MPI Candidate Handbook

The Minnesota Psychoanalytic Institute welcomes you. We see in you MPI's future and the future of psychoanalysis. We celebrate your decision to train with us and are eager to share your journey and see you through to graduation.

**Clinical Candidates**

The commitment you have made and the commitment we have made to you is founded on the principles that we are all adult learners, that communication flows both ways. It is hoped that our structure and policies foster your growth and provide safety and containment. We value the accumulated knowledge that grounds psychoanalytic thinking and practice in accordance with the tri-partite model: didactic classes, your individual analysis and supervised analytic cases. We are continually assessing our training model and engaged with other Institutes within the American Psychoanalytic Association to learn what others are doing to improve the training of future analysts.

This handbook is a guide to how your training is organized. It includes how we approach assessment and candidate development. We believe that feedback is essential to learning and that ongoing, timely, specific and useful feedback is critical to your progress in becoming a psychoanalyst. Because you and your supervisor(s) are experientially closest to your actual clinical work, we prioritize this relationship as the place where the assessment of your development toward graduation will take place.

**Progression Committee:** The Progression Committee is responsible for implementing the overall philosophy, approach and policies we use to foster your progress. While your supervisors play the primary role in providing guidance for your clinical work and conducting your annual reviews, the Progression Committee is a resource that becomes involved when situations, problems or conflicts arise that cannot be resolved at the supervisory level. The Progression Committee also oversees the process by which you are evaluated and determined to meet all the requirements for graduation from MPI.

**Training Analysis:** We strongly recommend that candidates be in a training analysis for a year or more with a Training Analyst approved by the American Psychoanalytic Association (a “Training Analyst”) prior to beginning first year seminars. In the interest of honoring an ongoing psychoanalysis, a candidate may continue with their current psychoanalyst who is not currently a Training Analyst, if the candidate has been in psychoanalysis with this analyst by January 1st of the year they are matriculating. To be considered for this status the analyst must meet, at a

minimum, the following criteria:

The analyst is

1. in good ethical standing;

2. a member of the Minnesota Psychoanalytic Society and Institute;

3. a graduate of an Institute of the American Psychoanalytic Association (APsaA), the International Psychoanalytic Association (IPA), or has had psychoanalytic training deemed substantially equivalent by the Membership Requirements and Review Committee (MRRC) of ApsaA: and

4. demonstrates experience and competence in conducting psychoanalysis.

MPI is a non-reporting institute. As such, your TA is to inform the Progression Committee when psychoanalysis begins and terminates only.

**Coursework:** Candidates are required to participate in the full curriculum of classes. At the end of every course a form asking for evaluations of each candidate will be given to instructors.

**Supervisors:** You will need to choose a supervisor when you begin training to help you review your current cases, to deepen your work with the therapy patients you are already seeing and to think through the process of introducing an analysis to patients who are appropriate for moving into analytic treatment. As you add control cases you will need to work with at least 3 unique supervisors.

Your relationship with your supervisors will be a very important part of your psychoanalytic development. There is value in meeting with members of our community. We also see there is much to be gained from accessing the larger psychoanalytic community. Therefore, to balance these goals, we require at least one of your supervisors be from the approved MPI Training Analyst list (Appendix A). The remaining supervisors may be non-MPI TAs if they are Training Analysts within an APsaA or IPA Institute. The Progression Committee will consider special circumstances for supervision requested by a candidate outside of these requirements.

MPI Supervisors and non-MPI supervisors must agree to abide by our supervisor requirements and will receive orientation materials for how we assess candidates and what is required of them as supervisors.

We recognize that the cost of training is substantial and that relationships with multiple supervisors can be logistically difficult and that a candidate may find that their work with a specific supervisor is contributing substantially to their learning and the depth of their clinical work. Therefore, a candidate wishing to take a fourth or further case may double up and choose a current supervisor to supervise those cases.

