Certification Examination Committee’s

Standards, Procedures & Guidelines

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INTRODUCTION

The By-laws of the American Psychoanalytic Association (APsaA) assign to the Board on Professional Standards (BOPS) the tasks of setting standards for the training of psychoanalysts in the accredited Institutes. The BOPS accomplishes these tasks through the work of standing committees. The By-laws establish the Certification Examination Committee (CEC) as a standing committee of the BOPS and provide for the awarding of a certificate of certification. The Certification Examination Committee has been charged with reporting to the BOPS its recommendations of those applicants for certification who meet the standards of the BOPS, and reporting and recommending to the BOPS any changes in the committee's procedures.

In the following, the Certification Examination Committee explains how it accomplishes the assigned tasks. Applicants are encouraged to contact the Co-Chairs, Paul C. Holinger, M.D., and Harvey J. Schwartz, M.D., with any questions they may have prior to the application and for guidance during the entire certification process. The CEC also offers each applicant contact with a mentor to assist with the application process. The mentor is a person who has been on the CEC recently but is not currently on the CEC. The mentor is available to help the applicant in whatever fashion he/she wishes, e.g., clarifying the CEC’s procedures, reviewing write-ups, discussing process notes, and so on. The applicant is also encouraged to discuss any concerns about fairness, objectivity, or appropriateness of the process with the Co-Chairs of the CEC, the Chair of the Certification Advisory Research and Development Committee (CARD), and/or the Chair of BOPS.

STANDARDS

The Certification Examination Committee will recommend certification when the applicant has demonstrated to the satisfaction of the Committee an understanding of psychoanalysis and competence to conduct psychoanalytic treatment independently, at the post-graduate level.
PROCEDURES

1. Filing the First Time Application

Applications for certification are available from the National Office of the Association. The Certification Examination Committee meets to review applications twice each year, at the January and June meetings of the Association. In order to be reviewed at the January meeting, seventeen copies of the application must be received at the National Office by September 1. For the June meeting the date is February 15.

The application fee is $500. Enclose a check payable to the American Psychoanalytic Association with the application. The National Office will send an acknowledgment (usually via email) when the application and check have been received.

2. Eligibility

The application requests identifying information and details about the applicant’s education, professional licensure, and psychoanalytic training. This information is used to establish the eligibility of the applicant for certification. The application also includes questions to determine if the applicant has been charged with a violation of a code of ethics.

Eligibility requires that the applicant is an Active Member in good standing of the American Psychoanalytic Association and a graduate of an accredited training program. Such a program is one that is accredited by, and meets the Standards for Training, of the American Psychoanalytic Association. Graduates of training programs accredited by the International Psychoanalytical Association who have become members of the American Psychoanalytic Association may apply for certification. Prospective applicants who are not yet members may obtain information from Ms. Debra Steinke Wardell, the Manager of Education & Membership Services at the National Office.

To the extent an individual's disability would render participation in any aspect of the certification process difficult or impractical, the individual should contact the APsaA Education and Membership Services Manager to discuss reasonable accommodations that would make his or her participation in the process possible. Consistent with our goal of achieving the broadest possible participation in this certification program, we will consider all requests for reasonable accommodations that would remove barriers to participation.
3. Anonymity

In order to allow the maximum degree of fairness, there will be no information to identify the analyst or his or her institute on the face sheets of the reports that are reviewed by the 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, it will be necessary for the Chair of the 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 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 try to maintain the neutrality of the review process.

4. Confidentiality

The patients’ confidentiality should be protected throughout the application. There should be no data that identifies the patient, and 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.

5. The Review Procedure

The current (December, 1999) procedure for Certification in Adult and Child/Adolescent Psychoanalysis consists of a two part process, i.e., a review of psychoanalytic work presented in both written and oral form, at the same meeting. The written work is reviewed by the committee prior to meeting with the applicant. This way any questions which may arise about the written work can then be discussed in person with the applicant during the interview. Sufficient time is allotted to the interview so that these questions can be addressed and any clinical material presented can be discussed. After the interview, the committee meets again to review the total application.
A. Application for Certification in Adult Psychoanalysis

I. Written Reports. The applicant submits two written reports (no more than 20 pages each – see No. 8) to demonstrate understanding of psychoanalysis and competence to conduct psychoanalytic treatment. These reports should be of the analyses of an adult male and female, both of which are at least in the middle phase, and at least one of which ended successfully as a result of significant analytic progress.

