



Psychoanalytic Center
of the Carolinas

Student Handbook for the Training Programs

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Tri-Partite Training Program ¹

Overview

Our training programs are designed to enrich and strengthen each student's development as a clinician and psychodynamic psychotherapist, and/or psychoanalyst. We believe this is best achieved when clinicians have a solid foundation in psychoanalytic theory and technique, receive close clinical supervision, and can develop the high degree of self-awareness and self-reflection needed to deepen their sensitivity to the client-therapist relationship.

To facilitate each student's professional and personal growth, the training programs offer students a comprehensive training experience, which includes:

- Personal Treatment
- Didactic coursework
- Supervised clinical work

Both the psychotherapy and psychoanalysis clinical programs have this model, although some of the specifics differ. Your advisor can assist you in implementing each of the following three elements.

Personal Treatment

Both programs require a personal psychodynamic psychotherapy or psychoanalysis. Students are expected either to be in such a treatment or to have completed it. This requirement aims to help students appreciate their own intra-psychic conflicts, especially as they relate to doing clinical work, and promote students' growth and development.

Your treatment is private, and we do not ask for reports from your therapist or analyst. We will ask you to tell us how you have fulfilled or are fulfilling this requirement, and we may ask you to apprise us about some basic information, such as with whom you are/were in treatment.

For students in the psychodynamic psychotherapy training program, this personal psychoanalysis or intensive psychoanalytically oriented psychotherapy may be current or completed. Sessions should be at least twice weekly and focus on transference and unconscious processes. Although a completed treatment of this type meets our requirements, you should consider whether ongoing treatment will further enhance your educational goals.

In the psychoanalysis training program, clinical students are required to have a personal psychoanalysis with a training analysis when you enter the psychoanalysis track begin a training analysis. The analysis is expected to take place at a frequency of three to five times per week. The analyst is of the candidate's choosing but drawn from the program's list of training and supervising analysts in this handbook and on our website.

Suppose you have been in an ongoing three to five times per week psychoanalysis for at least one year with an experienced psychoanalyst when you wish to become a psychoanalytic candidate. In that case, you may qualify for a waiver from the Psychoanalysis Committee. This "TA waiver" will allow you to continue that analysis as your training analysis. Please see the TA waiver procedures in this handbook for details.

Academic students in the psychoanalysis program are required to have a personal psychoanalysis, but the analyst does not have to be a training analyst and may be a graduate analyst or advanced psychoanalytic candidate in our program.

If you will be beginning a new treatment, we encourage you to seek treatment from a faculty member or a therapist with equivalent qualifications. Beginning treatment with a training analyst offers you the opportunity to pursue psychoanalysis training later without having to change your therapist or apply for a waiver.

¹ Revised 6/18/19

Didactics

Please visit the Curriculum pages in this handbook and our website to review program requirements. Current curriculum information is in this handbook. However, as many courses are being revised and updated, there will be changes over time, and the website will have the most current information.

In general, the program is planned with the idea that you will take two courses every semester. However, we realize that your circumstances might not permit this, and as we develop courses, it is also possible that we will not always have two courses available that meet your needs. You should plan to take at least one course every semester until you complete the required coursework.

Supervision (for clinical students)

Depending on your stage of training and which track you are in, the supervision requirement will vary. If you do not yet have a case supervised in the program, you are encouraged to discuss the supervision requirements and the selection of a supervisor with your advisor. Once a supervisor has been selected, you should work with your supervisor to discuss your cases and develop an appropriate case for longitudinal supervision.

Psychodynamic Psychotherapy Training Program

Students in the psychotherapy program are required to have weekly supervision with two different supervisors for two different cases. A total of 150 hours of supervision is required to graduate. Supervision hours can be completed after the coursework is finished. Details about the requirements are in the Supervision section of this handbook.

Psychoanalysis Training Program

Students in the psychoanalysis program are required to have weekly supervision on a minimum of three analytic cases. Each of the three cases must have a different supervisor. Each case must have a minimum of 50 hours of supervision, and a minimum of 200 hours of supervision is required for graduation. There are also learning objectives and these hours are minimums. Details about the requirements are in the Supervision section of this handbook.

Fees

Training Program Fee

- Students who matriculate in the fall semester will be charged a training program fee of \$288 per academic year, which includes the annual PEP Web fee. \$163 is due July 1, and \$125 is due January 1. (See PEP Web Subscription below.)
- Students who begin matriculation in the spring semester will be charged a training program fee of \$163 for that semester; this includes the annual PEP Web fee.
- Students who have not paid by the due date may be charged a late fee of \$10/month until all fees are paid.
- If a student has not paid by November 1 for the fall semester or by April 1 for the spring semester, his/her advisor will be informed so this can be discussed. Students must have all fees paid to receive credit for the semester and remain in good standing.
- Students who graduate from a training program between September and January will not be charged the January training program fee.

PEP-Web Subscription

- To provide matriculated students access to the comprehensive psychoanalytic literature available through Psychoanalytic Electronic Publishing (PEP), we have a roster-based subscription to PEP Web.
- The annual fee for matriculated students is \$40. This is included in the training program fee.
- To receive the low fees of our subscription, PEP requires all matriculated students and faculty to join. The only exception for students is for those who already subscribe to PEP through another group subscription and prefer to keep that subscription rather than switch to the PCC subscription.
- Information about PEP Web is at their website: www.pep-web.org.

Course Fees

Matriculated students will be charged course tuition on a per-course basis:

- If a course is also open to non-matriculated students, matriculated students receive a 25% discount on the course tuition.
- Matriculated students are not charged course registration fees.

Supervision

- Supervision fees are negotiated individually by students and their supervisors. This applies to low-fee cases, as well as to regular-fee cases.
- The student pays supervision fees and treatment fees directly to the therapist or supervisor. As such, they might be subject to reporting requirements to the IRS. Students should consult their tax advisors.

Personal Treatment

Fees for training analysis and psychotherapy are set by agreement between individual students and their training analysts or psychotherapists.

Membership in the Psychoanalytic Center of the Carolinas

As the Psychoanalytic Training Programs are a division of the Psychoanalytic Center of the Carolinas (PCC), all students in clinical training must be members of the PCC. We also recommend that academic students join the PCC. The full yearly dues (January – December) are \$150 plus PEP Web. Your membership category will change when you graduate.

Overview of Course Requirements – see
<https://pcc.memberclicks.net/assets/courselistingcomparison.pdf>

	Course	Credit Hours	Psychodynamic Psychotherapy Certificate	Adult Psychoanalysis Certificate	Child Psychoanalysis Certificate	Adult/Child Integrated Certificate
101	Thinking Psychoanalytically: The Basics	24				
201	Psychodynamic Assessment and Formulation	24	201	201	201	201
202A	From Freud to Ego Psychology	12	202A	202A	202A	202
202B	Object Relations	12	202B	202B	202B	
203A	Self Psychology	12	203A	203A	203A	203
203B	Intersubjective & Relational Psychology	12	203B	203B	203B	
204	Analytic Approach to Treatment, Part 1	24	304	204	204	204
205	Analytic Approach to Treatment, Part 2	24	205	205	205	205
206	Psychological Development Across the Life Cycle 1: Infancy - Pre-Adolescence	24	206	206	206	206
207	Psychological Development Across the Life Cycle 2: Adolescence - Late Life	24	207	207	207	207
301	Transforming Destructiveness	24	301	301		301
302	Freud in Depth	24		302	302	302
303	Contemporary Theories	24		303	303	303
304	Developmental Crises - 1: Infant to the onset of Latency	12		304	304	304
305	Developmental Crises - 2: Latency through pre-Adolescence	12		305	305	305
306	Developmental Crises - 3: Adolescence	12		306	306	306
307	Developmental Crises - 4: Adulthood	12		307		307
401	Transference, Countertransference, and Resistance in Psychoanalysis	24		401	401	401

402	Interpretation and Working Through	12		402		402
403	Deepening the Treatment	12		403		403
404	Defenses and Unconscious Fantasy	12		404		404
405	Acting Out and Enactments	12		405		405
406	Termination	12		406	406	406
308	Dreams	12		308		308
309	Research	12		309		309
501	Adult Case Conference	72		501		
502	Child Case Conference					
411	Child Integrated Seminar	225			411	411
901	Electives	varied	901-12 credits	901-32 credits		

Policy for Reduced Participation and Leave of Absence²

A student in our training programs is expected to:

1. Either have completed or be continuing his/her personal treatment.
2. Take at least one required course per semester until all courses required for the student's training program(s) are completed. If no required course is available, a student is encouraged, but not required, to take an elective when appropriate. If no appropriate course is available during a semester, this requirement is waived for that semester
3. Have a case in active supervision or be working with a supervisor regularly to find a case until the student has met the requirement for supervised cases. (Clinical students)
4. Maintain Psychoanalytic Center of the Carolinas (PCC) membership. (Required of clinical students and recommended for academic students.)

When a student is unable to meet all of these expectations:

1. A student who wishes to continue in the program but is unable to fulfill one or more of the expectations listed above should contact his/her advisor to discuss the situation.
2. After that discussion, the student may request to be considered for either reduced participation or a leave of absence.
3. The advisor or the student should then present the written request to the Director of the appropriate training program (or both Directors if the student has not selected a program or has selected both programs).

Reduced Participation

If a student will not continue either coursework or supervision, he or she should request permission for reduced participation from the program(s) in which he or she is enrolled.

This request will be made by the student's advisor on the student's behalf. The program(s) will grant or deny permission based on the educational and developmental needs of the student.

If a student has not selected a training program, the Directors of the two training programs will confer with the advisor and decide.

Time frame: Reduced participation is generally granted for either one semester or one year at a time. It can be renewed if the circumstances warrant, and the student is making progress. Students must present to the appropriate program Director a written request to return, extend, or withdraw after a period of reduced participation.

