

**RENEWAL PETITION
FOR THE RECOGNITION OF
THE SPECIALTY OF PSYCHOANALYSIS
(Submitted, 12-30-2014)**

AMERICAN PSYCHOLOGICAL ASSOCIATION
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Criterion I. Administrative Organizations in Psychoanalysis.

Psychoanalysis Synarchy Group:

The Psychoanalysis Synarchy Group represents the postdoctoral specialty of Psychoanalysis. The Psychologist-Psychoanalysts represented by the Synarchy include the members and governance of APA's Division 39 (Psychoanalysis), the Board Certified Fellows of the ABPP Academy of Psychoanalysis, the Directors of the ABPP Specialty Board of Psychoanalysis (ABAPsa), and representatives of postdoctoral psychoanalytic training programs throughout North America. The total number of Psychologist-Psychoanalysts, and postdoctoral psychoanalytic candidates represented by the Synarchy is estimated to be over 3,000 psychologists. Postdoctoral accreditation of education and training programs in Psychoanalysis is in progress and will affect the majority of current practitioners in the specialty practice of Psychoanalysis, as well as support the development of current and future candidates in specialty training.

Division 39:

The mission statement of Division 39 specifies that its organizational objectives are: a) to broaden and enhance scientific and public interest in the contributions of Psychoanalysis to psychology as a science and as a profession; b) to encourage and support educational programs and research having to do with the discipline of Psychoanalysis and its applications to the public welfare; c) to keep the psychological community and the public informed of current research work and activity in Psychoanalysis through the exchange of scientific ideas, meetings, and publications; d) to increase public awareness of the benefits of psychoanalytic principles and treatment and the applicability of psychoanalytic thought to society as a whole; and e) to encourage and seek to maintain the highest standards for training in Psychoanalysis as developed through the APA.

Division 39 is the only organization made up exclusively of psychologists interested in Psychoanalysis. Division 39 also has 29 local chapters. Specific Divisions of APA are not allowed to sponsor programs that credential or accredit. Any psychoanalytic training programs, which develop from the local chapters, are incorporated as independent institutions. These independent training programs provide opportunities for psychologists to receive formal training in Psychoanalysis in geographic areas where no such opportunity had previously existed.

ABAPsa is the only organization certifying psychologists in the specialty of Psychoanalysis after the completion of psychoanalytic education and training.

Division 39 has 9 sections (Psychologist-Psychoanalyst Practitioners; Childhood & Adolescence; Women, Gender & Psychoanalysis; Local Chapters; Applied Clinical Psychoanalysis; Psychoanalytic Research; Psychoanalysis and Groups; Couple and Family Therapy and Psychoanalysis; and Psychoanalysis for Social Responsibility) representing major areas of interest within Psychoanalysis. Each section is represented on the Board of Directors of Division 39 by a voting member. Each section has by-laws, officers, publications, meetings, and functions. A section must have a minimum of 150 members to maintain its status as a section. The Division has more than 4,000 members, associates, and affiliates.

The purpose of the division is to keep its members informed about developments in Psychoanalysis, to provide a forum for the exchange of scientific and clinical information, to act as an ombudsman for its members regarding issues of relevance to the science and practice of Psychoanalysis, to encourage the development of training programs and educational efforts throughout the educational continuum, and to work with state psychological associations to disseminate knowledge and information about Psychoanalysis and psychoanalytic services to the public. Many of these functions are fulfilled by standing committees of the Division. Task Forces are created to respond to developing concerns. The Board of Directors takes fiduciary responsibility for the Division, and the Executive Committee is empowered to act on behalf of the Board in emergency situations.

The division has two open scientific meetings annually, one at the APA convention, and one at its own Spring Meeting, which it sponsors, held in cities in the United States where there are programs, local chapters, or universities that support the development of Psychoanalysis. Three Board meetings are held annually, one in January and the other two in conjunction with the spring meeting and the Summer APA meeting. Dues for members are \$95 annually for APA Members, \$50 for early career APA Members and \$25 for APA student affiliates. Benefits include a peer-reviewed journal, Psychoanalytic Psychology, a quarterly literary and research publication in the form of an electronic newsletter, Insight, and a quarterly journal of abstracts from psychoanalytic journals, PsychScan Psychoanalysis, a data-base of psychoanalytic abstracts. Members also may get a greatly reduced subscription for the PEP (Psychoanalytic Electronic Publishing) archive, a searchable electronic data-base of psychoanalytic publications.

American Board and Academy of Psychoanalysis:

ABAPsa has been organized exclusively for charitable, educational, and scientific purposes, including but not limited to: a) promoting the quality and accessibility of psychoanalytic health care services by means including the development and administration of standards to assess psychologists' education and training in Psychoanalysis, and b) educating the public about standards for the education and training of psychologists in Psychoanalysis.

ABAPsa is the specialty board of ABPP that accepts applications for examination for Board Certification in the Specialty of Psychoanalysis for Psychologist. The Board evaluates applications and conducts examinations in close coordination with ABPP. To date, over 150

certificates have been awarded. Currently, all fees are paid to ABPP for the application and review. ABAPsa functions in the same fashion in relation to ABPP as the other specialty boards, and therefore ABAPsa is represented on the Board of Trustees of ABPP. There are regular ABAPsa Board of Directors meetings each year, held in conjunction with the scientific meetings of the Division, and telephone conference calls of the Board or of the Executive Committee that occur as needed.

Academy of Psychoanalysis:

The Academy is a member academy of the Specialty Academies of the American Board of Professional Psychology (ABPP). The purpose of Academy fellows is to advance Psychoanalysis as a science and a practice and to promote and enhance the discipline in academic and applied settings and through its activity in professional organizations. Specific purposes include:

A. To recognize, recommend and support competency-based credentialing in Psychoanalysis, including accreditation, licensing and certification in the specialty. Specifically, the Academy functions to:

1. Support the Specialty Board of Psychoanalysis (ABAPsa) of the American Board of Professional Psychology (ABPP).
2. Nominate Academy Fellows to serve as Directors on ABAPsa.
3. Recruit Academy Fellows for examiner training in order to serve as members on the ABAPsa Examination Committees.
4. Recruit and encourage specialty candidates to pursue board certification.
5. Create and maintain a mentorship program to support candidate certification

B. To advance Psychoanalysis as a science and a professional practice. Specifically, to:

1. Develop and approve competencies, education and training standards, and practice guidelines for the specialty of Psychoanalysis.
2. Provide advanced continuing education in the specialty of Psychoanalysis.
3. Sponsor public education events to promote the specialty of Psychoanalysis.
4. Coordinate collaborative activities with other psychoanalytic organizations.

Criterion II. Public Need for the Specialty Practice of Psychoanalysis.

1. Describe the public needs that this specialty fulfills with relevant references. Under each need specify the population served and relevant references.

Since the beginning of psychology as a formal discipline, psychoanalysis had introduced the notion that cognition, affect, and behavior is motivated by forces outside of conscious awareness. Today psychoanalytic thought continues to saturate academic discourse, empirical methodology, human studies, and popular culture. Psychoanalysis and psychodynamic theory have infiltrated every major intellectual discipline from science to the humanities, art, literature, and therapeutic practice. The publically acclaimed HBO series, *In Treatment*, is a perfect example of how psychoanalytic ideas have become integrated within the public domain and portray the clinical psychologist as a psychoanalytic practitioner. There are organizations all over the globe, in North America, Central and South America, the UK, Europe, the Middle

East, India, and Asia just to mention a few. Hundreds of organizations exist in English speaking countries alone. Nearly 100 academic and scholarly journals are devoted to psychoanalytic thought. Training programs in psychoanalysis are established all over the world in many languages and serve millions of people everyday. This subspecialty exists within psychiatry, psychology, social work, mental health, counseling, and the humanities and is arguably a rich and robust movement that continues to be practiced, written about, and debated. Entire departments of psychoanalysis in universities are alive in various parts of the world and many active post-graduate training programs thrive in the United States alone, hence devoting educational, training, and supervisory resources to continuing its influence on the next generation of students and clinicians. Empirical programs in the academy, independent training environments, including cutting edge neuroscience, and the humanities continue to advance its relevance in mainstream society.

Psychoanalysis has surpassed itself as a science, theory of human nature, and a formal methodology of treatment, for it has influenced the intelligentsia and masses alike. The public's need for psychoanalytic ideas and intervention is self-evident by the revolutionary grasp it has had on the world. Today, people who are dissatisfied with the rhetoric of conventional approaches to treatment and political platitudes, including the medical press of medication that fosters a deceptive ideology of quick-fix cures, are continually seeking out more long-lasting and meaningful therapeutic experiences. This is why a large segment of the population is attracted to psychoanalytic services that better address their therapeutic needs and the unique vicissitudes of their unique life structures. And nowhere do we see psychoanalysis not being discussed in the intellectual domain.

The Psychoanalysis Synarchy understands the public need for access to the psychological specialty of Psychoanalysis to be self-evident based upon the of the following:

- A. Human health depends to a significant extent upon psychological health.
- B. Psychological health problems can be successfully treated by Psychoanalysis.
- C. Psychoanalysis is often successful when shorter-term therapies and medication have not been effective in ameliorating psychological health problems.
- D. Many other psychological assessment and treatment methods depend for their current effectiveness upon the current and ongoing development of theory, techniques and research offered by the specialty of Psychoanalysis.
- E. Psychoanalysis has been determined to be needed and has been approved by the CMS (Centers for Medicare and Medicaid Services) as a necessary mental health service, including the use of Psychoanalysis telehealth services beginning in 2015.

The public need for psychological services is well documented. Epidemiologists consistently estimate that from approximately one quarter to well over one half of the populations studied demonstrate mental health problems. Surveys have repeatedly shown that the majority of people either need or can be helped by some form of psychological treatment over a lifetime. Many people having persistent character pathology or have proven resistant to alternative forms of treatment benefit from Psychoanalysis. For many people, a more intensive and lengthier form of treatment is required for permanent therapeutic change to take place.

The Specialty of Psychoanalysis, as practiced in the 21st Century, rests and progresses upon over 100 years of theory, research and practice in the understanding of the human psyche, and the evaluation of, and the amelioration of, psychic distress and disability.

The Specialty of Psychoanalysis has provided a sound and significant foundation for much of contemporary psychology, even when this fact has been unrecognized, ignored, or found to be politically inconvenient. The latest psycho-neurologic and neuro-psychoanalytic research has provided support for the basic concepts of contemporary Psychoanalytic and Psychoanalytic clinical practices.

The public need for Psychoanalysis was first identified in 1913 following the first world war in Europe which resulted in the establishment of the free clinics and community services documented in Freud's Free Clinics (2005). In her *Gradiva* award winning book, Dr. Danto describes how psychoanalysts initiated the practice of meeting the public's need for mental health services by creating a network of free and low cost outpatient clinics committed to treating the poor and working class patients. This movement resulted in a foundation for the evolution of today's psychoanalytic training clinics that continues to meet the public's need for in depth psychological treatment, human development education, and particularly sex and gender education aimed to end discrimination and harmful sexual repression in society.

The assessment of public need, and effort by the Specialty of Psychoanalysis to meet this need is determined and developed on a local and regional basis, and continues today in the form of the many local and regional programs developed by the local chapters of Division 39, and the many community training and outreach programs offered by individual postdoctoral training programs and institutes. These public education and treatment programs are developed to provide services to at risk groups such as victims of childhood and adult trauma, and trauma injured members of the armed forces and their families.

The theory, research and practice of Psychoanalysis developed to provide permanent, long-term change for persons suffering from childhood traumas and developmental calamities that resulted in disabling personality and character disorders. As this psychological specialty has evolved, many children, adults and families have received psychoanalytic treatment that has led to more healthy, productive lives. (Please see Criterion IX. for additional information regarding public need for treatment efficacy).

Today Psychoanalysis successfully treats children, adolescents, and adults, both as individuals and in couples, families, and groups. Until recent developments in neuropsychology and brain imaging science, Psychoanalysis was the only specialty to directly study human unconscious processes and their relationship to general human psychological functioning. Psychoanalysis was the first specialty to apply this knowledge to the psychotherapeutic treatment of persons with psychological and psychosomatic disorders.

Many patients suffering from symptoms of anxiety, depression, post traumatic stress disorders, and other developmental traumas have found that while short term psychological therapies and psychopharmacological interventions may provide temporary short term relief of symptoms, they

are rarely effective in providing permanent change. Many of the current psychopharmacological interventions for these disorders also carry serious side effect risks and have been shown to demonstrate little efficacy beyond a placebo effect. (Please see Criterion IX. for additional information regarding public need for treatment efficacy).

Patients, whose psychological disorders have not been helped by short term psychological therapies or psychopharmacological interventions, often benefit from the intensity of the therapeutic process of Psychoanalysis, and find permanent relief from crippling disorders.

Other public benefits from the specialty of Psychoanalysis include the significant contributions to life span development theory, early childhood education, and understanding the process of creative self expression and the interference of self expression. An important body of research literature has also developed from the psychoanalytic study of infant, child, and adolescent development. Research observations of the various forms of attachment and attunement between parents and children have provided important understandings of childhood psychopathology, suggesting increasingly sensitive psychological treatments for these disorders. (Please see Criterion IV. for additional information regarding public need).

Psychoanalysis has proven useful for patients who have not responded to other forms of psychological treatment, as documented in the Menninger Project (Wallerstein, 1986). Research has demonstrated the effectiveness of Psychoanalysis in the treatment of individuals with severe character problems, including patients with borderline personality disorder and personality organization (Kernberg, 1984). Psychoanalysis has contributed to other schools of psychotherapy and to the formulation of time-limited treatments based on psychoanalytic knowledge. Surveys of clinical practitioners repeatedly show that a significant proportion identify themselves as psychoanalytic, psychodynamic, or practice in ways that include psychoanalytic concepts and approaches. Jonathan Shedler (2010) points out studies (eg., Ablon & Jones, 1998) which suggest that non-psychodynamic therapies are likely effective in part because techniques that are essential to the theory and practice of Psychoanalysis are being used by experienced and skilled practitioners.

Psychoanalysis continues to be successfully adapted for wider patient populations with innovations that are influencing shorter-term, group, marital and family therapies, with particular attention to the successful treatment of trauma and post-traumatic disorders. Psychoanalysis has been shown to be effective in treating depression, anxiety, panic disorders and schizophrenia.

Psychoanalysis has contributed to Psychological assessment methodology through the development of projective techniques, the refinement of interview skills, and the understanding of pathology from a developmental perspective.

Psychoanalysis is highly attuned to issues of diversity; indeed, diversity and individual differences are the bedrock of psychoanalytic thought. In his important work Childhood and Society, Erikson emphasized the compelling role of culture in human development, and the vast work of psychoanalytically influenced cultural anthropologists also reflect the understanding of human diversity that is contributed by psychoanalytic thinking. Erikson's work also has been

instrumental in understanding lifespan development and has made major contributions to our understanding and appreciation of the aging population.

Roland's *In Search of Self in India and Japan* has applied psychoanalytic ideas to Eastern societies, further expanding the breadth and social consciousness of the specialty. Despite early theoretical formulations that some observers found demeaning to women, recent developments in psychoanalytic thought show sensitive attunement to the psychological needs of women. And notwithstanding the former pathologizing of homosexuality by the psychiatric establishment, which drew on psychoanalytic theories to support this view, Freud was arguably the first major mental health professional who explicitly stated that there is nothing pathological about homosexuality—a truly radical position at the turn of the last century. Contemporary psychoanalysts write from perspectives of queer theory and the deconstruction of gender and sexual orientation.

References

Abramson, R. (2010). 'Psychotherapy of Psychoses: Some Principles for Practice in the Real World'. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, 38(3), 483-502.

Altman, N. (1993). *Psychoanalysis & the Urban Poor*. In *Psychoanalytic Dialogues*, 3(1), 29-49.

Brenner, I. and Volkan, V. (2004), *PANEL REPORTS: Psychoanalytic treatments of schizophrenic patients*. *The International Journal of Psychoanalysis*, 85:1231-1234. Doi:10.1516/G8TW-8B7EMWC9-B20X.

Busch, F.N. (2009) *Anger and Depression*. *Advances in Psychiatric Treatment*, 15:271-278.

Chessick, RD (2007). 'Long-term Psychoanalytic Therapy as a Life-saving Procedure'. *The American Journal of Psychoanalysis*. 67, 334-358.

Coren, A (2010). *Short-Term Psychotherapy: A Psychodynamic Approach*. Hampshire, England: Palgrave MacMillan.

Fink, B (2011). Ch 9: 'Non-normalizing Analysis'; Ch 10: 'Treating Psychosis'. In *Fundamentals of Psychoanalytic Psychotherapy*, 25(1), 3-12.

Friere, JMG; de Cerqueira Leite, AC; Bueno, DS; Portela, LB; Ribes, SI; Assadi, TC; Colucci, VL; & Costa Pereira, ME (2005). 'Reading & Writing: Psychoanalytical Treatment in a Case of Paranoia'. *The American Journal of Psychoanalyses*. 65(3), 219-238.

Garland, C (2002). *Thinking About Trauma*. In Garland, C (Editor), *Understanding Trauma: A Psychoanalytical Approach*. London: Karnac Books.

- Garland, C (2002). Issues in Treatment: A Case of Rape. In Garlan, C (Editor), Understanding Trauma: A Psychoanalytic Approach. London: Karnac Books.
- Gibbs, PL (2007). 'The Primacy of Psychoanalytic Intervention in Recovery from the Psychoses & Schizophrenias'. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, 35(2), 287-312.
- Gottdiener, WH (2006). 'Individual Psychodynamic Psychotherapy of Schizophrenia: Empirical Evidence for the Practicing Clinician'. *Psychoanalytic Psychology*, 23(3), 583-589.
- Gottdiener, WH & Haslam, N (2002). 'The Benefits of Individual Psychotherapy for People Diagnosed with Schizophrenia: A Meta-Analytic Review. *Ethical Human Sciences & Services*, 4(3), 163-187.
- Karon, B (1992): 'The fear of understanding schizophrenia'. *Psychoanalytic Psychology*, 9(2), 191-211.
- Karon, B, & Teixeira, MA (1995). 'Psychoanalytic therapy of Schizophrenia'. In Barber & Crits-Christoph, Eds, *Dynamic Therapies for Psychiatric Disorders Axis I*. Basic Books, 84-130.
- Karon, B & VandenBos, G (1981). Ch 1: 'Lessons'; Ch 2: 'Historical introduction'. *Psychotherapy of Schizophrenia: The Treatment of Choice*.
- Maltsberger, JT (2004). The Descent into Suicide. *International Journal of Psychoanalysis*. 85(3), 653-668.
- Milrod, B., Leon, A.C., Busch, F., Rudden, M., Schwalberg, M., Clarkin, J., Aronson, A., Singer, M., Turchin, W., Klass, E.T., Graf, E., Teres, J.J., Shear, K. (2007). A Randomized Controlled Clinical Trial of Psychoanalytic Psychotherapy For Panic Disorder. *The American Journal of Psychiatry*, Vol. 164, no. 2.
- Oldham, JM & Russakoff, LM (1987). Ch 7: Dealing with an Acutely Psychotic Patient; Ch 8: Issues in the Treatment of Schizophrenic Patients; Ch 9: An Object-Relations Approach to the Treatment of a Disturbed Adolescent: Ch 10: Acute Hospital Treatment of a Suicidal Borderline Patient. *Dynamic Therapy in Brief Hospitalisation*. New York: Jason Aronson.
- Quartesan, R (2003). 'The Role of Psychodynamic Understanding in the Treatment of the Medication-Refusing Schizophrenic Patient: A Clinical Report'. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, 31(4), PEP Archive.
- Seager, M (2008). Psychological Safety: A Missing Concept in Suicide Risk Prevention. In Briggs, S; Lemma, A; & Couch, W (Editors), *Relating to Self-Harm & Suicide: Psychoanalytic Perspectives on Practice, Theory & Prevention*. London and New York: Routledge.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2): 98-109. <http://www.ncbi.nlm.nih.gov/pubmed/20141265>

Shubs, CH (2008). Treatment Issues Arising in Working with Victims of Violent Crime and Other Traumatic Incidents of Adulthood. *Psychoanalytic Psychology*, 25(1), 142-155.

Taylor, D (2002). The Psychodynamic Assessment of Post-Traumatic States. In Garlan, C (Editor). *Understanding Trauma: A Psychoanalytic Approach*. London: Karnac Books.

Taylor, D. (2008). Psychoanalytic and psychodynamic therapies for depression: the evidence base. *Advances in Psychiatric Treatment*. 14:401-413.

Teixeira, M (1992). 'Psychoanalytic theory and therapy in the treatment of manic-depressive disorders'. *Psychoanalysis & Psychotherapy*, Vol. 2, 162-177.

Waska, RT (1998). 'Self-Mutilation, Substance Abuse & the Psychoanalytic Approach: Four Cases'. *American Journal of Psychotherapy*. 52(1), 18-27.

2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes in public need.

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Roger Brook, PhD, ABPP (2013) recently reviewed the literature concerning cost effectiveness of Psychoanalytic services and included the following:

In the article, “Medical utilization and treatment outcome in mid- and long-term outpatient psychotherapy,” Kraft et al (2006) investigated changes in medical health care costs and hospital days in the course of mid- and long-term psychotherapy in relation to psychological and somatic outcomes of the psychotherapeutic treatment. In this prospective, naturalistic longitudinal study, medical costs and number of hospital days over a 4-year period were determined for 176 participants on the basis of insurance claims files. With regards to somatic distress, psychotherapeutic treatment outcome had a significant impact on the reduction of medical costs beyond a strong influence of pre-treatment medical costs. Medical cost reduction was noted across the age range (17-71 years).

We are aware that psychoanalytic (also known as psychodynamic) therapy has been disparaged in the popular press and culture as being “Freudian,” too long term, of doubtful empirical support, and expensive. This is despite the fact that 1) psychodynamic treatment bears little resemblance to popular fantasy, 2) that many psychotherapists in the field (rather than in University research settings) practice in that tradition or draw significantly from it even when practicing within a different model of psychological care, and 3) that psychotherapists of all persuasions tend to go to psychodynamic practitioners when they themselves are in distress (Norcross, 2005: 855). We think it appropriate to draw attention to the following studies as well.

In Berghout et al’s (2010) article “The effects of long-term psychoanalytic treatment on healthcare utilization and work impairment and their associated costs,” the authors argue that, despite the common perception that long-term psychoanalytic treatment is an expensive treatment for mental illnesses, there are indications that psychoanalytic treatment can result in cost savings in the long term. In this study, Berghout et al investigated the effects of long-term psychoanalytic treatment on healthcare utilization and work impairment and calculated the associated societal costs. Healthcare utilization and work impairment of patients were examined before, during, and after long-term psychoanalytic treatment out of a sample of 231 patients, with results showing that the difference in total costs associated with healthcare utilization and work impairment between pre- and post-treatment was \$3,070 per person per year. Two years after treatment termination, these cost savings had increased to \$4,563 per person per year. This indicates that decreased consumption of medical care and higher work productivity can be expected right after psychoanalytic treatment, but also that long-term psychoanalytic treatment can generate economical benefits in the long run.

Jonathan Shedler’s (2010) review of the literature found that effect sizes for psychodynamic psychotherapy are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based.” The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence. Patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends.

In a major retrospective long term (7-year) follow-up study out of Germany, “Assessing the impact of psychoanalyses and long-term psychoanalytic therapies on health care utilization and costs,” Beutel et al (2004) assessed work loss and hospitalization days before, during, and after psychoanalytic treatments based on 255 patients’ self-reports and 71 health insurance records. (47 cases covered the entire timespan.) They also determined the correlation between patients’ ratings and health insurance data. Health insurance records showed evidence of a lasting and remarkably stable reduction in work absenteeism and a low level of inpatient treatments. These reductions were relative not only to the relevant psychiatric and psychological populations but were significant relative to the average population as well. These trends contrasted favorably with the age-related increase in sick leave among the general population. Patients’ self-reports reflected the general trend of the health insurance data, and based on health insurance records, even disregarding other illness-related costs, considerable savings accrued over the 7-year follow-up period in terms of reduced absenteeism from work.

A final study, which appeared in a book rather than a journal, is also noteworthy here as support for the previous study cited. This study (Keller et al, 2002), also out of Germany, did a six year follow up of 111 patients who had had three years of analytic treatment, found that over 70% reported and measured good to very good improvements in physical or psychological distress, general well being, and job performance, among other measures. Interestingly, they also had fewer days of sick leave, fewer hospital visits and lower medication costs than the general population as recorded by the insurance industry.

References

- Ablon, J. S. & Jones, E. (1998). How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive-behavioral therapy, *Psychotherapy Research*, 8(1): 71-83. DOI:10.1080/10503309812331332207
- Berghout, C., Zevalkink, J., & Hakkart-Van-Roijen, L. (2010). The effects of long-term psychoanalytic treatment on healthcare utilization and work impairment and their associated costs. *Journal of Psychiatric Practice*, 16(4): 209-216. DOI: 10.1097/01.pra.0000386907.99536.75
- Beutel, M., Rasting, M., Stuhr, U., Ruger, B., & Leuzinger-Bohleber (2004). Assessing the impact of psychoanalyses and long-term psychoanalytic therapies on health care utilization and costs, *Psychotherapy Research*, 14(2): 146-160.
<http://www.tandfonline.com/doi/abs/10.1093/ptr/kph014>
- Chiesa, M., Fonagy, P., Holmes, J. Drahorad, C., & Harrison-Hall, A. (2002). Health service use costs by personality disorder following specialist and non-specialist treatment, *Journal of Personality Disorders*, 16(2): 160-173. DOI: 10.1521/pedi.16.2.160.22552
- Gabbard, G. et. al. (1997). The economic impact of psychotherapy: a review. *American Journal of Psychiatry*, 154 (2): 147-155. <http://www.pn.psychiatryonline.org/data/Journals/AJP/3673/147.pdf>

Garber J, Ciesla JA, McCauley E, Diamond G, Schloredt KA. (2011). Remission of Depression in Parents: Links to Healthy Functioning in Their Children. *Child Development*, 82(1): 226-243. DOI: 10.1111/j.1467-8624.2010.01552.x

Kazdin A, Wassell G. (2000). Therapeutic Changes in Children, Parents, and Families Resulting From Treatment of Children With Conduct Problems. *J Am Acad Child Adolesc Psychiatry*. 39:414– 420. <http://dx.doi.org/10.1097/00004583-200004000-00009>

Keller, W., Westhoff, Dilg, R., Rohner, R., & Studt, H. (2002). The study group on empirical psychotherapy research in analytical psychology. In M. Leuzinger-Bohleber and M. Target (Eds.). *Outcomes in psychoanalytic treatment: perspectives of therapists and researchers*. London/Philadelphia: Wuhrr.