**Control Cases:** The decision to start a control case is made jointly by you and your supervisor. Clinical candidates are required to be in a training analysis prior to beginning their first supervised analysis. Waivers will be considered for unusual circumstances. The decision to take on a subsequent control case is made jointly by you, your current supervisor, and the supervisor of the new case. Taking on control cases requires that you are up to date on your annual write ups and payments to the Institute.

We believe that you learn analysis by doing analysis. Being immersed in analytic work is essential to your progress in training. We encourage you to have as much experience doing analysis as you can. You will have courses in your first year on developing analytic cases.

Candidates are required to inform their analysands that they are in psychoanalytic training and that they will be working with a supervisor. If a candidate ends training before graduation, he or she is required to inform each analytic patient that he/she is no longer in our training program and can no longer offer psychoanalysis as treatment.

**Annual Review with Supervisor(s):** The annual review takes place during September/October of the Fall trimester starting with year two of training. The goal of the annual review is to have an open discussion between you and your supervisor of your overall experience in training and to give you feedback on how you are progressing. There should be no surprises at your annual review since supervisors are required to give timely, specific, and useful feedback throughout the year.

**Assessment Tool:** One unique feature of the annual review is the use of an objective measure of how you are progressing on a list of analytic competencies expected to be achieved during your candidacy. The assessment tool we use is from American Board of Psychoanalysis called Psychoanalytic Core Competencies - PCC. (Appendix B)

**Supervisor Annual Report:** Your supervisor will submit an annual written report to the Progression Committee at the conclusion of your annual review. The report should capture your analytic development, including areas of strength (where you are progressing as expected) as well as areas that require ongoing focus for improvement. The Annual Report as well as a copy of the completed Psychoanalytic Core Competencies will be signed by both you and your supervisor before being submitted to the Progression Committee. The annual report will also indicate whether you have submitted an annual write up.

**Meeting of Supervisors:** Once you have more than one supervisor, an additional meeting will be scheduled annually for all your supervisors to meet to discuss your progress. A member of the Progression Committee will attend. You are also invited to attend a portion of the meeting. The annual reports of each supervisor will be distributed to the other supervisors one week prior to the meeting. The Progression Committee member attending the meeting of supervisors will then write a summary of the meeting.

**Write Ups:** An annual write up is required for each analytic case and is part of the Candidates annual review. The length, format, and content of the write up is mutually agreed upon by the Candidate and their supervisor. The annual write ups need not be lengthy but they should convey an analytic process and what has happened in the analysis over the last year. (See Appendix E for some ideas about conveying an analytic process in writing.) Three to five pages is acceptable but a longer report of ten to twenty pages may be useful towards the end of training in preparation for the final write up of each case required for graduation. The annual write up is due by September 1st of each year. You will not be permitted to take on new control cases unless you are current on your write ups.

**Final Write Ups:** A final write up is required on each analytic case presented for graduation. This write up should be twenty pages double spaced and tell the story of the treatment. Classes on writing about cases are offered during your training. Your Final Write Ups will not be used as a criterion for graduation. They will be used to inform your educational process.

**A note about writing:** The Final Write Ups are challenging to produce but extremely helpful in forming your analytic identity. How do you distill the essential elements of a shared analytic experience of many years into a single narrative. What do you leave out and what do you include and how do you link clinical encounters in a way that tells a story, that shows movement and progress. How do you summarize what has taken place and bring order to the work that has been done.

As analysts, we are confronted with the task of making sense out of a wealth of clinical material that is contained in every session. We are challenged to find meaning in the silences, stories, thoughts, feelings, transferences, and countertransferences, projective identifications, enactments, reveries and the list goes on. Much of this is lived out and experienced unconsciously. It is a formidable task to locate the unconscious thread and give shape in our own minds to what is happening in the session and perhaps observe or interpret what is going on to the patient. The task becomes even more complex when we are asked to think about what is happening over many sessions or over long stretches of time.