II. Interview (Also see Appendix B). The applicant should be prepared to discuss a third adult patient at the interview. It is preferable, but not mandatory, that this patient be one the applicant is working with currently. It is not necessary to prepare a written report on this third patient, but the applicant should bring to the interview process (session) material and be prepared to give a brief oral introduction of this third patient prior to discussing the process material.

In addition, in order to enable the committee to more fully understand the applicant’s work, process (session) material from the analyses of the patients presented in the two written reports (above) should also be brought to the interview. Since questions often arise about the termination, session notes about an important aspect of the termination phase might be helpful.

It is not necessary to send any process notes with the application, but please bring two extra copies of these notes for the interviewers, so they can follow along as you read your process notes. These process notes may be read to the entire CEC when the committee reconvenes to make a final decision on the application.

The interview runs 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 CEC; presentation of process notes; and exploration of the third and possibly other cases (see Appendix B).

In order to enhance quality, training, and research of the Certification process, the interview may be observed by one or more persons associated with the CEC. Any applicant may decline to be observed, for whatever reason, and with no bias.

B. Application for Certification in Child & Adolescent Psychoanalysis

Analysts applying for Certification in Child and Adolescent Psychoanalysis also have a two part process, i.e., a review of written work and an interview.
I. Written Reports. Two full written reports (no more than 20 pages each – see No. 8) and one brief report (see below) are submitted. One of these long reports should be of a child who is in the latency phase of development during treatment, i.e. either begins treatment in latency, or begins in prelatency and transitions into latency during treatment. The other long report 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 need to be about the analyses of a male and a female patient, at least one of which ended successfully as a result of significant analytic progress.

In the event that the combination of a male and female, a latency age child and an adolescent, and a case that ended successfully cannot be configured in the two long written reports, the applicant should consult with the Chair of the Certification Committee and every effort will be made to accommodate this circumstance.

A brief written report (not more than five pages) about a third Child/Adolescent patient is also submitted with the application. This brief report needs to be only a summary of that analysis. 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 this patient be one the applicant is working with currently.

II. Interview (Also see Appendix B). In order to enable the committee to more fully understand the work, the applicant should bring to the interview process (session) material on each of the three patients. Since questions often arise about the termination, session notes about an important aspect of the termination phase might be helpful.

It is not necessary to send any process notes with the application, but please bring two extra copies of these notes for the interviewers, so they can follow along as you read your process notes. These process notes may be read to the entire CEC when the committee reconvenes to make a final decision on the application.

The interview runs 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 CEC; presentation of process notes; and exploration of the third and possibly other cases (see Appendix B).

In order to enhance quality, training, and research of the Certification process, the interview may be observed by one or more persons associated with the CEC. Any applicant may decline to be observed, for whatever reason, and with no bias.
C. Combined Applications

Combined Adult and Child and Adolescent applications will require four written full reports and one brief report, as stipulated in the Adult and Child and Adolescent sections above. That is, two full reports on adult patients, two full reports on child/adolescent patients, and a brief (5 page) report on a third child/adolescent patient. There will be two interviews - one for the Adult portion and one for the Child portion. The interviews will most likely be scheduled on the same day with a break in between.

Process (session) notes should be brought to the interview, as stipulated above in 5.A. and 5.B.

6. Guidelines

The Certification Examination Committee has prepared guidelines for applicants to use in preparing their written reports (Appendix A, p.13) and for the interview (Appendix B, p. 19). The committee has also included the guidelines it uses in reviewing applicants’ work for certification (Appendix D, p.21). We hope applicants will use these guidelines in the spirit they were intended, i.e., as guides and not as “recommendations” or “requirements”.

