



American
Board of
Psychoanalysis

Handbook for Applicants

Certification in Adult Psychoanalysis

Certification in Child & Adolescent
Psychoanalysis

Application Deadlines:

Applicants must submit the application, application fee, examination fee, & all written materials to the ABPsa by:

February 1, to be considered at the June Certification Examination

September 1, to be considered at the February Certification Examination

(if a weekend or holiday, deadline is extended to next business day)

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This Handbook for Applicants is published by the American Board of Psychoanalysis to inform prospective applicants about the Board, its policies and the rules, requirements and procedures for examination and certification. Rules, procedures, fee amounts, deadline dates and other administrative considerations are established by the Board to facilitate the scheduling and administering of the examination.

The Board reserves the right to amend these considerations from time to time when necessary to maintain the efficient execution of its mission. Whenever changes are made to information contained in this booklet, applicants who have made applications will be notified. Applicants are responsible for reading these instructions carefully and understanding the content of this handbook.

General Information

About the American Board of Psychoanalysis

The American Board of Psychoanalysis (ABPsa) is a 501(c)(3) non-profit organization dedicated to serving the public interest and promoting the profession of psychoanalysis through certification and maintenance of certification. It is an independent certifying body that offers board certification in psychoanalysis to qualified psychoanalysts.

ABPsa is an autonomous entity that is financially independent and not subject to inappropriate influence from either psychoanalytic membership organizations or training institutions. ABPsa Certification provides a reliable, independently verified credential to the public and governmental agencies.

ABPsa is committed to ongoing refinement of its certification procedures in order to maintain the reliability and validity of the examination process.

What is Certification?

Certification by ABPsa will be awarded to applicants who demonstrate by application and examination that they possess the requisite professional character, training, knowledge, skills and experience, to competently, i.e., adequately and effectively, treat patients through the practice of psychoanalysis. The standard for certification regarding the applicant's competency is the demonstration of the requisite knowledge and skills in each of the core competency areas described in this Handbook under the section entitled Core Competencies. Whether an applicant meets this standard is to be assessed by ABPsa's Certification Committee in the course of the examination processes described in this Handbook. Based upon the examination process, each participating committee member will evaluate the applicant with respect to each core competency and, thereupon, make an overall assessment of whether the applicant is qualified for certification. In order for an applicant to be certified, at least two thirds of the participating committee members must assess the applicant as qualified.

ABPsa certification is a voluntary process conducted through blind peer review. To be vetted and endorsed by a group of Certified psychoanalysts who have no personal or institutional relationship with the applicant provides a meaningful affirmation of the applicant's emerging analytic identity. In addition, the certification process is often a rewarding and important developmental experience.

Certifications Offered

Certification in Adult Psychoanalysis and Certification in Child & Adolescent Psychoanalysis are available. It is not necessary to achieve board certification in Adult Psychoanalysis in order to be board certified in Child & Adolescent Psychoanalysis. Those desiring certification in both Adult and Child & Adolescent Psychoanalysis may apply for either at two different meetings, or both together at the same meeting.

Using the FABP Credential

Those who are Board Certified are designated Fellows of the American Board of Psychoanalysis (FABP).

Certification Examination Overview

The ABPsa examination process consists of two parts: (1) review of the applicant's psychoanalytic work as presented in selected written case reports submitted by the applicant; and (2) an examination interview of the applicant about those cases and one or more other cases. In this process the participating members of the Certification Committee review the applicant's written reports in order to prepare for the interview that two committee members will conduct with the applicant. In this way the examination interview addresses both questions arising from the committee's review of the written case reports as well as the clinical material presented by the applicant during the interview. After the oral interview, the committee meets for a final review

of the written and oral portions of the examination, where they will determine whether the applicant has demonstrated the requisite knowledge and skills to competently treat patients in psychoanalysis based on the core competency standards described in this handbook.

Nondiscrimination Policy

The American Board of Psychoanalysis shall make its services, facilities, and programs available to all persons regardless of race, color, ethnicity, creed, national origin, marital status, sex, sexual orientation, disability, or handicap. ABPSa shall not in any way discriminate against any person on the basis of race, color, ethnicity, creed, national origin, marital status, sex, sexual orientation, disability, or handicap.

Applying for Certification

Eligibility Requirements

Mental Health Education and Experience:

Applicants must possess mental health training and related clinical experience and may demonstrate this in two ways: either

- 1) the applicant must possess a post-graduate level degree in a mental health discipline, including related clinical experience, resulting in licensure or certification for the independent practice of a core mental health care discipline at the highest clinical level for that discipline; or
- 2) alternatively, demonstrating by reasonably satisfactory documentation their having obtained education, training and clinical experience that shows a solid foundation and practice experience in mental health care (including close supervision in individual cases), for example: psychotherapy experience; the ability to diagnose mental disorders; make differential diagnoses and biopsychosocial and psychodynamic formulations; develop individual treatment plans; and know how to use consultants or make referrals in areas outside his or her scope of practice.

