



American  
Board of  
Psychoanalysis

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# CERTIFICATION COMMITTEE

## Standards, Procedures, & Guidelines

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## **INTRODUCTION**

The American Board of Psychoanalysis offers examinations that evaluate a clinician's ability to present their psychoanalytic work in accord with the basic competencies as outlined in this document.

In the following, the Certification Committee of the Board explains how it accomplishes the assigned tasks. Applicants are encouraged to contact the Chair of the Certification Committee with any questions they may have prior to the application and for guidance during the entire certification process. The Chair also offers each applicant contact with a mentor to assist with the application process if they so desire. The mentor is a person who has been on the Certification Committee recently but is not currently on the committee. The mentor is available to help the applicant in whatever fashion he/ she wishes, *e.g.*, clarifying procedures, reviewing write-ups, discussing process notes, and so on. The applicant is also encouraged to discuss any concerns about fairness, objectivity, or appropriateness of the process with the Chair of the Certification Committee and/or with the chair of the American Board of Psychoanalysis.

## **STANDARDS**

The American Board of Psychoanalysis will recommend Board Certification when the applicant has demonstrated to the satisfaction of the Certification Committee an understanding of psychoanalysis and competence to conduct psychoanalytic treatment independently, at the post-graduate level (unless it is part of the pre-graduation program).

## **PROCEDURES**

### **1. Filing the First Time Application**

Applications for Board Certification are available from the office of the American Board of Psychoanalysis ([certification@abpsa.org](mailto:certification@abpsa.org)). The ABP Certification Committee meets to review applications twice each year and coincides with the Winter and Summer meetings of the American Psychoanalytic Association.

In order to be reviewed at the February meeting, seventeen copies of the application must be received by September 15. For the June meeting the date is February 1. Please notify the ABP office of your intention to apply for certification by February 1 (for June) or September 1 (for February).

Applicants complete an online application form and submit payment at [www.abpsa.org](http://www.abpsa.org). The application fee is \$200. The examination fees are \$750 per examination. The Pre-Grad fees for Part 1 is \$250 and Part II is \$750. The office will send an acknowledgment (usually via email) when the application and payment have been received.

## **2. Eligibility**

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

Eligibility requires that the applicant is a graduate of an accredited or approved training program. Such a program is one that is accredited by an approved organization, or meets the Standards for Training of the American Board of Psychoanalysis. Graduates of approved training programs that are free standing and those accredited by the International Psychoanalytical Association and the ACPE may apply for certification.

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

## **3. Anonymity**

In order to allow the maximum degree of fairness, there will be no information to identify the analyst or his or her institute on the face sheets of the reports that are reviewed by the Certification Committee members. Applicants should take care to disguise any identifying information about themselves or their institute in the written reports. So that assignments for review are made in a way that maintains the anonymity of the applicant as much as possible, it will be necessary for the Chair of the committee to know the identity of the applicant.

Although it may not always be possible to maintain the anonymity of the applicant at the time of the interview, the interviewers will not reveal the applicant's identity to the committee during further deliberations. If it so happens that the interviewer(s) knows the applicant and they have had a personal or professional relationship, the Chair will be available for consultation with the applicant and/or the committee members involved to try to maintain the neutrality of the review process.

#### **4. Confidentiality**

The patients' confidentiality should be protected throughout the application. There should be no data that identifies the patient, and any information that is important to the understanding of the case should be treated in such a way that the identity of the patient will not be revealed.

#### **5. Selection of Cases**

The ABP Certification Committee will assess the applicant's current understanding and competence. While it has been the experience of the committee that psychoanalytic treatment which demonstrates the applicant's most mature recent work is best suited for the review, the work submitted for evaluation can be any work which the applicant feels best shows his or her capability as an analyst, including the current ability to think about older work.

The frequency of treatment for the two 20 page write-ups should be three to five times weekly. The committee recognizes that it is not unusual that at times during an analysis that the frequency may vary from this standard. Work beyond the opening phase of analysis is highly recommended.

#### **6. The Review Procedure**

The ABP evaluation process consists two parts, *i.e.*, a review of psychoanalytic work presented in both written and oral form, at the same meeting.

The written work is reviewed by the committee prior to meeting with the applicant. This way any questions, which may arise about the written work, can then be discussed in person with the applicant during the interview. Sufficient time is allotted to the interview so that these questions can be addressed and any

clinical material presented can be discussed. After the interview, the committee meets again to review the total application.

### **A. Application for Certification in Adult Psychoanalysis**

**I. Written Reports.** The applicant submits two written reports (no more than 20 pages each – see No. 8) of two cases of three to five times weekly psychoanalyses to demonstrate understanding of psychoanalysis and competence to conduct psychoanalytic treatment. These reports should be of the analyses of an adult male and female, both of which are at least in the middle phase, and at least one of which should have had a termination experience.

