

# PSYCHOANALYTICAL TRAINING OPPORTUNITIES IN PRE-DOCTORAL INTERNSHIPS: OPPORTUNITIES AND CHALLENGES

David L Downing, PsyD  
Theresa M Greenlee, MA  
Shira Louria, MSW

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## *Introduction and Overview*

At the April 2004 Board Meeting of Division 39, Martha Hadley, PhD and the first author, as the new Co-Chairpersons of the Education and Training Committee, announced our intention to replicate the Survey on opportunities for psychoanalytically-oriented training at the pre-doctoral internship-level. This was last done by Ricardo Ainslie, PhD, at the University of Texas – Austin, in September 1996, under the auspices of the Education and Training Committee, Division 39, 1995-1996. He was assisted by graduate students Janet Scarborough, MEd, Timothy Zeddies, MA, and Mark Adams, MA. Their report was published in *Psychologist-Psychoanalyst*, Volume 16, Number 4, pages 13 &14, Winter 1996-1997.

The rationale for this current project is fairly self-evident, and will be but briefly outlined. Psychoanalytical discourse, theories, and associated treatment methodologies continue to be assailed. Through various contexts, perhaps underscored by a growing industrialisation of the professional practice of mental health care (eg, as seen in managed care organisations), the transmission of psychoanalytical methods of conceiving and treating a range of disturbed mental states is being increasingly marginalised. Internship settings, sensitive to the monetary vicissitudes that enfold their training programs, are also increasingly vulnerable to intra-agency as well as extra-agency challenges to provide justification

for financial viability. This is often conflated with clinical effectiveness, and intersects with a cultural ethos that appears antagonistic to a reflective, intrapsychical focus; anchored more on and concerned principally with the manifest, behavioural, and biological levels (that is, a medicalized health-care matrix). Historically, psychoanalytical thought has been marginalised within traditional doctoral programs within the US. This has led, in the current climate, to the privileging of behavioural, and cognitive-behavioural theories and associated practice (ie, so-called ‘evidence-based’/‘empirically-supported’/ ‘empirically-validated’; and now, even so-called “Solution-Focussed” modalities) over and above psychoanalytical epistemologies and treatment paradigms.

Since the late 1980s, numerous APA-accredited and APPIC-affiliated internships have been closed. This led, in the early 1990s and continuing to this date, to a national crisis wherein a large percentage of internship applicants were, each academic year, not placed in an internship for the first time. Numbers of applicants have continued to exceed available internship positions since then. The Internship Match results in 2004 were noteworthy in this regard (these figures are from the APPIC web-site): a total of 2,428 applicants were successfully matched to internship positions. A total of 611 applicants were not matched to an internship position, while 304 positions remained unfilled. Compared to the 2003

APPIC Match, the number of unmatched applicants increased by 78, while the number of unfilled positions increased by 16. In 2005, the numbers were: 669 applicants were not matched to an internship position, while 309 positions remained unfilled. In 2006, 731 applicants were not matched, with 300 positions remaining unfilled (APPIC, 2006).

Additionally, some states are requiring, ominously, that practitioners must have matriculated through an APA-accredited doctoral program *and* pre-doctoral internship in order to be licensed as a clinical psychologist in that State. Another unsettling trend is that, attendant problems with some PsyD programs notwithstanding (based upon perceptions of requirements/standards for admission; academic rigour; attention given over to research; etc), certain internships are peremptorily excluding applicants from such professional psychology programs – APA-accredited or not. This is all the more disquieting as it is within PsyD programs that core curricula overwhelmingly maintain at least some modicum of a psychoanalytical presence, if only through one dedicated core course on psychoanalytical theory and clinical practice.

### *Method*

We secured what materials Dr Ainslie was able to find and forward to us, and recruited two graduate students to assist us in this undertaking. We reconstituted the Survey instrument, made modest changes to make for as high a degree of concordance between the obtained results, while never-the-less offering some refinements, as well as making associated changes to the coding schema; and also revised the cover letter.

There were a total of 541 APPIC-affiliated pre-doctoral internships included in the mailing list forwarded to us by the APPIC Central Office. We included non-APA-accredited, yet APPIC-affiliated internships. Many students cannot afford to make some of the sacrifices that a potential relocation, etc, might demand (*eg*, the anchored student, with family, home). Additionally, given the shortage of *all* internships, for many students, the matter of securing *an* internship may be

paramount. Furthermore, many APPIC sites will eventually go on to become APA-accredited, but are currently ineligible. We expanded the explicit delineation of type of internship setting from four to ten (along with a category for “Other”). Thus, this Survey will be more inclusive and be of longer relevance to internship applicants, pre-doctoral internship sites, and to the Division of Psychoanalysis.