Fees: Students on reduced participation pay the usual training program fee, PEP fee, and PCC dues.

Leave of Absence

If a student has a significant hardship and wishes to suspend both taking courses and supervision, he or she may request a leave of absence.

Students request a leave of absence in writing from the Director(s) of their training program(s). The training program acts on the request in consultation with the student's advisor. If a student has not selected a program, he or she should write to the Director of Training Programs, and the Directors of the two training programs will confer with the student's advisor and decide.

² Approved: 5.14.2012; Updated: 3.22.2016; 4.7.21

Students must present to the appropriate program Director a written request to return, extend, or withdraw after a leave of absence.

Time frame: Leaves of absence are granted for up to one year, and a student may apply for as much as a second year if more time is needed. If more time is needed after a student has had four semesters of leave of absence, the student must withdraw from the program and reapply at a later date.

Fees: Students on leave of absence pay a fee of \$75 per semester in lieu of the training program fee. They also pay the usual PEP fee. They may apply separately to the PCC for a reduction in PCC dues

Patient Confidentiality and Protecting Treatment Relationships

Patient Confidentiality

As you know, we are all required ethically and legally to protect patients' confidentiality. While obviously not all-inclusive, below are some general guidelines:

- In your classes you will discuss case material and at times present some of your own clinical work. Please take care to disguise the patient information in the material you present. In addition to not using the patient's name, you should also refrain from disclosing other information that might reveal the patient's identity.
- Case material that faculty or other students present in class should not be shared with others or discussed outside the classroom.
- Case reports and other clinical information should never be emailed.
- If a patient contacts you by email, you should make it clear that this is not a secure method of communication.

Protecting Treatment Relationships

Each of us must strive to protect our own treatment and the treatment relationships of our colleagues with both their therapists and their patients. For example, if you know one of your classmates is in treatment with a colleague or faculty member, you should be sensitive not to intrude into that therapeutic relationship with unnecessary discussion of the therapist in the presence of that classmate. This is something you are probably already sensitive to, but given our small community, it is especially important to keep this in mind. Similarly, it is wise to find ways to protect yourself from unnecessary intrusions. If you have a concern in this area, please discuss this with your advisor.

Policy on Didactic Learning and Treatment Dyads³

Historical Perspectives:

The issue of having a treatment dyad participating in a class together has been managed in several ways during the history of our training programs. In the past, classes were conducted with a set cohort of individuals moving through didactic training together. At times there was no restriction on a patient being taught by his/her analyst/therapist. Sometimes this had a negative impact on the treatment dyad and/or on the other class participants. At other times, the policy was that analysts/therapists were not allowed to teach if one of their patients was in a given class. In the cohort model, this was sometimes accomplished by having a student sit out and take a tutorial and sometimes by splitting the classes to allow the treatment dyads to avoid being in a given class. There were advantages and disadvantages to these solutions. The treatment dyad was better protected, but the cohort sometimes had a negative reaction to being split for the duration of a given course.

Core Values:

Confidentiality

One of our training programs' core values is, to the best of our ability, to protect patient confidentiality. As with any patient/therapist relationship, the therapist/analyst does not reveal the identity of his/her patient. Because we are a small community, however, there are circumstances where the identity of a patient may be surmised. It is, however, also incumbent upon our community to make every effort to protect confidentiality. This is also reflected in our policy that we are a non-reporting training program. This means that therapists/analysts do not give reports on their patients' progress in treatment and are expected to recuse themselves from any situation where a patient is being discussed or evaluated (e.g., admissions or progressions).

Intrusion on the Treatment Dyad

Another core value is to reduce any intrusion upon a treatment dyad. We seek to minimize the influences of the training programs on our own treatment and the treatment relationship(s) of our colleagues with both their therapists and patients. Participation in a classroom experience with one's analyst or therapist has the potential to intrude upon the therapeutic relationship in a number of ways. For example, a treatment dyad might find that presentation of their own case material will unduly intrude on their working relationship. They are then faced with a choice between inhibited participation or an over-stimulating therapeutic situation.

Protecting the Educational Environment in the Classroom

Psychoanalysis and psychodynamic psychotherapy are treatments that allow for and at times encourage a patient's regressive experiences in the service of a deeper understanding of one's own psychodynamics and to promote greater growth opportunities. These experiences may have an impact on the classroom exploration and learning of analytic technique because other class participants could be drawn into dynamics within the treatment dyad in ways that cannot be processed in the classroom without detracting from other pressing tasks. Also, classroom exposure to one's therapist may have an adverse impact on both the ability of the student to learn and on the teacher to teach (e.g., the teacher being inhibited in presenting of case material related to other patients).

³ Approved 2.30.2012; Revised 6.18.2019

Current Approach

In our current training model, we have created a more open approach that allows individuals to have greater flexibility in deciding when to take required courses. The class participants are a mix of matriculated and non-matriculated students and do not formally move through the program as a cohort. Now, not only is there a potential for a treatment dyad to be in the position of teacher and student, but members of a treatment dyad may both wish to take a class at the same time. The Training and Education Committee (TEC) and the faculty have met and discussed this issue and we have gotten feedback from the students. The following represents our current position on these issues:

- 1) Do we need to continue to protect the treatment dyad by requiring that one party of the treatment dyad step out of a class when it is apparent that a teacher will be in the position of evaluating a patient?

We believe that it is rarely in the best interest of the student-patient to be taught and therefore evaluated, by his/her analyst/therapist. Further, we believe that the presence of a treatment dyad in the classroom may lead to confusing dynamics and has the potential to adversely affect the learning of all students. It is, therefore, expected that a teacher will not be in the position of teaching his/her patient.

- 2) Is it a possible breach of confidentiality if a student has to sit out of a course being taught by his/her analyst?

It could be argued there is a possible breach of confidentiality if a student has to sit out of a class being taught by their therapist/analyst. The student's absence could be taken as revealing that the student is in treatment with that particular teacher. However, we believe that in the current non-cohort model it could equally be assumed that there may be other reasons for a student not taking a course. Though perhaps not ideal, this offers some protection of confidentiality.

- 3) Can a treatment dyad be in the same class if both are students?

We believe that it is best practice for a treatment dyad to not take a course at the same time. It has been suggested that the treatment dyad can decide if they wish to be in the same class. Here, the issue of being formally evaluated by one's therapist/analyst is not a concern. There are potential problems, however, with the impact on the educational experience, confidentiality, and fairness. On the one hand, a treatment dyad may see dual participation as a way to protect confidentiality. But, if other participants in the class are aware of their treatment relationship, this may be inadvertently disclosed. Also, as above, confidentiality is somewhat protected by students being able to take classes at their discretion.

As to fairness, if one dyad decides to both take a class, and another dyad does not there may be a potentially negative effect on one or the other of the treatment pairs. We believe that consistent handling of treatment dyads would avoid this. There is also potential for confusing dynamics that could affect the learning experience of other students in the class which, in all fairness, must also be considered

- 4) With a treatment dyad of student-student, who will sit out of the class and how can we minimize the impact of this on the student's progression?

We leave it up to the treatment dyad to determine which member of the pair will take a given course. Generally, however, we would encourage our matriculated students, and in turn, our more advanced students, to take the courses they need to facilitate their progression through the program. So, for example, we would expect that a matriculated student would usually register for a course rather than his/her patient who is not a

matriculated student. Similarly, if both are matriculated students, we would expect that the more advanced student would usually take the class.

Implementation

From time to time, a student may be unable to take a class because his/her analyst/therapist will be teaching.

- 1) Faculty may teach any course but are encouraged to consider the impact on their patients if a matriculated student who is a patient cannot register for a required class. Nonetheless, faculty need to have an opportunity to teach, and PCC needs the faculty to teach. Also, the teacher of a given class is typically identified long before class registration, and the teacher will be expected to honor that commitment even if his/her patient later wishes to take the class. Thus, at times students will encounter courses being offered by their analyst or therapist.
- 2) The PCC is committed to offering a matriculated student a course he/she needs for his/her training program.
 - a. Students who find that their therapist or analyst is teaching a course they would otherwise take should discuss this with their advisor.
 - b. The advisor may collaborate with the curriculum committee chair to explore the assorted options and help the student to make suitable arrangements.
 - c. Different solutions will be best in different situations: The student may take a tutorial with a co-instructor or in some cases another instructor. The student might take the course when offered at another time.
- 3) If the student opts to do a tutorial, it will be structured as follows:
 - a. Generally, the tutor will be one of the co-instructors for the class.
 - b. In the standard 24-hour class, the tutor will provide 8 weeks of one-hour sessions.
 - c. The student will pay full tuition for the class.
 - d. The student will receive full academic credit for the class but will only be eligible for 8 hours of CMEs/CEUs.

Psychodynamic Psychotherapy Training Program

Psychodynamic Psychotherapy Training Program Curriculum⁴

The mission of the psychodynamic psychotherapy training program is to provide advanced training in psychodynamic psychotherapy. Students will learn to assess patients' levels of development and functioning on a continuum from under-structured to normal and to apply corresponding interventions on a continuum from ego-supportive to insight-oriented.

The emphasis is on treatment that promotes insight into unconscious processes and the conscious use of relationship, including attention to transference and countertransference. Students will learn psychoanalytic theories including drive theory, ego psychology, object relations theory, self-psychology, attachment theory, trauma theory, and relational theory.

Required Coursework:

Below is the currently proposed list of didactic coursework needed to complete the psychodynamic psychotherapy curriculum. As the curriculum is still in development, these courses may be modified.

The didactic curriculum consists of approximately 200-225 classroom hours, depending on whether you take Thinking Psychoanalytically: The Basics or meet the equivalency criteria (see course information below).

Most required courses are 16 weeks long and have 24 class hours. Electives are 8 weeks long and have 12 class hours.

