



American
Board of
Psychoanalysis

Handbook for Pre-Graduate Applicants

Certification in Adult Psychoanalysis

Certification in Child & Adolescent
Psychoanalysis

Application Deadlines:

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

February 1, to be considered at the June/July Certification Examination

September 1, to be considered at the February Certification Examination

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This handbook contains necessary information about the Certification Examination in Psychoanalysis. Applicants are responsible for reading these instructions carefully and understanding the content of this handbook. This handbook is subject to change.

Certification

The American Board of Psychoanalysis Board Certification process is designed to assess an individual analyst's knowledge, skills, and attitudes necessary for providing competent psychoanalytic treatment at the post-graduate level.

Certification is part of a credentialing process which focuses specifically on the individual and is an indication of current competence in a specialized area of practice.

ABPsa offers voluntary certification by examination for individuals specializing in psychoanalysis. Certification in either Adult Psychoanalysis or Child & Adolescent Psychoanalysis or both is 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.

To become certified, the psychoanalyst must demonstrate, through blind peer review, a mastery of the basic knowledge and skills necessary to practice the profession of psychoanalysis. To be reviewed, examined 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 analytic competence. In addition, the certification process is often a rewarding and important developmental experience.

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

ABPsa is a fully 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.

Eligibility Requirements

To be eligible to sit for the ABPsa Certification Exam an applicant must:

1. be a graduate or candidate from an Institute that is either approved or accredited by the IPA, APsaA or ACPE
2. hold a current license to practice, or if in a state that does not require licensure to provide additional information
3. submit written reports and be prepared to discuss at the interview cases that meet the following criteria:
 - o patients of different genders (one male, one female)
 - o patients seen at a frequency of three to five times a week
 - o at least one case must be terminated
4. be able and prepared to discuss a third patient who has been in a three to five times per week analysis
5. comply with ethical standards

The reports of applicants for Child & Adolescent Certification, should include:

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

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 completes the Certification Research Collection document.

A completed application, including the examination fee, must be submitted to the ABPsa office by the deadline. No materials will be sent to the applicants by mail.

Application Checklist

- Review the Handbook for Pre-Graduate Applicants
- Review the Clerical Procedures for the Certification Application
- Complete the Confidentiality and Data Use Agreement (to be submitted with application)
- Complete the Case Face Sheet for each case you are presenting and attach to written report (to be submitted with application)
- Complete the Research Collection Information (to be submitted with application)
- Complete two copies of the paper application (to be submitted with application)
- Notify the ABPsa office of your intent to sit for examination and pay the application fee
- Pay the required examination fee (to be submitted with application)

Please bring with you to the examination 3 sets of process notes for each case you are submitting with your application in addition to an additional case.

Fees & Refunds

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

American Board of Psychoanalysis
3400 E. Bayaud Avenue, Suite 460
Denver, CO 80209

Application fees for the Certification Examination in Psychoanalysis:

Application Fee	\$200.00
Examination Fee Part 1.....	\$250.00
Examination Fee Part 2	\$750.00
Continued/Re-Examination Application Fee.....	2/3rds of the current examination fee

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

The Certification Examination in Psychoanalysis is administered biannually during a 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

First time and continued applicants must submit the application fee, examination fee, and all written materials to the ABPsa by:

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

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 of the deadline.

About the Pre-Graduate Certification Program & What to Submit

The Pre-Graduation Board Certification Program is a two-part certification program that begins during a psychoanalytic candidate's training with Part I, and is completed after graduation from analytic training with Part II. Candidates currently in psychoanalytic training in either Adult or Child & Adolescent programs at eligible institutes may begin the process of Board Certification when their cases are well established.

The Pre-Graduation Certification program provides candidates with the opportunity to have their work in progress evaluated blindly by the Certification Committee. Part I consists of submitting two written case reports during training, with the option to have an interview. Part II, subsequent to graduation, consists of an interview where the applicant presents process material from a total of three cases with one of them being a terminated case. Candidate Members in good standing at approved institutes are eligible to apply.

