

INSTITUTE FOR THE ADVANCEMENT OF SELF PSYCHOLOGY

TRAINING PROGRAM MANUAL

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THE IASP TRAINING PROGRAM – AN OVERVIEW

The IASP training program emphasizes a broad range of contemporary psychoanalytic approaches to psychotherapy and psychoanalysis with an emphasis on Self Psychology and Intersubjectivity Theory. In addition to the theory and clinical skills of contemporary Self Psychology and Intersubjectivity Theory our program includes a study of Relational Theory, Motivational Systems Theory, Non-linear dynamic systems theory, Attachment Theory, trauma theory and theories growing out of Infant Research. The study of contemporary theories is grounded in our historical roots through a review of Classical Psychoanalytic theory and Object Relations Theory.

Students are exposed to a broad range of literature providing a solid perspective on the diversity of theoretical and clinical approaches in the psychoanalytic world of today.

Mission Statement:

To provide a distinctive training program in psychoanalytic psychotherapy and psychoanalysis whose graduates are highly skilled and knowledgeable practitioners who will provide exemplary care to the community.

Goals

1. To provide students with a solid theoretical and clinical foundation in contemporary psychoanalytic theory specializing in contemporary self-psychology. This will allow students to organize clinical material coherently, understand their clients deeply, and provide a broad range of responsiveness to a diverse population of clients.
2. To encourage students to integrate a diverse range of thought and to develop the capacity for critical thinking by exposing them to a broad range of contemporary psychoanalytic writings.
3. To develop the capacity for self-reflection to increase each student's awareness of self and how their own subjectivity and patterns of interaction impact the therapeutic relationship and to be skillful in using this self-awareness to enhance the therapeutic process.
4. To develop the student's capacity to express their ideas coherently in verbal and written form.

Educational Outcomes:

Graduates will be able to:

- 1) understand the therapeutic process including transference and countertransference themes organizing the therapeutic relationship
- 2) empathically attune to their clients' subjective experience, their emotional states, beliefs, and thought processes creating a sense of validation and understanding in their clients
- 3) encourage the expression of emotions, their identification and expression and thus their integration into the personality
- 4) appreciate each client's unique personhood and provide effective psychotherapeutic treatment to a diverse range of clients
- 5) apply current knowledge of development and behavior to their clinical understanding
- 6) explore and expand upon the clients' subjective experience and the identification and shifting of organizing principles which lie behind patterns of thought, emotion and patterns of behavior
- 7) seek out and effectively work through disruptions to the therapeutic relationship and the therapeutic process
- 8) be self-reflective and use their self-awareness safely and effectively in the therapeutic relationship.
- 9) practice ethically (see Appendix D for details of the Code of Ethics)
- 10) develop their own independent thinking and place the ideas of Self Psychology within the context of other schools of thought
- 11) meet the competency level and standards of practice as specified by the College of Registered Psychotherapists of Ontario
- 12) be motivated to continue learning within the psychotherapeutic community.

The Institute for the Advancement of Self Psychology offers a training program in Psychoanalytic Psychotherapy and Psychoanalysis.

The program offers three levels of training:

- 2 year psychoanalytic psychotherapy training
- 4 year advanced psychoanalytic psychotherapy
- 4 year training program in psychoanalysis

Each level has three components:

1. Personal psychoanalytic psychotherapy or psychoanalysis
2. Supervised psychotherapy/psychoanalysis
3. Weekly seminars

The two-year seminar program and the clinical supervision emphasize contemporary models of psychoanalytic theory and practice.

Students who complete the two-year program may choose to continue on to more advanced training through the third and fourth year of seminars and further clinical supervision in psychoanalytic psychotherapy or psychoanalysis.

Who May Apply?

The training program is designed for mental health professionals with experience in the practice of individual psychotherapy and who are interested in developing their knowledge and skill in contemporary psychoanalytic psychotherapy and/or psychoanalysis.

STRUCTURE OF THE INSTITUTE

The Board of Directors is composed of the President; Vice-President; Secretary; Treasurer; Officers responsible for Admissions, Curriculum, Student Progress, Community Activities; Member(s) at Large, Post-Academic Representatives and Student Representatives. The Board is the policy-making body of the Institute for the Advancement of Self Psychology (IASP). It performs the following functions:

- a) Approves all major changes in policy;
- b) Approves new faculty members and determines the status of faculty members as supervisors and instructors;
- c) Approves admission of new students to the training program;
- d) Approves changes in the training status of students;
- e) Sets up any committees that may from time to time be required
- f) Oversees the day-to-day administrative and financial activities of the program

Student representatives are invited to serve on all committees except the Admissions and Student Progress Committees.