**II. Interview** (Also see Appendix B). The applicant should be prepared to discuss at the interview a third adult patient. It is preferable, but not mandatory, that this patient be one the applicant is working with currently. It is not necessary to prepare a written report on this third patient, but the applicant should bring to the interview process (session) material from three sessions, ideally recent, and be prepared to give a brief oral introduction of this third patient prior to discussing the process material. The sessions may be consecutive or not, whichever you feel best demonstrates to the interviewers your analytic work. As long as the applicant for Adult Board Certification has written up two adult cases, one of each gender, this third case may be an adolescent.

In addition, in order to enable the committee to more fully understand the applicant's work, process (session) material from the analyses of the patients presented in the two written reports (above) should also be brought to the interview.

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

The interview lasts 1 hour and 45 minutes, usually with a break in the middle. The interview is semi-structured, and may include: discussion of the write-ups;

questions from the committee; presentation of process notes; and exploration of the third and possibly other cases (see Appendix B).

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

## **B. Application for Certification in Child & Adolescent Psychoanalysis**

Analysts applying for ABP Board Certification in Child and Adolescent Psychoanalysis also have a two-part process, *i.e.*, a review of written work and an interview.

**I. Written Reports.** Two full written reports (no more than 20 pages each – see No. 8) and one brief report (see below) are submitted. The two full write-ups need to be of patients in three to five times weekly analysis. The applicant should also be prepared to discuss at the interview a third patient who has been in a three to five times per week analysis. It is not necessary to prepare a written report on this third patient, but the applicant should bring to the interview process (session) material from three sessions, ideally recent, and be prepared to give a brief oral introduction of this third patient prior to discussing the process material. One of these long reports should be of a child who is in the latency phase of development during treatment, *i.e.*, either begins treatment in latency, or begins in prelatency and transitions into latency during treatment. The other long report should be of a treatment begun in some phase of adolescence and demonstrates analytic work with adolescent developmental issues. An adolescent is defined, for the purpose of board certification, as someone in the second decade of life who is in a psychological phase of adolescence when treatment is begun. The full written reports need to be about the analyses of a male and a female patient, at least one of which was involved in a termination experience.

A brief written report (not more than five pages) about a third Child/Adolescent patient is also submitted with the application. This brief report needs to be only a summary of that analysis. It should include an overview of the analysis and an introductory summary of specific area(s) to be addressed at the interview. It is preferable, but not mandatory, that this patient be one the applicant is working with currently.

**II. Interview** (Also see Appendix B). In order to enable the committee to more fully understand the work, the applicant should bring to the interview process (session) material on each of the three patients (from three sessions).

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

The interview runs 1 hour and 45 minutes, usually with a break in the middle. The interview is semi-structured, and may include: discussion of the write-ups; questions from the examination committee; presentation of process notes; and exploration of the third and possibly other cases (see Appendix B).

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

## **COMBINED APPLICATIONS**

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

Process (session) notes should be brought to the interview, as stipulated above in 6-A. and 6-B.

## **7. Guidelines**

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

## **8. Format and Style of Reports**

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

## **9. Scheduling of the Interviews**

The ABP Certification Committee convenes Saturday or Sunday through Tuesday at the beginning of the week that coincides with the semi-annual meetings of the APsaA. Interviews are conducted on those days. Requests from applicants for specific interview days can be submitted in writing to the ABP Office shortly following the deadline for filing applications. We cannot guarantee requests but we will try our best to accommodate them.

## **DE-LINKAGE OF ADULT AND CHILD/ADOLESCENT CERTIFICATION**

Board Certification can be achieved separately for Adult and Child/Adolescent Psychoanalysis, *i.e.*, it is not necessary to achieve board certification in Adult Psychoanalysis in order to be board certified in Child/Adolescent Psychoanalysis. Therefore, board certification can be achieved in Adult and/or Child/Adolescent Psychoanalysis.

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

## **RECOMMENDATION FOR CERTIFICATION**

If the committee finds that the standards have been met, that is, the applicant has demonstrated an understanding of psychoanalysis and competence to conduct psychoanalytic treatment, Board Certification will be recommended. The applicant

will be awarded the category of Fellow of the American Board of Psychoanalysis .

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

## **CONTINUED APPLICATIONS**

In the event that the committee feels it needs more information or elaboration of the applicant's ability to conduct analysis prior to recommending certification, the applicant will be given notice in writing of the decision. The Chair, assisted by the committee, will write to the applicant within a few weeks following the meeting. The committee's questions will be briefly described, as will the available steps to continue the effort to achieve certification. The letters are necessarily condensed and applicants are encouraged to call the committee member named in the letter to discuss any questions they may have. Applicants have found it helpful to arrange this telephone discussion as soon after the review as possible.

Standard procedures provide for changing the second interviewer in a continued application. However, the applicant may request a change of either or both interviewers for whatever reason and with no bias; the applicant may also request that both interviewers be retained. The applicant is invited to participate with the committee in deciding how to proceed. Additional written material, an interview, or both might be options for continuing the review of the application. Once the applicant has decided how to proceed, he or she should contact the ABP office.

The applicant must notify the office of the **intention to continue** by **September 1** for the February meeting of the ABP, and by **February 1** for the June meeting.