Our goal is to offer each of the core courses every other year, though some may be offered more or less frequently. For example, both Thinking Psychoanalytically: The Basics and Introduction to Psychodynamic Assessment are generally offered every year. Please consult with your advisor or the Administrator if you have questions about upcoming course schedules.

- **(101) Thinking Psychoanalytically: The Basics OR an equivalent exposure to and understanding of psychoanalytic theory and its application to the treatment of patients.** This can be a combination of previous psychoanalytic coursework, training, and/or supervision in graduate school, psychiatric residency, or post-graduation. This decision will be made as part of the admissions process
- **(201) Introduction to Psychodynamic Assessment**
- **(204 & 205) Analytic Approach to Treatment parts 1 & 2 (formerly Analytic Attitude, 1&2)**
- **(202 & 203) Psychoanalytic Models of the Mind**
 - From Freud to Ego Psychology (202A)
 - Object Relations (202B)
 - Self Psychology (203A)
 - Intersubjective/Relational Psychology (203B)

These courses are an overview of how our current ways of conceptualizing how the mind is organized emerged from an attempt to solve clinical problems found in prior theories. The aim will be to examine the clinical and cultural/historical contexts in which each theory arose and the application of the resulting model to the treatment of patients.
- **(206 & 207) Psychological Development Across the Life Cycle, Parts 1 and 2**

These courses cover birth through later adulthood, including normal and abnormal development.

⁴ Updated 6/18/2019

- **(301) Transforming Destructiveness: Psychodynamic Psychotherapy with the Difficult-to-Treat Patient**
The 2008-2009 course, Psychoanalytic Perspectives on Borderline Personality: Theory and Technique, will fulfill the requirement for this course.
- **(901) Electives** – any 12 hours of a variety of short courses offered

Writing about Psychoanalytic Work

Writing about psychoanalytic work can never capture the complete picture of such a complex interpersonal and intrapsychic situation. Writing might capture some essence of a moment or a period of the work. The six-month summary aims to demonstrate that the writer is working psychoanalytically even if the summary is so highly abridged. That demonstration of analytic work typically requires three main elements in the writing. The three elements or perspectives are objective data, the clinician's experience, and the formulation of the patient's mind.

Any summary of a clinical experience would clearly include objective data. Descriptions of the patient from a third-person point of view include discussion of appearance, manner, and behaviors in addition to the patient's stated history and the verbal material of the session. Descriptions of obvious examples of observable processes like silence, late arrival, or lack of emotional expression all fit in to the perspective of objective data. Such data are the starting point for analytic work.

Analytic writing typically shifts to the perspective of the clinician's experience. The intrapsychic world of the clinician does not usually enter the realm of objective data that an outside observer might see in a videotape of the sessions, but this intrapsychic world of the clinician is where much of the analytic work is done. Descriptions of this perspective could be considered countertransference in the broadest sense, but also includes general conjecture and intuition based on the clinician's education and personal experience.

These first two perspectives ideally lead the clinician to an increasingly confident formulation of the patient's internal world. This internal world can be described using psychoanalytic concepts such as resistance and transference, and it can be described using various theoretical models such as those based in conflict or object relations. This level of formulation should inform the clinician's interventions and their timing, and that process can be illustrated in the writing.

Shifting through these different perspectives can occur multiple times in the same writing. The writing can attempt to capture variable time frames and arcs, ranging from moment to a session to six months to the whole treatment. Regardless of the time frame, the three perspectives are necessary to convey a developing analytic process.

Six months summaries can additionally demonstrate other aspects of the clinician's understanding of the case such as recognition of the phase of treatment through such measures as free association or the patient's awareness of the role of their unconscious.

Recommended Reading:

Bernstein, S.B. (2008). Writing about the Psychoanalytic Process, *Psychoanalytic Inq.*, 28:433-4

Supervision Requirements⁵

1. The student and supervisor will agree when supervision has begun. Supervision may include a period of consultation regarding developing a case suitable for psychodynamic psychotherapy.
2. When a student and supervisor agree that supervision of a training case has begun, the student will notify the administrator by sending her an email and copying the supervisor. The email will contain:
 - Case #
 - Name of Supervisor
 - Date supervision began (including a period of consultation on this case)
3. A minimum of 75 hours of supervision on each of the two cases is required for graduation. You should have a different supervisor for each case. The first year of supervision should occur weekly. This results in a minimum total requirement of 150 hours of supervision. Additional supervision may be arranged at the discretion of the supervisee and supervisor.
4. Our minimum requirements are that you have two patients with whom you work on a twice-weekly frequency for two years each.
5. Supervisors are asked to assist students in determining where on a continuum of “analyzability” a case may lie and to consider this question in the selection of cases for supervision. Some cases that are suitable for twice-weekly psychotherapy may not provide the student with many opportunities to practice interpretation of transference/counter transference phenomena — i.e., may be suitable for “psychoanalytically-informed psychotherapy” rather than “psychoanalytic psychotherapy.”

While the Psychotherapy Training Program is intended to be useful training for therapists whose practices may be mainly with psychoanalytically informed psychotherapy cases, each student in the program is urged to treat under supervision at least one case assessed at the more “analyzable” end of the continuum. Both of a student’s supervisors should be aware of any difficulties a student may be having in securing a suitable case in this sense and should, if necessary, direct the student to wait for a more suitable case before beginning the second case supervision. The student’s advisor should also be aware of the student’s situation with regard to this matter.

6. If you have a case outside these parameters, you can request a review. When a review has been initiated, you should submit to the Psychoanalytic Psychotherapy Committee a case narrative that illustrates ways in which the case demonstrates qualities of in-depth treatment. Please refer to the rubric in the supervisor’s evaluation form for assistance in writing this case narrative.
7. Should the student wish to appeal the decision, he/she may request a discussion of the case narrative with representatives of the Psychoanalytic Psychotherapy Committee and the supervisor to determine whether the qualities of an in-depth treatment have been met.
8. Treatment of supervised cases may take place at more than twice-per-week frequency if the therapist and supervisor agree. Therapists are encouraged to lower their fees for therapy as necessary to make such treatment frequency possible.

⁵ Revised 8.22.2019; 4.7.2020

9. Both cases may be supervised in individual supervision, or one case may be supervised in a small group setting of two or three supervisees with one supervisor.
10. Supervisors for the individual supervisory sessions will be selected by supervisees in consultation with their advisors.
11. Students who move out of the area after completing classes may complete supervision with PCC faculty via phone or Skype. The student may seek an exception to utilize a qualified supervisor in their area. The Psychodynamic Psychotherapy Committee will review the supervisor's credentials and grant exceptions on a case-by-case basis

Supervision Fees

1. Supervision fees will be negotiated between the supervisee and the supervisor. The Psychodynamic Psychotherapy Committee recommends a \$70-per-hour fee for supervision. Supervisors are requested but not required to offer this fee.
2. The maximum charge for supervision that takes place in pairs or threesomes of supervisees should be the supervisor's usual supervision fee (which may be higher than \$70 per hour) divided by the number of supervisees in the group.
3. Supervisors are encouraged to negotiate lower fees for supervision of low-fee therapy cases, though it is not required that the supervision fee match the therapy fee if the student therapist is able to pay more for the supervision.

Supervision Reports

General Procedures

1. Each December and June three reports should be completed and submitted for each case.
 - Narrative Case Report
 - Supervision and Case Report Summary
 - Supervisor's Report
2. The student and supervisor should review each of the reports and sign or initial them, as indicated in the Forms information below. Then the reports should be sent to the PCC Administrative office.

Forms

1. Narrative Case Report
 - a. The narrative case report must include:
 1. the student's name
 2. the supervisor's name
 3. the case #
 4. the dates of the six months of the report
 - b. The report should contain a narrative summary of the material covered in supervision and should not exceed two type-written pages.
 - c. The summary should include transference/counter transference issues in the case material and how the supervision addressed these issues. It should provide minimal data about the

patient's *life* and maximal data concerning the patient's *psyche*. The student's comments about the supervisory process are also welcome.

- d. The narrative summary should be discussed with the supervisor.
- e. The supervisor should sign and date the report.
- f. The report should then be submitted to the administrative office.
- g. After the student graduates the narrative case reports will be shredded to maintain client confidentiality.

2. Supervision and Case Report Summary

- a. The report will be initialed by the student and the supervisor before being sent to the administrative office.
- b. The student will keep a copy for his/her own records.

3. Supervisor's Report

- a. A supervisor may write this report in narrative form or use the form provided by the training program.
- b. The report should primarily address the student's progress in dealing with the psychoanalytic understanding and technique being applied in the treatment of the case.
- c. The supervisor will discuss the report with the student.
- d. The supervisor and student will sign and date the report before it is sent to the PCC administrative office.

Forms are in the student and faculty handbooks. The student handbook is accessible on the PCC website under the members section.

Reminders:

The administrative staff will send an email to students and supervisors reminding them that the six-month reports are due.

Psychodynamic Psychotherapy Supervisors

An up-to-date list of Psychodynamic Psychotherapy Supervisors can be found on the PCC website, www.carolinapsychoanalytic.org, under the “[Find a Supervisor](#)” search on the homepage.

Psychoanalysis Training Program

Requirements of the Psychoanalysis Program⁶

Psychoanalytic training consists of three parts.

The training analysis:

Becoming a psychoanalyst involves developing the capacity to become immersed in a deep, meaningful relationship with one's patients. To be able to do that, analysts must come to know and resolve as fully as possible and come to terms with their own inner life, including assets and disturbances. An analyst must be able to understand and contain his or her own issues so that he or she can engage and work with patients with sufficient empathy and skill. The training analysis is the required experience and process for developing this capacity. The training analysis affords the trainee a confidential treatment in which to experience and process his or issues. It also provides an opportunity to reflect on issues that come up in the other aspects of one's training experiences (classes, supervision, and the trainee's own treatment cases). It has been said that the training analysis has the goal of analyzing one's resistances to becoming an analyst. It is much more than that. Its principal aim is to foster the aspiring analyst's growth as a person.

