

SEATTLE PSYCHOANALYTIC SOCIETY & INSTITUTE

DIVISION OF CHILD
AND
ADOLESCENT PSYCHOANALYSIS

HANDBOOK

GENERAL INTRODUCTION

OVERVIEW

Introduction to Child and Adolescent Psychoanalytic Training

The Division of Child and Adolescent Psychoanalysis (henceforth the child division) encourages individuals interested in children to pursue further training. A graduate or student in active training at an accredited institute of the American Psychoanalytic Association may apply for training in the psychoanalysis of children and adolescents. Those in or having had analytic training, but without additional clinical experience with children (e.g., a residency in child psychiatry) may consult with the chair of the child division regarding sufficient and suitable comparable experience or a preparatory program to acquire the necessary experience in working with children. For those who are not interested in formal training but some exposure to children we encourage you to explore other opportunities for partial training outlined below.

The observation and understanding of child development is basic to psychoanalysis. For this reason, students in clinical psychoanalytic training may benefit by the presence of the program in child psychoanalytic training, and may participate in various opportunities within the program by special arrangement with the child analysis faculty. The child division encourages core curriculum clinical associates to treat a child or adolescent as one of their required three analytic control cases. The child analysis faculty provides instruction in the human development seminars in the core curriculum. The core curriculum also includes child analytic concepts in most of the process and psychopathology seminars. Child faculty teaches the integration of developmental theory and technique.

Philosophy

The program takes a multi-theoretical, comparative approach to training. One's own personal/training analysis, work with children and parents, supervision, and case conferences are key. We emphasize both seminal and current articles of interest. We encourage the development of a person's own theoretical and technical approaches to analysis together with a solid grounding in traditional approaches. We try to foster an atmosphere of openness and inquiry.

Program for Child Psychoanalytic Training

The child and adolescent analytic training program is organized as a post-graduate educational experience. We accept child analytic clinical associates into training with the expectation that they will be motivated to become the best possible child and adolescent analysts.

To maintain maximum flexibility the child and adolescent training program states program requirements for child psychoanalytic training broadly. This practice is in accord with the standards for Training in Child and Adolescent Psychoanalysis of the American Psychoanalytic Association. In order that a clinical associate might be fully apprised of the training program and of the standards set by the American Psychoanalytic Association, we recommend that those interested in child training obtain the booklet "Standards for Training on Child and Adolescent Psychoanalysis," published by the American Psychoanalytic Association.

Child training consists of working with three cases, supervision, case conference, and didactic courses. The basic curriculum consists of a four-year revolving sequence of courses. We strongly encourage child clinical associates to be in their own personal and /or training analysis while seeing child control cases.

TRAINING IN CHILD AND ADOLESCENT PSYCHOANALYSIS

Currently, there are two training programs leading to becoming a child and adolescent psychoanalyst. These programs are: 1.) Traditional Child and Adolescent Training Program and 2.) Child Focused Analytic Training Program

Traditional Child /Adolescent Training Program

Policy for Admission

. Individuals considering making application for child psychoanalytic training, while enrolled in the core program, should consult with the chair of the child division regarding the timing or undertaking of child training.

. We recommend that clinical associates begin training in child and adolescent analysis as early as possible. Because counter transference pressures are typically more intense in the conduct of child or adolescent analyses than in adult analyses, we also encourage the child clinical associate to begin training before the end of his or her training analysis.

. The chair of the child division and another child division faculty interview the applicant. The child faculty serves as the admissions committee. A more detailed outline of specific admissions procedures follows in the sections below.

Section I: SPSI Faculty, Graduates, and Established Clinical Associates

For SPSI faculty, graduates and clinical associates in the core program who are well known to the division faculty:

- The applicant has a meeting with the chair of the division (or with his/her designee) to explore the possibility of child and adolescent analytic training. If the applicant has sufficient experience to continue with the application process, the chair/designee continues with an interview for admission.

- The applicant sends a letter to the chair/designee formally stating his or her desire to enter child and adolescent psychoanalytic training.
- The chair/designee requests a second member of the child division faculty to interview the applicant, with a focus on clinical competence. Both the chair/designee and second faculty member may review the applicant's training file if the applicant is still a clinical associate.
- The applicant has a second interview with this faculty member.
- The chair/designee and faculty member discuss the applicant's request for training at the next meeting of the child analytic faculty.
- The child analytic faculty, at its discretion, may request review of the applicant's training file and/or further interviews with the applicant.
- After a decision on admission the chair/designee informs the applicant by phone or in person and in writing of the child analytic faculty's decision.

Section II: Newly Admitted SPSI Clinical Associates

For newly admitted applicants not well known to the child division faculty:

- The procedure for admission is the same as in Section I above except that the two interviewers review the core program admissions file and may talk with the admissions committee of the core program

Section III: Faculty and Graduates from Other American Psychoanalytic and International Institutes, and Transfers into SPSI Training

For applicants not well known to the child analytic division faculty including faculty who have recently moved to Seattle, graduates from other institutes of the American Psychoanalytic Association (APsaA) or International Psychoanalytic Association (IPA), clinical associates newly admitted to the core program, and transfers into SPSI training:

- The applicant submits letters of recommendation from the institute from which he or she graduated or previously trained.
- The applicant submits a record of didactic training from the institute from which he or she graduated or previously trained. Special emphasis is given to evaluation of courses in child and adolescent development, child and adolescent continuous case conferences, and technique classes.
- The chair/designee may call appropriate people, i.e. training director, institute director, supervisors, etc. for information.
- The division may reserve the right to revisit the requirement of further training analysis should issues arise during the applicant's training
- The procedure for admission is the same as in Section I above.

