

Elements of Psychoanalytic Competency

The following categories inevitably overlap but are useful in orienting candidates, supervisors, and the Student Progression Committee in thinking about the development of analytic skills.

The elements below are to be used as guidelines, not as a checklist. We are not searching for perfection. The skills are ideals that we as analysts continually strive to develop. Some of them will be competently achieved and some will not - during candidacy, by the time of graduation, and throughout one's career. The proficiencies will emerge as part of one's learning experience. As senior candidacy progresses, it is hoped that enough of these skills will have been demonstrated in your clinical work, reports, and supervision that a judgment can be made about your ability to work independently, and thus to graduate.

Analytic Attitude and Stance

Exercises good clinical judgment

- During the initial assessment when reflecting on the history, pathology, interview process, the pros and cons of analysis for any given patient with this analyst, and in integrating and balancing the influence of your previous education and training.
- In helping the patient transition from the consultation or psychotherapy into analysis.
- Throughout the analysis.

Capacity for analytic listening

- Demonstrates and promotes an ongoing spirit of inquiry, curiosity and openness, and a non-judgmental attitude.
- Attends patiently and non-prejudicially with free-floating attention for meaning to emerge but not so long as to opt out or frustrate.
- Is attuned to nuances of the patient's and analyst's verbal and non-verbal communications, with an ear to latent meaning.
- Thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised.
- Focuses predominantly on the internal world of the patient.

Dependability, steadfastness, patience, and commitment to the analytic task

- Sustains capacity for empathy.
- Works effectively with defenses, resistances and transferences, including when these become entrenched.
- Tolerates not knowing, ambiguity and frustration.
- Observes and respects personal and ethical boundaries.

Self-Awareness and Self-Assessment

- Reflects upon and makes use of one's own feelings to help understand the patient and interactions with the patient.
- Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient.
- Is aware of personal limitations in working with certain types of patients.
- Contains and processes the patient's and/or one's own affective intensity along the entire spectrum of emotion from severe hostility, periods of sustained uncertainty and isolation of affect to intense longing and intimacy.
- Notices and is motivated to analyze one's own mistakes and enactments, and can recover from a loss of analytic stance.

Interventional Skills

Effectiveness of interventions

- Thinks and works analytically in establishing and maintaining the treatment frame and the patient's experience of it (e.g., use of the couch, fees, missed sessions, patient's questions).
- Makes interventions that are experience-near, at the affectively available surface, and accurately address what is accessible to the patient.
- Demonstrates clarity, succinctness and sensitivity to the tone and timing of interventions.
- Grasps the nature of a patient's response to interventions and reflects on its meaning.
- Helps the work broaden and deepen, facilitating patients' progress in their analyses.

Flexibility of interventions

- Emphasizes interpretations while also understanding the value of non-interpretive aspects of the work, such as supportive interventions.
- Considers whether working in the transference or outside the transference at given moments will further the analysis.
- Works effectively with surface and depth, defenses and wishes.
- Reflects thoughtfully upon when it will and will not be helpful to work with the patient's past.

Conceptual Skills

- Demonstrates knowledge of theories of mental functioning without being theory bound or overly intellectualized.
- Understands important analytic concepts including, but not limited to, the dynamic unconscious, dreams, defenses, central organizing fantasies, transference, countertransference, enactments, technical neutrality, reconstruction, the role of trauma, conflict vs. deficit.
- Follows the flow of material within the session, as well as the macro-development of important themes and processes (e.g., shifts in the patient's transferences) over the course of the analysis.
- Is developing coherent ideas about the nature of therapeutic action of psychoanalysis and its potential for profound psychological change.

Written Reports

- Conveys the story of the analysis clearly, vividly and openly, including examples of process material that bring the work alive.
- Able to convey process: what led to what in the analysis.
- Conveys and reflects upon problems and struggles in the analysis as well as future challenges.
- If the patient interrupts the analysis, or the analyst decides to interrupt or alter the nature of the treatment, he conveys what went on as well as what was and was not accomplished.
- Reflects on the role of supervision in the work with the patient.

Supervisory Process

- Presents material candidly and lucidly.
- Accepts and learns from constructive criticism.
- Demonstrates a collegial relationship with the supervisor and the ability to think and work independently, beginning to find his or her own "analytic voice."
- Self-supervises, reflecting on possible mistakes or misjudgments and what in hindsight one would do differently.
- Recognizes the indications for and is willing to seek supervisory input in the future.