Each candidate will have an analysis with a training analyst of the PCC or an analyst who has obtained a training waiver from our Psychoanalysis Committee. Such waivers may be granted if the new candidate is already in analysis with a PCC member who would qualify to become a training analyst. The analysis is expected to take place at a frequency of three to five times per week, on at least three days per week. The fee is negotiated between the analyst and the analysand. We strongly encourage that the training analysis overlaps in time substantially with supervised control cases.

To promote a full and useful analytic process, candidate analyses are confidential. The training analyst is "non-reporting." The candidate's analyst makes no oral or written report of any kind to the Psychoanalysis Committee or anyone else. In addition, the analyst is not present at any discussion of the candidate's progress.

In keeping with the fact that the analysis during training is a required part of psychoanalytic training, candidates will report the following to the Psychoanalytic Committee to be recorded in their academic record: Date Analysis Started, Name of Analyst

In addition, on an annual basis throughout training, candidates will attest to whether the analysis is continuing and the name of the analyst if the analyst has changed. If the analysis has concluded, the date of termination will be reported.

Because the treatment is confidential, it is up to the candidate and training analyst to implement guidelines for the training analysis. Training analyses should be of sufficient intensity and duration to facilitate the development of a transference relationship that has immediacy. The analyst and candidate pair should explore the meanings of that relationship productively. They eventually work together towards a mutually agreed upon termination without any restrictions from the educational process.

We recognize that conducting an analysis using distance technologies is possible while attending to its benefits and limitations. Treatment in person is the usual way in which psychoanalysis is conducted.

⁶ Approved November 2018, revised 6.18.2019, spring 2020; revised 2022

However, a variety of circumstances may make varying degrees of remote analysis the best option for a given candidate.

There are instances where the candidate lives and works at a non-commutable distance from the physical location of our Psychoanalytic Center and/or from a training analyst qualified by our Center. We expect the Training Analyst and the prospective Candidate to work out a plan of in-person and virtual sessions that will meet the treatment needs of the prospective candidate, and to revise this plan as needed.

We expect that training analyses will begin with a significant period of ‘in the room’ analysis to allow both analyst and analysand to experience the emotional impact of each other’s ‘full presence.’ We strongly recommend beginning with sessions in the office for a period of time if at all possible.

After the establishment of a treatment, we encourage the analyst and analysand to continue using a framework that includes some periodic in-person meetings. For example:

1. Meeting primarily by remote means with periodic in-person weeks of meetings in person for two to four weeks a year.
2. Meeting twice a week in person and having other sessions remotely.

Didactics: There are two goals of the didactic portion of the training:

(1) To become familiar with a significant body of analytic thinking and writing to achieve a reasonable mastery of the theories and techniques of the major psychoanalytic schools of thought along with an understanding of how these writings fit into the overall theory and practice of psychoanalysis. As part of this, to apply papers on theory and technique to the candidate’s work with analytic patients and psychotherapy patients.

(2) To develop the ability to read a theoretical paper critically. This skill includes understanding the means of persuasion used by the author and the relationship of the paper to other papers dealing with the same set of clinical questions. This will allow candidates to then assess how newly encountered writings, including those they read after graduation, fits into the overall theory and practice of psychoanalysis and how it applies or does not apply to the candidate’s work with analytic patients.

To reach these goals, the candidate will attend courses totaling 492 class hours. Some of the classes are specifically focused on the conceptual basis of the psychoanalytic understanding of mind and others more broadly on psychoanalytic perspectives as they are applied in the clinical setting. Candidates will be expected to demonstrate their growth in these skills in classroom discussions and through the writing assignments given by the instructors.

Supervised Case Experience: There are two major goals of the supervisory experience, which is aimed to prepare the student to function independently as an analyst:

(1) To engage in supervision through an opening phase with several patients and to have an experience of analyzing the more intense transferences of the middle phase of analysis. Supervision with at least two of the cases must reach a well-established middle phase of psychoanalysis, one of which demonstrates progression well into this phase. See Appendix A at the end of the handbook.

(2) To develop the competencies of an independent analyst. See appendix B at the end of the handbook.

To reach these goals, the candidate must treat a minimum of 3 patients. To reach these goals the candidate must treat a minimum of three cases at a frequency of 3 to 5 times per week. Each case is required to receive weekly supervision with training and supervising analysts throughout. If, however, the supervisor determines that it would be in the candidates' educational interest to reduce the frequency of supervision, the supervisor can bring this proposal to the Psychoanalysis Committee for consideration. The candidate's cases must represent patients of a variety of gendered identities. It is expected that a different supervising analyst supervise each case.

The candidate must have a minimum of 200 patient contact hours and 50 hours of supervision with each of these cases. This minimum, however, would rarely be sufficient for a case to reach and progress through the middle phase of analysis, a process that generally requires more than two years of supervision. Termination of a case is not required for graduation, but candidates are expected to return for consultation during the termination of a case after graduation if it was not part of the pre-graduation experience.

For each treatment case, the candidate will write each January and July a summary of the previous 6-month period of treatment and report hours of treatment and supervision to the program administrator. These treatment reports will be discussed in supervision, and the supervisor will forward them to the program administrator after the discussion.

Synthesis project⁷ The candidate will complete a graduation project whose purpose is to demonstrate the capacity to integrate clinical work with psychoanalytic theory. A candidate may choose a graduation project at any time, but generally does so after the mid-training review, when a third case is well underway, and after finishing seminars. There are two forms of the graduation project, a paper, or an oral graduation project with a case write-up at its center.

The candidate who chooses to write a paper will propose a topic to the Graduation Paper Committee and work with a graduation paper advisor to develop her/his paper. The topic should be chosen to demonstrate the candidate's ability to think analytically and write about this understanding. Typically, but not necessarily, the topic will come from an interesting issue that has emerged in one of the candidate's cases and will be illustrated with material from that analysis. The Graduation Paper Committee apprises the Psychoanalysis Committee of progress towards and satisfactory completion of the paper.

The candidate who chooses the oral project will write up one analytic case under the guidance of a graduation advisor, showing the process as it unfolded and the candidate's reflection on the presence or lack of an analytic process. The candidate will meet with the advisor both to discuss the write-up and to develop one or two possible topics or issues for discussion related to the case and a list of literature relevant to the topic. The Psychoanalysis Committee will appoint a subcommittee to read write-up and then meet with the candidate to discuss both the analytic process (or lack thereof) of the case under discussion and the candidate's knowledge of the topics and relevant contextual literature. The purpose of this discussion will be to assess the candidate's ability to think analytically, whether or not the case in question has entered into a full analytic process and to report the result to the Psychoanalysis Committee.

⁷ Note the new name for graduation project.

Representing Yourself as a Psychoanalyst

Candidates may not represent themselves as psychoanalysts until they have been given permission to begin the analysis with a case that is receiving supervision from a supervising analyst, and then only with the case that they are analyzing under PCC supervision. Candidates may not advertise themselves as analysts before graduation.

Adult Psychoanalysis Training Program Curriculum⁸

The didactic portion of the training involves in-class hours divided among courses in several categories, some focused on the conceptual basis of the psychoanalytic understanding of the mind and others more on the application of psychoanalytic perspectives in the clinical setting. Seminars are meant to be an active learning experience with the discussion of clinical experience relevant to the papers read. Candidates are encouraged to present examples from their work and to present to a continuous case conference when possible.

Core classes will be one semester (16 weeks) long and will meet for 1.5 hours per week, but some advanced courses are 8 weeks long and elective courses often meet for a shorter period. To graduate, candidates will need to have attended at least 500 hours' worth of classes. Currently the first eight required courses for the Psychoanalysis Training Program are the same as the eight required courses for the Psychodynamic Psychotherapy Training Program.

As our curriculum continues to evolve, updated information and details will be added. In general, we attempt to offer core classes once every two years (noted below with an asterisk). Currently, the plan is to offer the advanced curriculum to allow a full cycle in three years. Please consult your advisor or the Administrator if you have questions about upcoming course schedules.

Students are encouraged to continue to take case conferences and/or other courses until graduation even when they have met the minimum requirements of the program.

Required Courses

Conceptual Courses

- (202 & 203) Psychoanalytic Models of the Mind (32 weeks) *
 - From Freud to Ego Psychology (202A)
 - Object Relations (202B)
 - Self Psychology (203A)
 - Intersubjective/Relational Psychology (203B)
- (302) Freud in Depth (16 weeks)
- (303) Contemporary Psychoanalytic Theories (16 weeks)

Technique Courses

- (201) Introduction to Psychodynamic Assessment (16 weeks) *
- (204 & 205) Analytic Approach to Treatment Parts 1 and 2 (32 weeks) (Formerly Analytic Attitude 1&2) *
- (301) Transforming Destructiveness: Psychoanalytic Psychotherapy with the Difficult-to-Treat Patient (Working with Patients with a History of Trauma) (16 weeks) *
- (401) Transference, Countertransference and Resistance (16 weeks)

⁸ Revised 6/18/2019; spring 2020; Jan 2021

- (308) Working with Dreams (8 weeks)
- (402) Interpretation and Working Through (8 weeks)
- (403) Deepening Treatment (8 weeks)
- (405) Acting Out and Enactments (8 weeks)
- (404) Defenses and Unconscious Fantasies (8 weeks)
- (406) Termination (8 weeks)

Developmental Courses

- (206 & 207) Psychological Development across the Life Cycle, Parts 1 and 2 (32 weeks) *
- (304, 305, 306, 307) Advanced Study of Developmental Crises (Four 8-week courses)

Experiential

- (501) Psychoanalysis Case conference (Normally six eight-week courses are required, but 12 hours of Child Case Conference may be counted towards the 72-hour adult requirement. One Adult Case Conference must be completed before the Child Case Conference is undertaken.)