For purposes of interpreting and applying this eligibility requirement, a license or certification solely to practice psychoanalysis shall not be deemed a licensure or certification in a core mental care discipline under clause (1).

An applicant with such a license or certification must separately and in addition meet the requirements either of clause (1) by possessing licensure or certification for the independent practice of a core mental health care discipline, or of clause (2) by demonstrating the described education, training and clinical experience.

Psychoanalytic Education and Training:

Applicants must either:

- be graduates of Institutes accredited or approved as meeting the standards of AAPE, ACPEinc, IPA, or APsaA; (submit copy of analytic certificate) or
- have successfully completed an integrated psychoanalytic training program meeting the following minimum criteria:
 - A. 300 hours of in-depth training analysis, frequency of 3-5 times/week;
 - B. 350 curriculum hours including course work in:
 - i. Psychoanalytic Treatment Situation and Technique;
 - ii. Psychoanalytic Theory;
 - iii. Psychopathology;
 - iv. Development; and
 - v. Continuous Case Seminars and Clinical Conferences.
 - C. Two supervised analytic cases, each 3-5 times/week with a minimum of 200 supervised hours but in any event over a sufficient period of time to allow the applicant to have recognized, evaluated, and interpreted the dominant genetic factors and central conflicts, as well as to have

allowed significant transference manifestations to have developed, be observed, understood and worked through and to have allowed for counter transference manifestations to be understood.

Licensure & Ethics:

- have an appropriate and current mental health-related license to practice in the jurisdiction in which the applicant is practicing or, if in a jurisdiction that does not require such licensure, to provide additional information
- comply with ethical standards and professional conduct

Analytic Experience:

- submit written reports and be prepared to discuss at the interview cases that meet the following criteria:
 - patients of different genders
 - patients seen at a frequency of three to five times a week
 - at least one case must have a termination experience
- be able and prepared to discuss a third patient who has been in a three to five times per week analysis
- at least two of the three cases presented must be conducted substantially in person.
It may be necessary that treatments be conducted remotely during quarantines, societal shutdowns or other periods when health or safety measures, such as social distancing, make in-person treatment not possible, and that the in-person requirement will be applied accordingly on a modified basis.
Where the analysis has been substantially conducted remotely, the applicant should address the implications of that on the analysis and how it was addressed in the treatment.
- submit process notes for a minimum of three cases at the examination

The reports of applicants for Child & Adolescent Certification, should include, in addition to above:

- one case of a child in the latency phase of development
- one case of an adolescent
- a brief child report on a third child/adolescent patient (five pages maximum)

Application Process

The applicant must download the Application Packet materials from the website, www.ABPsa.org, read and follow the directions in this Handbook for Applicants, and complete the Certification Research Collection document.

The applicant is required to submit a completed application, signed confidentiality and data use agreement; completed Treatment Hours Reporting Survey; and submit 17 copies of each case with the Case Face Sheet attached to it; and the application and examination fees (if not yet paid), all to the ABPsa office by the deadline.

The applicant also must prepare process notes for collection at the examination in accordance with this Handbook and the Certification Research Collection document.

No materials will be sent to the applicant by mail.

Application Checklist

- ___ Read the Handbook for Applicants
- ___ Notify the ABPsa office of your intent to sit for examination and pay the application fee
- ___ Complete an electronic or paper application (to be submitted with examination materials)
- ___ Review the Certification Research Collection document
- ___ Complete the Confidentiality and Data Use Agreement (to be submitted with application)

___ Complete the Case Face Sheet for each case you are presenting. Make 13 copies and attach to each written report so that the Face Sheet is the cover page for each of the writeups.

___ Complete the Treatment Hours Reporting Survey (to be submitted with application)

___ Pay the required examination fee (to be submitted with application)

If examining in-person, the applicant should bring to the examination 3 copies of process notes. If examining in a remote format, the applicant must submit in advance an encrypted file of process notes that will be distributed to examiners. Process notes shall be from three sessions for each case write-up submitted with the application in addition to 3 copies of process notes from three sessions from an additional case that may be discussed during the examination. For Child & Adolescent applicants, the third set of process notes will be for the case submitted as the brief report. (9 total sessions of process notes).

Fees & Refunds

Applicants must submit the appropriate fee with the application and written materials. Payment may be made by check or credit card. Applications and fees must be submitted to the ABPsa office:

American Board of Psychoanalysis
501 S. Cherry Street, Suite 1100
Denver, CO 80246

Application fees for the Certification Examination in Psychoanalysis:

Application Fee (valid for 5 years).....\$200.00

PLUS

Examination Fee (one exam) \$800.00

Examination Fee (two exams).....\$1,600.00

There will be no refund of fees and fees are not transferable between testing periods. Fees will not be refunded for non-passing applicants. Fees are subject to change. The examination fee is the current fee in place at the time of the deadline submission of materials.

