Candidate Handbook
# Candidate Handbook

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Preface

The NPSI Progression Committee worked to create this handbook during the summer and fall of 2013. Our motivation was both to update for what was formerly called the Candidate Progression Handbook and clarify policies and procedures related to training concurrent with the organization’s application for accreditation from the Accreditation Counsel for Psychoanalytic Education.

This manual is intended to aid candidates in understanding where the Institute fits in the larger organizational structure. The article on *NPSI and its Place in the Psychoanalytic World* locates the organization within the psychoanalytic community locally, nationally, and internationally. And although the wider community may not be a focus for candidates in the early stages of training, we believe that an awareness of these additional layers of collegial contact and support are significant and will become more meaningful and enriching over time.

The real nuts and bolts of the handbook, and no doubt of greatest interest for the beginning candidate, consists of clear and concise explanations of the training requirements and related procedures for, among other things, choosing a training supervisor and all of the steps necessary for initiating and maintaining control cases. Later on, when preparing for the Oral Examination midway through the training, all of the procedures for completing this task are readily available (Section 4). Similarly, guidelines for writing the graduation paper (Section 6) and the final steps toward graduation (Section 7) are covered in the later sections of this manual.

We hope that you find this handbook a useful guide in progressing through the training at NPSI. Although the composition of the Progression Committee may change over time, it remains a work group committed to continuing a tradition of excellence in psychoanalytic education and fostering the unique capacities and creativity of each and every individual candidate.

Progression Committee (2012-14):

Dana Blue, LICSW, FIPA
Caron Harrang, LICSW, FIPA
Marianne Robinson, PhD, FIPA (Chair)
Section 1: Orientation to Training

Welcome to psychoanalytic training!

We are pleased that you have sought to join Northwestern Psychoanalytic Society and Institute in training to become a psychoanalyst. NPSI offers an introduction to the vast subject of psychic development and facilitates explorations of conscious and unconscious mental phenomena through our structured training program. This handbook explains our training program in detail.

While pursuing psychoanalytic training, and once you have completed it, we hope that you will find added enrichment from the many additional offerings available within our psychoanalytic community. Most of us who have pursued this training feel that psychoanalytic study becomes a lifelong project, best undertaken with an appreciation of step-by-step learning. This does require discipline and a measure of patience and compassion for the complexities of the learning process. These studies can deepen one’s understanding in many ways, as well as sharpening individual perspectives. This prepares us to learn from each other's varied experience in all stages of training and study. We welcome you as a fellow adult learner in this endeavor.

Maxine Anderson, MD, FIPA
Director of Training
Northwestern Psychoanalytic Society and Institute
In addition to the formal training to qualify for becoming an IPA-certified psychoanalyst, NPSI offers additional enrichment programs including:

NPSI sponsors an international conference: Evolving British Object Relations. It is assumed that all candidates will attend the conference.

NPSI is in the process of developing study groups for continued learning available for candidates and graduates as well as faculty.

NPSI sponsors monthly Scientific Meetings open to all candidates and faculty as well as community members and psychotherapists. At these meetings an NPSI member presents an original paper or, on occasion, commentary on a classical paper by a renowned psychoanalytic author followed by group discussion.

Many other community opportunities exist for psychoanalytic study and learning through two other psychoanalytic institutes in Seattle (North Pacific Institute for Analytical Psychology and Seattle Psychoanalytic Society and Institute), as well as one in Vancouver, British Columbia (Western Branch Canadian Psychoanalytic Society), and another in Portland (Oregon Psychoanalytic Center).

NPSI invites faculty from other institutes in the United States and abroad to Seattle for weekend or weeklong conferences on a regular basis.

There are also two psychoanalytically oriented organizations in Seattle that offer high quality seminars and conferences led by internationally recognized psychoanalysts (Northwest Alliance for Psychoanalytic Study and COR/ Northwest Family Development Center). The Alliance has an annual spring conference called the Forum at which NPSI faculty and candidates, among others, often present papers geared toward the psychoanalytic psychotherapy community.
Northwestern Psychoanalytic Society and Institute

The Board of Directors oversees all aspects of the organization. All members belong to the Society and some are also involved in Institute activities.

Board of Directors

Executive Committee
- President
- President-Elect or Past President
- Secretary or Treasurer

Education Committee
- Director of Training (Chair)
- Dean of Students
- Candidate President (non-voting)

And the chairs of the following subcommittees:
- Admissions
- Curriculum
- Faculty Development
- Progression
- Training Analysts

Ethics Committee

Liaison Committee
- Directors liaison between NPSI and:
  - Confederation of Independent Psychoanalytic Societies
  - North American Psychoanalytic Confederation
NPSI and its Place in the Psychoanalytic World

Caron Harrang, LICSW, FIPA

Introduction

This document modeled after a document prepared by the CIPS Foreign Relations Committee Chair, Rick Perlman, PhD, FIPA is intended to give candidates an overview of psychoanalytic organizations internationally, nationally, and locally. We hope that it will provide a sense of where NPSI fits as a valued member of the psychoanalytic community.

NPSI is a component society of the International Psychoanalytical Association (IPA), of the North American Psychoanalytic Confederation (NAPsaC), and of the Confederation of Independent Psychoanalytic Societies (CIPS).

NPSI is not a member of the American Psychoanalytic Association (APsaA), although both NPSI and APsaA are both members of NAPsaC. APsaA is the oldest and largest psychoanalytic organization in the United States. The Seattle Psychoanalytic Society and Institute (SPSI) belong to APsaA, and through APsaA to the IPA.

The Psychoanalytic Consortium was formed in 1993 to establish national standards for psychoanalytic training and to represent the interests of psychoanalysts in the three traditional mental health disciplines. It was formed by four national psychoanalytic organizations in the US: APsaA, Division 39, AAPDP, and AAPCSW. In 2001, the Consortium arrived at an historic agreement with regard to minimum national standards for education. The new criteria included a minimum frequency standard of 3-5 sessions per week for training and control cases. Once this agreement was reached, the Consortium established the Accreditation Council for Psychoanalytic Education (ACPE). The ACPE (described below) is the accrediting body certifying psychoanalytic institutes in the United States.

In 2013 CIPS became the fifth national psychoanalytic organization to join the Consortium, thus strengthening its authority to represent the interests of psychoanalysts in the United States.

The International Psychoanalytical Association (IPA) www.ipa.org.uk

The IPA, founded in 1910 by Sigmund Freud and his associates, is the oldest and largest psychoanalytic organization in the world. It currently represents more than 12,000 psychoanalysts worldwide, including 3,400 in North America, with component groups on all continents. Although candidates are not currently included as members in the IPA, the international psychoanalytic community also includes approximately 5,000 candidates at IPA training institutes.

The major functions of the IPA include accreditation of psychoanalytic training institutes, promotion of psychoanalysis as a profession, and the advancement of psychoanalytic thought through international research initiatives, international congresses, conferences
and publications, and other educational projects. In 2003, the IPA established the Fellow of the IPA credential (FIPA) for use by all North American members of the IPA.

The IPA is divided into three regions for administrative, electoral, and other organizational purposes. The three regions are North America, Latin America, and Europe. In each region, IPA societies have established their own regional organizations to facilitate regional cooperation with the IPA and to promote collaboration within the three regions on conferences and other projects. Although the regional organizations maintain close relationships with the IPA, each is legally and fiscally autonomous. The three regional organizations are: The North American Psychoanalytic Confederation (NAPsaC), the Federation of Psychoanalytic Societies of Latin America (FEPAL), and the European Psychoanalytic Federation (EPF).

**The North American Psychoanalytic Confederation (NAPsaC) [www.napsac.info]**

The North American Psychoanalytic Confederation (NAPsaC) is an association of all the North American IPA groups plus the American Psychoanalytic Association (APsaA) and the Canadian Psychoanalytic Society (CPS). A principal function of NAPsaC has been to interface with the IPA: to organize the North American representation to the regional Nominating Committee of the IPA and to provide a forum for contact between IPA representatives and their North American constituents. In contrast to the European and Latin American regional organizations, which are highly organized and well funded, NAPsaC has historically been a very loose organization with a minimal budget and a very light organizational agenda. In January 2011 the NAPsaC Board of Directors worked to incorporate and adopt bylaws so that it could pursue a more ambitious agenda. Following its incorporation in late 2011 and adoption of bylaws in January 2012, the NAPsaC Board is actively working to develop as meaningful regional organization.