If the case reports are favorably reviewed, the applicant will have passed Part I of the Certification process and upon graduating and having a patient who has gone through a termination experience may go on to Part II. If the Committee concludes that additional work needs to occur, the applicant will be continued.

Child & Adolescent

The Pre-Graduation Certification program is also available for those candidates in child & adolescent training. Similar to adult pre-graduation certification, two write-ups required for Part I with both reporting on cases that are in the middle phase of analytic work. The Part I reports can be of two patients of the same gender and in the same age group. If that is the case, for Part II both genders need to be represented as well as both a latency age child and an adolescent. Specifically, the latency child either begins treatment in latency, or begins in pre-latency and transitions into latency during treatment. The adolescent case should be of a treatment begun in some phase of adolescence. An adolescent is defined, for the purpose of certification, as someone in the second decade of life who is in a psychological phase of adolescence when treatment is begun. The full written reports should each be a maximum of 20 pages.

Part I

Part I of the Pre-Graduation Board Certification process entails writing up a report of up to but not more than 20 double-spaced pages each on two patients who are in the middle phase of their analysis. They may both be of the same gender. However, if that is the case, the third case to be presented for Part II will need to be of another gender and requires a complete write-up.

At the interview, process notes from these patients need to be presented. These notes can be from consecutive sessions or not depending on what the applicant feels best demonstrates his or her analytic work. To summarize: for the Part I interview, process notes from 2-3 sessions from the two cases need to be brought with you to the interview (four copies of each – one being for research purposes).

The cases for the middle phase write-ups should demonstrate the Core Competencies. The Certification Committee is looking for the demonstration of these basic psychoanalytic competencies in the work. The Committee has found that those case write-ups that include the following information have the best chance of demonstrating to the reader the depth and breadth of the analytic work being done.

1. Presenting clinical picture
2. Relevant history – childhood and recent
3. Analyzability considerations
4. Opening phase themes and engagements including verbatim dialogue to illustrate these
5. Facilitators of the deepening of the treatment
6. Enactments, dreams, impasses and supervision
7. Transference/counter transference entanglements
8. The development of the middle phase including verbatim dialogue to illustrate this
9. Working through and what the analyst thinks facilitated this
10. Anticipated termination themes

While these concepts are important to consider, demonstrating the aliveness of the encounter between analyst and patient is essential in order to communicate to the reader the analytic process taking place. What is often most useful for those who read cases is that they hear a story about what has occurred between the analytic dyad, while demonstrating an understanding of basic, core psychoanalytic ideas. This can be done in a variety of ways using one's personal style of writing while weaving in essential aspects of the psychoanalytic competencies.

Case material submitted should follow the anonymity, confidentiality and formatting requirements as outlined in this handbook.

Part II

After passing Part I, the applicant can apply for Part II following graduation when they have a patient who has engaged in a termination process. If the patient with a termination process to be presented is one of the two cases originally written up for the Part I middle phase case reports, then a description of the termination experience will need to be added to the original case write-up. In addition, detailed process material that illustrates the applicant's interpretive work and the deepening of the patient's analytic experience with emphasis on the termination will also be necessary. Process notes from a third analytic patient will also need to be brought to the interview. These notes can be from consecutive sessions or not depending on what the applicant feels best demonstrates his or her analytic work. If the terminating patient is not one of the two who had been written up for Part I, a full write-up will be necessary along with detailed process material.

To summarize for the Part II interview, process notes from 2-3 sessions from three patients need to be brought with you to the interview (four copies of each - one being for research purposes). In addition, if your terminated case is one of the patients presented for Part I then an addendum to the original write-up describing the

termination is necessary. If it is new case then a full write-up is needed that includes a discussion of the termination phase work.

Scheduling the Oral Examination

The ABPsa Certification Committee usually convenes Saturday or Sunday through Tuesday at the beginning of the week that coincides with the semi-annual meetings of the American Psychoanalytic Association. Interviews are conducted on those days. Applicant requests for specific interview days should be submitted in writing to the ABPsa Office at the time of filing the application. While ABPsa cannot guarantee that such requests will be granted, every effort will be made to do so.