CHILD FOCUSED ANALYTIC TRAINING PROGRAM ADMISSION

The "Child Focused Analytic Training Program is offered to four categories of applicants:

Category 1. A graduate or student in active training at an accredited institute of the American Psychoanalytic Association.

Category 2. Physicians whose background includes graduation from an accredited medical school and completion of a least one year of psychiatric residency. Physicians are required to have completed three years of psychiatry residency before graduation from the Institute.

Category 3. Clinical psychologists with Ph.D., D.Ed., or PsyD. Degrees; Social workers with Clinical Doctoral degree; Doctors of Mental Health

Category 4. Mental health professionals, other than those designated in categories one and two, who have earned at least a Masters Degree in their fields and who have established their excellence as clinicians. These applicants may require a waiver from the American Psychoanalytic Association of the educational prerequisites stipulated in categories two and three.

An individual applying to the Child Analytic Division for the “Child Focused Analytic Training Program” will complete an application for admission to the Seattle Psychoanalytic Society and Institute. (See attached application) The applicant will have at least two interviews to assess the psychological and characterological suitability of the applicant for training and for possible eventual practice as an analyst.

In addition, the applicant will have at least two clinical competence interviews with Child Division Faculty members, as ad hoc Admission Committee members.

The two or more Child Faculty members who completed the clinical competency interviews will join the Admissions Committee for deliberations regarding whether or not the applicant will be accepted for admission and be privy to all information that is available to the Admissions Committee.

The applicant will be notified by the Admissions Committee of the Seattle Psychoanalytic Society and Institute as to their admission status.

CORE PROGRAM FOR CLINICAL PSYCHOANALYTIC TRAINING APPLICATION

Date _____

Applicant's Name: _____

Office Address: _____

City/St./Zip: _____

Office Phone: _____

Office Fax: _____

Home Address: _____

City/St./Zip: _____

Home Phone: _____

Email address: _____

Introduction

A few preliminary words about this application and the application process might be useful. The admission process is designed to help both the individual and the Institute in evaluating his or her suitability for training. Because individuals vary greatly in their personal psychology, educational background and professional experience, the admissions process is necessarily varied and must be tailored to individual circumstance. Do not be surprised if you are asked for more information

than the initial documentation or if additional interviews are requested. We need to get to know each applicant as thoroughly as possible in order to make an informed decision regarding the advisability of training.

Application to the Core Program for Clinical Psychoanalytic Training (continued)

An overall judgment will be made in each instance concerning the actual or potential capacity for a successful candidacy. Those applicants who do not meet the criteria for admission for training in psychoanalysis, in accordance with the standards of the American Psychoanalytic Association, will need to apply for a waiver if they have not achieved the highest degree in their field.

All matters of application and admission to programs for psychoanalytic training are the responsibility of the Institute's Admissions Committee.

The Admissions Committee will deliberate only upon a completed application as described below. Following the receipt by the Institute office of all materials, a series of interviews of the applicant by members of the Admissions Committee will be scheduled. Final decision is made by the Admissions Committee. Notification on admission matters is made by the Chair of the Admissions Committees.

APPLICATION AND ADMISSIONS PROCESS

A complete application includes this form and one (1) copy of all information requested below, received at the Institute office.

1. Autobiographical sketch: a double-spaced personal narrative.
2. Curriculum Vitae: a detailed presentation of your educational and professional attainments, and experience from undergraduate school to the present. Include research, teaching, and clinical experience. If applicable, give details of clinical training including field placements, pre-doctoral and post-doctoral internships with description of setting and accreditation. The actual activities of the applicant should be described (for example, individual, group, couples, adult or children). Additional clinical training or experience should be described including frequency, length and nature of supervision with names and qualifications of supervisors. Please indicate how many clinical training hours and supervision hours were psychoanalytic or psychodynamic in orientation.

3. Proof of residency and internship (where applicable) or transcripts of graduate, post-graduate and post-doctoral training (where applicable).
4. License: States, dates, and number. Board certification(s) and date(s), if applicable.
5. Professional affiliations, honors, awards: Include a list of professional organizations to which you belong and any other items of interest regarding achievement in your field.

Application to the Core Program for Clinical Psychoanalytic Training (continued)

6. Letters of recommendation and character references: Arrange to be sent directly to the Institute office three (3) letters of recommendation from psychoanalysts, psychiatrists, psychologists, social workers or teachers in your field who are familiar with your work or character. Statements from clinical supervisors, teachers concerning your actual or potential ability to do psychotherapy are particularly useful.
7. Bibliography: in addition to a bibliography you may submit up to four (4) copies of professional articles, reviews or other kinds of publications you have authored. A graduate thesis, if relevant, may also be submitted.
8. Professional Practice Profile: Attach a description of your practice for the last several years.
9. Case Summaries: Submit two case write-ups of ongoing or terminated cases. One adult male and one adult female is preferred. A child case may be substituted for one of the adult cases. Each write-up should not exceed twenty (20) double spaced pages, but the average length of case write-ups for applications have been about 8 – 10 pages.
10. Application fee: A non-refundable application fee of \$200.00 must accompany this application.