Each of the CIPS component societies is a component society of NAPsaC. The NAPsaC Board is composed a director and one alternate from each of its eight component societies: The American Psychoanalytic Association (APsaA), the Contemporary Freudian Society (CFS), the Canadian Psychoanalytic Society (CPS), the Institute for Psychoanalytic Training and Research (IPTAR), the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), the Northwest Psychoanalytic Society and Institute (NPSI), the Psychoanalytic Institute of Northern California (PINC), and the Psychoanalytic Center of California (PCC). As of October 2013 NAPsaC represents the interests of 3600 analysts and 899 candidates in the United States and Canada.

**The Confederation of Independent Psychoanalytic Societies (CIPS) [www.cipsusa.org]**

The Confederation of Independent Psychoanalytic Societies (CIPS) is the national professional organization of the independent societies of the IPA in the United States. CIPS is composed of four psychoanalytic societies: the Institute for Psychoanalytic Training and Research (IPTAR), the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), the Northwestern Psychoanalytic Society and Institute (NPSI), and the Psychoanalytic Center of California (PCC). CIPS also hosts a Direct Member Society for IPA members and candidates at IPA institutes who are not otherwise
members of a CIPS component society. CIPS has a membership of approximately 550 analysts and candidates.

CIPS was formed in 1992, following the admission of its founding societies to the International Psychoanalytic Association (IPA). Their admission to the IPA had been made possible by a lawsuit brought by American psychologists against both APsaA and the IPA, charging both organizations with "restraint of trade" as a result of their organizational policies. Since its formation, CIPS has been protecting and promoting the interests of the independent North American IPA societies and their members. CIPS is the only national organization serving this primary mission. As the national professional association of the independent IPA societies in North America, CIPS musters and coordinates the collective resources of its component societies to perform important professional functions that are beyond the capabilities of any individual society.

**The American Psychoanalytic Association (APsaA) [www.apsa.org](http://www.apsa.org)**

The American Psychoanalytic Association (APsaA) is the oldest and largest psychoanalytic group in the United States and is recognized as a regional association of the IPA (it is the only such group in the IPA). APsaA represents 31 training institutes, 38 affiliated societies and study groups, and a membership of approximately 2,600 psychoanalysts and 550 candidates.

Through most of its history, APsaA excluded non-medical practitioners, barring their admission to both membership and training. Because APsaA had an “exclusive franchise” with the IPA, this policy also barred individuals and training groups from membership controlled in the IPA as well. APsaA abandoned its medical orthodoxy and relinquished its “exclusive franchise” with the IPA following the Group for the Advancement of Psychoanalysis and Psychotherapy in Psychology (GAPPP) lawsuit. This allowed the independent psychoanalytic groups of the United States (e.g. NPSI) to join the IPA as component societies without being members of APsaA.

**The Accreditation Council for Psychoanalytic Education (ACPE) [www.acpeinc.org](http://www.acpeinc.org)**

The Accreditation Council for Psychoanalytic Education (ACPE), formed in 2001 by the Psychoanalytic Consortium, is an independent and autonomous body that accredits psychoanalytic education institutes. It assesses psychoanalytic institutes and training programs in accordance with standards established by the Psychoanalytic Consortium. These standards delineate essential elements of psychoanalytic education according to the tripartite model – personal analysis, didactic instruction, and supervised clinical work. Among the ACPE criteria are minimum frequency standards of 3-5 sessions per week for training analysis and control cases. All CIPS Societies are in the process of applying for accreditation through ACPE as of 2013.
Psychoanalytic Training Program Overview

We recognize that many candidates beginning their training are eager to know exactly what they have signed on for. At the same time, the process of becoming a psychoanalyst, like the journey through analysis itself, is neither routine nor precisely predictable.

Like the anticipation of birthing a child, being “pregnant” with one’s future analyst-self stirs deep fears and fantasies. How long will the “labor” last? How much will it hurt? And will everyone survive? Becoming an analyst in the Northwestern Psychoanalytic Society and Institute tradition requires flexibility and frustration tolerance, as well as the cultivation of negative capability or the ability to set aside presuppositions and remain open to new ways of thinking about what one perceives. This metaphor speaks to both the excitement evoked and the anxieties stirred by the decision to enter psychoanalytic training.

While the exact timespan and trajectory of training for each candidate cannot be predicted, it is possible to identify the elements that need to be completed for graduation.

There are three major components to our training program in psychoanalysis:

1) The training analysis
2) The didactic program, including clinical seminars and infant observation
3) Supervised analyses or “control cases”

Training Analysis

The training analysis offers first-hand experience with the unconscious, with various states of mind, and with the process of working through. This experience develops the candidate’s capacity for empathy and for dealing with conflict and problematic character formations that may interfere with psychoanalytic work. The training analyst is selected from those individuals approved by the NPSI. It is expected that the training analysis of the candidate will be conducted four or five times weekly, on separate days, and that each session will last forty-five to fifty minutes. The duration of the analysis is left to the discretion of the candidate and training analyst. Because the analysis of patients stirs many unconscious issues for the analyst in training, a major part of the candidate’s supervised clinical casework should be undertaken while he or she is in training analysis. Fees may vary and are arranged with the training analyst. A minimum of 600 hours of training psychoanalysis is required, but most analyses go much longer. Termination of the training analysis is by mutual consent.

Candidates must be in an approved analysis before beginning classes.

The Didactic Program
**Infant Observation**

This experience, crucial to the intellectual and emotional appreciation of the impact of early mental states, entails weekly observation of an infant and their primary care situation from some weeks before or as close to birth as possible through the first year of the infant’s life. The observations are detailed in process recordings and discussed in weekly seminars with three or four other observers and the seminar faculty. Many feel this course along with the training analysis to be the most formative experience in the psychoanalytic training program, inviting the candidate to cultivate the capacity to observe oneself observing another.

**Seminars in Psychoanalysis**

The course work reviews the development and evolution of thought among the major psychoanalytic traditions beginning with Sigmund Freud and following especially the line of development of the Kleinian tradition, through Melanie Klein, Wilfred Bion, and the post-Kleinians, up to and including the work of our own faculty. A current academic schedule is available on the NPSI website > candidate/faculty [login required] page. Login information, if needed, is available through the NPSI Administrator.

Alongside the theoretical courses, there is a clinical seminar group offered each term. Each candidate presents case material to the seminar for several sessions in sequence, generally each academic year. Explicitly not supervision, the clinical seminar offers an opportunity to observe at close hand the process and technique of psychoanalysis.

The curriculum is given in sequence over approximately four (4) years. The academic year is comprised of three terms from September through June, each lasting 10-12 weeks. Each class lasts for 90 minutes; generally there are three classes in succession per week.

The courses are arranged according to faculty availability, so the sequence may vary slightly by cohort. The intent is to ground candidates in British Object Relations theory, while familiarizing them with other contemporary psychoanalytic perspectives.

**Supervised Analyses**

**Overview of Training Cases**

Candidates are required to successfully complete a minimum of three (3) training or control cases prior to graduation. A different NPSI approved training supervisor of the candidate’s choice supervises each case.

Control cases are one of the three pillars of psychoanalytic training along with didactic study and the candidate’s training analysis. The concept of the psychoanalytic case study beginning with Sigmund Freud’s and Josef Breuer’s *Studies on Hysteria* (1895) initiated a long and continuing tradition of clinical research via detailed observations and inferences drawn from psychoanalytic work with patients.
Written case studies offer the candidate or analyst-in-training an opportunity to reflect upon and describe psychoanalytic process and technique from a position outside of the consulting room. As such, it allows space for associations to form and thinking to evolve about the intimate verbal and nonverbal dialogue between candidate and patient and its shape as a developing psychoanalytic process. If day-to-day psychoanalytic work with patients may be compared to the artist’s application of paint on a canvas, then the process of writing about that work is analogous to moments of standing back from the canvas, allowing the artist greater perspective. Both experiences contribute in important ways to the knowledge, clinical skills, and intuition needed to become a creative well-trained psychoanalyst.

The writing process with control cases takes two forms. First, when a candidate begins a control case, he or she will meet on a weekly basis with a training supervisor. It is often useful for the candidate to begin work with a chosen supervisor in order to initiate a control case. Although supervisory styles vary, most training supervisors ask candidates to document their work by presenting a detailed write-up or process recording of one complete session with the control case patient at each supervisory meeting. Although a process recording is not an exact transcript of what was said by either member of the analytic dyad, it nevertheless conveys very well how the candidate experienced the session.