The submission of the continued examination fee as well as 17 copies of **additional material** must be made by **September 15** for the February meeting, and **February 1** for the June meeting. Additional material submitted should maintain the anonymity, confidentiality and formatting requirements of the first application (see Numbers 3, 4, and 8 above).

The examination fee is 2/3s of the full examination fee (for 2018, the examination fee would be \$500 for each examination).

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

## **APPEAL PROCEDURE**

The questions raised by the committee may not always be satisfied as a result of subsequent reviews of additional material. In the event that the committee cannot recommend certification, and has exhausted its ability to make recommendations to the applicant that are enabling of the process toward certification, or the recommendation for certification has not been made after two prior considerations by the committee, the applicant may choose to request yet another review of the entire application for the purpose of an appeal. This request must be made in writing to the Chair of the ABP Certification Committee and sent to the ABP office, and must be made within one year of the most recent unsuccessful effort to achieve certification.

Upon receipt of the request, the Chair will appoint to a review committee three members who have had experience with certification. One of them will be designated Chair of the committee; at least two of them will not have participated in any prior discussion of the application to be reviewed.

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

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

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

## **RE-CERTIFICATION**

There exists at present no provision for re-certification.

### **THE CERTIFICATION COMMITTEE**

#### **10. Composition of the Committee**

The committee is appointed by the American Board of Psychoanalysis. The Chair of the Certification Committee and the committee members generally serve not more than two consecutive terms of three years each. An effort is made to make the membership of the committee broadly representative.

#### **11. How the Certification Committee Functions**

The ABP Office will distribute a copy of the application to each member of the committee several weeks before the committee meets. Prior to the meeting and in isolation from the other members of the committee, a primary reviewer and one or two other discussants review each application and prepare a written report. The task of serving as a primary, secondary, or tertiary reviewer is shared evenly by all committee members. These independent reviewers present their reports orally to the committee at its meeting. All other members of the committee will have become familiar with each application so they can participate in the discussion that follows. Questions about the applicant's work which arise during this part of the procedure can be discussed in person with the applicant at the time of the interview. After the interview the entire committee reconvenes to discuss the application again. During this final discussion, it is not uncommon to have the applicant's process notes presented by the interviewers. A decision is made at that time about certification. No decision about the application is made prior to the committee's final review, and the decision about the recommendation for certification is voted on by the entire committee. The Chair of the committee has no vote; in the case of a tie, the decision will be in favor of the applicant.

## **POLICY OF THE COMMITTEE REGARDING THE CODE OF ETHICS**

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

### **THE ABP OFFICE**

Questions about any aspect of the application procedures may be addressed directly to the Chair of the Certification Committee, or to the ABP Office. Questions about fees, due dates for applications, preparation of copies of the application, appointments for interviews, and application materials may be directed to the ABP office at [certification@abpsa.org](mailto:certification@abpsa.org) or (720)897-3775.

## **APPENDIX A: GUIDELINES FOR REPORT WRITING**

### **GUIDELINES FOR REPORT WRITING**

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

These guidelines apply for the **long written reports**.

There are various ways of conveying the work of an analysis. The committee's assessment depends on the applicant's own description of the analysis and psychoanalytic process, which is why the committee has never provided examples of "acceptable" case reports. These guidelines, however, are presented in the hope that they will assist applicants to select, organize, and convey their work clearly.

The ability to do analysis does not always progress at the same rate as the ability to readily write about it. Skills in writing may vary, and training in describing analytic processes is given different emphasis at various Institutes. In addition, the perspective necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts, and some educators believe this occurs only many years after graduation. Since writing skills vary, the opportunity to demonstrate analytic competence and understanding is also provided by means of an interview. The committee regards such collegial discussions as an opportunity to gain more information, and it is hoped this will lead to a fuller appreciation of the applicant's analytic abilities.

#### **Description of the Analytic Process**

The written report of an analysis is at best an approximation, since the subtlety and complexity of the forces at work are only gradually and imperfectly revealed. A description of the process is a narrative of what happened in the analysis; how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient; what the patient experienced and expressed, how the analyst understood this, what the analyst did with this understanding (including what the analyst said to the patient), and what effects the analyst's interventions had on the patient.

Psychoanalytic process is effectively described when it draws the reader into a sense of having been a participant. A well thought out and integrated description

often illustrates a number of carefully chosen themes (selected from the hundreds which may have been present in the analysis), those that are seen as significant for that patient and that analysis. The description can be illustrated with short quotes, examples of dialogue, paraphrases, and vignettes interspersed in the narrative sentences. Verbatim dialogue can be used effectively to make the analysis come alive for the reader. Work with the patient's dreams can be significant, especially as the analyst understands and participates in their interpretation.

Overly summarizing and formulating about the analytic process often leads to a somewhat distant observation about the process. It lacks immediacy or a sense of involvement, and discusses the process as if it had already been demonstrated. By itself, it refers to issues assumed to have been described when this is not the case. Without the original process upon which to reflect, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when condensed statements, such as "the maternal transference was interpreted" are made without further explanation, the reader is left to guess what actually happened. However, after the process has been clearly shown, this more global description may be a useful way of moving onward and providing a transition to the next segment.

