

Document 1
REVIEW AND COMPARISON OF
PUBLISHED PSYCHOANALYTIC COMPETENCY FRAMEWORKS

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Major Contributions

The contributor best known for formulating an explicit framework for evaluation of psychoanalytic competency is Tuckett who introduced this in his paper provocatively entitled “Does Anything Go?” (2005). He undertook the ambitious project of inviting 50 senior colleagues from nine European IPA institutes to listen to supervisory sessions with the aim of articulating how they knew a candidate was ready to work independently. Tuckett found that many participants made global judgments based on implicit criteria and were influenced by group dynamics that provided a breeding ground for “prejudices and tensions” (p. 34) without “a clear distinction between the competence and character of the student” (p. 35). Supervisors’ intense personal difficulty “failing” a student who had invested in many years of training was evident as well (Junkers, Tuckett & Zachrisson, 2008). Nonetheless, he extracted concepts from some participants’ descriptions of what they looked for in making judgments, and proposed a framework incorporating three broad capacities, ones he regarded as independent of school of thought: (1) the participant-observational frame: “to create an external and internal setting in which to sense the relevant data (affects and unconscious meanings)”; (2) the conceptual frame: “to conceive what is sensed”; and (3) the interventional frame: “to offer interpretations based on these, as well as to sense and to conceive their effects” (p. 37). He further elaborated potential indicators of such capacities, cautioning that the framework was to be used flexibly, rather than as a series of boxes to check, in recognition of the inevitably non-linear path of learning to do psychoanalytic work. Tuckett assumed individual institutes would vary in their emphasis of some frames and develop their own indicators.

Tuckett’s contribution was adumbrated by a little-cited paper by Frijling-Schreuder, Isaac-Edersheim & Van der Leeuw (1981) from the Dutch Psychoanalytic Society. Following their review of 1229 written supervisory evaluations over a four-year period, they concluded supervisors’ reports were generally uninformative; they consisted either of off-hand comments (e.g., proceeding well) or detailed discussions of the patient, not the candidate’s work. Like Tuckett, they regarded this as an expression of supervisors’ reluctance to express criticism in written form: “We believe that the supervisor defends himself and the candidate against the hostility that could arise from a negative judgment” (p. 396). Frijling-Schreuder et al proposed a supervisory outline consisting of a series of candidate competencies to be addressed not as a checklist, but

rather as orienting points to be incorporated in written reports when relevant. Although they were organized differently from Tuckett's categories, most of the same psychoanalytic abilities were included.

Cabaniss (2008), working contemporaneously with Tuckett, described the graduation criteria formulated by a task force at the Columbia University Center for Psychoanalytic Training and Research. They began by specifying six learning objectives relevant to multiple aspects of the candidate's education, including supervision and technique and process classes: (1) assessment/diagnosis/treatment planning; (2) establishing a treatment/working alliance; (3) empathy/analytic listening; (4) technique; (5) formulation/writing and (6) supervision. These objectives were related to phase of candidacy: first year, mid-level and senior candidates. Each member of a supervisory pair, the supervisor and candidate, independently writes reports that address the candidate's progress in attaining each learning objective, as well as the progress of the particular analysis on which they consult. The task force also required a minimum of "90 months of supervised clinical work" and "at least one case that is solidly in the mid-phase of treatment for at least 36 months". In this training case the candidate should show ample evidence of his or her ability to 1) interpret in the transference 2) identify and interpret resistances; and 3) interpret dreams and fantasies.

Israelstam (2011), inspired by Tuckett's work, delineated the Australian Psychoanalytic Society's experience of elaborating more numerous and detailed features of psychoanalytic competency. This group began by soliciting – from all students and faculty members -- a list of capacities a candidate should demonstrate to be considered a competent analyst. The many discrete elements proposed were then sorted into seven categories reflecting higher order concepts: (1) analytic stance; (2) boundary and ethical functions; (3) collaborative capacity; (4) perceptual awareness; (5) emotional regulation; (6) conceptual capacity; and (7) interventive capacities. Elements that addressed highly valued personal characteristics were incorporated into the capacities to which they pertained, rather than clustered to form a separate category. In contrast to Tuckett, Israelstam believes that making valued characteristics explicit will result in their being employed "judiciously in a balanced and thoughtful way, and...therefore less likely...to bias our evaluation" (p. 1294).

