

The Colorado Center for Modern Psychoanalytic Studies

Core Competencies:

These are the basic values and skills that a psychoanalyst needs in order to practice effectively and ethically.

We distinguish three groups: theoretical, clinical and personal. CCMPS endeavors to communicate these skills verbally and by example. Every encounter between faculty and student is seen as an opportunity to model competency, and faculty evaluations should focus on this principle.

The ethic that CCMPS adheres to is based on the premise that our skills are applicable in every human interaction, so students are expected to act with each other in a manner consistent with the values we explicate in this document. These situations will appear in class, group supervision and at our conference, and will offer faculty the chance to evaluate the students' growth and so become aware of possible intervention to assist further maturation if needed.

Obviously these competencies are never fully acquired, and we are always working on deepening and improving them. We encourage students to keep these ideals in mind as a framework.

PERSONAL SKILLS

Professionalism: the ability to maintain the following attitudes when interacting as a psychoanalyst:

Being appropriately knowledgeable and able to communicate this to others. Show humility and willingness to pursue new information

Acting with objectivity and being able to choose one's emotional response based on clinical judgment, even when challenged, induced and the recipient of negative projections

Respecting boundaries in the face seduction and other attempts at subverting the analytic relationship

Knowing how to follow appropriate procedures in treatment, and how to modify them for each individual.

Understanding and respecting the nature of the patient's culture and adapting one's responses with respect to it

Facility with current technology

Willingness to engage in communication through current channels such as messaging and email

Ease with telephone work and Skype

Development of the ability to hear without seeing

Equanimity/Gelassenheit: A psychoanalyst strives to

Maintain a calm and assured demeanor, that reflects a basic acceptance of reality, especially that of the patient

Feel comfortable with appropriate showing of empathic emotion

Recognize and cultivate the perceiving faculty and learn to put judging on the back burner

Empathy: A psychoanalyst must:

Be attuned to the ebb and flow of the seven affective circuits by listening to the non verbal qualities of speech.

Enjoy being emotionally touched by others and derive energy from affectively laden interactions.

Understand these affective reactions theoretically so as to be able to process them and reflect them back with symbolization

THEORETICAL COMPETENCIES

To graduate as a psychoanalyst, students must have comprehensive understanding of the following areas:

Fundamentals of neuroscience:

- basic brain structure: cortical and subcortical, left and right, and back to front influences
- the seven affective circuits and their interactions
- the role of frontal and pre-frontal structures in affect regulation and self made choices
- the adrenal-hippocampus feedback loop
- the polyvagal theory
- the role of trauma on the structure and biochemistry of the brain

The theory of the unconscious:

- The work of Charcot, Janet and Bernheim as precursors to Freud and Jung's theories
- Freud's evolving unconscious and the seduction theory issue, his giving up on dissociation
- Jung's vision of a complex cybernetic unconscious
- Klein's prototypal aprioris
- The associative unconscious of affective neuroscience
- The dissociative unconscious of trauma theory
- Dreams and fantasies

Transference:

- Freud's development of the idea, from annoyance to agent of cure
- Bowlby's inner working model
- Kohut's twinship (narcissistic) transference and its use in working with pre-oedipal problems
- The intersubjective model of the co-creation of transference experiences
- The transferences of dissociated states
- Transference re-enactments

Countertransference:

- The history of the idea, the problems it initially created and Freud's suspicion of it
- The realization of its usefulness to obtain better understanding of the patient
- Meanings of the analyst's reactions, whether emotional, associative, in fantasies or dreams
- Subjective versus objective reactions
- Analyst reactions in severely dissociated or psychotic cases and the need for self care

Resistance/Defense:

- Freud's idea of a stimulus barrier elaborated in the ideas of the censor and the act of repression
- His realization of resistance linked to transference, and its resolution as central to the cure
- The transference as re-enactment of early attachment patterns
- The intersubjective and Lacanian point that resistances are in part co-created by the analyst
- Implicit memories and the difficulty of transforming them into conscious representations
- The problem of dissociation as a resistance to remembering
- Defenses as character, body armor and self image
- Adaptations to trauma
- Defenses as the scaffolding of the self, Lacan's sinthome

Theories of mind:

- Students will understand that there are many theories of mind that fit together in a rich picture
- In addition to theories mentioned above they will achieve a working knowledge of the theories of:
Klein, Bion, Fairbairn, Guntrip, Adler, Abraham, Ferenczi, Kohut, Matte Blanco, Existentialism, Intersubjective, with the ability to formulate cases according to each viewpoint

Trauma theory:

- Trauma as excessive impingement and the source of mental illness
- The role of the other in mediating painful stimuli to mentally integrate them
- The imbalance in the activation of the 7 circuits due to trauma
- How memory and executive function are impacted
- Neurophysiology and brain changes
- Dissociation and structural disintegration under excess distress
- The nature of dissociated complexes and their influence on the conscious mind

Developmental theory:

- What is optimal development, and from which cultural perspective
- Abilities already present in utero, twin studies
- Temperament from antiquity to today
- Development in different cultures, based on the concepts of autonomy and locus of control
- Mastery of progressively more complex mental and physical tasks
- Attachment experiences and the building of relational and life expectations
- The building of affect regulation and executive function
- Growth of the ability to have a theory of mind
- Life span challenges, from birth to dealing with death

Cultural knowledge:

- The relativity of our personal perspective, and the fact that everyone knows they're right
- The use of the all important stance of not knowing, not being the expert, letting the other lead
- The use of empathy to find communality
- Practical knowledge of the cultures we work with, outlines of major cultural groups

Ethics:

- The golden rule and fairness as guides
- Ethics derived from our knowledge of the damages that transgression cause to patients
- Ethics based on empathy with patients
- Understanding of boundaries and their essential function in the analytic cure
- The analyst as container and speaker of truth, rather than acting out re-enactments

CLINICAL COMPETENCIES

Theories of technique:

- Freud's methods and their rigidification by some followers who reduced all to interpretation
- Techniques and the basis in their originators' theories (see all writers in theories of mind above)
- The development of techniques for psychotic, dissociated and self destructive patients

Listening and the unconscious:

- What do we listen for and how do we use what we hear
- Treating our reveries and fantasies as clues to the patient's unconscious
- Discontinuities and ruptures in patients' speech where unconscious meaning comes forth
- Affective implications, implicit or displaced
- Comfort with silence, especially one's own

Psychopathology

- Psychoanalytic: Fenichel, McWilliams
- Phenomenological: Jaspers
- Neuroscientific: Panksepp, Cozzolino

Psychodynamic: Psychodynamic Diagnostic Manual

Beginnings

The type of relationship we want with patients is based on our theory of what cures
Modern analysts address the pre-verbal aspects of any patient first, as this is the foundation
A twinship/narcissistic transference is established using mirroring and joining techniques
This creates safety and a sense of being understood, so talking can happen more freely
Patients see us as experts, we have to join with that as we extricate ourselves from that role

Development of treatment:

Having patience is the skill needed most, patients need time to trust
Trusting in the mind's healing wisdom we follow every path presented
The status quo resistance as a period of ego consolidation
Resistance to progress where we defend the old and let patients insist on the new
The resistance to co-operation where patients learn to take on more and more of our role
The choice of saying goodbye, or continuing for educational and further self growth

End of treatment:

Recapturing the journey and re-experiencing the affective transformations
The loss and its relationship to old attachment patterns
Affirmation of the adult independence acquired in analysis
Processing the real emotional relationship between the analyst and patient