Greenberg, Ph.D. & Seth Aronson, Psy.D.

10 sessions

This course covers the major contributions of important neo-Kleinians such as Wilfred Bion, Hanna Segal, Betty Joseph, Ronald Britton and John Steiner, and explores post-Kleinian developments and issues such as contemporary understandings of the Paranoid-Schizoid, Depressive and Oedipal

positions, therapeutic action and interaction, and the clinical use of projective identification. These contemporary Kleinian views will be compared and contrasted with interpersonal perspectives

415: Difficult Patients/Difficult Dyads

Jennifer Stevens, Ph.D.

5 sessions of 2.5 hours

This condensed course will address the challenges that work with patients recognized as “difficult” pose for therapists. Course material will address not only patient pathology, but also the ways in which patient and therapist can become entangled in unproductive forms of engagement together. A review of the dynamics and phenomenology of narcissistic character structure, borderline organization, and forms of developmental deficit or obstruction will both frame and be woven through the various topics covered in the seminar, as they seem necessary to any discussion of difficult treatment situations.

417: Aspects of Termination

Sarah Stemp, Ph.D.

10 sessions

This course will focus upon the co-construction and experience of the termination phase of psychoanalysis and psychoanalytic psychotherapy. We will consider issues involved in other kinds of endings as well, such as terminations due to a variety of external factors, or prolonged impasse. The course will address assessment of readiness (timing), characteristic issues which typically emerge for patient and analyst during the termination phase (e.g., mourning, regression, pride in and envy of growth and achievement, acceptance of limitation and imperfection, etc.), and questions around post-termination contact. Throughout, using clinical material, particular attention will be given to transference-countertransference dimensions of the termination process.

500 Level Courses: Electives

NO CE/CME CREDITS AVAILABLE FOR ELECTIVES

510: Forbidden Discourse

Ira Moses, Ph.D.

5 sessions

As increasingly reductionistic and, at times, inflammatory rhetoric is being embraced in some analytic forums, our clinical inquiry has become constricted out of a concern of retaliation. This clinical seminar will demand a spirit of challenging one’s ideology and a priori assumptions about the most sensitive subjects including gender, race, and culture in the service of open exploration. Participants will present clinical vignettes for discussion with supplemental articles. Respectful disagreement will be encouraged.

This seminar is open to all members of the Institute and Society by permission of the instructor. For further information contact Ira Moses, Ph.D. directly at iramoses@gmail.com.

511: Clinical Case Seminar - Working at the Intimate Edge

Darlene B. Ehrenberg, Ph.D.

10 sessions

The focus of this seminar will be on how, when appropriate, the exquisite tracking of moment- to-moment shifts in the affective experience of both patient and analyst, as they engage with each other,

can allow for opening immediate experience in ways that can become transforming. Theoretical issues relating to how we use ourselves as analytic instrument, given our unconscious vulnerabilities, will also be explored, with special consideration of conceptions of the nature of therapeutic action, and how the choices we make in terms of how we respond (or not) at any given moment may open and close different analytic possibilities. Attention will also be paid to issues of "being" vs. "knowing" in the analytic encounter. Participants are encouraged to bring in clinical process if they would like to.

512: The Problem of Technique

Rick Loewus, Ph.D.

10 sessions

Psychoanalytic technique has fallen on hard times. It is generally accepted that there is no received technique, no one right way to handle any given clinical interaction. At the same time candidates come to training to learn general principles, perhaps even specific skills, necessary to conduct a successful analytic treatment. We will explore this tension through readings drawn from conflicting visions of analytic technique – received, improvised, spontaneous. The readings raise questions regarding the definition of fundamental tenets of clinical theory, the technical hypotheses they generate, and the problems they raise. During classes we will analyze transcripts of clinical process in order to explore the controversies raised by each week's readings and to gain our own perspective into the fundamental problem of learning to conduct a psychoanalytic treatment.

514: Group and Community in Contemporary Psychoanalysis

Billie Pivnick, Ph.D. & Jane Hassinger, DCSW

8 sessions

In this seminar, we will explore the history of psychoanalytic approaches to working in group and community settings as well as contemporary clinical approaches to individual psychotherapy that emphasize how the inner world is enacted socially and the exterior group is taken into interior life as 'groups-in-the-mind.' Through both readings and experiential learning in the class, we will consider the inextricable intertwining of self as an individual and as a group member. We will explore our new concept—'relational citizenship'—the intersubjective experience of oneself as a generative citizen among citizens. Relational citizenship is an intersubjective self-state in which the individual and the sociopolitical are psychically linked, and through which the challenges of identifying with and belonging to one or more collectives are recognized and negotiated. The following question will guide our explorations: How can psychoanalysts simultaneously be consultants, citizens, and collaborators. In addition to classic readings about group dynamics (Bion, Menzies-Lyth, Hayden & Molenkamp, Hopper, Fanon, Dalal, Tubert-Oklander, Shapiro & Carr, Glassman), we will include optional contemporary works by Altman, Twemlow, Parens, Bragin, Rudden, Sauvayre & Frie, and explore clinical vignettes from our own publications. We hope to gather as a group of at least four people so we can also examine our functioning as a group.

516: The Works of Jessica Benjamin: An Overview

Victoria C. Demos, Ph.D.

6 sessions

Jessica Benjamin is one of the first psychoanalysts to introduce feminism and gender studies into psychoanalytic thought. In her first book, *The Bonds of Love: Psychoanalysis, Feminism and the Problem of Domination*, (1988), she introduces this relationship between gender and psychoanalysis, critiques the Oedipal phase and outlines her thoughts on recognition. In *Like Subjects, Love Objects: Essays on Recognition and Sexual Difference* (1995), she presents her own developmental theory of intersubjectivity theory. In her 1998, *Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis*, she continues her social critique by exploring ideas of gender, and authority both in development and in the analytic situation. In her most recent, *Beyond Doer and Done To: Recognition Theory, Intersubjectivity and the Third* (2018), discusses her ideas of the many forms of Thirdness, witnessing and failed witnessing, play and the lawful world. This elective proposes to give an overview

of Benjamin's major ideas and themes from each of these periods of her work.

518: Love and power, subjectivity and the collective, introducing social theory into psychoanalysis

Eyal Rozmarin, Ph.D.

10 Sessions

This course offers a preliminary exploration of the social-collective aspects of subjective life and experience. We will read and think together about the many ways in which subjectivity is structured and regulated by socio-political and historical forces, forces that operate on the level of the collective but impact each of us directly and intimately. Often through the mediation of the nuclear family. We will consider how this always changing reality animates our lives and our experience, and how, therefore, it requires that we keep adjusting our psychoanalytic lenses, both in theory and in our clinical practice.

Our emphasis will be on reading primary sources in social theory, and looking at how they might be engaged by the capacities and needs of psychoanalysis. We will venture into 2nd wave feminist critique (Firestone, Wittig), insurgent psychiatry (Laing, Fanon), French post-structural thinking (Foucault, Deleuze & Guattari, Althusser) and the Frankfurt School (Fromm, Adorno, Horkheimer). We will consider some contemporary exploration of subjectivity (Butler, Bauman, Clough, Preciado). We might also read psychoanalysts who have already engaged social theory in their writing. All as time permits, with the understanding that the subject-matter and literature are demanding. (Most of the reading therefore suggested, not required.) We will explore social theory, but try to always remain close to the questions that concern us as clinicians. And so please expect to bring your/our clinical work into the room.

520: Clinical Case Seminar

Eric Singer, Ph.D.

