American Board of Psychoanalysis

Standards you can trust.®

The Core Competencies in Psychoanalysis

February 2024

The Core Competencies play a significant role in describing what is essential to the practice of psychoanalysis. As one of our reviewers noted, the ABPsa Core Competencies list "describes and operationalizes the most important aspects of analytic attitude, evaluation, and technique, together with a wide range of analytic listening, interventions, formulations, and how one might deal with all sorts of complex situations. It is wide ranging and inclusive." But don't let that intimidate you! The list can be a useful resource for applicants and examiners in the certification process, as well as for teachers, supervisors, and all those analysts interested in continuing their professional growth.

For Applicants for Board Certification:

The list is intended to be a transparent and clear list of the expectations upon which a determination of competency will be based, that can aid the applicant as they prepare for their written and oral examination. For the examination, the applicant prepares and submits case reports in advance as their written examination and then brings several sessions of process material to the oral examination. The examiners will consider the work from each portion the exam in the determination of competency.

While applicants may use this list to guide them in deciding what to include in the reports of their work and their choice of process sessions, 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. Nor should they feel that they must try to include an example of each sub-competency domain. Skills may be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. In fact, if someone 'writes to the test,' and tries to include every aspect of the Core Competencies, this would interfere with revealing exactly what one would hope to be able to show – their work as an analyst.

Rather, the detailed items in these competencies can be used to assist an applicant in their thinking about their analytic work, as demonstrated in their individual cases, and to further their engagement in a collegial dialogue with the examiners about that work to demonstrate their analytic competency.

For Certification Examiners:

In its review of an application, the Certification Committee assesses the presence of the clinical skills, knowledge, and attitude, summarized in the Core Competencies, as evidence of competent analytic work by the applicant. The document provides rich detail of potential ways that a competency may be identified in the clinical situation and demonstrated in the examination. Skills may be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. Many of these skills overlap. What is envisioned is an engaged and deepening process of collegial discussion of the applicant's analytic work.

For Teachers and Supervisors:

As the ABPsa Core Competencies document comprehensively describes the essential components of analytic competency, this list could be a useful resource for curriculum planners, teachers, and supervisors seeking to help candidates grow and develop their analytic skills, identity, and practice.

CORE COMPETENCIES

CATEGORY I: HOW THE ANALYST APPROACHES ANALYTIC WORK

1. ANALYTIC MIND AND ATTITUDE: As evidenced in interactions with or reflections on the patient (even if these are not included in what is said to the patient), the analyst demonstrates:

A. A patient, **non-judgmental**, and **neutral** attitude of **curiosity** and open-mindedness in relation to all material, presented non-verbally and verbally, not presumptuous or imposing the analyst's own values.

B. **Emotional openness and attunement** as shown in an attitude of tolerance, non-defensiveness, and sensitivity to the analyst's and analysand's thoughts and feelings. *

C. **Openness to learning from and about the patient**, including the impact of trauma, social discriminations, (such as, but not limited to, race, ethnicity, gender, sexuality, religion, class, disability), culture, constraining cultural features, and violence. GSRE*

D. **Flexibility of thought and a tolerance of uncertainty** and ambiguity in ongoing work, avoiding premature or rigid conclusions. *

E. A **willingness to self-observe and self-reflect** and consider how the analyst's own issues, sensitivities, reactions, mistakes, and challenges can impact the work. *

F. The capacity to look beyond the verbal and non-verbal manifest material, with attention to what may be unconscious or not consciously available. *

*Although identified here as contributing to the analytic attitude, attention to what is not consciously available, affect, and ethics are expanded more fully in separate competencies.

*GSRE items reflect integration of diversity items within individual competencies based on research findings. Diverse identity characteristics may include gender and sexual identities, racial, ethnic, cultural, class and religious identities as well as other identity characteristics.