7. Selection of Cases

The Certification Examination Committee will 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 can 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 standard for the frequency of treatment sessions is preferably five, but no less than four times per week on the couch. Work beyond the opening phase of analysis is highly recommended.
8. Format and Style of Reports

The full written reports can be no more than 20 double-spaced, numbered pages, with 1" margins all around and a font size no smaller than 12 points and the character spacing set at normal. Seventeen double-sided copies of each case are required. The brief written report (on the third Child/Adolescent patient) can be no more than 5 double-spaced pages with the same format requirements. Please staple individual reports separately and please do not put the reports and applications in a binder. Reports which exceed the recommended maximum length and/or format requirements will be returned to the applicant with a request that the recommendations made by the committee be followed.

9. Scheduling of the Interviews

The Certification Committee convenes usually Saturday or Sunday through Tuesday at the beginning of the week of the semi-annual meetings of the APsaA. Interviews are conducted on those days. Requests from applicants for specific interview days can be submitted in writing to the National Office shortly following the deadline for filing applications. We cannot guarantee requests but we will try our best to accommodate them.
DE-LINKAGE OF ADULT AND CHILD/ADOLESCENT CERTIFICATION

Certification can now be achieved separately for Adult and Child/Adolescent Psychoanalysis, i.e., it is no longer necessary to achieve certification in Adult Psychoanalysis in order to be certified in Child/Adolescent Psychoanalysis. Therefore, certification can be achieved in Adult and/or Child/Adolescent Psychoanalysis.

Those desiring certification in both Adult and Child/Adolescent Psychoanalysis can apply for either at two different meetings, or both together at the same meeting (“Combined” application).

RECOMMENDATION FOR CERTIFICATION

If the committee finds that the standards have been met, that is, the applicant has demonstrated an understanding of psychoanalysis and competence to conduct psychoanalytic treatment, certification will be recommended to the BOPS. The recommendation is announced as part of the report of the Chair of the Certification Examination Committee to the BOPS at its meeting, usually on Wednesday morning of the week of the meetings of the Association. The BOPS is asked to vote for the total committee recommendation. Each newly certified member is notified in a letter from the Chair of the BOPS. A Certificate will be mailed from the National Office.

All copies of the application of each certified member will be shredded, preserving only the identifying and professional activities information for the Association membership files.
CONTINUED APPLICATIONS

In the event that the committee feels it needs more information or elaboration of the applicant’s ability to conduct analysis prior to recommending certification, the applicant will be given notice in writing of the decision. The Chair, assisted by the committee, will write to the applicant within a few weeks following the meeting. The committee’s questions will be briefly described, as will the available steps to continue the effort to achieve certification. The letters are necessarily condensed and applicants are encouraged to call the committee member named in the letter to discuss any questions they may have. Applicants have found it helpful to arrange this telephone discussion as soon after the review as possible. Standard procedures provide for changing the second interviewer in a continued application. However, the applicant may request a change of either or both interviewers for whatever reason and with no bias; the applicant may also request that both interviewers be retained. The applicant is invited to participate with the committee in deciding how to proceed. Additional written material, an interview, or both might be options for continuing the review of the application. Once the applicant has decided how to proceed, he or she should contact Ms. Debra Steinke Wardell at the National Office for help with whatever arrangements need to be made.

The applicant must notify the National Office of the intention to continue by September 1 for the January meeting of the Association, and by March 1 for the June meeting.

The submission of 17 copies of additional material must be made by October 15 for the January meeting of the Association, and April 15 for the June meeting. Additional material submitted should maintain the anonymity, confidentiality and formatting requirements of the first application (see Nos. 3, 4 and 8 above).

There is no additional fee or application necessary to continue the effort toward certification.