Kraft, S., Puschner, B., Lambert, M, & Kordy, H. (2006). Medical utilization and treatment outcome in long-term outpatient psychotherapy, *Psychotherapy Research*, 16(2): 241-249.

Levant, R., House, A., May, S., & Smith, R. (2006). Cost offset: past, present, and future. *Psychological Services* 3(3): 195-207. 10.1037/1541-1559.3.3.195

Norcross, J. (2005). The psychotherapist's own psychotherapy. *American Psychologist*, 60(8): 840-850. <http://www.ncbi.nlm.nih.gov/pubmed/16351423>

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2): 98-109. <http://www.ncbi.nlm.nih.gov/pubmed/20141265>

3. Describe how the specialty attends to public need.

It is in the public interest to distinguish Psychoanalysis as a specialty of psychology. While Psychoanalysis comes under the scope of practice for licensed psychologists, three states (New York, New Jersey and Vermont) have established Psychoanalysis as an independent mental health discipline. This is in direct contradiction to the principles of the APA, ABPP and Division 39, which consider Psychoanalysis an area of postdoctoral specialty practice in psychology. The standards for licensure as a psychoanalyst in these states are much less stringent than the ABPP standards. The New York law, for example, requires only masters-level training that need not be in a mental health discipline and requires fewer and less intensive criteria for personal Psychoanalysis and control analyses. Persons have been grandfathered into licensure without completing psychoanalytic training and without a master's degree.

Although the Psychoanalysis Synarchy's ABAPsa board certification process allows candidates the possibility of board certification without institutional program training, the applicant must demonstrate competency and equivalent training at the same postdoctoral level. To protect the public we must have a way for patients to distinguish between minimally trained practitioners who may legally call themselves "licensed psychoanalysts" and postdoctoral trained licensed psychologists with an advanced board certification in the specialty practice of Psychoanalysis (who, in the states with these new laws, may – ironically - not even use the term "licensed psychoanalyst").

Additionally, the Accrediting Council for Psychoanalytic Education (ACPE), a group whose establishment was encouraged by Division 39 (Psychoanalysis), is in the process of applying to the United States Department of Education to become a national accrediting organization for postdoctoral psychoanalytic training programs. Under ACPE standards, for a psychoanalyst to be the personal psychoanalyst or supervisor of a psychoanalyst in training, he or she must be board certified by the national board of their particular discipline, which for psychologists is ABAPsa of ABPP. This has increased the number of psychologists applying for ABPP board certification in the specialty of Psychoanalysis.

Criterion III. – Diversity in Psychoanalysis:

1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.

From its inception the field of Psychoanalysis has been preoccupied with questions regarding the structure of culture, the relations between individuals, the formation of culture and the various representations of culture (e.g.: Civilization and its Discontents (Freud, 2001); On the Narcissism of Small Differences (Freud, 2001), Hanna Segal’s exploration of war and the paranoid position (1995), etc...). The practice of Psychoanalysis focuses on the specificity of the unconscious and the idiosyncratic way in which each individual internalizes cultural signifiers. Understanding the way in which cultural meanings and individual meanings are intertwined is essential to psychoanalytic practice.

Psychoanalysis is particularly attentive to the ways in which cultural discourse impacts each individual and in turn, how each individual constructs their own unique narrative using cultural signifiers. Theories related to the question of “difference” (sexual, cultural etc...) and its significance to the psyche and to culture, are therefore key to psychoanalytic training.

Psychoanalytic theory is interested not only in the question of how cultural differences play a part in a particular clinical presentation, but also in the question of how cultural/sexual differences become the basis for exclusion and intolerance. Therefore trainees are introduced to multiple theoretical orientations (e.g.: Jungian, Lacanian, Freudian, Klienian) with the aim of understanding how psychological difficulties may lean upon signifiers such as culture, race, sexuality and so on, in a given therapeutic case.

Theoretical and scientific knowledge required for the understanding of the ways in which psychoanalytic theory applies to various cultures includes an awareness of the ways in which cultural contexts mold defenses. In addition, the psychoanalyst’s understanding of ethno-cultural issues influencing the patient’s life provides important access to both conscious and unconscious beliefs. An understanding of culture, race and sexual diversity is therefore vital to the understanding of each individual in treatment and to the way in which they are likely to respond to the treatment. The problems addressed by psychoanalytic practice mirror the problems found

in the diversity of the populations it studies and treats. Cultural-specific experiences of self-other or of libidinal expressions, shape the analytic encounter. For example, an understanding of culture is of paramount importance when providing treatment to victims of torture or trauma in various cultures. However, Psychoanalysis is also a mode of thinking and practice where each analyst begins to disentangle themselves from their own ideology (treatment of gender or culture as “known”) to explore their own specific meanings.

Specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty is acquired through research, individual supervision and as part of on-going case formulations. Research into cultural specific experiences of trauma and the political reality of marginalized groups is gradually increasing in the field. Scientific journals such as the *Journal for the Psychoanalysis of Culture and Society* (JPCS), provides an overview of how prolific psychoanalytic inquiry of culture, race, and broad social concerns continues to occupy the forefront of contemporary psychoanalytic inquiry, with topics such as: the post colonial unconscious (MacCannell, 1996; Apollon, 1996), dynamics of race (Tate, 1996); working through racism (Elliot, 1996), Psychoanalysis and social identity (Feher, 1996, Salecl, 1999), Psychoanalysis and radical democracy (Lane, 1996); and transformation of self and society (Berman, 1996).

The work of Daniel De Lima (2004) or Patricia Gherovici (2003) on the immigrant population, or Joan White’s (2005) investigation of Cambodian Holocaust survivors are a few examples of scientific psychoanalytic research involving data collection through clinical interviews and observation designed to investigate psychoanalytic concepts and their relevance to the study of a particular population. Psychoanalytic research is supported through psychoanalytic institutes, individuals, as well as professional organizations such as Division 39 of the American Psychological Association (APA), which provides specific grants or financial support of projects that advance psychoanalytic sensitivity to cultural diversity.

Postdoctoral education and training in Psychoanalysis consists of three parts: a personal Psychoanalysis, extensive postdoctoral course work, and three clinical control cases of both sexes, for which the psychoanalytic candidate receives an hour a week of supervision (per case) for a specified period.

During their training candidates are exposed to on-going cases where the understanding of the patient’s social, cultural and political milieu is an integral part of the overall case formulation. Candidates are expected to familiarize themselves with the various aspects of the case in depth. Understanding social, educational, cultural and sexual diversity is perceived as essential to the psychoanalytic process of exploring the individual’s construction of and perception of their internal and external reality.

Candidates’ knowledge and understanding of diversity is continually assessed through in-class continued case presentations, supervision (which involves a total of over 300 weekly supervision hours with three separate supervisors), and final case formulations presented either orally or in written form. Candidates are expected to demonstrate awareness, sensitivity and knowledge of cultural, sexual, economic and ethnic diversity and consider such factors as part of their case formulation. Candidates are encouraged to take part in workshops, division activities (e.g. Division 39 diversity task force) and research that broadens the specialty applicability to diverse

populations and advances trainees' awareness and knowledge of diverse cultural issues.

References

- Apollon, W. (1996). Post-colonialism and Psychoanalysis: The example of Haiti. *Journal for the Psychoanalysis of Culture and Society*, 1(1), 43–51.
- Berman, J. (1996). Psychoanalytic diary writing and the transformation of self and society. *Journal for the Psychoanalysis of Culture and Society*, 1(1), 123–26.
- De Lima, D. (2011). Clinical considerations about the immigrant. *Revista Migrações*, 8, 77-91.
- Elliot, P. (1996). Working through racism: Confronting the strangely familiar. *Journal for the Psychoanalysis of Culture and Society*, 1(1), 63-72.
- Feher-Gurewich, J. (1996). Psychoanalysis and social identity, or the pyrrhic victory of hysteria. *Journal for the Psychoanalysis of Culture & Society*, 1(1).
- Freud, S. (2001). Civilization and its discontents. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp. 57 - 145). London: Vintage, The Hogarth Press. (Original work published 1927-1931).
- Gherovici, P. (2003). *The Puerto Rican syndrome*. New York, NY: Other Press.
- Lane, C. (1996). Beyond the social principle: Psychoanalysis and radical democracy. *Journal for the Psychoanalysis of Culture & Society*, 1(1), 105–121.
- MacCannell, J. F. (1996). The post-colonial unconscious, or the white man's thing. *Journal for the Psychoanalysis of Culture & Society*, 1(1), 27-42.
- Salecl, R. (1999). Identity and memory: The trauma of Ceausescu's Disneyland. In N. Leach (Eds.), *Architecture and Revolution* (92-111). London, UK: Routledge.
- Segal, H. (1995). From Hiroshima to the Gulf War and After. In A. Elliot and S. Frosch (Eds.), *Psychoanalysis in Context: Paths between theory and modern culture* (191-204). London: Routledge.
- Tate, C. (1996). Freud and his “Negro”: Psychoanalysis as ally and enemy of African-Americans. *Journal for the Psychoanalysis of Culture & Society*, 1(1), 53-62.
- White, J. (2005). Life as pain: Psychic restructuring after catastrophic trauma. *Boston Graduate School of Psychoanalysis*. Retrieved May 27, 2013. <http://www.bgsp.edu/diversity.html>.

2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.

Individuals who have become Board Certified under the auspices of the ABPP have been graduates of these programs. When an individual applies for Board Certification in Psychoanalysis in Psychology, they must produce records of their matriculation through an organized program in psychoanalysis, which includes information regarding the institute or program of organized study in psychoanalysis. This may bring to light additional programs and models of study which are reviewed for their adherence to the core standards articulated in this document.

Preparation for work with diverse populations is a generic requirement for every post-doctoral program. All candidates have to meet the expected standard of practice, which is continued through ABPP. Psychologists entering psychoanalytic training have gone through a PhD or Psy.D program where courses covering race, gender, cultural, economical and age differences

are required. The diversity training that occurs at the doctoral level continues through supervision, evaluations of candidate's clinical work and case presentations. Psychoanalytic training is rigorous, involving at least four years of course work with over 300 hours of supervision in addition to workshops and scientific paper presentations. Throughout this intense course of study candidates are exposed to diverse clinical presentations that are discussed and analyzed in depth with attention to the relationship between contingent factors (culture, discourse) and personality structure. A strong aspect of the training program's curriculum involves an emphasis on appreciating and understanding the strong influences on an individual analysis of factors such as race, ethnicity, language, sexual orientation, gender, age, personality, disability, trauma, class status, education, religious/spiritual orientation, and other psychological, social, and cultural influences.

Knowledge of clinical and individual differences and diversity are applied in practice by tailoring interventions and interpretations in light of what is known about the life experiences, associations and psychological context of each individual. Candidates are encouraged to see diverse individuals of both genders. In addition, workshops and courses are offered in topics around social and political issues such as terrorism, war, trauma and sexual diversity. Students are required to present clinical cases and provide a careful examination of conscious and unconscious dynamics, which inevitably are inseparable from the understanding of the patient's social, cultural and political milieu. Candidates will have didactic and/or practical experiences that provide a broad understanding of the cultural, economic, ethnic, religious, and racial backgrounds reflective of patients in the general population.

Numerous publications, conferences, workshops and lectures concerning the implications of cultural and individual differences and diversity for the practice of psychoanalysis are available for psychoanalysts. Trainees and professionals at all levels of experience are encouraged to take advantage of these learning experiences. Many psychoanalysts turn to the book *Multiculturalism and the Therapeutic Process* (Mishne, J., 2002, Guilford Press) and to Psychoanalytic journals such as *Psychoanalysis, Culture and Society* as well as *Studies in Gender and Sexuality*, to meet their need for continuing professional development. Section V was established within Division 39 to represent and foster diversity and pluralism in psychoanalysis through a varied program of professional activities and a Diversity Task Force was established to develop a "report card" assessing whether the Committees and the Board of the Division are representative of the many constituencies within the Division and are providing an inviting environment to attract potential members of various diverse background. The task force is devoted to multicultural issues and explores the ways in which particular cultural or ethnic groups fit or do not fit the treatments that are being proposed and the extent to which evidence presented might not be applicable in some cultural settings (or the extent to which data is simply are not available).

Candidates' own cultural biases, both conscious and unconscious, are constantly examined through their case presentations and in their respective personal psychoanalytic treatment, which each candidate is required to undergo. This provides an added space where unconscious racism, sexism, homophobia or xenophobia may be brought to the surface and investigated to prevent the psychoanalyst's own unconscious pathology from impacting the treatment.

Psychoanalysis's investment in diversity is evident in the growing interest in Psychoanalysis outside of North America, in countries such as Argentina, Mexico, Brazil, Israel and China.

Psychoanalytic institutions have become increasingly more open to differing disciplines such as arts, social work and literature, and this gradually increasing acceptance of candidates from various academic backgrounds has also broadened the sexual and cultural diversity of the candidates. An example of this is the Boston Graduate School of Psychoanalysis, which has become a leader in this regard as reflected in their student population which is “comprised of a significant percentage of international students, is quite heterogeneous, with students from Central and South America, Japan, India, Taiwan, South Korea, Israel, and Europe, in addition to the U.S. and Canada” (Boston Graduate School of Psychoanalysis, n.d.). In that specific program “over one third of the students in the doctorate program and almost 40% of the students in the Master’s program are non-Caucasian” (Boston Graduate School of Psychoanalysis, n.d.).

In applying for the specialty designation in Psychoanalysis, candidates are expected to demonstrate their consideration of cultural factors, their sensitivity to diversity and to reflect on how their own social, cultural or sexual background may have impact on their practice. Analysis of transference and countertransference, which is the defining element of psychoanalytic technique, is therefore inherently tied to exploration of diversity and its impact on psychoanalyst and patient’s therapeutic relationship.

References

Boston Graduate School of Psychoanalysis (n.d.). Diversity: A new concept in psychoanalytic training. *Boston Graduate School of Psychoanalysis*. Retrieved May 30, 2013. From <http://www.bgsp.edu/diversity.html>.

3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).

Research examining the efficacy of Psychoanalysis with diverse patient populations is on the rise. Multiple research methods are utilized such as interviews, observations, single case designs and controlled designs. Efforts in making psychoanalytic training and practice inclusive in a way that reflects changing demographics include encouragement of applicants of all race, color and social orientation, and the offering of courses and scientific meetings addressing topics such as transexuality, psychoanalytic treatment of the homeless, victims of war and trauma. Division 39 of the APA is also devoted to broadening the reach of Psychoanalysis and in debunking the common myths about Psychoanalysis’s elitism, by conducting outreach efforts such a program for the homeless, (Initiated by Dr. Luepnitz in Philadelphia), a program for firefighters following the 9/11/01 attack, and the pro bono Strategic Outreach to Families of All Reservists (SOFAR).

4. Describe how the education and training and practice guidelines for the specialty reflect the specialty’s recognition of the importance of cultural and individual differences and diversity.

Students are customarily evaluated on their ability to appreciate diversity issues and integrate cultural sensitivity into their psychoanalytic practice activities. As ABPP Psychoanalytic candidates are registered psychologists and have completed a PhD, Ed.D, or Psy.D, degree in Psychology, all have completed graduate programs that typically include a full course or

substantial segment of assessment and intervention course concerning multicultural sensitivity. The final examination in these courses assesses student awareness of diversity issues and their implications for clinical practice. With respect to practical application, supervisor evaluation forms used by doctoral programs to collect information about the performance of their students on practicum assignments and internship placement often include section addressed to the multicultural and diversity sensitivity shown by trainees in their work.

Selection of candidates for postdoctoral education and training in the specialty of Psychoanalysis involves assessing an applicant's intellectual capacities, emotional capacities, and personal integrity. Each training program has its own selection process, but no candidate is excluded based upon race, color, ethnicity, religion, age, gender, sexual preference, or physical ability. Anti-discrimination clauses are prominently displayed in official publications of each education and training program.

Psychoanalytic training programs conduct multiple rigorous interviews of candidates to ensure the candidates' maturity, integrity and ethics. Psychoanalytic institutes do not discriminate candidates on the basis of age, race, color, gender, marital status, disability, religion, sexual orientation, or national or ethnic origin in the administration of its educational policies or admissions policies. Applicants are evaluated on the basis of their intellectual and emotional capacities, including openness to diversity.

Candidates are encouraged to have didactic or practical experiences that allow a broad understanding of cultural, economic, ethnic, religious, and racial backgrounds. Supervision, case presentations and practice sample exams are used to evaluate the candidate's understanding of and capacity to accept individual and cultural difference as well as the candidate's awareness of the significance of such differences to his or her own psyche.

Criterion IV. Distinctiveness of Psychoanalysis.

The Psychoanalysis Synarchy recognizes the postdoctoral specialty practice of Psychoanalysis, as a means of understanding and therapeutically influencing human emotion, motivation, and behavior by helping people understand experience outside their ordinary conscious awareness. Psychoanalysis is specifically concerned with the scholarly study and therapy of unconscious processes and subjective experience as they manifest themselves in the relationship between analysand and psychoanalyst. A professional relationship in which one person is invited to reveal intimate thoughts and feelings to another tends to reactivate relevant life experiences in the analysand's personal history. Understanding, accepting, and changing the patterns that emerge in this context reduce symptoms and increase self-esteem and capacity for resilience, intimacy, and health. Such a relationship is necessarily very intense, and continues over some extended time.

What distinguishes Psychoanalysis from other psychological therapies is both the intensity and the duration of the psychoanalytic process, which allows an analysand to become more consistently conscious of motivations and desires of which he or she was previously only partially aware or completely unaware. In addition, the psychoanalytic process is seen as an opportunity for the continued working out of the issues catalyzed by the psychoanalysis, which promote a further deepening of the therapeutic work by removing psychological obstacles to

treatment. This is the basis for permanent, mutative changes in the analysand's character and personality.

Psychoanalysis is one of the only psychology specialty practices where education training takes place exclusively in postdoctoral programs. These postdoctoral education and training programs require four or more years to complete and require a successful personal Psychoanalysis by the Psychoanalyst candidate. The personal psychoanalysis occurs at an intensity and duration consistent with the psychoanalytic treatment protocols of the specific postdoctoral psychoanalytic training program. Postdoctoral control supervision is also required during training, and this supervision is required on a weekly basis for multiple psychoanalytic treatment cases. No other psychology specialty requires this level of postdoctoral training before being eligible for National Board Certification.

Today Psychoanalysis successfully treats children, adolescents, and adults, both as individuals and in couples, families, and groups. Until recent developments in neuropsychology and brain imaging science, Psychoanalysis was the only specialty to directly study human unconscious processes and their relationship to general human psychological functioning. Psychoanalysis was the first specialty to apply this knowledge to the psychotherapeutic treatment of persons with psychological and psychosomatic disorders.

A significant and important body of research literature has developed from the psychoanalytic study of infant, child, and adolescent development. Research observations of the various forms of attachment and attunement between parents and children have provided important understandings of childhood psychopathology, suggesting increasingly sensitive psychological treatments for these disorders.

Psychoanalytic techniques focus on evaluating and treating persons with psychological disorders. They are also applied to the training of mental health professionals so that Psychologist-Psychoanalysts will understand the experience and will become conscious of any personal treatment issues that might otherwise interfere with their effectiveness.

Psychoanalysis utilizes depth and detail in studying and treating human behavior. Technical procedures include working with dreams, slips of the tongue, fantasies, and other symbolic material, and paying attention to feelings, thoughts, and behaviors concerning the psychoanalyst and the psychoanalytic relationship (analysis of the transference and countertransference). The analysand may, or may not, be encouraged to recline on a couch to increase relaxation, regression, and/or promote freer access to his or her internal world.

Although there are technical variations among psychoanalysts, based on theoretical differences and the vicissitudes of treating diverse patient populations and associated treatment issues, most psychoanalysts encourage honest and spontaneous discourse. Some psychoanalysts explicitly ask the analysand to say everything that comes to mind. Some psychoanalytic schools of thought emphasize the importance of the psychoanalyst's neutrality, while others assume that neutrality is not possible. All, however, emphasize the importance of a disciplined and tactful approach to making unconscious phenomena more conscious. Such study is open-ended, usually long-term (several years), and extremely detailed. It is generally terminated when the patient is symptom-

free, feels more emotionally stable and self-accepting, and has securely internalized the self-analyzing process.

The specialty of Psychoanalysis is understood in the context of recognized traditional and innovative training programs (Freudian, Jungian, Lacanian) as representing varying approaches and rules defining such issues as the frequency and duration of personal and control analysis and supervision. While programs legitimately differ in such particulars, their aims are fundamentally overlapping and such aims define the character of psychoanalytic training. The character of such training programs is recognizable in their promotion of the development of a high level of technical skill and self knowledge through becoming conscious of and integrating unconscious complexes, leading to personal integrity flexibility and maturity – an outcome that produces practitioners relatively free of historical impediments to their functioning optimally as treating professionals.

As a disciplined form of naturalistic observation, Psychoanalysis is also a valuable method for investigating human psychic functioning. The longitudinal nature of psychoanalytic inquiry allows for the accumulation of intimate and very detailed information that tends not to be assessed by other methods. It has generated thousands of case histories and innumerable researchable hypotheses. As a training method, Psychoanalysis enables new practitioners of the specialty to gain a better understanding of their own motivations and behaviors, helping them become more competent clinicians and investigators.

The broad and general areas of psychological knowledge necessary for preparation in professional psychology are described in many documents, including the criteria for doctoral program accreditation of the APA, the general requirements of the American Board of Professional Psychology, and the National Register of Health Service Providers in Psychology criteria.

Education and training in Psychoanalysis assumes a foundation of knowledge in general areas of psychology, with identified and specialized knowledge and training in Psychoanalysis at the postdoctoral level. Specialty education and training includes the study of psychoanalytic theory, research, and practice.

One aspect involves formal and informal study of psychoanalytic theory, including the works of S. Freud, (vols. I-XXIII, edited by J. Strachey, London, Hogarth Press), C. G. Jung, (vols. I-XX, translated by R. Hull, Princeton University Press), Klein & Riviere (1937), Fenichel (1941), Neumann (1949), Fordham (1944, 1957), and more recent contributors like von Franz (1968, 1980), Milner (1969), Edinger (1972), Hillman (1975, 1979), Brenner (1982), Langs (1982), Greenberg & Mitchell (1983), Fast (1985, 1998), Kaplan (1991, 1995) Stanton (1997), Chodorow (1999), McWilliams (2004), and Giegerich (1999, 2013).

Psychoanalytic literature includes sub-specialty areas such as ego psychology (e.g., Hartman, 1958), object relations (e.g., Greenberg & Mitchell, 1983; Bollas, 1987, 1992, 1995, 1999), self psychology (e.g., Kohut, 1971, 1977, 1984), and interpersonal and relational Psychoanalysis (e.g., Stolorow & Atwood, 1984; Mitchell, 1989; Benjamin, 1995, 1998). Psychoanalytic knowledge and research range from the study of case histories (e. g., Edelson, 1984; Mosher,

1991) to psychological testing (e.g., Rapaport, Gill, & Schafer, 1968; Exner, 1978; Weiner, 2007) to empirical investigations (e.g., Masling, 1983, 1986, 1990; Bornstein & Masling, 1994). There are over 42,000 citations for Psychoanalysis in PsychInfo as of 2013. Of these, 8,127 citations are reports of empirical studies. The reports are from a wide variety of other empirical studies that have investigated a wide range of issues related to the theory and practice of Psychoanalysis. Despite the fact that studying Psychoanalysis in its naturalistic context is almost prohibitively expensive, there is a growing body of empirical studies of its efficacy and effectiveness of Psychoanalysis. Qualitative (Fonagy, Kachele, Krauss, et al., 2002) and meta-analysis (Smith, Glass, & Miller, 1980) reviews of the literature have concluded that Psychoanalysis produces positive treatment outcomes. A recent meta-analysis (Lamb, 2004) found large treatment effects for Psychoanalysis with a statistically significant weighted mean pretest-posttest change score effect size of $d = 0.73$. Psychiatric symptoms showed a statistically significant mean effect size of $d = 1.03$, and personality functioning showed a statistically significant mean change of $d = 0.25$.

Please also see Criterion V. and Criterion IX. below for additional reference information.

Criterion V. Advanced Scientific and Theoretical Preparation in Psychoanalysis.

Specialty education and training in Psychoanalysis occurs exclusively at the postdoctoral level. All specialty board practitioners in Psychoanalysis have completed a postdoctoral training and academic program at a recognized psychoanalytic training program or its equivalent as defined by Psychoanalysis specialty requirements.

From its inception, Psychoanalysis has been built upon a scientific base with deep intellectual underpinnings. While it is inseparable from the body of knowledge of psychology as a whole, training in the practice specialty of Psychoanalysis for Psychologists occurs only at the postdoctoral level.

1. Biological bases of behavior: Psychoanalysis requires extensive consideration of unconscious processes, including their biological foundations. A differential diagnosis requires an understanding of biology and pathology and a mastery of assessment, as well as knowledge in physiological psychology, neuropsychology, psychopharmacology, and neuropsychological assessment.

2. Cognitive-affective bases of behavior: Psychoanalysis is particularly concerned with how people think and feel. Psychoanalysis developed out of an effort to understand human motivation, and no areas are more central to this understanding than affect and cognition. Knowledge of basic cognitive and affective processes is an essential foundation for exploration of, and intervention to ameliorate, aberrant functioning in those areas. Advanced courses in cognition, emotion, memory, and motivation are essential to building a specialty-specific knowledge base and skills in Psychoanalysis.