10 sessions

The focal point of this seminar will be the role of the analyst's personality as it affects the course of the analysis. Candidates will present vignettes from their work for discussion

530: Talking Taboo, Writing Taboo: Opening up feelings – Inviting discussion of the Analyst's Physical Self

Ruth H. Livingston, Ph.D. & Janet Tintner, Psy.D.

10 sessions

This clinical seminar will identify and invite articulation of complex, "taboo" feelings about the analyst's physical self – including visible and invisible physical factors -- that patient may resist, dissociate, or deny. It is hoped that expressing such feelings in the context of the analytic relationship will galvanize unspoken and forbidden aspects of the negative transference/countertransference, and thus enliven and enrich the treatment. Technical problems will be addressed, and clinical discussion will pinpoint facets of individual analysts' physicality that may be difficult to hear and discuss. Both instructors will use their ongoing written work in this arena, and candidates will also use clinical discussions to develop a written project of some sort, i.e., a blog, a paper, or an oral presentation.

532: Advanced Clinical Seminar in Working with Sexually Abused and/or Dissociated Patients

Richard Gartner, Ph.D.

10 sessions

This seminar includes intensive ongoing discussion of students' cases that have issues involving sexual abuse and/or dissociation due to trauma. Students should have some familiarity with the work of Bromberg, Davies and Frawley, and Gartner, or expect to read from their work during the course.

600 Level Courses: Electives

601: Credo: My Psychoanalysis

Claire Basescu, Ph.D.

10 sessions

This class invites students to articulate their own developing views of therapy and therapeutic action. It is a writing class, focused on short, informal pieces of writing. Students will be asked to identify quotations from their readings or clinical anecdotes from their practices and to write about them. The goal is to encourage exploration, self-awareness and self-definition. The class atmosphere will be one of creativity and playfulness. Each participant (including the instructor) will contribute about a page a week to the rotating class discussion. There may be some writing prompts or small assignments from the instructor. (For a longer course description, you may contact: clairebasescu@gmail.com.)

602: Reading as Stance

Robert Langan, Ph.D.

10 sessions

This seminar proposes collaboratively to construct a notion of psychological stance as a kind of reading, an active and automatic construction of experience into self-in-the-world. Commonalities in the reading of literature, self, and another person will be considered. Literary readings might include Nabokov, Bakhtin, Bromberg, and Winnicott, depending on the interests of the class.

603: Psychodynamics of Love

Evelyn Hartman, Ph.D.

10 sessions

This course will examine the psychoanalytic literature on the dynamics of romantic love. We will consider definitions of and developmental precursors to romantic love as well as developmental trajectories that lead to difficulties in love relationships. We will examine the development of sexuality and attachment and its relationship to the development of a romantic object. Subjective dimensions of romantic love such as passion, desire and erotic experience as well as the role of fantasy within these will be examined. Finally, changes over time in long lasting love relationships will be addressed. Clinical examples will be presented.

604: Integrating Interpersonal Psychoanalysis and Couples Therapy

Shelly Goldklank, Ph.D.

This elective will not be taught 2023-2024.

605: Clinical/Analytic Research Course for Candidates and Faculty

Joseph Schachter, M.D., Ph.D.

10 sessions

The purpose of this course is to assess whether developing a research orientation towards clinical material will increase the range and scope of psychodynamic hypotheses about that material. The development of a research orientation involves enhancing awareness of the limitation of our knowledge and understanding of these clinical materials. Emphasis will be placed upon the tentativeness with which interventions should be made and the capacity to develop tolerance for uncertainty. Sessions for each patient discussed will be presented seriatim for four weeks each.

606: Psychoanalytic Approaches to Supervision

Robert Gaines, Ph.D.

10 sessions

This course will be aimed at students who have had no formal training in supervision or have begun doing some supervision. While there is no cohesive model of the supervisory process, it has been more thoroughly studied and conceptualized than many clinicians realize. This course will attempt to acquaint students with that work. This course will attempt to articulate an interpersonal/relational point of view. The main features of that point of view are an emphasis on the supervisory relationship as a collaborative endeavor, and an alertness to the ongoing experiences of both participants in the relationship and the way those experiences can facilitate or hinder learning.

This course will aim to acquaint students with the basic tools of the supervisor and to give them some experiential exposure to their own personally based biases, blind spots, strengths, and weaknesses as supervisors.

607: Current Research in Complex Psychopathology

Mark Goldenthal, Ph.D.

10 sessions

When failure in the facilitating environment seems an inadequate explanation for the complexity and severity of a person's psychopathology, having access to research may enhance the quest for meaning and understanding. This course will review current research about psychopathology including depressive disorders, bipolar disorders, and various combinations of affective disorders with anxiety, attention deficits, and personality disorders. Studies in biological psychiatry, clinical and neuropsychology research will be discussed. The focus will be on the reciprocal interaction of biological and psychological processes especially as it impacts psychoanalytic work (e.g. affect regulation, primitive defenses, object representations, counter-transference, etc.) with people who have severe and complex psychopathology.

608: Between Psychoanalysis and Society

Emily Kuriloff, Psy.D.

10 sessions

This elective will explore the ways in which psychoanalysis has been profoundly influenced by, and in turn has shaped public and private "culture", both yesterday and today. This relationship will be explored critically, but also as a powerful potential. Topics will include, broadly speaking, shifting notions, experiences, and emphases regarding: sexuality, aggression, agency, authority, intimacy, health, illness, religion, race, and ethnicity, gender...How, finally is psychoanalysis--as both sensibility and method-- molded by today's reality? Has it, or can it be transformative? How?

610: Dream Group

Evelyn Hartman, Ph.D.

10 sessions

As we listen to our patients' dreams, we will consider their associations and our associations, with an ear to group process, as we understand the unique contribution offered by a dream along the royal road of analytic work.

611: The Relationality of Harold Searles

Ronald N. Puddu, LCSW

10 sessions

Familiarity with Harold Searles' therapeutic sensibility has the effect of enhancing one's ability to use subjective affective experience in understanding treatment difficulties. This may, in turn, engender a

growing feeling of confident functioning so important to the process of consolidating a therapeutic identity and personal therapeutic style. We will be exposed to Searles' creative mind where developmental thinking is closely tied to clinical understandings and interventions that are unique in the analytic literature. Anticipating multiple self-state theory is Searles' interest in bi-lateral dissociative experience and the inevitable enactments that lead to their explication. He contends that patient's impressions of the analyst are rooted in some dissociated "not me" reality concerning the analyst's personality or self-state and that waking the analyst from this dissociated slumber is prerequisite to growth on the part of both participants. Within his non-dogmatic integration of internal object-relations theory with inter-personal theory as but two sides of one coin, familiarity with his work contributes to candidate's self-consolidating access to inner process in the face of the inevitable vicissitudes of the treatment situation.

612: Erotic Transference/Countertransference: Clinical and Ethical Considerations

Melissa Ritter, Ph.D.

10 sessions

The exploration of "the erotic," an aspect of clinical work that is particularly challenging, often tangled, sometimes aversive, occasionally enthralling, and almost always destabilizing is centered in this small group (maximum 5 candidates) seminar that includes weekly readings, as well as clinical discussion. Participants are encouraged to share questions concerns, confusions, theories, and the random certainty. We focus on the clinical work of both candidates and instructor.

613: Comparative Conceptualizations and Treatment Approaches to the Grandiose Patient

Jenny Kaufmann, Ph.D.