Writing is an incredibly powerful tool that helps organize the analyst's sense of the flow of sessions and the unfolding of an analytic process as the treatment progresses. Writing taps both the analyst's conscious efforts to capture the experience in the room as well as their unconscious understanding of the sense of things awaiting formulation in the writing process itself. You will receive guidance from your supervisor(s) on writing and there will be classes on writing about analytic cases. What we are looking for is not the literary value of your writing but whether you can tell a story of what is happening in the treatment. Even awkwardly written descriptions of the analytic work can successfully capture how the treatment is progressing and how the analyst and patient are engaged in an analytic process. Guidance for how to write about analytic cases is included in this handbook.

Finally, throughout your career as an analyst you will be asked to share in simple terms what analysis is and how it is uniquely different from other clinical approaches. Every clinical write up or case presentation you share is an opportunity to consolidate your sense of yourself as a psychoanalyst while helping others deepen their understanding of how analysis alleviates human suffering and transform lives.

**Graduation Requirements:** Graduation occurs when candidates have demonstrated a capacity to conduct independent analytic work. In keeping with the tripartite model, graduation requires: (1) completion of course work designed by the Curriculum Committee and approved by the Education Committee, (2) meeting the requirement of a training analysis, and (3) completion of the minimum number of supervised hours of at least 3 control cases, reflecting a diversity of identity characteristics including, but not limited to gender, sexual orientation, age, religion, race, ethnicity, culture, disability and socioeconomic status. A child or adolescent case may serve as one of the three cases when supervised by a Child Supervising Analyst. Each supervised training case must be in analysis at least three times a week on the couch for no less than two years and preferably in middle phase in order to qualify to receive credit towards graduation. Each candidate is required to have a total of at least 150 hours of supervision in total and at least 50 hours of supervision on one case in order to graduate.

At least two of the analysands should be in middle phase and there should be a likelihood that at least one analysand will have a planned termination.

Candidates who have not terminated a case prior to graduation are expected to continue supervision or to resume supervision during the termination phase. They are also expected to present the case at a termination seminar.

A candidate must be in good ethical standing to qualify for graduation. When the Progression Committee has decided to recommend a candidate for graduation, they will present that to the Education Committee for approval. Graduation automatically qualifies the graduate for active membership in the Minnesota Psychoanalytic Society and Institute and the American Psychoanalytic Association.

**Guidelines for additional cases:** The Committee will review all of a candidate’s work in arriving at a decision as to whether graduation will be recommended to the Education Committee. Even though minimum requirements (e.g. three cases of two years duration, one of which is of a different sex) have been met, the Progression Committee might identify an area in need of strengthening which it believes is essential to address before graduation. In such a circumstance, the committee might recommend an additional control case or additional work with a particular supervised training case. This recommendation can be made even though a candidate has had three control cases, each of which has been approved for credit for graduation purposes. This permits the committee to preserve a measure of flexibility about the graduation decision.

**Academic Candidates**

Academic Candidates participate in course work but do not take on supervised training cases and do not graduate as clinical psychoanalysts. They are required to obtain a personal psychoanalysis with a graduate analyst from an Institute of either the American Psychoanalytic Association or the International Psychoanalytic Association. This analysis is expected to overlap with coursework; A third portion of the requirement is a paper or project connecting their area of interest with psychoanalytic ideas. They will work with one or more mentors from either above mentioned association to complete their project.

**Materials for Evaluation:** Ongoing assessment of each candidate’s progress will rely primarily on experience with mentoring and class-room participation.

**Mentoring**: Academic Candidates are encouraged to begin working with a local facilitator/mentor to begin developing ideas about a project or paper. This facilitator/mentor should be a graduate analyst. The candidate can request help from the Progression Committee in finding a facilitator/mentor after submitting some preliminary ideas about the nature of their project.

A mentor for academic candidates will be asked to submit a report. The mentor will share this report with the candidate and both parties will sign the report before it is submitted to the committee. Mentors are expected to attend annual and progress towards graduation reviews to share their impressions with the committee and other supervisors.

While local mentoring is encouraged, special requests for geographic mentoring will be considered. This request is submitted to the Progression Committee. The mentor will submit a note as to the academic’s progress with their report or project on an annual basis which will be held in the Academic Candidate’s file to be reviewed on an annual basis.

