

ABAP Core Competencies for Psychoanalysis

AMERICAN BOARD FOR ACCREDITATION IN PSYCHOANALYSIS
CORE COMPETENCIES SUB-COMMITTEE, COMMITTEE ON ACCREDITATION

Background for the Categories of ABAP Core Competencies for Psychoanalysis

Core competencies are the skills, knowledge sets, and attitudes that graduates of ABAP accredited institutes can be expected to possess at the completion of training. These competencies are universal across all psychoanalytic theoretical orientations. ABAP accredited institutes are encouraged to add additional competencies that reflect the specific orientation of their approach to psychoanalysis. Following an appropriate period for public comment, approval by the Assembly of Psychoanalytic Institutes, and ratification by the ABAP board, these core competencies will become part of the ABAP Standards for Accreditation and incorporated into ongoing accreditation processes.

ABAP identifies four categories of core competencies: General Psychotherapeutic Competencies for Psychoanalysts, Foundational Psychoanalytic Competencies, Psychoanalytic Assessment and Intervention Competencies, and Competencies that Integrate the Practice of Psychoanalysis. These competencies are not the same as program or learning objectives. Psychoanalytic competencies articulate the essential criteria for the competent practice of psychoanalysis. Institutes will operationalize these competencies into program and learning objectives, which become the guides to integrating the competencies into the curriculum, supervision, and evaluation of psychoanalytic candidates. While there is a developmental progression in acquiring psychoanalytic competency during training, the relationship between the four categories is not seen as hierarchical nor sequential.

- 1) General Psychotherapeutic Competencies for Psychoanalysts: These are the basic competencies that any professional providing treatment for psychological, emotional, mental health, or life adaptation issues, including but not limited to psychoanalysts, should possess. These competencies may be possessed at the time of admission or may be acquired during training. They are seen as essential for all psychoanalysts and are necessary throughout a psychoanalyst's career.
- 2) Foundational Psychoanalytic Competencies: These competencies reflect the broad areas of knowledge essential to provide psychoanalytic treatment.
- 3) Psychoanalytic Assessment and Intervention Competencies:
 - a. Psychoanalytic Assessment outlines the competencies of assessment necessary to begin a psychoanalytic treatment, but reflect a process which is ongoing throughout treatment. These competencies are utilized both during psychoanalytic sessions as well as between psychoanalytic sessions.

- b. Psychoanalytic Intervention addresses the competencies utilized in the presence of an analysand during psychoanalytic sessions. They reflect a variety of skills in listening, observation, and intervention guiding the engagement between psychoanalyst and analysand.
- 4) Competencies that Integrate the Practice of Psychoanalysis: These competencies serve as an overarching guide for any psychoanalytic treatment. These competencies draw on the psychoanalyst's capacity to reflect, synthesize information and experience, and generate hypotheses and conclusions based on general principles and attitudes of the psychoanalytic process. They are utilized both during and between psychoanalytic sessions.

ABAP CORE COMPETENCIES FOR PSYCHOANALYSIS

1. General Psychotherapeutic Competencies for Psychoanalysts	2. Foundational Psychoanalytic Competencies	3. Psychoanalytic Assessment and Intervention Competencies	4. Competencies that Integrate the Practice of Psychoanalysis
a. Operate within legal and ethical guidelines	a. Understand development from one or more psychoanalytic perspectives	a. Evaluate whether the patient’s needs are appropriately served by psychoanalysis	a. Maintain an analytic attitude ⁸
b. Engage interpersonally in a professional manner	b. Understand motivation from one or more psychoanalytic perspectives	b. Conduct psychoanalytic assessment	b. Recognize various domains of patient experience in prioritizing interventions ⁹
c. Be sensitive to and willing to work with diverse identities of individuals and groups ¹	c. Understand psychopathology from one or more psychoanalytic perspectives	c. Formulate a psychoanalytic diagnosis	c. Apply psychoanalytic models flexibly in response to the patient’s individual context and conscious and unconscious needs
d. Recognize the importance of socio-cultural influences on behavior, cognition and emotion	d. Understand core concepts of psychoanalysis according to one or more theoretical orientations ⁵	d. Establish and maintain a psychoanalytic frame ⁶	d. Make use of the psychoanalytic relationship as a vehicle for change
e. Understand lifespan development	e. Understand therapeutic action from one or more psychoanalytic perspectives	e. Work with both a patient’s internal and external realities	e. Capacity to create and defend a comprehensive psychoanalytic case formulation
f. Understand biological contributors to behavior, cognition, and emotion		f. Facilitate the exploration of unconscious experience ⁷	f. Make appropriate use of psychoanalytic supervision and consultation ¹⁰
g. Be aware of non-psychoanalytic models of psychotherapy		g. Employ a range of psychoanalytic interventions	g. Evaluate and incorporate research on psychoanalysis and ancillary fields ¹¹
h. Conduct global patient assessment ²		h. Be aware of, process, and effectively engage the transference	h. Make use of the personal training analysis to work through personal and emotional issues that may interfere with psychoanalytic treatment
i. Make diagnostic formulations		i. Be aware of, process, and effectively engage counter-transference	
j. Understand the interaction of affects and psychopathology		j. Identify and respond to enactments within the psychoanalytic relationship	
k. Identify appropriate interventions		k. Recognize and work with the patient’s defenses and resistance	
l. Respect the patient’s socio-environmental and intrapsychic realities		l. Recognize psychoanalytic indicators of therapeutic change	
m. Navigate the emotional content of sessions, including shifts and endings ³		m. Maintain a consistent focus on core analytic aspects of treatment	
n. Understand empirical research ⁴			

Notes for Competencies

- 1) Such as racial, cultural, and religious identities; sexual orientation, gender expression, and/or political affiliation.
- 2) Global assessment includes: personal history, symptoms, mental status, and readiness for treatment, as well as assessment of appearance, demeanor, suicidality, and homicidality.
- 3) 'Navigate' refers to the awareness of, understanding of, moving about in, and addressing the emotional content of sessions.
- 4) For example, research on effectiveness of psychotherapy and the effectiveness of psychotherapy in comparison with other forms of treatment, patient variables or therapist variables in psychotherapy, as well as research in neuro- and cognitive sciences, anthropology, and sociology.
- 5) Core concepts include such things as symbolism, interpretation, transference, countertransference, resistance, defense, psychic structure, unconscious process, fantasy, dream work.
- 6) The psychoanalytic frame includes such things as the physical setup of the consulting room; the use of couch or chair; the use of the fundamental guideline of free association; the frequency, time, and duration of sessions; establishment of fees, to include method of payment, use of insurance, or third-party payment; handling of changes to the schedule and vacations; guidelines for contact between sessions; the issue of physical contact; and contact with outside parties.
- 7) Unconscious experience refers to dreams, fantasies, slips of the tongue, parapraxes, daydreams, unconscious/derivative communication, the analytic third – i.e. any manifestation of the unconscious in analysis.
- 8) A set of guiding psychoanalytic stances and values that focus the analyst's attention and intention
- 9) Domains include such things as surface versus depth, level of patient functioning, conscious versus unconscious processes, somatic states, or transitory states – the movement/variation of intervention across levels within a session.
- 10) For example, does the candidate become defensive during supervision, seem to incorporate feedback, retain and assimilate concepts presented during supervision, or recognize limitations and know when to seek consultation?
- 11) Includes both qualitative and quantitative research. Ancillary fields include health research, neuro- and cognitive sciences, and studies in sociology, anthropology, religion, philosophy, literature and the other humanities.