Hinze (2015) proposed a different approach: a set of "basic elements every developing analyst should have learned or internalized" (p. 755) regardless of theoretical orientation. Deriving from his experience of End of Training IPA working parties, he is less than fully satisfied with the above-described competency frameworks that he views as overlapping and deriving from different levels of conceptualization. These elements are: grasping that there is an "emotional demand" by the patient in each session, that the emotional significance of "the analytic encounter in the session"; be able to reflect on how and why he responds as he does to this "transference situation"; facilitate, via neutrality, the patient's free association and "evenly suspended

attention”; and have a “coherent conceptual background” that he applies to his clinical work that also undergirds “conceptual generalizations” about his clinical experience.

Comparison of Frameworks

The frameworks published by Cabaniss, Israelstam and Tuckett have a great deal in common with each other, as well as with the framework established by IPE. However, each one is organized somewhat differently and employs slightly different terminology. All four emphasize competency in (1) conceptualizing (variously referred to as Tuckett’s “the conceptual frame”, Israelstam’s “conceptual capacity”, and Columbia’s “formulation/writing”, as contrasted with IPE where written reports and conceptualization are separated; (2) technique (Tuckett’s “the interventional frame”, IPE’s “interventional skills”, Israelstam’s “interventive capacities”); and (3) maintaining an analytic stance (IPE’s “analytic attitude and stance”, Tuckett’s “participant-observer frame”, Columbia’s “empathy/analytic listening”, Israelstam’s “analytic stance”). In some settings, aspects of functioning encompassed by “analytic stance” at IPE are designated as separate categories (Israelstam’s “perceptual awareness”, Columbia’s “empathy/analytic listening” and “establishing treatment/working alliance”); IPE’s category “self-awareness and self-assessment” encompasses Israelstam’s “boundary and ethical functions” and “emotional regulation”, and IPE’s “analytic attitude and stance” encompasses “collaborative capacity”. Finally, some criteria are specific to particular settings, e.g., Columbia’s emphasis upon diagnosis, (“assessment/diagnosis/treatment planning”), reflecting the perspective that one can know in advance who is analyzable. Finally, Columbia and IPE treat the candidate’s functioning in supervision as a separate category.

IPE’s framework, like that of the Australian Psychoanalytic Society, explicitly includes consideration of personal characteristics (such as “thinks flexibly and imaginatively; changes perspective; tolerates complexity and contradiction; open to being surprised”) as aspects of the capacity for analytic listening. We, too, believe that one does not need to throw out personal characteristics to reduce the impact of personal responses.

In contrast to Columbia’s delineation of progressive growth toward each objective for “1st year”, “Mid-level” and “Senior” candidates, IPE’s experience has been that a psychoanalytic competency which comes very naturally to one candidate at the outset of training may require a steep learning curve for another candidate. We have seen some candidates who fell short in major ways early on in their candidacies dramatically turn a corner at a later point, while others who began with great promise may stall in their development. For this reason, we track each individual’s gradual acquisition of competencies, comparing each person with him/herself along multiple dimensions.

Another difference is IPE’s decision entirely to omit quantitative case requirements because we feel they are misleading at best, and at worst can encourage

simplistic thinking or distort the message we wish to convey to candidates about what it means to be an analyst. For example, we believe a treatment can continue for many years without the development of an analytic process. It is equally possible for a patient and candidate to engage in opening phase process for many years after which an analytic process does eventually develop. Thus we created a phase of analysis framework that differentiates opening, early mid-phase, advanced mid-phase, and termination process. We require that at minimum two cases – one of each gender -- advance to the early mid-phase and that one of them continues to advanced mid-phase.

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