**Classroom participation**: At the end of every course, a form asking for a narrative of each candidate will be given to all instructors.

**Writing:** Academic Candidates are expected to convey their psychoanalytic understanding through a project or paper that they develop with the assistance of a mentor. Preliminary ideas will be submitted to the Progression Committee no later than the Fall Trimester of the Third Year.

**Preliminary Ideas:** Submission of preliminary ideas about the project or paper by the end of the first year beginning with candidate classes of 2014. A more developed proposal by the beginning of Third Year; Fall Trimester. Subsequent annual drafts will be submitted until graduation.

Academic Candidates are expected to convey their understanding of psychoanalytic concepts like psychological genetic determinants and intra-psychic conflict. They should be able to describe the use of defense, the development of symptoms, transference and countertransference implications, as well as internal and external object relationships as the unconscious and conflict are represented in their topic of choice. This could be a review of literature on their topic or elaboration of applying psychoanalytic ideas to their clinical or scholarly field. Citations of relevant articles are expected.

**Graduation** is determined by completion of coursework and approval of completed Project or Paper.

**Special Circumstances**

**Part-time candidacy**

**Requests:** Candidates must submit any request for part-time status or a leave of absence to the Chair of Progression. Any change in status will be reviewed on an annual basis. The sequencing of a part-time curriculum will be approved by the Progression Committee on an annual basis. The Candidate also may be asked to submit a description of how they intend to complete their training within the offerings of the Institute taking into account that all courses are not offered every year. In addition, these candidates will send a written list of which courses they will be taking each trimester to the Administrator, and Treasurer for the purpose of billing and notifying Faculty of class involvement.

**Supervision**: Part-time candidates are expected to maintain supervision and to take a minimum of one course annually to facilitate the development of psychoanalytic thinking with their clinical work.

**Leave of absence**

Leave of absence candidates are expected to maintain supervision if they have analysands. If they are unable to do so, they are expected to inform their analysand and interrupt the analysis which is then reported to the Chair of Progression.

**Deferred enrollment**

Non-Matriculated Candidates: must re-apply to the Institute after two sequences of classes without matriculating.

**Transfer applicants**

The Minnesota Psychoanalytic Institute will consider a petition to transfer credit after the applicant has completed the admission process and has been accepted for psychoanalytic training. The Admissions committee will consult with the Progression Committee to determine the capacity of the Minnesota Psychoanalytic Institute to provide for the successful completion of all training requirements.

Work done at another training program may be considered toward graduation requirements on an individual basis. Those individuals who have been accepted for training should have disclosed any supervised analysis of a training case under another psychoanalytic training program in their admission process. He or she is not authorized to conduct unsupervised psychoanalyses. The Admissions Committee, the Progression Committee, and the applicant will work together to arrive at a mutually agreeable plan to protect the treatment of analytic patients who are not being supervised or who are being supervised by an analyst who is not an approved supervising analyst of the Minnesota Psychoanalytic Institute. The candidate may, for example, petition the Progression Committee to transfer supervision to an approved supervisor. If the petition is approved, the candidate would receive credit for conducting a supervised analysis of a training case from the date of the beginning of approved supervision.

November 2020

Appendix A

MPI Training and Supervising Analysts

Jeanne Bailey

Deb Boughton

Peter Grant

David Gordon

Joan Lentz

Virginia McDermott

Michael Moore

David Stagner

Hal Steiger

Appendix B

 Psychoanalytic Core Competencies

Graduation from MPI means recognition of your competency to conduct an independent

psychoanalytic practice, and your fulfillment of the educational and ethical standards of MPI. It is a great accomplishment, a milepost on the lifelong journey of professional learning undertaken by psychoanalysts. During your annual review you and your supervisor(s) will discuss your progress on each of these competencies.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not – during candidacy, by the time of graduation, and throughout one’s career. The proficiencies will emerge as part of one’s learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and supervision that a judgment can be made about your ability to work independently, and thus to graduate.