The Executive of the Board consists of the President, Vice-President, Admissions Chair, Curriculum Chair and Student Progress Chair. The Executive is responsible for bringing administrative and training issues to the Board for approval.

Admissions Chair

The Admissions Chair reviews applications for admission to the Institute, organizes interviews and reports to the Board.

Community Activities Chair

The Community Activities Chair is responsible for organizing Clinical Dialogues: Works in Progress meetings for the Institute. These meetings provide the forum for sharing and discussing ideas about aspects of self-psychology and intersubjectivity that are of interest to Students and Faculty. They will also provide a forum for presentation and discussion of Student's graduation papers.

Curriculum Chair

The Curriculum Chair is responsible for the development and continuing evaluation of the curriculum in consultation with the Board and the student body.

Promotions Chair

The Promotions Chair handles all aspects of promoting IASP including print advertising, advertising through internet/email and this position is responsible for the IASP website.

Secretary

The Secretary is responsible for taking minutes at Board meetings and the AGM and distributing them to the IASP Board.

Student Progress Chair

The Student Progress Chair reviews and evaluates student progress and reports to the Board. Instructor and supervisor evaluations are used to monitor progress.

Treasurer

The Treasurer oversees all financial aspects of our program. This includes budgeting.

ADMISSION REQUIREMENTS AND DETAILS

Admission to the Institute requires a graduate degree in the humanities or social sciences or its equivalent, or a degree in medicine. Other professionals will be considered based on their clinical experience and education.

Applicants must have work experience in psychotherapy or counseling. (For example, social workers, psychologists, nurses, physicians, psychiatrists, psychotherapists and psychoanalysts).

Applicants must demonstrate personal suitability for this training in terms of:

- Ability to undertake the requisite academic work;
- Life circumstances which permit the conscientious pursuit of the whole program;
- Demonstration of a sufficient degree of emotional health to undertake the intensive training program to treat individuals
- Coverage by adequate personal malpractice insurance.

Application Procedure

In addition to a completed application form, applicants are required to submit transcripts from all previous undergraduate and graduate studies, three letters of reference, a copy of their malpractice insurance and a signed letter to indicate that the Student is undergoing personal psychoanalysis.

When all application materials have been received, two interviews with faculty members will be scheduled. Each application is subsequently reviewed and evaluated by the Admissions Chair. The final decision concerning admission is made by the Board of Directors of the Institute.

A non-refundable application fee of \$250.00 must accompany the application form.

Fees and Costs

Tuition is \$3,500.00 for the year. Tuition may be paid in three installments. The first is \$1,300 and is due on September 1st. The second and third installments should be submitted on September 1st in the form of post-dated cheques for \$1,100 each dated January 1st and April 1st respectively. Students who fail to pay tuition fees more than 30 days after they are due are subject to suspension from the Institute. A fee will be charged for NSF cheques. Post Academic fees are \$150 annually and are due on September 1st.

Student Advisor

Each student may select or request an advisor from the Faculty. The advisor's responsibility is to guide the Student through the Institute as needed, and is available on request.

THE TRAINING PROGRAM

Personal Therapy

Students are required to be in therapy or analysis (depending on the stream) from the beginning of the program with someone who is a graduate of a recognized psychoanalytic training program. It is recommended that they be familiar with self psychology and other contemporary approaches.

Students in the psychoanalysis stream are expected to be in analysis three times per week throughout their training.

Students in the psychoanalytic psychotherapy stream are expected to be in psychoanalytic psychotherapy twice a week throughout their training.

Academic Work

Course work extends over a two or four year period (depending on the stream chosen). Students will be trained to apply their knowledge of and experience in psychoanalytic self-psychology to their therapeutic work.

As a complement to the academic work, students are required to complete training "cases" under weekly supervision with someone acceptable to the Board of Directors of IASP. A list of recommended supervisors is available from the Administrative Coordinator.

Instructors are responsible for assisting students in developing a capacity to think critically about theory and clinical material. Instructors are required to introduce clinical material as much as possible in order to illustrate the theory and to develop the capacity for clinical formulation and intervention.

Course of Study

The Institute program follows the academic year with courses and seminars in the fall, winter and spring. Supervision is year round. Potential students are provided with a schedule for the upcoming year as soon as it becomes available.