## **Formulations**

Formulations and conceptualizations do not necessarily have to be articulated directly in the report, as understanding of these can be conveyed through the narrative of the work itself. Nevertheless, it is sometimes helpful to occasionally step back from the rendering of the course of the analysis to present how it was understood at a specific time, thus alternating what occurred in the analysis with a brief formulation of the process. These interspersed short formulations can explain, expand and enrich the understanding of what took place and can provide a continuity of awareness of the ongoing shape of the analysis for the reader. This type of formulation can be useful in reflecting on a sequence of analytic events, carrying the reader along in the description, or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. This may be captured by statements such as: "I understood this to mean...", or "Over the prior two months I sensed a change in...", or "I saw this sequence as a result of..." Lengthy and/or intellectualized formulations tend to replace the narrative of the analytic story and remove the reader from being able to experience what it was like in that analysis.

## **Helping the Reader Understand the Work**

It may be helpful to write about your work as if you were speaking to the reader or to another colleague. Choose basic ideas or themes, segments of process, vignettes, dreams, etc. that help convey your work and analytic judgment. For example, you may want to convey what led you to say something at a certain time or to remain silent. In doing this you may describe what led to your decision, such as your sense of a shift in the patient's defenses; or your internal experience, associations, self-reflection, counter-transference awareness, or supervisory discussions. If, on reflection, you would now handle something in a different way, describing how you would see and do things differently could be very helpful.

One way of selecting what you feel is central in the analysis is to quickly outline the analysis as you would to a colleague and note on what you would choose to focus. You may find that you have highlighted the essentials of the process. This exercise may serve both as an outline for your subsequent writing and as an overview of the analytic process, which can introduce your report and guide the reader. Such an initial brief summary of the analytic process, as well as an occasional brief commentary on the process, will keep the reader involved and oriented to what you are describing.

## **Organization of the Report**

In organizing the treatment report, you may want to briefly sketch out issues in the patient's history that are essential to understanding the course of the analysis, and allow further history to emerge in the analysis. The report should be written in a manner, which protects confidentiality. You may want to describe your evaluation of the patient's analyzability both at the time of the beginning of the analysis and currently, if you now see this differently; and, if the patient has been in a prior psychotherapy with you or someone else, how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader.

You may choose to present the analytic process in one of many ways: as a continuous flow of interwoven themes, issues, and interactions; divided into defined beginning, middle, and termination phases; as specific issues of transference and resistance, how these evolved, and how you worked with them; or you might emphasize interwoven themes related to important aspects of the

patient's history, *e.g.*, adoption, loss, specific trauma, etc. In general, jargon is not helpful, long theoretical discussions are rarely warranted, and if you use terminology, be sure your understanding of these terms is clear, *i.e.*, "opening," "middle." and "termination" phases; "transference neurosis."

Finally, you may want to provide a brief summary or formulation at the end of the report, including your understanding of the gains and limitations of the analysis. This summary may not be necessary however, if you have clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the analysis.

### **Ending of the Analysis**

One of the elements of a successful analysis is the patient's entry into a termination phase prior to and as part of the completion of the analysis. While an effective termination process is considered to be the outcome of an effective analysis, this can be relative in each successful case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intrapsychic changes that led you and the patient to feel termination was appropriate. If the termination process was less than "ideal," describe your understanding of its limitations. Likewise, if the analysis was interrupted, discuss this process and your understanding of it. Finally, if there was post-analytic contact, how did you understand the rationale and dynamics of such?

### **Your Theoretical Point of View**

You may want to relate your conduct of the analysis to the theoretical perspective in which you understood the patient and viewed what was occurring. Importantly, it should be noted that extensive theoretical discussions are not necessary. Many excellent reports avoid this and instead allow the analyst's orientation to become apparent in the narrative of the analytic work. The committee does not represent one particular theoretical view, nor does it expect you to shape what you believe and what you did in order to conform to what you think we want. It has occasionally been assumed that we regard the conflict model, emphasizing Oedipal level issues, as the "true psychoanalysis". This is not the case, and trying to

reinterpret your ideas in this context may hide your work and convey a constricted picture. In addition, the assumption that the committee is focused only on Oedipal derivatives has often led to a failure to address work with significant pre-oedipal and developmental issues. It is our experience that when case reports omit the analyst's understanding of and work with both early and later developmental issues, the reports seem stereotyped and constrained. We are aware that you may employ various theories in order to understand and communicate your work with a specific patient. What is important is that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with the patient, and convey that they have some internal consistency in your work.

### **Some Questions which have Initially Limited a Positive Recommendation for Certification**

The committee has found over the years that there are certain omissions or lacks of explanation in written reports that raise questions and thus do not allow a recommendation for certification at the time of the initial application. The interview process has often clarified these areas. We offer for your information some of the most frequent issues, in the hope that they may be anticipated and addressed, and thus facilitate the certification process.