The following categories inevitably overlap but are useful in orienting candidates and supervisors in thinking about the development of analytic skills. To facilitate your thinking about each element of analytic competency, you and your supervisor should use the scale we include below. At the end of your annual review your supervisor(s) will rate you on the PCC and write a brief report that includes their overall impression of how things are Your supervisor(s) will complete the PCC and submit it as well as a brief report

**Rating Scale**

**Exceeds goal** – The Candidate has mastered this aspect of analytic work.

**Meets goal** – The Candidate has developed the capacity to perform this skill and employs it most of the time when given an opportunity.

**Approaching goal** – The Candidate is developing the capacity to perform this skill and has begun to employ it on occasion.

**Emergent skill** – The Candidate has shown early signs of developing this skill.

**Having difficulty** – The Candidate has not yet demonstrated the skill in question and may have a special challenge in this area.

**Cannot assess** - Supervisors who do not have enough experience with a Candidate to make an informed assessment of a particular goal may mark a sixth option .

Elements of Psychoanalytic Competency

**Analytic Attitude and Stance**

• Exercises good clinical judgment

 o During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in

 integrating and balancing the influence of your previous education and training

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o In helping the patient transition from the consultation or psychotherapy

 into analysis

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Throughout the analysis

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Capacity for analytic listening

 o Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness,

 and a non-judgmental attitude

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Is attuned to nuances of the patient’s and analyst’s verbal and non-verbal communications, with an ear to latent meaning

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Focuses predominantly on the internal world of the patient

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Dependability, steadfastness, patience, and commitment to the analytic task

 o Sustains capacity for empathy

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Works effectively with defenses, resistances and transferences,

 including when these become entrenched

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Tolerates not knowing, ambiguity and frustration

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Observes and respects personal and ethical boundaries

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

**Self-Awareness and Self-Assessment**

• Reflects upon and makes use of one’s own feelings to help understand the patient

 and interactions with the patient

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Is aware of own sensitivities and potential blind spots, and the effects of one’s own style

 and personality on the patient

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Is aware of personal limitations in working with certain types of patients

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Contains and processes the patient’s and/or one’s own affective intensity along the

 entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Notices and is motivated to analyze one’s own mistakes and enactments,

 and can recover from a loss of analytic stance

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

**Interventional Skills**

• Effectiveness of interventions

 o Thinks and works analytically in establishing and maintaining the treatment frame and the patient’s experience of it (e.g., use of the couch, fees, missed sessions, patient’s questions)

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Makes interventions that are experience-near, at the affectively available surface,

 and accurately address what is accessible to the patient

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Demonstrates clarity, succinctness and sensitivity to the tone and timing

 of interventions

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Grasps the nature of a patient’s response to interventions and reflects on its meaning

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Helps the work broaden and deepen, facilitating patients’ progress in their analyses

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• Flexibility of interventions

 o Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Considers whether working in the transference or outside the transference

 at given moments will further the analysis

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Works effectively with surface and depth, defenses and wishes

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

 o Reflects thoughtfully upon when it will and will not be helpful to

 work with the patient’s past

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

**Conceptual Skills**

• Demonstrates knowledge of theories of mental functioning without being theory bound

 or overly intellectualized

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Understands important analytic concepts including, but not limited to,

 the dynamic unconscious, dreams, defenses, central organizing fantasies,

 transference, countertransference, enactments, technical neutrality, reconstruction,

 the role of trauma, conflict vs. deficit

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Follows the flow of material within the session, as well as the macrodevelopment

 of important themes and processes (e.g., shifts in the patient’s transferences)

 over the course of the analysis

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Is developing coherent ideas about the nature of therapeutic action of psychoanalysis

 and its potential for profound psychological change

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

**Written Reports and Oral Presentation**

• Conveys the story of the analysis clearly, vividly and openly, including examples of

 process material that bring the work alive

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Able to convey process: what led to what in the analysis