Curriculum

(See "Curriculum Overview" Appendix A)

Attendance

A student who misses more than two classes of any one course may be denied a credit unless they arrange to make up the missed classes with the instructor.

Post-Academic Students

Once students have completed the academic part of the program, they become Post-Academic Students. They are charged an annual Post Academic Fee of \$150 until graduating from the program.

Interruption of Study

Upon a written request, a leave of absence due to special circumstances may be granted at the discretion of the Board.

Certification

A certificate confirming graduation from the program will be granted by the Board once a student has completed all requirements of the Institute. Graduates will be awarded a diploma. Graduates will become General Members of the Institute for the Advancement of Self Psychology and are asked to pay a \$150 membership fee each year.

Privacy and Confidentiality Policy

All students are required to sign the form that is at the end of the Privacy and Confidentiality Policy (See Appendix C).

TRAINING CASE REQUIREMENTS

After the first semester, the Student Progress Chair will notify each Student in writing when he or she is able to begin his or her first training case. The Student must then select a Supervisor who is approved by IASP. (**See Supervision**) A list of recommended supervisors is available from the Administrative Coordinator. After the Supervisor approves the training case, the Student should complete the New Case Initiation Form and submit it to the Student Progress Chair and the Administrative Coordinator to give notification of the starting date for the case.

Two Year Psychoanalytic Psychotherapy Program:

Students in the two year Psychoanalytic Psychotherapy Program must complete two training cases: one seen twice a week for a minimum of 80 hours of weekly supervision (the long case) and one seen for a minimum of one time per week for 40 hours of weekly supervision (the short case). It is recommended that the long case be completed first. However, the Student may seek approval from the Supervisor and Student Progress Advisor to reverse the order.

It is preferable that training cases include both genders.

Four Year Psychoanalytic Psychotherapy Program:

Along with a further two years of academic study, students in the Four Year Advanced Psychoanalytic Psychotherapy Program must, after completing the case requirements for the two-year program, complete one additional case seen twice a week for a minimum of 40 hours of supervision. Students may not begin this third case until the academic program for the third year begins.

Students in the Four Year Advanced Psychoanalytic Psychotherapy program are required to write a clinical paper and are encouraged to present it to the community upon graduation.

Four Year Psychoanalysis Program:

Students in the Four Year Psychoanalysis Program must complete three training cases, all seen three times a week. One case is seen for a minimum of 80 hours of weekly supervision and two cases are seen for a minimum of 40 hours of weekly supervision. It is recommended that the 80 hour case be completed first. However, the Student may seek approval from the Supervisor and Student Progress Advisor if they wish to alter this order.

PLEASE NOTE:

1. Students must contact the Student Progress Chair to discuss any changes to the above requirements.
2. For all programs, when the first case is completed, approval must be given by the Supervisor for readiness to undertake the second case.
3. The requirements set out above are minimum requirements. In certain circumstances, initiated by the Supervisor and/or Student Progress Chair, students may be asked to extend the number of hours of supervision for completion of a particular case.
4. Cases seen once or twice a week for the two-year program will **not** count towards the case requirements for psychoanalysis training.
5. If a Student changes from either psychotherapy program, into the psychoanalysis program, it will be determined on an individual basis by the Admissions and Student Progress Chair when the Student is ready to begin a psychoanalysis training case. Depending upon past clinical experience and supervision, a Student may be able to start doing a psychoanalysis case right away or they might be required to complete one or two cases in psychotherapy first.

SUPERVISION

After the first semester, the Student Progress Chair will notify each student in writing when he or she is able to begin his or her first training case.

The student must then select a Supervisor who is approved by IASP. A different Supervisor is required for each case. A list of recommended supervisors is available from the Administrative Coordinator.

Ordinarily, the supervision is face to face with the Supervisor. Cost and payment for supervision are arranged privately between the student and the Supervisor, and is not part of the tuition fee.

Students are advised to undertake treatment of a suitable patient/client, in discussion with and approval by a Supervisor. After the Supervisor approves the training case, the Student should complete the New Case Initiation Form and submit it to the Student Progress Chair and the Administrative Coordinator to give notification of the starting date for the case.

Note that as outlined on page 9 of this manual, the requirements regarding length of each case ie: hours of supervision and frequency of meetings with each patient / client depend upon which stream you are in (Psychoanalysis / 2 yr Psychoanalytic Psychotherapy / 4 yr Advanced Psychoanalytic Psychotherapy).