CATEGORY II: KNOWLEDGE

2. KNOWLEDGE OF PSYCHOANALYSIS: THEORY AND APPLICATION: The analyst demonstrates an understanding of:

A. Psychoanalysis as method of clinical inquiry and treatment.

B. Knowledge of the following domains as utilized in an analytic process, when applicable: *

i. A variety of **theoretical schools.**

ii. **Key constructs of psychoanalysis**, including but not limited to theories of development, psychopathology, unconscious, non-conscious or unformulated states, transference, countertransference, defense, resistance, internal objects, and therapeutic action.

iii. **Contemporary schools of thought** including those related to the **external** context, to the impact of **trauma**, to the development of the sense of self, and to **diverse identity characteristics**. GSRE

iv. How **experiences of power**, privilege, and systemic inequities which may not be readily apparent to the analyst or analysand and can be analytically considered within the psychoanalytic relationship. GSRE.

*N.B. Theoretical knowledge can be demonstrated in the clinical work itself and in the narrative about that work without necessarily being specifically formulated.

CORE COMPETENCIES

CATEGORY III: ASSESSMENT

3. DIAGNOSIS, ASSESSMENT AND FORMULATION

A. INITIAL DIAGNOSIS AND SUITABILITY: The analyst demonstrates:

i. The use of an open-ended **evaluation** to develop a **working hypothesis** as to the reason(s) analysis is sought that considers the patient's capacities, strengths, vulnerabilities, and ego functions (e.g., reality testing, defenses, impulse control, affect tolerance and modulation, symbolic thinking, object constancy, self-cohesion, defenses, and character organization), and is informed by a knowledge of development. This hypothesis seeks to identify what is making a patient suffer, an attempt at an initial diagnosis that can be used to reflect on how the analyst can assist the patient.

ii. An openness to **variable presentations** related to cultural context and assumptions, biological and environmental strengths and vulnerabilities, as well as an understanding of the effects of and interplay among various analytic constructs such as object relations, development, intrapsychic conflict, deficit, trauma etc. as determinants of psychic development, psychopathology and character. GSRE

iii. The ability to consider how factors such as the conversion or referral process, prior treatments, health status, trauma history, and use of medication might factor into the case. GSRE

iv. The capacity to consider, explore and determine whether the patient may be able to sustain a deepening analytic process as contrasted with more structured, supportive, explanatory, or educational interventions, enabling the analyst to **recommend analysis** or determine when analysis might **not** be the preferred treatment. This could reflect the capacities of patient or analyst or other variables, for example, financial constraints, conflicts related to over-identifications, analyst-analysand "fit," and safety concerns in high-risk patients.

B. ONGOING ASSESSMENT & FORMULATION: The analyst demonstrates the capacity to:

i. Make solid psychodynamic theoretical **formulations,** distinguishing between evidence and hypotheses, that are consistent with the theoretical orientation the analyst is using to conceptualize the case.

ii. Identify and consider **alternative theoretical hypotheses** or orientations, modifying formulations when hypotheses are not confirmed by the process of the analysis.

iii. Use one's formulations and experience of the clinical situation to make theoretically informed **interventions** that are consistent with the espoused theoretical orientation(s) and to assess their timeliness and impact.

iv. Show awareness of the relevance of the interplay between intrapsychic, contextual, external, and developmental factors, relational patterns, and alertness to shifts in this interplay over time, as well as to resistance to those shifts. GSRE

v. Assess and attend to progress, determining **whether deeper work may be needed** or **psychoanalysis is no longer deemed helpful** or useful to the patient, and when possible, to recognize and address impediments to progress.

vi. Assess **readiness for termination** as detailed in Section 13: Termination.

CORE COMPETENCIES

CATEGORY IV: ELEMENTS OF ANALYTIC TREATMENT - WHAT THE ANALYST DOES

4. ETHICS: The analyst demonstrates the capacity to:

A. Maintain a **professional identity** that includes an uncompromising commitment to patient responsibility, integrity, and professional ethical standards.

B. **Self-reflect** on the impact of interventions and possible misjudgments.

C. Recognize the need for and willingness to obtain personal **consultation** should issues emerge related to possible misjudgments, impairment, boundary violations, treatment impasses, financial misconduct, or other ethical challenges.