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Conveys and reflects upon problems and struggles in the analysis as well as future challenges

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Reflects on the role of supervision in the work with the patient

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

**Supervisory Process**

• Presents material candidly and lucidly

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Accepts and learns from constructive criticism

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Demonstrates a collegial relationship with the supervisor and the ability to think and

 work independently, beginning to find their own “analytic voice”

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

• Recognizes the indications for and is willing to seek supervisory input in the future

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| Exceeds goal | Meets goal | Approaching goal | Emergent skill | Having difficulty | Cannot assess |

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Candidate Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature

Appendix C

Psychoanalytic Institute of the Carolinas

Middle Phase of Psychoanalysis

 The following description is not prescriptive but generally reflects the features of the middle phase and its evolution. The middle phase of a psychoanalysis is recognized by the work having progressed beyond a focus on symptoms, symptom reduction, content focused largely on the patient’s daily life, action-proneness, and work focused on displacements. These features do not disappear in the middle phase. However, they are expected to recede as the analytic work becomes more focused in the here-and-now of what is happening in the room between the analyst and the patient, with increased emphasis on working on the meanings of symptoms and actions.. In addition, the work is more centered in the transference-countertransference manifestations, in which derivatives of those manifestations are more accessible for transference interpretation. Ongoing resistances generally become less fractious, making their expressions in fantasy, dreams, and enactments more available for collaborative work between the analyst and patient. Defenses become more malleable, and there may be advances in the patient’s defensive style with less reliance on more primitive defenses. The patient’s capacity for free association is enhanced. The examination of internal states (the patient’s and those of others, including the analyst) and motivations becomes more possible. As appropriate for each patient, the work dynamically shifts among developmental, conflictual and resistive aspects, with resulting increases in the patient’s capacity to live productively in the realms of work, love, and citizenry.

 The middle phase, itself, is dynamic; it evolves. As the analyst and patient progress in the middle phase, the transference-countertransference manifestations thicken which provides scaffolding for deeper levels of work to occur. For example, derivatives of early trauma may be re-experienced, requiring use of reconstruction as well as interpretation. Qualitative changes in the work often become evident as the middle phase work advances. Such changes include the analyst’s and the patient’s recognition of connections and differences between the here-and-now and the there-and then. Aspects of disturbance or constriction in one’s character and/or identity not recognized earlier or not adequately understood and appreciated for their intrapsychic meanings may come into focus. For example, the cultural and historical aspects of one’s identity, character, and intrapsychic life may become accessible as the analytic process continues to deepen in the middle phase. As the middle phase advances, the patient shows more investment in doing the work of analysis and evidences increased mastery, with vitalizing effects on the analysis and on the patient’s life in general. As the patient makes these gains, critiques of self, the analyst and other subjects and objects come to light, with liveliness and constructiveness. Also, conflicted and adhesive aspects of drive derivatives and limitations due to developmental arrests are more completely worked through. In the more advanced middle phase, the patient: increasingly knows and accepts his/her conflicts, vulnerabilities, and assets, develops a more conflict-free and richer affective life, and shows enhanced capacity and appreciation for the value of self-reflection and open-ended and respectful curiosity about self and others.

Appendix D

Psychoanalytic Association of New York

Phases of Analysis

The following schematic description delineates many key aspects of a developing

analytic process. It is characterized most importantly by processes

that focus on the analysis of transference manifestations in relation to the

person of the analyst. However, this does not imply that all analyses follow

a linear course; in reality few analyses are “typical” and many variations

occur in successful analyses. For example, there may be sudden shifts in the

balance between expressions of transference and resistance, temporary

advances and/or regressions, unexpected enactments, crucial insights that

are seemingly lost, and external events that impact the analysis (e.g., insurance

issues, job changes, educational requirements, marriages, births,

deaths, the patient’s and/or the analyst’s health, and the like). These and

many other occurrences require the analyst to be flexible, patient and open

to the “unexpected” with patients and with his or her responses to these situations.