Second, at specified times in the control case process the candidate writes reports summarizing the treatment. Reports are written prior to the beginning of a control case (initial report) and in six-month increments thereafter, including a final report summarizing the entire treatment.

Instructions for writing reports are covered in Section 3, and include the following:

1. Steps for Initiating and Maintaining Control Cases
2. Guidelines for Writing Six-Month Report
3. Guidelines for Control Case Final Summary Report

Forms necessary for documenting control cases include:

1. Control Case Suitability/Candidate Readiness Form
2. Report of Supervision Commencing
3. Candidate's Six-Month Report of Supervision Hours
4. Supervisor's Six-Month Evaluation of Candidate
5. Summary of Control Case (3) Treatment and Supervision Hours

Candidates are strongly advised to familiarize themselves with the guidelines and the procedures related to initiating, maintaining, and completing control cases in the first year of training. Questions regarding any of these protocols may be directed to the Advisor, File Monitor, or Chair of Progression Committee.
Evaluation of Candidates

At the completion of each term, candidates and faculty engage in an evaluation process, from which results a written evaluation, signed by the candidate. This is given to Progression, to be reviewed. Evaluations are then placed in the candidate’s file. Training supervisors also evaluate the control case learning process with each candidate at six-month intervals. The supervisor’s evaluation is also reviewed by the Progression Committee and placed in the candidate’s confidential file.

The process of evaluation is bi-directional. As such, each candidate is strongly encouraged to give a written evaluation of the course content and the course instructors. These evaluations are reviewed and filed separately by the Curriculum Committee.

The Oral Examination

After the second training case is well underway, and before a third case can be initiated, candidates undergo an oral examination. This process requires candidates to present four sequential sessions of clinical work with a current analytic case to a committee of three experienced psychoanalysts. The purpose of the exam is to offer constructive feedback to the developing analyst and authorize continuing to the final stage of training. Complete information on the Oral Examination can be found in Section 4 of this handbook.

Senior Candidate Status

Attainment of senior candidate status enables the candidate to conduct un-supervised psychoanalyses. A candidate may apply in writing to the Progression Committee for senior status after successfully completing the Oral Examination.

The Graduation Paper

As the culmination of didactic training, the candidate is required to research and write a scholarly scientific paper. It is our hope that this will provide an opportunity to integrate accruing theoretical and clinical understanding from the training within a context of a dialogue with members of the Graduation Paper Committee. A description of the Graduation Paper process and requirements are detailed in Section 6.
Sources of Help for the Task of Training

Advisors

NPSI offers each candidate an advisor, who can function as a source of support with training. Advisors are knowledgeable about the program, and can respond to questions and address concerns as they arise. Advisors adhere to the following guidelines:

NPSI Guidelines for Advisors

1. Whenever possible, dual roles are best to avoid or to keep to a minimum, especially when there is an evaluative function. For this reason, training analysts would not normally be asked to serve as an advisor. For example, a candidate might have their advisor as an instructor and this dual relationship would be important to consider carefully by the advisor and candidate.

2. Post-didactic senior candidates may in some cases be included in the pool of potential advisors. If there is a need for advocacy in the candidate’s interfacing with NPSI Institute, the candidate is directed to contact the Dean of Students.

3. The frequency of meetings between the advisor and candidate is left to the discretion of the individuals involved.

4. Functions of an advisor include assisting the candidate in thinking about their progression throughout the training and to discuss any concerns that the candidate may have about relations with faculty, supervisors, and the training analyst. The advisor is also available to discuss the candidate’s development of analytic identity, including becoming aware of psychoanalytic organizations locally, regionally, nationally, and internationally.

File Monitor

The Progression Committee assigns a member of the committee to serve as the candidate’s file monitor. The file monitor is charged with maintaining each candidate file. This involves periodic file reviews, identification of any missing reports or evaluations, and follow-up with supervisors, the Curriculum Committee, and/or the candidate to insure completeness of the record.

Dean of Students

The Dean of Students provides an impartial atmosphere of support for candidates in the NPSI Institute. This is accomplished in the following ways:

1. By serving on the NPSI Education Committee.
2. By meeting separately on a regular basis with the Director of Training and the Candidate President.

3. By meeting periodically with the candidate group to facilitate the exchange of information between various levels of leadership within the Institute.

4. By scheduling regular office hours to meet with candidates individually on an as-desired basis to provide counsel on matters that impact candidacy, including personal concerns, educational objectives, financial issues, and possible disciplinary action.

Director of Training

The Director of Training chairs the Education Committee and its subcommittees (Admissions, Curriculum, Progression, Training Analysts), which is the governance body of the NPSI Institute. The Director also oversees and assists in coordinating the activities of the subcommittees including development and revision of Institute policies and procedures.

The Director works closely with the Dean of Students to promote NPSI psychoanalytic training and psychoanalytic psychotherapy courses to the local mental health community. The Director also serves as the central contact for individuals interested in learning about or applying for psychoanalytic training. Both Director of Training and Dean of Students maintain close ties with the Candidate President to facilitate good working relations between faculty and candidates.

The Director of Training also sits on the NPSI Board of Directors and as such serves as liaison between the Institute and the organization as a whole.

The Role of Progression

The mission of the Progression Committee is to ensure that candidates fulfill the requirements necessary for graduation and in that process realize their potential as psychoanalysts. This statement underscores both the rigor of the academic effort, and the supportive stance the Institute takes in helping candidates to succeed. Particular remedies are determined by thoughtful consideration of the unique determinants of each situation.

The Progression Committee is a subcommittee of the Education Committee, which is the governance body for our psychoanalytic training institute. As such, the Chair of Progression, or a designate, is a member of the Education Committee.

The Education Committee is composed of the following individuals and subcommittee Chairs:

- Director of Training (Chair)
- Dean of Students
- Candidate President
- Curriculum
- Faculty Development
The Progression Committee is composed of a chair, two or three analyst members of the society selected by the chair, and one to two candidate representatives. The candidate representative’s role is strictly non-evaluative.

The Progression Committee:

- Determines a meeting schedule for the academic year, and publishes meeting dates for candidates to submit reports for evaluation. This schedule is also available on the NPS website calendar.

- Reviews and discusses reports on each clinical case written at six month intervals and recommends that they be: accepted as written; provisionally accepted; or requiring rewriting. The candidate’s file monitor communicates the committee’s decision and/or recommendations to the candidate and the case supervisor.

- Gathers course evaluations and supervisor’s reports on the training cases.

- Holds annual individual meetings with each candidate to discuss and support progress through the training.

Candidates are notified of their progress via email; hard copies of communications are placed in their respective files. Candidates are welcome, at any point, to meet with file monitors to review any aspect of their file.

The Progression Committee is charged with overall evaluation of candidate progress. To do this, the Committee relies on written evaluations of supervisors of clinical work, six-month case reports written by the candidate, and course evaluations. The Progression Committee members each have a roster of candidates whose progress is tracked, and if there are questions or concerns, there are meetings with faculty or case supervisors, as needed, to determine the best way to support the candidate.

The Progression Committee presides over the whole of the candidate’s progress, requiring that candidates signal their readiness for each new stage of training in writing, and evaluating candidate progress at a series of checkpoints throughout the program.
Training requirements in a nutshell:

In order to graduate from NPSI, a candidate must, at minimum:

Have completed an application process and been accepted into the program.

Have initiated a training analysis that has sustained for a minimum of 600 hours.

Have completed an Infant Observation course to the satisfaction of assigned faculty.

Have completed four years of didactic classwork to the satisfaction of faculty assigned to teach the course.

Have completed three control cases to the satisfaction of one’s supervisors.
Have passed the Oral Examination between the second and third control cases to the satisfaction of the examining committee.

Have participated in Clinical Seminars for each term of candidacy to the satisfaction of the faculty assigned to lead the seminars.

Have researched and written a Graduation Paper that combines elements of theory and practice, to the satisfaction of the graduation paper committee.

Are well established in the cultivation of one’s developing identity as a psychoanalyst, predicated on the awareness that graduation concludes the formal training, and also marks the beginning of ongoing, lifelong learning as a psychoanalyst.
Section 2: The Classes

Attendance Policy

Psychoanalytic training is a rigorous endeavor that entails substantial commitment. The curriculum is carefully planned, and attendance at each scheduled class is expected as an indication of the candidates’ commitment.

While NPSI realizes that an absence may be unavoidable, the candidate is asked to weigh the following issues when deciding to miss a seminar:

1. Due to the small size of the seminars, and the intimate nature of many of the discussions, the presence of each candidate is valued. Thus, anyone’s absence has an impact on the continuity of the seminar process.

