

ICP Training & Supervising Analyst Policy & Procedures

Requirements for ICP Training & Supervising Analysts:

In order to become a Training and Supervising Analyst at ICP, analysts must meet two basic requirements. First they need to have participated in ICP Study Groups for a minimum total of five years (post graduation). At least two years of that five-year requirement must be participation in an ICP peer consultation group, and one year must be in an ICP supervision training group. The remaining two years may be divided in accordance with the candidate's individual choice, either in further participation in a peer consultation group or in further participation in a supervision training group, or another year in both. In an attempt to establish and maintain high standards related to postgraduate psychoanalytic education and practice, ICP expects that members will demonstrate their dedication and commitment to the practice of psychoanalysis by consistent and regular attendance in these groups (70% minimum yearly attendance is required, for five years). These study groups offer members a continued psychoanalytically informed atmosphere in which to present and discuss psychoanalytic clinical case material. Study groups offer opportunities for the integration of diverse theories, as well as for consideration of alternatives in therapeutic action based upon a pluralistic contemporary psychoanalytic lens. Second, the applicant for Training and Supervising Analyst must demonstrate competence by means of one of the following two options:

- (1) Become Board Certified with a specialty in psychoanalysis, or gain certification as a Training and Supervising Analyst through one of the following

organizations: the American Board of Professional Psychology (ABPP); the American Psychoanalytic Association Board of Professional Standards (APsaA BOPS); the American Board of Psychoanalysis (ABPsa); or the American Board of Examiners in Clinical Social Work (ABE BCD-P).

- (2) Because Board Certification is not available to all licensed health care professionals that participate as members of ICP, a second option is made available; that is, the option to present an analytic case before a committee composed of five members - three members from the ICP Training and Supervising Analyst Committee, and two members who are Training and Supervising Analysts from another approved Psychoanalytic Institute from outside ICP. The TA/SA applicant will be asked additionally to discuss their experience conducting and/or receiving supervision, and to describe how that experience has shaped their philosophy of and approach to supervision.

Institutes that are designated “approved” may be members of ACPEinc, or of a psychoanalytic organization that shares commensurate standards, eg. APsaA or IPA. These outside members provide the necessary external validation of applicants for ICP Training and Supervising Analysts. The committee formed of five examiners who meet to determine the suitability of a given candidate for Supervising and Training Analyst status are asked to achieve consensus on their decision, rather than to reach a decision by majority vote. The criteria for determining the readiness of the given applicant for TA/SA status are provided by ICP, based on ICP’s Core Psychoanalytic Competencies (see addendum). These criteria are made available to the five-member examining committee to facilitate the achievement of consensus on their decision.

These two requirements for the status of Training and Supervising Analyst at ICP, that is, five years of participation in ICP Study Groups and either Board Certification or approval by the ICP Training & Supervising Committee, were newly established in ICP as of April 2017, and pertain to all analysts beginning the process of becoming an ICP Training & Supervising Analyst after September 2017. In addition, foundational requirements established before April 2017 for Training and Supervising Analyst remain in place for all ICP analysts. Those foundational requirements determine that before initiating the process of applying for Training and Supervising Analyst status, the individual must be recognized by the ICP Board of Directors as a Psychoanalyst. This recognition depends on successful completion of all elements of the ICP Psychoanalytic Training Program, including four years of psychoanalytically informed didactic coursework; participation in a personal Training Analysis; and completion of three supervised control cases, each one under the supervision of a different ICP approved Training and Supervising Analyst, along with the completion of the required control case reports for each patient. ICP analysts who graduated from the ICP training program and joined a recognized ICP study group by September 2017 are “grandfathered” into ICP’s previous Training & Supervising Analyst requirements. Those requirements had permitted analysts who had graduated from ICP, and who had participated post graduation for two years in an ICP study group, to request approval from the ICP Board to become a Training & Supervising Analyst. With the ICP Board’s approval of Training & Supervising Analyst status, the individual had to remain active in an ICP study group for three

additional years, for a total of five consecutive years of study group participation.

All ICP candidates, active members, and members designated as Training and Supervising Analysts are expected to hold a current and active license in a mental health profession issued by his/her respective licensing board. In addition, ICP expects that every candidate and member assume responsibility to meet any and all requirements for maintaining licensure as outlined by his/her respective licensing board, as well as to follow the legal and ethical guidelines and standards that are outlined by the licensing boards, ICP, and other relevant professional organizations.