Written Reports

Criteria

The “full reports” are written case reports not more than 20 double-spaced, pages. Pages must be numbered, with 1" margins all around, a black font size no smaller than 12 points and the character spacing set at normal. The “brief reports” are written case reports (on the third Child/Adolescent patient), not more than 5 double-spaced pages, which follow the same format requirements, described above.

Applicants must submit 17 double-sided copies of each case report. Please staple individual reports separately and please do not put the reports and applications in a binder. Reports exceeding the stipulated maximum length or not complying with the format requirements will be returned to the applicant with a request that the requirements be followed.

Middle Phase of Analysis (For Part I)

Please note that this list of the characteristics of the middle phase is intended to be a guide and not a checklist. Its purpose is to describe a trajectory while recognizing that all analyses have their own unique rhythms.

1. Frame
 - a. The candidate has been able to establish the analytic frame (fee, schedule, establishment of “analytic process”) and the patient has been able to work relatively consistently within this frame.
2. Alliance
 - a. The alliance can be described and is well established, i.e. patient can collaborate in recognizing and reflecting on resistances, regressive transference reactions, maladaptive extra-transference behaviors, etc.
3. Free Association
 - a. Free association is demonstrable – the patient can increasingly express whatever comes to mind including thoughts, feelings, body sensations etc. Oscillations are increasingly recognizable between past and present, transference and extra-transference, imaginings etc.
 - b. The analyst is able to more or less maintain a psychoanalytic stance that includes free-floating attention, technical neutrality and an awareness of countertransference pressures.
4. Transference
 - a. Transference paradigms are evident and have been interpreted.
 - b. Analytic work focuses on the transference, leading to a deepening of associations in service of gaining understanding into defensive operations, enactments and genetics.
5. Resistances
 - a. Character resistances have increasingly become the focus of joint curiosity and exploration.
6. Countertransference
 - a. Major countertransference reactions are evident and used to better understand the patient’s unconscious processes.

- b. The analyst is sensitive to the distinction between countertransference reactions that reflect the patient's dynamics and those that reflect his/her own dynamics.

7. Working through

- a. The analyst understands and addresses the patient's core dynamics that have been revealed and recognizes them when they emerge over time in the transference and in extra-transferential material.
- b. The analysts' repeated interventions result in change including the patient's deepened understanding and experiencing of his/her core dynamics with shifts in defense and resistance, shifts in transference manifestations of the core dynamic and more adaptive extra-transferential behavior and object relationships.

8. Dreams and Fantasies

- a. Patient and analyst are able to work with dreams and conscious and unconscious fantasies using them to deepen the analytic process particularly in relation to the transference.

9. Genetics

- a. Major genetic antecedents of transference reactions and extra-transferential dynamics have begun to be understood.

10. Self-Reflective functioning

- a. The patient is increasingly able to take an active and curious attitude toward his inner states rather than presenting them passively to the analyst to be understood.
- b. The analyst demonstrates the ability to intervene in ways that both promote self-reflection and to analyze resistances to doing so.

(This list is an edited and elaborated version of the Columbia Middle-Phase criteria)

Part II Applicants

A written report must include a terminated case, and cases of different genders.

Summary of the Examination Process by the Certification Committee

The ABPsa Office will distribute a copy of the application, including the applicant's written case reports, to each member of the Certification Committee several weeks before the committee meets. Prior to the meeting and in isolation from the other members of the committee, a primary reviewer and one or two other discussants review each application and prepare a written report. All committee members share the task of serving as a primary, secondary, or tertiary reviewer evenly. These independent reviewers present their reports orally to the committee at its meeting. All other members of the committee will have become familiar with each application so they can participate in the discussion that follows. Questions about the applicant's work that arise during this part of the procedure can later be discussed with the applicant at the time of the interview. Typically two members of the committee are designated as interviewers. After the interview the entire committee reconvenes to discuss the application again. During this final discussion, it is not uncommon to have the applicant's process notes presented by the interviewers. A decision is made at that time about certification. No decision about the application is made prior to the committee's final review. The decision about the recommendation for certification is voted on by the entire committee. The Chair of the committee has no vote. In the case of a tie, the decision is in favor of the applicant.