2. Instructors plan the curriculum of the didactic seminars carefully, and missing a seminar can limit the ability of the candidate to fully assimilate material in subsequent seminars.

3. Clinical seminars are particularly problematic in this regard. They represent an opportunity for candidates to follow the unfolding process in a psychoanalytic treatment. As such, missing even a single session compromises the candidate’s comprehension of the case material and ability to contribute.

4. In all but the direst emergencies, the candidate is expected to inform the instructor(s) and classmates in advance of the absence. If a candidate misses more than two seminars during a quarter the instructor(s) will discuss the matter with the candidate. Further discussion, if deemed necessary, may be brought to the Progression and Curriculum committees. At the discretion of the instructors, a candidate may be asked to complete additional work in order to receive credit for the seminar. In other cases, a candidate may be asked to repeat a term.
Section 3: The Cases

Guidelines for Supervision

Conducting psychoanalysis under supervision or taking on control cases comprises another aspect of psychoanalytic training. The goal here is for the candidate, through careful attention and weekly supervision, to be able to observe, understand, and interpret unconscious processes from the analyst-in-training’s perspective. Three control cases are required and supervision on a weekly basis with the first two cases is also required. Candidates are required to have their first supervision in person. When there is remote supervision, confidentiality must be assured. At all times, NIPS candidates and supervisors must use the IPA standards for confidentiality. Phone sessions are discouraged. Two of the three control cases must meet at a frequency of 4 or 5 times per week. One of the three control cases (it does not matter which one) may meet at a frequency of three times per week. Careful attention is paid to the candidate’s growth included monitoring of one’s capacity to utilize countertransference experiences as an analytic tool.

Two training cases must be at least twenty-four months; and a third must be at least twelve months. Both genders must be represented. A child can be control case subject if the case is supervised by a child training analyst. All cases will include permission to initiate a control case; an initial report; the appropriate number of reports at six-month intervals; and a final case summary. The total number of supervisory hours is a minimum of 200. Forms for the training cases can be found in Section 3 of the Handbook and are available for download from the NPSI website on the Candidate/Faculty [Login Required] page.

During training prior to achieving senior candidate status, candidates may say that they are providing “psychoanalysis under supervision” from an IPA component institute. Even as licensure for psychoanalysts does not yet exist in Washington State (nor in most States), the Institute does not support the use of the term “psychoanalyst” to describe one’s profession until after graduation. Once graduated and voted into full membership in the NPSI Society and accepted as a member of the International Psychoanalytical Association, graduates are encouraged to describe themselves as a psychoanalyst or as one who practices psychoanalysis. Once a member of the IPA, graduates may also use the letters “FIPA” or Fellow of the International Psychoanalytical Association to refer to their professional status indicating that they have achieved the highest level of training possible within any mental health profession.
NPSI Steps for Initiating and Maintaining Control Cases*

The Progression Committee wishes to specify the procedures in regard to supervision of control cases. Many candidates find it useful to begin supervision with an approved NPSI training analyst as a preliminary step toward initiating a viable control case. Candidates may apply to begin a control case under supervision by following the procedures listed below:

1. The candidate begins the process by emailing** a Letter of Intent to the Chair of the Progression Committee stating that he or she is ready to begin a control case. The letter should indicate which case the candidate is applying for along with the patient’s age, gender, and initial date of treatment. A Letter of Intent is required for all three (3) control cases. It is recommended that there be a minimum of six months between the beginnings of each case.

2. After emailing the Letter of Intent and receiving permission to proceed from the Progression Committee, the candidate may arrange consultations with two training analysts, one of who may be the prospective control case supervisor, to discuss the case for suitability (including potential difficulties or contraindications), and the candidate’s readiness. Suitability is evaluated by review of the candidate’s Initial Report (5 pages maximum) accompanied by a detailed process recording of at least one clinical session. Recommendations for how to write the initial and subsequent reports are detailed in the Candidate Handbook: Section 3: The Cases: Forms and their Explanations. The results of these consultations with two training analysts, and their recommendations for or against proceeding with the case, should be documented on the Control Case Suitability/Candidate Readiness form.

In applying to begin a second or third control case, the candidate should also obtain a Letter of Recommendation for beginning a next case from the previous control case supervisor. This letter should be addressed to the Chair of Progression given to the candidate for inclusion in the packet of information described below.

3. After the candidate has received approval from two (2) training analysts, he or she should email the Initial Report and submit a hard copy packet of information to the Chair of Progression that includes:

   - Letter of Intent (copy)
   - Letter of Recommendation from a previous supervisor (2nd and 3rd cases only)
   - Initial Report plus a process recording of at least one session (copy)
   - Control Case Suitability/Candidate Readiness forms (2)
   - Report of Supervision Commencing

Candidates are strongly advised to keep copies of all forms submitted to the Progression Committee.
Upon written approval by the Progression Committee, the control analysis can proceed and the hours of analysis and supervision counted towards credit for clinical training. The beginning date for the start of the case will be on the date when all of necessary forms are submitted to Progression. This packet should be placed in the NPSI mailbox of the Chair of Progression or file monitor (if known). It is also recommended that the candidate email the Chair on the date when the hardcopy packet is submitted.

4. Reports of supervision hours are filed every six months after the approved start date of the case. Clinical case reports summarizing the treatment are also reviewed every six months with the control case supervisor, who documents and approves them for submission to the Progression Committee. Progression approves each report, and at times, requests revisions or draws attention to elements of the report that warrant further attention by the candidate and supervisor. Upon completion of the case (two years for the first two cases and one year for the third case), a final report should be written and submitted summarizing the full term of the treatment. Guidelines for writing the final report are available from the NPSI website under the Institute tab > Faculty/Candidate [Login Required] > Reporting Forms.

5. The Candidate must undertake a minimum of three cases, with both genders represented. One adolescent or child case is allowed. Each case must be supervised by a different supervisor with a minimum of fifty (50) hours of supervision at a rate of one hour per week during the first year. The frequency of the second and subsequent year(s) of supervision is decided by mutual agreement between supervisor and candidate. Two cases must be supervised for at least two years. A total of two hundred (200) supervisory hours is considered the minimum for fulfilling the total supervision requirement for all three (3) control cases. For further discussion of this central component of psychoanalytic training see Table of Contents: Overview of Training Cases and Section 3: The Cases.

*All forms necessary for starting a control case are contained in the Candidate Handbook (2014) and available for download from the Faculty/Candidate page of the NPSI website.

** The Progression Committee Chair’s email address may be obtained from the organization’s administrator at admin@npsi.us.com.
The initial report should utilize standard conventions of the mental health professions in format, content, diagnostic impression, and treatment planning. The purpose of this report is to provide a clear picture of the patient and background leading to the beginning of analytic treatment. Additionally, it is to support the development of the skills necessary for the candidate to communicate clearly and effectively while gaining the skills to think and write from a psychoanalytic vertex.

The candidate should also include a process recording of at least one clinical session as an appendix to the report. This allows the training analysts evaluating the case to have an “experience near” sense of how the candidate is working with the patient and facilitates a thorough and thoughtful evaluation of suitability.

A. Historical Data (2 pages maximum)
   1. Identifying information (age/gender/ethnic background/marital status/physical appearance). To safeguard patient confidentiality candidates are asked to assign a pseudonym to be used at all times when writing about and discussing the case.
   2. Reason for referral and presenting problem(s).
   3. Relevant developmental history required for establishing diagnoses (DSM-V), psychodynamic formulation, suitability for analysis, and minimum conditions for undertaking analysis.

B. Course of Treatment
   1. Summary of your work with the patient to date with specific examples of the patient/therapist interaction, including dream material (if available) and interventions or interpretations illustrative of your approach with the patient.

C. Psychodynamic Formulation
   1. Diagnostic impression, major unconscious intrapsychic conflicts, and one or two examples illustrating current transference/countertransference dynamics.
   2. Criteria indicating suitability for analysis.
   3. Treatment plan including the fundamental needs of the patient (emotional, medical, familial, educational, social, recreational, developmental, cultural, vocational, financial, and legal) and the minimum conditions to cope with those needs so that the analysis can be conducted unimpaired. Risks to the successful working through of major unconscious conflicts, if known, may also be included.
NPSI Guidelines for Control Case Six-Month Report (5 pages maximum)

**Frequency of Reports:** Six-Month Reports are written after the Initial Report needed to begin a control case at 6, 12, 18, and 24 months for a two-year case. Six-Month Reports are written after the Initial Report at 6 and 12 months for a one-year control case. A final summary report is also required for completion of control case requirements (see NPSI Guidelines for Control Case Final Summary Report).

