American Board of Psychoanalysis

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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)

Last updated: 02/2024

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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 part: (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 APsA; (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 two written reports and be prepared to discuss at the interview cases that meet the following criteria:
    - patients seen at a frequency of three to five times a week
    - at least one of the cases must have formally terminated the analysis by the date of submission of the Certification application
- 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
- We strongly recommend, but do not require, that applicants present patients of different genders in order to provide the best circumstances for evaluation

Applicants for Child & Adolescent Certification, should include in addition to the above

- Child and adolescent cases from different developmental phases, including adolescence
- One case must include the use of play as a treatment modality.
- A brief 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 14 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.

All materials submitted for the examination may be used to assess the applicant. This includes but is not limited to case write-ups, process notes, and responses from the oral examination.

No application or examination 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 14 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)

Process notes are submitted at in-person examination or one week prior to the examination if testing virtually.

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, meeting the writeup criteria, 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, Sunday and/or Monday prior to the APsA 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 Case Reports

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 at 17-20 double-spaced, pages. Pages must be numbered, with 1-inch 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 12 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.

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.

Write-ups that fall outside of our page or formatting requirements will not be accepted. You will be notified and have the opportunity to resubmit a report that meets the page and formatting requirement, if your revised report is received by the original due date. No extensions of the deadline will be granted.

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, one of which is at least in the middle phase of analysis, and one of which has formally terminated by the date of the submission of the application. 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

Candidates are expected to submit three written reports - two of full length, and one brief report of five pages - of child and adolescent cases from different developmental phases, including adolescence. One case must include the use of play as a treatment modality. One of the two full length reports must be of an analysis that has formally terminated.

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.

In the event of an examination discussion in which access to process notes would be helpful for all committee members to review, those process notes will be made available to all committee members during the post-interview discussion and in all subsequent aspects of the examination process.

Process/Session 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 material that focuses on one 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 formally terminated 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.

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 one week in advance an encrypted file of process notes that will be distributed to examiners.

Process notes shall be from three full sessions for each of the two case write-ups submitted with the application. In addition, three sessions from an additional case that may be discussed during the examination (9 total sessions of process notes). For Child & Adolescent applicants only: the third set of process notes will be for the case submitted as the brief report. (9 total sessions of process notes). Process notes will be retained by the interviewers and may be read to all the participating members of the Certification Committee during the post-oral examination assessment.

Process notes must follow these procedures:

1. Please use the following "Sample Format for Process Notes" as a format guide for the submission of your process notes.

2. Do not include any information that may identify the applicant including the institute, supervisor names, patient names, and analyst name.
3. 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 1, Session 1).
4. Place all information that is not part of the report, such as section headings and dates of sessions, on separate lines.
5. Disguise all identifying information, including information concerning yourself and the patient. Patients and others should be given a name that is a single letter.
6. Place verbatim quotes on a separate line, and start that line either with "A": (to identify the analyst), or "P": to identify the patient.
7. Use round brackets only (i.e., "(" and ")") for parenthetical remarks. Do not use square brackets, curly brackets or angle brackets for any purpose.

Sample Format for Process Notes

Case 1, Male Patient
Process Note 2
Session - date

A: I think I have a sense of your father but your experiences with your mother are unclear to me. What thoughts do you have about that?

P: I think I never mention her because she seemed like such a non-person to me. She was like air or something. She almost apologized for breathing. I never told her about my problems because when she did say anything she would give me the idea that that was just how life was and that you couldn't do anything about it.

A: That must have been pretty hard for you as a little boy; to have no one to talk to about your fears and worries.

P: It was. I guess I just never saw the point in talking to her. When I was a young boy I put on plays for her while she ironed to get her attention but it didn't matter, she just kept ironing. Maybe she wasn't too smart.

A: You know there are times in here when I feel like you don't have of sense that I am in the room. I wonder if that's how you felt with your mother when you were a young child.

P: (While crying for the first time) It was so sad. I had no one to talk to. My mother was like a non-person without feelings and my father was a brute. I was between a rock and a hard place. But she could have listened, he was just mean.

A: I wonder if you feel that way in here with me, like I could help you but I don't.

P: It does feel that way sometimes but I don't think I let you say much. Maybe I think woman don't really have much of value to say. Not you of course, you have all of those degrees on the wall but most woman, like my wife, she never talks.

A: I think it was just hard for you right now to talk about me. It seems as though you needed to put me in another category, maybe to protect me from your feelings that I don't care about you (I felt I could choose to focus on not being smart like his mother and probably most woman or not being emotionally available, I chose the latter).

P: Why are we talking about this sissy stuff? Men don't act like this. I have a problem to solve, a big one. Am I going to change professions or not? That's the real question.

A: Talking about your feeling made you feel vulnerable. P: You're dame right. I'm a man and men don't cry.

Research Committee Note about Process notes & write-ups

The Research Committee is anonymously collecting data for research purposes on all certification write-ups and process material. Be assured that total confidentiality is being maintained. The Research Committee has been developing methods to study the validity of the certification process and, in that way, refine methods of studying the analytic process and how it is expressed in both case summaries and process notes. The research has nothing to do with the applicant's evaluation for certification and the research work is entirely blind to analyst and patient. This is simply a study to advance our field.

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 chair shall vote. 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.

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 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 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 within 10 weeks 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

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.

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 **neutra**l 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.

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

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.

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.

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.

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.

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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