Furthermore, transference elements may often be effectively analyzed

in relationship to significant others in the patient’s life; work with

some patients may involve exploration of challenges to the frame repeatedly

throughout the analysis or at later phases rather than being restricted to the

opening phase. The analyst’s increasing confidence and clarity of understanding

in mid-phase may alternate with periods of uncertainty or even

perplexity. Furthermore, the technical emphasis of the opening phase may

differ for some patients with more severe pathology.

We offer this description to candidates at IPE as an educational tool that

can be useful in discussion with supervisors, SPC advisors, and continuous

case instructors, as well as for personal reflection, while simultaneously recognizing

that there can be controversy about what constitutes an analytic

process.

Opening Phase

The analyst and analysand begin to experience being with each other in this

new and unusual relationship in which the patient is invited to share whatever

comes to mind while (typically) lying on the couch without face to face

contact with the analyst. The patient begins to learn that it is useful to

share with the analyst not only symptoms, but a variety of data, such as

childhood experiences, what is going on in the here-and-now, dreams, slips

of the tongue, visual images, bodily sensations, and thoughts and feelings

about the analyst. As the patient starts to appreciate that meanings attached

to these experiences may be inter-connected, he or she also begins to understand

how to work with this material. A major aspect of analytic work in

this beginning period involves helping the patient to become aware of his or

her resistances, and to begin to realize the power of these manifestations of

defense in order to become attentive to and understand the ways they may

appear, as well as the conscious and unconscious affects they are intended

to avert. In other words, the patient begins to become aware of the existence

of internal conflict. These resistances are often expressed in challenges

to the frame in contexts such as establishing analytic frequency, the fee, free

associating, using the couch, and the handling of missed sessions and personal

questions about the analyst. In addition, both analyst and patient

begin to recognize some elements of their transference and countertransference

reactions, and the patient becomes increasingly aware that there is a

dynamic unconscious. The time period necessary for this beginning work

varies widely for different patients; in rare instances it may take months,

but more often one to two or three years, and even longer with some

patients.

Early Mid-Phase

The analysis and analyst become more and more central emotionally to the

patient, and the analysis as a structure and process can become increasingly

stable. An initial focus on reporting of symptoms begins to give way to a

greater emphasis on the meanings of symptoms and on character. Transference-

countertransference manifestations are gradually clearer as more and

more derivatives offer evidence that support the analyst’s interpretations,

especially as resistances are worked with analytically. They may be experienced

in fantasies and enactments expressed verbally or in action. These

provide useful material for both patient and analyst to explore, and result

in both the patient’s fuller awareness of transference and the analyst’s

greater awareness of both transference and countertransference. The analyst

often experiences more confidence in understanding the analysand’s psychology

and in his or her interventions. This, too, is subject to vicissitudes

and challenges to certainty – as evidence may emerge that requires revision

of previous interpretations. Some modifications are often observable in the

patient’s defensive style and ability to reflect on internal states and motivations

– including the patient’s reflecting upon the internal state of the analyst

– as well as resistances to doing so. As this phase develops, with its

deepening of the transference (and the patient’s fuller appreciation of it),

the analyst’s interventions may place a greater emphasis on the here-and now

of the patient’s mind within the session and less on the external life of

the patient.

Advanced (or Deep) Mid-Phase

Typically, the analysis and analyst have become of central importance to

the patient. The patient-analyst pair engages in increasingly productive analysis

of transference-countertransference patterns that have become more

clear, interpretable, and workable, as well as reconstruction of the influence

of childhood experiences, including traumatic events that have shaped childhood

and current experience. Interpretations of specific content in these

areas may become more prominent relative to work on defense and resistance.

The patient’s productions are usually more coherent, so that links

between transference and extra-transference, and past and present become

more evident and accessible to the patient and analyst. This may contribute

to the analyst’s increasing pleasure and/or freedom to interpret. Core conflicts

are worked on over and over again in an affectively vivid way in the

here-and-now and there-and-then, as various facets of these conflicts

become manifest in the patient’s life as well as in the analytic situation; the

patient can also better appreciate connections between the two. Some significant

changes in the nature of the relationship with the analyst, and/or in

the patient’s life outside the analysis, usually take place. The patient also

evidences greater ability to engage in self-analysis; s/he notices new resistances

as well as the old defensive patterns and some increased flexibility to

use a greater variety of defenses, and a more developed and differentiated

affective life.