10 sessions

How do you understand and work with patients who present with what different clinician writers have conceptualized as defensive grandiosity, defensive omnipotence, false self disorders, manic defenses, and the grandiose pathological self? These patients can present as overtly arrogant, entitled and in control or on top of everything or they can be deflated, and self deprecating while maintaining secret fantasies of perfectionistic grandeur. We will consider and compare Kohut, Stolorow, Winnicott, Bach, Bromberg, Fiscalini, Mitchell, Klein and Kernberg's perspective about such patients. In the process we will not only think about how these writers conceptualize such patients but also consider how they vary in terms of how to approach these patients clinically. Candidates will be encouraged to evolve their own more integrated and inclusive approach and apply their cases to clinical cases throughout.

614: Immigration

Orshi Hunyady, Ph.D.

10 sessions

Immigration is a life-altering experience for the individual undergoing it, one that often borders on the traumatic and is quite frequently minimized or ignored during treatment. The intent of this elective is to bring attention to the nature and significance that immigration plays in patients' difficulties. We will have readings and discussion on topics, such as the inevitable losses and potential gains associated with immigration; the pressures, functions, and ultimate impossibility of assimilation; the challenges that immigration presents in terms of continuity and change in the self.

Designed as a supervision group, the elective will focus on clinical work and use the clinician's countertransference to reveal and understand immigration-related dynamics as these emerge for patient and therapist alike. Over the course of the trimester, each participant will be asked to present at least one treatment in which relevant issues either openly surfaced, were avoided, or were discussed but curtailed. We will talk not only about the issues and dynamics themselves but also the anxiety that typically surrounds their exploration.

615: Attending Within: Strategies of Buddhism and Psychoanalysis

Robert Langan, Ph.D.

10 sessions

How do you decide, when sitting with a patient, or for that matter, when sitting with yourself, what to pay attention to? A foundational assumption of psychoanalysis is that one has more leeway in choosing than at first it appears, and that by choosing differently comes the possibility of living differently. One can alter the nature of self-experience. Similarly, a foundational assumption of Buddhism is that the givens of reality are in a profound way illusory, and that realization of how this is so leads to a profound alteration in the nature of self-experience. The strategies of Buddhism and psychoanalysis that lead toward such alteration bear comparison. The goal of the course is to highlight attention to attention as an introspective wild card in personality change. Its relevance is both clinical and personal.

616: Historical Trauma: Embeddedness in Generations

Sharon Kofman, Ph.D.

10 sessions

The intersubjective turn in psychoanalysis has heightened interest in the intergenerational transmission of trauma and its haunting consequences. With a focus on early relational trauma and historical trauma, we will explore how trauma is transferred and complexly manifested in subsequent generations. We will trace the variety of ways the concept of intergenerational transmission is conceptualized and considered within contemporary psychoanalytic adult and parent-infant treatment. We will also explore the relevance of these processes for clinical listening and the patient-analyst interaction. Materials for the course will include case studies and treatment literature, memoirs, and film excerpts.

618: Lacanversation

Pascal Sauvayre, Ph.D.

10 sessions

The goal of this course is to establish a rudimentary knowledge of Lacan's theory and clinical approach (Lacanian 101) to provide a point of difference (for us) from which to view Freud and psychoanalysis in America, and thereby to bring into focus assumptions that would otherwise remain unquestioned (at least in these unique ways). Some of Lacan's seminal texts from *Ecrits* and *The Four Fundamental Concepts of Psychoanalysis* are studied in detail, with the help of accompanying explanations and commentaries by Fink, Zizek, and Winnicott. The expectation is to familiarize ourselves with the language and way of thinking, enough to seem conversant only for the uninitiated, but acknowledging that we could converse haltingly in broken Lacanian to those educated in this mindset. It is hoped that this Lacanian primer will help us expand our psychoanalytic horizons, not just as American psychoanalysts, but also as Interpersonalists.

619: Winnicott's Search for Himself as Clinician

Dodi Goldman

4 sessions

Psychoanalytic ideas flourish in a variety of ways: through careful attention to accumulated clinical data over time, observations of child development, open discourse with extra analytic disciplines, accommodation to shifting cultural trends. But innovative theories also form externalized symbolic structures reflecting the theorist's own self. They can be efforts at self-cure. Using Winnicott as illustration, the elective explores how Winnicott's theory mirrors his own subjectivity. Participants will read together passages from Winnicott's private correspondences, autobiographical notebook, and public talks to consider the link between his life and theory.

620: Psychotherapy with LGBTQ People

Deborah Glazer, Ph.D. and Frank Marrocco, Ph.D.

10 sessions

This course is designed to enhance participants' knowledge of the range of issues commonly faced by LGBTQ people throughout the lifespan. The course integrates a developmental/theoretical perspective with an in-depth clinical exploration of the treatment issues specific to LGBTQ individuals. Students will develop an understanding of the intrapsychic and interpersonal issues that arise when working with patients with non-normative gender identification and sexuality. Special topics include: exploration of alternative developmental theories for LGBTQ individuals; understanding the relationship (or lack thereof) between gender experience and sexual desire; transphenomena; the effects of the closet; regulatory anxiety; special topics in transference/countertransference; therapists' self-disclosure; etc.

622: Laplanche: The Challenge of Translation

Pascal Sauvayre, Ph.D., & Katharina Rothe, Ph.D.

10 sessions

The concept of translation is foundational to Laplanche's thought, for both his metapsychology and his clinical theory. We will follow how his careful reading and translation of Freud (he oversaw the translation of his complete works into French) is used as the springboard for the development of his thought. By 'putting Freud to work', as he says, he develops the 'generalized theory of seduction' from which emerges the core 'drive to translate the implanted enigmatic message'. Related metapsychological concepts then include the fundamental anthropological situation, sexuality, the unconscious, and the original wound as the opening to the other. In the second section of the course, we will explore how these metapsychological concepts are then translated into clinical theory with such notions as the hollowed-out transference, the translation of the analyst's enigma, and treatment as a dialectic of psychoanalysis (as an anti-hermeneutic) and psychotherapy (as a hermeneutic).

624: A Cruise to the Beyond

Pascal Sauvayre, Ph.D.

10 sessions

Go on a comparative psychoanalysis cruise to the Beyond with stopovers in Freud, Lacan, Sullivan, and Laplanche; with generous portions of unconscious wishes, of the real, of desire, of jouissance, of anxiety, of tension, of the sexual, and of the enigmatic message. While the servings are all-you-can-eat, digestion and metabolization are not guaranteed, not even for the cruise director.

631: Clinical Listening: Holding onto Letting Go

Robert Langan, Ph.D.

10 sessions

When sitting with a patient (or when sitting with yourself) how is it your attention tightly focuses, or loosely wanders away? This course explores this question both theoretically and experientially. Readings will draw on Freud, Farber, Ghent, Stern et al., as well as Buddhist writers. Class exercises will tap clinical process, dreams, meditation, visualization, association, and thought/feeling linkages. The goal of the course is to posit attention to attention as an introspective wild card fostering personality change.

641: After the intersubjectivists: Paul Ricoeur's Therapeutic Mutual Recognition

Jeffrey Sacks, D.O.

10 sessions

Paul Ricoeur, a philosophical anthropologist, formulated and utilized an interdisciplinary language to understand and examine the clinical psychoanalytic process. In this course we will examine his ideas to explore how creativity affects therapeutic action from interpretation to mutual recognition.

Vulnerability and gratitude are among the many complex human experiences we will examine within Psychoanalytic work.

642: Infantile Sexuality: Enigma, Representation, Transgression

Avgi Saketopoulou, Psy.D.