3. Social bases of behavior: Recent developments in Psychoanalysis emphasize the interpersonal context in which behavior is motivated and occurs. Historically, Psychologist-Psychoanalysts such as Erik Erikson have emphasized cultural phenomena, and the influence of

Psychoanalysis in cognate fields (e.g., anthropology, sociology, political science) is readily documented. Other psychoanalysts, such as Karen Horney, Erich Fromm, and Harry Stack Sullivan, provided an awareness of interpersonal influences that have led to current emphases in these processes. Modalities of treatment that reflect strong psychoanalytic influence, such as group therapy and family therapy, also rely on knowledge and appreciation of social bases of behavior. Courses in social psychology, multicultural influences, human diversity, gender, and group processes are foundational for Psychoanalysis.

4. Individual bases of behavior: Courses in individual behavior are prerequisites for any education in Psychoanalysis. Psychoanalysis has a developmental orientation, enabling practitioners to understand and to intervene in pathological development. As a personality theory, Psychoanalysis is, first and foremost, an attempt to understand the individual, and it strives to do so in a social context, with the individual viewed as a biological organism who expresses basic motivational processes through displays of cognition and affect. Courses in developmental psychology, psychopathology, personality theory, assessment, and intervention all are central to Psychoanalysis, and each is offered at both the doctoral and the postdoctoral levels.

Unlike other ABPP specialty boards that do not require a formal didactic sequence of postdoctoral education, our specialty board requires that the practitioner have their doctoral degree, is a licensed psychologist, and that they have attended a training program or its equivalent that usually combines the equivalent of four (4) additional years of academic preparation, usually including weekly seminars, coursework, or reading groups facilitated by a faculty member or training analyst of the organization. This formal structure covers academic semesters much like a university course of study over the whole academic portion of the training program. The courses or seminars are led by leading experts in their fields who have different subspecialties, theoretical identifications, and methods of technique and practice. This broad exposure to different perspectives in the psychoanalytic domain ensures a formal education in the scientific and theoretical foundations of the specialty. This includes being exposed to advanced theoretical readings and texts that are concerned to be classic or seminal in the field from various theoretical models (e.g., Freud, Jung, Lacan, Winnicott, Klein, Bion, Kohut, etc.) as well as exposed to the current empirical and scientific research informing the discipline (e.g., attachment & infant observation research; affect theory; trauma & dissociation; cognitive neuroscience, etc.). A balance between theory, research, and clinical technique are emphasized in most training environments. Some programs have opportunities for pursuing empirical research, while others focus on qualitative case studies and theoretical mastery.

Education and training are integrated into the curriculum from the start. In addition to the theoretical, conceptual, and practical application of psychoanalytic methods and techniques, the candidate must undergo their own personal analysis, as well as be supervised by training analysts during the candidates treatment of their own cases. Usually three different supervisors oversee the psychoanalysis conducted by the candidate of their own patients that spans anywhere from 1 to 2 years, and sometimes up to 4 years depending upon the needs of the analyst in training and their supervisors. The supervising analyst usually determines the success or failure of the candidate in their treatment of their cases, but some training environments require a formal presentation of their work to a committee in the form of an oral defense, and the committee will

determine if the candidate can graduate as a psychoanalyst. Usually a minimum of three different cases must be supervised by three different supervisors over the course of their formal training before they are allowed to graduate.

Students are evaluated by several methods including oral exams, defense of training cases, attending seminars, lectures, and weekend workshops with an active participation component. Candidates usually have a pass-fail component, but some training programs have formal grades, coursework, written exams, and require a case study write up and defense to training and supervising analysts on the candidate's evaluation committee, while some institutes require a scholarly paper of publishable quality as a requisite of graduating. Some programs even offer another doctoral degree in psychoanalysis with organized coursework, readings, and a thesis or dissertation component in addition to their supervision of their cases. Because each training program is unique to the type of organizational structure and executive body governing their policies, which can be either democratic or self-governing, the curriculum may vary from place to place based upon the organizations theoretical orientations and methods of practice.

An applicant for specialty board certification in Psychoanalysis must be in the practice of the specialty following completion of postdoctoral education and training in Psychoanalysis.

Postdoctoral education and training in Psychoanalysis is defined as completion of a program from a recognized postdoctoral psychoanalytic training institute or organized postdoctoral program in Psychoanalysis, OR, education and training secured through a planned, individualized sequence of education, supervision, and practice acceptable to ABAPsa. Following their postdoctoral training in Psychoanalysis the applicant is also required to demonstrate sufficient evidence of an active practice in Psychoanalysis. The applicant's current practice includes a sufficient number of active psychoanalytic cases.

Note 1: For any of the education and training option qualifications selected by the applicant, the course of education and training must be verifiable and consist of at least a minimum of three years of organized study in Psychoanalysis, supervised analyses of a minimum of two patients for a minimum of two years, and a personal Psychoanalysis.

Note 2: Applicants with 15 years of experience post-licensure with a minimum of 10 years experience post-graduation from a psychoanalytic training program or equivalent may qualify for a Senior Option to submit a modification of the practice sample in place of the "case analysis" practice sample. The practice sample requirements are altered to reflect distinctive practice patterns resulting from extended professional experience such as published books, articles in refereed journals; research; development of analytic training programs and or development of creative programs within them which makes a significant or meaningful contribution to Psychoanalysis as well as furthering the acceptance of Psychoanalysis in the broader community.

Please also see Criterion VI. below for additional information.

References

- Araoz, Daniel (2006). *The Symptom is Not the Whole Story: Psychoanalysis for Non-Psychoanalysts*. New York: Other Press.
- Fisher, S., & Greenberg, R.P. (1995). *Freud Scientifically Reappraised. Testing Theories & Therapy*. New York: Wiley.
- Kantrowitz, Judy L. (2006). *Writing about Patients: Responsibilities, Risks, & Ramifications*. New York: Other Press.
- Mills, Jon (2012). *Conundrums: A Critique of Contemporary Psychoanalysis*. New York: Routledge.
- PDM Task Force (2006). *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Rangell, Leo. (2007). *The Road to Unity in Psychoanalytic Theory*. Lanham, MD: Aronson.
- Raubolt, R. (2006). *Power Games: Influence, Persuasion, and Indoctrination in Psychotherapy Training*. New York: Other Press.
- Renik, Owen (2006). *Practical Psychoanalysis for Therapists and Patients*. New York: Other Press.
- Shedler, Jonathan (2010). The Efficacy of Psychodynamic Psychotherapy. *American Psychologist*, Vol. 65, No. 2, 98–109.

Criterion VI. Advanced Preparation in the Parameters of Practice of Psychoanalysis.

The Psychoanalysis Synarchy recognizes Psychoanalysis as a depth psychology that brings into the patient's conscious awareness means of understanding human emotion, motivation, and behavior. Psychoanalysis facilitates an analysand's resolution of conflicts and achieves a greater degree of inner harmony, balance, and integration and can free an analysand to live a more creative, productive, satisfying, and purposeful life. As a depth perspective toward psychological experience, Psychoanalysis emphasizes, among other things, the nature of the relationship between the psychoanalyst and the analysand, which grows over time in intensity and can be utilized to promote the goals of psychoanalysis stated above. In addition, the psychoanalytic process is seen as an opportunity for the continued working through of the issues catalyzed by the psychoanalysis, which promotes a further deepening of the psychoanalytic work by removing psychological obstacles to treatment. If the psychoanalyst encounters difficulties and irresolvable impasses in the process, consultation or further supervision with a qualified colleague is indicated while maintaining strict confidentiality for the analysand.

Postdoctoral training in Psychoanalysis requires a tripartite process consisting of a personal Psychoanalysis, extensive postdoctoral course work, and supervision of several psychoanalyses, referred to as control cases, for which the psychoanalytic candidate receives regular and in-depth supervision for each case by a senior training psychoanalyst.

The Psychoanalysis Synarchy recognizes that different educational and training traditions in Psychoanalysis have evolved during the development of the specialty. Consequently, some variation exists in the establishment of training standards, especially with respect to issues of number of sessions per week required for the personal and control psychoanalyses, and in the establishment of exact numbers of supervisory hours required. These standards remain consistent, however, with the standards of the particular psychoanalytic tradition in which the training takes place—Freudian, Jungian, object relations, interpersonal, and others,

Psychoanalysis of Candidates

Education and training programs ensure that candidates in training have a personal Psychoanalysis characterized by sufficient depth and intensity occurring at a frequency and duration that will assure the candidate optimal immersion in the process of Psychoanalysis. The parameters of both frequency and duration are intrinsic decisions best evaluated in each case by the personal psychoanalyst and analysand. The structuring of the frame of Psychoanalysis considers all the factors that will allow the personal psychoanalysis to proceed with optimal results for each candidate and with the expectation that the candidate's personal psychoanalysis will meet the standards of the training program in which the candidate is matriculated in any of the traditionally recognized institutes of Psychoanalysis. The examining board for the specialty in Psychoanalysis will review the candidate training and reserves the right to judge the candidate's compliance with the overall standards of the specialty.

Candidates are required to have sufficient prior psychotherapy practice experience. They are required to have close supervision of individual treatment cases, preferably supervised experience with a broad spectrum of cases including patients who suffer from severe and persistent psychological disorders. Candidates are required to have didactic and/or practical experiences that provide a broad understanding of the cultural, economic, ethnic, religious, and racial backgrounds reflective of patients in the general population. These issues are taken into consideration in the establishment of the frame for each psychoanalytic engagement.

Suitability for Psychoanalytic Education and Training

Suitability refers to the personal characteristics that are deemed desirable for education and training in the practice of the specialty of Psychoanalysis. Candidates are evaluated for evidence of integrity of character, maturity of personality, capacity and motivation for self-reflection, psychological mindedness, clinical aptitude, empathy, and sufficient intellectual ability. Candidates' possession of these capacities are evaluated through interviews with members of the education and training program's admissions committee, usually staffed by training program faculty. Programs may, at their discretion, require additional entrance criteria for all candidates. If a candidate has been found by a recognized professional or governmental body to have committed an ethical violation, the training program is responsible for reviewing the finding and

documenting its conclusions and actions. If there is an ethics or malpractice case pending against a candidate, the training program may defer its decision on the training until the case is resolved.

Educational Philosophy

Faculty in postdoctoral psychoanalytic training programs demonstrate an open, critical approach to the developing literature of psychoanalytic theory, research, and practice. They constitute a community of clinical scholars, respectful of the knowledge, experience, and opinions of both faculty and candidates. Training programs encourage candidates to become knowledgeable about the major historical and contemporary perspectives within Psychoanalysis. Students and faculty are encouraged to pursue new knowledge through scholarship and research. Each training program has a published mission statement, and each training program engages in ongoing self-evaluation to assure that it is achieving the goals outlined in its mission statement.

Curriculum

Training programs' curricula emphasize the primary elements of the process of Psychoanalysis, which include (1) bringing into conscious awareness elements that have influenced the realms of emotion, cognition, motivation and behavior; (2) understanding and working with necessary reactivations and reliving of life experiences in the history of an analysand, which may be reworked during the Psychoanalysis, leading to a reduction of an analysand's distress; (3) appreciating and understanding the strong influences on an individual analysand of factors such as race, ethnicity, language, sexual orientation, gender, age, personality, disability, trauma, class status, education, religious/spiritual orientation, and other psychological, social, and cultural influences; (4) working with transference and countertransference phenomena and with specific techniques aimed at expanding the analysand's self-understanding; (5) helping the analysand to achieve a greater degree of inner harmony, balance, and acceptance of painful realities; and (6) helping the analysand to live a more creative, productive, satisfying, and mindful life.

The didactic curriculum contains an integrated sequence of seminars covering the history of Psychoanalysis, normative and pathological psychological development, psychoanalytic theories, and psychoanalytic techniques as they have evolved over the history of Psychoanalysis.

Conferences and continuous case seminars provide to broaden the candidates' clinical experience and to help support the integration of diverse clinical and theoretical perspectives and help the candidate assimilate these perspectives into their own unique style within the practice of the specialty of Psychoanalysis.

Supervised Specialty Practice

During their training, candidates participate in the supervised Psychoanalysis of at least two analysands. Each candidate's training includes supervised experience, treating analysands from diverse populations in an ongoing Psychoanalysis. All supervision occurs with senior psychoanalysts who have been formally recognized as such by the training program. One or more cases are supervised for at least two years and one case for at least one year. Supervision meets the criteria of the established training institute in which the candidate is matriculated. When possible and appropriate, candidates receive supervision from supervisors of different theoretical orientations and of both genders. A candidate's personal psychoanalyst may not be his

or her supervisor. Unless they have undergone a successful Psychoanalysis with an approved psychoanalyst before their training program, candidates are required to be in a personal Psychoanalysis for a significant period of their supervision. Candidates receive supervision for the major phase of a Psychoanalysis, and demonstrate the capacity to establish, understand, facilitate, and terminate a Psychoanalysis.

Evaluation

The training program is responsible for evaluating the candidate's education and training experience throughout the education and training process. Each training program monitors the progression of each candidate. The training program has procedures in place for the ongoing evaluation of the candidate's clinical work. This evaluation process includes the academic and supervised practice of candidates, but not their personal psychoanalysis.

Records

Records are maintained of the candidate's educational courses and progress through the training program, with provisions made to ensure necessary confidentiality. Records are maintained in conformity with applicable local, state, and federal laws.

Ethics

The ethical standards appropriate for Psychologist-Psychoanalysts are communicated prominently and continually in the educational and training program. There is a course or seminar on psychoanalytic ethics for candidates. Training programs have in place a process for receiving and acting upon any allegation of ethical violation by faculty and students.

Faculty Development

Each training program documents the process by which a graduate of a psychoanalytic training program may attain teaching and supervising psychoanalyst status and approval to psychoanalyze candidates and to supervise candidates. Training programs do not engage in arbitrary and discriminative activity during faculty development or appointment processes. Training program graduates and junior faculty are provided training opportunities and are supported to prepare themselves for advancement to positions of responsibility within the training program. These opportunities may include teaching within the training program and in related programs and in the provision of psychoanalytic supervision for mental health professionals. Training programs have a procedure in place to provide evaluation and feedback on such experiences. Seminars or study groups provide instruction on teaching, opportunities for peer review of ongoing psychoanalyses, and other scholarly and research activity are encouraged.

Each training program develops and documents procedures and criteria used for the selection and retention of supervisory psychoanalysts and psychoanalysts of candidates. Each training program applies its criteria uniformly within each category to all who seek to be appointed to such positions. Each candidate's personal psychoanalyst will have demonstrates a high level of

expertise in the practice of the specialty of Psychoanalysis through a process of certification by an independent specialty certifying board such as the American Board and Academy of Psychoanalysis.

Program leaders shall demonstrate commitment to psychoanalytic practice, training, education, and scholarship and shall have significant clinical experience in the practice of the specialty of Psychoanalysis. A training program sets specific criteria for evaluating clinical experience. Each training program documents the criteria by which it will judge such commitment. A training program has the option of recognizing its own members to serve as supervisors or as psychoanalysts of its candidates or of allowing candidates to work with psychoanalysts from other training programs that meet the standards of the training program.

Parameters of Practice of Psychoanalysis

a. Populations: Psychoanalytic methods now successfully treat a wide range of psychological disorders in children, adolescents, and adults. These methods are also successfully used for the treatment of couples, families, and groups. Contemporary psychoanalytic theories offer clinical understandings of both normal and abnormal psychological development and functioning. Psychoanalysis is unique in terms of its careful, detailed, and longitudinal research, treatment, and study of human psychological experience.

b. Problems (psychological, biological, and/or social): The problems addressed by Psychoanalysis mirrors the problems found in the diversity of the populations it studies and treats. Psychoanalysis offers a systematic explanation of unconscious processes and, until the recent developments in neuropsychology and brain imaging science, was the only specialty to directly study human unconscious processes and their relationship to general human psychological functioning.

A significant and important body of research literature has developed from the psychoanalytic study of infant, child, and adolescent development. Research observations of attachment and attunement between parents and children have provided important understandings of childhood psychopathology and the psychological treatments for these disorders. Unique to Psychoanalysis is the theory and systematic investigation of the unconscious, affective, and instinctual contributions to human motivation, desire, and behavior. Biological contributions are recognized and understood in terms of the evolution of unconscious processes and their relationship to higher cortical functions and the development of consciousness.

c. Procedures and techniques: Psychoanalysis is effective for both evaluation and treatment of persons with psychological disorders and for the training of mental health professionals. What distinguishes the psychoanalytic approach are the methods used, which facilitates the analysand aware of motivations and desires that have previously been fully or partially out of awareness. The self-acceptance that results from being so fully known by another person, along with the self-knowledge that results from the process, allows the analysand to achieve a greater degree of inner harmony and frees him or her to live a more constructive and satisfying life.

Psychoanalysis is also a valuable naturalistic research method for understanding human psychic functioning. The longitudinal nature of psychoanalytic inquiry allows for very detailed information to be obtained, which is now available for research and study in the form of thousands of case histories. As a training method, Psychoanalysis enables new practitioners of Psychoanalysis to gain a better understanding of their own motivations and behaviors to help them become more competent clinicians and investigators of human nature.

Criterion VII. Structures and Models of Education and Training in Psychoanalysis

The name of the specialty, Psychoanalysis, addresses conceptual concerns encountered with historically recent CRSPPP application processes. One concern relates to the fact that Psychoanalysis is a practice specialty in which prescribed and formal programs of training for psychologists takes place only at the postdoctoral level. Another is that nearly all the post-doctoral training for psychologists in the practice specialty of Psychoanalysis occurs in multi-disciplinary training programs. Finally, nearly all postdoctoral training programs in this specialty already have established methods of training, credentialing, and certification separate from, or in addition to, APA, CoA, ABPP, or the CoS.

Doctoral education and training that provide the pre-requisites to becoming a psychologist, also figure significantly in the preparation for readiness to become candidates for training as a psychoanalyst as outlined in the descriptions of the Specialty Preparation contained in this document. The knowledge and skills of the specialty of Psychoanalysis are built upon studies in general scientific and applied knowledge in psychology.

At the doctoral-level, introductory education in Psychoanalysis may occur in the context of broader training in professional psychology. The knowledge and skills of this specialty are built upon previous doctoral studies and training in general and applied psychology. Although those programs that provide education in Psychoanalysis or have a psychoanalytic emphasis at the doctoral-level are excellent preparatory experiences for training in the practice of Psychoanalysis, actual training in the practice of Psychoanalysis occurs at the postdoctoral level. Although not a comprehensive list of all doctoral training programs that provide introductory training relevant to Psychoanalysis, the following psychology departments offer education and training in Psychoanalysis, including Adelphi University, City College of New York, Rutgers University, Pace University, Duquesne University, C. W. Post University, Teachers College at Columbia University, New York University, NOVA University, Long Island University, University of Indianapolis School of Psychological Sciences, The University of Tennessee – Knoxville, George Washington University, Widener University, Pepperdine University, Immaculata University, and the University of Denver. Many freestanding Psy.D. programs (e.g., the Massachusetts School of Professional Psychology, the Chicago School of Professional Psychology, the campuses of the California School of Professional Psychology, the campuses of Argosy University, Antioch University, Fielding Institute) also prepare doctoral candidates for possible specialization in Psychoanalysis. These programs provide a basis for future post-doctoral study in the specialty practice of Psychoanalysis.

Competencies for the Specialty Practice of Psychoanalysis

The Psychoanalysis Synarchy recognizes the following competencies as fundamental core practice activities of the specialty practice of Psychoanalysis. These examples are not exhaustive and may be modified in keeping with the particular theoretical and technical approaches of individual psychoanalysts and in response to ongoing theory, research, and practice developments within the specialty.

Functional Competencies

Assessment: Competency in the specialty of Psychoanalysis includes a conceptualization of an Analysand's core problems, assets, vulnerabilities, motivational themes, narrative structures, and goals from a psychoanalytic psycho-diagnostic perspective. Interview methods, observations, and attention to the analysand's developmental history and personality are the major areas of the early and continuing process of assessment. The psychoanalyst assesses the analysand's degree of psychological-mindedness, ego strength, resiliency, self- and object-constancy, capacity for mentalization, capacity to formalize intimate relationships; ability to tolerate and regulate affect, capacity to maintain realistic self-esteem, neutralize disruptions to psychic equilibrium, and capacities for regulation of the drives, maintenance of self-soothing, and the vigor and vitality of the self. The prospective psychoanalyst's knowledge base in transference, counter-transference, defense, symbolization, dream theory and research, and other technical and theoretical concepts are necessary for a competent psychoanalytic assessment.

Intervention: Competency in the specialty of Psychoanalysis requires the knowledge and proficiency to choose and utilize specific psychoanalytic interventions from a range of exploratory, supportive, and interpretative approaches. Specific therapeutic interventions include exploration of the transference/counter-transference matrix, interpretation to promote insight and understanding, dream analysis, attention to themes that emerge during free association, and similar efforts to gain access to derivatives of unconscious and primary process psychological material. Clarification and confrontation may be aimed at the amelioration of self-defeating and repetitive patterns. The analysand's areas of concern unfold in this process, inviting interventions appropriate for the particular analysand and reflective of the psychoanalyst's theoretical understanding.

Consultation: Competency in the specialty of Psychoanalysis requires mastery of the ability to supervise psychoanalysts who are both in training and in practice. Consultation and supervision have become a significant area of practice for the specialty of Psychoanalysis.

Application of Research and Theory: Knowledge of research and theory in the specialty is necessary for the competent practice of contemporary Psychoanalysis. Practice in the specialty requires an understanding of theory and research specific to issues of personality development, attachment, defense, affect, interpersonal relationship, and sexuality. It is critical that the psychoanalyst appreciate issues of diversity, including ethnicity, gender, sexual orientation, religious affiliation, and family systems/dynamics/cultural issues.

Foundational Competencies:

Application of Ethical and Legal Standards: Competency in the practice of the specialty of Psychoanalysis includes awareness and appropriate exercise of ethical and legal standards, in accordance with both APA Ethical Principles and current national, state or provincial statutes. It also requires familiarity with case law precedents that concern the protection of the interests of analysands, families, groups, organizations, the profession, and society.

Individual and Cultural Diversity: Competency in the practice of the specialty of Psychoanalysis includes awareness and sensitivity in practice with diverse individuals, groups, and communities.

Interpersonal Interactions: Competency in the practice of the specialty of Psychoanalysis includes the ability to relate in practice effectively and meaningfully with individuals, groups, and communities.

Professional Identification: Competency in the specialty of Psychoanalysis includes meaningful involvement with the profession of psychology in general and the specialty of Psychoanalysis in particular. This is demonstrated by membership and participation in local, state, national, and international psychological and psychoanalytic organizations.

Education and Training Standards for the Specialty Practice of Psychoanalysis:

The Synarchy recognizes Psychoanalysis as a postdoctoral practice specialty in professional psychology that is a means of understanding human emotion, motivation, and behavior based upon the discovered understanding of experiences outside of a person's awareness. Psychoanalysis allows an analysand to achieve a greater degree of inner harmony and balance and can free an analysand to live a more creative, productive, satisfying, and conscious life. As a depth perspective toward psychological experience, Psychoanalysis emphasizes the nature of the relationship between the analysand and psychoanalyst, a relationship that is necessarily intense and continues over some extended time. Postdoctoral education and training in Psychoanalysis consists of a personal Psychoanalysis, extensive post-doctoral course work, and long-term supervision of the psychoanalyst's practice of Psychoanalysis with analysands.

Training programs ensure that candidates in training in the specialty of Psychoanalysis have a personal Psychoanalysis of sufficient frequency, depth, intensity, and duration to provide a deep psychoanalytic experience, and that their Psychoanalysis with their analysands during supervision has similar characteristics. The Synarchy recognizes that different educational and training traditions in Psychoanalysis have evolved during the development of the specialty, and there has been a parallel development of standards regarding how the provision of Psychoanalysis can best be accomplished. Particular education and training standards may be more specific or broad but may not be less than, or in conflict with, the core standards delineated here.

Selection of Candidates for Psychoanalytic Training

Selection of candidates for postdoctoral education and training in the specialty of Psychoanalysis involves assessments of 'eligibility' and 'suitability'. Education and training programs have in place a process by which to evaluate these factors. Candidates are not excluded based upon race,

color, ethnicity, religion, age, gender, sexual orientation, or physical ability. An anti-discrimination clause is prominently displayed in official publications of each education and training program. For a psychologist to be eligible to successfully complete education and training in the specialty of Psychoanalysis, the candidate has an earned doctoral degree in psychology including education and training leading to licensure for independent practice. Educational and training programs in the specialty of Psychoanalysis verifies the credentials of all candidates. The candidate demonstrates the ability to diagnose mental disorders. S/he is capable of making a differential diagnosis and establishing bio-psycho-social and psychodynamic formulations leading to individualized treatment plans. S/he has basic awareness of organic mental pathology and treatments, and knows when and how to use consultants in areas outside of his or her scope of practice. The candidate has sufficient psychotherapy practice experience. S/he has had close supervision of individual cases, preferably supervised experience with a broad spectrum of cases including patients who suffer from severe and persistent psychological disorders. Some psychotherapy supervision by a psychoanalyst is recommended. Candidates have had didactic and/or practical experiences that provide a broad understanding of the cultural, economic, ethnic, religious, and racialized backgrounds reflective of patients in the population- and culture-at-large.

Suitability for Psychoanalytic Education and Training

Suitability refers to the personal characteristics of the applicant that are deemed necessary for education and training in the practice of the specialty of Psychoanalysis. The candidate shows evidence of integrity of character, maturity of personality, evidence of the capacity and the motivation for self-reflection, psychological-mindedness, clinical aptitude, and sufficient intellectual ability. Education and training programs have in place procedures by which they will assess and evaluate these qualities. Evaluation of these capacities are carried out through interviews with members of the education and training program's faculty and administration. Programs require additional studies and examinations for all candidates or for those about whom evaluators have specific additional questions and/or concerns. Candidates present such studies or examinations in support of their program. An ethics violation disclaimer is part of the admission procedure. If a candidate is found by a recognized professional or governmental body to have committed an ethical violation the training program is responsible for reviewing the finding and documenting its conclusions and actions. If there is an ethics or malpractice case pending against a candidate, the training program may defer its decision on the training until the case is resolved.

