

CERTIFICATION COMMITTEE'S CORE PSYCHOANALYTIC COMPETENCIES

GUIDELINES FOR EVALUATING APPLICANTS FOR CERTIFICATION

In its review of an application, the Certification Committee assesses the presence of the clinical skills, summarized below, as evidence of competent analytic work by the applicant. Some skills are more specifically analytic than others, and many of the skills overlap. Skills may be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports.

While applicants may use this list to guide them in deciding what to include in the reports of their work, they should not use it in such a way as to skew or constrain their own way of conveying what is essential to each individual case.

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

- 2. Conceptualization and Formulation.** The analyst:
 - a. Distinguishes between evidence and hypothesis.
 - b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.
 - c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
 - d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

N.B. Conceptualizations and formulations do not necessarily have to be articulated directly in the reports, as understanding of these can be conveyed through the narrative of the work itself.

- 3. Psychoanalytic Attitude and Attunement.** The analyst:
 - a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.
 - b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
 - c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
 - d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.
 - e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
 - f. Demonstrates an ability to help patients engage in the psychoanalytic process.
 - g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
 - h. Demonstrates ability to work with patients of both sexes.

- 4. Technique**
 - a. Interventions are succinct, to the point, and experience near.
 - b. Demonstrates sensitivity as to timing of interpretations.
 - c. Can assess the effects of interventions on the process of the analysis.
 - d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
 - e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
 - f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.

5. Transference

- a. Demonstrates recognition that transference is central to the analytic work.
- b. Demonstrates the capacity to interpret within the transference.
- c. Can be available for and facilitate the development of manifold transferences.
- d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
- e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.
- f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.
- g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the transference.

6. Resistance

- a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.
- b. Demonstrates ability to expand patients' conscious awareness of the nuance and complicated workings of resistance or enactments.

7. Role of the Analyst

- a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.
- b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.
- c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.
- d. Interventions do not impose the analyst's own personal agendas.
- e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.
- f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).

8. Psychoanalytic Progress and Process

- a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.
- b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.
- c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
- d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
- e. Demonstrates evidence of improvement in the patient's problems and changes in the analyst's way of perceiving and relating to self and others as a result of the analysis.
- f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
- g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.

9. Ending of the Analysis

- a. If the analysis comes to a natural termination, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
- b. If the analysis comes to a premature termination, but nevertheless ends with a termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
- c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
- d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.

10. Ethical Considerations

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

11. Race and Ethnicity^{1,2}

- a. Aware of how experiences of power, privilege and oppression can be analytically considered within the psychoanalytic relationship.
- b. Able to learn from the patient about their self and interpersonal experiences as shaped by racial, cultural and social factors.
- c. Aware of, and able to reflect on, the meanings and impact of one's own and the patient's race and ethnicity, as both intra-psychic and social experiences that are also created by the dyad within the analytic space.
- d. Able to provide analysis while acknowledging conscious and unconscious racial and ethno-cultural biases in both analyst and patient, being open to recognizing and engaging them.
- e. Understand transference and countertransference experiences related to both members of the dyad's racial, ethnic, cultural, class and religious identities and how these affect the analytic process.
- f. Consider the influences of race and ethnicity on identity development through the lifecycle and how these intersect with larger sociocultural contexts.

12. The Role of Sexuality and Gender^{1,3}

- a. Able to reflect on one's own and the patient's conscious and unconscious attitudes and biases regarding gender, gender roles, gender identity and sexual orientation.
- b. Aware of and able to reflect upon the meanings and impacts of one's own and of the patient's gender and sexuality as intra-psychic and social experiences.
- c. Understand one's own and the patient's experience of the sex of their body.
- d. Understand transference and countertransference experiences relating to each member of the dyad's gender and sexual identities and how these affect the analytic process.
- e. Consider developmental aspects of gender and sexuality through the lifecycle. The role of both traditional/binary and contemporary fluid models of gender and sexuality may both be considered.
- f. Demonstrate the capacity to think analytically about changes in gender and sexuality that may occur in the analysis.

13. Overall Competence of Analyst

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

¹ These two new lists of competencies are based on lists created at The Psychoanalytic Association of New York (PANY) and generously shared with the ABPsA

² In our society, we are all members of various races and ethnicities which, by definition, include affiliations with cultures, religions and nationalities. It is necessary, therefore, for analysts to be cognizant of and reflective about the many facets of an individual's identity (race and ethnicity being part, not the whole) which must be understood and accepted for effective clinical work. This begins with the analyst developing competency in understandings of the analyst's cultural context and identity. It is not that the patient is different- it is that the patient and analyst are different from one another. Both analysts and patients are influenced by multiple systems within society and culture. Race and ethnicity function with and within class, gender, religion, language, et al. These influences exist within current and larger historical contexts that are significant aspects of patients' and analysts' psychic and social lives. Developing effective clinical knowledge and skills to consider and address the role of race and ethnicity is an on-going process that requires continuous commitment to learning about oneself and one's patients. It is important to acknowledge that subjective experience and expressions of race and ethnicity, presented individually and within groups and communities, are dynamic and ever-evolving.

³ Contemporary culture and psychoanalytic theory are evolving and now include expanded understandings of variant expressions of both gender and sexuality. From this perspective, defining gender by anatomical sex no longer fully defines the complexity and particularity of gender experience and sexuality for many people that it was once presumed to, nor does it automatically define a distinct difference in individual psychologies