Questions have arisen when reports have not *shown* analytic process and the analyst's participation, but instead have only summarized or formulated the process. In other reports, there was no adequate discussion of the patient's analyzability. Sometimes, the analyst seemed to have adopted a more psychotherapeutic stance without seeming to be aware of this or discussing the necessity for the shift. Here, the issue is not the adherence to a narrow concept of analysis, but our need to have a sense of what the analyst conceives of as an analytic stance, and some reflection on clinical issues, which may necessitate a change.

As peers, we realize that not every attempt at psychoanalysis will be successful. Even problematic cases may be useful for the purposes of certification, if you retrospectively discuss your grasp of the problems involved and how you might now deal with the difficulties encountered. Of course, if the problems with a case prevent the demonstration of an analytic process, it would be difficult to meet the requirement with that case. In addition, questions have arisen when certain events in the analysis, suggesting significant dynamics, were not discussed, and thus, their understanding could not be assessed. For example, if a patient has

been referred to a colleague for the management of medication or for couples' treatment, some reflection on the impact of the recommendation on the analysis should be discussed. Similarly, when an analysand interrupts treatment, is unable to abide by the agreed upon frequency of appointments, or is unable to use the couch, or when there is a perception of a lack of progress, it is important to discuss how these were understood and worked with, and what the outcome was.

Questions have arisen when the analyst seemed to have a bias toward interpretations consistently felt to be "off the mark," when there was a consistent failure to interpret certain important transference themes or conflicts; or when there was a lack of inclusion of certain specific material, such as how the analyst dealt with dreams. Finally, the committee has had to ask for more information because of the lack of a full description of the process involved in the termination, how termination arose, how it was considered, and how it evolved.

### **Comments About Writing the Treatment Report of a Child or Adolescent**

A frequent difficulty noted by the Committee in assessing the application for Certification in Child and Adolescent Analysis is the omission of the characteristics of work with this particular kind of patient. These characteristics may include the setting in which the treatment is conducted; the giving of gifts and snacks; the handling of fees, arrangements, and transportation; the mobility required of the analyst; the participation in play and games and the active nature of interventions with children; and work done with parents in support of the analysis. Sometimes reports are written as if work with children and adolescents is so similar to work with adults that the differences need not be mentioned. Consequently, the report falls short in conveying essential interactions in the process of the treatment, and more information may be requested.

## APPENDIX B: GUIDELINES FOR THE INTERVIEW

### GUIDELINES FOR THE INTERVIEW

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

Since the committee does not know in advance which case(s) will be addressed most in the interview, it will be helpful to have some process material on all the cases. This material does not have to be extensive. **Three sessions** from each analysis should be sufficient. You might want to choose session material which covers issues you anticipate the committee could have questions about, or material which focuses on one important aspect of the analysis. The latter might be about a central aspect of the transference, work with an important resistance, work with an important dynamic theme or piece of the patient's past, the uncovering of material central to the analysis, a turning point in the analysis, etc. For the completed case, it would help to bring session material from the termination phase.

In general, use the session material to demonstrate an issue and how you worked with it. You might want to choose two or three sessions in sequence, or sessions which are taken from various periods of the analysis and demonstrate the same issue over time, or show progress. Material which does not include some work in the transference will most likely leave something to be desired.

Please bring three extra typewritten copies of your process notes for the interviewers so they can follow along as you read these notes. These notes will be retained by the interviewers and may be read to the Certification Committee.

# APPENDIX C: GUIDELINES FOR EVALUATING APPLICATIONS FOR BOARD CERTIFICATION (PSYCHOANALYTIC COMPETENCIES)

## Certification Committee's Core Psychoanalytic Competencies

### GUIDELINES FOR EVALUATING APPLICANTS FOR CERTIFICATION

**Introduction:** The following clinical skills compiled by the members of the Research and Development Committee and the Certification Committee are believed to be those present in competent analytic work. They are included here in order to give applicants an idea of what the committee looks for when evaluating work submitted for certification. Some of the skills are more specifically analytic than others, and many overlap. Most skills can be revealed indirectly through the narrative of the work and need not necessarily be articulated directly in the written or oral reports. The committee members use the components of the list as guidelines only, not as a set of required criteria rigidly held in some perfectionistic view of analytic technique, process or clinical results. We hope that applicants will also use this list to guide them in deciding what to include in the reports of their work and not use it in such a way as to skew or constrain their own way of conveying what is essential to each individual case.

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1. **Assessment and Diagnostic Skills.** The analyst:
  - a. Demonstrates the ability to assess the phenomena of the patient's psychopathology and make a clinical diagnosis.
  - b. Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. as determinants of these phenomena.
  - c. Demonstrates the ability to make an assessment of the patient's suitability for psychoanalysis.
  - d. If there was a previous treatment, the analyst demonstrates understanding of the potential effects of this on the analysis.
  - e. Demonstrates the ability to assess a patient's need for psychotropic medication; if prescribed, demonstrates the ability to assess the effects of the medication on the patient and on the analysis.
  - f. Demonstrates competence in assessing the influence on the analysis when either the analyst functions in a dual role as analyst/prescriber or an outside consultant provides medication.
  