Psychoanalysis of Candidates

Education and training programs ensure that candidates in training have a personal Psychoanalysis characterized by sufficient depth and intensity occurring at a frequency and duration that will assure the candidate optimal immersion in the process of Psychoanalysis. The parameters of both frequency and duration are intrinsic decisions best evaluated in each case by the personal psychoanalyst and analysand. The structuring of the frame of Psychoanalysis considers all the factors that will allow the personal psychoanalysis to proceed with optimal results for each candidate and with the expectation that the candidate's personal psychoanalysis will meet the standards of the training program in which the candidate is matriculated in any of

the traditionally recognized institutes of Psychoanalysis. The examining board for the specialty in Psychoanalysis will review the candidate training and reserves the right to judge the candidate's compliance with the overall standards of the specialty.

Candidates are required to have sufficient prior psychotherapy practice experience. They are required to have close supervision of individual treatment cases, preferably supervised experience with a broad spectrum of cases including patients who suffer from severe and persistent psychological disorders. Candidates are required to have didactic and/or practical experiences that provide a broad understanding of the cultural, economic, ethnic, religious, and racial backgrounds reflective of patients in the general population. These issues are taken into consideration in the establishment of the frame for each psychoanalytic engagement.

Educational Philosophy

Training programs demonstrate an open, critical approach to the developing literature of psychoanalytic theory, research, and practice. The general orientation of the training program is that of a community of scholars, respectful of the knowledge, experience, and opinions of both faculty and candidates. Each training program encourages candidates to become knowledgeable about the major historical and contemporary perspectives in Psychoanalysis. Students and faculty are encouraged to develop new knowledge through scholarship and research. Each training program has a published mission statement and each training program engages in on-going self-evaluation to assure that it is achieving the goals outlined in its mission statement.

Curriculum

Training programs' curriculum emphasize the primary elements of the process of Psychoanalysis which include: (1) supporting the discovered understanding of experiences previously partially or completely outside a person's awareness, including those in the realms of emotion, motivation, and behavior; (2) understanding and working with necessary reactivations of life experiences in the history of an analysand, which then informs the Psychoanalysis and leads to a reduction of an analysand's distress; (3) appreciating and understanding the strong influences on an individual analysand of factors such as race, ethnicity, language, sexual orientation, gender, age, personality style or type, [dis]ability, trauma, social class, education, religious/spiritual affiliation, and other psychological, social, and cultural influences; (4) working with transference and counter-transference phenomena and with specific techniques aimed at expanding the analysand's self-understanding; (5) facilitating the analysand's achievement of a greater degree of intra-psychic harmony and equilibrium; and (6) assisting the analysand to live a more creative, productive, satisfying, and mindful life.

The didactic curriculum contains integrated sequences covering the history of Psychoanalysis, normative and pathological psychological development, psychoanalytic theories, and psychoanalytic techniques from the beginning of the specialty to the present. Conferences and continuous case seminars are provided to broaden the candidates' clinical experience and help support the integration of diverse theoretical perspectives with the clinical practice of the specialty of Psychoanalysis.

Supervised Specialty Practice

During their training, candidates participate in the supervised Psychoanalysis of at least two-to-three analysands. These psychoanalyses are characterized by the same frequency and intensity as those of candidates in the training program. Whenever possible, each candidate shall have supervised experience treating analysands from diverse populations in an on-going Psychoanalysis. A training program may add requirements that candidates have experience treating analysands from within specific parameters, e.g., experience in psychoanalyzing both men and women, in such supervised psychoanalyses. All supervision occurs with senior psychoanalysts who have been formally recognized as such by the training program. One or more cases will be supervised for at least two years and one case for at least one year. Supervision will consist of a minimum 150-200 hours. When possible, candidates receive supervision from supervisors of different theoretical orientations and of both sexes. A candidate's personal psychoanalyst may not be his or her supervising psychoanalyst. Candidates are in a personal Psychoanalysis during a significant period of their supervised psychoanalytic practice. Candidates receive supervision for the major phases of a Psychoanalysis and demonstrate the capacity to establish, understand, facilitate, and bring to termination a Psychoanalysis.

Evaluation

The training program is responsible for evaluating the candidate's education and training experience at each successive phase of the education and training process. A progress evaluation committee monitors the progression of each candidate. The training program has procedures in place for the on-going evaluation of the candidate's clinical work. This evaluation process includes the academic and supervised practice of candidates, but not their personal Psychoanalysis.

Records

Records are maintained of the candidate's educational courses and training program progress with provisions made to ensure necessary confidentiality. Records are maintained in conformity with applicable local, state, and federal laws.

Ethics

The ethical standards appropriate for psychologist-psychoanalysts are prominently and continuously emphasized in the educational and training program. There is a course or seminar on psychoanalytic ethics for candidates. Training programs have in place a process for receiving and acting upon any allegation of ethical violation by faculty and candidates.

Faculty Development

Each training program ensures that opportunities to attain teaching and supervising faculty status, to psychoanalyze candidates, and to supervise candidates will be based solely on merit.

Training programs do not engage in discrimination based on an individual's professional affiliation or specific demographics during faculty development or appointment processes. Training program leaders work co-operatively with recent graduates to assure that their graduates and junior faculty are provided training opportunities and are supported to prepare themselves for promotion to higher positions within the training program. These opportunities may include teaching within the training program and in other appropriate programs and in the provision of psychotherapy supervision for mental health professionals. Training programs have an established procedure in place to provide evaluation and feedback of such experiences. Seminars or study groups that provide instruction on teaching methods and further opportunities for peer-review of on-going Psychoanalysis and other encouragement of scholarly and research activity are encouraged.

Each training program develops and documents procedures and criteria used for the selection and retention of supervisory psychoanalysts and psychoanalysts of candidates. Each training program applies its criteria uniformly within each category to all who seek or are invited to be appointed to such positions. Each candidate's personal psychoanalyst has demonstrated a high level of expertise in the practice of the specialty of Psychoanalysis through a process of certification by an independent specialty certifying board such as The American Board and Academy of Psychoanalysis. Training program leadership has significant clinical experience in the practice of the specialty of Psychoanalysis. A training program sets specific criteria for evaluating clinical experience. Program leadership demonstrates commitment to psychoanalytic practice, training, education, and scholarship. Each training program documents the criteria by which it will judge such commitment. A training program has the option of recognizing its own members to serve as supervisors or as psychoanalysts of its candidates or of allowing candidates to work with psychoanalysts from other training programs that meet the standards of the training program.

Education and training in Psychoanalysis occurs at the postdoctoral level, with preparation for postdoctoral study occurring at the doctoral-level. Postdoctoral training usually occurs in a formal training program, which is typically a free-standing or 'independent' program, but is sometimes affiliated with a university. Despite variety in the sequence of learning, there is a clear core to the work covered in such training programs. A typical postdoctoral curriculum includes courses, seminars, and case conferences in an integrated, sequenced, graded in complexity, that attends to the history of Psychoanalysis, normative and pathological psychological development, and techniques of psychoanalytic treatments. It may draw on a combination of the following theoretical traditions within Psychoanalysis:

Freudian Theory

Neo-Freudian Theory

Jungian Theory

Ego Psychology Theory

Object Relations Theory

Self Psychology Theory

Interpersonal Theory

Relational Theory

Lacanian Theory

Kleinian Theory

Neo-Kleinian Theory

Education and training in Psychoanalysis also integrates on-going research in topics relevant to psychoanalytic theory and practice, and incorporates the following subject areas and modalities:

- Developmental Psychoanalytic Theory and Research
- Models of Psychoanalytic Thought
- Intensive Psychoanalytic Psychotherapy
- Dream Interpretation
- Transference and Countertransference
- Defense and Resistance
- Interpretation, Working Through, and Termination
- Disorders of the Self
- Gender and Sexuality
- Integration of Theory and Practice
- Current Controversies in Psychoanalysis
- Ethics
- Crisis Interventions and Short-term Psychoanalytic Psychotherapies

In addition to these formal educational experiences, there are requirements for supervised practice and personal treatment. Each of these activities is conducted within the knowledge base and theoretical understanding provided by Psychoanalysis, and each, except for the personal treatment (which remains confidential except for information about frequency and length of analysis), includes careful evaluation of the candidate's progress toward the completion of requirements.

Formal postdoctoral specialty training is provided by both freestanding and university-based training programs in Psychoanalysis. Some are affiliated with the once medically dominated American Psychoanalytic Association (which, in response to a 1986 lawsuit initiated by Division 39 members and supported by APA, began in 1988 to accept psychologists as candidates on an equal basis with physicians). Others, such as the William Alanson White Institute, National Psychological Association for Psychoanalysis (NPAP), and the Institute for Psychoanalytic Training and Research (IPTAR), have included psychologists from their inception. The number of postdoctoral programs in Psychoanalysis has steadily increased over time. There are now post-doctoral psychoanalytic training programs in most major metropolitan areas in the United States, Canada, and Mexico, and there are also opportunities for continuing education in many other geographic areas. At least two postdoctoral training programs offer intensive training to "distant learners" who commute regularly to metropolitan centers.

The American Board and Academy is not an accrediting body. Indeed, 'accreditation' of psychoanalytical training institutes, of any kind, outside of the medicalized system of the American Psychoanalytic Association (APsaA) is a phenomenon that is only beginning to gain some form of momentum. Even the APsaA does not, strictly speaking, 'accredit' institutes, as it is a membership organization. Institutes operating outside of the auspices of the APsaA are not eligible for inclusion. The Accreditation Council for Psychoanalytic Education (ACPE) is beginning to take shape, with the assistance of various psychoanalytic councils, including the APA's Division 39 (Psychoanalysis). In the future, ACPA plans to apply to the US Department

of Education (DoE) for authorization to accredit institutes in psychoanalysis. Thus, the representative programs identified in this *Self-Study* as exemplars were selected on the basis of representing a mixture of free-standing and university-affiliated models that function outside of the more historically medically-oriented psychoanalytical training programs of the American Psychoanalytic Association. Instead, the programs designated herein have legacies of early support from psychoanalyst-psychologists, and/or psychological organizations, keeping in mind that such organizations may not engage in clinical training activities (e.g., Local Chapters (Section IV) of the Division 39 (Psychoanalysis)). Individuals who have become Board Certified under the auspices of the ABPP have been graduates of these programs. When an individual applies for Board Certification in Psychoanalysis in Psychology, they must produce records of their matriculation through an organized program in psychoanalysis, which includes information regarding the institute or program of organized study in psychoanalysis. This may bring to light additional programs and models of study which are reviewed for their adherence to the core standards articulated in this document.

An over-arching organizing principle recognition and review of structures and models in the specialty of Psychoanalysis centers around the concept of psychoanalysis as a distinctly *post-doctoral* specialty. Candidates are admitted only at the post-doctoral level for the additional six-plus years required to become a certified psychoanalyst across the various structures outlined in this document. An additional over-arching organizing principle is that it might be more precise to speak of the ‘Psychoanalytical Movement’, in addition to ‘Psychoanalysis’, which is to say that Psychoanalysis is not a monolithic entity. The various theoretical ‘schools’ within the specialty as noted above [eg, Freudian, Jungian, Kleinian, *etc*] may each have specialized language that is uncommon to other of the schools, even with respect to the same term [eg, ‘internal object’]. The requirements for completion of requirements may, similarly, differ, across different psychoanalytical traditions. Adherents and practitioners of one field may principally read and remain current in the readings regarding theory and practice within one psychoanalytical tradition, and not others. This can problematize communication across disciplinary boundaries within the specialty. For example, classical Freudians hold markedly different views than do traditional Jungians. This surfaces another organizing principle: awareness of, and respect for, paradigmatic, theoretical, technical, and pedagogical diversity. As articulated in *Criterion VII*, above, various elements of such diversity of structural and conceptual models are spelt-out. In evaluating programs of education and training, the Board is challenged to be mindful, knowledgeable, and respectful of these various and often quite different schools and traditions of psychoanalytical thought, each of which may have its own educational and training structures, models, sequence, and method for recognizing graduate psychoanalysts that, in turn, may present themselves to the specialty for ABPP board certification.

From the American Board and Academy’s own *Examination Manual*, we append two relevant sections, below, which we believe helps to clarify some of the parameters as to how these structures and models are recognized:

II. ELIGIBILITY: DETERMINATION OF CANDIDACY

II A. General Eligibility Requirements

To attain board certification in a specialty, an applicant must meet ABPP's common eligibility requirements, which include:

Degree: A doctoral degree from a program in professional psychology which at the time the degree was granted, was accredited by the APA, CPA, or was listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria*. Applicants credentialed in the most recent directory of the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers in Psychology, or the Certificate of Professional Qualification in Psychology (CPQ) (ASPPB) qualify as meeting the doctoral degree requirements. There are a limited number of exceptions to degree requirements. Degree exceptions exist for "senior practitioners" (degrees granted prior to 1983 and wide-spread APA accreditation of programs), psychologists with completed reeducation, foreign trained psychologists (other than Canadian). Applicants who do not meet the degree recognition requirements under Degree, above, may request individualized exception review. Such review employs ABPP criteria similar to those used by the accrediting/credentialing organizations recognized under Degree, above. Specific criteria, and procedures for exception review are available from CO.

Licensure: All ABPP candidates in the U.S., its territories or Canada must be licensed as a psychologist for independent practice at the doctoral level in a jurisdiction in the U.S., its territories or Canada.

Note: Completion of program requirements in professional psychology include completion of a recognized internship program prior to the granting of the degree.

II B. Eligibility Requirements for the Specialty of Psychoanalysis

The applicant for specialty board certification in psychoanalysis must be in the practice of the specialty following completion of postdoctoral education and training in psychoanalysis. Postdoctoral education and training in psychoanalysis is defined as completion of a program from a recognized postdoctoral psychoanalytic training institute or organized postdoctoral program in psychoanalysis, OR, education and training secured through a planned, individualized sequence of education, supervision, and practice acceptable to the ABAPsa Board (generally applied to applicants for which institute training was not available), AND, demonstration of acceptable evidence that following education and training in psychoanalysis of a practice in psychoanalysis. The applicant's practice includes a sufficient number of cases in psychoanalysis.

Note 1: For any of the education and training option qualifications selected by the applicant, the course of education and training must be verifiable and consist of at least a minimum of three years of organized study in psychoanalysis, supervised analyses of a minimum of two patients for a minimum of two years, and a personal analysis.

Note 2: Applicants with 15 years of experience post-licensure with a minimum of 10 years' experience post-graduation from a psychoanalytic training program or equivalent may qualify for a Senior Option to submit a modification of the practice sample in place of the "case analysis" practice sample. The practice sample requirements are altered to reflect distinctive practice patterns resulting from extended professional experience such as published books, articles in refereed journals; research; development of analytic training programs and or development of creative programs within them which makes a significant or meaningful contribution to psychoanalysis as well as furthering the acceptance of psychoanalysis in the broader community.

A representative sample of these programs may be found below.

POSTDOCTORAL TRAINING PROGRAMS IN PSYCHOANALYSIS

Program One

Name of Program: Chicago Center for Psychoanalysis (CCP)
Address/City/State/Zip: Post Office Box 268017, Chicago, Illinois 60626
Website: <https://ccpsa.org>
Contact Person: Nancy Burke, Ph.D., Director
E-mail address: nburke@ccpsa.org
Telephone No.: 312-335-0311
APA Accreditation: No

Program Two

Name of Program: Derner Institute of Advanced Psychological Studies - Psychoanalysis
Address/City/State/Zip: Hy Weinberg Center, Room 302, 1 South Avenue, Post Office Box 701, Garden City, NY 11530-0701
Website: <https://derner.adelphi.edu>
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APA Accreditation: N

Program Three

Name of Program: New York University Postdoctoral Program in Psychoanalysis
Address/City/State/Zip: 240 Greene Street, Third Floor, New York, NY 10003
Website: postdocpsychoanalytic.as.nyu.edu
Contact Person: Lewis Aron, Ph.D., ABPP, Director Postdoctoral Program
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APA Accreditation: No

Program Four

Name of Program: The Psychoanalytic Institute of Northern California
Address/City/State/Zip: 530 Bush Street, Suite 700, San Francisco, CA 94108

Website: www.pincsf.org
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E-mail address: gailkaplanpincsf@gmail.com
Telephone No.: 415-288-4050
APA Accreditation: No

Criterion VIII. Continuing Professional Development in Psychoanalysis

1. Describe the opportunities for continuing professional development in the specialty practice of Psychoanalysis.

Many forms of continuing education are available to Psychologist-Psychoanalysts. These include: National APA meetings, annual Division 39 meetings, annual meetings of cognate divisions such as 29 (Psychotherapy) and 42 (Independent Practice); and regional meetings of local programs and chapters of Division 39. All are regularly attended by Psychologist-Psychoanalysts for continuing education. Many local chapters and programs have regular meetings with case presentations, courses, and workshops that are available to current training program candidates, graduates, and local practicing Psychoanalysts.

In addition to APA sponsored conferences and meetings, the publications available to Psychologist-Psychoanalysts include *Psychoanalytic Psychology*, the journal of Division 39, *Division/Review*, which includes scholarly articles and reviews of psychoanalytic books. However, there are many other psychoanalytic journals and books published by reputable publishers comprising the vast and robust scientific psychoanalytic literature, one that spans over one hundred years. This literature encompasses psychoanalytic treatment, theory, and its clinical/theoretical applications. Some of the more prominent among these journals include: *American Imago*, *American Journal of Psychoanalysis*, *Annual of Psychoanalysis*, *Bulletin of the American Psychoanalytic Association*, *Bulletin of the Anna Freud Centre*, *Bulletin of the International Psycho-Analytical Association*, *Canadian Journal of Psychoanalysis*, *Contemporary Psychoanalysis*, *Couple and Family Psychoanalysis*, *Fort Da*, *Free Associations*, *Gender and Psychoanalysis*, *International Forum of Psychoanalysis*, *International Journal of Applied Psychoanalytic Studies*, *International Journal of Psycho-Analysis*, *International Journal of Psychoanalytic Self Psychology*, *International Review of Psycho-Analysis*, *The Italian Psychoanalytic Annual*, *Journal of Analytical Psychology*, *Journal of Child Psychotherapy*, *Journal of Clinical Psychoanalysis*, *Journal of Infant, Child & Adolescent Psychotherapy*, *Journal of the American Academy of Psychoanalysis*, *Journal of the American Psychoanalytic Association*, *Modern Psychoanalysis*, *NeuroPsychoanalysis*, *Organizational and Social Dynamics*, *Progress in Self Psychology*, *Psychoanalysis and Contemporary Science*, *Psychoanalysis and Contemporary Thought*, *Psychoanalysis and History*, *Psychoanalytic Dialogues*, *Psychoanalytic Inquiry*, *Psychoanalytic Perspectives*, *Psychoanalytic Psychotherapy*, *Psychoanalytic Quarterly*, *Psychoanalytic Review*, *Psychoanalytic Social Work*, *Psychoanalytic Study of the Child*, *Psychodynamic Psychiatry*, *Scandinavian Psychoanalytic Review*, and *Studies in Gender and Sexuality*.

Psychoanalysis has a long history of relying on postdoctoral continuing education programs to educate its members. Indeed, the specialty of Psychoanalysis is one attained only on the basis of

substantial and formalized postdoctoral training. Since psychoanalytic training takes place after attainment of the doctorate and state licensure, most analytic training programs grant continuing education units and not graduate-level academic credits. This is one of the ways in which Psychoanalysis as a specialty requires individuals to continue their training far beyond doctorate attainment. Ongoing supervision of treatment, consultation, research, study groups, case presentations, and intermittent personal analysis also are aspects of continuing education for Psychologist-Psychoanalysts.

2. Describe the formal requirements, if any, for continuing professional development in the specialty.

The usual expectations for health care practitioners apply to the Psychologist-Psychoanalyst, including the continuing education requirements of particular states and provinces. Although some states do not have a continuing education requirement, within the specialty, ongoing education is traditional, expected, and virtually universal. Postdoctoral education, ongoing supervision, personal treatment, and regular case presentations are expected of specialists in the practice of Psychoanalysis. Psychologists-Psychoanalysts who are ABPP Board Certified will soon be required to comply with the new maintenance of certification standards being formulated by the American Board and Academy of Psychoanalysis.

3. Describe how the assessment of an individual's professional development is accomplished in the specialty.

The professional development of the Psychologist-Psychoanalyst is evaluated formally in postdoctoral education and training programs during specialty training, and by supervisors who monitor the quality of the psychoanalytic work of the specialist. Assessment in more informal ways occurs by professional peers, with whom regular contact is maintained, and by the feedback from the specialist's personal Psychoanalyst. Involvement in APA, particularly in Division 39, offers opportunities to keep abreast of current research and to fashion interventions as well as preventative strategies for child, adolescent, and adult patients as well as their families. These organizations, and their various sections, offer scientific meetings on an annual, sometimes, monthly basis where scientific and practice knowledge is disseminated. In addition, Psychologist-Psychoanalysts enhance their professional competencies by pursuing various forms of continuing education. Finally, Psychologist-Psychoanalysts affiliate with other professional organizations outside of the American Psychological Association which further their scientific and professional development (e.g., American Psychoanalytic Association, National Psychological Association for Psychoanalysts, International Forum for Psychoanalytic Education, International Psychoanalytic Association, International Association for Analytical Psychology, International Society for the Psychoanalytic Study of Organizations, as well as the many scientific societies associated with individual psychoanalytic institutes, some of which are university affiliated.

Criterion IX. Effectiveness of Psychoanalysis

1. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of clients or populations (including groups with a diverse range of characteristics and human endeavors) usually served by this specialty. Summarize and discuss the relevance of the findings of the studies, specify populations, interventions, and outcomes in relation to the specialty practice.

Stevenson, J., Meares, R. & D'Angelo, R. (2005). Five-year outcome of outpatient psychotherapy with borderline patients. *Psychological Medicine*, 35, 79-87.

Svartberg, M., Stiles, T. & Seltzer, M. H. (2004). Randomized, controlled trial of the effectiveness of short-term dynamic psychotherapy and cognitive therapy for Cluster C personality disorders. *American Journal of Psychiatry*, 161, 810-817.

Westen, D. & Morrison, K. (2001). A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder: An empirical examination of the status of empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 69, (6), 875-899.

Mills, Jon (2012). *Conundrums: A Critique of Contemporary Psychoanalysis*. New York: Routledge.

See List below under A. Empirical Studies of Efficacy and Effectiveness in Psychodynamic Treatments.

Summary: Psychoanalysis and psychodynamic psychotherapies are found to be clinically effective and provide empirically supported treatment interventions in a wide range of clinical populations from depression and mood disorders, anxiety, personality disorders, and special population groups from children, adolescents, adults and couples.

2. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.

Bucci, W. (1997). *Psychoanalysis and cognitive science: A multiple code theory*. N.Y.: Guilford Press.

Fonagy, P., Gergely, G., Jurist, E. L. & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. New York: Other Press.

Solms, M. & Turnbull, O. (2002). *The brain and the inner world: An introduction to the neuroscience of subjective experience*. New York, NY: Other Press.

Stern, D. N. (1985). *The interpersonal world of the infant: A view from Psychoanalysis and developmental psychology*. Washington, D.C.: Basic Books.

Shore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, N. J.: Lawrence Erlbaum Assoc.

Perry, J. C., Presniak, M. D., & Olson, T. R. (2013). Defense mechanisms in schizotypal, borderline, antisocial, and narcissistic personality disorders. *Psychiatry: Interpersonal and Biological Processes*, 76, 32-52. (2010 impact factor 3.6)

Presniak, M. D., Olson, T. R., Porcerelli, J. H., & Dauphin, V. B. (2010). Changes in defensive functioning in a case of avoidant personality disorder. *Psychotherapy: Theory, Research, Practice, Training*, 47, 134-139. (2010 impact factor 0.9)

Presniak, M. D., Olson, T. R., & MacGregor, M. Wm. (2010). The role of defense mechanisms in borderline and antisocial personalities. *Journal of Personality Assessment*, 92, 137-145. (2010 impact factor 1.6)

Olson, T. R., Presniak, M. D., & MacGregor, M. Wm. (2009). Differentiation of depression and anxiety groups using defense mechanisms. *Journal of Nervous and Mental Disease*, 197, 834-840. (2010 impact factor 1.8)

Porcerelli, J. H., Olson, T. R., Presniak, M. D., Markova, T., & Miller, K. (2009). Defense mechanisms and major depressive disorder in African American women. *Journal of Nervous and Mental Disease*, 197, 736-741. (2010 impact factor 1.8)

Olson, T. R., Perry, J. C., Janzen, J. I., Petraglia, J., & Presniak, M. D. (2011). Addressing and interpreting defense mechanisms in psychotherapy: General considerations. *Psychiatry: Interpersonal and Biological Processes*, 74, 142-165. (2010 impact factor 3.6)

Perry, J. C., Petraglia, J., Olson, T. R., Presniak, M. D., & Metzger, J. A. (2012). Accuracy of defense interpretations in three character types. In R. A. Levy, S. J. Ablon, and P. H. Kachele (Eds.) *Psychodynamic Psychotherapy Research: Evidence-Based Practice and Practice-Based Evidence* (pp 417-447). New York: Springer.

MacGregor, M. Wm., & Olson, T. R. (2005). Defense mechanisms: Their relation to personality and health. An exploration of defense mechanisms assessed by the Defense-Q. In A. Columbus (Ed.), *Advances in Psychology Research* (Vol. 36, pp 95-141). New York: Nova Science Publishing.

See List below under C. Empirical Studies of Psychoanalytic Concepts

Summary: Psychoanalytic and psychodynamic approaches to general psychological theory and clinical praxis have demonstrated theoretical and methodological sophistication in our current understanding of neuro-scientific paradigms, human attachment, affect regulation, the process of social and cognitive representation, and bio-psycho-social applications to a whole host of theoretical, clinical, and applied practice scenarios across multiple population groups including: infant-observation research, neuroscience, defense mechanism research, affect theory, and attachment throughout the lifespan.

3. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.

Fonagy, P. (Ed) (2001). *An open door review of outcome studies in Psychoanalysis* (2nd ed.). London: International Psychoanalytic Association.

Leichsenring, F. (2001). Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: A meta-analytic approach. *Clinical Psychology Review*, 21, 401-419.

Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective?: A review of empirical data. *International Journal of Psychoanalysis*, 86, 841-868.

Leichsenring, F. & Leibing, E. (2003). The Effectiveness of Psychodynamic Therapy and Cognitive Behavior Therapy in the Treatment of Personality Disorders: A Meta-Analysis. *American Journal of Psychiatry*, 160, 1223- 1232.