Signature

Date

It is the policy of the Seattle Psychoanalytic Society and Institute to select qualified individuals without discrimination on the grounds of political affiliation, religion, marital status, color, gender, national origin, non-disqualifying physical handicap, sexual orientation, or age.

Applicant's initials _____

Application to the Core Program for Clinical Psychoanalytic Training (continued)

The information provided on this sheet is for the use of those psychoanalysts whom the Admissions Committee designates to conduct interviews with the applicant for psychoanalytic training. It is used by them to assess the psychological and characterological suitability of the applicant for training and for possible eventual practice as an analyst. This data sheet is used for these purposes only.

Place of birth _____ Citizenship _____

Marital status _____ No. dependents _____

Medical history: describe your current health and include any history of physical or developmental handicaps.

Previous treatment: Please give details to include dates and providers of hospitalization, psychotherapy, or psychoanalysis.

I hereby release the information provided in this application to the Admissions Committee of the Seattle Psychoanalytic Society and Institute and the American Psychoanalytic Association.

I hereby certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.

Signature

CHILD FOCUSED ANALYTIC TRAINING PROGRAM **CURRICULUM**

The Child Focused Analytic Training Program is organized as a post-graduate educational experience.

Child Focused Analytic Clinical Associates will participate in a four year sequential curriculum taught over three trimesters per year consisting of eleven weeks per trimester. Classes in each trimester will alternate weekly between didactic classes and clinical case conference. All classes will be held on Fridays from 10:15 until 11:45 AM at the Seattle Psychoanalytic Society and Institute.

First Year: Introduction to Child and Adolescent Psychoanalysis

1. Evaluation of children and adolescents for analysis
2. Evaluation of the parents of a child being considered for analysis
3. Conversion of psychotherapy to psychoanalysis
4. Issues in the opening phase of analysis
5. Transference considerations in the opening phase
6. Counter-transference issues in the opening phase
7. The transference- counter-transference dynamics in the opening phase
8. Working with parents

Second Year: Prelatency- technique, theory, developmental issues and psychopathology

Third Year: Latency- technique, theory, developmental issues and psychopathology

Fourth Year: Adolescence- technique, theory, developmental issues, and psychopathology

Child Focused Clinical Associates will also participate in all classes in the Core Psychoanalytic Curriculum. These classes are clinical case conference, process and technique of psychoanalysis and psychopathology seminars.

A four year CORE Curriculum- Revised March 25, 2008 is enclosed.

CHILD FOCUSED ANALYTIC TRAINING PROGRAM **GRADUATION REQUIREMENTS**

The goal of the Child Division is to train excellent and competent child and adolescent psychoanalysts. Any individual accepted into child and adolescent psychoanalytic training enters into that training with the understanding that he or she will also strive toward that same goal.

The decision to graduate a child and adolescent clinical associate is based upon:

- The attainment of minimal numerical standards in accordance with the requirements of the American Psychoanalytic Association.
- That clinical associate's demonstration of clinical competence in conducting child and adolescent psychoanalyses
- The ability to communicate effectively verbally and in writing about his/her child and adolescent psychoanalytic work.
- His/her mastery of psychoanalytic theories of development, psychopathology, and clinical process.

Thus one clinical associate may require much more intensive supervision and /or a greater number of control cases than might be required of another clinical associate.

Minimal expectations are as follows:

- Control Case Requirements
- A clinical associate must work with a minimum of three cases to graduate and of these:
 - Both genders must be represented in the mix of cases
 - One case must be an adolescent
 - One case must be a latency-aged child
 - The other case is preferably a Prelatency child, but if such a case is unavailable either latency aged child or another adolescent is usually adequate.
- All cases must be credited. For a case to be credited the clinical associate must have a minimum of 50 supervisory hours and must have established an analytic process with the child or adolescent with whom he or she is working.
- One case must progress to a full and natural psychoanalytic termination prior to the clinical associate being eligible to graduate from child and adolescent training. (We recommend that this case be a latency aged or adolescent child to conform to the certification requirements of the American Psychoanalytic Association, if the clinical associate is interested in pursuing certification.)
- Supervision is available from those designated as supervising child analysts or geographic rule supervising child analysts by the American Psychoanalytic Association.
- Didactic classes and clinical case conference
- Completion of the four year sequential didactic classes and clinical case conferences in good standing is required for graduation.

It is also recommended but not required that the Child Clinical Associate have a supervised adult psychotherapy or adult analytic case supervised by a Child Faculty Member. This recommendation may be made depending upon the Child Focused Clinical Associate's previous experience in seeing adults in psychotherapy.

Other Learning Opportunities

The Child-Adult Integrated Continuous Case Conference.

- Core curriculum clinical associates together with child analytic clinical associates participate in the child-adult integrated continuous case conference for one trimester every other academic year.

Child or Adolescent Control Case for Core Curriculum Clinical Associates

- We encourage core curriculum clinical associates who are not in child analytic training to take a supervised child or adolescent patient into analysis. This child or adolescent case, if supervised by a supervising child analyst, counts as one of the three supervised cases required for graduation.