Duplicating the survey conducted by Ainslie, Scarborough, Zeddies, & Adams (1997), we examined six major fields, including:

- (1) The number of supervisory staff (PhD, PsyD, MD) who identify their orientation as being psychoanalytical, and divided by the total number of PhD-, PsyD-, or MD-level staff members (in each site), available in a training or supervisory capacity for psychology interns;
- (2) The percentage of staff identifying their orientation as being a psychoanalytical one;
- (3) As represented across various paradigms: Classical, Jungian, Object-Relations, Self-Psychology, Relational/Interpersonal, Feminist Psychoanalysis;
- (4) The possibility for the intern to engage in longer-term treatment of patients for the duration of the internship;
- (5) The existence of supplemental psychoanalytical resources, such as seminars, reading groups, local chapters of the Division of Psychoanalysis, psychoanalytical institutes, etc;
- (6) How are prospective Interns evaluated in considering matching/ranking applicants for the site: factors such as psychoanalytically-oriented coursework, supervision, and psychological testing experience (*eg*, projective assessments) (after Ainslie, *et al*, 1997).
- (7) The existence of limits on the number of sessions per patient;
- (8) Stipends offered to Interns;
- (9) Number of hours of formal supervision offered to Interns each week;
- (10) Opportunities to take part in psychoanalytically-oriented research at the Internship.

Items 7-10 were added for analysis in the present study.

We followed-up the posted survey with telephone queries and repeated electronic mail reminders (and attached surveys) to secure as solid a response rate as possible. It is worth noting that other “Special Interest Groups” already support internship searches for their future colleagues by having separate compendia. These include: “Listing of Training Programs in Clinical Neuro-Psychology”, and is also supported on the Division 40 web-site; the “Directory of Education and Training Opportunities in Behavioural Medicine”; Directory of Internships and Post-Doctoral Training Programs in Clinical Child and Paediatric Psychology”. Thus, it was felt that a Survey as such, even with the outstanding return rate of 35% (437 pre-doctoral internship training centers; 154 returned surveys) recorded by Dr Ainslie’s group, might not be sufficient for our needs and purposes. While more costly and time-consuming, we reasoned that the time and monetary expense would translate into a more usable, valid document. We also emphasized in all materials and contacts that we were interested in receiving feed-back about the training opportunities available at *all* internships – not just those with a psychoanalytical focus, noting that this would not only make the results more valid, but of greater utility to prospective internship sites, students, and academic programs.

## Results

Of the 541 pre-doctoral internships surveyed, we received 279 surveys that were able to be rated (52%). There were 262 sites that did not respond to any efforts at securing a completed survey (48%). The percentage of usable surveys owes to the follow-through of the authors in following up via telephone and e-mail with directors of clinical training to receive clarification on ambiguous or missing data/responses. Of the 279 sites for which we had data, 36 internships were rated “High” owing to their “Psychoanalytically-oriented” scores of 15-13 (pro-rated upward by two points from Ainslie, *et al’s* study of 1996, owing to the inclusion of two extra items that could be scored). This meant, as in Ainslie, *et al’s* study, that such internships “had a significant number of staff whose theoretical

orientation was described as psychoanalytic, offered seminars that were informed by psychoanalytic theory, offered other psychoanalytically-oriented training experiences such as long-term cases and [projective] assessment, and often sought out prospective interns who had an interest in psychoanalytic theory and some background in the form of course work and supervision” (Ainslie, Scarborough, Zeddies, and Adams, 1997, p 13). For a listing of Internships by the ranking and total scores, review *Appendix A*.

Eighty settings, or 29% were rated as “Medium”, on the basis of scores that ranged from 12-10. These sites still offered significant psychoanalytically-oriented training opportunities, but manifested more variability, and theoretical/paradigmatic, as well as experiential diversity in the clinical training available. The remaining 163 sites, representing 58% of the surveyed sites, were rated “Low”, with scores ranging from 9-5. As the lowest score would potentially be zero, this indicates that these sites were not completely lacking in psychoanalytical programmatic elements, but were of a more delimited nature.