Please read carefully the requirements listed on page 9 for your particular program / stream.

The Student carries out treatment of the case, and attends once weekly sessions with his/her Supervisor where detailed process notes of the progress of the case are discussed.

The Student and the Supervisor choose their twice yearly reporting schedule which can either be April /October or January / June. At this time, the Student and Supervisor complete evaluation reports with respect to the supervisory experience, to accompany the written case report. Supervisors are expected to help Students with report writing, including formulation, and are also required to read and sign the Student's required case reports prior to their submission to signify the Supervisor's approval of the report.

The Supervisor will evaluate the quality of work throughout the case and if they believe it does not meet the expectations required by IASP, the Supervisor will request that the Student spend more time in Supervision until the expectations have been met. Only at that time, can the case be considered complete.

For all cases, supervision is not complete until the Student Progress Chair has approved all reports. Additional supervision sessions may be necessary until reports are acceptable.

If Students wish to begin a second case prior to completion of the first case, they may apply to their Student Progress Advisor for permission to do so after submission of the first Progress Report and when both the Supervisor's and Reader's evaluations indicate readiness to proceed with the second case.

PREMATURE TERMINATION OF A TRAINING CASE

When a training case terminates treatment or reduces the frequency of sessions below the number required for that case before the required number of supervision sessions have been completed, **the circumstances regarding termination of the case is to be reported to the Student Progress Advisor by the Student and Supervisor prior to gaining approval to undertake a new case.**

Should the Student wish to have the case considered for partial credit, this will need to be discussed with the Supervisor and the Student Progress Advisor. To be considered for partial credit, at least one report must be written that discusses the work to date and the reason for termination or reduction in the frequency of sessions. In addition, at least one evaluation must be completed by the Supervisor.

The decision about credit is made on a case-by-case basis. The Student Progress Committee considers a variety of factors including how much work was completed and the quality of the work before the termination/reduction in sessions, as well as the quality and extent of work in the replacement case.

INTERRUPTION OF SUPERVISION DURING AN ONGOING TRAINING CASE

Under unusual circumstances, a student may have to interrupt supervision of an ongoing training case. The period of interruption can be no more than one month and must have the approval of first, the case Supervisor and then, the Student Progress Advisor. A letter must be sent to the Student Progress Advisor stating the reason for stopping supervision, as well as the date and for how long. When supervision resumes the Student must inform the Student Progress Advisor.

TRAINING CASE REPORTING REQUIREMENTS

Students are required to submit an initial assessment report after one month of psychotherapy/psychoanalysis of the patient/client. Thereafter students are required to submit Progress Reports, due April 15th / October 15th or January 15 / June 15 (depending on the reporting schedule chosen). A report is also required on any patient/client who prematurely terminates treatment. **(See Premature Termination of Training Cases.)**

A copy of each case report (typewritten, double spaced, and no more than 7 to 8 pages - 2,000 to 2,500 words) should be sent (preferably via email) to the Training Program Coordinator. Reports must be discussed with, and initialed by, the Student's Supervisor, prior to submission to the Training Program Coordinator (who will distribute the report to the Reader and the Student Progress Chair).

To maintain confidentiality, patient/clients must be identified by initials only (no names or other identifying information should be included in the report).

Items to be sent with your report before it can be sent to a Reader are:

- 1) Completed cover sheet (first page of your report)
- 2) Your signed report
- 3) Your evaluation of your Supervisor
- 4) Your Supervisor's evaluation of you
- 5) Competency Assessment Form completed by your Supervisor (if applicable)
- 6) Competency Self-Assessment form (if applicable)

Once these four or six (if applicable) documents have been received, the Student Progress Chair will assign a Reader who will follow the case.

For 40 hour cases, three reports are required and for 80 hour cases, five reports are required. The final report should be timed with the completion of the minimum number of supervisory hours required, or an extra final report may be required.

Failure to submit case reports on time will result in the extension of the supervision period. There must be at least six months between ongoing progress reports. **Therefore, reports over four weeks late will not be considered until the next due date.** This will not only extend the supervision time required but will also delay the beginning of a new case until the late report has been submitted.

Reader's evaluations are subsequently forwarded to the Student and Supervisor. Where possible, the same Reader follows the case from the beginning of supervision to completion of the required supervisory hours.