**Procedure:** After the report is written a copy is given to the supervisor to evaluate. The supervisor may suggest revisions based on their understanding of the candidate’s work with the patient. After the supervisor approves the report, a copy is emailed to all members of the Progression Committee. These reports should be written and discussed with the supervisor and submitted to progression within two months of completing the six-month reporting period. If the report is not submitted by three months after completing the six-month reporting period, supervision hours for that case will cease to accrue until the report is succumbed.

When approved by the supervisor, a hardcopy of the six-month report along with signed copies of the Candidate’s Six-Month Report of Supervision Hours and Supervisor’s Six-Month Evaluation of the Candidate should be submitted to the Chair of Progression. Additionally, an electronic copy of the report should also be emailed to the Chair of Progression. This documents when the report was submitted and allows the Chair to distribute an email copy to other members of the committee.

**Guidelines for Report Writing:** The report is a summary of the analytic process during the six-month period being considered and the candidate’s formulations about what is developing. Each report should include an introductory paragraph recapping identifying information, when the analysis began, and other pertinent details about the case. This helps the Progression Committee whose membership may change over the course of the candidate’s training orient to each report without needing to read previous reports (although they may have done so).

A six-month report should describe what has happened in the analysis and how it has progressed (or failed to progress). Selected themes illustrated by clinical vignettes help the reader to understand how the candidate views the patient’s experience. Furthermore, vignettes show how the candidate applied their understanding in making interventions and/or giving interpretations. Finally, vignettes should include enough material to show what effects interventions and/or interpretations had on the patient and in shaping the analytic process. Ideally, vignettes should include three items: 1) What the patient said (or the nature of their communication if non-verbal); 2) The candidate’s intervention or interpretation; and 3) What the patient said or did in response to the analyst's intervention. Vignettes may include other elements, such as the candidate’s countertransference experience and/or understanding of the transference at the moment of intervening.
Clinical material may be alternated with brief formulations and conceptualizations about the analytic process. Well-founded theoretical formulations articulate the candidate’s understanding of transference and countertransference, of defenses and resistances, and of other factors contributing to, or interfering with, psychic growth and development. In short, a report should inform the reader of the salient facts about what is taking place in the analysis as well as the candidate’s understanding about the emotional meanings of these facts.

The conclusion of a six-month report should include speculations about the direction of the analytic work and/or questions or themes the candidate hopes to explore with the control case supervisor.
NPSI Guidelines for Control Case Final Summary Report (5-7 pages maximum)*

**Frequency of Reports**: A final report summarizing the treatment is submitted for each of the three (3) control cases. This report is in addition to the six-month report at 12 or 24 months depending on whether it is a one-year or two-year control case.

**Procedure**: After all of the six-month reports have been submitted and approved by the Progression Committee, the candidate writes a final report. As with six-month reports, the supervisor first reviews the draft and offers suggestions for revision if needed. After the supervisor approves the report, a copy is emailed to all members of the Progression Committee. Ideally, the final report should be submitted within four months of completing the required hours for a control case.

**Guidelines for Summary Report**: The primary goal of this final summary report is to bring the analytic experience over the entire timespan of the control case to life for the reader. Additionally, it should demonstrate the candidate’s ability to create and work within an analytic process.

The report can be organized in whatever way makes sense to the candidate and according to the themes of the work. That said, it should be written such that a reader who has not seen any of the previous reports will nevertheless have all of the information needed to understand the patient’s history, motivation for entering analysis, and presenting problem(s). Identifying information and background data should be no more than one page.

The course of analysis can be organized in one of several ways. For example, in some instances the analytic work may best be organized and described in terms of beginning, middle, and end segments. In other cases, the phases of analytic work may lend themselves to being described as nodal psychic events or transformations in the transference and countertransference. The possibilities are many, and may benefit from being discussed with the candidate’s control case supervisor prior to beginning the writing process.

Whatever the organization of the report, each phase should be represented by one or more “experience near” descriptions of the analytic process. With each vignette enough material should be included to support the candidate’s understanding, subsequent intervention or interpretation, and the patient’s verbal and/or non-verbal response. A vignette thus described should allow the reader to observe whether the patient progressed or regressed at that moment in the treatment. Additionally, a vignette should illustrate how the candidate endeavored to support an analytic process and/or how various resistances or obstacles to healthy growth and development were addressed.

A successful final report will convey the patient's modes of communicating and the analyst's style of intervening and interpreting. The candidate is invited to include self-reflection on technical errors, impasses, and as-yet-unaddressed themes in the
transference and countertransference. If the case is interrupted or terminated by mutual agreement this too should be described in detail.

If pertinent, the candidate may wish to comment on how the supervisory relationship or being an analyst-in-training impacted the analytic work with this particular patient.

* This final report should be written within four months (maximum) of completing required treatment and supervision hours for the case. After this report is reviewed and approved by the supervisor it should be submitted by the candidate to the Chair of the Progression Committee for final consideration and approval.
Dear Progression Committee:

I have met with the following candidate, ____________________________, and have reviewed their initial report and clinical material as prerequisite for requesting to being Control Case number 1, 2, 3 (circle one).

My relationship to the candidate is (check all applicable):

Training Analyst evaluating case _________

Proposed Supervisor _________

Previous Supervisor for control case number 1 or 2 (circle one) _________

After meeting with the candidate my assessment as to the candidate’s readiness and suitability of the patient as a control case is as follows (please attach additional comments if needed):

Training Analyst’s Signature ________________________ Date ___________

Candidate’s Signature ______________________________ Date ___________

* This form completed by two training analyst’s should be submitted as a packet to the Chair of Progression along with a copy of the Letter of Intent, copy of the Initial Report plus a process recording of at least one session, and Report of Supervision Commencing. Upon written approval by the Progression Committee the case can proceed and the hours of analysis and supervision counted towards credit for clinical training. The official start date of an approved control case will be on the date when the aforementioned packet is submitted to the Chair of Progression.
NPSI Report of Supervision Commencing*

Date __________________________

Name of Candidate (please print) ____________________________________________

Name of Control Case Supervisor (please print) _________________________________

Control Case Number 1, 2, 3 (circle one)

Age of Patient ____________
Gender ____________

Date analysis began ________________________

Frequency of sessions per week ______________

Date control case supervision began _____________________ (this is the date of the first supervision session after the supervisor has met with the candidate to review the Initial Report and related clinical material and signed off on the NPSI Control Case Suitability/Candidate Readiness Form)

Training Analyst’s Signature ______________________________ Date______________

Candidate’s Signature ______________________________ Date______________

*This form should be submitted as a packet to the Chair of Progression along with a copy of the Letter of Intent, copy of the Initial Report plus a process recording from at least one session, and two (2) NPSI Control Case Suitability/Candidate Readiness Forms signed by the training analysts who evaluated the case. Upon written approval by the Progression Committee the case can proceed and the hours of analysis and supervision counted towards credit for clinical training. The official start date of an approved control case will be on the date when the aforementioned packet is submitted to the Chair of Progression.
NPSI Candidate’s Six-Month Report of Supervision Hours*

Name of Candidate_________________________ Date____________________

Control Case: 1, 2, 3 (circle one) Patient’s Age________ Gender________

Date Analysis Began_______________ Frequency of sessions per week_____________

Describe any changes in frequency or interruptions in treatment _____________________
________________________________________________________________________
________________________________________________________________________

Six-Month Reporting Period (give exact dates)_____________________________________

1. Month/year ________________
2. Month/year ________________
3. Month/year ________________
4. Month/year ________________
5. Month/year ________________
6. Month/year ________________

Date Supervision Began_______________ Frequency ________________

Describe any changes in the frequency of interruptions in supervision__________________
________________________________________________________________________
________________________________________________________________________

Supervisor’s Signature________________ Date ______________________

Candidate’s Signature________________ Date ______________________

* Please note that this form should be filled out by the candidate and signed by the supervisor and the candidate when the six-month clinical report is reviewed. A hardcopy of both the supervision hours and the six-month report are then submitted to the Chair of the Progression Committee. In addition, an electronic copy of the report should be emailed to the Chair of Progression. The report will be reviewed and approved or, infrequently, returned to the candidate for additional revisions if deemed necessary by the Progression Committee.
NPSI Supervisor’s Six-Month Evaluation of Candidate

Candidate: ______________________  Reporting Period Dates: ________________

Supervisor: ________________  Control Case 1, 2, 3 (circle one): ____

The Participant-Observational Stance

1. Is the candidate able to wait for material to make sense, but not too long so as to seem to opt out, or frustrate?

Consistently  Mostly  Sometimes  Rarely

2. Is the candidate able to reflect rather than act in when the patient presents the analyst with difficult transference dynamics?