Applications that have been continued will be retained by the National Office for a period of five years. If certification has not been achieved in five years, the application will be shredded, unless the applicant requests in writing to the National Office that the application be retained an additional five years.
APPEAL PROCEDURE

The questions 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 three prior considerations by the committee, the applicant may choose to request yet another review of the entire application for the purpose of an appeal. This request must be made in writing to the Chair of the Certification Examination Committee and sent to the National Office, and must be 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 three Association members who have had experience with the procedures and policies of the Certification Examination Committee. One of them will be designated Chair of the committee; at least two of them will not have participated in any prior discussion of the application to be reviewed.

The review committee will be provided with the application as well as the complete record of the Committee’s deliberations, and will conduct an interview with the applicant.

The review committee will make a recommendation which it will report to the Chair of the Certification Examination Committee, who in turn will report to the BOPS, as soon as possible following completion of the review. The recommendation will be in favor of or not in favor of certification. The applicant will be given notice in writing of the decision. In the event that the review committee cannot recommend certification, the applicant will be notified in writing of the reason(s) for the determination. The recommendation will be binding.

The applicant requesting the review will be given notice of these procedures. In the event of an unfavorable recommendation as a result of the review, the Certification Examination Committee will not consider further application or review from the applicant for at least two years. By participating in the review, the applicant indicates agreement to abide by the above.

RE-CERTIFICATION

There exists at present no provision for re-certification.
THE CERTIFICATION EXAMINATION COMMITTEE

1. Composition of the Committee

The committee is appointed by the Chair of the Board on Professional Standards. The Chair of the Certification Examination Committee and the committee members serve not more than two consecutive terms of three years each. An effort is made to make the membership of the committee as representative of as many Institutes as possible. In addition, three participant-observers from Institutes not represented by committee members are invited to each of the committee’s semi-annual meetings. The participant-observers review applications and participate fully in the committee’s deliberations.

2. How the Committee Functions

The National Office will distribute a copy of the application to each member of the 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. The task of serving as a primary, secondary or tertiary reviewer is shared evenly by all committee members. 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 which arise during this part of the procedure can be discussed in person with the applicant at the time of the interview. 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 to the CEC. A decision is made at that time about certification. No decision about the application is made prior to the committee’s final review, and 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 will be in favor of the applicant.
POLICY OF THE COMMITTEE REGARDING THE CODE OF ETHICS

In the event that an applicant for certification has been accused at any time of a violation of a code of ethics, the applicant is requested to add to the application a written summary of the charges, the resolution of them, if any, and the name and address of a person whom the Committee may contact for further information, if necessary.

THE NATIONAL OFFICE

Questions about any aspect of the application procedures may be addressed directly to the Chair of the Certification Examination Committee, or to the National Office. Questions about fees, due dates for applications, preparation of copies of the application, appointments for interviews, and application materials may be directed to Ms. Debra Steinke Wardell, Manager of Education & Membership Services at (212) 752-0450, extension 26; dsteinke@apsa.org.
APPENDIX A

GUIDELINES FOR REPORT WRITING

Adapted from, Stephen B. Bernstein, M.D. Guidelines: Comments on Treatment Report Writing and Describing Analytic Process

These guidelines apply for the long written reports.

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 has never provided 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, and some educators believe this 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, and it is hoped this 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), those that are seen as significant for that patient and that analysis. The description can be illustrated with short quotes, 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 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 which 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: 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. This summary may not be necessary however, 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, this can be relative in each successful case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a 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 we want. It has occasionally been assumed that we regard 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, the assumption that the committee is focused only on oedipal derivatives has often led to a failure to address work with significant pre-oedipal and developmental issues. It is our experience 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. We are 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 Which Have Initially Limited a Positive Recommendation for Certification**

The committee has found over the years that there are certain omissions or lacks of explanation in written reports that raise questions and thus do not allow a recommendation for certification at the time of the initial application. The interview process has often clarified these areas. We offer 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 have arisen when reports have not shown analytic process and the analyst’s participation, but instead have only summarized or formulated the process. In other reports there was no adequate discussion of the patient’s analyzability. Sometimes, the analyst seemed 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 our need to have a sense of what the analyst conceives of as an analytic stance, and some reflection on clinical issues which may necessitate a change.