Leichsenring, F., Rabung, S. & Leibing, E. (2004). The Efficacy of Short-term Psychodynamic Psychotherapy in Specific Psychiatric Disorders: A Meta-analysis. *Archives of General Psychiatry*, 61, 208-1216.

Luborsky, L., Rosenthal, R., Diguier, L., Andrusyna, T. P., Levitt, J. T., Seligman, D., Berman, J. S. & Krause, E. D. (2003). Are some psychotherapies much more effective than others? *Journal of Applied Psychoanalytic Studies*, 5, 455-460.

Rudolf, G., Grande, T., Dilg, R., Jakobsen, T., Keller, W., Oberbracht, C. Pauli- Magnus, C., Stehle S. & Wilke, S. (in press). Structural changes in psychoanalytic psychotherapies – The Heidelberg-Berlin study on long-term psychoanalytic therapies (PAL): In M. Leuzinger-Bohleber & M. Target (Eds.), *Longer-term psychoanalytic treatment – Perspectives for therapists and researchers*. London: Whurr.

See List below under B. Empirical Studies of Psychoanalytic Process

Summary: There is substantial empirical evidence to support that psychoanalytic and psychodynamic treatment modalities are equally effective forms of therapeutic intervention as are other forms of mainstream treatments such as cognitive behavioral therapy, emotion-focused therapy, dialectical behavioral therapy, and humanistic-experiential approaches.

4. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.

Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological science. *Psychological Bulletin*, 124, 333-371

Westen, D. (1999). The scientific status of unconscious processes: Is Freud really dead? *Journal of the American Psychoanalytic Association*, 47, 1061-1106.

Westen, D., Morrison, K. & Thompson-Brenner, H. (2005). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631-663.

See List below under B. Empirical Studies of Psychoanalytic Process

Summary: Psychoanalytic and psychodynamic approaches to theory and practice are scientifically supported and defensible, are effective in a variety of organizations and settings, including outpatient treatment and inpatient psychiatric facilities, and prove immensely useful in supervision environments where clinical training is more rigorous than most clinical training institutions.

BIBLIOGRAPHY

Empirical Studies in Psychoanalysis

A. Empirical Studies of Efficacy and Effectiveness in Psychodynamic Treatments:

These studies aim primarily to measure the efficacy (i.e., under carefully controlled conditions) or effectiveness (i.e., under more generalizable conditions) of psychoanalytic treatments, including Psychoanalysis and psychoanalytic psychotherapy.

Primary Studies

1. Wallerstein, R.S. (1989) The Psychotherapy Research Project of the Menninger Foundation: an overview. *Journal of Consulting and Clinical Psychology*, 57 (2), 195-205.
2. Kantrowitz, J., Katz, A. & Paolitto, F. (1990) Follow-up of Psychoanalysis five to ten years after termination: III. The relation between the resolution of the transference and the patient-psychoanalyst match. *Journal of the American Psychoanalytic Association*, 38, 655-678.
3. Fonagy, P., & Moran, G. S. (1991). Studies of the efficacy of child Psychoanalysis. *Journal of Consulting and Clinical Psychology*, 58, 684-695.
4. Blatt, S. J. (1992). The differential effect of psychotherapy and Psychoanalysis with anaclitic and introjective patients: The Menninger Psychotherapy Research Project revisited. *Journal of the American Psychoanalytic Association*, 40, 691-724.

5. Target, M., & Fonagy, P. (1994). The efficacy of Psychoanalysis for children with emotional disorders. Journal of the American Academy of Child and Adolescent Psychiatry, 33, 361-371.
6. Bateman, A., & Fonagy, P. (1999). Effectiveness of partial hospitalization in the treatment of borderline personality disorder - a randomised control trial. American Journal of Psychiatry, 156(10), 1563-1569.
7. Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J., & Schubert, J. (2000). Varieties of long-term outcome among patients in Psychoanalysis and long-term psychotherapy. International Journal of Psychoanalysis, 81, 921-942.
8. Creed, F., Fernandes, L., Guthrie, E., Palmer, S., Ratcliffe, J., Read, N., et al. (2003). The cost-effectiveness of psychotherapy and paroxetine for severe irritable bowel syndrome. Gastroenterology, 124(2), 303-317.
9. Leuzinger-Bohleber, M., Stuhr, U., Ruger, B., Beutel, M. (2003) How to study the quality of psychoanalytic treatments and their long-term effects on patients' well-being: a representative, multi-perspective follow-up study. International Journal of Psychoanalysis 84, 263-290.
10. Clarkin, J. F., Levy, K. N., Lenzenweger, M. F., & Kernberg, O. F. (2004). The Personality Disorders Institute / Borderline Personality Disorder Research Foundation randomized control trial for borderline personality disorder: Rationale, methods, and patient characteristics. Journal of Personality Disorders. 18 (1): 52-72.
11. Knekt, P., & Lindfors, O. (2004). A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders. Helsinki: Kela.
12. Leichsenring, F., Biskup, J., Kreische, R., & Staats, H. (2005) The Gottingen study of psychoanalytic therapy: first results. International Journal of Psychoanalysis 86, 433-455.
13. Vinnars, B., Barber, J. P., Norén, K., Gallop, R., & Weinryb, R. M. (2005). Manualized supportive-expressive psychotherapy versus nonmanualized community-delivered psychodynamic therapy for patients with personality disorders: Bridging efficacy and effectiveness. American Journal of Psychiatry, 162(10), 1933-1940.
14. Lingardi, V., Shedler, J. & Gazzillo, F. (2006) Assessing Personality Change in Borderline Personality Disorder using the SWAP-200. Journal of Personality Assessment (86)1, 23-32.
15. Hilsenroth, M. J. (2007). A programmatic study of short-term psychodynamic psychotherapy: assessment, process, outcome, and training. Psychotherapy Research,

17(1): 31-45

16. Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F., Kernberg, O. F. (in press) Change in attachment patterns and reflective function in a randomized controlled trial of Transference Focused Psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology*.
17. Milrod, B., Leon, A. C., Busch, F., Rudden, M., Schwalberg, M., Clarkin, J., et al. (in press). The efficacy of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry*.

Reviews & Meta-analyses

1. Anderson, E., & Lambert, M. (1995). Short-Term Dynamically Oriented Psychotherapy: A Review and Meta-Analysis. *Clinical Psychology Review*, 15, 503-514.
2. Galatzer-Levy, R. M., Bachrach, H., Skolnikoff, A., & Waldron, S., Jr. (2000). Does Psychoanalysis Work? New Haven: Yale University Press.
3. Fonagy, P., Jones, E. E., Kächele, H., Krause, R., Clarkin, J., Perron, R., Gerber, A., & Allison, E. (2001). An open door review of outcome studies in Psychoanalysis (Second ed.). London: International Psychoanalytic Association. (download or order via <http://eseries.ipa.org.uk/prev/research/R-outcome.htm>)
4. Leichsenring, F. (2001) Comparative Effects of Short-Term Psychodynamic Psychotherapy and Cognitive-Behavioral Therapy in Depression: A Meta-analytic Approach. *Clinical Psychology Review*, 21, 401-419.
5. Gottdiener, W. H., & Haslam, N. (2002). The benefits of individual psychotherapy for people diagnosed with schizophrenia: A meta-analytic review. *Ethical Human Sciences and Services*, 4, 163-187.
6. Leichsenring, F. & Leibing, E. (2003). The Effectiveness of Psychodynamic Therapy and Cognitive Behavior Therapy in the Treatment of Personality Disorders: A Meta-analysis. *American Journal of Psychiatry*, 160, 1223-1232.
7. Leichsenring, F., Rabung, S., & Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: a meta-analysis. *Arch Gen Psychiatry*, 61(12), 1208-1216.
8. Fonagy, P., Roth, A., Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bulletin of the Menninger Clinic*, 69, 1-58.
9. Abbass AA, Henderson J, Kisely S., Hancock JT. (2006). Short-term psychodynamic psychotherapies for common mental disorders. *Cochrane Database Syst Rev*. Oct

Methodological Issues

1. Gabbard, G. O., Gunderson, J. G., & Fonagy, P. (2002). The place of psychoanalytic treatments within psychiatry. Archives of General Psychiatry, 59 (6), 505-510 + commentaries.
2. Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004) The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. Psychological Bulletin. 130 (4): 631-663.
3. Westen and Weinberger (2004). When clinical description becomes statistical prediction. American Psychologist 59(7):595-613.

B. Empirical Studies of Psychoanalytic Process

These studies aim primarily to measure and explore the process of psychoanalytic treatments, at the level of individual interventions, sessions, or over the course of a treatments, and to examine the relationship between therapeutic technique and treatment outcome.

Primary Studies

1. Dahl, H., & Teller, V. (1994). The characteristics, identification, and applications of FRAMES. Psychotherapy Research, 4(3&4), 253-276.
2. Shevrin, H., Bond, J. A., Brakel, L. A. W., Hertel, R. K., & Williams, W. J. (1996). Conscious and Unconscious Processes: Psychodynamic, Cognitive, and Neurophysiological Convergences. New York: Guilford Press.
3. Bucci, W. (1997). Psychoanalysis and Cognitive Science: A Multiple Code Theory. New York: Guilford Press.
4. Ablon, S. and Jones, E.E. (1998) How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive-behavioral therapy. Psychotherapy Research, 8:(71-83).
5. Luborsky, L., & Crits-Christoph, P. (1998). Understanding Transference: The Core Conflictual Relationship Theme Method (Second ed.). Washington DC: American Psychological Association.
6. Freedman, N., Hoffenberg, J.D., Vorus, N. & Frosch, A. (1999) The effectiveness of psychoanalytic psychotherapy: The role of treatment duration, frequency of sessions, and the therapeutic relationship. Journal of the American Psychoanalytic Association 47, 741-

772.

7. Barber, J., et al., (2000). Alliance Predicts Patients' Outcome Beyond In-Treatment Change Symptoms. Journal of Consulting and Clinical Psychology, 68, 1027-1032.
8. Blatt, S. J., & Shahar, G. (2004). Psychoanalysis - with whom, for what, and how? Comparisons with psychotherapy. Journal of the American Psychoanalytic Association, 52(2), 393-447.
9. Josephs, L., Andrews, E., Bernard, A., Fatzner, K., & Streich, S. (2004). Assessing change in analysis terminable. Journal of the American Psychoanalytic Association, 52, 1185-1214.
10. Ablon JS, Jones EE: On Analytic Process. Journal of the American Psychoanalytic Association 2005; 53(2):541-568
11. Høglend, P., Amlo, S., Marble, A., Bogwald, K. P., Sorbye, O., Sjaastad, M. C., et al. (2006). Analysis of the patient-therapist relationship in dynamic psychotherapy: an experimental study of transference interpretations. Am J Psychiatry, 163(10), 1739-1746.

Reviews

1. Martin, D.J., Garske, J.P. & Davis, M.K. (2000) Relation of the therapeutic alliance with outcome and other variables: a meta analytic review. Journal of Consulting and Clinical Psychology 68(3): 438-450.
2. Ackerman, S.J. & Hilsenroth, M.J. (2003) A review of therapist characteristics and techniques positively impacting the therapeutic alliance. Clinical Psychology Review 23, 1-33.

C. Empirical Studies of Psychoanalytic Concepts

These studies aim primarily to measure and explore specific psychoanalytic concepts, such as unconscious processes, defense mechanisms, attachment, and transference.

Primary Studies

1. Shevrin, H., & Dickman, S. (1980). The psychological unconscious: A necessary assumption for all psychological theory? American Psychologist, 35, 421-434.
2. Silverman, L. H., & Weinberger, J. (1985). Mommy and I are one. Implications for psychotherapy. Am Psychol, 40(12), 1296-1308.
3. Andersen, S. M., & Baum, A. (1994). Transference in interpersonal relations: inferences

and affect based on significant-other representations. J Pers, 62(4), 459-497.

4. Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., Target, M., & Gerber, A. (1996). The relation of attachment status, psychiatric classification, and response to psychotherapy. Journal of Consulting and Clinical Psychology, 64, 22-31.
5. Bornstein, Robert F. (1999) Source Amnesia, Misattribution, and the Power of Unconscious Perceptions and Memories. Psychoanalytic Psychology. 16(2):155-178
6. Wong, Philip S. (1999). Anxiety, signal anxiety, and unconscious anticipation: Neuroscientific evidence for an unconscious signal function in humans. Journal of the American Psychoanalytic Association 47(3).
7. Shedler J (2002). A new language for psychoanalytic diagnosis. Journal of the American Psychoanalytic Association; 50(2):429-456
8. Shedler, J., & Westen, D. (2004). Refining DSM-IV Personality Disorder Diagnosis: Integrating science and practice. American Journal of Psychiatry, 161, 1350-1365.
9. Betan, E., Heim, A. K., Zittel Conklin, C., & Westen, D. (2005). Countertransference phenomena and personality pathology in clinical practice: an empirical investigation. Am J Psychiatry, 162(5), 890-898.
10. Brakel LAW, Shevrin H: Anxiety, attributional thinking, and the primary process (2005). International Journal of Psychoanalysis; 86(6):1679-1693
11. Siefert, Caleb J., Hilsenroth, Mark J., Weinberger, Joel, Blagys, Matthew D., Ackerman, Steven J. (2006) The relationship of patient defensive functioning and alliance with therapist technique during short-term psychodynamic psychotherapy. Clinical Psychology and Psychotherapy. 13, 20–33.

Reviews & Meta-analyses

1. Kline, P. (1972). Fact and fantasy in Freudian theory. London: Methuen & Co.
2. Barron, J. W., Eagle, M. N., Wolitzky, D. L. (Eds.). (1992). Interface of Psychoanalysis and Psychology. Washington, DC: American Psychological Association.
3. Fisher, S., & Greenberg, R. P. (1977). The Scientific Credibility of Freud's Theories and Therapy. New York: Basic Books.
4. Grunbaum, A. (1984). The foundations of Psychoanalysis. Berkeley, CA: University of CA Press.
5. Hardaway RA (1990). Subliminally activated symbiotic fantasies: facts and artifacts.

Psychol Bull; 107(2):177-95

6. Weinberger, J., & Hardaway, R.A. (1990). Separating science from myth in subliminal psychodynamic activation. *Clinical Psychology Review*. 10(6), 1990, 727-756.
7. Bornstein, R.F. & Masling, J.M. Series on Empirical Studies of Psychoanalytical Theories. Abstracts for Empirical Studies. (1993, 1994, 1996, 1998)
8. Shevrin H (1995). Is Psychoanalysis one science, two sciences, or no science at all? A discourse among friendly antagonists. *Journal of the American Psychoanalytic Association*; 43:963-986
9. Fisher, S., & Greenberg, R. P. (1996). Freud Scientifically Reappraised: Testing the Theories and Therapy. New York: John Wiley & Sons, Inc.
10. Stern, D. N. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(3), 300-308.
11. Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological science. *Psychological Bulletin*, 124, 333-371.
12. Westen, D., & Gabbard, G. O. (2002). Developments in cognitive neuroscience: I. Conflict, compromise, and connectionism. *J Am Psychoanal Assoc*, 50(1), 53-98.
13. Westen, D., & Gabbard, G. O. (2002). Developments in cognitive neuroscience: II. Implications for theories of transference. *J Am Psychoanal Assoc*, 50(1), 99-134.

Criterion X. Quality Improvement in Psychoanalysis

1. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.

A significant number of scientific and empirically verifiable research has been conducted over the past decade in support of psychoanalytic and psychodynamic paradigms in clinical, theoretical, developmental, cognitive, biosocial, neurological, psychopathology, psychotherapeutic process research, and applied methodologies across all age groups and treatment populations. The contemporary cross-disciplinary work on attachment and infant and child-observation research has taken the academic world by storm, which has its roots in Psychoanalysis. Neuroscience has adopted many of the key principles of classical Freudian

theory, which has expanded into the areas of cognitive representation, affect theory, affect regulation, brain-mind dependence, memory processes, traumatology, and the phenomenology of dreaming. Treatment models have been developed in outpatient and inpatient settings, including attachment and mentalization-based approaches to treating severely disturbed populations such as personality disorders, mood disorders, generalized anxiety, addictions, and psychosis. Hundreds of new dissertations are being published each year in American universities alone, and it is estimated that tens of thousands of psychoanalytic researchers exist worldwide. Nearly 50 peer reviewed scholarly and research journals in Psychoanalysis exist and/or are friendly to psychoanalytic studies. Psychoanalysis continues to be represented through the social-behavioral sciences, the humanities, and is more visible in popular culture and embraced by the intelligentsia more than most other theories in psychology.

There are a variety of specific examples of how the specialty assesses quality and identifies needs for quality improvement. Applicants for the specialty designation to become a board certified psychoanalyst have already been deemed competent by virtue of the fact that they have graduated from a psychoanalytic institute, training program, academic postdoctoral university program, or comprehensive program of study or its equivalent. Not only would they have attended a specified number of courses, seminars, lectures, workshops, and case presentations, successfully passing the theoretical and research part of their education, including written exams, orals, and defense of their written and clinical work, they would have also had a minimum of three (3) long-term cases that were carefully supervised over years of analytic treatment.

The graduate of a psychoanalytic training program on the average has 4 years of academic work, and several years of clinical supervision of cases they are treating in their practice. Candidates in training would meet with their supervising analyst weekly about each case for a minimum of 1 year, and many often over 2 years. There would be a minimum of 3 supervisors. The carefully controlled reflection of each analytic session of patients are often recorded in notebooks during the analytic hour by the candidate in training, and then conveyed to the supervisor interchange by interchange between the patient and therapist in a narrative format including the therapeutic dialogue. Sometimes these sessions are tape-recorded and played to the supervisor during the supervision hour. In this way what is said and heard can be carefully reflected upon, critiqued, and offered as an authentic training approach to real life in vivo practice. The supervisor performs an evaluative process overtime, instructing the candidate on how to improve in technique, form, style, and mode of interventions employed. This very close monitoring of a candidate's clinical work is unparalleled by any other discipline in psychology. Here quality improvement of the clinician is an ongoing developmental process mediated and mentored by the supervising analyst.

Candidates of institutes also can critique and evaluate the effectiveness of faculty, supervisors, and the training curriculum itself. Therefore, a certain checks-and-balances is achieved. All seminars and courses are evaluated by students in training after the courses, so there is a democratic process of providing feedback and identifying needs for improvement in core areas of the curriculum, the faculty/teachers' knowledge and capacity to instruct and educate, the supervisors' clinical acumen and efficacy of instruction, the way the executive board functions, and the political nature of the formal organization itself. The ongoing quality assurance and improvement process is further maintained by the executive of each organization and the

membership that constitutes the Society, which are composed of graduates of the same organization who give ongoing input and guidance on needs for improvement and the way their alma mater is constituted.

It is important to keep in mind that our specialty board as a whole represents a very diverse and pluralistic group of professionals who have trained in diverse environments and have diverse theoretical and methodological models of conceptualizing case formulations and treating patients. We are very unique in this regard as we do not view ourselves as a unified group with a unified body of knowledge on which all practitioners must conform. Diverse identifications exist based on different schools of thought, and hence our membership is comprised of practitioners who have divergent and often diametrically opposed views to theory and praxis. Assessing quality assurance and identifying needs for quality improvement is contingent based on what school you consult and is always a contextual process. Due to our embrace of ideological plurality, we would not impose one strict criterion for which all schools of thought must follow. In the spirit of pluralism that defines our specialty board, all theoretical orientations are welcome including classical, Jungian, Adlerian, object relations, ego psychology, self psychology, modern, Lacanian, interpersonal-relational, and postmodern perspectives. These different schools form their own training and educational environments and establish their own rules, procedures, and processes in which quality is determined. Because the Synarchy defaults to the specialty boards, ABAPsa is the last arbiter of determining what constitutes quality and what changes or enhancements are required.

Because an organizing principle of our specialty board is that of inclusiveness, diversity, and particularity, training programs are recognized by the specialty following respect for the theoretical differences that shape knowledge and training practices within the context of their established historical framework within the field of psychoanalysis. By the time our specialty board receives a qualified applicant from head office, they have already been identified as a competent practitioner by virtue of having graduated from a psychoanalytic training program. They must meet the Credential Reviewer's requirements as outlined in our detailed operational manual. Once they pass this stage, now the applicant must prove once again to our specialty board their competence by producing a detailed practice sample outlining their theoretical orientation(s) and displaying their actual clinical work with a long term analytic case including a transcript of the session(s) along with a theoretical case formulation. Upon passing this stage by the Practice Sample Coordinator, they are then scheduled for an oral exam comprised of 3 specialists evaluating the applicant in person where their practice sample and clinical work is scrutinized and openly discussed in a dialogical manner.

Please consult our Examination Manual for myriad details and procedures on determining quality assurance during our oral exams of candidates.

Please also see Criterion IX. for additional information.

2. Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.

Psychoanalytic organizations have mounted large outreach programs to educate, intervene, and help the public from many forms of community and social service agency groups to schools, continuing study programs, undergraduate and graduate programs, post-graduate training institutes, and public lectures. There is a professional identity among psychoanalytic practitioners that value and promote ongoing education, retraining, and clinical supervision across all population groups, including disenfranchised, multicultural, and oppressed populations. Psychoanalysis is considered to be the most sophisticated psychological theory available, and that is why academic and educational institutions in many disciplines in the humanities and sciences are drawn to their ideas.

3. Describe how the research and practice literature are regularly reviewed for developments, which are relevant to the specialty's skills and services, and how this information is publicly disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.

Almost all psychoanalytic groups have public access and acceptance via education and promotion throughout the world. All major organizations take an active outreach approach to educate the public and recruit practitioners from many diverse mental health and academic disciplines. Special interest groups, graduate and postgraduate training programs, and psychoanalytic institutes sponsor their own conferences, workshops, curriculums, and have scholarly journals. All these efforts to promote the subspecialty of Psychoanalysis are publicly disseminated and are visible through web-based applications and advertisements. Psychoanalysis has gone through many developmental changes since its inception that most people are not aware of in the field of psychology, and hence our broad eclecticism and theoretical variances and developments continue to be disputed and critiqued within the field itself.

4. Describe how the specialty promotes and participates in the process of accreditation in order to enhance the quality of specialty education and training. How many programs in this specialty are accredited at the doctoral and/or postdoctoral level?

The specialty of Psychoanalysis has traditionally been reserved for those training programs that are postgraduate, and are predominantly postdoctoral. Although many Master level degree practitioners may get trained in Psychoanalysis, such as social workers or those in related helping professions, our specialty is a postdoctoral training certificate program and is completed once a psychologist is licensed to practice in their state or province. By definition it is more rigorous than other specialty boards because it typically takes a minimum of 4 years of full-time study to complete the prescribed education and training as a postdoctoral candidate in Psychoanalysis. It is difficult to estimate how many training programs in the United States exist, but according to the National Association for the Advancement of Psychoanalysis (NAAP), nearly one hundred of these programs exist. Accreditation is another matter, and is subject to the institutions that regulate the practice. Some states such as New York have accreditation put in place in legislation, while most states allow the specialty organizations and training institutes that

grant the certificates and diplomas to stipulate accreditation requirements. Most programs are modeled after the American and International Psychoanalytic Associations, which have stringent criteria for granting the status of practicing Psychoanalysis.

Criterion XI. Guidelines for Specialty Service Delivery in Psychoanalysis.

1. Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications.

Communication is one of the central tasks of Division 39. It accomplishes this goal in several ways. Each of the following is a widely disseminated outlet for new developments in the science and practice of Psychoanalysis, as well as for relevant developments in related areas, including public policy:

- a. The publication of the Division journals, *Psychoanalytic Psychology*, and *Psychoanalytic Abstracts*.
- b. The regular publication of *Division Review*, the electronic newsletter, *Insight* and the newsletters published by several of its sections.
- c. Presentations at the annual APA Convention.
- d. Presentations at the annual Spring Meeting of the Division.
- e. Presentations at the annual meetings of the American Psychoanalytic Association, The International Psychoanalytical Association, The International Association of Relational Psychoanalysis and Psychotherapy, The International Forum of Psychoanalytic Education and other national and international psychoanalytic bodies.
- f. Presentations at the bi-annual Multicultural Summit

In addition to these divisional resources, postdoctoral training programs in Psychoanalysis regularly offer continuing education activities for professionals and public education courses for consumers. The Internet provides rapid communication among professionals; several listservs are specifically devoted to developments in Psychoanalysis. The high visibility of Psychologist-Psychoanalysts also allows participation in policy decisions at APA (Division 39 has six seats on the APA Council of Representatives), some impact on public policy and governmental agencies, and regular communication with the general public through the news media.

2. How does your specialty encourage the development of guidelines of practice?

The Psychoanalysis Synarchy has worked, and continues to work, within the structures of the APA practice divisions, including the Division 39 Committee on Education and Training, the American Board of Professional Psychology (ABPP) Maintenance of Certification (MoC) and the Standards Committee's Periodic Committee Review (PCR), and the Council of Specialties in Professional Psychology (CoS) system of Practice Standards and Specialty Taxonomy, and all postdoctoral psychoanalytic training programs to assure a broad consensus concerning the development and dissemination of practice guidelines across the many different schools of contemporary Psychoanalysis.

The American Board and Academy of Psychoanalysis has significantly revised its examination manual and the examination process to provide an example of clear practice guidelines. This information is regularly communicated to the public through website and newsletter and brochure information, including through the APA, Division 39, Division 39 Local Chapters, the ABPP and the CoS websites, and through the websites and outreach initiatives of individual training programs. Training, qualifications, and treatment efficacy research has been provided to national media outlets to assure public awareness of the practice standards of Psychoanalysis.

Psychoanalysis, as a practice specialty within psychology, endorses the APA's Ethical Principles. Those in the specialty of Psychoanalysis are expected to keep current with new developments in the field and in related areas and to review research and innovations in practice. The development of ABAPsa has led to the explication of clear criteria for the training of Psychologist-Psychoanalysts; ABAPsa has set the bar high, establishing clear standards for the practitioner and clear standards for [the newcomer] any new practitioner entering the field. In addition, several senior prominent Psychologist-Psychoanalysts, including Lester Luborsky, John Clarkin, and Hans Strupp, have been involved in the development and validation of standardized protocols for the delivery of psychoanalytic psychological services.