These results can be compared with Ainslie, *et al’s* study (1997): 49 sites were rated as “High” (35%); 41 settings were rated as “Medium” (again, 29% of the total). And, 52 settings, or 37% of sites were rated as “Low”.

With respect to “Theoretical Orientations”, within the “High” psychoanalytically- oriented sites, this sub-set was found to consist of object relations (100%) across all of the theoretical orientations of the supervisors; a relational/interpersonal orientation was endorsed by 78% of supervisors; psychoanalytical self-psychology was endorsed by 58%; while a classical psychoanalytical orientation was endorsed by 36% of supervisors.

Interestingly, within the “Medium” sites, the majority of supervisors’ orientation was noted as object-relations (94%), and some 74% subscribed to the relational-interpersonal perspective. At those sites rated as “Low”, 39% of supervisors were reported to be aligned with a “relational/inter-personal” orientation. Thus, as a common denominator, it was found that amongst all supervisors across “High”-“Medium”-“Low”

sites, object-relations and relational-interpersonal orientations were given preference.

Sites' ratings of the "Importance of Psychoanalytical Factors in Student Selection" are as follows, and as might be expected: "High" sites: 2.6; "Medium" sites: 2.0; and "Low" sites 1.6 (on a three-point scale). Of note was the on-going relevance of training in psychological assessment across psychoanalytically-oriented rankings.

Policies with regard to "Session Limits" and the ability to treat some number of patients for the duration of the internship are as follows: 89% of sites rated as "High" reported having no session limit, while 77% of the "Medium" tier of sites reported having no session limit. Seventy-nine percent (79%) of the "Low" tier sites reported having no session limit. Regarding the opportunity for treating patients across the duration of the internship, those internships within the "High" tier, fully 100% responded that Interns would have the ability to treat the same patient across the entirety of the Internship. With respect to the "Medium" tier the percentage was 97.5%; and even for those Internships rated as "Low" the percentage was a robust 94.44%.

The availability of "Psychoanalytical Resources" across all internships is as follows: Within the "High" range, psychoanalytically-oriented sites noted resources available to interns including seminars (86%), workshops (58%), and professional organisations (42%). The "Medium" tier of sites included access to local chapters of Division 39 (63%), and seminars (54%); while within the "Low" grouping, resources such as reading groups as well as local chapters of division 39 (43%) were available to interns. Interestingly, it appears that there is an emphasis of reading groups within the "Low" tier in comparison to the "High" and "Medium" tiers.

The number of "Supervision Hours" across all internships is as follows: With a mean average of 3.8 hours of formal supervision within the "High" group, we also examined the median and mode hours of supervision were each 3 hours. The "Medium" group presented with a mean average of 3.06 hours of supervision (median of 3 hours, and mode of 2 hours) and a mean 3.07 within the "Low" tier of sites (median of 3 hours, and mode of 2 hours). While these results indicate a similar amount of hours of formal, face-to-face supervision provided to the interns across the three groups,

those ranked as "High" in psychoanalytical orientation do offer additional hours on average.

"Stipends Offered to Interns" across all internships were as follows: the mean average for "High" sites: \$19,330; for "Medium" sites: \$20,603; and for "Low" sites: \$21,388, showing a slight inverse financial advantage to sites that are less psychoanalytically-oriented.

The organisation and division of responding Internship sites by settings and rankings of psychoanalytical training opportunities is as follows:

*Table I  
Internship Setting by Ranking*

Setting	Ranking		
	<i>High</i>	<i>Medium</i>	<i>Low</i>
Non-VA Medical Center	11%	6%	8%
University Counselling Center	11%	24%	19%
State Psychiatric Hospital	11%	13%	13%
Private General Hospital	6%	6%	2%
Military	0%	1%	4%
Community Mental Health Center	17%	25%	17%
Veterans Hospital	11%	10%	15%
Corrections	0%	3%	3%
Private Psychiatric Hospital	6%	1%	2%
Child	14%	8%	10%
Other	19%	24%	18%

### *Discussion*

The total percentage and actual number of sites ranked as "High" has shown a decrease in the past ten years. This may be interpreted as confirmation of some erosion of psychoanalytical thought and/or training opportunities as represented at the internship-level. This may indeed be based upon some of the trends noted at the outset of this paper. However, a very large, robust number of internships occupies a healthy 'middle ground', and may potentially augur for a view of psychoanalytical thought finding its way into a greater number of programs in more diversified forms (note the tendency to speak of 'psychodynamic' as opposed to 'psychoanalytic' of late) in more generalist internship programs.