Examination Administration

Each Certification Examination in Adult Psychoanalysis or Child & Adolescent Psychoanalysis is administered biannually during a one to three-day testing period. ABPsa will inform you of your testing date and time approximately four weeks prior to the testing window.

Special Needs

Special testing arrangements may be made for individuals with special needs. When submitting the application, application fee, and examination fee, also include a written request explaining your needs. Consistent with its goal of achieving the broadest possible participation in this certification program, ABPsa will consider all requests for reasonable accommodations. Please note that requests for special testing needs must be received at least eight weeks before the testing period begins.

Deadlines

Applicants must submit the application fee, examination fee, and all written materials to ABPsa by:

- February 1, to be considered at the June Certification Examination
- September 1, to be considered at the February Certification Examination

If these dates fall on a weekend or holiday, the deadline is the next business day. Please do not contact the office to make sure we received your materials. If you want to be sure your package was delivered, please use a tracking number with USPS, UPS or FedEx. The office will send a confirmation email within two weeks after the deadline.

Scheduling the Oral Examination

The ABPsa Certification Committee usually convenes, and conducts the oral examinations on the Saturday and Sunday prior to the APsaA meetings in February, and one to three days in the summer. The website will list the examination testing windows. Examination testing windows are subject to change. Applicant requests for specific interview days should be submitted in writing to the ABPsa Office by the application deadline. While ABPsa cannot guarantee that such requests will be granted, every effort will be made to do so.

Written Reports: What to Submit

Selection of Cases

The ABPsa Certification Committee objective is to assess the applicant's current understanding and competence. While it has been the experience of the committee that psychoanalytic treatment which demonstrates the applicant's most mature recent work is best suited for the review, the work submitted for evaluation may be any work which the applicant feels best shows his or her capability as an analyst, including the current ability to think about older work.

The frequency of treatment for the two full reports should be three to five times weekly. The committee recognizes that it is not unusual that at times during an analysis that the frequency may vary from this standard. When a decrease in frequency occurs, the applicant is asked to describe its rationale and the impact on the analysis.

At least two of the three cases presented (written or additional case) must be conducted substantially in person.

General Criteria

The "full reports" are written case reports not more than 20 double-spaced, pages. Pages must be numbered, with 1" margins all around, a black font size 12 points and the character spacing set at normal. The "brief report" is a written case report on the third Child/Adolescent patient, not more than 5 double-spaced pages, which follow the same format requirements, described above.

Applicants must submit 17 double-sided copies of each case report with a copy of the Case Face Sheet attached to each report. The individual reports should be separately stapled together in the upper left corner. The reports and applications should not be placed in a binder. Reports exceeding the stipulated maximum length or not complying with the format requirements will be returned to the applicant with a request that the requirements be followed.

Disguise all identifying information. Do not include any information that may identify the applicant including the institute, supervisor names, patient names, analyst name or location.

Adult

The applicant must submit two full reports, each one on a different case of three to five times weekly psychoanalysis to demonstrate understanding of psychoanalysis and competence to conduct psychoanalytic treatment. These two reports should be of the analyses of two patients of different genders, one of which is at least in the middle phase of analysis, and one of which has had a termination experience. Process notes for each

of these cases are not required at the time of application, but must be brought to the examination (see section on The Oral Examination for details).

In addition, the applicant should be prepared to discuss at the interview a third patient who has been in a three to five times per week analysis. It is not necessary to prepare a written report on this third patient. However, the applicant must bring to the interview process (session) material from three sessions, ideally recent, and be prepared to give a brief oral introduction of this third patient prior to discussing the process material.

Child & Adolescent

The applicant must submit two full reports and one brief report. The two full reports shall be of patients of different genders in three to five times weekly analysis, one of which had a termination experience. One of the full reports should be of a child who is in the latency phase of development during treatment, i.e., either begins treatment in latency, or begins in prelatency and transitions into latency during treatment. The other full report should be of a treatment begun in some phase of adolescence and shall demonstrate analytic work with adolescent developmental issues. The brief report needs to be only a summary of an analysis of a third Child/Adolescent patient. It should include an overview of the analysis and an introductory summary of specific area(s) to be addressed at the interview. It is preferable, but not mandatory, that the brief report be of a patient with whom the applicant is currently working. Process notes brought to the examination will be for these three written cases.

The Oral Examination

What to expect

The oral examination may be conducted in person or via a HIPAA compliant online platform. Please refer to the website for examination location information.