Criterion XII. Provider Identification and Evaluation in Psychoanalysis.

1. Describe how and by whom the specialty identifies those who are qualified to practice in the specialty.

At each step in a the professional development of a Psychologist-Psychoanalyst, the general education accorded to all professional psychologists is either supplemented by specific work in Psychoanalysis, or is provided in a setting or with a supervisor who can offer specific training in the specialty. Psychoanalysis is both an interest and a specialty within psychology. Psychologists express their interest in Psychoanalysis through membership in Division 39, membership in a local chapter of Division 39, or participation in multi-disciplinary psychoanalytic groups. The Division contains sections with more specific membership requirements, and these too serve to identify the Psychologist-Psychoanalyst. To receive formal specialty practice recognition, the Psychologist-Psychoanalyst successfully completes an organized course of study through a postdoctoral training program in Psychoanalysis, which includes a successful personal analysis, and a period of supervision in the practice of Psychoanalysis. This training results in certification by the training program and the opportunity to become board certified by the American Board of Psychoanalysis of ABPP. Psychologist-Psychoanalysts with board certification are expected to continue their professional development through supervision, practice, research, and regular study.

2. Describe how and by whom the specialty assesses the actual knowledge and skills of individuals who wish to be identified as practitioners in this specialty.

At each point in training for Psychologist-Psychoanalysts, evaluative bodies monitor progress. During formal postdoctoral psychoanalytic training, training programs have extensive evaluative procedures in place. The ABAPsa examining committee makes a judgment as to the level of competence of each candidate applying for board certification in the specialty of Psychoanalysis.

3. Describe how and by whom the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty.

With the recent development of licensure in Psychoanalysis in several states, education of the public and the profession is of paramount importance. Division 39 and sections of state psychological associations are mounting public education campaigns to acquaint consumers with the advantages of choosing a Psychologist-Psychoanalyst as the practitioner of choice when seeking Psychoanalysis. Postdoctoral specialty programs often provide referrals to their graduates. Board certified specialists are listed in the ABPP Directory. Division 39 also publishes a directory listing the section affiliation(s) of each member. Both the Division and the training programs provide public information services to help educate the general public as to specialty qualifications, responsibilities, and services provided by Psychologist-Psychoanalysts.

4. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available).

APA Division 39 (Psychoanalysis) is a practice division, comprised of practicing psychologists trained in psychoanalytic psychology and students in training in psychoanalytic psychology. It is difficult to provide an exact count of practitioners of Psychoanalysis, however, Division 39 has approximately 4,000 members, most of whom identify themselves as practicing Psychologist-Psychoanalysts. There are currently more than 150 ABPP Board Certified Psychoanalysts, and over 3,000 certified postdoctoral graduates of postdoctoral training programs in Psychoanalysis. Of the many thousands of licensed psychologists in the United States, many have indicated in surveys that they have been significantly influenced during their training by the specialty area of Psychoanalysis. Postdoctoral education and training in the specialty of Psychoanalysis is currently available in most North American states and Canadian provinces, as well as in many states in Mexico. Psychologist-Psychoanalysts currently practice in all states and provinces. The Psychoanalysis Synarchy estimates that there are now more than 6,000 licensed psychologists practicing Psychoanalysis as a primary or significant part of their clinical work.

The public is able to identify qualified postdoctoral practitioners of the specialty of Psychoanalysis referencing the members sections of the websites of the American Board and Academy of Psychoanalysis of ABPP, The National Registry of Health Service Providers in Psychology, The International Psychoanalytic Association, The International Association of Analytical Psychology, The American Psychoanalytic Association, The International Forum for Psychoanalytic Education, The National Association for the Advancement of Psychoanalysis, and The National Association for the Advancement of Psychoanalysis. The Public also uses common browser search engines to access websites like Psychology Today, that allows users to do searches for qualified psychoanalytic practitioners in their geographic area.

Public Description of Psychoanalysis

1. The postdoctoral specialty practice of Psychoanalysis is a means of understanding and therapeutically influencing human emotion, motivation, and behavior by helping people

understand experience outside their ordinary conscious awareness. Psychoanalysis is specifically concerned with the unconscious processes and subjective experience as they manifest themselves in the relationship between analysand and psychoanalyst. A professional relationship in which one person is invited to reveal intimate thoughts and feelings to another tends to reactivate relevant life experiences in the analysand's personal history. Understanding, accepting, and changing the patterns that emerge in this context, reduce symptoms and increase self-esteem and capacity for resilience, intimacy, and health. This relationship is necessarily very intense, and continues over an extended time, and is the basis for permanent, mutative changes in the analysand's character and personality.

2. A significant and important body of research literature has developed from the psychoanalytic study of infant, child, and adolescent development. Research observations of the various forms of attachment and attunement between parents and children have provided important understandings of childhood psychopathology, suggesting increasingly sensitive psychological treatments for these disorders.

Psychoanalysis is one of the only Psychology specialty practices where education and training takes place exclusively in postdoctoral programs. These postdoctoral education and training programs require four or more years to complete and require a successful personal Psychoanalysis by the Psychoanalyst candidate. The personal psychoanalysis occurs at an intensity and duration consistent with the psychoanalytic treatment protocols of the specific postdoctoral psychoanalytic training program. Postdoctoral control supervision is also required during training, and this supervision is required on a weekly basis for multiple psychoanalytic treatment cases. No other psychology specialty requires this level of postdoctoral training before being eligible for National Board Certification.

3. The theory, research and practice of Psychoanalysis developed to provide permanent, long term change for persons suffering from childhood and adult traumas and developmental calamities that resulted in symptoms of anxiety, depression, panic attacks and socially disabling personality and character disorders that interfere with adaptive independent living.

4. Today Psychoanalysis successfully treats children, adolescents, and adults, both as individuals and in couples, families, and groups. Until recent developments in neuropsychology and brain imaging science, Psychoanalysis was the only specialty to directly study human unconscious processes and their relationship to general human psychological functioning. Psychoanalysis was the first specialty to apply this knowledge to the psychotherapeutic treatment of persons with psychological and psychosomatic disorders. As this psychological specialty has evolved, many children, adults and families have received psychoanalytic treatment that has led to more healthy, productive lives.

Psychoanalytic techniques focus on evaluating and treating persons with psychological disorders. They are also applied to the training of mental health professionals so that Psychologist-Psychoanalysts will understand the experience and will become conscious of any personal treatment issues that might otherwise interfere with their effectiveness.

5. Psychoanalysis observes human psychological functioning in depth, duration and detail in order to provide for permanent change in human behavior. Technical procedures include working with dreams, slips of the tongue, fantasies, and other symbolic material, and paying attention to feelings, thoughts, and behaviors concerning the psychoanalyst and the psychoanalytic relationship (analysis of the transference and countertransference). The analysand may, or may not, be encouraged to recline on a couch to increase relaxation, regression, and/or promote freer access to his or her internal world.

CRSPPP Psychoanalysis Application - Attachment B

Postdoctoral Structures and Models of Education and Training in Psychoanalysis

Program One

Name of Program: Chicago Center for Psychoanalysis [CCP]

Address: Post Office Box 268017

City/State/Zip: Chicago, Illinois 60626

Contact Person: Nancy Burke, Ph.D., Director

E-mail address: nburke@ccpsa.org

Telephone Number: Nancy Burke, Ph.D., 312.335.0311

Website: ccpsa.org/

APA Accreditation: No

1. Provide evidence that your program, regardless of setting:

(a) Maintains a psychology faculty

TEACHING AND SUPERVISING FACULTY

Salman Akhtar, MD	Merton Gill, MD	Gila Ofer, PhD
Neil Altman, PhD	Peter Giovacchini, MD	Marion Oliner, PhD
Lewis Aron, PhD	Stefanie Glennon, PhD	Michael O'Loughlin, PhD
Elizabeth Auchincloss, MD	Lorraine Goldberg, PhD	Donna Orange, PsyD
Cobi Avshalom	Edward Goldfarb, PhD	Edward Owen, MD
Virginia Barry, MD	Sue Grand, PhD	Michael Parsons
Alan Bass, PhD	Jay Greenberg, PhD	Fred Pine, PhD
Adina Bayuk Keesom, PsyD	William Greenstadt, PhD	Warren Poland, MD
Jessica Benjamin, PhD	James Grotstein, MD	Joanne Powers, PhD
Harris Berenbaum, PhD	Meyer Gunther, MD	Leo Rangell, MD
Mark Berger, MD	Irwin Hirsch, PhD	Ellie Ragland, PhD
Martin Bergmann, PhD	Irwin Hoffman, PhD	Moss Rawn, PhD
Bruno Bettelheim, PhD	Michael Hoit, MD	Owen Renik, MD
Dale Boesky, MD	Marvin Hyman, PhD	Barbara Rocah, MD
Hedda Bolgar, PhD	Theodore Jacobs, MD	Paul Roazen, PhD
Christopher Bollas, PhD	Lawrence Joseph, PhD	Roy Schafer, PhD
Jennifer Bonovitz, PhD	Donald Kaplan, PhD	Herbert Schlesinger, PhD
Ghislaine Boulanger, PhD	Louise Kaplan, PhD	Martin Schulman, PhD
Maurice Burke, PhD	Patrick Kavanaugh, PhD	Peter Shabad, PhD
Nancy Burke, PhD	Jerome Kavka, MD	Jonathan Shedler, PhD
Fred Busch, PhD	Oliver J.B. Kerner, PhD, ABPP	Howard Shevrin, PhD
Marilyn Charles, PhD, ABPP	Brian Koehler, PhD	Ann-Louise Silver, MD
Bertram Cohler, PhD	Danielle Knaso, PhD	Norma Simon, EdD
Ken Corbett, PhD	Nathan Kravis, MD	Vivian Skolnick, PhD
Jody Davies, PhD	Frank Lachmann, PhD	Ignes Sodre
Muriel Dimen, PhD	Eli Lane, MD	Donnel Stern, PhD
Darlene Ehrenberg, PhD	Ernest Lawrence, PhD	Nathan Stockhammer, PhD
Henry Evans, MD	Eva Lichtenberg, PhD	Harvey Strauss, MD
Gerald Fogel, MD	Robert Leider, MD	Frank Summers, PhD, ABPP

James Fosshage, PhD
Rita Frankiel, PhD
Lucy Freund, PhD
Bruce Fink, PhD
Lawrence Friedman, MD
Jerry Fromm, PhD
Paula Fuqua, MD
Glen Gabbard, MD
Lester Gable, MD
Robert Galatzer-Levy, MD
Jane Gallop, PhD
Benjamin Garber, MD
Suzanne Gassner, PhD
John Gedo, MD
Mark Gehrie, PhD

Norman Litowitz, MD
Nell Logan, PhD, ABPP
Deborah Luepnitz, PhD
J. Gordon Maguire, MD
Martin Mayman, PhD
Joyce McDougall, EdD
Françoise Meltzer, PhD
Stephen Mitchell, PhD
George Moraitis, MD
Dale Moyer, PhD
Kenneth Newman, MD
Jack Novick, PhD
Kerry Kelly Novick

Neville Symington, PhD
Johanna Tabin, PhD, ABPP
Richard Telingator, MD
Arnold Tobin, MD
Marian Tolpin, MD
Phyllis Tyson, PhD
Sandra Ullmann, PsyD
Judith Vida, MD
Steve Vogelstein, LCSW
Robert Waska, PhD
Jerome Winer, MD
Leon Wurmser, MD
Elisabeth Young-Bruehl, PhD
Kaveh Zamanian, PhD

(b) Provides opportunities for scholarly inquiry and practice by the faculty: Faculty – including visiting faculty – provide formal presentations on Fridays prior to teaching weekends, which are announced to the Chicago area mental health professions community. The Chicago Center for Psychoanalysis also sponsors various study groups, encouraging participation of faculty and candidates, (*e.g.*, a support group in psychoanalytic writing).

(c) Provides support for trainees to encourage and expand learning opportunities beyond course work: Certain Sundays are set aside for candidates' presentations. The Chicago Center for Psychoanalysis sponsors study groups encouraging participation of faculty and candidates, *eg*, support group in psychoanalytical writing; mentorship program for individual consultation with senior psychoanalysts, *eg*, in the area of psychoanalytical treatment of psychosis.

- 2. Provide evidence from your program that published descriptions of the program specifies whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty.** The descriptions below of the program and its requirements clearly mark the Chicago Center for Psychoanalysis as a program whose graduates qualify for the ABPP in psychoanalysis through the criteria put for in the CRSPPP document, as developed by the American Board and Academy of Psychoanalysis (ABAPsa).
- 3. Indicate by document and page number where your program is clearly identified as a specialty psychology program whose intent is to educate and train psychologists in the specialty.** Psychoanalysis is sometimes viewed as a distinct discipline. Admission to psychoanalytic institutes and certification in psychoanalysis in the USA were, historically, limited to physicians, except for some exceptions in New York City and Los Angeles. The Chicago Center for Psychoanalysis was also a relatively early forerunner of inter-disciplinary psychoanalytical training opportunities.

Again, from the CCP web-site, <https://ccpsa.org/aboutccp.shtml#history>, It was incorporated in 1984 as a non-profit, certificate-awarding psychoanalytic institute, making it one of the first psychologist-established programs outside of New York City and Los Angeles. As an

innovative and independent training institution, its creation represented the culmination of a wide range of social, intellectual, and organisational forces.

The lineage of the CCP with psychology is noteworthy: In the late 1950s, a small group of practicing clinical psychologists established a study group for the purpose of deepening their understanding of psychoanalysis. Although, at the time, formal psychoanalytic training was barred to psychologists, a number of outstanding psychoanalytic educators, including Heinz Kohut [a psychiatrist-psychoanalyst] and Bruno Bettelheim [a psychologist-psychoanalyst], agreed to lead these psychologists in independent seminars outside the confines of their respective formal institutions. While some of these seminars were short-lived, Bruno Bettelheim's case conference became a sort of *de facto* institution within the psychology community in Chicago, meeting monthly for twenty years, from 1952-1972. The members of this seminar, including Maurice Burke, Oliver Kerner, the late Irving Leiden, Joanne Powers, and Johanna Tabin, were among the founders of CCP.

Division 39 [Psychoanalysis] and the establishment of psychologist-psychoanalytic institutes

The same clinicians who were instrumental in creating a place for local psychologists to receive psychoanalytic training were also active on the national scene, working within the American Psychological Association to develop a more influential voice for psychoanalytic practitioners, researchers, and theorists. When Division 39, the Division of Psychoanalysis of the American Psychological Association, was created in the late 1970's, Chicago psychologists Oliver Kerner, Kenneth Isaacs and Bertram Cohler, all of whom were later active in the formation of CCP, were asked to serve on its National Steering Committee. One of the first orders of business at the initial Division 39 committee meeting in New York City was to focus on meeting the organizational and educational needs of psychologists outside of New York City, Los Angeles, and Topeka, Kansas (where the Menninger Clinic gave psychoanalytic training to psychologists). Kerner, Isaacs and Cohler, who attended this historic meeting, were inspired to establish a formal center for the development of psychoanalytic education and practice in Chicago. Upon their return, they and other interested Chicago-area psychologists started a local chapter of Division 39, known now as the Chicago Association for Psychoanalytic Psychology (CAPP).

The Chicago Association for Psychoanalytic Psychology and its role in the founding of CCP

The establishment of CAPP quickly engaged the energies and interests of a large number of clinical psychologists in the Chicago area, and none more actively than the members of the original Bettelheim group, most of whom served as president or board member of CAPP during its early years. These psychologists inaugurated a yearly CAPP symposium, which brought psychoanalytic educators and clinicians such as Roy Schafer, Sidney Blatt, Martin Mayman, Rudolf Ekstein, Bruno Bettelheim, Hedda Bolgar, Sydney Smith, and others to Chicago for all-day presentations and workshops. These events drew large audiences and sparked the interest of the broader mental health community in receiving further psychoanalytic training.

4. **Enclose an organisational chart describing the administrative relationship of the program with other units within the organisation (e.g., College/Division/Department/Program/Specialty) Indicate lines of authority for both academic decision-making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority.**

The organisational structure of the Chicago Center for Psychoanalysis is as follows:

LEADERSHIP

<u>Board</u>	<u>Graduates</u>	<u>Candidates</u>
President:	Harris Berenbaum, PhD	Jeremy Bloomfield, PsyD
Nancy Burke, PhD	Nancy Burke, PhD	Julia, Brown, PhD
Past President:	Peter Coe, PhD	Susan Burland, PhD
Adina Bayuk-Keesom, PsyD	Andrew Cole, PsyD	Joseph Cullen, PsyD
Vice President:	Lucy Freund, PhD	Carol Ganzer, PhD, MSW, LCSW
LoREL Greene, PhD	Peggy Gillispie, LCSW	Robert Heinrich, PhD
Secretary:	Lorraine Goldberg, PhD	Jonathan Speigel, LCSW
Allan Scholom, PhD	Michael Horowitz, PhD	Nancy Peltzman, LCSW
Treasurer: Scott Pytluk, PhD	Mary Ann Jung, LCSW	Scott Pytluk, PhD
Members of the Board:	Adina Bayuk Keesom, PsyD	Peter Reiner, PhD, LMFT
Adina Bayuk-Keesom, PsyD	James Lipusch, PhD	Rita Sussmann, PhD
Bernadette Berardi-Coletta, PhD	Nell Logan, PhD	Steven Vogelstein, LCSW
Judy Bertacchi, MEd, MSW	Michael Komie, PhD	Jessica D. Wall, LCSW
Ellyn Daniels, PhD	Dale Moyer, PhD	Virginia Walsh, PhD
Alan Levy, PhD	Marianne Nathan, DPsa	Natalia Yangarber-Hicks, PhD
Nancy Peltzman, LCSW, MA	Esther Robinson, PhD	
Charles Turk, MD	Allan Scholom, PhD	
Jennifer Wells, PhD	Peter Shabad, PhD	
Board Members Emeritus:	Vivian Skolnick, PhD	
Harris Berenbaum, PhD	Shirl Tarko-Halpern, LCSW	
Oliver Kerner, PhD, ABPP	Sandra Ullmann, PsyD	
Candidate Representatives to the Board:	Patrick Zimmerman, PsyD	
Scott Pytluk, PhD		
Nancy Peltzman, LCSW		
Administrative Director:		
Toula Kourliouros-Kalven		
Advisor:		
Tom Ullmann, MBA, PhD		
Accounting Firm:		
Shearer Warner, Michael R. Rosato, CPA		

COMMITTEES

Curriculum Chairs: Adina Bayuk Keesom, PsyD and Sandra Ullmann, PsyD Members: Nancy Burke, PhD Marilyn Charles, PhD Gila Ofer, PhD Scott Pytluk, PhD	Fellowship Chairs: Julia Brown, PhD Sandra Ullmann, PsyD Members: Robert Feldman, MA, LCSW Adina Bayuk Keesom, PsyD Psychoanalytic Psychotherapy Program Chair: Adina Bayuk Keesom, PsyD Members: Nancy Burke, PhD Natalia Yangarber-Hicks, PhD Jessica Wall, LCSW Lecture Series: Adina Bayuk Keesom, PsyD Inbar Greenfeld-Tairy Toula Kourliouros-Kalven Sandra Ullmann, PsyD	Public Relations and Outreach: Inbar Greenfeld-Tairy Professional Policy and Affairs: Allan Scholom, PhD Website: Alex Graham Sandra Ullmann, PsyD Continuing Education: Lorel Greene, PhD Tracy Gilmore, LCSW Nancy Peltzman, LCSW, MA
Progression Chair: Steve Vogelstein, LCSW Members: Lucy Freund, PhD Peggy Gillispie, LCSW Sandra Ullmann, PsyD		
Ethics Chair: Jonathan Speigel, LCSW		

5. **Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.** The Chicago Center for Psychoanalysis offers a course of study leading to certification in psychoanalysis. Requirements for certification include the completion of thirty [30] theoretical seminars, three years of clinical case seminars, two or three supervised analyses, a personal analysis, and a final integrative graduation project. The sequence of education and training in the theory and practice of psychoanalysis is as follows:

ELEMENTS OF THE TRAINING PROGRAM

Theoretical and Clinical Case Seminars

The CCP curriculum is designed to provide courses and seminars in a systematic manner for completion over a period of five or more years. Because contemporary psychoanalysis, irrespective of variations in its current practice, rests solidly upon the foundation of Freud's thought, candidates are expected to take a minimum of two courses focused on Freud's seminal writings. The teaching of contemporary approaches to psychoanalysis, such as object relations, self-psychological, Kleinian, developmental and attachment theories, as well as inter-subjective, relational and feminist approaches, builds upon this classical foundation.

Courses are usually presented in one of two twelve-hour formats: a weekly or biweekly two-hour meeting, generally in the evening, with local faculty; or an intensive three-day weekend seminar for which instructors especially qualified in their subject matter are invited to Chicago to teach. The weekend courses usually meet for two hours on a Friday evening (7-

9pm), six hours on Saturday (9am-1pm, lunch from 1-2:30pm, class continuing 2:30-4:30pm) and four hours on Sunday morning (9am-1pm). In both formats, classes usually involve discussion of assigned readings and related clinical material.

The Certificate Program requires the completion of 30 seminars, including one seminar in each of the following topics: the Opening Phase of Analysis, the Middle and Termination Phases, Transference/counter-transference, Development, and Ethics. These courses will not be offered every year, and candidates should plan accordingly. Individual tutorials can be arranged when necessary.

In addition to the 30 seminars, candidates must complete three years of case conference seminars, two or three supervised analytic cases, a final graduation project, and a personal analysis.

Candidates may begin their coursework immediately upon acceptance into the program. They must enrol in a minimum of three courses per year. Given the quality of CCP candidates, performance is evaluated on the basis of attendance only; no grades are given. CCP course offerings are determined by the Curriculum Committee, which consists of graduates, candidates and CCP Board members.

Supervised Cases and Supervision

Candidates locate analytic cases through outside or CCP referral, or through the conversion of existing psychotherapy cases. Candidates must complete a total of 820 clinical hours and may choose to work with either two or three cases. If a candidate chooses to focus on two cases, a minimum of 410 hours is required per case. If a candidate chooses to focus on three cases, a minimum of 273 hours per case is required.

Candidates are required to complete a total of 180 supervisory hours. If the candidate chooses to focus on two cases, the minimum required number of hours for each is 90. If the candidate focuses on three cases, the minimum number of required supervisory hours for each of the first two cases is 70, with 40 hours required for the third case.

Supervisors, who must be certified analysts, are chosen by the candidate. While the first supervisory experience must be in person, candidates may opt for telephone or SKYPE communication with supervisors from all over the world. It is expected that candidates have supervision with two or three different psychoanalysts.

Before beginning a supervised case, candidates are required to take one seminar on the Opening Phase of Analysis and must have completed at least one year of a personal analysis and one year of didactic work.

Prior to beginning a supervised case, candidates are asked to meet with their Progression Advisors. It is the candidate's responsibility to contact the Progression Committee/Advisor to arrange for this discussion.

Once the required hours have been met, all candidates are required to consult monthly with a supervisor or analyst colleague of their choice regarding their ongoing clinical work with each training case, unless that case is attended to in formal supervision, even when the minimum requirements for patient contact and individual supervision have been completed.

Personal Analysis

Each candidate is expected to have completed a minimum of two years of personal analysis or at least two years of psychoanalytic psychotherapy prior to admission to the program. Applicants accepted into the program without a completed or ongoing analysis must make a commitment to start personal psychoanalytic work during the first year of class work. It is assumed that candidates will use their personal analyses to inform their course work and clinical practice, and that they will continue their personal analyses as they see fit over the course of their training. Once candidates are accepted into the program, their personal analyses are considered strictly their private concerns. Inquiries on the part of CCP regarding the candidate's personal analysis are based only on the need to know that the candidate has begun the work and will take seriously this personal requirement.

The Evaluation of Progression

Progression, as a process, is developmental in nature, expectably revealing a widening understanding of psychoanalytic concepts and an increasing comfort and proficiency in technique. CCP takes seriously its responsibility to evaluate and monitor a candidate's process, relying primarily on three occasions: first, at the time of admissions, to evaluate an individual's potential for success in the training program; second, when a candidate begins a supervised analysis, to determine his or her readiness for a first or additional analytic responsibility; and third, when a candidate has met all the requirements for graduation, to assess his or her readiness for certification as a psychoanalyst under the auspices of CCP.

The criteria for evaluating CCP candidates arise directly from CCP's mission to educate and to facilitate each candidate's development by broadening his or her analytic sensitivities. The evaluation process is comprehensive and, at times, necessarily subjective, specific, and personal. A candidate's personal analysis, however, is not evaluated in any way, nor is the candidate's participation in coursework. Credit is granted on the basis of attendance during each 12-hour course. Under special circumstances, a minimum of 9 hours in attendance may be allowed for credit.

Each candidate's progression is documented through a series of reports, including case opening, closing, completion of clinical and supervisory hours, and an application for the final graduation project. In addition to these reports, which document the candidate's progression through the training program, there are two additional reports required for each active supervised case. First, each supervisor completes a simple annual report with comments on the candidate's progress. Second, following the completion of 100 clinical hours and, again after 200 hours, the candidate writes a clinical report, descriptive and narrative in format. This procedure is required for each of the three supervisory cases.

It is the hope of the Progression Committee that the writing of these reports and the subsequent discussion between candidate and supervisor will further the candidate's personal and professional growth. This annual requirement reflects CCP's belief in its responsibility to participate in the educational process of every candidate, just as it wishes to provide a serious curriculum of study.

All forms and guidelines for the annual reports are available for download and printing through the Members Area of the CCP website. Directions for submission of the reports are also included.

The Integrative Graduation Project

This concluding project, generally undertaken following the completion of the other requirements, represents the integrative culmination of the candidate's training. Because it is intended to offer the candidate the opportunity to create an optimal educational experience, there is considerable flexibility as to its format. Thus, the final project may take the more traditional form of a case presentation, an article, essay, or research study; or it may be created in an alternative format. This project serves as an indication of the candidate's ability to contribute to the professional world. The final proposal and project must be reviewed by a committee of three psychoanalysts chosen by the candidate from among current and past board members, supervisors, faculty, and graduates of CCP. Upon completion and approval by the committee, candidates are invited to present their projects to the CCP Community.