The finding that there were no sites with a score of 'zero' tends to support an inclusion of some modicum of psychoanalytical thought within internships, and is heartening. However, a cautionary note must be interjected, as these sites may have interpreted 'inter-personal, and 'relational' (the far and away most commonly endorsed orientations) in ways outside of the psychoanalytical pantheon (eg, as a form of treatment associated with, initially at least, the treatment of depression; and in the case of the latter, a more feminist treatment paradigm and discourse).

The more evenly distributed inclusion of psychoanalytical thought is furthermore open for future consideration as the type of settings in our survey was expanded from the four specific categories (non-VA Medical Center; Community Mental Health Center; University Counselling Center; Veterans Hospitals) and "Other"; to ten specific categories (adding State Psychiatric Hospital, Private General Hospital, Military, Corrections, Private Psychiatric Hospital, Child Treatment Facility) and "Other". Interestingly, "Other" was the single greatest denotation for "High" sites (CMHCs were second, at 17%); the second largest in "Medium" sites (24%, with 25% for CMHCs being the single greatest setting for these internships); and the second largest again with respect to "Low" sites (18%; with the greatest, 19% being at University Counselling Centers).

Importantly, at least with respect to the training of future professional psychologists, all internships are reporting openness to having interns treat patients without regard to limits upon the number of sessions, as well as across the entirety of the internship year – affording some opportunities for training experiences in inter-mediate and longer-term treatments. This is interesting, considering the impingements associated with managed care and other third-party payor dictates – as well as some of the parameters associated with theoretical orientations not given over to longer-term treatments. This also is a positive trend for the patients we serve, who are often in need of, and able to benefit from, longer-term psychological care. Interns in those sites more fully subscribing to psychoanalytical thought and treatment did, on average, include somewhat more face-to-face, formal supervision in their training programs. While this might be expected, given the focus on

such process variables as transference and counter-transference in psychoanalytical treatments, it is not something to be taken for granted when programs have to demonstrate the fiscal viability of clinical training endeavours, their relation to 'productivity', and so forth. Perhaps this is related to the finding that sites rated as 'High' tended to pay interns slightly less than other internship sites [This also may be an artefact of medical centers being less psychoanalytically-oriented at the present. Such sites often have higher stipends associated with the internship experience.]

Given the robust return rate; as well as the fact that so many sites not identifying themselves as "psychoanalytical" in their orientation or mission responded to the survey, we feel that the results are representative of the current state of affairs. It is possible that this reflects the decline of psychoanalytical thought in medical settings as well, owing to the increased biologism in departments of psychiatry, as predicted by Ainslie *et al* (1997). With the historically marginalised position of psychoanalytical thought in academic psychology, cognitive-behavioural and more 'technique-centered' protocols of intervention *à la* "Solution-focussed" treatments may be more prominent.

Continued efforts to advocate for the efficacy of psychoanalytical treatments are certainly warranted. Division 39 has been more 'activist' with respect to confronting out-dated notions of psychoanalytical thought, and ostensible biases levelled against psychoanalysis by such measures as supporting conferences and programs that address the needs of under-served and marginalised populations; supporting innovative psychoanalytically-oriented research and treatment programs; and working inter-divisionally with respect to curriculum building within graduate and under-graduate psychology programs. Additional means of encouraging outreach, mentorship, and scholarship in psychoanalytical thought, treatment approaches, and research to students and faculty of clinical training schools and programs; internships; and post-doctoral training centers can also be expected to have a salutary impact for psychoanalysis within and outside of the academy. It is also recommended that the Division consider surveying graduate programs of psychology to determine inclusion of psychoanalytical coursework to gather hard data on the state of

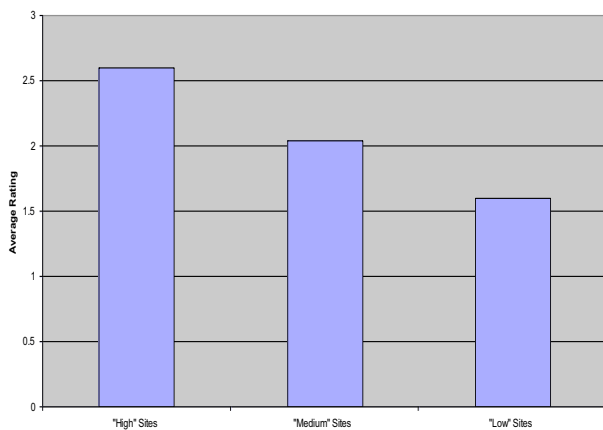
affairs; and to re-investigate psychoanalytical opportunities in graduate and pre-doctoral internship centers at regular intervals to monitor changes.