Other

- (309) Research (8 weeks)

Electives

- (901) 32 credit hours of the student's choosing.

Course credit for classwork taken outside the PCC ⁹

PCC class credit for required courses may be granted for substantially similar classes taken elsewhere before matriculation. We are more likely to credit classes taken at some educational programs than at others. Classes that were taken at APsaA institutes would likely be credited. Classes at IPA institutes would be carefully considered. Classes from other psychoanalytic institutes would be reviewed. Classes from other graduate programs might be reviewed, but credit for these classes would be made only on an exceptional basis.

The process for requesting such class credits would start by discussing with your advisor which previous classes might be most similar to which PCC classes. A written request listing the specific course(s) for which credit is requested and including the specific supporting documents such as syllabi, course descriptions, and evidence of course completion for each class should be sent to the Curriculum Committee Chair. Only those documents that pertain to the specific courses for which credit is requested should be included in the documentation.

The Curriculum Committee review might include consultation with PCC teachers of the courses in question. The Curriculum Committee review and recommendation will be forwarded to the Psychoanalytic Progressions Committee. The Progressions Committee will vote on whether to approve the requested credit.

⁹ Approved Jan 2021

Child & Adolescent Psychoanalysis Training Program Curriculum¹⁰

Some clinicians are interested in achieving proficiency in both child/adolescent and adult psychoanalysis. We offer a “combined program” in adult and child analysis for these clinicians. Other clinicians are seeking proficiency in only child/adolescent psychoanalysis. We offer a “child-focused” program for these students. Prior training in a child or family-centered mental health is strongly recommended but not required for both the combined and focused programs.

Combined candidates (students training to be psychoanalysts) will take all of the courses required for adult psychoanalytic candidates as well as additional courses relevant to child/adolescent psychoanalysis. Focused candidates will take most but not all of the courses required for adult psychoanalytic candidates, and the additional courses relevant to child/adolescent psychoanalysis.

In addition to the coursework on growth and development included in the adult curriculum, the child analytic curriculum includes courses covering the psychopathology of children and adolescents, the theory and technique of child and adolescent analysis, infant observation, and the use of the diagnostic profile. Child analytic courses may be taken concurrently with adult courses. Continuous case conferences on child and adolescent analysis are also part of the curriculum.

Combined candidates have a minimum case requirement of two supervised adult cases (one of each gender) and three supervised child cases (with all genders represented) to complete training. Focused candidates have a minimum case requirement of three supervised child cases (with all genders represented) to complete training. Both combined and focused candidates should have analytic experience with an adolescent, latency child, and if at all possible, pre-latency child. A minimum of 150 hours of supervision of child cases is required for both combined and focused candidates. At least one child or adolescent case should be supervised through the termination phase.

Candidates in the adult training program may attend child analytic classes and seminars and may analyze a child or adolescent under supervision. These candidates must be enrolled in the child program if their child & adolescent cases are to be considered part of their training as child analysts.

Classroom Study Requirements

The didactic portion of the child psychoanalysis training involves in-class hours divided among courses in several categories, some focused on the conceptual basis of the psychoanalytic understanding of the mind and others on the application of psychoanalytic perspectives in the clinical setting. Seminars are meant to be an active learning experience with the discussion of clinical experience relevant to the papers read.

Candidates are encouraged to present examples from their work and to present to a continuous case conference when possible.

¹⁰ Revised 12/18/2014

Core classes are one semester (16 weeks) long and meet for 1.5 hours per week. Some advanced courses are 8 weeks long and elective courses may meet for shorter periods. To graduate, candidates need to have attended at least 500 hours of classes.

The required courses are listed below. Many of these courses are also required for the adult psychoanalysis program, so there is significant overlap in courses for the “combined” candidates.

Required Courses

Conceptual Courses

- (202 & 203) Psychoanalytic Models of the Mind (32 weeks) *
 - From Freud to Ego Psychology (202A)
 - Object Relations (202B)
 - Self Psychology (203A)
 - Intersubjective/Relational Psychology (203B)
- (302 & 303) Evolution of the Field (32 weeks) *

Technique Courses

- (201) Introduction to Psychodynamic Assessment (16 weeks) *
- (204 & 205) Analytic Approach to Treatment, Parts 1 & 2 (32 weeks) * (formerly Analytic Attitude, Parts 1 & 2)
- (301) Transference, Countertransference and Resistance (16 weeks) *

Developmental Courses

- (206 & 207) Psychological Development across the Life Cycle, Parts 1 and 2 (32 weeks) *
- (304) Advanced Development: Infancy to the onset of Latency (8 weeks) *
- (305) Advanced Development: Latency through Pre-Adolescence (8 weeks) *
- (306) Advanced Development: Adolescence (8 weeks) *

Mixed Case/Technique

- (225) Weekly Child Integrated Seminar (30 weeks/year for 5 years or until graduation)

* also in adult psychoanalysis curriculum

Writing about Psychoanalytic Work

Writing about psychoanalytic work can never capture the complete picture of such a complex interpersonal and intrapsychic situation. Writing might capture some essence of a moment or a period of the work. The six-month summary aims to demonstrate that the writer is working psychoanalytically even if the summary is so highly abridged. That demonstration of analytic work typically requires three main elements in the writing. The three elements or perspectives are objective data, the clinician's experience, and the formulation of the patient's mind.

Any summary of a clinical experience would clearly include objective data. Descriptions of the patient from a third-person point of view include discussion of appearance, manner, and behaviors in addition to the patient's stated history and the verbal material of the session. Descriptions of obvious examples of processes like silence, late arrival, or lack of emotional expression all fit in to the perspective of objective data. Such data are the starting point for analytic work.

Analytic writing typically shifts to the perspective of the clinician's experience. The intrapsychic world of the clinician does not usually enter the realm of objective data that an outside observer might see in a video tape of the sessions, but this intrapsychic world of the clinician is where much of the analytic work is done. Descriptions of this perspective could be considered countertransference in the broadest sense, but also includes general conjecture and intuition based on the clinician's education and personal experience.

These first two perspectives ideally lead the clinician to an increasingly confident formulation of the patient's internal world. This internal world can be described using psychoanalytic concepts such as resistance and transference, and it can be described using various theoretical models such as those based in conflict or object relations. This level of formulation should inform the clinician's interventions and their timing, and that process can be illustrated in the writing.

Shifting through these different perspectives can occur multiple times in the same writing. The writing can attempt to capture variable time frames and arcs, ranging from moment to a session to six months to the whole treatment. Regardless of the time frame, the three perspectives are necessary to convey a developing analytic process.

Six months summaries can additionally demonstrate other aspects of the clinician's understanding of the case such as recognition of the phase of treatment through such measures as free association or the patient's awareness of the role of their unconscious.

Recommended Reading:

Bernstein, S.B. (2008). Writing about the Psychoanalytic Process, *Psychoanalytic Inq.*, 28:433-4

Progressions Procedures of the Psychoanalysis Program ¹¹

Advisors

Every candidate is assigned an advisor when he or she is matriculated although advisors may be changed without prejudice. When the student declares a goal of psychoanalysis training a psychoanalyst advisor is assigned. The advisor functions to provide feedback to the candidate about his or her progression and the candidate can also bring problems and questions to the advisor. The candidate and advisor should meet as soon as is practical to get to know each other and identify any issues. Candidates can meet with their advisor when they have a question, and they should meet at least once a year. Some can be on the telephone. Advisors may not supervise cases of their advisees. However, if the candidate wishes to have his or her advisor supervise a case, a new advisor may be assigned.

Training Analysis

The beginning candidate will notify the Administrator or the Director of the Psychoanalysis Program of who the Training Analyst is. The training analysis is expected to proceed to a termination, but the candidate can transfer analysts without prejudice. Training Analysts are not present during progressions reviews, but they do report the beginning and end of the analysis. The training analyst reports no details concerning the nature of the termination. The termination of a candidate's analysis is not required for graduation. It is strongly encouraged, but not required, that the training analysis overlaps the supervision of clinical work.

Beyond fulfilling the requirement to have a training analysis, progression, and graduation decisions hinge upon the candidate's performance in class and supervised cases.

In keeping with the fact that a training analysis is an educational requirement, here is the procedure as of November 13, 2020. Candidates at the start of training will report the following to the Psychoanalytic Committee via the TEC program manager:

Date Analysis Started
Name of Analyst

Then, on an annual basis throughout training, candidates will attest to:

Whether the analysis is continuing
Name of the analyst if the analyst has changed
If the analysis has concluded, the date of termination

This information should be sent to the TEC program manager who will record it in the academic record for each candidate. The information will be used to provide the program with a written record of this component of the tripartite model. It will not be used for evaluating your progressions except to verify that your personal analysis is or has been part of your training.

Seminars

A candidate is matriculated when he or she begins the first seminar. Seminars are meant to be an active learning experience with the discussion of clinical experience relevant to the papers read. Candidates are encouraged to present examples from their work and to present to a continuous case conference when possible. Candidates are expected to attend all seminars except in unusual circumstances.¹² If unable to attend seminars, the candidate should make arrangements with his or her instructor. Seminar leaders submit reports on their assessment of the candidate's involvement in the educational process and their progress. In addition, Candidates may also be expected to attend the case conferences associated with our Scientific Programs with out-of-town speakers and to present there at least once.

¹¹ Approved 6/19/2019; amended in September and November 2020

¹² In general, attending 80% of the class time is required for credit.

Supervision and Six-Month Summaries

Once matriculated, a candidate should begin supervision with a supervisor who will usually supervise the first analytic case. This supervision might focus on an intensive psychotherapy case, and it might include review of possible cases for analysis. Early supervision enables the beginning candidate to discuss office arrangements, case selection, and fee-setting for the psychotherapy and first analytic case.