D. Consider and maintain appropriate **confidentiality** through a rigorous commitment to keeping the patient's identity, history, and words private, and only sharing with appropriate others the minimum information as is deemed necessary in writing, presentation, publishing, and/or consultation, and other areas where confidentiality issues arise, such as record keeping, insurance billing, etc.

E. Maintain the safety protections for confidentiality necessitated by the use of **tele-communicative devices** for in-office and tele-analytic treatment settings, electronic recordkeeping, and communications. The analyst should understand and address their responsibility to remain up to date with threats to the privacy of electronic record keeping, communications, and tele-treatment, and their remedies.

F. **Reflect on and address competing ethical principles** (such as patient/analyst needs) or subtle aspects of ethical considerations in the inevitable grey areas that arise in the course of analytic work and to refrain from intervening in a way that imposes the analyst's personal agendas.

G. Reflect on the benefits and/or difficulties posed by supervision and/or personal analysis, when relevant.

5. FRAME: The analyst demonstrates the ability to:

A. Define, understand, establish, and maintain **an attitudinal and procedural frame** to contain intense work, while considering privacy, reliability, etc.

B. Understand and engage a range of aspects or **alterations of the frame**. This would include the analyst's or patient's absences, variations in frequency, treatment setting, use of the couch, the analyst's or patient's illness, fee and payment arrangements, enactments or other treatment factors that may affect the reliability and consistency of the analytic process.

C. Identify and work analytically with **resistances that are inherent in the external analytic frame**, for example the resistances that are activated by the stability of the in-office frame or the flexibility of the tele-analytic frame as well as to appreciate the **importance of the analyst's internal frame** and the vital role of frequency, consistency, dependability, and belief in the helpfulness of analysis and one's ability to be of help.

D. Recognize the impact of **confidentiality issues on the frame** both in tele-analytic and in-office treatment.

6. FOCUS ON UNCONSCIOUS: The analyst approaches the work with attention to what is not consciously available, recognizing the central importance of the internal worlds of the patient and themselves. The analyst demonstrates the ability to:

A. Engage **in symbolic thinking and self-reflection**, shown by an awareness of and attunement to the influence of unconscious, unformulated or non-conscious factors on their own and the patient's fantasies, thoughts, feelings and actions~~,~~ even if these are not necessarily included in what is said to the patient.

B. Reflect on to the **multiple meanings** and purposes of affects and attitudes, as seen for example in overdetermination, multiple function, and ambivalence.

C. E**nable the patient to recognize,** be curious about, and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.

D. Explore, understand, and work with the ways in which trauma and other **external factors may have had an impact** on the psychic development, manifestations, and the inner workings of the patient's mind. GSRE
E. Consider the ways in which gender, sexuality, ethnicity, race, culture, have been internalized and have an impact on the workings of the patient's mind. GSRE

7. AFFECT TOLERANCE AND MANAGEMENT: The analyst demonstrates the ability to:

A. Reflect on, **tolerate, and contain** a wide range of their own and the patient's **powerful feelings** (such as uncertainty, anxiety, rage, hate, love, and erotic desire and other, intense, or disturbing affects) and the array of difficult **dynamics** including idealizations, devaluations, negative or erotic transferences, and projections) as these unfold between patient and analyst during an analysis.
B. Sit with and **bear witness to painful realities, memories, and subjective experiences** that the patient has been able to bring into the analysis, such as might occur with racism, sexism, or trauma, and consider how these may present in the here and now of the analytic relationship. GSRE
C. Tolerate and engage with the patient to understand intense or disturbing feelings within the dyad, including, for example, the patient's unconscious or unformulated wishes, and destructive impulses toward the analytic treatment, **while maintaining an affective involvement** with the patient that resonates flexibly with what the patient does and does not need from the analyst.
D. **Remain curious and reflective** in the face of intense feelings, **without diminishing these feelings** in either the patient or the analyst by responding in ways that are excessively distant, indifferent, minimizing, rejecting, punitive, or overly reassuring.