Procedure for Enrollment of Non-Child Analytic Clinical Associate in Child Analytic Seminars.

- If a clinical associate in the core curriculum but not enrolled in the child analytic training program wishes to participate in a child analytic seminar, the clinical associate may request permission to participate from that seminar's instructor.

The Child Analytic Study Group

- The Child Analytic Study Group is a forum for inquiry into various clinical issues relevant to psychoanalytic treatment of children and adolescents. The seminar meets biweekly throughout the academic year. The first Friday of the month the study group is open to child faculty and senior child clinical associates. The third Friday of the month is open to all faculty, clinical associates, former Psychoanalytic Psychotherapy Program (PPP) graduates, current Certificate in Advanced Psychotherapy Program (CAPP) students and graduates, and students in the CPP program.

The Child Psychotherapy Program

- The Child Psychotherapy Program is a two year program. The program is three trimesters per year consisting of 11 weeks per trimester. There are two classes per trimester: a didactic class and a clinical case conference. Interested applicants may contact the Chair of the Child Division for Admission Procedures.

SPECIFICS OF THE PROGRAM

Statement of Intent

This manual contains a considerable amount of detailed information. Our intent is to present it as a guideline to help clarify and streamline the process of your education. We hope that this manual will not become or be read as a compendium of rigid rules. If in the course of your training you have an issue that conflicts with a guideline or complicates your progression through the program please let us know. We will try to work with you about the issue. Our intent is to make your experience enjoyable, to facilitate your learning, to expedite your progress through the program, and to be helpful.

Governance

The Child Division

The child division faculty maintains responsibility for running the child division. The child division committee includes the faculty of the child division and a clinical associate representative. At present being small, the child division faculty as a whole functions as the admissions committee, progression committee, etc. Should the division grow, hopefully these functions would be delegated to separate smaller committees on admissions, progression, etc.

The nominating committee of SPSI nominates the chair of the child division. The entire faculty of SPSI elects the chair of the child division. He or she serves for a three-year term. A vote of the entire faculty of SPSI is necessary to remove the chair from his or her position.

Clinical Associate Representative to the Child Division Committee

Child clinical associates will elect a representative to serve on the child division committee. This person will participate in all matters dealing with policy concerning admissions, curriculum, progression, etc. He or she will not participate in discussion or decisions concerning individual applicants or clinical associates.

Intersection of Child Division Committee and Faculty of the Core Program

In order to facilitate communication, coordination, and integration of the two training programs chairs of committees, especially progression and curriculum, and possibly other faculty members may attend the child division meetings. Similarly child faculty will serve on key committees in the core program. Please see below for further details.

Referral Network and Grant Availability

The Child Psychoanalytic Referral Network

The Child Psychoanalytic Referral Network is a part of the SPSI Clinic. The child and adolescent component serves the community while assisting—child analytic clinical associates in locating and selecting child and adolescent patients for whom psychoanalysis is the treatment of choice.

The Edith Buxbaum Foundation

Edith Buxbaum, in her will, established a foundation to support the application of psychoanalytic principles to the care and welfare of children. The income from this fund assists the funding of low fee child analytic patients. The Edith Buxbaum Psychoanalytic Foundation for Children offers stipends to individuals who are treating a child or adolescent in reduced-fee psychoanalysis or psychotherapy. The maximum award is \$2000 for fees under \$50 per session. Lesser awards are available to individuals seeing children or adolescents for fees between \$50 and \$100 per session.

Grant requests should include the following information:

1. Name, address, and telephone number of applicant
2. State whether you are a faculty member, clinical associate, or CAPP student at SPSI or the organization with which you are affiliated.
3. Sex and age of patient
4. Clinical and dynamic diagnosis of patient
5. Presenting complaint
6. Description of patient
7. Description of family and patient's position and role in the family
8. Course of treatment today including theoretical understanding
9. Name of supervisor, if any
10. Current fee and ability of family to pay

Applications should be sent to the Edith Buxbaum Foundation, currently:

Edith Buxbaum Foundation
c/o Werner Schimmelbusch, M.D., President
4033 East Madison St.
Seattle, WA 98112

Association for Child Psychoanalysis

Grants are also available to individuals conducting low fee analysis from the Association for Child Psychoanalysis. These applications need to originate from the local institute. The deadline is usually December 1st of any year.

Advising System

Policy for Advisors

A clinical associate may continue with the advisor he or she had for the core program or may wish to choose a member of the child faculty to serve as another advisor as well. The clinical associate and advisor meet on an as-needed basis but we recommend that the two meet at least once a year. The child faculty recommends that any clinical associate entering both the core and child analytic training programs choose a child analyst as an advisor.

- Upon admission to the program, the chair asks the new child clinical associate to choose an advisor for the child program. If the new child clinical associate is unfamiliar with the faculty, for the first year, the chair will ask a member of the faculty to serve as that person's advisor, should the new clinical associate wish. Thereafter the clinical associate will choose his or her own advisor.
- The purpose of the advisor is to serve as a touchstone, advocate, mentor, and advisor for the clinical associate.
- They may meet as frequently or infrequently as the clinical associate wishes.
- We encourage the clinical associate to have a joint meeting with both the advisor and file reviewer once yearly. The purpose is to have a two-way exchange, with the advisor-as-advocate present, where the clinical associate has an opportunity first to talk about his or her thoughts and feelings about the program and his or herself, and then the file reviewer has an opportunity to give feedback from the program. The child clinical associate, advisor, or file reviewer may request the meeting.