Once the Progressions Committee permits each new case, the candidate may begin a case after two supervisors have approved it as suitable. When a case is begun, the candidate should notify the Institute office of the supervising analysts who have approved the case and the name of the ongoing supervisor.

A diagnostic summary should be written at the outset and reviewed with the supervisor before being submitted to our office. Six-month summaries should be written and reviewed with the supervisor and then submitted to the office in June and December of each year. The goal of the six-month summaries is to learn to describe what has happened in an analytic process. Six-month summaries should be evaluated in the context of the candidate's development as an analyst. We hope each candidate will attempt to give the reader a sense of the patient's difficulties, how they are manifest in the analytic process, how the candidate is thinking and then intervening, and finally how the patient's response is then understood. Summaries that are one or two pages are sufficient and encouraged. Timely summaries will be more helpful to a candidate's learning and also to our educational goals. The goal is to have a snapshot of the candidate's developing psychoanalytic thinking. These descriptive reports are to be submitted on every case that begins analysis, whether or not the case has 200 hours and/or 50 hours of supervision. They are useful and count towards the candidate's overall educational experience. We do require that case reports be up to date before new cases are begun.

To better organize our records, cases are numbered in the order that they are started including all cases whether they are completed or interrupted. Six-month summaries should include the case number, supervisor's name, number of analytic hours for the period and the number of analytic hours to date. Please also include the number of supervision hours for the period and to date. Supervisors submit a separate record of the number of supervision hours along with their reports.

The candidate should have the supervisor read the report before submitting it to the office. The supervisor will initial the summary to indicate that he or she has reviewed it as part of the supervision, and then the candidate will submit it to the office. The candidate should also keep a copy of the six-month summary in his or her own records.

Progressions Reviews

The progressions committee is currently the psychoanalysis committee and includes the candidate's advisor and supervisors for the cases that are reviewed. The goal of progressions reviews is to integrate feedback from teachers and supervisors, make sure that timely feedback from supervisors to candidates is happening, and help candidates meet the educational goals of the program.

When a student elects to begin the psychoanalysis program or indicates a goal to matriculate, the Progressions Committee will review their clinical preparation to begin psychoanalysis cases under supervision as well as other aspects of their situation (e.g., whether a psychoanalysis for training purposes has been begun) Sometimes, the committee will recommend supervised psychotherapy work before beginning an analytic case.

Further progressions reviews are scheduled approximately once a year. The Progressions Committee tries to identify the progress of the candidate and make recommendations for his or her further development. Typically, this includes assessing when the candidate is ready to undertake a new case and any specific recommendations regarding cases or supervision. The committee also tries to get an overall impression of the candidate's development by integrating the impressions of seminar teachers and various supervisors. The progressions committee designates a member of the committee to provide feedback to the candidate. The advisor is available as well.

Candidates can request a review at other times particularly if they wish to begin an additional case in supervision or desire some modification in the educational program.

Permission to Begin Cases ¹³

Generally, we attempt to permit before an actual case is identified. The initial progressions review will include an assessment of what kind of supervision the candidate might best begin with (e.g., psychotherapy or psychoanalysis). Generally, when permission is granted to begin psychoanalytic casework work, permission to begin a second case will also be considered. We encourage candidates beginning their first case to undertake case development consultation with their advisor, a second supervisor, or another faculty analyst to think about cases both from the perspective of benefitting from analysis and also adding to their educational experience.

Although we meet to do progressions only once a year, it is possible to consider requests in the interim during committee meetings. Please let us know as soon as possible if a candidate is looking for a new case to start in the interim.

Changes in Supervision

Each case is required to receive weekly supervision with training and supervising analysts throughout. If, however, the supervisor determines that it would be in the candidates' educational interest to reduce the frequency of supervision, the supervisor can bring this proposal to progressions for consideration.

In general, changes of supervisors are permitted when the candidate requests it. The candidate is encouraged to explore the reasons for this change with the original supervisor and the newly selected supervisor before making the change. Recognizing such a change may be awkward, we believe these explorations offer the potential for educational and personal benefits which may further the candidate's growth and functioning as an analyst.

Mid-Training Review

When a candidate has at least two cases well underway (generally speaking going for about a year), the Progressions Committee will do a major review. The object here is to integrate the educational needs of the candidate and to give individualized feedback about goals for graduation. We see this as an opportunity to clarify the nature of the analytic casework the candidate has had and to assess progress toward eventual graduation. Candidates will be informed and given feedback about this review.

Reduced Participation and Leaves of Absence:

Please see the reduced participation policy.

Leaves are granted for one year with the possibility of extending them for a second year. Leaves should be for hardship reasons that are discussed with the candidate's advisor. At the end of the two years, the candidate must become active or withdraw.

¹³ Approved May 13, 2019

Graduation¹⁴

The Psychoanalysis Committee decides upon graduation with input from the Progressions Committee and the Graduation Paper Committee (if applicable). The Progressions Committee lets candidates know when their clinical experience is sufficient for graduation. Candidates are responsible for continuing supervision of their work and completing case reports and reports of analytic hours until they graduate. A synthesis project is required for graduation (see Progressions Requirements document).

¹⁴ Approved May 13, 2019

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Procedures for Application for a TA Waiver

Please note: This document is included to provide our students with an idea of what the process has entailed but please talk to the Psychoanalysis Director for updates and current guidelines, as they are under revision.

The intent of the TA waiver process is to allow a student who has undertaken an analysis before deciding to become an analyst to continue with his or her analyst rather than require an interruption of that treatment to begin treatment with a TA. It is limited in that it is offered only to students whose analysis has been underway for at least a year. The waiver process is also limited in that only some analysts are eligible. Currently, we also foresee that it will require that the treatment has been undertaken before becoming matriculated in our program. See the “Process of Application” section, below, for more details.

A request for a TA waiver for the personal analyst of a potential candidate is initiated by a potential candidate for psychoanalytic training who has been in three to five times weekly analysis with that analyst for at least one year. If granted, this waiver will allow an analyst who is not a TA to function as the training analyst for that one candidate

After a request for a waiver has been initiated, the personal analyst will be asked to provide to representatives of the Psychoanalytic Training Program of the PCC:

- information about his or her professional ethical standing, and
- information needed to determine if s/he meets the eligibility criteria for TA waiver. Previously these criteria were set by the American Psychoanalytic Association, and we anticipate some changes as we revisit the criteria locally.

If eligibility and ethical standing criteria appear to be met, the Psychoanalytic Training Program of the PCC will give or withhold final approval of the waiver.

CRITERIA FOR ELIGIBILITY

The following criteria are our current criteria to determine if a personal analyst is eligible to treat a candidate in training. As noted above we anticipate revisions although the requirement that the analyst be five years post-graduation is likely to remain:

- The analyst is a graduate of an APsaA or International Psychoanalytic Association (IPA) affiliated institute, is at least five years post-graduation, and is a member of either APsaA or the IPA or both.
- The analyst has worked with at least 4 non-psychotic cases in 3 to 5x/week psychoanalysis post-graduation.
- Two of those cases have been in treatment for at least three years post-graduation.
- The total number of analytic hours of 3-5x/week cases seen by the analyst post-graduation is a minimum of 1800.
- The analyst demonstrates evidence of independent work by having at least two new psychoanalytic cases started after graduation.
- The analyst has terminated at least one case, including cases seen during candidacy.

PROCESS OF APPLICATION

- At the time of the request, the potential candidate must be in an ongoing 3-5x/week analysis of at least one year's duration with the personal analyst.
- The potential candidate will contact the director of the Psychoanalytic Training Program of the PCC, who will inform the treating analyst and supply the necessary forms.
- When the forms are completed, the director of the Psychoanalytic Training Program will convene a committee consisting of him or herself, and two other members of the PsaC, a TA and a non-TA, both to be selected at random. This committee will review the documentation to determine eligibility.
- The PsaC will then be informed of the outcome of the review.
- If the personal analyst has met the criteria, s/he will be offered the opportunity to meet with a subcommittee of the TA committee to discuss issues particular to training analysis: how the training analysis is different from a personal analysis, the problems inherent in functioning in the role of a training analyst, and ethical issues relevant to functioning in the role of a training analyst.
- If the analyst wishes to continue the waiver process, the Psychoanalysis Committee will vote to approve or decline the waiver.

APPEALS PROCEDURE

The prospective candidate may initiate the appeals process if s/he believes bias has led to an unjustified negative decision. The prospective candidate will contact the director of the Psychoanalytic Training Program. The director will appoint an ad hoc committee of two analysts who did not serve on the original committee to determine whether the PTP's procedures were followed. If the procedures were followed, the appeal will be turned down. If the procedures were not followed, the committee will report back to the PsaC, which will redress the procedural problems and convene a different committee to reconsider the application.

Impaired Training and Supervising Analyst Policy

A condition of a Training Analyst (TA) and Supervising Analyst (SA) appointment is the ongoing development of oneself as an analyst and ongoing competence. All TAs and SAs must agree to cooperate with the Colleague Assistance Committee (CAC) and the Ethics Committee. The Psychoanalysis Committee (PC) of the PCC has the authority to terminate TA/SA appointments. Annually, TA/SAs must sign the following statement: "I agree to cooperate with the CAC's recommendations regarding my physical, cognitive, or mental health. I understand and accept that the Psychoanalysis Committee (PC) of the PCC has the authority to make and terminate TA/SA appointments."

Trusted Colleagues

TA/SAs might select one or two "trusted colleagues" to help the TA/SA by identifying impairments and speaking with the TA/SA about these concerns. This role might be informal in the sense of not being part of the processes outlined here. If they choose, the TA/SA can also identify such persons to the Psychoanalysis Director for consideration to be part of the formal process outlined below.