Consistently  Mostly  Sometimes  Rarely

3. Is the candidate able to notice and reflect on resistance, rather than fight or react to it?

Consistently  Mostly  Sometimes  Rarely

4. Is the candidate able to hear at a level different from manifest content?

Consistently  Mostly  Sometimes  Rarely

5. Is the candidate able to be more or less aware of potential blind spots? (i.e. seeing only ego syntonic or dystonic aspects)

Consistently  Mostly  Sometimes  Rarely

6. Is the candidate able to reflect on the effects of specific interventions?

Consistently  Mostly  Sometimes  Rarely

7. Is the candidate able to notice and reflect on mistakes, but not too defensively?

Consistently  Mostly  Sometimes  Rarely

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NPSI Summary of Control Case (3) Treatment and Supervision Hours*

Name of candidate (please print) ___________________________ Date ______________

Control Case 1

Name of Supervisor (please print) ____________________________________________

Date analysis began _______________ Date completed _______________

Patient age at beginning of analysis _______ Gender ______________________

Major interruptions of analysis (if any) ________________________________________

Frequency of sessions per week: Year 1 _______ Year 2 _______

Additional year(s) _______ Total treatment hours (to date) ___________________

Date supervision began _______________ Date completed _______________

Major interruptions of supervision (if any) _____________________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1 _______

Year 2 _______ Additional year(s) _______ Total supervision hours ________

Control Case 2

Name of Supervisor (please print) ____________________________________________

Date analysis began _______________ Date completed _______________

Patient age at beginning of analysis _______ Gender ______________________

Major interruptions of analysis (if any) ________________________________________

Frequency of sessions per week: Year 1 _______ Year 2 _______

Additional year(s) _______ Total treatment hours (to date) ___________________

Date supervision began _______________ Date completed _______________
Major interruptions of supervision (if any) _____________________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1_______
Year 2_______ Additional year(s) ________ Total supervision hours __________

Control Case 3

Name of Supervisor (please print) __________________________________________

Date analysis began _______________ Date completed _______________

Patient age at beginning of analysis __________ Gender ______________________

Major interruptions of analysis (if any)_______________________________________

Frequency of sessions per week: Year 1_______ Year 2_______

Additional year(s) ________ Total treatment hours (to date) _________________

Date supervision began _______________ Date completed _______________

Major interruptions of supervision (if any) _____________________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1_______
Year 2_______ Additional year(s) ________ Total supervision hours __________

* The candidate should fill out each section of this form as the required hours for graduation are met for each control case. The candidate may wish to give the supervisor a copy of the partially completed form as each case concludes. When the required hours for the third case are met, the candidate should submit the completed form to the Chair of Progression. Typically, this occurs prior to completion of the graduation paper and is a prerequisite for graduation.
Section 4: Oral Examination Process and Committee

The candidate is required to make an oral presentation of one of their control cases. The purpose of this presentation is to give the candidate constructive feedback on his or her development as an analyst sufficiently early to provide an opportunity for further growth in the final period of supervised control case work. If necessary, remedial measures can be proposed by the Oral Examination Committee to the Progression Committee.

The orals presentation may only be scheduled when the candidate has completed at least six months work with their second control case.

The Progression Committee will evaluate the readiness of the candidate to make the oral presentation. The Oral Examination Committee is composed of three members. The candidate chooses two, and the Progression Committee appoints a Chair. One of the three members may be at the level of Associate Faculty. One member of the Committee may be a supervisor of the candidate, though not of the case presented during the exam. A case must be chosen that demonstrates the candidate's ability to conduct an analysis. Written process notes should be prepared for four sessions of current analytic work, together with a one-page history including dynamic formulation and diagnoses. Copies of this material will be distributed to the Committee members.

Candidates taking the oral examination are evaluated along the following criteria:

a) Establishment of a psychoanalytic process  
b) Response to exam process  
c) Case selection  
d) Ability to formulate and utilize psychoanalytic interpretations  
e) Ability to comprehend and interpret the transference  
f) Ability to interpret resistance  
g) Ability to make genetic and reconstructive interpretations  
h) Working through of the patient’s main anxiety  
i) Intuitive capacity (talent)  
j) Empathic capacity (ability to identify selectively with the patient)  
k) Containing capacity (ability to wait as needed)  
l) Capacity to be corrected by the patient  
m) Overall appraisal  

The Committee meets twice for up to two hours on each occasion, discusses and evaluates the presentation with the candidate, and provides feedback after deliberation regarding the candidate’s work. The Chair communicates their recommendations to candidate and to the Progression Committee in the form of a written statement, which is to be signed by all three examiners. The Progression Committee has the option of requiring additional supervision or presentation of an additional control case if deemed necessary for the progress of the candidate. In this instance, an additional meeting of the subcommittee with the candidate will be scheduled after the additional work (preparation of clinical material) has been completed.
Section 5: Troubleshooting

There are many avenues for help for candidates experiencing various challenges during training. Informally, candidates may consult with their assigned advisors. If problems emerge in the classroom, faculty are available to offer assistance throughout the term. If the candidate’s work is substandard, an effort is made to determine and rectify the cause. If the candidate is irregular in attendance, our explicit policy states that, “Candidates who miss more than two sessions of any seminar are required to complete a make-up assignment designed by the instructor.”

If problems emerge in the supervised control cases, the supervisor works closely with the candidate to address these concerns. If the Progression Committee determines that reports of the clinical work are substandard vis-a-vis the candidate’s phase of development in training, they are returned for revision and improvement. In rare instances when learning challenges continue, the Progression Committee may convene a meeting with control case supervisors to strategize ways to support the learning trajectory.

Leave of Absence

If serious life problems arise that significantly interfere with the candidate’s learning, there exists the possibility for a Leave of Absence. Requests for Leave of Absence are considered and granted on an individual basis by the Progression Committee. Each Leave of Absence is for a maximum of six months or two academic terms. If required, a subsequent request for an extension of the Leave may be made. Candidates on a Leave of Absence are not expected to attend courses, but must continue in control case supervision.

Academic Probation

The Progression Committee is responsible for determining if and when there is a need for academic probation. The Progression Committee may consult with faculty or supervisors whenever there are problems with a candidate’s progression. If necessary, the Dean of Students and Director of Training may also be consulted to augment the resolution process. If problems persist over a three-term period, the candidate may be placed on probation. This probation may be voluntary or involuntary, depending on circumstances. The candidate’s status will be reviewed at the end of each term at which time probation may be removed or continued. The candidate will be notified in writing of any decisions affecting their status in the training program. While on probation, progression is in abeyance while the issues leading to probationary status are resolved. The candidate may not apply for or participate in the Oral Examination or take on additional control cases during this time. Supervision on current control cases must continue, but hours accrued may not be counted toward the total needed for graduation.
Termination from Training

NPSI considers the termination of a candidate to be a very serious matter, and our effort to avoid doing so begins with careful screening in an attempt to ensure that anyone admitted for training has a reasonable chance of graduating.

If unanticipated difficulties emerge following admission, we work with candidates to determine the best course of action. Depending on the locus of difficulty (didactic coursework, control cases, or both) the Progression Committee is engaged to help determine how best to support the candidate.

Only after all other remedies have been exhausted and after at least three academic terms have lapsed will the candidate be placed on probation if difficulties persist. In every instance, efforts are made to help the candidate recognize that psychoanalytic training program may not be suitable, as withdrawal is considered preferrable to termination. Only when every other means has been explored will the Institute terminate a candidate.

If the candidate withdraws from training, the control case supervisor(s) will aid in the disposition of the cases. If there are no supervisors involved, the Progression Committee will assist in this matter.

Illness or Death of one’s Training Analyst

In the tragic event of the death or incapacity of one’s training analyst, the Dean of Students or a designate acts to support the candidate through the difficult time around loss of the analyst and endeavors to help the candidate begin with another training analyst within a few months time.

Process for Appeal of Progression Committee decisions

This following is the process for candidates wishing to register disagreement with a decision of the Progression Committee:

1. The candidate should register in writing his/her disagreement with the decision and ask for a reconsideration of the matter. After reconsideration, the Progression Committee may elect to appoint an ad hoc committee to evaluate the situation. Any recommendation made by the ad hoc committee will be communicated to the Progression Committee and the candidate.