Peer Advisors

We recommend that a member of the current clinical associate class volunteer to serve as a peer advisor for a new child clinical associate. Or alternatively the newly admitted child clinical associate should ask a member of the class to serve as his or her peer guide.

Class Advisor Mentor System

The clinical associates as a group should select a faculty member who will serve as its advisor/mentor or dean. The purpose of this person is to serve in any capacity which will further the growth, process, and learning environment of the clinical associate group. Conversations between the class advisor and the class will be confidential. Should the class wish, the class advisor would report to the chair of the child division. The advisor will also serve as a conduit of information from the faculty to the clinical associate group.

Analysis

Probably the most important aspect of the training experience is one's own training analysis. As already indicated, we strongly encourage, child clinical associates to be involved in analysis during a significant portion of their child training.

Next to analysis and learning from the children, adolescents, and parents with whom we work, we perhaps learn most from supervision.

Supervision

Supervised Child Psychoanalytic Psychotherapy and Psychoanalysis: Overview

Child Clinical Associates

In conformance with standards of the American Psychoanalytic Association for certification in child and adolescent psychoanalysis, child analytic clinical associates work under supervision with three or more child analytic cases of both sexes before graduation, and bring one case to a successful completion. The three cases include a latency-aged child; an adolescent; and a prelatency child if possible (but permissibly another latency or adolescent case). To meet the requirements of the American for certification in child analysis, we suggest that the terminated case be either the latency or adolescent case. The clinical associate needs to establish an analytic process in each case. One case must be a low-fee analysis, currently a fee of \$30 or less.

Supervision

Supervision is available from those designated as supervising child analysts, geographic rule supervising child analysts, or associate supervising child analysts (for cases after the first case). Please see below.

Policy on Beginning Supervision and Beginning a Control Case

Beginning Psychotherapy Supervision

The faculty encourages all new clinical associates to begin psychoanalytic psychotherapy supervision with a supervising child analyst as soon as they are admitted to the program.

- To begin supervision, a clinical associate may approach any approved supervising child analyst. Beginning with the second case, clinical associates may ask any geographic rule supervising child analyst (GRSCA) and associate supervising child analysts for supervision, as well as supervising child analysts. A list of current supervisors is at the end of this document.

Geographic Rule Supervising Child Analysts

- Clinical associates may choose to work with one of the geographical rule supervising child analysts.
- Clinical associates should plan on meeting the GRSCA in person close to the beginning of supervision. Thereafter clinical associates should meet with the GRSCA at least twice a year in person. Other meetings may be by telephone or other means of communication. A convenient time to meet with a GRSCA may be when he or she comes to Seattle or goes to meeting of the American Psychoanalytic Association, the Association for Child Psychoanalysis, or the Western Regional Child Psychoanalytic Meeting.

Associate Supervising Child Analysts

- A graduate in adult psychoanalysis, certified in child and adolescent psychoanalysis may be appointed for a five-year period during which time immersion in the analysis of three children and adolescents (total) may accrue. Cases must include those children or adolescents not previously analyzed.
- A one-year waiver may extend this period of time.
- The associate supervisor should be working toward full supervisory status during the appointment
- SPSI must submit a letter of appointment and a curriculum vita. The Committee on Child and Adolescent Analysis (COCAA) need only be informed of the appointment.
- A supervising child analyst must supervise an associate supervisor's supervision on a monthly basis.
- The associate supervisor may not supervise a clinical associate's first case as per the regulations of the American Psychoanalytic Association.

Beginning a Control Case

- We encourage clinical associates to begin a control case as soon as possible.
- A clinical associate in child and adolescent psychoanalytic training may request approval from one of his/her supervisors to begin his/her first case at any time after he or she has begun child analytic seminars, including the continuous case conferences, provided that she/he has had at least six months of a training analysis. Under certain conditions an exception may be made, for example if a clinical associate has had a prior personal analysis, etc.
- Clinical Associates can begin their first and subsequent control cases without coming to the Child Faculty, provided they secure the agreement of two Supervising Child Analysts and provided the child in treatment isn't the first control case ever to be seen in either the Core Program or Child Division. In other words, if a child control case was the first control case seen in both the Child and Adult Divisions, then that request would need to come before the Child Faculty.
- If the clinical associate and his or her supervisor feel the clinical associate is ready to begin a control analysis, the clinical associate should meet with a second supervising child analyst to obtain approval to begin the case.