Case reports, Supervisors' reports, Readers' evaluations, and Competency Assessment forms (if applicable) are reviewed by the Student Progress Chair.

Report Submission Process

1. Student meets with Supervisor and reviews final draft of the report and the evaluations.
2. Supervisor signs and dates the final draft of the report on the cover page (which is now the first page of your report) and both evaluations where indicated to signify his or her approval of the report.
3. If applicable, the Competency Assessment Forms are completed, discussed and forwarded to the Training Program Coordinator.
4. Student signs both evaluations.
5. If Student has access to a scanner he/she can scan the signed pages and send them along with the complete report and evaluations via email to the Training Program Coordinator.
6. If Student does not have access to a scanner, the signed pages must be sent to the Training Program Coordinator by Canada Post at the same time as the Student emails a copy of everything (cover page, report, evaluations) to the Training Program Coordinator.
7. The Training Program Coordinator will email all documents to the Student Progress Chair upon receipt.
8. The Training Program Coordinator will email the cover sheet with report and the Reader's guidelines to the Reader as soon as she is in receipt of the signed copies that have been either emailed or mailed to her. This email will be copied to the Student Progress Chair, the Student and the Supervisor.
9. The Training Program Coordinator will follow up with the Reader if no report is received within 6 weeks.
10. Upon receipt, the Training Program Coordinator will forward the Reader's report to the Student, copying the Student Progress Chair and the Supervisor.

GUIDELINES FOR STUDENT CASE REPORTS

Objectives of the Case Report

The report should be thought of as a communication to the Reader of the Student's perceptions and understanding of the patient/client and of the therapeutic process that evolves. The Reader, in turn, will report back to the Student and to the Student Progress Chair, providing a different and hopefully useful perspective on the clinical work as it appears in the report.

It is important for both the Student and the Reader to keep in mind the inherent limitations and therefore the difficulty of capturing the complex, lived experience of either the patient/client or the therapist, or of the multidimensional interactions between them. The effort to do so, however, can be a useful exercise in the service of assessing and enhancing clinical skills. While the goal of the program is to develop a self-psychological framework for this purpose, the Student should feel free to use whatever theories or metaphors best fit the patient/client's material or the therapist's own experience, and integrate them with self-psychology.

Initial Assessment

Whether or not the Student has chosen a case that is already in psychotherapy with him/her, the assessment report should be in the nature of a case history, including an initial formulation and comments as to the nature of therapeutic change expected. Although it may be difficult to know initially what details are not significant, only essential and relevant information should be included. This report should be two to four pages. The following outline is offered as a suggestion, but the Student or his/her Supervisor may have preferred ways of covering the same ground.

Introduction

State who the patient/client is. Use a fictional name or initials only. Identifying data may also be disguised if necessary. Describe the initial impressions as to the patient/client's appearance and his/her mode of relating to the therapist. State when the patient/client first came to see the therapist, how long the therapist has been working with him/her. If the patient/client selected is someone who has been in less intensive psychotherapy with the therapist, write a paragraph as to the treatment process to date. Why did the patient/client decide to switch to analysis?

Presenting Complaints

A brief orienting focus for the Reader as to the major symptoms or reasons for seeking therapy at this time. Many people who come for psychotherapeutic help present with vague complaints that are difficult to describe or to put into words, but may include one or more of the following:

- Being easily upset, overwhelmed, hurt or enraged (narcissistic)

- vulnerability)
- Not enjoying life, a feeling of emptiness, lack of direction, inability to make decisions
- Driven behaviour (including perversions, addictions)

History of Present Condition

Provide a brief narrative of the sequence of events and experiences that led the person to seek the therapist's help. Unless the person is suffering from episodic disorder such as depression, anxiety, panic or some other acute symptomatic behaviour, the disturbance may have existed throughout adult life or even childhood as well.

Background Information

- Information as to marital status, children
- Information as to family of origin, personalities and occupations of parents and parents' mode of relating to the patient/client. Is there a family history of emotional problems?

Personal History

Provide a background narrative and life context for the presented complaint and history of present condition, with emphasis on those factors that the therapist or the patient/client consider most important. This may include family, school, social, sexual, medical, drug use and work experiences. Elaborate on areas of particular significance and summarize the rest as best as possible.

Therapist's Experience of the Patient/Client

Introduces the patient/client to the Reader in a way a novelist might introduce a character in a book. This might include the person's physical quality, their personal style, their mode of relating and the kinds of feelings and responses they tend to evoke or fail to evoke in the therapist.