6. **Do you require at least one year of full-time training (or the equivalent thereof) at your institution? (enclose documenting policy statement):** Yes. While prior study at a different psychoanalytic institute does not preclude one from completing their education and training at the Chicago Center for Psychoanalysis [CCP], certain graduation requirements constitute assurances that the faculty will have the opportunity to carefully review the candidate's readiness to practice psychoanalysis as a graduate of the CCP. By design, the education and training sequence in psychoanalysis occurs over several years. It is highly unusual for this to be accomplished in four years. Average times to completion of the certificate are generally between six-to-eight years after post-terminal degree, post-licensure admittance to a psychoanalytic institute. The CCP is no different in this regard. Graduation requirements, are as follows:
1. Accumulation of 36 credit hours.
 2. Analyses of three patients, with each analysis lasting at least 280 consecutive hours, meeting at least three times per week.
 3. Completion of at least 70 hours of supervision for each of the three cases.
 4. Completion of an integrative graduation project and its review by a three-member committee of psychoanalysts chosen by the candidate from among current or past board members, graduates, and supervisors.

Applicants with previous psychoanalytic institute education and training experience must follow the noted admission process:

Applicants with previous psychoanalytic training from other psychoanalytic institutes should follow the admissions requirements and procedures as stated above, but include, if relevant, the following:

1. A request to waive specific requirements for training, with a description of the experience to be credited.
2. Documentation of previous supervised cases.
3. A transcript for previously completed psychoanalytic course work. This transcript must be prepared by the institution where the training was obtained, signed by the authorized personnel, and stamped with the seal of the school or notarized. Two of the applicant's three reference letters should address the applicant's previous academic and clinical work.

7. Describe the education and training provided to the post-doctoral candidates in the program. See above. ALL education and training toward receipt of the certificate of psychoanalysis is at the post-doctoral level, post-licensure level. That is, candidates in psychoanalytical training must be licensed mental health professionals, post-terminal degree in their host disciplines [psychology, psychiatry, social work, psychiatric nursing] in order to be admitted for candidacy for certification in psychoanalysis. Note the following from the ‘Admissions Requirements’:

The Chicago Center for Psychoanalysis [CCP] attempts to offer psychoanalytic training to the greatest number and variety of qualified applicants. Thus, its admissions requirements are deliberately both flexible as to prior organizational recognition and experience as well as stringent in regard to clinical competence. Requirements include:

1. State licensure in a mental health field, e.g., Ph.D., Psy.D., M.D., LCSW, LCPC.
2. Coverage by valid and current malpractice insurance.
3. Clinical experience beyond licensure in psychoanalytic psychotherapy.
4. Two years of personal psychoanalytic psychotherapy or one year of a personal psychoanalysis.

Once accepted, candidates who have not begun a personal analysis must do so before the beginning of their first CCP class. We encourage interested applicants who do not fully meet all of these requirements to consult with us about future participation in CCP.

Program Two

Name of Program: Derner Institute of Advanced Psychological Studies - Psychoanalysis

Address: Hy Weinberg Center, Room 302, 1 South Avenue, Post Office Box 701

City/State/Zip: , Garden City, NY 11530-0701

Contact Person: Mary Beth Cresci, Ph.D., ABPP, Director of Postgraduate Programs in Psychoanalysis & Psychotherapy

E-mail address: cresci@adelphi.edu

Telephone No.: 516-877-4800

Website: derner.adelphi.edu

APA Accreditation: No

1. Provide evidence that your program, regardless of setting:

(a) Maintains a psychology faculty

TEACHING AND SUPERVISING FACULTY

William Allured, Ph.D. Adjunct Faculty

Andrew J. Karpf, Ph.D. Director of the Training Program in Psychoanalytic Supervision Adjunct Faculty

Arthur Baur, LCSW Adjunct Faculty

Richard Billow, Ph.D., ABPP Adjunct Faculty

Jani Klebanow, Ph.D. Adjunct Faculty

Joyce Bloom, Ph.D. Adjunct Faculty

Mary Ellen McMahon, LCSW Adjunct Faculty

Albert J. Brok, Ph.D. Adjunct Faculty

Robert Mendelsohn, Ph.D., ABPP Professor

<u>Joseph Cattano, Ph.D., LCSW Adjunct Faculty</u>	<u>Robin Y. Mendelsohn, Ph.D. Adjunct Faculty</u>
<u>Richard Cohen, LCSW, B.C.D. Adjunct Faculty</u>	<u>Helene Morse, Ph.D. Adjunct Faculty</u>
<u>Mary Beth M. Cresci, Ph.D., ABPP Director of Postgraduate Programs Adjunct Faculty</u>	<u>Seymour Moscovitz, Ph.D. Adjunct Faculty</u>
<u>Andrew M. Eig, Ph.D. Adjunct Faculty</u> <u>Robert A. Farrell, Ph.D., ABPP Adjunct Faculty</u>	<u>Joseph W. Newirth, Ph.D., ABPP Professor</u>
<u>Arline Fireman, Ph.D. Adjunct Faculty</u>	<u>Joan P. O'Donnell, Ph.D. Adjunct Faculty</u>
<u>Irene S. Gillman, Ph.D., ABPP Adjunct Faculty</u>	<u>Michael O'Loughlin, Ph.D. Professor</u>
<u>Gail Grace, LCSW Adjunct Faculty</u>	<u>Estelle R.G. Rapoport, Ph.D. Adjunct Faculty</u>
<u>Shelley Haber, LCSW Adjunct Faculty</u>	<u>Mark Sammons, Ph.D. Adjunct Faculty</u>
<u>Richard R. Hansen, Ph.D., ABPP Adjunct Faculty</u> <u>Jack Herskovits, Psy.D. Director of Postgraduate Psychotherapy Center and Coordinator of Extension Programs</u>	<u>Ionas Sapountzis, Ph.D. Associate Professor</u>
<u>Jonathan Jackson, Ph.D. Director of Clinical Training Director of the Center for Psychological Services</u>	<u>K. Mark Sossin, Ph.D. Adjunct Faculty</u>
<u>Lawrence Josephs, Ph.D., ABPP Professor</u>	<u>M. Lisa Stern, Ph.D. Adjunct Faculty</u>
	<u>Matthew J. Tedeschi, Ph.D. Adjunct Faculty</u>
	<u>Bruce M. Tuchman, Ph.D. Adjunct Faculty</u>
	<u>Lawrence Wetzler, Ph.D. Adjunct Faculty</u>
	<u>Denise Zalman, LCSW Adjunct Faculty</u>
	<u>Michael D. Zentman, Ph.D. Director, Couple Therapy Adjunct Faculty</u>

(b) Provides opportunities for scholarly inquiry and practice by the faculty: Faculty, including visiting faculty – provide formal presentations as well as teaching, which are announced to the New York City area mental health professions community. The Derner Institute Psychoanalysis also sponsors various study groups, encouraging participation of faculty and candidates, (e.g., a support group in psychoanalytic research and writing).

(c) Provides support for trainees to encourage and expand learning opportunities beyond course work: Opportunities are provided for candidates' presentations. The Derner Institute for Psychoanalysis sponsors study groups encouraging participation of faculty and candidates, (e.g., support group in psychoanalytical research and writing; mentorship program for individual consultation with senior psychoanalysts in specific areas of psychoanalytical treatment).

2. Provide evidence from your program that published descriptions of the program's specify whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. The descriptions below of the program and its

requirements clearly mark the Derner Institute for Psychoanalysis as a program whose graduates qualify for the ABPP in psychoanalysis through the criteria approved by CRSPPP, as developed by the American Board and Academy of Psychoanalysis (ABAPsa).

3. Indicate by document and page number where your program is clearly identified as a specialty psychology program whose intent is to educate and train psychologists in the specialty. As outlined on the Derner Institute website, this postgraduate program provides a comprehensive and in-depth study of classical psychoanalysis, British and American object relations, self-psychology, inter-subjective, and contemporary relational and interpersonal psychoanalytic approaches to treatment. Courses in theory are complemented by case seminars that focus on the therapeutic techniques of each theoretical approach. Candidates integrate psychoanalytic theory with their clinical experience and increase their self-understanding and professional growth through personal analysis.

4. Enclose an organizational chart describing the administrative relationship of the program with other units within the organization (e.g., College/Division/Department/Program/Specialty) Indicate lines of authority for both academic decision making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority. Please see information provided in Section 1., a.

5. Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.

Course Work Plan of Study for Psychoanalysis

Year One

First Quarter	
<u>PST 911</u>	Foundations Of Psychoanalysis I: Trauma Psychopathology & Sexuality
<u>PST 921</u>	Principles of Psycho-Analytic Technique I: The Opening Phase of Treatment
Second Quarter	
<u>PST 912</u>	Foundations of Psychoanalysis II: Theories of the Mind, Unconscious Processes I
<u>PST 922</u>	Principles of Psycho-Analytic Technique II: Working With the Unconscious
Third Quarter	
<u>PST 962</u>	Defenses, Resistance & Impasses
<u>PST 914</u>	Foundations of Psychoanalysis III: Structural Theory & Object Relations
Fourth Quarter	
<u>PST 919</u>	Transference & Counter-Transference
<u>PST 961</u>	Psychoanalytic Models Of Dev. Early Dev. & Attachment Theory

Year Two

First Quarter	
PST 913	British Object Relations I (Klein, Fairbairn, Guntrip)
PST 901	Working with Severe Psychopathology (Personality Disorders, Psychoses)
Second Quarter	
PST 915	British Object Relations II (Winnicott, Fairbairn, Guntrip)
PST 902	Case Conference in Object Relations
Third Quarter	
PST 916	Object Relations III: (Contemporary Kleinians)
PST 958	Unconscious Processes II: Dreams
Fourth Quarter	
PST 956	Contemporary Freudians (ego psychologists and beyond)
PST 903	Case Conference in Contemporary Freudian Psychoanalysis

Year Three

First Quarter	
PST 923	Interpersonal Psychoanalysis (Sullivan, Fromm, Horney, Levenson)
PST 924	Case Conference in Interpersonal Psychoanalysis
Second Quarter	
PST 928	Self Psychology
PST 950	Ethics in Psychoanalysis
Third Quarter	
PST 927	Intersubjectivity (Stolorow, Atwood, etc.)
PST 904	Case Conference in Self Psychology and Intersubjectivity
Fourth Quarter	
PST 917	American Relational Psychoanalysis (Mitchell, Aron, Davies, Benjamin, etc.)
PST 920	Transference-Countertransference II

Year Four

First Quarter	
PST 969	Postmodern Psychoanalysis: Lacan
PST 950	Elective: Working with Perversions
Second Quarter	

PST 908	Integrating Theory and Practice
PST 906	Case Conference in Current Relational Approaches
Third Quarter	
<u>PST 950</u>	Elective: Working with Trauma and Dissociation
PST 950	Elective: Embodiment and Disembodiment (Addictions, Eating Disorders, Psychosoma)
Fourth Quarter	
PST 950	Current Controversies in Psychoanalysis
PST 909	Integrating Treatment Modalities: Child, Family, Couples & Group

6. Do you require at least one year of full-time training (or the equivalent thereof) at your institution? Yes, Four (4) years or more.

7. Describe the education and training provided to the postdoctoral candidates in the program. All training in Psychoanalysis for psychologists is at the postdoctoral level. Please see information provided in previous sections.

Program Three

Name of Program: New York University Postdoctoral Program in Psychoanalysis

Address: 240 Greene Street, Third Floor

City/State/Zip: New York, NY 10003

Contact Person: Lewis Aron, Ph.D., ABPP, Director, Postdoctoral Program

E-mail address: lew.aron@nyu.edu

Telephone No.: 212-998-7890

Website: postdocpsychoanalytic.as.nyu.edu

APA Accreditation: No

1. Provide evidence that your program, regardless of setting:

(a) Maintains a psychology faculty

Faculty

ALPHABETICAL LISTING

NOTE: * = *Clinical Consultant/Supervisor*

A

Michael Vannoy Adams Abby Adams-Silvan* Lois Adler* Judith Alpert* Maxine Antell-Buckley* Lewis Aron* Alvin Atkins* Galit Atlas (Koch) Jillen Axelrod*

B

Sheldon Bach* **Anthony Bass*** **Beatrice Beebe** **Jessica Benjamin*** **Anni Bergman*** **Martin Bergmann** **Sharone Bergner** **Emanuel Berman*** **Mark Blechner** * **Christopher Bonovitz*** **Steven Botticelli** **Ghislaine Boulanger** **Philip M. Bromberg***

C

Monica Carsky Velleda Ceccoli* Carolyn Clement* Willa Cobert* Barry Cohen* Allan Cooper* Ken Corbett* Pamela Crabtree*

D

Rachelle Dattner* Jody Davies* Harold B. Davis* Ann D'Ercole* Muriel Dimen* Lisa Director Leanne Domash* Jack Drescher* Andrew Druck* Barbara Dusansky*

E

Morris Eagle Darlene Ehrenberg* Milton Ehrlich* Michael Eigen* Carolyn Ellman* Steven Ellman* Dan Epstein* Elke Epstein* Mark Epstein

F

Judith Feher-Gurewich Paul Feinberg* Kenneth Feiner* Robert Fiore* Elsa First* Jack Foehl James Fosshage* Rose Marie Perez Foster Jay Frankel*

G

Helen K. Gediman* Jill Gentile* Katie Gentile Mark Gerald* Mary-Joan Gerson* Stefanie Solow Glennon* Helaine Gold* Judy Gold* Franklin Goldberg* Virginia Goldner George Goldstein* Elizabeth Goren* Stanley Grand* Sue Grand* Andrea Greenman* Bruce Grellong* Carolyn Grey* Robert Grossmark* Ruth Gruenthal* Mark Grunes*

H

Adrienne Harris* Elizabeth Hegeman* Susan Herman* Anita Herron* Daniel Hill Irwin Hirsch* Irwin Z. Hoffman Marie Hoffman Elizabeth Howell Marvin Hurvich*

I

Sheldon H. Itzkowitz*

K

Emmanuel Kaftal* Margery Kalb Eva Kantor* Anita Weinreb Katz* Gil Katz* Robert Katz Danielle Knafo* Steven Knoblauch* Brian Koehler Elliot Kronish Naama Kushnir-Barash Lynne Kwalwasser* Jay Kwawer*

L

Frank Lachmann* Jo Lang* Benjamin Lapkin* Judith Lasky* Richard Lasky* Louis Lauro* Lynn Leibowitz* Edgar Levenson* Edwin Levy* Marsha Levy-Warren* Mary Libbey* Paul Lippmann Joan Lish* Barbra Locker*

M

April Martin* Thomas Menaker* Dolores Morris* Michael Moskowitz Seymour Moscovitz* Muriel Morris Susan Mulliken*

N

Gilead Nachmani* Martin L. Nass* Joseph Newirth*

O

Wendy Olesker* Katherine Oram* Donna Orange Spyros Orfanos*

P

Lynn Passy* Jean Petrucelli Fred Pine* Craig Polite* Marcia Pollak* Robert Prince*

R

Therese Ragen Bruce Reis Sophia Richman* Debra Rothschild Sergio Rothstein*

S

Jeremy Safran Jill Salberg* Andrew Samuels Zeborah Schachtel* Barbara Schlachet* Stephen Seligman Sue Shapiro* Michael Shoshani* Howard Siegel* Mark Silvan* Doris Silverman* Neil Skolnick* Phyllis Sloate* Joyce A. Slochower* Stephen Solow* Joyce Steingart* Donnel Stern* Melanie Suchet Barbara Suter

T

Aaron Thaler* Nina Thomas* Cheryl Thompson* Steven Tublin Jane Tucker* Isaac Tylim*

V

Michael Varga* Neal Vorus

W

Paul Wachtel Susan Warshaw* Barbara Waxenberg* Sara Weber* Kathleen White* Warren Wilner* Jeanne Wolff-Bernstein David Wolitzky*

Y

Daniel Yalisove

Z

Lawrence Zelnick* Joan Zuckerberg*

NOTE: * = *Clinical Consultant/Supervisor*

RETIRED FACULTY

Joan Bardach Sabert Basescu Bruce Bernstein Edward Gaughran Edwin Kasin George Kaufer Paul Kessel Norma Simon

(b) Provides opportunities for scholarly inquiry and practice by the faculty. Faculty, including visiting faculty – provide formal presentations as well as teaching, which are announced to the New York City area mental health professions community. The New York University Postdoctoral Program in Psychoanalysis also sponsors various study groups, encouraging participation of faculty and candidates, (e.g., a support group in psychoanalytic research and writing).

(c) Provides support for trainees to encourage and expand learning opportunities beyond course work. Opportunities are provided for candidates' presentations. The New York University Postdoctoral Program in Psychoanalysis sponsors study groups encouraging participation of faculty and candidates, (e.g., support group in psychoanalytical research and writing; mentorship program for individual consultation with senior psychoanalysts in specific areas of psychoanalytical treatment.

2. Provide evidence from your program that published descriptions of the program's specify whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. The descriptions below of the program and its requirements clearly mark the NYU Postdoctoral Program in Psychoanalysis as a program whose graduates qualify for the ABPP in psychoanalysis through the criteria approved by CRSPPP, as developed by the American Board and Academy of Psychoanalysis (ABAPsa).

3. Indicate by document and page number where your program is clearly identified as a specialty psychology program whose intent is to educate and train psychologists in the specialty.

Psychoanalytic Training

The New York University Postdoctoral Program in Psychoanalysis ("Postdoc") is a vibrant, engaging community that values psychoanalytic pluralism, ongoing dialogue among the various psychoanalytic traditions, and respect for the candidate in analytic training as a mature adult, accomplished clinician and scholar. We have always believed that the best setting in which to pursue psychoanalytic training incorporating these principles is at a university with an established tradition of intellectual inquiry, freedom of thought, interdisciplinary exchange, and a commitment to research. Our Psychoanalytic Training Program offers a diverse curriculum including Contemporary Freudian, Interpersonal, Relational, and Independent orientations, and is unique in offering comprehensive training in each of these approaches. Candidates in psychoanalytic training are encouraged to sample courses and supervisors from each of the orientations although they are also free to concentrate in any one of them. Each orientation features an internationally known teaching faculty and outstanding clinical supervisors who have made a significant contribution to the field of psychoanalysis. Currently, with over 600 graduates, Postdoc is not only the largest psychoanalytic training program in New York, but in the entire country, and also offers Advanced Specialization in Trauma Studies and Couple & Family Therapy. The Postdoctoral Program was the first psychoanalytic training program to be fully accredited by The Accreditation Council for Psychoanalytic Education Inc.

4. Enclose an organizational chart describing the administrative relationship of the program with other units within the organization (e.g., College/Division/Department/Program/Specialty) Indicate lines of authority for both academic decision-making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority. Please see information provided in Section 1., a.

5. Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.

Certification Requirements

COURSEWORK

Candidates must satisfactorily complete 36 points of coursework, chosen with the guidance of faculty from among the Program's diverse areas of study. Enrollment in a minimum of two credit points per semester is required. New students are required to register for a seminar specially designed for entering students in their first semester; all other courses may be chosen from the Program's extensive list of course offerings. The program affords candidates the opportunity to study with faculty representing major orientations in psychoanalytic theory and practice. Students are therefore encouraged to take courses reflecting differing points of view and to work with supervisors who have diverse theoretical approaches. However, since some individuals apply to the Program so that they may work within one orientation, the Program provides several options: The student may select a systematic course of study in a Contemporary Freudian, an Interpersonal, or a Relational orientation. Alternatively, the student may choose to combine courses from the three orientations, as well as courses not aligned with any particular one (Independent). The curriculum thus fosters an intellectual community in which theoretical diversity may thrive and a rigorous comparative psychoanalysis is encouraged.

CLINICAL REQUIREMENTS

The candidate is required to treat two patients for 200 hours each, for a total clinical requirement of 400 hours. Such treatment must be done under supervision, with patients provided through our psychoanalytic clinic. 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. In performing the clinic requirement, students are expected to follow all guidelines outlined in the Postdoctoral Clinic's policy and procedures manual, which is updated regularly. Students write progress reports on their clinic patients toward the end of each academic year.

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 on a different day of the week and must be at least 45 minutes in duration. 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 training analyst must have had, at the commencement of the candidate's analysis, five years of experience following graduation from an analytic training program. 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.

EVALUATION

Candidates are evaluated by faculty following completion of each course, and by Clinical Consultants following each supervisory experience. Candidates' progress is monitored by the Progression Committee, which may require a candidate to complete additional coursework, consultation, clinical experience, or personal analysis.

NYU Postdoc's **Ethics Committee** offers educational and consultation services in ethical matters

to the Postdoctoral faculty and candidates. Ethical dimensions and dilemmas that may arise in the course of all aspects of professional practice, including supervision, treatment and teaching, are considered. The committee is available for informal consultation, presentation and investigation of formal complaints--possibly leading to a resolution of the complaint. Any faculty member or candidate may contact one of the co-chairs or any other member of the committee to arrange for an informal consultation or to initiate a more formal investigation. For more information, please contact the Committee Chair, Dr. Elizabeth Goren.

Courses

Areas of Study:

- History & Development of Psychoanalysis
- Clinical Case Seminars
- Clinical Treatment of Specific Disorders
- Study & Clinical Use of Dreams
- Comparative Psychoanalysis
- Psychoanalytic Theory & Technique
- Cultural, Political, & Spiritual Issues
- Gender & Sexuality
- Development & Life Span Issues
- Infancy & Psychoanalysis

Introduction to Contemporary Psychoanalysis: Theory, Practice, and Ethics

(PDPSA.4547) **Instructors:** Mary-Joan Gerson & Elizabeth Goren & Jill Salberg

To introduce first-year Postdoctoral students to the wide range of theoretical and clinical orientations that constitute the world of contemporary psychoanalysis. This course will serve as an introduction to the diverse perspectives that are taught in the NYU Postdoctoral Program by exposing students to the key ideas and concepts, the historical development, and the clinical approach of each of the major orientations or schools. Ethical considerations relevant to psychoanalytic practice will be emphasized. (Ethics component of the course)

Writing Psychoanalytically (PDPSA.4553) **Instructor:** Steven Knoblauch

This course is designed to be taken concomitant with any other course in the Postdoctoral Program or as an independent study project. It serves as an opportunity to write about a particular topic or question either emerging within another course taken at the same time as this course, or as an independent writing project. It is unique to the program as it offers six classes in which candidates are able to compare and contrast their writing over time and with each other.

Psychoanalytic Supervision (PDPSA.4543) **Instructor:** Helen Gediman

This course reviews the present state of psychoanalytic thinking on the supervisory process with major emphases on the supervisory process in a climate of theoretical diversity and heterogeneity and the supervisory process as a triadic system with multiple

interactions as the focus. Readings and clinical presentations by students are utilized to illustrate the main issues being studied.

THE HISTORY & DEVELOPMENT OF PSYCHOANALYSIS FOCUSING ON SPECIFIC CONTRIBUTORS: Selected Topics (PDPSA.4580)

As in the humanities, and unlike some sciences, psychoanalysis must be studied historically. Whatever one's current point of view, a well-educated analyst must have a solid understanding of Freud's contributions and texts as well as those of other significant contributors. Often the contributions of seminal psychoanalytic writers must also be studied in conjunction with their school of thought. This course teaches students the theory and practice of psychoanalysis through a study of notable individuals' contributions, developmentally and historically, as well as by studying the historical development of specific schools of thought. In various semesters or in different sections this course will focus on one contributor or tradition.

The Evolution of Freud's Thought I, 1895-1915

Instructor: Danielle Knafo

The Evolution of Freud's Thought II, 1915-1937 **Instructor:** Elliot Kronish

The Evolution of Interpersonal Psychoanalysis: From Ferenczi, Sullivan and Fromm to Contemporary Psychoanalysis **Instructors:** Ann D'Ercole & Barbara Suter

Psychoanalytic History and Changes in Technique: The Place of Interpretation in the Therapeutic Process **Instructor:** Martin Bergmann

The Contemporary Kleinians of London **Instructor:** Naama Kushnir Barash

Melanie Klein and Wilfred Bion **Instructor:** Michael Eigen

Sandor Ferenczi and Relational Psychoanalysis **Instructor:** Jay Frankel

British Object Relations Theory: Fairbairn and Guntrip **Instructor:** Neil Skolnick

Winnicott: The Evolution and Impact of His Work **Instructor:** Joyce Slochower
Jungian Ways of Working with Images: Interpretative and Experiential Techniques
Instructor: Michael Vannoy Adams

Hans Loewald and the Emergence of Contemporary Freudian Psychoanalysis
Instructor: Seymour Moscovitz

Introduction to the Work of Jacques Lacan **Instructor:** Jeanne Wolff-Bernstein

CLINICAL CASE SEMINARS — THE PSYCHOANALYTIC RELATIONSHIP: Selected Topics (PDPSA.4581)

Case seminars and careful, detailed monitoring of psychoanalytic process over time are among the hallmarks of clinical psychoanalytic education. This course encourages students to present their own clinical work in detail over time working with feedback from other students and with the guidance of faculty. Depending on the semester or section the focus may be on treatment from a particular theoretical slant or on specific aspects of the treatment.

Clinical Seminar in Psychoanalytic Process **Instructor:** Philip Bromberg

Clinical Seminar in Self Psychology **Instructor:** Ruth Gruenthal

Clinical Case Seminar--Doing the Work: The Experience of Analyst and Patient
Instructor: Barbra Locker

Clinical Case Seminar **Instructor:** Jessica Benjamin

The Analytic Relationship: Case Seminar and Clinical Theory **Instructor:** Anthony Bass

Case Seminar on the Non-Transference Psychoanalytic Treatment Relationship
Instructor: Mark Grunes

Countertransference: A Clinical Seminar **Instructor:** Irwin Hirsch

Working at the "Intimate Edge" **Instructor:** Darlene Ehrenberg

Countertransference in Working with Trauma **Instructor:** Nina Thomas **Continuous Case Seminar: Problems in Early Integration and the Holding Environment** **Instructor:** Aaron Thaler

Clinical Case Seminar: How Different Theoretical Approaches Inform the Analyst's Direct Clinical Experience with Patients **Instructor:** Warren Wilner

CLINICAL TREATMENT OF SPECIFIC DISORDERS: Selected Topics (PDPSA.4582)

The psychotherapist and psychoanalyst must learn to tailor the treatment to the needs of the individual patient. One factor in individualizing treatment is to take into account diagnostic considerations and various dimensions of psychopathology. This course introduces students to current, sophisticated thinking about how psychoanalysis works with various styles of personality and forms of pathology. Each semester or section will focus on a different category or personality style taught from one or more theoretical perspectives.