The oral examination lasts approximately 1 hour and 45 minutes, usually with a break in the middle. This interview is semi-structured, and may include discussion of the write-ups, questions from the committee, presentation of process notes, and exploration of the third and possibly other cases.

In order to enhance quality, training, and research of the examination process, the interview may be observed by one or more persons.

The examination process is a blind peer review, which means that the committee members are not aware of the applicant's name, location or institute when reviewing the case material. The examiners and participant observers will introduce themselves to the applicant at the beginning of the interview. Applicants are not asked or expected to state their names. Should this happen inadvertently, the information will not be shared with the committee during the post-oral examination assessment in order to preserve the blind nature of the examination process.

Guidelines

The oral examination is an opportunity for the applicant to demonstrate how he or she thinks and works analytically. Through the written reports and the interview, the committee works to assess the applicant's work. Questions that arise from the committee's initial review of the written reports work will be considered for the oral portion of the examination. Sometimes a question may arise about how an applicant worked with a particular issue, which was not clear from the written reports. The committee has found that an applicant's process notes are useful in addressing the issues contained in the committee's questions and may assist the applicant in supplementing the presentation of his or her work during the interview.

Process Notes Requirement

Since the Certification Committee typically does not know in advance which case(s) will be addressed most in the interview, it will be necessary to have process material on all the cases.

The applicant should be prepared to give a brief oral introduction of the third patient prior to discussing the process material. It is preferable, but not mandatory, that this patient be one with whom the applicant is currently working. It is not necessary to prepare a written report on this third adult patient; the third child & adolescent patient will be the brief written report submitted at the time of application.

In general, the applicant should use the process notes to demonstrate an issue and how the applicant worked with it. The applicant may want to choose session material that covers issues about which he or she anticipates the committee could have questions, or focuses on an important aspect of the analysis. The latter, for example, might be about a central aspect of the transference, work with an important resistance, work with an important dynamic theme or piece of the patient's past, the uncovering of material central to the analysis, a turning point in the analysis, etc. For the completed case, it would be helpful for the applicant to bring session material from the termination phase.

The applicant might want to choose two or three sessions in sequence, or sessions that are taken from various periods of the analysis and demonstrate work with the same issue over time. Material that does not include some work in the transference will most likely leave something to be desired.

The applicant will submit an encrypted document in advance if the examination is online, or for an in-person examination, bring three typewritten copies of three sessions from each of the two cases from the application in addition to three sessions from a third case that may be discussed (for Child & Adolescent applicants use the third brief written report patient for your process notes). These copies will allow the interviewers to follow along as the applicant reads these notes. The interviewers will retain these notes, and portions may be read to all the participating members of the Certification Committee during the post-oral examination assessment.

Process notes must follow procedures outlined in the Certification Research Collection document and example, both of which are available on the website. These procedures include:

- Do not include any information that may identify the applicant including the institute, supervisor names, patient names, and analyst name.
- Print each document session on a separate page. Each session (process) note should be linked to the corresponding case report by a common identifier (e.g. Case Report Number 1: Process Note Case 1, Session 1).
- Place all information that is not part of the report, such as section headings and dates of sessions, on separate lines.
- Disguise all identifying information, including information concerning yourself and the patient. Patients and others should be given a name that is a single letter. However, do not use the following single letters: A, D, M, P, S, T, or I as the computer recognizes these letters as words.
- Place verbatim quotes on a separate line and start that line either with "A": (to identify the analyst), or "P": to identify the patient.
- Use round brackets only (i.e., "(" and ")") for parenthetical remarks. Do not use square brackets, curly brackets or angle brackets for any purpose.

Anonymity & Confidentiality

Anonymity

In order to allow the maximum degree of fairness, there will be no information to identify the applicant or his or her institute on the face sheets of the reports that are reviewed by the Certification Committee members. However, for purposes of record keeping and communication with an applicant, it is necessary for the Chair of the Certification Committee to know the applicant's identity.

Applicants should take care to disguise any identifying information about themselves, their supervisors or their institute in the written case reports, process notes, and during the oral portion of the examination to maintain the anonymity of the applicant as much as possible.

Although it may not always be possible to maintain the anonymity of the applicant at the time of the interview, the examiners will not reveal the applicant's identity to the committee during its deliberations. Following submission of the application, the applicant will receive a list of Certification Committee members and possible observers during the interview. The applicant is thereby given the opportunity to have anyone on this list whom they know to be recused from their examination. If it so happens that an interviewer knows the applicant and they have had a personal or professional relationship, the Chair will be available for consultation with the applicant and/or the committee members involved to decide how to maintain the neutrality of the review process.

Confidentiality

The confidentiality of each patient should be protected throughout the application. There should be no data that identifies the patient. Any information that is important to the understanding of the case should be treated in such a way that the identity of the patient is not be revealed. If it so happens that an interviewer or participating committee member recognizes the patient, or they have had a personal or professional relationship, they will notify the Chair and recuse themselves from the deliberations.