Formulation

In the formulation, one conceptualizes in theoretical language the clinical phenomena described in the body of the report. A dynamic formulation is an attempt to link behavior with motivation, affects, development, emotions, patterns, aspects of self-experience, relational experience, and past history, and to suggest rules that govern these relationships.

For example, the person who complains of being repetitively hurt in relationships might be conceptualized in terms of narcissistic vulnerability or, in more modern terms, as having a fragile sense of self. Similar phenomena may be explained in different theoretical languages within self-psychology. Addictive behaviour, for example, may be conceptualized as the driven pursuit of a selfobject experience, a mechanism for regulating self-states, or some kind of compensatory experience to manage intersubjective states.

It is important to keep in mind that a period of prolonged empathic immersion is required to get to know someone, and the formulation is always tentative - a tentative hypothesis, which will continue to evolve in the course of the period

of, prolonged empathic immersion. The formulation should obviously make use of self-psychological terms, but reference may be made to other concepts or metaphors that help make sense of the material.

The formulation should be internally coherent and make sense to the Reader. It would include personality factors, stressors, process of relational disturbance, and perpetuating factors.

Students are encouraged to discuss the formulation with their Supervisors as they are developing it.

Treatment Recommendations, Prognosis

In the final paragraph, the therapist should explain his/her thinking as to why he/she is recommending, or accepting, the patient/client into psychotherapy, what kind of outcome may be hoped for, how the therapist would anticipate this coming about, and any difficulties anticipated for the patient/client or therapist. Add comments on the types of selfobject transferences the therapist would expect the patient/client to establish with the therapist. Of course, later reports may revise these initial impressions.

Progress Reports

The Student is expected to submit a progress report every six months while the patient/client is in supervised treatment with him/her. On completion of supervision, a final report is required.

Unlike an Assessment Report where a comprehensive history is required, a Progress Report is primarily focused on the unfolding therapeutic process. It should be 6 - 8 pages and include:

- A title and the date of the report so the reader knows what time period and stage of training it is intended to cover: e.g. **“The Case of X: First Progress Report, April 2014”**
- An introductory section that reminds the reader who the patient is, why he/she is in treatment, and a brief synopsis of major events in the patient’s life since the assessment. This should be quite short – usually no more than 2 paragraphs.
- A narrative section that describes major topics that have been discussed in the period covered by the report. Include only history that is newly reported since the assessment and is relevant to the major topics. This section is like telling the story of what patient and therapist have talked about since the last report. It is challenging to organize this section coherently and not everything that is talked about can be reported. Approximately 3 major topics or themes should be chosen.
- Describe both the patient’s and therapist’s experience of the process, using the patient’s words as well as the therapist’s. Including a short section of dialogue

is often helpful. Be sure to describe transference and counter-transference developments.

- Updated formulation: If there is no change in how you understand the patient, repeat the formulation from the previous report. If something has become clearer in this reporting period, add that or edit what was previously written.
- Treatment recommendations or general comments on what you think will be important going forward. This can be just a few sentences and is optional.

Final Case Report

The final case report includes a shortened version of a progress report following the guidelines laid out above, with a few changes and additions.

- Steps 1. and 2. as outlined above.
- Include any new themes or topics, as described in the progress report guidelines above.
- Any additional process and transference and counter-transference developments.
- An updated formulation if this has changed since the last report.
- Your hypothesis/vision for the future outcome of this treatment.
- A paragraph or two summarizing your personal reflections on this case. These could include such material as what you have learned from the treatment of this case. Your awareness of shifts and/or transformations that have taken place for you as a result of your experience with this case. Any other reflections or ideas that you have discovered throughout this journey.

GRADUATION PAPER: OBJECTIVES AND GUIDELINES

Students in the two-year psychoanalytic psychotherapy program will be invited to present one of their cases informally to our community upon graduation. This is not a requirement of graduation.

Students in the four-year psychoanalytic psychotherapy program and the psychoanalysis program are required to write a clinical paper and are encouraged to present it to the community upon graduation.

Objectives

- A) To develop and demonstrate the Student's skills in reflecting on and writing about one or more of the following topics from a clinical perspective:
- 1) theory and/or technique as it evolves from and/or organizes clinical experience
 - 2) research into and critical evaluation of a particular area of psychoanalytic and self psychological literature
 - 3) elaboration of an original idea as it relates to either the above, or any other relevant topic of interest
- B) To encourage and affirm the Student's ability to present his or her work to a professional audience.