8. ATTUNEMENT FACILITATING DEVELOPMENT OF A COMPLEX RELATIONSHIP: The analyst demonstrates the ability to:

A. **Be attuned to** and empathize with the patient's relevant affective experiences, vulnerabilities, conflicts and difficulties, and the ability to use what they learn from the patient in the service of the treatment.
B. **Explore all aspects of the patient's experience** including their experience of diverse identity characteristics of both members of the dyad. GSRE
C. Use authentic, sensitive, timely, tactful, experience-near **interventions** as seen in:
    a. The appropriate use of language, words, or silences and to assess and work with their impact.
    b. A recognition of the protective nature of defenses and patterns that are being challenged.
    c. The judicious use of self-disclosure with intent to facilitate the progress of the analytic work.
D. Provide a **safe environment** with affective involvement that is neither too distant nor intrusive, facilitating the development of an intimate and connected relationship, where the analyst demonstrates the ability to move thoughtfully and sensitively through empathic immersion, rupture, repair, and moments of intimacy.
E. Be aware of the **analyst's own impact** on the patient as evidenced by:
    i. Recognition of shifts in the patient in response to affects, actions, and the person of the analyst.
    ii. The use of self-reflection and attention to blind spots, where conscious and nonconscious biases could operate, on the parts of both the patient and the analyst.
    iii. An understanding and willingness to explore with the patient the inevitable power dynamics inherent in the relationship.

9. DEEPENING TREATMENT AND THE ANALYTIC PROCESS: The analyst demonstrates the capacity to facilitate, recognize, understand, and describe the nature of an analytic process where treatment deepens, and to accurately reflect shifts in the patient's capacities.

A. Impediments to Deepening: The analyst demonstrates:

i. Recognition, understanding, and tolerance of the inevitable ways analysts and analysands can use **defenses or other mechanisms to** interfere with knowing, understanding, and changing.
ii. An ability to expand the patient's conscious awareness of the nuanced, patterned, and complicated workings of defenses and **resistance,** and their role in reflecting core conflicts and the essence of the patient's difficulties and informing the analytic work.

B. Deepening: The analyst:
i. Facilitates the deepening of the treatment, as characterized, for example, by a more complex understanding of how the external and internal inform and impact one another, by movement in the treatment from the external into the inner world, and by increasingly elaborate and complex transferences, (as described in 10.C. Transference).
ii. Demonstrates recognition of **improvement in the analysand's functioning** when present such as the development of a self-reflective or self-analytic capacity**,** shifts in interpersonal and intrapsychic relational patterns. changes in the analysand's way of perceiving and relating to self and others, an increasingly enlivened and authentic experience of self and other, and an increasing capacity to use one's internal experiences freely and creatively.
iii. Identifies and reacts appropriately to shifts in the patient's capacities as seen in the analyst's ability to work with both progressive and regressive trends.

C. Articulating the Process: The analyst conveys:
i. How the story of the patient's psychic life unfolds, becoming more elaborated and integrated as the analysis progresses.
ii. The actual process of the analysis and how it evolved as a result of the analytic process between the analyst and patient, by describing the patient's experiences and expressions, the analyst's verbal or nonverbal responses to these, and the effects of the analyst's interventions on the analysand, the analytic relationship and the analysis.
iii. An understanding of the ways interventions can facilitate or impede deepening.