Narcissistic States and the Therapeutic Process **Instructor:** Sheldon Bach

Treatment of Depressive Conditions **Instructor:** Martin Nass

Adult Survivors of Childhood Sexual Abuse **Instructor:** Judith Alpert

Psychoanalytic Psychotherapy with the Person with Psychotic Processes **Instructor:** Brian Koehler

Neurotic Personality Organization **Instructor:** *TBA*

Treatment of the Difficult Patient **Instructor:** Richard Lasky

Treatment of Borderline and Narcissistic Disorders **Instructor:** Isaac Tylim

Selected Issues in Trauma Studies **Instructors:** Judith Alpert, Robert Prince, Nina Thomas, & Isaac Tylim

Repetitive Painful States **Instructor:** Elliot Kronish

Shame and Narcissism: Developmental Issues and Clinical Approaches **Instructor:** Mary Libbey

Psychoanalytic Perspectives on Addictive Disorders: Integrating Contemporary Theory and Traditional Treatment Approaches **Instructor:** Debra Rothschild

Adult Onset Trauma

Instructor: Ghislaine Boulanger

An Object Relations Theory Approach to Technical Challenges

Instructor: Monica Carsky

The Interpersonal Treatment of Eating Disorders

Instructor: Jean Petrucelli

Ghosts in the Consulting Room: A Seminar on Repetitive (Re)Enactments

Instructor: Margery Kalb

Clinical & Theoretical Issues in the Treatment of Pathological Dissociation & DID

Instructors: Elizabeth Howell & Sheldon Itzkowitz

Treating Forms of Catastrophic Anxiety in Analytic Work

Instructor: Marvin Hurvich

THE STUDY & CLINICAL USE OF DREAMS: Selected Topics (PDPSA.4583)

The origins of psychoanalysis go back to Freud's study of his own and his patients' dreams and to his first major work, *The Interpretation of Dreams*. This course introduces students to current theories of dreaming, empirical research on dreaming, and clinical work with dreams. Each semester or section will focus on a specific aspect of dreams, such as methodology for dream interpretation or comparative study of dream theories.

Working with the Unconscious: Unconscious Fantasies, Dreams, Free Association and Creativity **Instructor:** Danielle Knafo

Clinical Seminar on Dreams **Instructor:** Mark Blechner

Current Perspectives on Dreaming: Theory, Research and Practice **Instructor:** James Fosshage

COMPARATIVE PSYCHOANALYSIS: Selected Topics (PDPSA.4584)

Contemporary psychoanalysis is diverse and pluralistic, some might even say fragmented into various schools and theories. This course examines psychoanalytic theories and clinical practices using a model of “comparative psychoanalysis.” Theories and practices are examined historically, compared along the lines of theoretical and clinical issues, and compared for their implications in the treatment situation. Readings and course discussions add complexity and depth to the student’s sense of the contributions and limitations of each model for clinical practice.

Comparative Analysis of Major Contemporary Orientations **Instructor:** Warren Wilner

Comparative theories of Therapeutic Action **Instructor:** Irwin Hirsch

On Termination: Theoretical, Technical and Relational Considerations

Instructor: Jill Salberg

Inter-Orientation Case Seminar

Instructor: Barbara Dusansky

A Clinical Approach to Transforming Enactment

Instructor: Michael Varga

Comparing Models of Intersubjectivity from Different Theoretical Perspectives

Instructor: Steven Knoblauch

Relational Practice: An Integrative Psychoanalytic Perspective

Instructor: Paul Wachtel

Theoretical Pluralism and the Working Clinician

Instructor: Fred Pine

Comparative Models in Psychoanalytic Theory

Instructor: Steven Ellman

Embodied Experience in Psychoanalysis

Instructors: Katie Gentile, Steven Knoblauch, & Sue Shapiro

Transformations of Agency: Theory and Clinical Phenomenology

Instructor: Jill Gentile

Clinical Implications of the Cognitive Neuroscience Revolution

Instructor: Michael Moskowitz

Psychotherapy Integration: CBT & Psychoanalysis

Instructor: Jill Bresler

PSYCHOANALYTIC THEORY & TECHNIQUE: Selected Topics (PDPSA.4585)

This course focuses on the intricate and complex relationship between theory and clinical technique. How do we understand the psychoanalytic method? What are the technical implications of diverse theories? What is the relationship between theory and technique and when can theory aid or interfere in treatment? Each semester or section will examine a specific theory and its application in depth and detail.

Theory of Psychoanalytic Technique I Instructor: Andrew Druck **Theory of Psychoanalytic Technique II** Instructor: Andrew Druck **Relational Concepts: An Integrative Seminar** Instructor: Jody Davies **Fundamentals of the Psychoanalytic Situation** Instructor: Lisa Director **Introduction to Relational Models of Psychoanalysis and Their Implications for Treatment** Instructor: TBA

Self Psychology: Essential Contributions to the Relational Paradigm Instructor: Carolyn Clement

Relational Self Psychology: Evolving Theory and Clinical Guidelines (Self Psychology II) Instructor: James Fosshage **The Analysis of Conflict in Contemporary Psychoanalytic Theory and Practice** Instructor: Stanley Grand **Interaction in Psychoanalysis: Transference, Countertransference, and Enactment** Instructor: Gil Katz **Psyche-Soma and Soma-Psyche: The Foregrounded Body in Psychoanalytic Theory and Practice** Instructor: Sharone Bergner **Hate, Envy, and Destructiveness** Instructor: Sue Grand **Constructivism and the Psychoanalytic Situation** Instructor: Donnel Stern **Subjectivity and Intersubjectivity in Relational Psychoanalysis** Instructor: Bruce Reis

Dialectical Constructivism I Instructor: Irwin Z. Hoffman

Dialectical Constructivism II: New Frontiers Instructor: Irwin Z. Hoffman **Current Controversies in Psychoanalysis: Journal Club** Instructor: Lewis Aron **Regulation Theory: The Clinical Model** Instructor: Daniel Hill **Hermeneutics for Relational Psychoanalysis** Instructor: Donna Orange

Discipline & Freedom in Contemporary Interpersonal Technique Instructor: Steven Tublin

Moments of Meaning: The Widening Scope of Interpretive Intervention Instructor: Andrea Greenman

CULTURAL, POLITICAL, & SPIRITUAL ISSUES: Selected Topics (PDPSA.4586)

Psychoanalysis has been understood by some as a form of social ideology, influencing discourse

around power, gender, race and class. From this point of view, psychoanalysis itself can be critiqued as constructing and constraining such discourses. In addition, psychoanalysis is viewed as part of the larger mental health system, with all its social welfare and social control functions. But psychoanalysis can also function in service of social critique, as when it offers understandings of socio-economic-political structures that are concealed in the surface of ordinary discourses. These include the workings of power and privilege and how these are distributed along lines of race, social class, culture, gender, and sexual orientation. Each semester or section of this course will focus on various political, spiritual, and cultural issues.

Psychoanalysis and Politics Instructor: [Steven Botticelli](#) **More Than Personal: Political and Spiritual Dimensions of the Therapeutic Relationship** Instructor: [Andrew Samuels](#) **Race, Racism and Psychoanalysis** Instructor: [Marsha Levy-Warren](#) **Psychoanalysis and Buddhism** Instructor: [Sara Weber](#) **Dissociation and Cultural Forms** Instructor: [Elizabeth Hegeman](#)

Foundations of Intersubjectivity: An Introduction to the Philosophy that Grounds Relational Thinking Instructor: [Jack Foehl](#)

Psychoanalysis & Religious Narratives: The Christian Narrative
Instructor: [Marie Hoffman](#)

Psychoanalysis & Cultural Studies
Instructors: [Steven Botticelli](#) & [Katie Gentile](#)

GENDER & SEXUALITY: Selected Topics (PDPSA.4587)

Historically, aspects of psychoanalysis were rooted in 19th century cultural assumptions about sexuality and gender. Feminist critiques of those assumptions, both within the field and from psychoanalytic outsiders, have led to dramatic changes in psychoanalytic theory and practice. This course links the psychic and the social in the construction of gender and sexuality. Each semester or section will examine one aspect of this constellation in depth, focusing variously on gender, sexuality, feminism, and/or queer theory.

Bending Psychoanalysis: Psychoanalytic Approaches to LGBT Patients Instructor: [Ann D'Ercole](#) & [Jack Drescher](#) **Gender and Psychoanalysis** Instructor: [Virginia Goldner](#) **Sexuality in Relational Perspective** Instructor: [Muriel Dimen](#) **Advanced Seminar on Sexuality in Relational Perspective** Instructor: [Muriel Dimen](#)

The Power of Envy in Gender Development, Sexuality and Everyday Life Instructor: [Carolyn Ellman](#)

Comparative Perspectives on Sexuality: Theoretical & Clinical Perspectives Instructor: [Galit Atlas \(Koch\)](#)

DEVELOPMENTAL & LIFE SPAN ISSUES: Selected Topics (PDPSA.4588)

The genetic and epigenetic (developmental) points of view have long been important to

psychoanalysis. Classical theory began with a focus on the development of sexuality and the psychosexual stages, but soon analysts were studying the development of the sense of reality and a variety of developmental lines. This course examines various developmental perspectives in psychoanalysis, sometimes by observing young children and at other times retrospectively through the reconstruction of earlier life experience in adults. Some semesters and sections focus on infant research, some on later developmental phases, some on the clinical implications of developmental theory, and some on very specific developmental factors such as early loss or the family context.

Developmental Perspectives in Psychoanalysis: Infancy through Latency Instructor: Neal Vorus **Adolescence in Development & Adult Treatment** Instructor: Marsha Levy-Warren **Developmental and Lifespan Issues: Working Analytically in Light of New Research, New Theories, New Contexts** Instructor: Susan Warshaw **Developmental Issues in the Analytic Setting** Instructor: Adrienne Harris **Object Loss in Clinical Practice** Instructor: *TBA* **The Power of Envy in Gender Development, Sexuality, and Everyday Life** Instructor: Carolyn Ellman **Coupling: An Interpersonal Perspective on Adult Development and Intimacy** Instructor: Mary-Joan Gerson **The Developmental Lens and Adult Analytic Work** Instructor: Katherine Oram **Anxiety, Envy, Shame & the Developmental Process** Instructor: Christopher Bonovitz

INFANCY & PSYCHOANALYSIS: Selected Topics (PDPSA.4589)

The past several decades have seen an explosion of research on infancy, and the findings of infancy research have had a significant impact on psychoanalytic theory and practice. Psychoanalytic theory has itself influenced infancy research and infancy research has influenced psychoanalysis. Second-by-second analysis of face-to-face interactions between parent and infant have led to monumental changes in how we understand bodily and affect regulation as well as the early origins of relatedness and patterns of communication that continue to operate through the lifetime. Each semester or section of this course will explore recent developments in infancy research focusing on methodological considerations, theoretical and/or clinical implications.

Infant Research and Adult Treatment Instructor: Beatrice Beebe **Treating the "Difficult-to-Treat" Patient: Principles Derived from Infant Research** Instructor: Frank Lachmann **Babies in the Bathwater: Images of the Infant in Psychoanalysis** Instructor: Stephen Seligman

6. Do you require at least one year of full-time training (or the equivalent thereof) at your institution? Yes, Four (4) years or more.

7. Describe the education and training provided to the postdoctoral candidates in the program. All training in Psychoanalysis for psychologists is at the postdoctoral level. Please see information provided in previous sections.

Program Four

Name of Program: The Psychoanalytic Institute of Northern California

Address: 530 Bush Street, Suite 700

City/State/Zip: San Francisco, CA 94108

Contact Person: Gail Kaplan, Executive Director

E-mail address: gailkaplanpined@gmail.com

Telephone No.: 415-288-4050

Website: pincsf.org

APA Accreditation: No

1. Provide evidence that your program, regardless of setting:

(a) Maintains a psychology faculty

PINC Faculty and Committees

Committee	Members	Contact
Admissions	<i>Chair</i> – Maureen Murphy, PhD	pinc93@earthlink.net
	Victor Bonfilio, JD, PhD	
	Patricia Rosbrow, PhD	
	Dana Wideman, PhD	
Continuing Education	<i>Chair</i> – TBD	
	Carol Harrus, MD	
	David Sutherland, MD, PhD	
Credentials	<i>Co-Chair</i> – Diane Strongwater, MFT	dstrongh2o@yahoo.com
	<i>Co-Chair</i> – Dvora Honigstein, PhD, MFT	dvhonig@gmail.com
	Barbara Baer, PhD	
	Cindy Sachs, MFT, ABD	
	Joan Sarnat, PhD, ABPP	
	Judith Siegel, PhD	
	Kathy Sinsheimer, MFT	
	Mary Tennes, PhD	
Curriculum	<i>Chair</i> – Julie Leavitt, MD	juleavitt@gmail.com
	Martine Aniel, PhD	
	Victor Bonfilio, JD, PhD	
	Lisa Beritzthoff, MFT	
	Thomas Cohen, DMH	
	Stephen Hartman, PhD	
	Betsy Kassoff, PhD	
	Maureen Murphy, PhD	

	Angela Sowa, PsyD, MFT Dana Wideman, PhD Gail Kaplan (ex-officio)	
Development	<i>Chair</i> – Judith Katz, PhD Peter Straus, PsyD Bruce Weitzman, MFT	jkatzphd@comcast.net
Ethics	<i>Chair</i> – Barbara Baer, PhD Barbara Artson, PhD Judith Katz, PhD Thomasine McFarlin, PhD Diane Strongwater, MFT Billie Lee Violette, PsyD, LCSW	etobbaer@aol.com
Extra Curricular Education	<i>Chair</i> – Francisco Gonzalez, MD Reyna Cowan, PsyD, LCSW Antje Hofmeister, MFT Adam Kremen, PhD Scott Lines, PhD Scott Perna, PsyD Lee Slome, PhD Thomas Zurfluh, PsyD	f.j.g@comcast.net
Finance	<i>Chair</i> – Dennis Facchino, PhD, MFT Victor Bonfilio, JD, PhD Gail Kaplan, Executive Director	dennisfacchino@gmail.com
Graduation Papers	<i>Chair</i> – Alison Cabell, MFT Catherine Cavette, PhD Ann Langley, PhD, MFT	
IPA Liaisons	<i>Co-Chair</i> – Maureen Murphy, PhD <i>Co-Chair</i> – Charles Spezzano, PhD	pinc93@earthlink.net cjspezzano@gmail.com
Newsletter Editors	<i>Co-Chair</i> – Luca Di Donna, PhD <i>Co-Chair</i> Sharon Neuwald, DrPH Hugh Grubb, PsyD, MFT Judith Katz, PhD Ann Langley, PhD, MFT Nancy Trueblood, MFT	

Nominations	<i>Co-Chair</i> – Barbara Cohen, PsyD, MFT	bcohenpsyd@gmail.com
	<i>Co-Chair</i> – Andrea Walt, PhD	andreawalt1@gmail.com
	Carole Christensen, MFT (Candidate Rep)	
	John Conger, PhD	
	Susan Sands, PhD	

Progressions	<i>Chair</i> – Ralph Kaywin, DMH	ptialspace@comcast.net
	Barbara Baer, PhD	
	Robert Bartner, PhD, MFT	
	Barbara Blasdel, PhD	
	Peter Carnochan, PhD	
	Jane Christmas, PhD	
	Thomas Cohen, DMH	
	Cynthia Colvin, PhD	
	Dori Dubin, PsyD, LCSW, BCDP	
	Rosemary Ehat, MFT	
	Dennis Facchino, PhD, MFT	
	Josie Segal Gallup, PsyD, LMFT	
	Sue Haas-Lyon, PhD	
	Judith Katz, PhD	
	Terrance McLarnan, MFT	
	Maureen Murphy, PhD	
	Karen Peoples, PhD	
	Sabrina Pospisil, MFT	
	Cindy Sachs, MFT, ABD	
	Sue Saperstein, PsyD, MFT	
	Joan Sarnat, PhD, ABPP	
	Alice Shaw, PhD	
	Kathy Sinsheimer, MFT	
Elin Sowle, PhD		
Cornelia St. John, MFT		
Elizabeth Weisz, PhD		
Myra Wise, PhD		

Outreach and Public Information	<i>Co-Chair</i> – Dawn Farber, PsyD, MFT	rori4@comcast.net
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	Carol Cleland, MFT	
	Carole Christensen, MFT	
	Jane Christmas, PhD	
	Kali Hess, MFT	
	Nancy Levine Jordano, LCSW	
	Paula Mandel, PhD	
Referral Service	<i>Chair</i> – Jane Kenner, PhD	
	Orit Atzmon, PhD	
	James Meyers, MFT	
	Nancy Levine-Jordano, LCSW (Candidate Member)	
	Bruce Weitzman, MFT (Candidate Member)	
Special Events	<i>Chair</i> – Carol Harrus, MD	carol.harrus@gmail.com
Faculty Chair	<i>Co-Chair</i> – Peter Carnochan, PhD	
	<i>Co-Chair</i> – Stephen Hartman, PhD	
Administration	Gail Kaplan, Executive Director	gailkaplanpinned@gmail.com
	Tim Reznick Renner, Administrative Assistant	pincsf@gmail.com
	Delton Johnson, Administrative Assistant	delton.johnson@pincsf.org
Regional Training Center	Joseph Couch, PhD	jvrcouch@cox.net
	Martha Jo Marsh, LCSW	m.msw@sbcglobal.net
	Maureen Murphy, PhD	pinc93@earthlink.net
Ad Hoc Ethics Review Task Force	<i>Co-Chair</i> – Charles Brandes, PhD	cebrandes@comcast.net
	<i>Co-Chair</i> – Julie Leavitt, MD	juleavitt@gmail.com
	Barbara Baer, PhD	
	Jane Burka, PhD	
	Josie Segal Gallup, PsyD, LMFT	
	Sharon Karp-Lewis, PsyD, LCSW	
	Patty Rosbrow, PhD	
Angela Sowa, PsyD, MFT		
Group Process Task Force	<i>Co-Chair</i> Charles Brandes, PhD	cebrandes@comcast.net

Co-Chair – Francisco Gonzalez, MD	f.j.g@comcast.net
Paul Alexander, PhD	
Barbara Blasdel, PhD	
Robert Carrere, PhD, ABPP	
Josie Segal Gallup, PsyD, LMFT	
Carol Harrus, MD	
Bille Lee Violette, PsyD, LCSW	
Sue von Baeyer, PhD	
Robert Carrere, PhD, ABPP	
Josie Segal Gallup, PsyD, LMFT	
Carol Harrus, MD	
Bille Lee Violette, PsyD, LCSW	
Sue von Baeyer, PhD	

(b) Provides opportunities for scholarly inquiry and practice by the faculty. Faculty, including visiting faculty – provide formal presentations as well as teaching, which are announced to the San Francisco Bay area mental health professions community. The Psychoanalytic Institute of Northern California also sponsors various study groups, encouraging participation of faculty and candidates, (e.g., a support group in psychoanalytic research and writing).

(c) Provides support for trainees to encourage and expand learning opportunities beyond course work. Opportunities are provided for candidates’ presentations. The Psychoanalytic Institute of Northern California sponsors many area study groups encouraging participation of faculty, practicing psychoanalysts and candidates, (e.g., support groups in psychoanalytical research and writing and mentorship programs for individual consultation with senior psychoanalysts in specific areas of psychoanalytical treatment.

2. Provide evidence from your program that published descriptions of the program’s specify whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. The descriptions below of the program and its requirements clearly mark the Psychoanalytic Institute of Northern California as a program whose graduates qualify for the ABPP in psychoanalysis through the criteria approved by CRSPPP, as developed by the American Board and Academy of Psychoanalysis (ABAPsa).

3. Indicate by document and page number where your program is clearly identified as a specialty psychology program whose intent is to educate and train psychologists in the specialty.

Postdoctoral Training in Psychoanalysis

We believe that becoming a psychoanalyst involves both intellectual and personal learning and have designed our training program to support each candidate’s development of his or her own identity as a psychoanalyst within our diverse psychoanalytic community. Personal learning is centered around a candidates own analysis and individual supervision. The intellectual heart of

our training program is a comparative evaluation of the major contemporary and traditional models of psychoanalytic theory and practice. The studies foster open, ongoing dialogue and are informed by classical theories, relational, life span, developmental, and newly emerging perspectives. The Institute encourages a spirit of psychoanalytic inquiry, ferment, and critical thinking. We promote active, nonhierarchical collaboration among all segments of the Institute community — candidates, faculty, administration, and supervisors. We view this collaboration to be the most fruitful model for the pursuit of learning. This principle is applied in all facets of the Institute’s life, from educational philosophy to governance.

4. Enclose an organizational chart describing the administrative relationship of the program with other units within the organization (e.g., College/Division/Department/Program/Specialty) Indicate lines of authority for both academic decision making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority. Please see information provided in Section 1., a.

5. Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.

Psychoanalysis Certificate

The certificate program consists of a four-year curriculum of coursework and case conferences, three supervised analyses, and a personal analysis. Alternatively, we offer a 5 year part-time program. This program is essentially the same as our 4 year program except that it divides the first year of training into two years. The requirements for taking on a supervised training case, supervision and a personal analysis move at a much slower pace in our 5 year program.

Curriculum

The academic year is divided into four quarters of eight weeks each, for a total of thirty-two weeks of class meetings. Classes are held on Wednesday mornings and case conferences on Tuesday evenings. There is one weekend course per semester. Required courses are emphasized in the first two years, electives in the third and fourth years.

PINC Curriculum Revision 2013

Every few years, PINC reevaluates its Curriculum. In September, 2008, a Curriculum Review Task Force was established, upon the recommendation of the Curriculum Committee, the Faculty, and the PINC Board.

The task force was composed of members of the faculty, candidate, and graduate constituencies including: Martine Aniel, Jeanne Wolff Bernstein, Victor Bonfilio, Bob Carrere, Suzanne Chassay, Francisco Gonzales, Stephen Hartman, Dvora Honigstein, Tom Rosbrow, Angela Sowa, Annie Sweetnam, and Dana Wideman. The task force co-chairs were: Deborah Melman (a member of the Curriculum Committee) and Rachael Peltz (chair of the Faculty).

THE REPORT

Review of Mission

We began our review process by thinking together about PINC's original mission and the ways it informed the original curriculum. *The group reaffirmed the commitment to providing a pluralistic psychoanalytic education that fostered the capacity to think critically, to integrate multiple perspectives and to use the emotional experiences during training to enhance candidates' analytic ability.* We also discussed how the culture of psychoanalysis at PINC has shifted over the past twenty years with a movement from establishing the legitimacy of a comparative curriculum to the current focus on what intellectual, emotional and mental capacities enable the development of a well functioning psychoanalyst.

Survey

The task force then designed and conducted an Institute-wide survey about the current curriculum which yielded useful information as we undertook the curriculum revision (see Addendum 1). In addition to the overall very favorable review of the PINC curriculum by the survey respondents, a number of problems were sited:

1) Repetitive courses 2) Criticism of case conferences 3) Confusion about timing and organization of the Freud series 4) Questions about the efficacy of weekend courses 5) Lack of electives

Newly Formed Objectives

In reviewing the survey and our critical evaluation of the curriculum we decided to create a rigorous **core curriculum** while allowing for **more flexibility and individualized learning**. We generated new, more inclusive categories in the place of our current theory, technique, development and psychopathology tracks. The three new designations/axes included:

Conceptual core: These courses include the major theoretical trajectories and critical junctures in the history of psychoanalysis. The proposed curriculum reflects an effort to introduce the different theoretical strands within psychoanalysis by the end of the third year. The order in which classes are offered doesn't reflect a ranking of importance but is rather a reflection of the complexity of offering multiple languages within psychoanalytic thinking. The goal is to help the candidates develop a critical engagement with thinking analytically.

Clinical core: These courses address two clinical areas: 1) the analytic process, phases and dynamic vicissitudes; 2) psychic structure and development.

Experiential core: These courses promote the internal capacities of the candidates to do analytic

work and function in a group.

REVISED CURRICULUM	
FIRST YEAR	SECOND YEAR
Fall Courses	
Freud I: Early Psychoanalysis from Trauma to Seduction to Phantasy Infancy	Klein
Analytic Identity	Psychic Organization II: Narcissism and Perverts Case Conference
Winter Courses	
Freud II: Principles of Unconscious Life Oedipus	Bion
Beginning Psychoanalysis	Bion
	Case Conference
Spring Courses	
Freud III: Freud's Late Models Group Process	Independent Tradition
Intro to Case Conference and Case Formulation	The Body in Psychoanalysis
	Group Process
Summer Courses	
Freud IV: Fundamentals of Freudian Technique Psychic Organization I – Psychosis	The Intersubjectivities I
Case Conference	Elective
	Case Conference
Weekend Day Courses	
Critical Psychoanalytic Junctures: Mapping Psychoanalysis	Theories of Groups
THIRD YEAR	
FOURTH YEAR	
Fall Courses	
The Intersubjectivities II Psychoanalytic Writing	Psychic Organization III – Neurosis
Case Conference	Social Unconsciousness: Psyche and Society
	Case Conference
Winter Courses	
Contemporary Kleinians Psychoanalytic Developmental Thinking	Gender & Sexualities
Case Conference	Class Elective
	Case Conference
Spring Courses	
Winnicott Psychoanalytic Process: The Mid-Phase	Termination
Group Process	Integrative Seminar I
	Group Process
Summer Courses	
Lacan Elective	Integrative Seminar II
Case Conference	Elective
	Case Conference
Weekend Day Courses	
Psychoanalytic Ethics I: Boundary Violations	Psychoanalytic Ethics II: Analytic Integrity and

6. Do you require at least one year of full-time training (or the equivalent thereof) at your institution? Yes, Four (4) years or more.

7. Describe the education and training provided to the postdoctoral candidates in the program. All training in Psychoanalysis for psychologists is at the postdoctoral level. Please see information provided in previous sections.