10 sessions

To the question of whether the concept of the sexual drive is relevant to contemporary analytic thinking, this course's answer is a resounding yes. Working within a Laplanchean framework, candidates will be introduced and/or deepen their understanding of infantile sexuality and the centrality of polymorphous perversity in psychic and social life. Readings from psychoanalysis (Freud, Laplanche, Scarfone), Black feminisms, queer of color critique and philosophy work to stage a series of challenging encounters between eroticism and art that bring these ideas home. This course is demanding both in terms of its theoretical density and its intensity, offering fresh and exciting paths to analytic thought. It will be conducted virtually and is available to advanced candidates from WAWI and PINC, enabling connections with colleagues across coasts and training philosophies. The instructor requests that you let her know of your interest in taking this course ASAP at the email avgisaketopoulou@gmail.com, preferably by the end of August 2023. In addition, this course will be capped at 7 candidates.

643: Death for Clinicians: How to Treat a Patient who is Dying

Rande Brown

10 sessions

This course will examine the psychoanalytic challenges of treating a patient who is dying. Death is not a comfortable topic for most people to discuss and, in contemporary society, the process of dying has been sanitized to the point of dissociation. This course is intended to make the clinician more competent in dealing with the subject of death by explicitly and openly examining issues that may arise in the clinical encounter with a dying patient, including how to talk about death, how to practice active listening, and how to deal with issues that arise around acceptance, transference and countertransference, anticipatory mourning, the notion of spirituality, and opportunities for growth and transformation at the end of life. Participants will be encouraged to present clinical material throughout the course and will be asked to write a brief journal entry each week to reflect on the experience of reading that week's papers.

645: The Writing Psychoanalyst

Ruth Livingston, Ph.D.

10 sessions

646: Race in the Clinical Space

Kathy White, Ph.D.

8 sessions

This Seminar raises awareness of unconscious states of mind around race, using a variation of the Balint method. The focus is on collective deep listening to cases where there are significant racial, ethnic, and/or cultural differences between therapist and patient (as is often the case). The instructor's hope is that folks learn and fall in love with the idiosyncrasies of their countertransference leanings. Acceptance and love help us use our internal experience more readily and gracefully. The extended class time (an hour and a half) allows for an in-depth exploration into this material.

648: WR Bion—on “Caesura:

Deborah Sherman (a Bion scholar, graduate of IPSS, former Dance Therapist)

10 sessions

In what way is “being born” an arrival, a new beginning, a point of origin? And how does “being born” precipitate an ending, a loss, a catastrophe, even? What do we go “through” in order to get born, again and again? In this seminar, we will look at WR Bion’s paper, “Caesura” (1977). In this paper, Bion explores the ways in which, despite multiple gaps, breaks, disasters, and disjunction in our minds/beings, there is yet a continuity between intra-uterine life and all that comes after. We will look, in particular, at Bion’s suggestions in this paper for practicing Psychoanalysis. Because Bion wrote extensively about the effects of catastrophic loss and change on our minds/beings, after “Caesura,” we may include in this study several of his other writings, such as, “A Theory of Thinking” (1962), “Attacks on Linking” (1959) and parts of “Attention and Interpretation” (1970).

700 Level: Required Courses for License-Qualifying Program**710: Psychopathology for Psychoanalysts (LQP)**

Mark Goldenthal, Ph.D.

10 sessions

Thursdays, 3:00 - 4:00 PM

This introductory course in psychopathology and differential diagnosis (requiring multiple brief class presentations and write-ups) addresses the use of the American Psychiatric Association’s Diagnostic and Statistical Manual (“DSM”). Guided by DSM, schizophrenia and bipolar disorders are diagnosed with regard to symptom profiles and course of illness. The complexity of affective spectrum disorders (including bipolar II, bipolar depression, and mixed states) is approached from several orientations: biological psychiatry, epidemiology, and early psychoanalytic models. Various models of affective spectrum disorder in the psychoanalytic literature are discussed in understanding unipolar depression. Anxiety Disorders (including Obsessive Compulsive Disorder and Post Traumatic Stress Disorder) illustrate psychoanalytic theories of anxiety. The complex domain of Personality Disorders is approached from a descriptive and psychoanalytic perspective. The diagnosis and treatment of patients who are actively suicidal, self-mutilating or in other ways actively self-destructive is also addressed.

711: Initial Consultation: Intake and Assessment Practicum (LQP)

Ines McMillan, L.P.

12 sessions

Tuesdays, 11:40 AM - 12:40 PM

This half-year practicum will involve each candidate doing a minimum of 3 two-session intake interviews in the Institute’s Clinical Services, with a supervisor present during these interviews, primarily as an observer. The candidate will write a report on each case and will also participate in a weekly group supervision. The supervisory group will meet weekly for the first trimester and second trimester until the holiday break in December. Candidates will also be assigned individual supervisors.

721: The Role of Developmental History in Interpersonal Psychoanalysis (LQP)

Deborah Fraser, Ph.D.

5 sessions

Thursdays, 3:00 - 4:00 PM

Introduces the nature and use of historical data in the interpersonal psychoanalytic approach. A review of basic developmental concepts will support candidates’ understanding of how to take a developmental history with adult patients in psychotherapy and psychoanalysis.

722: Introduction to Psychoanalytic Clinical Process (LQP)

David Applebaum, Psy.D.

5 sessions

Thursdays, 3:00 - 4:00 PM

Introductory overview of the psychoanalytic process, with an emphasis on interpersonal concepts. Candidates will be introduced to key psychoanalytic concepts including: the role of the unconscious, transference, countertransference, and the nature of therapeutic action. The emphasis will be on understanding these concepts from a clinical perspective. Additionally, candidates will be introduced to the use of specific interpersonal treatment strategies including participant observation and the detailed inquiry.

731: Practical Aspects and Frame Issues in Psychoanalysis and Psychoanalytic Psychotherapy (LQP)

Stefan R. Zicht, Psy.D.

5 sessions

This course will address some of the key aspects of the psychoanalytic frame including confidentiality and privacy, fees and the meaning of money, crises and emergencies, establishing a working relationship, scheduling, breaks in the frame, the analyst's ethical stance, and boundaries and boundary violations. The Institute offers an LQP Case Narrative Exam Preparation Course to be taken in the year before graduation or after the completion of all Division I requirements.

**MANUAL FOR CANDIDATES
OF
THE WISCONSIN PSYCHOANALYTIC INSTITUTE
2008 – 2009**

This manual has been prepared for the candidates of The Wisconsin Psychoanalytic Institute as a reference to the process of being a candidate and becoming a psychoanalyst. Changes may be made from time to time, in which case such alterations will be printed on supplementary pages and distributed to you for inclusion with this material. Please feel free to ask questions about anything that is unclear to you, and to make suggestions.

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Introduction

Psychoanalysis is a scientific and humanistic discipline devoted to the study of human psychology and behavior. Psychoanalysis refers to three entities: 1) a method for learning about the mind; 2) a treatment modality for emotional problems and self-development; and 3) a theory of mental functioning, development, and behavior. Psychoanalysis builds on Freud’s insight that unconscious factors shape both normal and abnormal behavior.

Psychoanalytic training at the Wisconsin Psychoanalytic Institute consists of three inter-related components that are performed concurrently, facilitating optimal learning of psychoanalysis: personal training analysis, theoretical and clinical course work and supervised clinical experience with the candidate's own analysands (control cases).

Psychoanalytic training is a profound, often arduous and potentially highly rewarding endeavor. Every student progresses at his/her own pace. The process is not a race but a journey. Given the difficulty of the work and each candidate's own unique approach to the work, there is really no way to know definitively if this is one's chosen field unless one tries it. Acceptance, therefore, does not guarantee graduation. However, the faculty is dedicated to provide whatever guidance, education and supervision they can to help every candidate become a competent, knowledgeable and flexible psychoanalyst.