The Oral Examination

What to expect

The interview lasts approximately 1 hour and 45 minutes, usually with a break in the middle. The 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. An applicant may decline to be observed, with no adverse effect on the application.

Guidelines

The interview is an opportunity for you, the applicant, to talk about how you think and work analytically. Through the written reports and the interview, the committee works to assess your work. Questions that have arisen from the committee's initial review of the written reports work will be presented to you during the interview.

Sometimes a question may arise about how you worked with a particular issue, which was not clear from the written reports. The committee has found that an applicant's process (session) 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.

Since the committee typically does not know in advance which case(s) will be addressed most in the interview, it will be helpful to have some process material on all the cases. This material does not have to be extensive. Three sessions from each analysis should be sufficient. You might want to choose session material which covers issues you anticipate the committee could have questions about, or material which 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 completed case, it would help to bring session material from the termination phase.

In general, you should use the session material to demonstrate an issue and how you worked with it. You might want to choose two or three sessions in sequence, or sessions which are taken from various periods of the analysis and demonstrate work with the same issue over time. Material which does not include some work in the transference will most likely leave something to be desired.

Please bring three extra typewritten copies of your process notes for the interviewers so they can follow along as you read these notes. These notes will be retained by the interviewers and may be read to the Certification Committee.

What to bring to the oral examination

The applicant should bring to the interview process (session) material from the analyses of the patients presented in the two full reports previously submitted with the application. While it is not necessary to send any process notes with the application, please bring three extra copies of these notes for the interviewers (two for the interviewers and one for research purposes), so they can follow along as you read your process notes. These process notes may be read to the entire committee when the committee reconvenes to make a final decision on the application.

In addition, the applicant should bring to the interview process (session) material from three, ideally recent, sessions with a third patient. The sessions may be consecutive or not, whichever you feel best demonstrates to the interviewers your analytic work. Please be prepared to give a brief oral introduction of this third patient prior

to discussing the process material. It is preferable, but not mandatory; that this patient be one the applicant is currently working with. It is not necessary to prepare a written report on this third patient.

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

- Saving each document (i.e. each Case Report and each Session Process Note) in a separate file and including in the file name of each case an ID that is consistent with the case reports and the process notes associated with it. In other words, each session (process) note should be linked to the corresponding case report by a common identifier (i.e. Case Report Number 1; Process Note Case 1, Session 1).
- Placing all information that is not part of the report, such as section headings and dates of sessions, on separate lines.
- Disguise all identifying information, including information concerning yourself and the patient. Patients and others should be given a name that is a single letter; Do not use the following single letters: A, D, I, M, P, S, T as the computer recognizes these as words.
- Placing verbatim quotes should be on a separate line, and starting that line either with T: (to identify the therapist), or P: to identify the patient.
- Using round brackets (i.e., “(“ and “)”) for parenthetical remarks. Do not use square brackets, curly brackets or angle brackets for any purpose.
- quotes should be on a separate line, and start that line either with T: (to identify the therapist), or P: to identify the patient.
- Use round brackets for (parenthetical) remarks. Do not use square brackets, curly brackets or angle brackets for any purpose.

Preparation for the Oral Examination

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.

Applicants should take care to disguise any identifying information about themselves or their institute in the written reports so that assignments for review are made in a way that maintains the anonymity of the applicant as much as possible. However, it will be necessary for the Chair of the Certification Committee to know the identity of the applicant.

Although it may not always be possible to maintain the anonymity of the applicant at the time of the interview, the interviewers will not reveal the applicant’s identity to the committee during further its deliberations. If it so happens that the interviewer(s) 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 patients’ confidentiality 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 will not be revealed.

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.

Report Writing

This section and the following several sections pertaining to report writing are 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 committee regards such collegial discussions as an opportunity to gain more information. We believe 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.