Summary of the Examination Process by the Certification Committee.

The ABPsa Office will distribute a copy of the applicant's written case reports to each participating member of the Certification Committee several weeks before the committee meets in order that each committee member has time to independently review the work. Typically, two members of the committee are designated as examiners or interviewers and prepare, separately, a verbal summary to discuss with the committee. All other participating members of the committee will have become familiar with each application so they can participate in the initial discussion among them. Questions about the applicant's written work that arise during this part of the process may be raised with the applicant during the oral portion of the examination. After the examination, the participating members of the committee reconvene to discuss the written and oral portions of the examination and make a final assessment. During this final phase, it is not uncommon to have parts of the applicant's process notes presented by the examiners. No decision about the application is made prior to this final review. The determination about the recommendation for certification is based on the assessments by the participating committee members. These assessments are predicated on the respective evaluations of the applicant's demonstrated ability to competently practice psychoanalysis based on the core competency standards set forth in this Handbook. The Chair of the committee does not make an assessment. If the committee's deliberations are deadlocked, the determination decision shall be in favor of certification of the applicant. Documenters may be used to tabulate committee discussions, but they are not provided with case reports allowing for an impartial recording. Case reports are collected from committee members and participant observers. One copy of all examination material from all applicants, whether passed or not passed is retained indefinitely by the ABPsa

Office. In the event the applicant is passed the remaining case reports are shredded. In the event the applicant is not passed, the case reports may be retained by the ABPsa Office for 5 years, unless otherwise requested in writing.

Examination Results

Applicants will first be notified of the results of their examination by a telephone call from the Certification Committee Chair or the applicant's lead oral examiner. Applicants who have not passed the examination will receive written notification with explanatory information within eight to ten weeks of the close of the testing period.

Passing the Examination

Certification by ABPsa will be awarded to applicants who, by application and examination, demonstrate that they possess the requisite professional character, training, knowledge, skills and experience, to competently, i.e. adequately and effectively, treat patients through the practice of psychoanalysis. The applicant will be awarded the designation of Fellow of the American Board of Psychoanalysis and may use the credential FABP after his or her name. A certificate and letter will be mailed to the Fellow within 45 days of the conclusion of the examination period. Names of those passing the ABPsa Certification Examination in Psychoanalysis will be reported in its publications.

An annual renewal form and fee is required. ABPsa maintains a registry of Board Certified Psychoanalysts. This registry will provide a credential-based presence, allowing the public to search for and view Fellows who are currently certified. Fellows may create their own directory listing with a personal profile that is viewable to the public or opt out of appearing in this public directory.

One copy of the application and materials will be retained for the ABPsa membership files; the rest of the copies will be shredded.

I Didn't Pass, Now What?

Receiving the decision of not passing can be a deep disappointment, particularly when you have invested a great deal of time and effort into preparing for the examination. While unwelcome, the decision may offer an opportunity to discover and reflect on aspects of your psychoanalytic work not previously considered. Ideally, it can prompt a period of learning and growth. Many applicants returning after not passing a first examination have described that the experience contributed to a process of new development, promoting a deeper level of understanding and growth as a psychoanalyst.

Applicants not passing the examination will receive a detailed letter from the Examination Committee Chair that outlines the area(s) that led the committee to the determination you did not pass. In order to meet national standards for certifying organizations, ABPsa no longer offers direct exam mentoring. However, there are a number of avenues available to help address the issues raised in your letter and prepare for a new examination.

Many have found that starting by discussing the findings from the examination committee with trusted supervisors or mentors has allowed for fresh thinking about the clinical work. This can apply to issues regarding your case write-ups and/or your clinical process material.

Some applicants prefer to engage with new senior analysts to allow for new thinking about the clinical work. Often it can be helpful if these individuals are outside of one's own institute. Some applicants get suggestions for names of senior analysts outside their institute by asking a supervisor or mentor for potential names, or by inquiring at national psychoanalytic meetings.

Some applicants form peer discussion groups to present writing and clinical process to one another, for peer feedback. Applicants may reach out to colleagues locally or nationally, and many find national or international psychoanalytic meetings to be another forum for meeting colleagues who are also preparing for certification or professional promotion.

There are also a number of case writing discussion groups and/or clinical process groups at national psychoanalytic meetings such as the American Psychoanalytic Association meetings or the IPA where the writing process or clinical material is presented and discussed. Many find these discussion groups to be another useful forum for learning.

Re-Examination

Applicants who did not pass may take the examination again. Each examination will be a comprehensive examination, meaning that the applicant will be evaluated on all competencies. Applicants may either submit revised case reports, new case reports, and/or different process notes that include areas that were addressed in the previous examination.