2. If the above step does not resolve the matter to the candidate’s satisfaction, the matter can be referred to the Education Committee. The Education Committee may make a decision, or appoint an ad hoc committee to investigate the situation and make a recommendation. Any recommendations will be communicated to the Education Committee, the Progression Committee and the candidate.
Grievances by candidates

Candidate complaints and grievances may first be addressed in monthly candidate meetings, and if unresolved, are communicated verbally or in writing by the Candidate President to the Education Committee. In the Education Committee, issues are discussed and addressed according to what seems appropriate in each situation. If a satisfactory resolution is not reached through this procedure, the NPSI Board of Directors or outside consultants are employed.
Section 6: The Graduation Paper

Psychoanalytic research tends to relate to individual and/or interpersonal mental development to a study of the making of meaning within the individual psyche and in relationship to others. Our clinical work is considered a principal means of research into the functioning of the human mind: thinking, affects, the meaning of dreams and fantasies, symptom development and bearing the truths of human experience. In all these areas, unconscious mental functioning is considered of vital importance in developing the capacity to cope with the environment and to think critically and creatively about one’s world.

NPSI candidates are required to write a graduation paper at the culmination of the training. This important composition links theoretical and clinical material on a psychoanalytic subject of the candidate’s choosing.

A Graduation Paper Committee will be appointed at the candidate’s request. The Committee is composed of three members who have not served on the Oral Examination Committee. The candidate chooses two members, one of whom serves as the Chair of the Committee, and the Progression Committee appoints the third member. It is recommended that, whenever possible, the Committee consists of at least two training analysts. One member may be one of the candidate’s training supervisors for the control cases.

Criteria for Evaluation

Evaluation of the graduation paper by the Committee will follow the guidelines that apply for evaluating a scientific psychoanalytic paper. In addition, it is hoped that the meetings will provide an opportunity for creative dialogue between the candidate and the Committee members. Upon completion of the evaluation process, the Graduation Paper Committee will issue a written report to the Progression Committee stating that the paper has been approved qualifying the candidate for graduation.

The reading of the graduation paper to the assembled NPSI members and invited mental health professionals forms the basis of the graduation ceremony from the Institute.
Section 7: Graduation Policies and Procedure

1. The Progression Committee documents the candidate’s advancement up to and including selection of the Graduation Paper Committee.

2. The Graduation Paper Committee Chair is the candidate’s principal contact during the process of formulating a topic, researching, and writing the paper.

3. Once the Chair has approved an initial draft, it is emailed to the other members of the committee for review. A feedback time of two to four weeks is normally sufficient for proper attention and written response, including suggestions for revision, to the candidate. Subsequent rounds of review and revision may be necessary to produce a final draft.

4. The Chair, with input from the candidate, determines when a final draft of the paper as been achieved.

5. The Chair arranges a meeting, within a few weeks of the final draft being approved, for the candidate to make a formal presentation of the paper to the Committee as a whole. This meeting is equivalent to the “defense of one’s thesis” in an academic program.

6. The Graduation Paper Committee submits a written report to the Progression Committee indicating whether the paper meets the criteria for graduation. If the paper is approved the procedure continues as indicated below. If the paper does not meet the criteria for graduation, the candidate along with the Director of Training and members of the Graduation Paper and Progression Committees meet to consider what remedial steps are needed to bring the paper to graduation standards.

7. The candidate submits a letter to the Chair of Progression requesting permission to graduate.

8. The Progression Committee member serving as the candidate’s file monitor meets with the candidate to review their file ensuring that all requirements have been met necessary for graduation.

9. The Progression Committee recommends graduation to the Education Committee.

10. The Education Committee votes to accept the Progression Committee’s recommendation.

11. The Director of Training notifies the NPSI Board of Directors of its approval and requests consent for graduation.
12. Following approval of the Board, the Director of Training (or designee) and candidate select a date for the graduation paper presentation and ceremony. The candidate may request that an NPSI member serve as moderator for the event.

13. The Director of Training announces the candidate’s graduation and invites the community to the graduation paper presentation and ceremony.

14. The Candidate Graduation Committee comprised of several candidates and at least one faculty member works with the candidate to coordinate details of the presentation and graduation ceremony.

15. Following the graduation ceremony the President offers the NPSI membership packet to the new graduate.

16. After the graduation paper presentation and ceremony the candidate may apply for membership in the NPSI Society.

17. The President arranges for membership voting to approve acceptance of the graduate into the NPSI Society.

18. If accepted by a majority vote of the NPSI full members, the President submits the name of the graduate to the International Psychoanalytical Association (IPA), the North American Psychoanalytic Confederation (NAPsaC), and to the Confederation of Independent Psychoanalytic Societies (CIPS).
Appendix

NORTHWESTERN PSYCHOANALYTIC SOCIETY AND INSTITUTE

Code of Ethics for Psychoanalysts

June 2016

Preamble

Psychoanalysis is a method of treating children, adolescents, and adults with emotional and mental disorders that attempts to reduce suffering and disability and enhance growth and autonomy. While the psychoanalytic relationship is predicated on respecting human dignity, it necessarily involves an authority or power differential between psychoanalyst patient, that if ignored, trivialized, or misused, can compromise treatment and result in significant harm to both parties and to the treatment. Ongoing self-examination and reflection by the psychoanalyst and liberal use of formal consultation are recognized safeguards for the patient, as well as for the treating psychoanalyst.

When the patient is a child or adolescent the role of the parent(s) or guardian(s) plays a significant role in the treatment. In these situations, the patient’s role is expected to evolve over time depending on age, stage of development, diagnosis, and emotional capacity. How the psychoanalyst relates to the patient and the patient’s family members will reflect these changes. The potential power differential and transference/countertransference between psychoanalyst, patient, and caretakers (if other than parents) is recognized as significant. If not recognized or mishandled these dynamics can interfere with or disrupt the treatment.

No code of ethics can be encyclopedic in providing guidance regarding ethical questions that may arise in the practice of psychoanalysis. Sound judgment and integrity of character are indispensable in applying ethical principles to particular situations with individual patients. The major goal of this code is to facilitate the psychoanalyst’s best efforts in all areas of analytic work and to encourage early and open discussion of ethical questions and concerns with colleagues and members of local and national ethics committees. The principles outlined in this code presuppose the psychoanalyst’s ongoing commitment to act ethically and support of ethical behavior on the part of candidates and other colleagues. It is expected that over time all psychoanalysts will enrich and add to the guidance outlined in this code based on their clinical experience and values. It is anticipated that this code will continue to evolve, and be revised based on the profession’s cumulative insight and understanding.

2 Although this code is explicitly for psychoanalysts, it is also intended as a guide for candidates or psychoanalysts-in-training at NPSI.
General Principles of Ethics for Psychoanalysts

Northwestern Psychoanalytic Society and Institute (NPSI) has adopted the following principles and standards of ethics to guide candidates and members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues, and the general public. These principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference/countertransference relationship to the detriment of patients and, in the case of minors, their parent(s) or guardian(s) as well.

This code seeks to identify the parameters of the high standard of care expected of psychoanalysts engaged in psychoanalytic treatment, teaching, and research.

By specifying standards of expected conduct, the code is intended to inform all psychoanalysts in considering and arriving at ethical courses of action and to alert members and candidates to departures from the wide range of acceptable practices. When doubts about the ethics of a psychoanalyst’s conduct arise, early intervention is encouraged. Experience indicates that when ethical violations are thought to have occurred, prompt consultation and mediation tend to serve the best interests of all parties concerned. When indicated, procedures for filing, investigating, and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the NPSI Code of Ethics for Psychoanalysts.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one’s duty is to the patient, directly or indirectly, through consultation with the treating psychoanalyst. In the case of patients who are minors, there are also ethical obligations to parent(s) or guardian(s), which changes as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to candidates and other colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with the principles and standards contained in the Code; to conduct regular self-examination; to seek consultation promptly when ethical questions or concerns arise; and to reach just sanctions when evaluating the actions of a colleague.

General Ethical Principles

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst’s performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.
II. **Respect for Persons.** The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status is ethically unacceptable.

III. **Mutuality and Informed Consent.** The treatment relationship between the patient and psychoanalyst is founded upon trust and informed mutual agreement of consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The psychoanalyst should make agreements pertaining to scheduling, fees, and other policies and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. The core elements of these verbal agreements should also be summarized in the psychoanalyst’s written Disclosure Statement (as required by Washington State law) and reviewed at the beginning of treatment with the patient before signing.