As peers we realize 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 have arisen when certain events in the analysis, suggesting significant dynamics, were not discussed and thus their understanding could not 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 have arisen when the analyst seemed to have a bias toward interpretations consistently felt to be “off the mark”; when there was a consistent failure to interpret certain important transference themes or conflicts; or when there was a lack of inclusion of certain specific material, such as how the analyst dealt with dreams. Finally, the committee has had to ask for more information.
because of the 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 noted by the Committee in assessing the application for Certification in Child and Adolescent Analysis is 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.
APPENDIX B

GUIDELINES FOR THE INTERVIEW

The interview is an opportunity for you to talk about how you think and work analytically. Between the written reports and the interview, the committee hopes to be able to gather enough information to be able to make as accurate an assessment as possible of your work. Questions will arise from our initial review of the written work and these can be conveyed to you during the interview. Sometimes a question may arise about how you worked with a particular issue which was not able to be demonstrated in the written reports. We have found that process (session) notes are useful in explicating the issues contained in the committee’s questions and will help to supplement any discussion of your work.

Since the committee doesn’t 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. Two or 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 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, 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 the same issue over time, or show progress. Material which does not include some work in the transference will most likely leave something to be desired.

Please bring two extra type-written 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 CEC.
APPENDIX C

ALTERNATIVE CERTIFICATION PROCESS

Introduction: The Alternative Certification Process provides the applicant the opportunity to present his/her analytic work over time to two colleagues. The applicant prepares written summaries of approximately seven (but no more than twenty) double-spaced pages for two analytic cases, one male and one female, one of which is a terminated case (see page 7 for format of write-ups). The Certification Examination Committee (CEC) reviews the write-ups at its next meeting and informs the interviewers as to its questions. The applicant chooses the two interviewers, one from a national panel of certified and experienced analysts and one from the CEC. The interviewer chosen from the national panel is made an ad hoc voting member of the CEC for this applicant only. The applicant arranges a face-to-face first meeting with each. At the next meeting of the CEC, the two interviewers will share the write-ups, process notes, interviews and assessments with the entire committee; at this meeting, the applicant may be recommended for certification, or the application may be continued (see section on "Continued Applications" (p. 9)). Recommendation for certification is outlined in the section called "Standards" (p. 1) and in Appendix D (p. 22). The gender, termination, and (for Child/Adolescent certification) age criteria for certification are as outlined in this document.

1. The applicant prepares written summaries of approximately seven (but no more than twenty) double-spaced pages for at least two analytic cases, one male and one female. If both of these cases are ongoing, the applicant should also prepare a written summary of a terminated case.

2. The applicant chooses two interviewers, one from a national panel of certified and experienced analysts and one from the Certification Examination Committee (CEC).

3. The CEC reviews the write-ups at the next meeting of the committee and informs the evaluator and CEC member as to its questions.

4. The applicant arranges approximately three meetings separately with the interviewers.
   a. At least one meeting must be in person with each interviewer, with the venues of the other meetings at the discretion of the interviewers and applicant.
b. The applicant presents a case write-up to each interviewer; the applicant also must be prepared to discuss a third case (preferably, but not necessarily, a current case) to one of the interviewers. The applicant must bring process notes from the three cases, copies of which shall be given to the interviewers (as per CEC Standards, Procedures, and Guidelines).

5. At the next meeting of the CEC, the two evaluators will share the write-ups, process notes, interviews and assessments with the entire committee. The evaluators will provide the committee with a brief summary of their evaluation of the applicant a few weeks before this meeting of the CEC. The applicant’s anonymity is maintained with respect to the CEC; no mention of the applicant’s name, location or other identifiers are included in the assessments and when meeting with the committee directly.

6. Following the presentations and discussions, both the CEC and the two interviewers will vote (secret ballot). The possible outcomes are as follows:

   a. the applicant may be recommended for certification
   b. the application may be continued (see section on "Continued Applications" (p.9)).

Please note that the number of applications accepted for the Alternative Certification Process will be limited during this evaluative period.