Examination Procedure

The ABPsa evaluation process consists of two parts, a review of the applicant's psychoanalytic work as presented in the selected written case reports and an in-person interview of the applicant about those cases and one or more other cases, as explained above. The written work is reviewed by the Certification Committee prior to the interviewers from the committee meeting with the applicant. In this way the in-person 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. Sufficient time is allotted to the interview for these purposes. After the interview, the committee meets again to review the total application, including the results of the interview.

Reports of the 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 interviewer. The applicant will then be notified in writing within three weeks of the close of the testing period whether they have passed or failed the examination. Successful applicants will receive certificates from ABPsa.

Reexamination

In the event that the committee determines it needs more information or elaboration of the applicant's ability to conduct analysis prior to recommending certification, the written notification will briefly describe the committee's questions and concerns about the applicant's work. At that time, the applicant will be provided with the names of a committee member available for further discussion of the committee's questions and potential steps for continuing the effort to achieve certification. Applicants are encouraged to arrange a telephone discussion with the identified committee member as soon as possible.

Part I

The applicant will be invited to participate with the identified committee member in deciding how to proceed. Additional written material, an interview, or both might be options for continuing the review of the application. If there is an additional interview, the committee's standard procedure is to change the second interviewer of the initial interview team. However, the applicant may request a change of either or both interviewers, with no adverse consequences. The applicant may also request that both interviewers be retained. Once a determination has been made on how to proceed, the applicant should contact the ABPsa office to make arrangements for the reexamination.

There is no limit on the number of times one can sit for certification. Applications that have been continued will be retained by the ABPsa Office for a period of five years after the original application date. If certification has not been achieved in five years, the application will not be retained, unless the applicant requests in writing extension for an additional five years and pays a new application fee.

It is the applicant's responsibility to notify the ABPsa Office of the intention to continue for certification. Payment of the continued examination fee and 17 copies of any additional written material should be provided by September 1 for the application to be considered at the February ABPsa meeting and by March 1 for the June/July ABPsa meeting. Additional material submitted should maintain the anonymity, confidentiality and formatting requirements for the first application.

Part II

If Part II is not passed, the applicant can reapply as a regular (non Pre-Grad) applicant by submitting a complete application. Please refer to the Handbook for Applicants.

Appeal Procedure

The questions or concerns raised by the committee may not always be satisfied as a result of subsequent reviews of additional material. In the event that the committee cannot recommend certification, and has exhausted its ability to make recommendations to the applicant that are enabling of the process toward certification, or the recommendation for certification has not been made after two prior considerations by the committee, the applicant may request the review of the entire application for the purpose of an appeal. This request must be made in writing, addressed to the Chair of the ABPsa Certification Committee, sent to the ABPsa Office, and made within one year of the most recent unsuccessful effort to achieve certification.

Upon receipt of the request, the Chair will appoint to a review committee of three ABPsa fellows who have had experience with certification. One of them will be designated Chair of the committee. No member of the review committee shall have participated in any prior consideration of the application to be reviewed.

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

At the conclusion of the proceeding the representatives of the Appeals Committee will commence deliberations and make a final determination. The Appeal Reviewers will determine a fair remedy to the situation. The reviewers will determine whether the decision made by the Certification Committee should be affirmed, reversed, or vacated with instructions. The decision will be reported to the ABPsa Board of Directors and the applicant will be notified of the determination in writing.

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

Passing the Examination

Part I

If the case reports are favorably reviewed, the applicant will have passed Part I of the Certification process.

Upon graduating and having a patient who has gone through a termination experience, the applicant may apply for Part II.

Part II

If the Certification Committee finds that the applicant has satisfactorily demonstrated both an understanding of psychoanalysis and the competence to conduct psychoanalytic treatment, the Certification Committee will award certification. 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 examination period. Names of those passing the ABPsa Certification Examination in Psychoanalysis will be reported in its publications.

A registry of Board Certified Psychoanalysts will be maintained by the ABPsa. 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.

Recertification

Certification in Psychoanalysis is conferred for a period of one year. After this time the Fellow must recertify by showing a valid license, attesting to ethical questions, and meeting any continuing education requirements that are in effect at that time.