10. TRANSFERENCE: The analyst demonstrates the ability to:

A. Recognize and work with transference and understand its ongoing nature and evolution in impacting and informing the treatment.
B. Be available for and facilitate the development of **manifold transferences**, conceptualize their increasing elaboration and complexity, such as through the revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference and demonstrate how such conceptualizations enhanced the analyst's understanding of their patient and the patient's understanding of themselves.
C. **Interpret within the transference** using language consistent with the analyst's theoretical understanding, chosen methods, and goals that is also succinct, not intellectualized, experience near, and understandable to the analysand. (G).
D. **Persevere, working analytically with intense, erotic, negative, and/or persistent transferences and resistances** at a deep level.
E. Engage the patient to work with the possible ongoing impact of previous or concurrent **ancillary treatments**, if present, on the multiple possible transferences.
F. Understand **transference as it relates to identity characteristics** of both members of the dyad and how these affect the analytic process GSRE, as seen in:
i. The interplay between the analyst and patient's conscious and unconscious attitudes and biases.
ii. The meanings and impacts of the analyst's and the patient's identity characteristics as both intra-psychic and social experiences that are created by the dyad within the analytic space.
iii. The analyst's and the patient's experiences of their bodies, sexes and genders in the analytic space.

CORE COMPETENCIES

11. COUNTERTRANSFERENCE: The analyst demonstrates the ability to:

A. Understand that their **reactions to the patient**, including their own fantasies, associations, reveries, bodily sensations, and other reactions **can be important ongoing sources of information** about the patient and the analytic interaction, and/or represent aspects of the analyst's psyche the analyst needs to explore. The analyst shows the capacity to use this information effectively either internally or to inform their work with the patient.

B. **Manage countertransference(s) without prioritizing the analyst's own needs**, for example, managing sadomasochistic or hostile reactions without projecting/blaming, and wishes for approval without soliciting affirming responses.

C. Understand **countertransference experiences as they relate to identity characteristics** of both members of the dyad and how these affect the analytic process. GSRE

12. ENACTMENTS: The analyst demonstrates the ability to:

A. **Identify the inevitable enactments in an analysis non-defensively and understand** their meaning, joint creation, function, manifestation in the analysis, and the ways they may serve to advance the work.

B. Recognize and **address an enactment** through self-reflection which enables the analyst to step out of the experience to work through salient issues, particularly those with destructive elements, while tolerating turbulence and avoiding excessive prolongation of the enactment, or other disruptions to the frame, such as stalemate, narcissistic mortification, perpetuation of further enactments, etc., to safeguard the analytic process.

C. **Expand the patient's conscious awareness** of the nuance and complicated workings of enactments, including its benefit as a resource for understanding for both the analyst and analysand.

D. Reflect and consider how enactments may provide deeper information **about unconscious processes related to issues of identity** characteristics. GSRE.

13. TERMINATION: The analyst demonstrates the ability to:

A. Assess **readiness for termination** or whether termination is being considered defensively to avoid facing conflicts over dependency and needfulness or other areas that are relatively hidden based on discomfort, fear, or shame.

B. Reflect on the **nature, distinct components, dynamics, and impact of any termination** process, whether a planned termination or a premature termination, including transference, countertransference and reworking inherent in the process.

C. Reflect on and discuss **how a planned termination was jointly determined** and/or the **meaning and determinants of an interrupted analysis.**

D. Understand the **rationale and dynamics of any post-analytic contact** if present.

Category V: Overall Consistency and Coherence

14. COHERENCE AND CONSISTENCY: The analyst:

A. Is relatively **consistent** in demonstrating the competencies across the discussion of multiple cases.

B. Shows relative **coherence** in the application of theoretical knowledge and interventions within individual cases, even if thinking flexibly and changing approaches when the situation warrants.

CORE COMPETENCIES

Category VI: Competencies Specific to Child & Adolescent Analysis

In addition to the competencies described in Categories I-V, in work with children and adolescents, applicants will need to demonstrate these additional aspects of competency.