- If the case is the Clinical Associate's first control case, the supervisor should contact the chair of the child division so that he or she can invite the chair of progression committee of the core program (or his or her designee) to the next meeting or obtain his or her input by other means.
 - If the child control case is the first control case seen in both the child and adult division, then the Clinical Associate should request the Child Division Faculty to meet to discuss beginning the case.
 - Otherwise, if two supervising child psychoanalysts approve the case, the child Clinical Associate may begin the analysis.
-
- The clinical associate completes an initial, brief write-up of the case. For the initial write up please include a description of the presenting problem, a brief mental status examination, a brief family history, a brief dynamic formulation, and a brief description of the psychotherapy process to date. Some supervisors may encourage writing up at least one case by using the format of Anna Freud's developmental profile.
 - The following may be an option for determining whether or not a child is appropriate for child analysis: a committee consisting of the child clinical associate requesting that the case be approved, the intended supervisor of the case, one other child supervisor, and one other psychoanalyst would hear the case as presented by the child clinical associate. The committee would then vote to 1. accept the case for child analysis or 2. not accept the case for child analysis. This process may be chosen by the child clinical associate or recommended by a supervising child analyst to assist the child clinical associate in electing a case.

Case Write-Ups

- A clinical associate should write-up a brief description of the significant features of the analysis every six months. The write-up should be about two pages, 12-point font, double-spaced.
- We are mainly interested in the clinical associate's thoughts, feelings, work and the patient's response.
- For instruction on writing up a case please see Stephen Bernstein's articles:
 - Bernstein, S. (2000). Commentaries. The case history. Writing about the psychoanalytic process. *Journal of the American Psychoanalytic Association*. 48, 381-391.
 - Bernstein, S. (1995). Guidelines. Comments on treatment report writing and describing analytic process. In *The American Psychoanalytic Association Committee on Certification of the Board of Professional Standards: Standards, Procedures and Guidelines*, New York: American Psychoanalytic Association (internal publication), pp. 7-12.
 - Bernstein, S. (1992). Guidelines. Comments on treatment report writing and describing analytic process. *Journal of Clinical Psychoanalysis*. 1, 469-478.

- We would also encourage you to ask the American Psychoanalytic Association for the current packet on certification, which includes guidelines on writing-up cases.
- Please turn in one copy to your supervisor and one to SPSI.

Supervision Requirements

Frequency of Supervision

- First case – The faculty recommends that clinical associates obtain weekly supervision throughout the analysis on the first control case or until another case terminates, whichever comes first. Faculty may make occasional exceptions, for example when the first case is going well but persists for a very long time and another case will be entering termination earlier than the first case.
- Second, third, and other cases –For all children of different age categories (prelatency, latency, and adolescence) the faculty recommends that the clinical associate obtain weekly supervision until the supervisor and clinical associate agree that he/she has reached a level of comfort and competence in working with that age group. Thereafter, the supervisor and clinical associate should agree on a particular frequency on the basis of the case difficulty and the educational needs of the clinical associate. The clinical associate and supervisor should decide on the frequency in consultation with the child faculty. On a second or subsequent case in the same age category that a child clinical associate has already obtained supervision, the faculty recommends that clinical associates obtain weekly supervision for the first year.
- During termination – Supervision on the case, which enters into the termination phase, needs to be on a weekly basis throughout that patient's termination phase.

Supervisory Hours

- Clinical associates should accumulate a minimum of 50 hours per control case although usually far more supervisory hours are customary. At minimum clinical associates should accumulate 150 hours, but more hours are encouraged.
- Clinical associates should work with as many different supervisors as possible. They shall have worked with at least two, but preferably three, supervisors. Please note, again, that a full supervising child analyst must supervise the first control case.
- We continue to work with the entire faculty in recommending that the graduation requirement from the core program be changed to allow a terminated child or adolescent case to count as the required terminated case for graduation from the core curriculum, as long as that clinical associate has an adult control case in a termination phase under supervision.

Credit for a case

- Clinical associates should fulfill the following criteria to have a case “credited:”
 - The clinical associate has a minimum of 50 hours of supervision for that case.
 - The clinical associate shows evidence that a psychoanalytic process is underway, For purposes here, establishing a psychoanalytic process includes:
 - That the clinical associate and patient shall have established a reasonable therapeutic and working alliance.
 - That the clinical associate is successfully using the patient's verbal, play, drawing, written and other productions to understand and interpret the patient's resistances, means of achieving safety, and transferences.
 - That the patient is establishing significant transference patterns and ideally some form of transference neurosis.
 - That the clinical associate is observing and interpreting resistances.
 - That the clinical associate’s work, ideally, is leading to the deepening and widening of the analysis.
 - That the clinical associate is forming hypotheses and testing them with appropriate interventions within the analysis.
 - That the clinical associate is differentiating changes in the patient that may be occurring for developmental reasons from those which are unfolding primarily because of the analytic process per se.
 - That the clinical associate shows ability to modify his/her typical procedures in accordance with the changing developmental phases.
 - Case reports are current.
 - A clinical associate may ask the supervisor to credit the case. If the supervisor agrees, he or she will raise the issue at the next faculty meeting. Please refer to the section on progression.

Graduation

- Please see the section on progression

Policy for Supervisors

- Child analytic supervisors are responsible for giving direct in-person feedback to their child analytic supervisees in an on-going fashion throughout the supervision. The feedback will include:
 - Feedback about the work, whether an analytic case or psychotherapy case. This feedback should include comments on the progress of the clinical associate including comments on:
 - Empathy
 - Management of analytic frame
 - Understanding and capacity to interpret transference
 - Understanding and capacity to interpret defense

- Understanding, recognition, and capacity to interpret resistance
 - Capacity to form a therapeutic/working alliance
 - Capacity to recognize, use, and contain counter transference
 - Understanding and capacity to facilitate working through
 - Ability to hear and interpret the preconscious derivative of the unconscious
 - Understanding and capacity to work with analytic ethical behavior
 - Comments on the status of the case
- Six month write-ups to be reviewed first with the clinical associate and then sent to the SPSI office
 - Feedback about the write-ups. This feedback should include comments on the dimensions of the Bernstein criteria.