2. **Conceptualization and Formulation.** The analyst:
  - a. Distinguishes between evidence and hypothesis.
  - b. Demonstrates the ability to make a psychodynamic formulation, consistent with espoused theoretical orientation, initially and throughout the work.
  - c. Can modify formulations when hypotheses are not confirmed by the process of the analysis.
  - d. Demonstrates flexibility in theoretical orientation and an open mind towards considering other perspectives should the clinical situation warrant it.

N.B. Conceptualizations and formulations do not necessarily have to be articulated directly in the reports, as understanding of these can be conveyed through the narrative of the work itself.

**3. Psychoanalytic Attitude and Attunement.** The analyst:

- a. Maintains a patient, non-judgmental attitude of curiosity and open-mindedness.
- b. Demonstrates tact and is able to empathize with patients' relevant affective experiences.
- c. Demonstrates the capacity to maintain an affective involvement with the patient that is neither excessively distant nor overly involved.
- d. Is attuned to the influence of unconscious and preconscious factors in assessing the manifest material even if these factors are not necessarily included in what is said to the patient.
- e. Is attuned to the influence of the analyst's own conscious or unconscious thoughts and feelings in the hearing of the patient's material.
- f. Demonstrates an ability to help patients engage in the psychoanalytic process.
- g. Demonstrates flexibility of thought and a tolerance of uncertainty and ambiguity in ongoing work.
- h. Demonstrates ability to work with patients of both sexes.

**4. Technique**

- a. Interventions are succinct, to the point, and experience near.
- b. Demonstrates sensitivity as to timing of interpretations.
- c. Can assess the effects of interventions on the process of the analysis.
- d. Demonstrates an ability to interpret and enable the patient to recognize and accept the reality of an unconscious inner life, as reflected in dreams, repressed memories, defenses, fantasy, and associations.
- e. Demonstrates a flexible not concrete, rule or symbol driven approach to dreams.
- f. Demonstrates coherence without rigidity between espoused theoretical orientation and technique.

**5. Transference**

- a. Demonstrates recognition that transference is central to the analytic work.
- b. Demonstrates the capacity to interpret within the transference.
- c. Can be available for and facilitate the development of manifold transferences.
- d. Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.
- e. Demonstrates competence in persevering and working analytically with intense and persistent transferences.
- f. Is able to conceptualize the increasing elaboration and complexity of the patient's transferences.
- g. If there was previous treatment, the analyst demonstrates awareness of and the ability to interpret the possible ongoing impact of this on the

transference.

## **6. Resistance**

- a. Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.
- b. Demonstrates ability to expand patients' conscious awareness of the nuance and complicated workings of resistance and enactments.

## **7. Role of the Analyst**

- a. Demonstrates awareness of the analyst's own feelings, fantasies, and other reactions to the patient.
- b. Demonstrates awareness that analyst's reactions to the patient can be sources of information about the patient and the analytic interaction.
- c. Demonstrates understanding of what effects the actions and the person of the analyst may have on the patient and the course of the analysis.
- d. Interventions do not impose the analyst's own personal agendas.
- e. Demonstrates the ability to self-observe, self-supervise and a capacity for learning, including reflection on possible mistakes or misjudgments or what, on hindsight, would do differently.
- f. Demonstrates reflection on benefits or difficulties posed by supervision and/or personal analysis (if relevant).

## **8. Psychoanalytic Progress and Process**

- a. Conveys how the story of the patient's psychic life unfolds and becomes more evident and coherent as the analysis progresses.
- b. Demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.
- c. Demonstrates how the patient's transferences became more elaborated, expanded in complexity, and expanded the analyst's understanding of the patient.
- d. Conveys the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.
- e. Demonstrates evidence of improvement in the patient's problems and changes in the analyst's way of perceiving and relating to self and others as a result of the analysis.
- f. If the analysis comes to a natural or even premature termination, the analyst demonstrates an understanding of how the analytic work evolved in order to come to a point of terminating.
- g. Can reflect on what was accomplished and what was left undone at the end and can understand and articulate any limitations of the analysis.

## **9. Ending of the Analysis**

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

- b. If the analysis comes to a premature termination, but nevertheless ends with a termination process, the analyst demonstrates an understanding of the distinct components and dynamics of the termination process.
- c. If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
- d. If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of this.

**10. Ethical Considerations**

- a. Demonstrates a professional identity with an uncompromising commitment to patient responsibility.
- b. Demonstrates uncompromising integrity and consistently maintains the highest of ethical standards.
- c. Demonstrates recognition of need for personal consultation should possible boundary or other ethical challenges emerge.