Procedures for Reporting a Concern:

Should students or other members of our community have a concern that a TA/SA is impaired or unfit to fulfill the functions of TA/SA, they are encouraged to bring their concern to the Psychoanalysis Director (chair of the Psychoanalysis Committee) as a first step. It is also appropriate to directly contact the CAC, the ethics committee, or a licensing board. However, notifying the chair of the Psychoanalysis Committee permits administrative action if necessary and also allows the CAC to use the Director to facilitate a helpful process. Should a concern be brought to the CAC about a TA/SA, the complainant will be encouraged to inform the Psychoanalysis Director as well. If they do not wish to do this themselves, the CAC has the discretion to involve the Director as noted in 2 below.

- 1) When a concern comes to the Psychoanalysis Director, he/she will forward the concern to either the CAC committee or Ethics Committee as deemed appropriate. The Director might contact the TA/SA to have transparency. The Director will not investigate the complaint.
- 2) Whether the concern has been initiated through the CAC or the Psychoanalysis Director, the CAC chair may consult with the Psychoanalysis Director to determine who might be best to participate in the conversation between the CAC and the TA/SA of concern. That person might be the Director himself or herself or it might be another senior colleague.

Colleague Assistance Committee Referral Procedures:

- 1) The CAC will work with the TA/SA using the committee's usual procedures except as outlined below.
- 2) If the TA/SA of concern is not cooperative with the CAC and the issues pertain to general competence or continued qualification, the CAC will report this fact to the Psychoanalysis Committee. Since cooperation with the CAC is a condition of appointment, this will result in ending the TA/SA's appointment.
- 3) If the CAC investigates the situation and feels that steps have been taken to resolve it, and there are no questions about ongoing competence to perform as a TA/SA, it will report this back to the Psychoanalysis Director. The Director will then report this to the complainant (unless the CAC has already done so). There are no additional steps in this situation.

- 4) If the CAC finds the TA/SA is significantly impaired in ways that pertain to the TA/SA's continued competence and qualification for that role, one of the following will happen:
 - a. The TA/SA may agree to voluntarily terminate their TA/SA appointment by giving notice to the chair of the Psychoanalysis Committee.
 - b. The TA/SA will note his/her disagreement with the recommendation. The CAC chair will share the information that it has gathered with the Psychoanalysis Director along with the fact that the TA/SA disagrees with the recommendation.
 - c. If the CAC decides that the issue will best be managed by the Ethics Committee - even though the TA/SA has cooperated with its procedures - it will report that to the Psychoanalysis Director. In this case, the Director will forward the complaint to the Chair of Ethics unless the CAC has already done that. The Ethics Committee will follow its procedures.
 - d. In case b above, the Psychoanalysis Director will appoint at least three people to an ad hoc subcommittee of the Psychoanalysis Committee to review the status of the TA/SA appointment using the information received from the CAC committee. That subcommittee will have the power to terminate the TA/SA appointment. The decision of the subcommittee will be final.

Procedures for a Referral to the Ethics Committee:

The Ethics Committee's determinations may include a recommendation to terminate TA/SA status whether or not it recommends termination of membership.

1. The Ethics committee may recommend that membership in the PCC will be terminated and that would be forwarded to the PCC Board for action. Termination of membership will automatically mean termination of TA/SA status.
2. If the ethics committee makes a recommendation to terminate TA/SA status, the Psychoanalysis Director will receive a recommendation.
3. If the Ethics Committee recommends termination of TA/SA status, the psychoanalysis chair will appoint at least three people to an ad hoc subcommittee of the Psychoanalysis Committee to review the status of the TA/SA appointment. That subcommittee will have the power to terminate the TA/SA appointment.

Procedures when TA/SA status is terminated:

- 1) The Psychoanalysis Committee members decide on who will tell each trainee and will allow time for this to unfold before any general notification is made.
- 2) The TA/SAs retirement will then be generally announced by the Director.

Forms for Use in the Program

Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514
phone: (919) 490-3212 fax: 1-877-897-4034
Email: Kayla@CarolinaPsychoanalytic.org
www.carolinapsychoanalytic.org

Training Programs in Psychoanalysis and Psychodynamic Psychotherapy

Selection of Training Program(s) at Admission

As a newly admitted student to the PCC training programs, you can select the training program(s) you would like to pursue, or you may defer this selection for up to one year.

- Students may matriculate in one or both training programs.
- **There may be additional elements that need to be in place for you to enter the psychoanalytic track. Please speak with your advisor about the requirements. If necessary, your advisor may consult with the psychoanalytic training program chair about particulars.**

Please indicate your current choice(s) by checking the appropriate box(es) below.

- I intend to matriculate in the psychodynamic psychotherapy training program.
- I intend to matriculate in the psychoanalysis training program.
- I would like to defer my training program selection(s). I understand I may defer my choice(s) for up to one year from the date of my admission.

Name: _____

Date: _____

Please return this form to TEC Administrator at the address above by _____

Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514
phone: (919) 490-3212 fax: 1-877-897-4034
Email: Kayla@CarolinaPsychoanalytic.org
www.carolinapsychoanalytic.org

Training Programs in Psychoanalysis and Psychodynamic Psychotherapy

Selection of Training Program(s) during First Year of Matriculation¹⁵

Name: _____

Date by which you need to select your training program(s): _____

As you deferred selection of the training program(s) you would like to pursue, you will need to make your selection(s) by the date indicated above.

- Students may matriculate in one or both training programs.
- **There may be additional elements that need to be in place for you to enter the psychoanalytic track. Please speak with your advisor about the requirements. If necessary, your advisor may consult with the psychoanalytic training program chair about particulars.**

Your advisor can be immensely helpful to you in making your selection(s), and we encourage you to discuss this decision with her or him.

Please indicate your current choice(s) by checking the appropriate box(es) below.

I intend to matriculate in the psychodynamic psychotherapy training program.

I intend to matriculate in the psychoanalysis training program.

Name:

Date:

Please return this form to TEC Program Manager at the address above by _____

¹⁵ Approved 1-25-2012; updated 6-12-2019

Supervision and Case Report Summary ¹⁶
PsA and PPT Tracks

Reports are due JUNE 15 and DECEMBER 15 for the prior six-month period

Student: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

6-month period: Dec 2020 – May 2021 June 2021– Nov 2021

Total supervisory hours: This time period: To Date:

Total direct client/pt contact hrs*: This time period: To Date:

Frequency of treatment: Click or tap here to enter text. Date Submitted: Click or tap here to enter text.

Are you currently in personal treatment?_Click or tap here to enter text.

Initialed by: Student: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

6-month period: Dec 2021 – May 2022 June 2022 – Nov 2022

Total supervisory hours: This time period: To Date: _____

Total direct client/pt contact hrs*: This time period: To Date: _____

Frequency of treatment: Click or tap here to enter text. Date Submitted: Click or tap here to enter text.

Are you currently in personal treatment? Click or tap here to enter text.

Initialed by: Student: Click or tap here to enter text. Supervisor: Click or tap here to enter text

6-month period: Dec 2022 – May 2023 June 2023 – Nov2023

Total supervisory hours: This time period: To Date:

Total direct client/pt contact hrs*: This time period: To Date:

Frequency of treatment: Click or tap here to enter text. Date Submitted: Click or tap here to enter text.

Are you currently in personal treatment?_Click or tap here to enter text.

Initialed by: Student: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

Total supervisory hours for this case: _Click or tap here to enter text.

***Required**

¹⁶ Revised 6.18.2019; 4.1.21; 6.1.22

Psychodynamic Psychotherapy Training Program Supervision Report ¹⁷

Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A, Chapel Hill, NC 27514
(919) 490-3212 kayla@CarolinaPsychoanalytic.org

Areas of Competency to be developed and reviewed in supervision

For each skill, please rate 1, 2, 3, 4

1 = rarely present, or unable to determine; needs development

2 = skill does appear, however skill isn't sufficiently present for consolidation

3 = skill appears consistently; meets expectation

4 = skill is demonstrated consistently, indicates mastery

Exercises good clinical judgement

Is aware of areas of uncertainty and open to discuss these with supervisor. The clinician can present perceived clinical errors and can generally implement recovery from them in the clinical setting.

1 2 3 4

Is able to calmly accept the patient's strong affect and can tolerate the ambiguity in the work.

1 2 3 4

Is able to *maintain* the treatment frame related to scheduling, outside contacts, billing, and payment matters.

1 2 3 4

Supervisory Relationship

Regularly comes prepared to discuss specific process material and personal reflections on client sessions.

1 2 3 4

Accepts and learns from constructive feedback.

1 2 3 4

¹⁷ Approved 11.20.19

Assessment & Evaluation

Is able to formulate a case psychodynamically and can communicate this effectively to clients.

1 2 3 4

Can articulate the rationale and benefits of increasing session frequency to suitable clients.

1 2 3 4

Empathy/ Therapeutic Listening

Demonstrates and promotes an ongoing spirit of inquiry, curiosity, openness, and a non-judgmental attitude toward the patient. The clinician is also attuned to verbal and non-verbal aspects of communications and is able to discuss this openly in supervision.

1 2 3 4

Thinks flexibly and imaginatively. Is able to change perspectives when surprises and contradictions are brought up in the session.

1 2 3 4

Effectiveness of Interventions

Shares ideas with patients that are clear, succinct, sensitive, and experience-near for the patient.

1 2 3 4

Grasps the nature of a patient's response to communications and is able to reflect on its meaning with the patient.

1 2 3 4

Generates ideas to explain why interventions may succeed or fail.

1 2 3 4

Identifying and Working with Transference

Recognizes patterns in the patient's historic experience that support a patient's internal belief system and may be active in the treatment relationship.

1 2 3 4

Demonstrates an ability to hold a patient's inner world in mind including choosing how and when, to share aspects of this understanding with the patient.