While other of these findings are positive in nature (including opportunities with regards to open-ended treatments, the on-going relevance of

assessment training, including with projective measures, etc), we are reminded that the efforts of *all* psychoanalytical organisations to advocate for psychoanalytical thought and practice must not only continue, but continue to demonstrate a creative, innovative connexion and hence relevance to twenty-first century life, culture, and times.

Graph I

Average Rating of Importance of PSA Factors by High, Medium, and Low Sites



Graph II

% of Sites Rated "High," "Medium," and "Low"

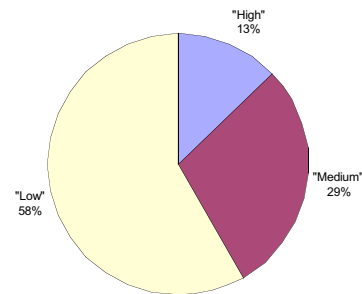


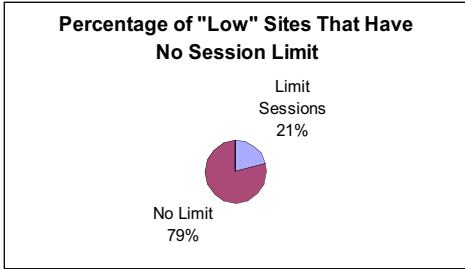
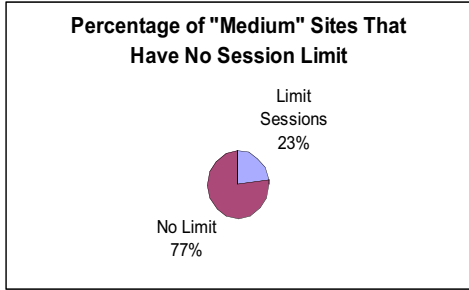
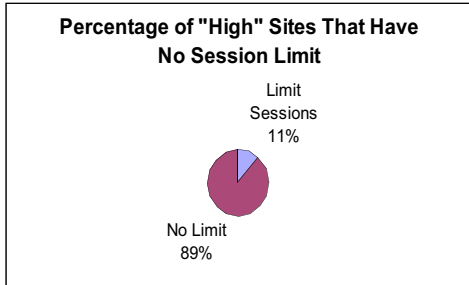
Table II

Session Limit Table

Table III

PSA Internship by Facility Chart

Setting	Ranking		
	High	Medium	Low
Non-VA Medical Center	11%	6%	8%
University Counseling Center	11%	24%	19%
State Psychiatric Hospital	11%	13%	13%
Chicago Open Psychiatric Center Hospital	6%	6%	7%
Military	0%	1%	4%

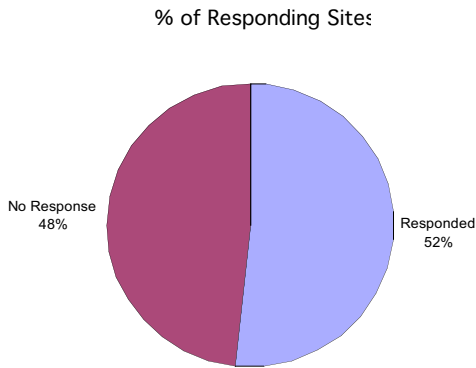


*Graph III*

*Table IV*

**Responding Sites Graph**

**Stipends Graph**



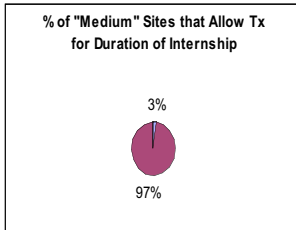
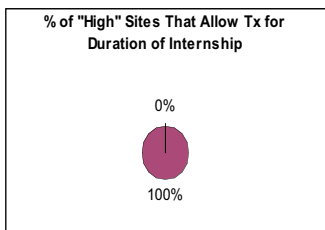
	Stipends		
	"High"	"Medium"	"Low"
Mean	19,330	20,603	21,388
Mode	20,000	19,250	19,000
Median	19,500	19,000	19,000