Candidate Advisor

Soon after acceptance into the training program, a faculty advisor will be provided for each candidate by consultation between the candidate and the Education Committee. The advisor acts as the candidate's liaison to the Progression and Education Committees. It is hoped that the candidate and advisor will establish a close working relationship; therefore, the candidate shall arrange to meet with his/her advisor at least three times per year or more often as requested by either candidate or advisor. If for some reason the candidate should find it difficult to establish a close working relationship with the advisor, it is expected that candidate and advisor discuss this and make every effort to work on the relationship. If both parties agree that the difficulties cannot be overcome, the candidate may request another advisor through the Education Committee. The Education Committee will endeavor to provide each candidate in the same class a different advisor.

Personal Training Analysis

The aim of the personal training analysis is to understand and master neurotic conflict and personality difficulties, and to help the candidate minimize unconscious attitudes that might interfere with his/her psychoanalytic competence.

Candidates must begin a training analysis of four or five sessions per week with one of the training and supervising analysts (TA's) of the Institute, preferably one year prior to the start of classes. However, it is required that candidates have at least 6 months of analysis prior to seeing their first control case. Arrangements, including fee, are negotiated privately between the candidate and his/her analyst.

If the applicant is engaged in a personal psychoanalysis with a TA of the Wisconsin Psychoanalytic Institute at the time of his/her acceptance as a candidate, the candidate may simply continue his/her analysis. If the applicant is in a personal analysis with a clinician other than a TA of the Wisconsin Psychoanalytic Institute (WPI), arrangements should be made to terminate that analysis and to begin with a TA of the WPI as soon as possible, prior to beginning classes. No more than two candidates in the same class may see a single training analyst unless a waiver is requested from and approved by the Education Committee.

The personal training analysis must continue during a significant period of clinical work with control cases and the supervision of those cases. If, for whatever reason, the training analysis stops before a significant period of supervision is undergone, then another significant period of analysis with a TA must be undergone during work with supervised cases prior to graduation.

It sometimes happens that a particular candidate and analyst find it difficult to establish or maintain a useful working alliance. In this event, it is expected that both will make every effort to work on this in the usual clinical fashion, i.e., psychoanalytic introspection and dialogue. If, however, the difficulties cannot be overcome, the candidate may consult with other analysts and change to another TA. The candidate shall discuss this process with his/her advisor and must inform the Advisor and Administrator of any change in TA.

The Wisconsin Psychoanalytic Institute is constituted as a “non-reporting” institute. This means that the personal training analysis is strictly independent of the administrative and educational workings of the Institute. The TA does not report to any faculty member or committee of the Institute on any aspect of the candidate’s analysis. Candidates are required to inform their Advisor and the Administrator in writing of all changes in their personal analysis, including changes in analyst, interruptions in analysis and when their analysis terminates, including total number of hours of analysis.

Theoretical and Clinical Classes

The curriculum of the Wisconsin Psychoanalytic Institute generally consists of a pre-seminar, a five-year program of core classes, and various courses and continuing education activities until the time of graduation. The Curriculum Committee may change classes from one year to the next in order to meet the needs of each particular candidate group. The schedule is intended as a general reference guide (**Appendix A**).

A pre-seminar may be offered to candidates in the year prior to the first year of core classes. The pre-seminar will focus on basic psychoanalytic concepts in order to help students prepare for psychoanalytic training and to develop an esprit de corps among the candidates.

The core classes typically have met on Saturday mornings, 8:15am to 11:30am, from September through May. Classes may also meet on Friday’s from 2:30pm to 5:30pm. Other arrangements may be made to accommodate out-of-town instructors

A rewarding educational experience requires regular attendance, group cohesion, and immersion in the work discussed. Courses focus on student participation in presentations and discussions of reading material and clinical cases. Not only does a candidate’s active participation in class facilitate his/her learning, but also it enables an instructor to best evaluate the candidate’s level of understanding and progress.

In the event that a candidate’s analyst is the instructor for a course, it is expected that the candidate and the instructor/analyst will analyze the impact of this on the candidate’s analysis. In some cases this may nevertheless prove to be problematic for the candidate or the rest of the class, in which case efforts will be made to make other arrangements.

- It is expected that candidates will attend all classes, arrive on time and stay for the entire class.
- The candidate should inform the instructor if a session must be missed. The candidate and instructor will negotiate suitable make-up work.
- A candidate who misses more than 20% of all seminar sessions during an academic year may not be awarded credit for the year and may not be allowed to progress to the next year. When very unusual circumstances dictate, credit for the year's seminars may be made up through appropriate tutorials approved by the Education Committee at the trainee's expense.
- All candidates are required to present their ongoing control cases during clinical case conferences. This involves one candidate presenting process notes from an ongoing supervised case over the course of the seminar. Note that the requirement is to present an ongoing supervised case and not a terminated case unless there is approval as a special exception (this does not include the presentation at the Advanced Case / Termination Seminar). Advanced candidates are also expected to present their ongoing cases to the beginning candidates in their clinical case conferences. The instructors will arrange presentation requirements.
- All candidates are required to turn in their course evaluations (**Appendix B**) at the end of each seminar.

Following completion of the five years of required seminars, candidates are required to participate in a minimum of 16 hours of local psychoanalytic educational activities per academic year until graduation. Possible educational activities shall be discussed with the Advisor and may include: teaching or co-teaching candidate courses; attending WPI courses; teaching an extension division course (for example, for the Center for the Study of Psychoanalytic Psychotherapy); supervised writing of a paper; supervised case and/or paper presentations; a tutorial with a faculty member; or a peer supervision or reading group.

Prior to each academic year the Education Committee must approve post-fifth year educational activities. Contact the Administrator in order to obtain and complete the Post-Fifth Year Candidate's Yearly Education Plan (**Appendix C**). This Plan is due at the Administrator's office before April 15 beginning with the fifth academic year. At the end of the academic year, every post-fifth year candidate must inform the Institute of completed educational activities. The Post-Fifth Year Candidate's Yearly Educational Activity Report may be obtained from the Administrator and is due to the Administrator by June 15 of every year until graduation. Planning the yearly educational activities should be discussed with the Advisor and supervisors.

Clinical Case Experience

- **Current Licensure and Malpractice Insurance**

All clinical candidates and non-clinical candidates seeing patients are required to have a current copy of their professional liability insurance and a copy of their professional license to practice psychotherapy in their respective field for the state of Wisconsin (or whatever state in which they will be practicing) on file with the Administrator prior to gaining permission to begin supervised clinical work. It is the candidate's responsibility to keep this information up-to-date with the Administrator throughout the duration of their training.

- **Clinical Case Requirements**

Candidates must analyze a minimum of three cases under supervision. Each case must receive a minimum of 200 hours of analysis. A minimum of 200 hours of supervision must be obtained for all three cases combined. Both genders must be represented in the candidate's choice of analytands. If the Progression Committee believes that the candidate requires more clinical experience, he/she may be asked to see more than three cases. Cases that are interrupted prior to the minimum number of analytic hours and cases that are required beyond the three standard cases are called unnumbered cases since they do not count towards the minimum number of three cases required for graduation. It is expected that each case will be seen four or five times weekly. If the Progression Committee believes that the candidate requires more clinical experience, he/she may be asked to see more than three cases.