When the patient is a minor these same general principles pertain but the patient’s age and stage of development should guide how specific arrangements will be handled and with whom.

IV. **Confidentiality.** A psychoanalyst may not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational, or scientific contexts. If a psychoanalyst uses case material in exchanges with colleagues for consultative, educational, or scientific purposes, the identity of the patient must be disguised to prevent identification of the individual, or the patient’s authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, probable risks and benefits to the patient, and the patient’s right to refuse or withdraw consent.

When the patient is a minor the issues outlined above will be influenced by the patient’s age and stage of development as well as by the degree of parental or guardian responsibilities.

V. **Truthfulness.** The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, and with patients’ families in the case of those who are minors, as well as with students and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. **Avoidance of Exploitation.** In light of the vulnerability of patients and the power differential of the psychoanalyst/patient dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and
personal desires. Sexual relations between psychoanalyst and patient or family member, current or former, are considered harmful to both parties, and unethical. Financial dealings other than reimbursement for treatment or consultation are unethical. Concurrent supervision of candidates by the spouse, significant other or other relative of their analysts should be avoided whenever possible in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

VII. **Scientific Responsibility.** The psychoanalyst is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient’s rights and in the case of minor patients, their families, to minimize potentially harmful effects.

VIII. **Protection of the Public and the Profession.** The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. The psychoanalyst should urge such colleagues to seek professional consultation and/or treatment. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local (e.g. NPSI Ethics Committee) or national levels.

IX. **Social Responsibility.** A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. **Personal Integrity.** The psychoanalyst should be thoughtful, considerate, and fair in all professional collegial relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. Professional courtesy and consideration should be extended to colleagues in allied mental health professions relative to their clinical skills and competence. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.
Application of Ethical Standards in the Practice of Psychoanalysis

NPSI is aware of the complicated nature of the psychoanalyst/patient relationship and the sometimes conflicting expectations of psychoanalysts and patients in contemporary society. In addition, the organization recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the treatment picture. The following ethical standards are offered as a practical guide for putting into practice the aforementioned general principles. These standards represent practices that psychoanalysts have over time found to be conducive to ethically appropriate professional conduct.

I. Competence

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.

2. Psychoanalysts should strive to keep current with changes in theory and technique and to make appropriate use of professional consultation, both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.

3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.

4. Psychoanalysts should take steps to address any impairment to their analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardians(s) of a minor patient.
2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students, or supervisees into treatment or consultation, or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.

3. It is unethical for a psychoanalyst to use his/her position of power in analytic organizations, professional status, or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate an individual into treatment.

4. Careful attention should be given to the process of referral to avoid conflicts of interest with patients or colleagues.

5. All aspects of the treatment contract that are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst’s policy of charging for missed sessions should be understood in advance of such a charge and included in the psychoanalyst’s Disclosure Statement. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient and included in the Disclosure. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardians(s) as well as with the patient as age and capability dictate.

6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.

7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent(s) or guardian(s) and an offer of referral for further treatment. Consultation regarding the reasons for and best methods of discontinuing treatment should also be considered.

IV. Confidentiality

1. All information about the specifics of a patient’s life is confidential, including the name of the patient, and the fact of treatment. The psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information and accept instead the legal consequences of such a refusal. Legal counsel with an attorney versed in mental health law should also be considered.

2. The psychoanalyst should never share confidential information about a patient with non-clinical third parties (e.g. insurance companies) without the patient’s or, in the case of a minor patient, the parent’s informed consent. For
the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst, provided the consultant is also bound by the same confidentiality standards and the informed consent of the patient or parent of a minor patient has first been obtained. If a third party payor or patient or parent of a minor patients demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient’s or, in the case of a minor patient, the parent’s informed consent.

3. The psychoanalyst of a minor patient must seek to preserve the patient’s confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality. A psychoanalyst may direct an executor to destroy such records and documents after his or her death.

5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the consultant or supervisor is aware of and accepts the requirements of this confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient’s informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient’s treatment and the patient’s right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.

7. Supervisors, peer consultants, and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. Candidates or psychoanalysts-in-training are urged to discuss with their control case supervisor whether to obtain the patient’s informed consent before beginning psychoanalysis, pertaining to disclosures of confidential information in groups or written reports required by the candidate’s
training. Where the patient is a minor, the candidate should obtain informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

V. Truthfulness

1. Candidates or psychoanalysts-in-training are strongly urged to inform psychoanalytic control case patients and prospective psychoanalytic control case patients that they are in training and supervised. If asked, the candidate or psychoanalyst-in-training should not deny that they are being supervised as a requirement of their training. Where the patient is a minor, the parent(s) or guardian(s) should also be informed.

2. The psychoanalyst should speak candidly with prospective patients or the parent(s) or guardian(s) if the patient is a minor about the benefits and burdens of psychoanalytic treatment.

3. The psychoanalyst should avoid misleading patients or parents of minor patients or the public with statements that are knowingly false, deceptive or misleading about psychoanalytic treatment.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, whether initiated by the patient, the parent or guardian, or by the treating psychoanalyst, are unethical.

Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential for misunderstanding of the event by the patient or the psychoanalyst and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty, touching between the patient and the psychoanalyst is inevitable as in helping or during a patient’s exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the psychoanalyst concern.
2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patients is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.

3. It is not ethical for a psychoanalyst to engage in financial dealings with patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment, or to use information shared by a patient or parent(s) or guardian(s) for the psychoanalyst’s financial gain.

4. It is not ethical for a psychoanalyst to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should a psychoanalyst give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically and, if necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst’s obligation to recluse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient.

6. If a current or former patient or the parent/guardian of a current or former patient gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of the psychoanalyst or for the benefit of the professional or scientific work of the psychoanalyst, or for the benefit of the psychoanalyst’s family, acceptance of such gifts is considered unethical. Whenever possible the transference meaning of the gift along with the psychoanalyst’s reasons for abstaining should be discussed with the current or former patient, or in the case of a minor, with the parent(s) or guardian(s).

7. It is ethical for a psychoanalyst to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the psychoanalyst or their family do not benefit and over which the psychoanalyst has no direct control.

8. It is unethical for a psychoanalyst to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships, or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients, psychoanalysts-in-training or supervises. Sexual relationships between supervisors and supervisees are unethical.

VII. Scientific Responsibility
1. The psychoanalyst should take every precaution in using clinical material to respect the patient’s rights and to minimize the impact of its use on the patient’s privacy and dignity. In the case of minor patients the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is currently in treatment.

2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations, interferences drawn and conclusions reached in the course of his or her clinical work with patients, except that such material may be disguised sufficiently to protect identification of the patient.

3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the psychoanalyst and parent(s) figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation, consultation is indicated.

2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, should seek consultation with a colleague or medical specialist to clarify the significance of his or her condition for continuing to work.

3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seeks consultation should be taken seriously and receive respectful consideration.

4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must seek consultation with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures should be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the colleague’s patient has requested the consultation.
6. It is ethical for a psychoanalyst to intervene on behalf of a colleague’s patient if he or she has evidence from a direct or indirect consultation with the colleague’s patient or from supervision of the colleague’s work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient’s welfare.

7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicated that it is in the best interest of the patient to do so.

8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary.

9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self-injury or suicide is imminent, the psychoanalyst should take appropriate steps. This may include the notification of parent(s) or guardian(s) even when a breach of confidentiality results.

10. A psychoanalyst who is concerned that abuse of an adult or child is currently occurring should continue to explore the situation utilizing consultation with local experts on what existing processes would be most helpful in treatment. When a psychoanalyst becomes convinced that abuse is currently occurring the psychoanalyst should report the abuse of a child or adult patient, or by a patient, to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) should be considered. In this circumstance, confidentiality may be breached to the extent necessary.

11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard the patient’s right to confidentiality, to ensure the protection of patient treatment records from third party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.

2. The psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.

3. The psychoanalyst is encouraged to contribute his or her time and talents, if necessary without monetary compensation, to consultative and educational
activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived members of the community.

X. **Integrity**

1. Psychoanalysts and candidates or psychoanalysts-in-training should be familiar with this and other applicable professional ethical codes (e.g. related to the psychoanalyst’s licensure as a mental health counselor, clinical social worker, psychologist, psychiatrist, or other mental health profession) and their application to treatment.

2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations, and monitor how these personal interests affect their clinical work with patients.