ICP's Training & Supervising Evaluation Process:

An ICP analyst may request an evaluation by the ICP Training and Supervising Committee after the completion of five years in ICP Study Groups. The application to become an ICP Training & Supervising Analyst can be filled out on the ICP website. The TSA committee chair will facilitate the formation of a panel of five Training and Supervising Analysts once the applicant's written case material has been reviewed. Two of the analysts chosen shall be Training & Supervising Analysts from an outside psychoanalytic institute. The selected analysts should have adequate knowledge and appreciation of the applicant's theoretical orientation, and they will use ICP's list of core psychoanalytic competencies to determine whether the applicant is suitable to be a training and supervising analyst. Previous supervisors or personal analysts should recuse themselves from participation in the evaluation panel.

Applicants will prepare for the oral exam by writing up an analytic case that they will discuss with the panel. In addition to the case report, verbatim scripts of one or two sessions should be included. Copies of the report and process notes need to be turned over to the chair of the TSA committee for an initial review before the applicant's committee is selected and a date and time (two hours) is chosen for the exam. Applicants should also be prepared to discuss their experiences with conducting and/or receiving supervision and describe how that experience has shaped their philosophy and approach to supervision. Applicants will be notified of their committee members, and are given one week to notify the chair of the TSA committee if they would like to request any change in the composition of the panel.

The comprehensive clinical case report to be prepared by the Applicant usually includes, in formal terms: identifying data; presenting complaint and history of present illness; history of psychiatric/psychological treatment; developmental history; initial diagnostic and prognostic impressions; a working psychodynamic formulation; and a review of therapeutic work that elaborates an analytic process. The creation of a psychoanalytic formulation is necessarily subjective, individualized, speculative, and comprehensive. It contains more than a DSM diagnosis in its attempt to convey a deeper understanding of what it is like to live as that person, and it takes into consideration the complexity of influences that have shaped and organized the patient's conscious and unconscious experience of him/herself, others, intimate relationships, and the world. The comprehensive case report should also convey how the applicant thinks about, conducts, and participates in an analytic process with that person,

including examples of attending to unconscious processes and transference-countertransference phenomena.

Listed below are important elements for consideration in the applicant's comprehensive case report. Nevertheless, there is no set formula for how to compose this report, both because there is no singular "right" way, and because we would prefer not to impinge on his/her efforts to bring the experience of the patient and the process to life. While the length of a report does not directly correlate with its quality, most reports are 15-30 pages (double spaced), and should be well written and thorough enough to demonstrate that the applicant has developed the necessary knowledge and skill to work psychoanalytically and to act as a mentor for candidates. Things that may be included or elaborated in a comprehensive case report:

1. Description of the Patient - basic identifying information, and one's subjective experience of the patient (how it feels to be with and interact with him/her).
2. Presenting Problem – the patient's initial complaints, including why they are seeking help now.
3. Relevant History- developmental history and issues (neglect/abuse/traumas, significant events & memories), family of origin dynamics, biological & socio-cultural influences, previous treatments, etc.
4. Assessment of Patient's Deficits & Strengths - psychological capacities, sense of self, and coping strategies - adaptive & maladaptive defenses, values, etc.
5. Basic Unconscious Organizing Principles - the way the patient has learned to organize his/her world in terms of basic beliefs, expectations, relational patterns, internalized representations of others/relationships, etc.

6. Aims of Treatment - what core dynamics and issues were addressed (i.e. developmental deficits, primary anxieties & defenses, maladaptive patterns & beliefs, problems w/ affect & impulse control, unresolved conflicts, etc.).

7. Analytic Process - reflect on and explain the analytic process as it unfolded, including work with transference & countertransference. Provide sufficient details about the process to exemplify your thinking and psychoanalytic approach (what attitudes, beliefs, and theories influence your choices and perspective).

8. Therapeutic Outcome - describe and give examples of how the patient changed (i.e. achieved greater insight, developed psychological capacities, strengthened and expanded sense of self, modified organizing principles & internal representations, etc.), what experiences facilitated change (what constituted therapeutic action), and what remains to be done.

Addendum: ICP Core Psychoanalytic Competencies

Contemporary psychoanalysis is a treatment for emotional discomfort and pain, an avenue for self-discovery and personal growth, and a means toward establishing and enhancing relationships with others. It is an interpersonal experience that emphasizes the healing properties of two or more people working collaboratively to make sense of things in a way that is meaningful to the patient. It is a form of psychotherapy that aims to explore unconscious processes and relational patterns in order to expand understanding, facilitate development of psychological capacities, and enable character change.