The preferred analytic educational experience prior to graduation includes one case taken to a successful termination, or at least into the termination phase. However, candidates who demonstrate a high level of analytic competence may be considered for graduation without having a case in termination. The candidate must have at least one case that is solidly in an advanced phase of treatment. Because the ability to see patients through adequate termination is an important part of analytic competence, it is expected that candidates graduated before this experience will seek consultation post-graduation during the termination of one or more cases. The faculty thereby is entrusting the graduating candidate with an additional significant responsibility. Hence no candidate will be considered for graduation without a terminated case unless his/her record indicates a clear commitment to continuing psychoanalytic education.

Evidence of a satisfactory analytic process for all cases used for progression and graduation includes development of transference, awareness of countertransference and the ability to contain anxieties and make constructive use of countertransference, understanding of enactments, increasing mastery of patient resistances, experience with a developing transference neurosis or comparable engagement of relevant issues in the analytic relationship, skill in diagnostic and therapeutic interpretations, developing capacity to analyze independently (i.e. increasing independence from the supervisor), good capacity for self-analysis, no evidence of personal pathology which interferes with analytic education, and the ability to correlate clinical behavior with theoretical concepts.

- **Beginning Clinical Psychoanalytic Work**

Candidates are expected to begin their first analysis of a patient under supervision after the first three months of the first academic year, after at least 6 months of personal training analysis, and before the start of the second academic year. The second case can begin three months after the initiation of the first case.

The responsibility for obtaining a control case belongs to the candidate as an individual practitioner. Candidates typically accept analytic cases at a reduced fee in order to obtain suitable control cases in a timely fashion. This is a decision made by each candidate in consultation with the supervisor.

- **Selecting a Supervisor**

Candidates shall choose their first supervisor and begin consulting with him/her at the beginning of their first academic year. If the candidate does not have a first case, the supervisor will work with the candidate to explore ways to find a case. An up-to-date list of approved SA's can be obtained from the Administrator. Candidates shall select a different supervisor for each control case. No definite arrangements to analyze a prospective patient should be made until the candidate has consulted a supervisor and obtained his/her approval. Candidates shall provide the supervisor with a written diagnostic evaluation of the potential control case based on several meetings with the patient, in order to facilitate discussion of the appropriateness of the individual as a control case. If the supervisor agrees that the patient is appropriate as a control case, the candidate informs the Administrator and his/her Advisor of this decision and provides the required paperwork (see below). However, if the patient is deemed inappropriate for analysis, the candidate has a clinical obligation to make a suitable disposition. The clinically appropriate disposition should be discussed with the supervisor.

Supervision on initial cases generally occurs on a weekly basis at a time and fee negotiated between the candidate and the supervisor.

It is inadvisable for a supervisor to be the spouse or significant other of the candidate's analyst. In addition, supervisors should not also be involved in other aspects of the candidate or control case's care.

- **The Second Analytic Case**

After the candidate's supervisor has determined that the first control case is established in analysis and has communicated this in writing to the Progression Committee, the candidate may begin a second control case. As indicated above, this may occur as early as three months after starting the first control case. Prior to beginning the evaluation of a second control case, the candidate should make arrangements for supervision with a second supervisor. As with the first control case supervisor, arrangements for fee and time of supervisory appointments are left to the discretion of the supervisor and the candidate. Supervision is generally once per week.

Candidates must have one but ideally two control cases established in analysis prior to starting their third year of classes.

- **Advanced Status / The Third Analytic Control Case**

Candidates may request advanced status by writing to the Chair of the Progression Committee. This request should be discussed in advance with each supervisor and the candidate's Advisor. The candidate's clinical progress on the first and second cases, as well as any additional unnumbered cases will be reviewed. If the candidate is given advanced status, he/she is eligible to begin a third control case.

Occasionally, candidates will be asked to complete additional requirements before advanced status is given, for example, an unnumbered additional case, additional supervision, additional personal analysis and/or additional course work. Once a candidate has progressed to advanced status, he/she may apply to the Progression Committee to have the unnumbered additional case converted to a third control.

Third cases as well as any additional cases must be supervised on no less than a once per two weeks basis for at least one year, then as negotiated between supervisor and candidate, generally no less than once per month. After the candidate has three control cases, he/she may begin additional supervised cases with the approval of the Education Committee.

Case Registration

It is each candidate's responsibility to be sure that the Institute's administrative office has up-to-date case registration materials and case reports on every control case, both numbered and unnumbered.

Prior to obtaining approval by a potential supervisor to begin a control case, the candidate must provide the supervisor and the Institute office with a typed report on the case containing clinical material specified below. If this is a new patient, the case summary should be based on a minimum of three meetings. If this is a conversion case, the report should be based on the treatment to date.

The initial evaluation shall include the following:

- Chief complaint and identifying data.
- History of present illness.
- Past history:
 - History of previous mental health treatment
 - Substance use history
 - Developmental history
 - History of medical illnesses
- Family history
- Mental status examination (including manifestations of transference and countertransference)
- Psychoanalytic formulation
- Diagnosis
- Suitability for psychoanalysis (indications for psychoanalysis and assessment of analyzability)

Prior to beginning an approved control case analysis, the candidate must have the patient sign the appropriate documentation and submit the following information to the Administrator:

- Patient Information Form (**Appendix D**)
- Patient Informed Consent / Release of Medical Responsibility (**Appendix E**)

Treatment hours and supervision hours are reported on a quarterly form (**Appendix F**) for all cases throughout the course of training. Forms must be submitted by [September 1](#), [December 1](#), [March 1](#) and [June 1](#) of each year to the Administrator in order to get credit for your treatment and supervisory hours. All case interruptions or terminations must be documented on the monthly report form and the “Case Closing Form” (**Appendix G**). This information will be kept in the candidate’s educational file. The timely submission of reports insures that you receive credit for all treatment hours provided and that a complete and accurate patient record is on file. This information is needed to determine graduation requirements.

On or before [September 1](#), the candidate must provide both the supervisor and the Administrator (to be placed in the Candidate’s file) a typed report summarizing the progress of the control case. Supervisors should be consulted in the writing up of each case report. In general, write-ups should be written in the format recommended by the American Psychoanalytic Association for certification reports: no more than 20 pages in length, double-spaced, one-inch margins, with 12 font. When the candidate is ready to write the report, he/she can obtain from the Administrator a cover sheet (**Appendix H**).

With each control case, both the candidate and the supervisor should complete a semiannual supervisory assessment (**Appendix I**), due [October 15](#) and [April 15](#). These assessments are intended to lead to fruitful discussion between the candidate and the supervisor on the candidate’s progress. The supervisor is also expected to provide feedback to the candidate on his/her case write-ups on a timely basis.

These reports are essential for when the candidate requests review by the Progression Committee to advance to the third case. At that time, the Administrator will provide copies of the candidate and supervisors’ clinical reports to the Progression Committee.

Progression through the Program

An incoming group of candidates will, in most cases, move through the didactic curriculum as a class. However, progression in clinical work with patients and subsequent advancement through the program are individualized. After the candidate begins classes, the Progression Committee and the candidate’s Advisor and supervisors meet at least yearly to monitor a candidate’s development. The Advisor will report back to the candidate the results of the Progression Committee meeting so that steps can be taken immediately if problems occur.

Graduation Colloquium

After completion of the first five years of core curriculum and clinical case requirements, the candidate may request the Graduation Colloquium. The Graduation Colloquium provides an opportunity for the candidate and the faculty to assess the candidate’s development as a

psychoanalyst. In addition, it is one measure the faculty uses to decide if the candidate is ready for graduation and to practice psychoanalysis in the community.