Curriculum

Policy on the Relationship between the Child Division Progression Committee and the Core Program Curriculum Committee

If appropriate or useful, the child division chair may invite the chair of the curriculum committee of the core program to the child division meetings when matters of curriculum arise.

Division of Child and Adolescent Curriculum

Beyond one's analysis, work with children and parents, and supervision, the centerpieces of child analytic training are the child analytic case conference and the didactic classes.. Clinical associates participate in these classes from the time they are admitted to child and adolescent training to the end of their training.

Classes in each trimester will alternate between didactic classes and clinical case conference. There will be eleven classes per trimester. Classes will meet on Friday from 10:15 until 11:45.

The Child-Adult Integrated Continuous Case Conference

Child analytic clinical associates together with core curriculum clinical associates participate in the child-adult integrated continuous case conference for one trimester each academic year.

Didactic Seminars

The child analytic didactic seminars will include a focus on child and adolescent theory, technique, psychopathology, and developmental issues and controversies. The curriculum is a four year sequential curriculum.

- Introduction to Child and Adolescent Psychoanalysis. This course includes:

- Evaluation of children, adolescents, and parents for analysis
- Conversion of psychotherapy to psychoanalysis
- Issues in the opening phase of analysis
- Transference considerations in the opening phase of analysis
- Counter transference issues in the opening phase
- The transference-counter transference matrix in the opening phase
- Working with parents
- Prelateny: technique, theory, developmental issues, psychopathology
- Latency: technique, theory, developmental issues, and psychopathology
- Adolescence: technique, theory, developmental issues, and psychopathology

The Child Analytic Seminar

As indicated above, the Child Analytic Seminar is a forum for inquiry into various clinical issues relevant to psychoanalytic treatment of children and adolescents. The seminar meets biweekly throughout the academic year.

Curriculum Integrated into the Core Curriculum

Human Development

Both child and adult clinical associates study human development as part of the core curriculum. Clinical associates will study development through out the life cycle, including the development of the drives, object relations, the self, and tripartite structure (ego, id, and superego). The developmental sequence is chronological, with infancy first and old age last. The first developmental course begins in the second year.

Members of the division of child and adolescent psychoanalysis, with assistance from other faculty members whenever possible, teach human development seminars.

Year 2

Human Development I – 33 weeks

Didactic Course: First 18 Months of Life

This course will consider key aspects of early infant development, recent research, and work in attachment. Clinical associates will discuss the assigned readings. Guest instructors may present at times.

Infant Observation Lab: Weekly Observation

Clinical associates observe a mother and infant for 45-50 minutes in the home weekly from birth through the infant's first birthday. The clinical associate needs to find a mother who is willing to participate. Preferably the clinical associate will meet the family during the pregnancy and use the Massie-Campbell Scales, a

semi-structured interview. If possible a senior faculty will accompany the clinical associate on at least one home visit.

Consultation Discussions:

Clinical associates attend a 90-minute weekly consultation discussion where they discuss their written narrative and their completed Massie Campbell Scales. A final paper incorporating the clinical associate's understanding of all infant observations, the Massie- Campbell Scales, and counter-transference feelings is due two weeks prior to the last day of class. The clinical associates discuss this paper in one of the last two classes.

Year 3

Human Development II - Eighteen Months to Year 6 – Preoedipal and Oedipal – 11 weeks

Preoedipal (18 months – approximately four years). Clinical associates study the concepts of anality, aggression, play, object and self-constancy, the influence of the father on character development, separation-individuation, and the development of autonomy. The seminar may include preschool observation.

Oedipal (approximately four to six years). Clinical associates study the concepts of phallic drives, structure formation, sexual identity, triadic object relations, and contemporary views on sexual and gender development. We may require child observation and reports.

Human Development III – Year 6 – 20 – Latency, approximately 6-12 years – 11 weeks

Clinical associates study the concepts of psychosexual development, heightened ego defenses against oedipal and preoedipal urges, cognitive and structural characteristics of latency functioning. Materials may include readings, child analytic case history material, and reconstruction of the latency of an adult analytic patient.

Human Development IV – Adolescence, approximately 12-20 years – 11 weeks

Clinical associates study the concepts of object removal, formal operational thinking, and identity consolidation. Discussion of selected readings as well as adolescent analytic case material may be utilized. Consideration of special issues in psychoanalytic treatment of adolescents is included.