Psychoanalytic work is characterized by depth and intensity, achieved through frequent sessions over a long term, and by the use of the therapeutic relationship as an important vehicle for understanding and change. Candidates acquire core

psychoanalytic competencies through undergoing their own personal analysis; by participating in didactic learning of psychoanalytic theory, concepts, and skills; and by conducting under supervision three control cases. Psychoanalysis has evolved over time to include many different theoretical models, and candidates learn how different theories influence their understanding and approach to psychoanalysis. Candidates are encouraged to find their own analytic voice and a way of working that is responsive to the uniqueness of each patient and each analytic dyad. The following core competencies are used as a guideline to develop curricula, as well as to assess a candidate's growing capacity to use psychoanalytic knowledge to formulate an in-depth understanding of their patients and develop certain clinical skills, to reflect on the analytic process, and to communicate his or her knowledge:

Assessment & Diagnosis

- a) Formulate a psychoanalytic understanding of the patient's psychology and unconscious dynamics. Make appropriate clinical diagnoses and treatment recommendations, considering the patient's history, symptoms, level of functioning, and psychological capacities- both strengths and vulnerabilities.
- b) Identify unconscious organizing principles, ways of being, beliefs, and patterns of experience and expectation. Understand the effects and interplay of various factors, such as internal object relations, attachment dynamics, deficits, traumas, phenomena of self experience, central conflicts, and defenses.
- c) Consider the person in context - including developmental, biological, and socio-cultural influences.

Analytic Listening & Attitude

- a) Listen on multiple levels for multiple meanings.
- b) Develop and demonstrate an analytic attitude – such as, listening empathically and being reflective, nonjudgmental, curious, open-minded, tolerant of ambiguity/uncertainty/complexity, sufficiently flexible, interested in discovering and/or co-constructing the “truth” about the patient's emotional experience, and being respectful of the patient's individuality.

The Treatment - Facilitating a Psychoanalytic Process

- a) Working alliance & frame - establish and maintain a working relationship with the patient, addressing issues related to handling of fees, use of couch, frequency of sessions, and communications outside of session.
- b) Technique- choose appropriate interventions to facilitate the deepening of a psychoanalytic process, such as: empathic inquiry, interpretation, free association, exploration of fantasies and dreams, clarification, confrontation, following affect, noticing what's avoided, containment, and holding.
- c) Transference- use the therapeutic relationship as a central vehicle for understanding and change, and show ability to work with positive and negative transferences. Understand the differences and inter-relationship between the repetition of old patterns in the transference, the need/hope for new relational experience, and the way experience is co-created in the present by two interacting subjectivities - the patient's and the analyst's.
- d) Countertransference - use countertransference to facilitate understanding of patients 'unconscious processes, demonstrate a capacity to contain reactivity in response to countertransference pressures, and explore how

countertransference reactions stem from one's own dynamics and are co-created out of intersubjective experience.

e) Working through- conduct ongoing work with the patient's unconscious dynamics as they are revealed over time in the transference and extra-transference material.

f) Resistance- address fears and defenses (self protective measures) that interfere with understanding, change, or the analytic process.

g) Enactments- explore and work through impasses, and consider unconscious factors emerging from both the patient and the analyst.

h) Termination- be able to recognize characteristics that may indicate readiness for termination, and describe the termination process.

Supervision

a) Supervision- remain open to feedback from supervisors, as well as from peers and other mentors. Be able to consider alternative interventions and theories.

b) Develop ideas independently, using supervision more for discussion than for direction.

Evaluating the Process & Outcome

a) Demonstrate the capacity for ongoing self-reflection: understand the analyst's contribution to the process, be aware of feelings/fantasies/reactions to the patient, avoid imposing personal agendas on the patient or the treatment, and be able to admit possible mistakes or misjudgments.

b) Use feedback from the patient: assess the effects of interventions, noticing what deepens or disrupts the process, adjust the wording and timing of interpretations to accord with the patient's readiness.

c) Outcome: describe your understanding of what helped the patient (therapeutic action) and what changed in the patient (eg. development of new capacities and insights, improved relations, more integrated sense of self, etc.). Assess what was accomplished and what was left undone.

Writing

a) Write clinical reports and comprehensive case summaries that demonstrate a psychoanalytic understanding of the patient, his or her major dynamics, and the analytic process - including important transference themes, countertransference experience, and an assessment of what changes. Demonstrate coherence, without rigidity, between one's espoused theory (or theories) and one's understanding and approach.

b) PsyD candidates complete a dissertation. It should be the application of the single case study method, integrating theory and clinical practice, or a well-researched investigation or exposition of a subject that is either relevant to the practice of psychoanalysis or relevant to the application of psychoanalytic knowledge in other contexts. The dissertation should make a scholarly contribution to psychoanalytic knowledge, and be considered eligible for publication by a peer-reviewed journal.

Ethics

a) Conduct oneself professionally, with uncompromising commitment to the patient's well-being.

b) Act with integrity, upholding boundaries and ethical standards. Seek consultation when needed.

c) Protect the patient's confidentiality and anonymity in all communications.

*last revised 3/13/2021 by ICP TSA committee