Revised 11/12/09
Certification Examination Committee’s
GUIDELINES FOR EVALUATING APPLICATIONS FOR CERTIFICATION
(Psychoanalytic Competencies)

Introduction: The following clinical skills compiled by the members of the Certification Advisory Research and Development Committee (CARD) and the Certification Examination 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
APPENDIX E

SELECTION AND TRAINING OF CEC MEMBERS

The selection of a CEC member involves several steps. First, an individual is recommended by an Institute Director, or Dean (or head of the Education Committee), or other person familiar with the CEC work. This recommendation is reviewed by the Chair of the CEC who also interviews the potential member. This potential member must be certified and in good standing in APsaA. If these criteria are met, the Chair of BOPS must approve this person to be a Participant/Observer (P/O) of the CEC. As a P/O, this person participates in all Committee work during one meeting, observes at least one interview, and following an observation is the secondary interviewer in at least one interview. At the end of the meeting, the performance of the P/O is discussed by the CEC, and, if found suitable in clinical and interpersonal skills, the Chair of the CEC recommends to BOPS that this person be made a member of the CEC. The Chair of BOPS then makes the decision whether or not to appoint this person to the CEC.

The training of CEC members occurs in two parts. The first part includes the work as P/O. The P/O is initially mentored by the Chair of the CEC, a process which includes a discussion of the standards and procedures of the CEC. In addition to participating in the training conducted with all the CEC members at every meeting, the P/O is given the set of CEC guidelines to study, and the P/O observes at least one interview with the Chair and discusses the interview with the Chair, interviewers, and committee. The second part involves the training activities in which the CEC as a whole participates. For every meeting, the CEC guidelines are sent out to each member. At the beginning of each meeting, significant time is utilized to discuss procedures related to interview techniques and assessing write-ups. At the end of the meeting, at least two hours are set aside for assessing procedures and performances. In addition, discussions about interview technique and assessment of write-ups take place throughout the meetings.
CONFLICT OF INTEREST ISSUES

Each spring the National Office sends a complete list of non-certified, active members to each CEC member including any participant observers (P/O), and a supplementary list of new members is sent in the fall. The CEC members and P/O’s review the lists and indicate whom they know by marking an X next to the name(s). They are instructed as follows: “If you know the person (even peripherally) or feel obliged for any reason to be excused from reviewing the material, then please indicate this with an X.” The lists are returned to the National Office and the administrator reviews the lists against the set of new and continuing applicants for the upcoming meeting. A master list is created for the meeting and all CEC recusals are marked. The recused CEC member or P/O will not receive material and will need to leave the room during the committee’s discussion. CEC members and P/O’s are automatically recused from any deliberations, materials or interviews of applicant(s) from their own Institute.
APPENDIX G

RESEARCH

Research on various aspects of Certification has been ongoing for several years. This work is being done in phases and includes validity, reliability, and interview procedures.

The study of validity of the Certification process has thus far resulted in the CEC Guidelines or "Competencies" (See Appendix D). The reliability studies began in the spring 2008 with inter-rater reliability data. The study of interviews has begun with observations of interviews by researchers, consultants, P/O's, and the Chair and members of the CEC.
APPENDIX H

DISCLAIMER

Disclaimer: The APsaA certification process seeks to assess the individual analyst's knowledge, skills, and attitudes requisite to providing competent psychoanalytic treatment independently at the post-graduate level.

Neither APsaA nor any of its officers, directors, agents, employees, committee members or other representatives make any warranty, guarantee or assurances about the quality or outcome of any services provided by any provider of psychoanalytic services. Nor shall any of them be liable for any claim of any kind whatsoever, including but not limited to any claim for costs and legal fees, arising from reliance upon or use of APsaA certification. No analyst certified by the APsaA should use or rely upon APsaA certification in any communication as a warranty, guarantee or assurance of the quality or outcome of the analyst's services to any individual. In addition, APsaA certification is voluntary. Lack of APsaA certification is not an indication that an individual lacks knowledge, skills or attitudes appropriate or required for competent psychoanalysis.

4/2/10; 11/12/09 (ACP)