Progression

Policy on the Relationship between the Child Division Progression Committee and the Core Program Progression Committee

- The chair of the core program progression committee is an ex-officio member of the child faculty and is entitled to participate fully in the progression evaluation of the child clinical associates. The chair of the child division will invite the chair of the core program progression committee or his or her designee to the progression meeting of the child faculty.
 - The chair of core program progression committee or his or her designee will participate in a meeting in which the child faculty votes on a child clinical associate's readiness to begin child and adolescent control cases.
 - The timing of when the first child analytic control case is begun is not necessarily connected to the time when the clinical associate may begin his or her first adult analytic control case, except as noted earlier, the clinical associate must have had at least six months of a training analysis before starting a control case.
 - The chair of core program progression committee or his or her designee will participate in a meeting in which the child faculty votes on a child clinical associate's readiness to graduate, or by some other means.
- The nominating committee will nominate a member of the child division to serve as a regular member of the core program progression committee. The faculty votes on this nomination.
- The person will sit on the core program progression committee.
 - He or she will keep the committee abreast of a particular clinical associate's progress in the child division.
 - He or she will inform the core progression committee when a child clinical associate has been given permission to begin child and adolescent psychoanalytic control cases.

Policy for Progression Evaluation

The child analytic faculty regularly evaluates the progress of child psychoanalytic clinical associates and provides counsel and assistance toward meeting the requirements for graduation

General Progression Review

- The chair of the child division assigns file reviewers. The file reviewer may be changed upon request to the chair.
- One month prior to the annual file review, late winter or early spring, the chair of the child division or the file reviewer will notify the clinical associate of the forthcoming review.
- The clinical associate should request the SPSI office to make sure all recently turned-in reports are filed in the chart.
- The clinical associate should look at his or her chart to make sure the chart is complete. He or she should check the following materials in particular:
 - Up-to-date six month reports
 - Up-to-date supervisory reports. If these are not in the chart the clinical associate should check with the supervisor and request that the supervisory report be completed and placed in the chart. We suggest that you check again to make sure the report is in the chart.
 - An accurate and up-to-date record of all didactic seminars and case conferences taken.
 - The status of a case – whether the case is credited or not.

- Progression review will include the following features:
 - Encouragement to begin supervision immediately
 - Encouragement to take on a control case at the earliest possible time, ideally simultaneously with beginning his or her core curriculum program as long as one has completed the first six months of an analysis. Exceptions noted under “Policy on Beginning Supervision and Beginning a Control Case.”
 - Progress in the analysis of children and adolescents
 - Progress in supervision
 - Progress in case conferences, both the child case conferences and the integrated child-adult case conferences
 - Progress in didactic courses
 - Overall development
 - Recommendations for senior child clinical associate status
 - Recommendations for graduation
 - Recommendations for special measures to assist in child training
 - Recommendation for problem status
 - Recommendation for interruption of training
 - On occasion the child faculty may agree that the chair of the child division should meet with a clinical associate to discuss his/her progress or lack thereof.
 - Special requests from the clinical associate.
- The child faculty will meet to discuss the progress of the candidate. The chair of the core program progression committee and/or his or her designee is invited to attend this progression review and, for that matter, all child faculty meetings. Please see the section, “Policy on the Relationship between the Child Division Progression Committee and Core Program Progression Committee” for further discussion of this point and all issues related to the integration of a clinical associate’s progression.

- The file reviewer is responsible for conveying the discussion of the faculty to the clinical associate on the telephone, in person, or in a meeting together with his or her advisor as indicated in the section on “Policy for Advisors.” The information should be conveyed as expeditiously as possible after the progression meeting of the faculty but not later than one month thereafter.

Advanced Child Analytic Clinical Associate Status

Pre-graduate status or Advanced Clinical Associate status applies when a child clinical associate has two credited cases, has satisfactorily completed all written reports to that point, and has successfully completed four years of the child didactic seminars and case conferences. The clinical associate remains in supervision and does not pay tuition. Advanced Child Analytic Clinical Associates are eligible to co-teach in the child and adolescent core training program and to teach independently in the Child Psychotherapy Program.

Co-Teaching

Child clinical associates may ask to co-teach whenever they feel ready.

Standards for Graduation

The goal of the Child Division is to train excellent and competent child and adolescent psychoanalysts. Any individual accepted into child and adolescent psychoanalytic training enters into that training with the understanding that he or she will also strive toward that same goal.

The decision to graduate a child and adolescent candidate is based upon:

- The attainment of minimal numerical standards in accordance with the requirements of the American Psychoanalytic Association.
- That clinical associate’s demonstration of clinical competence in conducting child and adolescent psychoanalyses.
- The ability to communicate effectively verbally and in writing about his/her child and adolescent psychoanalytic work
- His/her mastery of psychoanalytic theories of development, psychopathology, and clinical process.

Thus one candidate may require much more intensive supervision and/or a greater number of control cases than might be required of another candidate.

Minimal expectations are as follows:

- Control Case Requirements
 - A clinical associate must work with a minimum of three cases to graduate and of these:

- Both genders must be represented in the mix of cases.
- One case must be an adolescent
- One case must be a latency-aged child.
- The other case is preferably a prelatency child, but if such a case is unavailable either another latency aged child or another adolescent is usually adequate.
- All cases must be credited. For a case to be credited the clinical associate must have a minimum of 50 supervisory hours and must have established an analytic process with the child or adolescent with whom he or she is working.
- One case must progress to a full and natural psychoanalytic termination prior to the candidate being eligible to graduate from the child and adolescent training. (We recommend that this case be a latency-aged or adolescent child to conform to the certification requirements of the American Psychoanalytic Association, if the clinical associate is interested in pursuing certification.)