The request to take the Colloquium must be made in writing to the Chair of the Progression Committee who will review the candidate's record and determine if the candidate is ready. Such a determination will be based on satisfactory supervised clinical psychoanalytic experience with at least three control cases. In selected instances the requirement for having a case in the termination phase may be waived if the candidate's collective experience and the quality, depth and consistency of his/her work provides ample evidence of his/her having mastered essential elements of psychoanalytic treatment. All graduating candidates are strongly encouraged to consult a supervisor when their control cases enter the termination phase. If there is incomplete work, it will need to be completed and turned in before taking the Colloquium. Upon approval for the colloquium, the Chair of the Progression Committee will appoint a Colloquium Committee of at least two graduate analysts.

The Colloquium Committee requires a comprehensive case report that summarizes the entire treatment for each of the candidate's cases, both numbered and unnumbered. As with the yearly case reports, each report should be double-spaced, one-inch margins, 12 font and not to exceed twenty pages, or whatever the current requirements for certification reports by the American Psychoanalytic Association. These must be submitted ahead of time so the committee can be familiar with the candidate's work. The candidate may submit these comprehensive colloquium reports for that year in lieu of their yearly case reports. During the Colloquium itself, the committee will expect presentation of detailed process material from an advanced case. They may also ask the candidate to discuss any areas of theory and practice it feels will help assess the candidate's knowledge and experience.

If the Colloquium Committee makes an unfavorable report to the Progression Committee, the Progression Committee will give feedback to the candidate as to how his/her deficiencies may be remedied. If the Colloquium Committee makes a favorable report, the Progression Committee will do a final review of the candidate's readiness for graduation per the Graduation Requirements below.

The most important thing to remember is that the colloquium is an opportunity for analytic colleagues to discuss psychoanalysis and the candidate's personal growth as an analyst.

The Termination / Advanced Case Seminar

After approval by the Colloquium Committee, the candidate is expected to present an advanced or terminated case to all current candidates. The candidate is responsible for arranging with the chair of the Curriculum Committee dates for the Termination/Advanced Case Seminar. This is an opportunity for the candidate to display proficiency and mastery of psychoanalytic principles and to allow the candidates to hear the dynamics of a successfully terminated or advanced case.

Graduation Requirements

To be eligible for graduation from full clinical psychoanalytic training, the candidate must have fulfilled all the prerequisites below at least three months before the desired date of graduation.

The candidate must:

- Satisfactorily complete the five-year core curriculum and subsequent 16 hours per year of elective course requirements.
 - Treat at least three approved cases under supervision, with both genders represented, and with clear evidence of the development of a successful analytic process.
 - Log adequate hours of both treatment and supervision for each case. This requires a minimum 1 ½ to 2 years or 200 hours with each patient and 200 hours of supervision with at least 50 hours of supervision per patient.
 - Analyze at least one case through to a successful analytic termination or at least in to the termination phase.
 - Have significant experience with a developing transference neurosis or comparable engagement of relevant issues in the analytic relationship.
 - Demonstrate an ability to introspect and tolerate regression, understand enactments, and increasingly master patient resistances without undo anxieties or disturbing countertransference reactions. Demonstrate the ability to use countertransference in an introspective and useful manner.
-
- Demonstrate an increasing ability to use oneself as an analytic instrument skillfully, including skill in diagnostic and therapeutic interpretations and with increasing independence from supervisors.
 - Demonstrate good capacity for self-analysis and display no evidence of personal pathology that interferes with analytic education or provision of psychoanalysis.
 - Participate in his/her own personal training analysis with a TA during a significant period of supervised work.
 - Present an advanced or terminated case to the Advanced Case/Termination Seminar.
 - Pass the Graduation Colloquium.
 - Complete all written reports, including initial case reports, yearly reports, interruption reports, termination reports, and comprehensive graduation colloquium reports.
 - Fulfill all financial responsibilities such as tuition and supervision fees.

Non-Clinical Psychoanalytic Candidates

Non-clinical psychoanalytic candidates are expected to establish scholarly work or investigation, which furthers the development or application of psychoanalysis at a theoretical level, but do not treat patients using psychoanalysis

- As with clinical candidates, non-clinical candidates must be in a personal analysis with a TA before beginning seminars and during a significant portion of their course work.
- When seminars begin, the candidate will choose an Academic supervisor from among the faculty members of the Institute and begin regular meetings in which the evolution of a scholarly work (i.e., theoretical or research paper) is discussed. These meetings are analogous to supervisory meetings of clinical candidates. This collaboration will be the

subject of regular reports twice per year from the supervisor to the Progression Committee to be rendered at the time that regular supervisory reports are due. These reports will be considered along with seminar reports in preparing the candidate's Progression feedback.

- As with the clinical candidates, non-clinical candidates are expected to attend the five-year program of core classes as well as the 16 hours per year of elective education until the time of graduation.
- Prior to the completion of the fifth year of classes, the non-clinical candidate will present a written draft of his/her scholarly work to the Chair of the Progression Committee. A Graduation Colloquium Committee will study the finished work and meet with the candidate to provide feedback and suggestions for revision, if any. This is analogous to defending a dissertation.
- The non-clinical candidate shall present the findings of his/her scholarly paper in a Research Seminar to all the candidates for questions, comments and discussion. This is analogous to presentation at the Advanced Case / Termination Seminar for the clinical candidates.
- Once a favorable report is received from the Colloquium Committee and from the presentation at the Research Seminar, the Progression Committee will determine whether or not the candidate has completed the curriculum and other requirements of graduation.
- The non-clinical candidate will graduate as an Academic Graduate, considered by the Institute to be knowledgeable in the theory but not the practice of psychoanalysis.

Leave of Absence Policy

Request for Full Leave of Absence or Leave from Seminars and for subsequent return to active candidacy shall be made in writing to the Chair of the Progression Committee. Request for Leave of Absence is reviewed by the Progression Committee and subsequently voted upon by the Education Committee. At the end of each year the candidate will receive a form asking if he or she wishes to extend the Leave of Absence for another year. If they do, they will be asked if they have any plans for resuming active candidacy. After three years of Leave of Absence, the candidate will be subjected to a formal review.

I. Full Leave of Absence

Full leave means no seminars and no supervised work. Our non-reporting personal analysis policy means that decisions about the training analysis is always between the analyst and the candidate and not a factor in full leave. Our bylaws require an Education Committee vote whenever there is a change in status of a candidate – generally admission and graduation - leave is another change in status. Leave is generally granted for one year, renewable, and no tuition is charged during the time of leave.

II. Leave from Seminars

If a candidate has supervised work, the candidate is not eligible for leave of absence but may have leave from seminars. Tuition obligations continue under these conditions. Sometimes reduced tuition may be arranged.

III. Annual Fee

The Institute reserves the right to charge a yearly fee to candidates on leave to defray administrative costs.

Academic Services

Wisconsin Psychoanalytic Library

The Institute has a collection of psychoanalytic literature from classic books to journals dealing with psychoanalytic, psychiatric and psychological subjects. Although the Library is private, the library is open to outside researchers.

Provision of Readings

In general candidates are provided with photocopies of course readings, many of which are produced with the aid of the American Psychoanalytic Association's PEP discs, which is an electronically stored archive of the major psychoanalytic journals. The Institute is in the process of finding a method of providing copies of papers that are not currently available on PEP at low cost to candidates. Details will be made available.

Teleconferencing

The Institute has a teleconferencing service offered to candidates enrolled in the training program. The use of teleconferencing equipment allows instructors from across the country to teach complete courses to candidates.