*Table V*

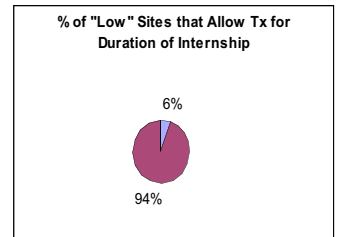
*Graph IV*

**Supervision Hours**

**Treatment for Duration of Internship**



Supervision Hours			
	"High"	"Medium"	"Low"
Mean	3.8	3.06	3.07
Mode	3	2	2
Median	3	3	3



*Graph V*

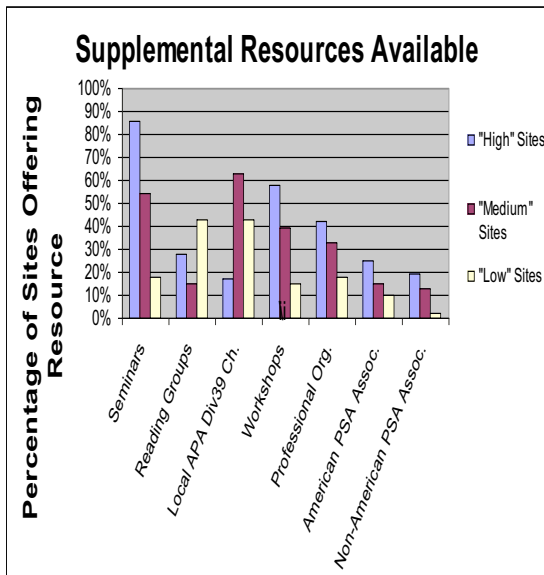
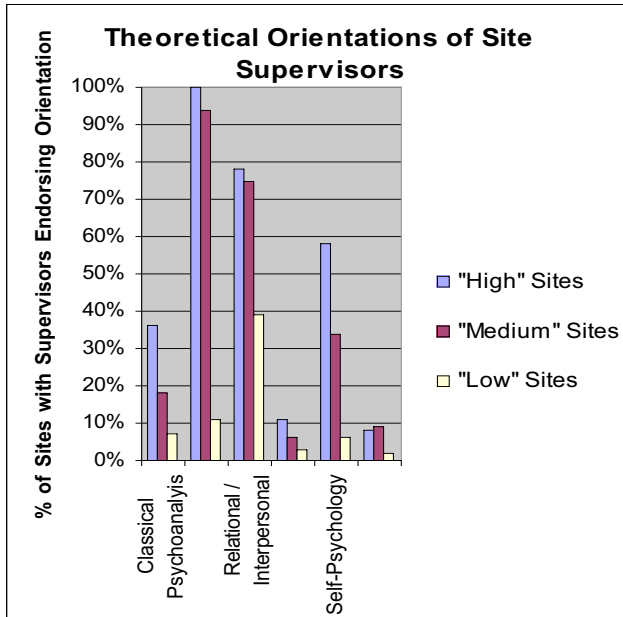
Theoretical Orientations of Site Supervisors

Available

*Graph VI*

Supplemental Resources





David L Downing, PsyD is the Director of Graduate Programs in Psychology and Associate Professor at the University of Indianapolis, Graduate Programs in Psychology, School of Psychological Sciences, in Indianapolis, Indiana. He is the Treasurer of the International Federation for Psychoanalytic Education; the Past-President and current Treasurer of the Chicago Open Chapter for the study of Psychoanalysis; the Co-Chairperson of the Division 39 Education and Training Committee; the Past-President of Section IV (Local Chapters), and the current Section IV Representative to the Board of Directors, Section IV; a member of the Editorial Board of Psychoanalytic Psychology; and a Board Member of Section V (Psychologist-Psychoanalyst Clinicians). He also maintains a private practice in psychoanalysis, psychoanalytical psychotherapy, and consultation/supervision in Chicago, Illinois and Indianapolis.

Theresa M Greenlee, MA is a doctoral student in Clinical Psychology at the University of Indianapolis School of Psychological Sciences (APA-accredited PsyD Program)

Shira Louria, MSW is a doctoral student in Clinical Psychology at the University of Indianapolis School of Psychological Sciences (APA-accredited PsyD Program)