1 2 3 4

Identification and Impact of Countertransference

Internally reflects upon one's own emotional responses to the patient (and the patient's material) along an entire spectrum of emotion from severe hostility to intense longing and desire for intimacy.

1 2 3 4

Is aware of personal vulnerabilities and can discuss with the supervisor the potential effects of one's own history, style, and personality on the patient.

1 2 3 4

Resistance to Treatment

Presents to the patient in a simple and concise manner examples of behavior, words, or non-verbal communication that may represent resistance to some aspect of the treatment frame or treatment goals.

1 2 3 4

Maintains an empathic stance toward the patient even when the patient is expressing ideas and attitudes contradictory with treatment recommendations or goals.

1 2 3 4

Helps the patient elaborate on possible examples of resistance including working with defenses to help the patient understand him/herself better.

1 2 3 4

Written Reports

Is able to convey in writing a therapeutic process occurring with the patient.

1 2 3 4

Demonstrates knowledge of conceptual ideas by providing examples from the clinical material.

1 2 3 4

For all of these areas, the supervisor is free to add any criteria they think essential to include in gauging the growth and competency psychoanalytic psychotherapy skills.

Psychoanalysis Supervisory Evaluation and Discussion Report

Candidate : Case # : Supervisor: Date of report:
Supervision hours this period: Period Covered:
Total Supervision Hours: Date Supervision Began:

Candidate Section:

Gender, age of patient (if first report):

Where do you feel you are in this supervision process? You might reflect on the case from the vantage point of your learning experience with it and goals for your own growth as an analyst.

Any thoughts about what goals you have for your work with this particular patient?

Candidate :

Case #:

Supervisor:

Date of report:

Psychoanalysis Supervisory Evaluation and Discussion Report

Supervisor's Section:

Please describe the context of working with this case. Note the phase of treatment if changed.

Where do you feel your supervisory dyad is in this supervision process? Please reflect on the candidate's learning experience. How is the candidate progressing from being able to observe these phenomena/ techniques in supervision, to observing them independently, and finally to being able to use them independently?

- General Comments:

- Observing and commenting on transference, resistance; analytic technique and attitude

- Formulating the case and reflecting on it (in supervision and/or in writing)

Candidate :

Case #:

Supervisor:

Date of report:

- Areas that you suggest for personal exploration of the candidate:

- Goals for the coming six months to a year:

We encourage the student and the supervisor to review the following areas as part of the evaluation process. Comments may be added to this section if either the candidate or supervisor feels it would be helpful:

1. Overall Impressions

- a) Interest, commitment to learning:
- b) Use of supervision:
- c) Candidate's ability to overcome his/her own resistances to learning (Please comment on any significant ongoing difficulties.)
- d) Aspects of the case or other circumstances that might limit your ability to comment on the candidate's abilities:
- e) Progress in consolidating own psychoanalytic style (for candidates who have had ongoing cases of at least two years):

2. Skill in Applying Analytic Techniques

- a) Dynamic understanding of the case:
- b) Diagnostic skills:
- c) Ability to recognize and interpret:
 1. Transference
 2. Resistance
 3. Derivatives of unconscious conflict
- d) Understanding the clinical strategy and suitability of using interpretative and supportive interventions

3. Candidate's analytic attitude

- a) Candidate's ability to maintain neutrality about the patient's conflicts:
- b) Candidate's attunement to affect & ability to tolerate intense affects:

Candidate :

Case #:

Supervisor:

Date of report:

- c) Candidate's tact:
- d) Openness and flexibility:
- e) Capacities for self-observation, self-reflection:

4. Ethics, handling confidentiality

5. Ability to conceptualize psychoanalytic work orally and in writing

- a) The candidate is integrating his/her learning in the didactic seminars into his/her work:
- b) Conceptualizing the process during supervision:
- c) Conceptualizing the process in writing:

Writing about Psychoanalytic Work

Writing about psychoanalytic work can never capture the complete picture of such a complex interpersonal and intrapsychic situation. Writing might capture some essence of a moment or a period of the work. The six-month summary aims to demonstrate that the writer is working psychoanalytically even if the summary is so highly abridged. That demonstration of analytic work typically requires three main elements in the writing. The three elements or perspectives are objective data, the clinician's experience, and the formulation of the patient's mind.

Any summary of a clinical experience would clearly include objective data. Descriptions of the patient from a third person point of view include discussion of appearance, manner, and behaviors in addition to the patient's stated history and the verbal material of the session. Descriptions of obvious examples of observable processes like silence, late arrival, or lack of emotional expression all fit in to the perspective of objective data. Such data are the starting point for analytic work.

Analytic writing typically shifts to the perspective of the clinician's experience. The intrapsychic world of the clinician does not usually enter the realm of objective data that an outside observer might see in a video tape of the sessions, but this intrapsychic world of the clinician is where much of the analytic work is done. Descriptions of this perspective could be considered countertransference in the broadest sense, but also includes general conjecture and intuition based on the clinician's education and personal experience.

These first two perspectives ideally lead the clinician to an increasingly confident formulation of the patient's internal world. This internal world can be described using psychoanalytic concepts such as resistance and transference, and it can be described using various theoretical models such as those based in conflict or object relations. This level of formulation should inform the clinician's interventions and their timing, and that process can be illustrated in the writing.

Shifting through these different perspectives can occur multiple times in the same writing. The writing can attempt to capture variable time frames and arcs, ranging from moment to a session to six months to the whole treatment. Regardless of the time frame, the three perspectives are necessary to convey a developing analytic process.

Six months summaries can additionally demonstrate other aspects of the clinician's understanding of the case such as recognition of the phase of treatment through such measures as free association or the patient's awareness of the role of their unconscious.

Recommended Reading:

Bernstein, S.B. (2008). Writing about the Psychoanalytic Process, *Psychoanalytic Inq.*, 28:433-4

Appendices for Psychoanalysis Track

Appendix A: Middle Phase of Psychoanalysis

The following description is not prescriptive but generally reflects the features of the middle phase and its evolution.

The middle phase of a psychoanalysis is recognized by the work having progressed beyond a focus on symptoms, symptom reduction, content focused largely on the patient's daily life, action-proneness, and work focused on displacements. These features do not disappear in the middle phase. However, they are expected to recede as the analytic work becomes more focused in the here-and-now of what is happening in the room between the analyst and the patient, with increased emphasis on working on the *meanings* of symptoms and actions. In addition, the work is more centered in the transference-countertransference manifestations, in which derivatives of those manifestations are more accessible for transference interpretation. Ongoing resistances generally become less fractious, making their expressions in fantasy, dreams, and enactments more available for collaborative work between the analyst and patient. Defenses become more malleable, and there may be advances in the patient's defensive style with less reliance on more primitive defenses. The patient's capacity for free association is enhanced. The examination of internal states (the patient's and those of others, including the analyst) and motivations becomes more possible. As appropriate for each patient, the work dynamically shifts among developmental, conflictual, and resistive aspects, resulting increases in the patient's capacity to live productively in the realms of work, love, and citizenry.

The middle phase, itself, is dynamic; it evolves. As the analyst and patient progress in the middle phase, the transference-countertransference manifestations thicken which provides scaffolding for deeper levels of work to occur. For example, derivatives of early trauma may be re-experienced, requiring use of reconstruction as well as interpretation. Qualitative changes in the work often become evident as the middle phase work advances. Such changes include the analyst's and the patient's recognition of connections and differences between the here-and-now and the there-and-then. Aspects of disturbance or constriction in one's character and/or identity not recognized earlier or not adequately understood and appreciated for their intrapsychic meanings may come into focus. For example, the cultural and historical aspects of one's identity, character, and intrapsychic life may become accessible as the analytic process continues to deepen in the middle phase. As the middle phase advances, the patient shows more investment in doing the work of analysis and evidences increased mastery, with vitalizing effects on the analysis and on the patient's life in general. As the patient makes these gains, critiques of self, the analyst and other subjects and objects become known, with liveliness and constructiveness. Also, conflicted, and adhesive aspects of drive derivatives and limitations due to developmental arrests are more completely worked through. In the more advanced middle phase, the patient increasingly knows and accepts his/her conflicts, vulnerabilities, and assets, develops a more conflict-free and richer affective life, and shows enhanced capacity and appreciation for the value of self-reflection and open-ended and respectful curiosity about self and others.

Appendix B: Core Analytic Competencies

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 numerous factors such as object relations, development, conflict, deficit, trauma, etc. as determinants of these phenomena.
- c. Demonstrates the ability to assess the patient's suitability for psychoanalysis.
- d. If there was a previous treatment, demonstrates understanding of the potential effects of this on the analysis.
- e. Demonstrates an ability to utilize extra-analytic interventions that may be helpful to a particular analysand and a skill to consult collaboratively with specialists in other fields ((education, medicine, law, etc.) while focusing on helping the analysand to comprehend as completely as possible the intrapsychic issues involved in the extra-analytic intervention.
- 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.

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 the process of the analysis does not confirm hypotheses.
- d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

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 a variety of gendered identities.

Technique. The analyst:

- a. Is able to make interventions that 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.

Handling of Transference. The analyst:

- 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.

Handling of Resistance. The analyst:

- 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.

Role of the Analyst. 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. Makes interventions that do not impose the analyst's own personal agendas.
- e. Demonstrates the ability to self-observe and self-supervise as well as 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).

Psychoanalytic Progress and Process. The analyst:

- 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, 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.

Ending of an Analysis. The analyst:

a. If the analysis comes to a natural termination, 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, demonstrates an understanding of the distinct components and dynamics of the termination process.

Contact Information – Faculty and Matriculated Students

A list of **PCC Faculty Members** is available on our website at About Us/Faculty or [Click Here](#).

A list of **Matriculated Students** is available in the Members Only section of the website. Also, matriculated students are included on the matriculated student listserv.

Students are able to communicate with the group of matriculated students by emailing ms@carolinapsychoanalytic.org.