Candidates Association and Other Candidate Activities

The Candidates' Association is not currently active. However, if a candidate should wish to re-activate the Association, the goal of the Candidates Association is to improve communication and maintain the best possible learning alliance. In the past, the Association had met twice a year and sponsored a welcoming party for the candidates each fall.

Candidates are also actively involved in a variety of Institute committees. Advanced candidates co-teach candidates' core seminars with local and out-of-town faculty, teach extension division courses to mental health professionals, and offer outreach activities in the community. Candidates are encouraged to join the American Psychoanalytic Association as Affiliate members.

Wisconsin Psychoanalytic Society

The Wisconsin Psychoanalytic Society is an organization made up of psychoanalyst and candidate members and therapist associates. Its primary function is to provide continuing education for its members. This takes place at 8-9 monthly Saturday lunch meetings in which a local or out-of-town analyst gives a presentation and leads a discussion. Usually a written paper is pre-circulated to intended participants, so that the majority of meeting time can be devoted to discussion and dialogue rather than lecture. Candidates, mental health professionals, academics and those interested in psychoanalysis are welcome to join the Society and attend its meetings. Speakers have included noted authors and teachers representing a wide variety of clinical and theoretical points of view.

Wisconsin Psychoanalytic Foundation

Founded in 1980, the Wisconsin Psychoanalytic Foundation is a non-profit organization of psychoanalysts and members of the community at large formed for the purpose of:

- Supporting the development of a Wisconsin Psychoanalytic Institute to train future psychoanalysts and create other psychoanalytic educational programs for mental health professionals and citizens
- Establishing programs for the application of psychoanalytic ideas to culture, social issues and the arts.
- Partnering with children’s organizations to help improve the emotional lives of children in our community

The Foundation Board is made up of both psychoanalysts and community representatives with a wide variety of backgrounds. The Foundation is responsible for the financial well being of the Institute. It determines how the endowment is invested, reviews the Institute budget, and raises funds by means of mailings to solicit donations, community fundraising events and grant proposals to philanthropic organizations.

Center for the Study of Psychoanalytic Psychotherapy (CSPP)

CSPP focuses on the interplay of psychological forces at work in the human mind and goes beyond superficial aspects of descriptive behavior to address both conscious and unconscious motivations of individuals. CSPP seeks to expand both classical and contemporary contributions to psychoanalytic understanding for the benefit of clinicians, patients and interested public.

CSPP offers a two-year program designed to give the practicing psychotherapist an opportunity to study in detail the theory and practice of psychoanalytic psychotherapy. This program is usually offered every two years and has become a gateway for some participants to psychoanalytic training through the Wisconsin Psychoanalytic Institute. CSPP also offers other specific outreach courses for therapists. Past offerings have included Reflective Listening, Female and Male Psychology and Boundary Issues in Psychotherapy.

Website (wisconsinpsa.org)

The Wisconsin Psychoanalytic Institute, Society and Foundation created a website in November 2003. The site lists basic information about these constituent organizations and announcements of upcoming events.

**ADMINISTRATIVE STRUCTURE OF THE
WISCONSIN PSYCHOANALYTIC INSTITUTE**

Director

Richard A. Frank, MD

Executive Committee

Richard Frank, MD, Chair

Jon Gudeman, MD

Virginia Linabury, MD

Valerie Laabs-Siemon, MS

Todd Davison, MD

Jan Van Schaik, MD

Cynthia Carlson, MSW

Training and Supervising Analysts Committee

Todd Davison, MD, Chair

Jan Van Schaik, MD

Richard Frank, MD

Virginia Linabury, MD

Linda Garrity, PhD

Prudence Gourguechon, MD

Education Committee

Virginia Linabury, MD, Chair
Linda Garrity, PhD
Richard Frank, MD

Todd Davison, MD
Jan Van Schaik, MD

Selection and Progression Committee

Jan Van Schaik, MD, Chair
(6/08)

Kenneth Johnson, MD, Chair (beginning

Richard Frank, MD

Virginia Linabury, MD

Faculty Committee

Jan Van Schaik, MD, Chair
Richard Frank, MD

Todd Davison, MD

Curriculum Committee

Todd Davison, MD, Chair
Jan Van Schaik, MD

Hope Erwin, Ed.D, candidate
Denise Ambre, MSW, candidate

Ethics Committee

Jan Van Schaik, MD, Chair
Richard Frank, MD
Cynthia Carlson, MSW

Prudence Gourguechon, MD
Robert Welker, PhD

CPAC Committee

Todd Davison, MD, Chair
Kenneth Johnson, MD

Virginia Linabury, MD

By-Laws / Policies and Procedures Committee

Jan Van Schaik, MD, Chair
Richard Frank, MD
Virginia Linabury, MD

Jon Gudeman, MD
Cynthia Carlson, MSW
Linda Buchsbaum, MSW, candidate

Valerie Laabs-Siemon, MS
Todd Davison, MD

Geographic Rule Supervising and/or Training Analysts

Earle Baughman, MD (GRTA and GRSA)
Phil Lebovitz, MD (GRTA and GRSA)
Erik Gann, MD (GRSA)
Barbara Rocah, MD (GRSA)

Paul Roberts (GRSA)
Barrie Richmond, MD (GRSA)
Charles McGraw (GRTA and GRSA)

Faculty

Kenneth Johnson, MD
Cynthia Carlson, MSW
Todd Davison, MD
Richard Frank, MD
Linda Garrity, PhD

Valerie Laabs-Siemon, MS
Virginia Linabury, MD
Jan Van Schaik, MD
Jeffrey Taxman, MD
Robert Welker, PhD

Jon Gudeman, MD

Out of Town Faculty

Charles Jaffe, MD – Chicago, IL

Barbara Rocah, M. – Chicago, IL

Frank Summers, MD – Chicago, IL

Phil Lebovitz, MD – Chicago, IL

Robert Galatzer-Levy, MD – Chicago, IL

Mark Levey, MD – Chicago, IL

PA

Barrie Richmond, MD – Chicago, IL

Steven Ablon, MD – Chicago, IL

Paul Holinger, MD – Chicago, IL

Ruth Yanagi, MD – Chicago, IL

Bhaskar Sripada, MD – Chicago, IL

Jacqueline Olds, MD – Cambridge, MA

David Dietrich, Ph.D. – Birmingham, MI

Joseph Lichtenberg, MD – Bethesda, MD

Administrator

Dionne Hogans

Appendix

- A. Five Year Seminar Curriculum
- B. Course Evaluation Form
- C. Post Seminar Years Educational Plan and Activity Report
- D. Patient Information Form
- E. Patient Informed Consent Form
- F. Patient and Supervision Hours Form
- G. Case Closing Form
- H. Case Report Cover Sheet
- I. Supervisory/Self-Assessment Form

Revised: 4/29/08

Prudence Gourguechon, MD

Charles Brenner, MD - NY, NY

Monroe Pray, MD – Bethesda, MD

Marvin Margolis, MD, PhD – Franklin, MI

Aisha Abbasi, MD – West Bloomfield, MI

Daniel Jacobs, MD – Brookline, MA

Lawrence Inderbitzin, MD – Middleburg,

Gail Reed, PhD – NY, NY

Martin Silverman, MD – Maplewood, NJ

Stanley Possick, MD – New Haven, CT

Paul Holinger, MD – Chicago, IL

Richard Schwartz, MD - Cambridge, MA

Deborah Boughton, MD – Minneapolis, MN

Stephen Sonnenberg, MD – Austin, TX

Jill Berkowitz, MD – Baltimore, MD