There is no limit on the number of times one can sit for certification. The ABPsa Office retains applications for a period of five years after the original application date. After five years, the applicant would be required to submit a new application for an additional five years and pays a new application fee. Examination fees are due every time an applicant sits for an examination and are nonrefundable and nontransferable.

It is the applicant's responsibility to submit examination material and fees by the testing window deadline following the procedures in the Handbook for Applicants that are valid at that time.

Appeal Procedure

An applicant who has not passed the examination at least twice may request an appeal of the most recent adverse determination, if the applicant believes that: (1) the Certification Committee's determination was arbitrary, capricious or without any reasonable basis; or (2) the process used by the Certification Committee in the examination was so fundamentally unfair as to deprive the applicant of the opportunity to qualify for certification.

The applicant's request for an appeal must be made in writing, addressed to the Chair of the Appeals Committee in care of the ABPsa Office, within one year of the most recently failed examination. The letter must explain the applicant's reasons or bases for the appeal request, confirm that the applicant has read the appeals procedure, and authorize the Appeals Committee to have access to all of the underlying materials in order to facilitate the review and appeal.

Upon receipt of the appeal request, the Chair of the Appeals Committee will review the request and determine if the applicant has stated a sufficient basis to proceed with the appeal. The applicant will be notified in writing of the decision whether or not to proceed, together with an appropriate explanation.

If the determination is that there is merit to proceed, the Appeals Committee Chair will appoint a review committee for the specific appeal, of three ABPsa fellows who have had experience administering the certification examination. No member of the review committee shall have participated in any prior consideration of the application to be reviewed. The Appeals Committee Chair will set forth in writing the procedure to be followed for considering the appeal.

The review committee will be provided with the complete application, including without limitation the records of the examination and Certification Committee's deliberations and the applicant's letter requesting the appeal.

Since each applicant and his or her application have a distinct character, the certification process for each applicant has a correspondingly distinct character. ABPsa's appeal process is not intended to offer a re-examination to applicants who have not passed an examination or otherwise to be a process wherein the appeal review committee merely substitutes its judgment for the judgment of the Certification Committee. Rather the appeal process is intended to offer a remedy where there may have been a serious flaw in how a particular examination was conducted. The process of the appeal proceeding will be outlined in writing by the Chair and will include an in-person interview with the applicant and Certification Committee Chair and offer both an opportunity to present with respect to the appeal.

At the conclusion of the appeal proceeding, the appeal review committee will commence deliberations and make a final determination whether the decision made by the Certification Committee should be affirmed, reversed, or vacated with instructions. If the appeal review committee determines to reverse or vacate the decision of the Certification Committee, it shall determine a fair remedy in deciding how further consideration of the applicant's application should proceed and may make additional determinations it deems necessary or fair in the situation.

The decision of the review committee shall be reported to the ABPsa Board of Directors and the applicant and the Certification Committee will be notified of the determination in writing.

The applicant requesting the appeal will be given notice of these policies and procedures.

Revocation of Certification

It is the responsibility of a Fellow to notify the ABPsa if his or her professional license has been revoked or suspended.

Certification may be revoked for any of the following reasons:

1. Falsification of an application.
2. Revocation or suspension of current professional license.
3. Misrepresentation of certification status.

If certification has been suspended or revoked, the individual may reapply for certification when his/her license has been reinstated by submitting a new completed examination application, payment of the full examination fee, sitting for the certification examination as outlined in this handbook, and demonstrating that, notwithstanding the basis for the revocation or suspension, the individual is now rehabilitated and professionally fit to be certified in every relevant respect.

The Application Review Committee of ABPsa provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

Code of Ethics

In the event that an applicant for certification is accused of professional misconduct or of a violation of a code of professional ethics during the pendency of his or her application, the applicant shall immediately provide the ABPsa Office a written summary of the charges and any resolution, copies of the pertinent, underlying documentation, if any, and the name and address of a person or official whom the Certification Committee may contact for further information, if necessary.

Confidentiality of Results

1. ABPsa will release the individual examination results ONLY to the individual applicant.
2. Any questions concerning examination results should be referred to the ABPsa

Appendix A: Core Competencies

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 analysand's way of perceiving and relating to self and others as a result of the analysis.
- f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
- g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.

9. Ending of the Analysis

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

10. Ethical Considerations

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

11. 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

Appendix B: Research

The ABPsa Research and Development Committee researches and reviews the process of certification, and makes recommendation to the Certification Committee or the ABPsa Board of Directors, as may be appropriate. This committee studies the reliability of the certification process, and reviews process-related issues in an ongoing effort to improve the suitability, validity, and respectfulness of the certification examination process.

