

Learning objectives for supervisory evaluation - At each phase of training, candidates will be able to do the following with a patient in psychoanalysis:

	1 <sup>ST</sup> YEAR	MID-LEVEL	SENIOR
I. ASSESSMENT/ DIAGNOSIS/ TREATMENT PLANNING	<ul style="list-style-type: none"> <li>• Begin to evaluate patients for psychoanalysis with attention to diagnosis and indications/ suitability criteria for this treatment. Discuss treatment plans with patients.</li> <li>• With help of supervisor, identify psychotherapy patients for whom psychoanalysis is the treatment of choice and discuss this option with them</li> <li>• Assess potential analysands for major psychopathology (e.g. depression, anxiety, eating disorders, substance use disorder) and (when applicable) discuss treatment options including combination treatment with medication</li> </ul>	<ul style="list-style-type: none"> <li>• Show increased ability to make characterological/ structural diagnoses. Evaluate suitability for psychoanalysis, resistance to treatment and motivation.</li> <li>• Show increased comfort and ability in identifying psychotherapy patients for psychoanalysis, discussing psychoanalysis as a potential treatment, and converting patients to psychoanalysis</li> <li>• Continue to assess potential analysands for Axis I pathology and discuss treatment options</li> <li>• With supervisor's help, conduct ongoing assessment of Axis I pathology and suitability for psychoanalysis during an analysis and modify treatment plan as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Independently assess patients for psychoanalysis, making accurate characterological/structural diagnoses and evaluating suitability.</li> <li>• Independently identify private patients for psychoanalysis, confidently discuss psychoanalysis as a potential treatment and convert patients to psychoanalysis</li> <li>• Independently assess potential analysands for Axis I pathology and confidently discuss treatment options</li> <li>• Conduct ongoing assessment of major psychopathology and suitability for psychoanalysis during an analysis and modify treatment plan as appropriate.</li> </ul>
II. ESTABLISHING TREATMENT/ WORKING ALLIANCE	<ul style="list-style-type: none"> <li>• Understand the concept and importance of the psychoanalytic frame</li> <li>• Establish the frame of the analysis (fees, time, couch) and notice resistances to the frame</li> <li>• Begin to establish a working alliance, and discuss this in supervision</li> <li>• Understand the concept of technical neutrality and discuss this in supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Establish and/or maintain the frame of the analysis and confront/interpret resistances to it and identify problems</li> <li>• Establish and maintain a working alliance and recognize when one is present</li> <li>• Begin to develop a psychoanalytic stance/attitude that includes free floating attention, technical neutrality, and abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Independently maintain the frame of the analysis and confront/interpret resistances to it</li> <li>• Independently maintain the working alliance and interpret resistance to it</li> <li>• Consistently and independently maintain a psychoanalytic stance (as in mid-level)</li> </ul>
III. EMPATHY/ ANALYTIC LISTENING	<ul style="list-style-type: none"> <li>• Begin to develop a "psychoanalytic stance" including the capacity for psychoanalytic listening and for choosing interventions that facilitate deepening of the psychoanalytic process</li> <li>• Begin to assess and follow the patient's affect during sessions</li> <li>• Begin to assess the intrapsychic level at which a patient is working, what a patient will be ready/able to hear, and what is likely to deepen the material</li> <li>• Begin to listen for/recognize dominant unconscious themes in a session</li> <li>• Begin to convey understanding via psychoanalytic interventions</li> <li>• Begin to think flexibly/imaginatively while listening to patients</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate increased capacity for psychoanalytic listening and for choosing interventions that facilitate deepening of the psychoanalytic process</li> <li>• Demonstrate increased ability to assess and follow the patient's affect during sessions</li> <li>• Demonstrate increased ability to assess the intrapsychic level at which a patient is working, what a patient will be ready/able to hear, and what is likely to deepen the material</li> <li>• Demonstrate increased ability to listen for and recognize unconscious themes in a session</li> <li>• Demonstrated increased ability to convey understanding via psychoanalytic interventions</li> <li>• Demonstrate increased ability for flexible, imaginative thinking while listening to patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently maintain a psychoanalytic stance.</li> <li>• Consistently and accurately assess and follow the patient's affect during sessions</li> <li>• Consistently and accurately assess the level at which a patient is working, what a patient will be ready/able to hear, and what is likely to deepen the material</li> <li>• Consistently and accurately recognize unconscious themes in a session</li> <li>• Consistently convey understanding via psychoanalytic interventions</li> <li>• Consistently think flexibly and imaginatively while listening to patients</li> </ul>