Termination

The patient has achieved a significant capacity for self-analysis and an

appreciation of the conflicts that underlie manifest complaints, although the

latter may not always remain conscious. By this time the patient has a

fuller, more complex, and nuanced view of the personal narrative presented

at the beginning of the analysis, and there is significant improvement in the

problems that brought him or her into treatment. Core conflicts and complaints

are inevitably revived, although usually – but not invariably – with

less intensity, as termination is anticipated. This period offers an opportunity

to further elaborate these core conflicts in the context of the impending

loss of the analyst as a representative of old object relationships, as well as

a real person and a daily presence. This work is done with a greater sense

of independence from the analyst and of self-reliance to do analytic work.

Emotional appreciation of the reality and meanings of loss is inevitable

(and necessary for an internalization of the analytic relationship and process

to become structured). Themes of loss and mourning are common, as the

patient relinquishes idealized fantasies that pertain to the analyst and to

him or herself, even after the completion of a successful analysis. The analyst

also deals with the loss of the patient and his/her countertransference

responses that often mirror the patient’s experiences of object loss. Both

parties develop an awareness of the limitations of the treatment and an

appreciation of what it has accomplished

**Appendix E**

**More thoughts about writing**

**INITIAL CASE WRITE-UP**: should give a description of the analysand, including his/her age, sex, and other relevant characteristics (always considering what is necessary to disguise for confidentiality) should be included. The chief complaint, essential developmental history, current life circumstances, and prior treatment history should be described. Depending on their own experience, and the quality of the information they have in a beginning case, candidates should describe what the analysand is repeating or avoiding from the past. Although it may be tentative, an attempt to summarize this in a psychodynamic formulation and diagnosis that shows the analysand’s conflicts and defenses, as much as they are known, should be made.

Regarding the analytic process itself, the candidate should describe how the treatment couple arrived at a decision to start an analysis. Was there a sense of a “fit”, and if not, how was this understood and what was the plan to work with this problem? What are the analysand’s and the candidate's expectations from the analysis? What were the analysand’s initial resistances to starting analytic work, and what were the candidate's concerns and anxieties as well? How were these dealt with? The development of a therapeutic alliance should be described. Once an analytic frame was established, were there efforts to undo it, and did the candidate make accommodations? In short, how did the analytic process get going?

**ONGOING CASE WRITE-UPS:** In writing the case reports, we would like the candidates to describe what has actually transpired between them and their analysands with the use of quotes or paraphrases wherever possible. This typically would include what the analysand has said, the candidate's response, and the analysand’s reaction to that response. A theoretically oriented description may be interwoven or discussed in a separate section, but will not be sufficient in itself. Whichever theoretical framework is used, however, we hope the candidate can breathe life into it with concrete examples. While we understand that the initial write-ups for the first and second cases will not be as sophisticated as later ones, we hope to see a growing capacity to conduct indepen dent analytic work in all its phases (the opening, middle and termination phases), which is the goal that needs to be achieved in order to graduate.

As experience is gained and the analytic work deepens, in subsequent reports, candidates should describe their increasing ability to empathically recognize intra-psychic conflict, defense, and its manifestations in the transference and countertransference. How is the patient learning to recognize the presence and persistence of unconscious motivations? What are the core conflicts and/or deficits? What are the characteristics of the analysand’s object relationships in the internal and external world? Not only specific transference reactions, but also the larger picture of what the transference relationship is like should be described. This includes work with dreams. Is there a deep immersion in the work or an avoidance of it? Is there acting out, and are there mutual enactments?

How does the candidate work with fantasies, dreams, and the associative flow? Concrete examples should be given.

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