CCMPS Curriculum Crosswalk

	Core Competencies for the Psychoanalyst	Objectives	Courses
P1	Professionalism	• 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	PT22 PT13 PT14
P2	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	PT22 PT13 PT111A
P3	Psychoanalytic Equanimity/Gelassenheit	• 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	PT22 PT13 PT11B
P4	Psychoanalytic Empathy	• 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	PT22 PT13 PT111C
T1	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 polyvagl theory • the role of trauma on the structure and biochemistry of the brain	PT12
T2	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	PT5 PT6 PT9
T3	Transference	• Freud's development of the idea, from annoyance to agent of cure • Bowlby's inner working model	PT17

		• Kohut's twinship (narcissistic) transference and its use in working with pre-oedipal problems • The intersubjective model of the co-creation of transferential experiences • The transferences of dissociated states • Transference re-enactments	
T4	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	PT17
T5	Resistance/Defense	• Freud's idea of a stimulus barrier elaborated in the ides 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	PT18 PT19
T6	Theories of mind	• achieve a working knowledge of the theories of: Klein, Bion, Fairbairn, Guntrip, Adler, Abraham, Ferenczi, Kohut, Matte Blanco, Existentialism, Intersubjective • the ability to formulate cases according to each viewpoint	PT10 PT11
T7	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	PT7
T8	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	PT1 PT2 PT3
T9	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	PT4

		• Practical knowledge of the cultures we work with, outlines of major cultural groups	
T10	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	PT13
C1	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	PT14
C2	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	PT9
C3	Psychopathology	• Psychoanalytic: Fenichel, McWilliams • Phenomenological: Jaspers • Neuroscientific: Panksepp, Cozzolino • Psychodynamic: Psychodynamic Diagnostic Manual	PT16
C4	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	PT8 PT15 PT23 PT24 PT111D
C5	Development of treatment:	• Having patience is the skill needed most, patients need time to trust • Trusting in the mind's healing wisdom we fallow 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	PT8 PT15 PT20 PT21 PT23 PT24 PT111E
C6	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	PT8 PT15 PT23 PT24 PT111F