<p>IV. TECHNIQUE</p>	<ul style="list-style-type: none"> <li>• Recognize the following while reviewing material in supervision: <ol style="list-style-type: none"> <li>1. Free association</li> <li>2. Unconscious fantasy</li> <li>3. Dominant resistances</li> <li>4. Dominant transferences</li> <li>5. Dominant countertransferences</li> <li>6. Moments in the process when the patient's understanding or associations deepen in response to analytic intervention/interaction</li> <li>7. Shifts in defensive structure and object relationships in response to analytic interventions (therapeutic action)</li> </ol> </li> <li>• Begin to understand the concepts of technical neutrality and abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Begin to recognize 1-7 independently</li> <li>• Increasingly make tactful, well-timed interventions that reflect the patient's current level of understanding, demonstrate technical neutrality and abstinence, and are likely to deepen the material</li> <li>• With supervisor's help, use recognition of countertransference to identify blind spots and adjust technique</li> <li>• Understand confrontation, clarification, and interpretation and their applications</li> <li>• Facilitate free association and begin to learn dream interpretation</li> <li>• With supervisor's help, begin to recognize working through</li> <li>• Construct and make interpretations that address resistance, dreams and transference – at least some of which link material to genetic antecedents</li> <li>• Begin to understand the concept of genetic reconstruction and discuss possible hypotheses in supervision</li> <li>• With supervisor's help, begin to recognize enactments</li> <li>• (When applicable) Recognize the transference ramifications of combined treatment with psychoanalysis and medication and make appropriate assessments and treatment recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Independently recognize 1-7</li> <li>• Independently recognize countertransference through self-analysis during and after sessions and use to address blind spots and adjust technique</li> <li>• Apply confrontation, clarification and interpretation in an appropriate way</li> <li>• Confidently conduct dream interpretation and facilitate free association and association to unconscious fantasy</li> <li>• Consistently make tactful, well-timed interventions that the patient's current level of understanding and that are likely to deepen the material</li> <li>• Independently recognize working through</li> <li>• Independently construct and make interpretations (as in mid-level)</li> <li>• Use genetic reconstruction in the treatment when applicable</li> <li>• Independently recognize enactments</li> <li>• (When applicable) Independently conduct ongoing combined treatment, with ongoing assessment of major psychopathology and attention to related transference/ countertransference</li> <li>• (When applicable) Recognize characteristics of the treatment that indicate readiness for termination and begin to discuss termination with the patient</li> </ul>
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<p>V. FORMULATION/ WRITING</p>	<ul style="list-style-type: none"> <li>• Write evaluations of patients with attention to analyzability, diagnosis, psychodynamic formulations and treatment recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Construct a beginning formulation that addresses psychopathology, character structure, movement in the case, unconscious fantasy, resistances and transference/countertransference paradigms</li> <li>• Begin to recognize the elements of the case that indicates the phase of the case</li> <li>• Write an annual review that includes all important elements (as above) and demonstrates ability to write vividly about microprocess</li> </ul>	<ul style="list-style-type: none"> <li>• Construct a comprehensive formulation of the macroprocess that addresses all previously mentioned elements, as well as enactments and structural change, and that puts the movement of the case in a theoretical framework and hypothesizes about therapeutic action</li> <li>• Independently understand the phase of the case</li> <li>• Write an annual review of the case that includes description of the micro and macroprocess and an evolving understanding of the arc of the analysis</li> </ul>
<p>VI. SUPERVISION</p>	<ul style="list-style-type: none"> <li>• Use supervision to discuss patient evaluations, diagnoses, treatment plans, and countertransference. Develop the flexibility to apply what is discussed in supervision to clinical situations.</li> </ul>	<ul style="list-style-type: none"> <li>• As before – plus use of supervision to discuss modes of formulating the case</li> <li>• Demonstrate an evolving relationship with the supervisor in which candidate is increasingly able to develop ideas independently and to use supervisor for discussion rather than direction</li> </ul>	<ul style="list-style-type: none"> <li>• As before – plus use of supervision to construct a view of the macroprocess</li> <li>• Predominantly use supervision for discussion rather than direction</li> </ul>