Appendix C: Report Writing

This section pertains to report writing and is adapted from Stephen B. Bernstein, M.D., *Guidelines: Comments on Treatment Report Writing and Describing Analytic Process* [(1992). *Journal of Clinical Psychoanalysis* 1(3); 469-478.] The following sections provide guidelines for preparing and submitting the full (20-page or less) report.

There are various ways of conveying the work of an analysis. The committee's assessment depends on the applicant's own description of the analysis and psychoanalytic process, which is why the committee does not provide examples of "acceptable" case reports. These guidelines, however, are presented in the hope that they will assist applicants to select, organize, and convey their work clearly.

The ability to do analysis does not always progress at the same rate as the ability to readily write about it. Skills in writing may vary, and training in describing analytic processes is given different emphasis at various Institutes. In addition, the perspective necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts. Some educators believe this ability occurs only many years after graduation. Since writing skills vary, the opportunity to demonstrate analytic competence and understanding is also provided by means of an interview, the oral portion of the examination. The committee regards such collegial discussions as an opportunity to gain more information. ABPsa believes that these discussions will lead to a fuller appreciation of the applicant's analytic abilities.

Description of the Analytic Process

The written report of an analysis is at best an approximation, since the subtlety and complexity of the forces at work are only gradually and imperfectly revealed. A description of the process is a narrative of what happened in the analysis; how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient; what the patient experienced and expressed, how the analyst understood this, what the analyst did with this understanding (including what the analyst said to the patient) and what effects the analyst's interventions had on the patient.

Psychoanalytic process is effectively described when it draws the reader into a sense of having been a participant. A well thought out and integrated description often illustrates a number of carefully chosen themes (selected from the hundreds which may have been present in the analysis) that are seen as significant for that patient and that analysis. The description can be illustrated with short quotes and examples of dialogue, paraphrases, and vignettes interspersed in the narrative sentences. Verbatim dialogue can be used effectively to make the analysis come alive for the reader. Work with the patient's dreams can be significant, especially as the analyst understands and participates in their interpretation.

Overly summarizing and formulating about the analytic process often leads to a somewhat distant observation about the process. It lacks immediacy or a sense of involvement, and discusses the process as if it had already been demonstrated. By itself, it refers to issues assumed to have been described when this is not the case. Without the original process upon which to reflect, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when condensed statements, such as "the maternal transference was interpreted" are made without further explanation, the reader is left to guess what

actually happened. However, after the process has been clearly shown, this more global description may be a useful way of moving onward and providing a transition to the next segment.

Formulations

Formulations and conceptualizations do not necessarily have to be articulated directly in the report, as understanding of these can be conveyed through the narrative of the work itself. Nevertheless, it is sometimes helpful to occasionally step back from the rendering of the course of the analysis to present how it was understood at a specific time, thus alternating what occurred in the analysis with a brief formulation of the process. These interspersed short formulations can explain, expand and enrich the understanding of what took place and can provide a continuity of awareness of the ongoing shape of the analysis for the reader. This type of formulation can be useful in reflecting on a sequence of analytic events, carrying the reader along in the description, or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. This may be captured by statements such as: “I understood this to mean...,” or “Over the prior two months I sensed a change in...,” or “I saw this sequence as a result of...” Lengthy and/or intellectualized formulations tend to replace the narrative of the analytic story and remove the reader from being able to experience what it was like in that analysis.

Helping the Reader Understand the Work

It may be helpful to write about your work as if you were speaking to the reader or to another colleague. Choose basic ideas or themes, segments of process, vignettes, dreams, etc. that help convey your work and analytic judgment. For example, you may want to convey what led you to say something at a certain time or to remain silent. In doing this you may describe what led to your decision, such as your sense of a shift in the patient’s defenses; or your internal experience, associations, self-reflection, counter-transference awareness, or supervisory discussions. If, on reflection, you would now handle something in a different way, describing how you would see and do things differently could be very helpful.

One way of selecting what you feel is central in the analysis is to quickly outline the analysis as you would to a colleague and note on what you would choose to focus. You may find that you have highlighted the essentials of the process. This exercise may serve both as an outline for your subsequent writing and as an overview of the analytic process, which can introduce your report and guide the reader. Such an initial brief summary of the analytic process, as well as an occasional brief commentary on the process, will keep the reader involved and oriented to what you are describing.

Organization of the Report

In organizing the treatment report, you may want to briefly describe or sketch out issues in the patient’s history that are essential to understanding the course of the analysis, and allow further history to emerge in the analysis. The report should be written in a manner that protects confidentiality. You may want to describe your evaluation of the patient’s analyzability both at the time of the beginning of the analysis and currently, if you now see this differently; and, if the patient has been in a prior psychotherapy with you or someone else, how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader.