**11. Overall Competence of Analyst**

- a. Overall coherence of application
- b. Growth over the course of the analyst's work

## **APPENDIX D: PRE-GRADUATION BOARD CERTIFICATION PROGRAM**

### **PRE-GRADUATION BOARD CERTIFICATION**

This program provides candidates with the opportunity to have their work in progress evaluated blindly by the American Board of Psychoanalysis Certification Committee. The Certification Committee is a group of analysts of multiple theoretical perspectives from around the country. Part I consists of submitting two written case reports during training, with the option to have an interview. Part II, subsequent to graduation, consists of an interview where the applicant presents process material from a total of three cases with one of them being a terminated case.

#### **PART I**

Part I of the Pre-Graduation Board Certification process entails writing up a report of up to but not more than 20 double-spaced pages each on two patients who are in the middle phase of their analyses (see attached description of analytic middle-phase). They may both be of the same gender. However, if that is the case, the third case to be presented for Part II will need to be of the other gender and requires a complete write-up.

The Committee has learned that they get the fullest understanding of one's analytic thinking if in addition to reading case reports they have an opportunity to discuss the applicant's work with them in person. Therefore, we require an interview for Part I. At the interview, process notes from these patients need to be presented. These notes can be from consecutive sessions or not depending on what the applicant feels best demonstrates his or her analytic work. *To summarize:* for the Part I interview, process notes from 2-3 sessions from the two cases need to be brought with you to the interview (four copies of each – one being for research purposes).

The cases for the middle phase write-ups should demonstrate the Core Competencies as outlined in Appendix C of the ABP's *Standards, Procedures, and Guidelines*. We are looking for the demonstration of these basic psychoanalytic competencies in the work. The Committee has found that those case write-ups that include the following information have the best chance of demonstrating to the reader the depth and breadth of the analytic work being done.

1. Presenting clinical picture
2. Relevant history – childhood and recent
3. Analyzability considerations
4. Opening phase themes and engagements including verbatim dialogue to illustrate these
5. Facilitators of the deepening of the treatment
6. Enactments, dreams, impasses and supervision
7. Transference/counter transference entanglements
8. The development of the middle phase including verbatim dialogue to illustrate this
9. Working through and what the analyst thinks facilitated this
10. Anticipated termination themes

While these concepts are important to consider, demonstrating the aliveness of the encounter between analyst and patient is essential in order to communicate to the reader the analytic process taking place. What is often most useful for those who read cases is that they hear a story about what has occurred between the analytic dyad, while demonstrating an understanding of basic, core psychoanalytic ideas. This can be done in a variety of ways using one's personal style of writing while weaving in essential aspects of the psychoanalytic competencies.

Case material submitted should follow the anonymity, confidentiality and formatting requirements as outlined in the ABP's *Standards, Procedures, and Guidelines* (See Procedures 3, 4, and 8).

If the case reports are favorably reviewed, the applicant will have passed Part I of the Board Certification process and upon graduating and having a patient who has gone through a termination experience may go on to Part II. If the Examination Committee concludes that additional work needs to occur, the applicant will be continued. A mentor will be recommended to assist the applicant in rethinking and editing the write-up.

## **Child Training**

The Pre-Graduation Board Certification program is also available for those candidates in child/adolescent training. Similar to adult pre-graduation Board Certification, two write-ups are required for Part I with both reporting on cases that are in the middle phase of analytic work. The Part I reports can be of two patients of the same gender and in the same age group. If that is the case, for Part II

both genders need to be represented as well as both a latency age child and an adolescent. Specifically, the latency child either begins treatment in latency, or begins in pre-latency and transitions into latency during treatment. The adolescent case should be of a treatment begun in some phase of adolescence and demonstrates analytic work with adolescent developmental issues. An adolescent is defined, for the purpose of certification, as someone in the second decade of life who is in a psychological phase of adolescence when treatment is begun. The full written reports should each be a maximum of 20 pages.

## **PART II**

After passing Part I, the applicant can apply for Part II following graduation when they have a patient who has engaged in a termination process. The applicant can then request an interview, which will consist of an hour and three quarters meeting with two members of the Certification Committee blind to the applicant's identity, institute, and professional discipline. If the patient with a termination process to be presented is one of the two cases originally written up for the Part I middle phase case reports, then a description of the termination experience will need to be added to the original case write-up. In addition, detailed process material that illustrates the applicant's interpretive work and the deepening of the patient's analytic experience with emphasis on the termination will also be necessary. Process notes from a third analytic patient will also need to be brought to the interview. These notes can be from consecutive sessions or not depending on what the applicant feels best demonstrates his or her analytic work. If the terminating patient is not one of the two who had been written up for Part I, a full write-up will be necessary along with detailed process material.

***To summarize*** for the Part II interview, process notes from 2-3 sessions from three patients need to be brought with you to the interview (four copies of each - one being for research purposes). In addition, if your terminated case is one of the patients presented for Part I then an addendum to the original write-up describing the termination is necessary. If it is new case then a full write-up is needed that includes a discussion of the termination phase work.

When the applicant passes Part II, Board Certification is recommended. Again, if additional work is seen as needed before Board Certification can be recommended mentors will be made available to assist the applicant.