A. **Knowledge:** The analyst demonstrates and applies an advanced knowledge of child development and psychoanalysis, including:

i. **Common developmental pathways** and an understanding of issues seen in working with the child or adolescent patient.
ii. **Variations in development**, such as neurodevelopmental challenges, autism spectrum, attentional, mood, and learning disorders, and how these may impact technique.
iii. The **psychopathologies of childhood**, **adolescence, and emerging adulthood**.
iv. The evolution of **gender/sexual Identity.** GSRE
v. The impact of **race, ethnicity, and cultural experience** on evolving personality development and their influences on family dynamics, and parenting styles. GSRE
vi. An ability to formulate a **dynamic/developmental understanding** of the child's inner world and how it contributes to the presenting problems.
vii. The capacity to **formulate changes in technique** based on the developmental level of the child.
viii. An understanding that therapeutic interventions in analysis have the additional goal of **promoting development.**

B. **Ethical** issues specific to child work: The analyst demonstrates an ability to:

i. Maintain appropriate **boundaries** with the child and with the parents.
ii. Manage the frame and age-appropriate boundaries regarding **confidentiality and communications** both with the parents and with the child, respecting the privacy of the material from the child, and the clarifying the parameters of this with both the parent and the child.
iii. Understand ethical and legal obligations to communicate outside the usual analytic boundaries when applicable e.g., mandatory reporting.

C. **Work with Parents (and others):** The analyst demonstrates a nuanced capacity to work with parents and other entities in the child/adolescent's life, as demonstrated by the ability to:

i. Conceptualize the nature and foci of the parent work and its trajectory.
ii. Help the parents understand the **reason for the analysis** of their child and **to work empathically with the inevitable anxieties and resistances** that will ensue**.**
iii. Develop and maintain **a therapeutic alliance** with the parents to assist them with their parenting efforts, their understanding of their child, their child's analytic work, and the protection of the child's analysis.
iv. Manage **countertransference to the parents**, while continuing to focus on the child.
v. Consider the impact of parent work on maintenance of the **analytic frame** and the effect of the frame on the parent work.
vi. **Interact with schools and other entities** in the child's life, when necessary, sensitive to privacy and confidentiality, always being mindful of the analytic frame.

D. Affect and Action: The analyst demonstrates the ability to:

i. Recognize, **tolerate, contain, reflect on, and manage** a **wide range of affects and actions** in action-prone child and adolescent patients. These may include powerful feelings, such as uncertainty, anxiety, rage, hate, love and erotic desire and other, intense or disturbing affects. Actions may include dependent, passive, idealizing, sexualized, aggressive and risky behaviors.

ii. Explore and understand **action and behaviors as expressions of meaningful** mental activity such as defenses against underlying affects or phase specific developmental strivings.
iii. Recognize, tolerate, and manage the analyst's own reactions and countertransference to these affects and actions in the child, including **as they relate to identity characteristics** of both members of the dyad.

E. Play in the Psychoanalytic Setting: The analyst engages in therapeutic play as seen by the ability to:

i. Recognize and facilitate play at **different developmental levels**, considering the impact of developmental deficits/delays.
ii. Create a developmentally appropriate **play environment**, that includes toys, art supplies, and furniture, which facilitates play.
iii. Understand the meaning of the **communication provided through play** to deepen analytic understanding.
iv. Use the medium of play for **intervention,** including labeling affects, elaborating inner conflicts and fantasies, and working with defenses and transference material.
v. Consider whether to offer **interpretation** (or not) based on the understanding of the child's process, their need to remain in the play without interruption, or their readiness to understand within but not outside of play.

F. Transference: The analyst working with child and adolescent patients demonstrates:

i. Awareness that children's transference feelings towards the analyst can stir loyalty conflicts in the child and may feel threatening to the parents.
ii. The capacity to identify, understand and interpret the transference, while also recognizing the analyst's multiple roles as a new, real, or developmental object, as well as a transference object; and to use this understanding to facilitate the therapeutic action.

G. Countertransference: The analyst working with child and adolescent patients demonstrates an ability to:

i. Recognize and reflect on the often-intense countertransference reactions that children can stimulate, including, for example, the commonplace feeling of seeing oneself as a better parental object than the actual parents or being caught up in a comparison of the child patient with one's own children.
ii. Tolerate and manage the analyst's reactions and countertransferences to people and situations in the child's life, parental relationships, and intense affects and actions in the child.
iii. Recognize that enactments between the analyst and child and/or the analyst and parents/significant others in the child's life may reflect intense countertransferences.