You may choose to present the analytic process in one of many ways, for example: as a continuous flow of interwoven themes, issues, and interactions; divided into defined beginning, middle, and termination phases; as specific issues of transference and resistance, how these evolved, and how you worked with them; or you might emphasize interwoven themes related to important aspects of the patient’s history, e.g., adoption, loss, specific trauma, etc. In general, jargon is not helpful, long theoretical discussions are rarely warranted, and if you use terminology, be sure your understanding of these terms is clear, i.e., “opening,” “middle,” and “termination” phases; “transference neurosis.”

Finally, you may want to provide a brief summary or formulation at the end of the report, including your understanding of the gains and limitations of the analysis. However, such a summary may not be necessary, if you have clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the analysis.

Ending of the Analysis

One of the elements of a successful analysis is the patient's entry into a termination phase prior to and as part of the completion of the analysis. While an effective termination process is considered to be the outcome of an effective analysis, the nature and extensiveness of the termination process can vary greatly from case to case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a planned termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intrapsychic changes that led you and the patient to feel termination was appropriate. If the termination process was less than "ideal," describe your understanding of its limitations. Likewise, if the analysis was interrupted, discuss this process and your understanding of it. Finally, if there was post-analytic contact, how did you understand the rationale and dynamics of such?

Your Theoretical Point of View

You may want to relate your conduct of the analysis to the theoretical perspective in which you understood the patient and viewed what was occurring. Importantly, it should be noted that extensive theoretical discussions are not necessary. Many excellent reports avoid this and instead allow the analyst's orientation to become apparent in the narrative of the analytic work. The committee does not represent one particular theoretical view, nor does it expect you to shape what you believe and what you did in order to conform to what you think the committee wants. For example, please do not assume that the committee regards the conflict model, emphasizing Oedipal level issues, as the "true psychoanalysis". This is not the case, and trying to reinterpret your ideas in this context may hide your work and convey a constricted picture. In addition, an assumption that the committee is focused only on Oedipal derivatives may lead to a failure to address work with significant pre-oedipal and developmental issues. It is the committee's view that when case reports omit the analyst's understanding of and work with both early and later developmental issues, the reports seem stereotyped and constrained. The committee is aware that you may employ various theories in order to understand and communicate your work with a specific patient. What is important is that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with the patient, and convey that they have some internal consistency in your work.

Some Questions That Impede a Recommendation for Certification

There are certain omissions or lacks of explanation in written reports that typically raise questions and thus present obstacles to a recommendation for certification at the time of the initial application. The interview process has often clarified these areas. The committee offers for your information some of the most frequent issues, in the hope that they may be anticipated and addressed, and thus facilitate the certification process.

Questions arise when reports do not show an analytic process and the analyst's participation, but instead only summarize or formulate the process. In other reports, there is not an adequate discussion of the patient's analyzability. Sometimes, the analyst seems to have adopted a more psychotherapeutic stance without seeming to be aware of this or discussing the necessity for the shift. Here, the issue is not the adherence to a narrow concept of analysis, but the committee's need to understand what the analyst conceives of as an analytic stance, and some reflection on clinical issues, which may necessitate a change.

As peers, the committee members appreciate that not every attempt at psychoanalysis will be successful. Even problematic cases may be useful for the purposes of certification, if you retrospectively discuss your grasp of the problems involved and how you might now deal with the difficulties encountered. Of course, if the problems with a case prevent the demonstration of an analytic process, it would be difficult to meet the requirement with that case.

In addition, questions arise when certain events in the analysis, suggesting significant dynamics, are not discussed, and thus, their understanding cannot be assessed. For example, if a patient has been referred to a colleague for the management of medication or for couples' treatment, some reflection on the impact of the recommendation on the analysis should be discussed. Similarly, when an analysand interrupts treatment, is unable to abide by the agreed upon frequency of appointments, or is unable to use the couch, or when there is a perception of a lack of progress, it is important to discuss how these were understood and worked with, and what the outcome was.

Questions may arise when the analyst seemed to have a bias toward interpretations consistently felt to be "off the mark," when there is a consistent failure to interpret certain important transference themes or conflicts, or when there is a lack of inclusion of certain specific material, such as how the analyst dealt with dreams.

Finally, the committee likely will need to ask for more information if there is a lack of a full description of the process involved in the termination, how termination arose, how it was considered, and how it evolved.

Comments About Writing the Treatment Report of a Child or Adolescent

A frequent difficulty in assessing an application for Certification in Child and Adolescent Analysis is presented by the omission of the characteristics of work with this particular kind of patient. These characteristics may include: the setting in which the treatment is conducted; the giving of gifts and snacks; the handling of fees, arrangements, and transportation; the mobility required of the analyst; the participation in play and games and the active nature of interventions with children; and work done with parents in support of the analysis. Sometimes reports are written as if work with children and adolescents is so similar to work with adults that the differences need not be mentioned. Consequently, the report falls short in conveying essential interactions in the process of the treatment, and more information may be requested.

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