Applications for the Pre-Graduation Certification Program can be downloaded from the ABP website [www.abpsa.org](http://www.abpsa.org). The application fee for Part I is \$250 and the fee for Part II is \$750.

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### **The Middle Phase of Analysis (for Part I of Pre-Graduation Certification)**

Please note that this list of the characteristics of the middle phase is intended to be a guide and not a checklist. Its purpose is to describe a trajectory while recognizing that all analyses have their own unique rhythms.

1. Frame
  - a. The candidate has been able to establish the analytic frame (fee, schedule, use of couch, neutrality) and the patient has been able to work relatively consistently within this frame.
2. Alliance
  - a. The alliance can be described and is well established, *i.e.*, patient can collaborate in recognizing and reflecting on resistances, regressive transference reactions, maladaptive extra-transference behaviors, etc.
3. Free Association
  - a. Free association is demonstrable – the patient can increasingly express whatever comes to mind including thoughts, feelings, body sensations etc. Oscillations are increasingly recognizable between past and present, transference and extratransference, imaginings, etc.
  - b. The analyst is able to more or less maintain a psychoanalytic stance that includes free-floating attention, technical neutrality and an awareness of countertransference pressures.
4. Transference
  - a. Transference paradigms are evident and have been interpreted.
  - b. Analytic work focuses on the transference, leading to a deepening of associations in service of gaining understanding into defensive operations, enactments, and genetics.
5. Resistances
  - a. Character resistances have increasingly become the focus of joint curiosity and exploration.

6. Countertransference
  - a. Major countertransference reactions are evident and used to better understand the patient's unconscious processes.
  - b. The analyst is sensitive to the distinction between countertransference reactions that reflect the patient's dynamics and those that reflect his/her own dynamics.
7. Working through
  - a. The analyst understands and addresses the patient's core dynamics that have been revealed and recognizes them when they emerge over time in the transference and in extra-transferential material.
  - b. The analysts' repeated interventions result in change including the patient's deepened understanding and experiencing of his/her core dynamics with shifts in defense and resistance, shifts in transference manifestations of the core dynamic and more adaptive extra-transferential behavior and object relationships.
8. Dreams and Fantasies
  - a. Patient and analyst are able to work with dreams and conscious and unconscious fantasies using them to deepen the analytic process particularly in relation to the transference.
9. Genetics
  - a. Major genetic antecedents of transference reactions and extra-transferential dynamics have begun to be understood.
10. Self-Reflective functioning
  - a. The patient is increasingly able to take an active and curious attitude toward his inner states rather than presenting them passively to the analyst to be understood.
  - b. The analyst demonstrates the ability to intervene in ways that both promote self-reflection and to analyze resistances to doing so.

(This list is an edited and elaborated version of the Columbia Middle-Phase criteria 3/10/2011.)

## **APPENDIX E: SELECTION AND TRAINING OF CERTIFICATION COMMITTEE MEMBERS**

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

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

## **APPENDIX F: CONFLICT OF INTEREST ISSUES**

Prior to each certification examination the ABP Office sends to every applicant a list of the names of all Certification Examiners including any participant observers (P/O). They are instructed as follows: "If you know the person (even peripherally) or feel that for any reason this person should be excused from reviewing your material kindly notify the Certification Administrator. A master list is created for the meeting and all recusals are marked. The recused committee member or P/O will not receive material and will need to leave the room during the committee's discussion. Examination committee members and P/Os are automatically recused from any deliberations, materials, or interviews of applicant(s) from their own Institute.

## APPENDIX G: RESEARCH

The Research and Development Committee researches and reviews the process of certification, and then makes suggestions to the Certification Committee of the ABP. This committee studies the reliability of the certification process, and also reviews process-related issues in an ongoing effort to make the process as user-friendly and respectful as possible for potential applicants.

This Committee on Research was originally established in 2003 in order to institute a research and review process that was separate and apart from the committee that administered the examination. Since that time, the committee has conducted a number of research projects designed to refine and elaborate the core competencies that form the basis for the certification examination. The committee will now continue its research efforts regarding issues relevant to certification within the ABP.

Previous studies conducted by this group have demonstrated high levels of inter-rater reliability among members of the committee offering the examination, as well as among experts who had no prior familiarity with the certification process. Other studies have also demonstrated statistically significant levels of construct validity in the certification process, *i.e.*, have demonstrated that the methods used by the examiners are accurately reflecting the functioning of certification applicants in the core competency areas.

Other research projects undertaken by this group have led to modifications in the certification examination process. For example, the certification process initially involved only the submission of written reports with no in-person interview. The move to include in-person interviews was an offshoot of work conducted by this group, indicating that exclusive reliance on written reports hampered the ability of the examiners to explore applicants' functioning in the core competency areas. The Research Committee will work with the Certification Committee in an ongoing basis to make useful modifications of the certification examination process in response to the results of our research efforts. One question under consideration is whether written reports add meaningful information to the information obtained in face-to-face case discussions.

## APPENDIX H: DISCLAIMER

### DISCLAIMER

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

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

4/24/2016