Revocation of Certification

Certification may be revoked for any of the following reasons:

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

The Application Review Committee of the 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

1. The ABPs will release the individual test scores ONLY to the individual applicant.
2. Any questions concerning test results should be referred to the ABPs

Core Competencies

The following clinical skills compiled by the members of the Research and Development Committee and the Certification Committee are believed to be those present in competent analytic work. They are included here in order to give applicants an idea of what the committee looks for when evaluating work submitted for certification. Some of the skills are more specifically analytic than others, and many overlap. Most skills can be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. The committee members use the components of the list as guidelines only, not as a set of required criteria rigidly held in some perfectionistic view of analytic technique, process or clinical results. We hope that applicants will also use this list to guide them in deciding what to include in the reports of their work and not use it in such a way as to skew or constrain their own way of conveying what is essential to each individual case.

1. **Assessment and Diagnostic Skills.** The analyst:
 - a. Demonstrates the ability to assess the phenomena of the patient's psychopathology and make a clinical diagnosis.
 - b. Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. as determinants of these phenomena.
 - c. Demonstrates the ability to make an assessment of the patient's suitability for psychoanalysis.
 - d. If there was a previous treatment, the analyst demonstrates understanding of the potential effects of this on the analysis.
 - e. Demonstrates the ability to assess a patient's need for psychotropic medication; if prescribed, demonstrates the ability to assess the effects of the medication on the patient and on the analysis.
 - f. Demonstrates competence in assessing the influence on the analysis when either the analyst functions in a dual role as analyst/prescriber or an outside consultant provides medication.
2. **Conceptualization and Formulation.** The analyst:
 - a. Distinguishes between evidence and hypothesis.
 - b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.
 - c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
 - d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

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

3. **Psychoanalytic Attitude and Attunement.** The analyst:
 - a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.
 - b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
 - c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
 - d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.

- e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
 - f. Demonstrates an ability to help patients engage in the psychoanalytic process.
 - g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
 - h. Demonstrates ability to work with patients of both sexes.
- 4. Technique**
- a. Interventions are succinct, to the point, and experience near.
 - b. Demonstrates sensitivity as to timing of interpretations.
 - c. Can assess the effects of interventions on the process of the analysis.
 - d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
 - e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
 - f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.
- 5. Transference**
- a. Demonstrates recognition that transference is central to the analytic work.
 - b. Demonstrates the capacity to interpret within the transference.
 - c. Can be available for and facilitate the development of manifold transferences.
 - d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
 - e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.
 - f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.
 - g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the transference.
- 6. Resistance**
- a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.
 - b. Demonstrates ability to expand patients' conscious awareness of the nuance and complicated workings of resistance or enactments.
- 7. Role of the Analyst**
- a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.
 - b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.
 - c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.
 - d. Interventions do not impose the analyst's own personal agendas.
 - e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.
 - f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).
- 8. Psychoanalytic Progress and Process**
- a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.
 - b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.

- c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
 - d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
 - e. Demonstrates evidence of improvement in the patient's problems and changes in the analysand's way of perceiving and relating to self and others as a result of the analysis.
 - f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
 - g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.
- 9. Ending of the Analysis**
- a. If the analysis comes to a natural termination, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
 - b. If the analysis comes to a premature termination, but nevertheless ends with a termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
 - c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
 - d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.
- 10. Ethical Considerations**
- a. Demonstrates a professional identity with an uncompromising commitment to patient responsibility.
 - b. Demonstrates uncompromising integrity and consistently maintains the highest of ethical standards.
 - c. Demonstrates recognition of need for personal consultation should possible boundary or other ethical challenges emerge.
- 11. Overall Competence of Analyst**
- a. Overall coherence of application
 - b. Growth over the course of the analyst's work

Research

The ABPSa Research and Development Committee researches and reviews the process of certification, and then makes suggestions to the Certification Committee. This committee studies the reliability of the certification process, and also reviews process-related issues in an ongoing effort to improve the suitability, validity, and respectfulness of the certification examination process.