Concept

The concept for the paper might arise from the Student's work with a training case, other clinical experiences, or from an aspect of theory. The discussion can be based on a detailed case presentation or illustrated with vignettes from the Student's clinical work, film, or literature.

Process

The paper is considered a requirement for both streams of the four year program. By the beginning of the fourth year, Students should be thinking of a topic or theme for the paper with the help of his or her Supervisor or a mentor of the Student's choice, and in agreement with the Student Progress Chair. An outline of no more than a paragraph or two should be submitted for approval. The Chair of Curriculum is also available to provide advice, mentorship, reading and feedback throughout this process to any Student who wishes to avail themselves of these services.

Length

The length of the paper should be approximately 20 pages, double spaced.

Criteria for Evaluation

The paper should demonstrate the Student's ability to clearly articulate and elaborate his or her thoughts. The paper should include a review of the psychoanalytic literature, with emphasis on publications relevant to the self-psychological field. The paper will be submitted to the Student Progress Chair who will distribute it to the Student Progress Committee for approval.

Oral Presentation

It is hoped that the paper will be presented by the Student at a Clinical Dialogues meeting. This presentation should be approximately forty minutes. Someone may be invited to discuss the paper and a discussion by the community will follow.

EVALUATION

Evaluations of the Academic Program

Students are required to complete evaluation forms with respect to all instructors and courses. These reports are returned to the Training Program Coordinator. Ultimately, these commentaries are condensed into a "Course/Instructor Evaluation Summary" which is forwarded to the faculty member concerned. A copy of the summary is also provided to the Chair of the Curriculum Committee. Students are asked to complete the evaluations anonymously.

Evaluations of Students

Students will be evaluated throughout the program by the Student Progress Committee upon receipt of the following:

1. Teacher's evaluations
2. Supervisor's evaluations
3. Case Reports
4. Reports from Readers of training cases
5. Student's self-assessment

The Student Progress Chair will meet with Students annually to go over their progress.

Instructors are asked to submit evaluation reports on Students, individually, and as a group. These evaluation reports are returned to the Training Program Coordinator, and subsequently forwarded to the Student Progress Chair(s). Ultimately, the Executive Committee will discuss any consistently identified problem. Where necessary, the individual(s) will be contacted by the appropriate member of the Executive for discussion and resolution of the particular area of concern.

Case Reports and Readers reports are forwarded to the Student Progress Chair(s). Ultimately, the Executive Committee will discuss any consistently identified problem. Where necessary, the individual(s) will be contacted by the appropriate member of the Executive for discussion and resolution of the particular area of concern.

Clinical Evaluation

In April / October or January / June (depending on the Student's choice of reporting schedule) of each academic year, along with the submission of case reports, Students and Supervisors are required to submit mutual evaluation reports of their experience. The evaluation forms are to be discussed and signed by both the Student and the Supervisor. Part of the supervisory process should include assistance with report writing. Supervision evaluations are returned to the Training

Program Coordinator who subsequently sends them to the Chair(s) of Student Progress. If a problem area has been identified, the Student Progress Chair(s) will contact the particular individual(s) involved and, when deemed necessary, discuss the situation with the Executive Committee.

For Students who are using the Training Program towards registration for the College of Psychotherapists:

Supervisors must also complete a **Competency Assessment Form** which evaluates the Student's readiness to practice on the basis of the competencies laid out by the College of Psychotherapists.

Students must complete their own **Competency Self-Assessment Form** which should be discussed with the Supervisor to identify areas for improvement and how they will accomplish this.

These Competency Forms are to be returned to the Training Program Coordinator who subsequently sends them to the Chair(s) of Student Progress.

Once a year, the Student Progress Committee will meet with the Students to discuss progress.

Student's Complaint Procedures

IASP is committed to the recognition of and response to any issues of either an ethical or organization nature that students and others involved in the development and implementation of the Training Program experience. This commitment is regarded by and welcomed by IASP as part of its ongoing evaluation of the Training Program. It is outlined in IASP's Complaint Procedure. (See Appendix E for the details of IASP's Complaint Procedure).

APPENDIX A:

SAMPLE CURRICULUM

YEAR 1: 90 hours

Foundational Concepts in Psychoanalytic Thought
Introduction to Empathy: Clinical Discussions
History & Development of Psychoanalysis and Psychoanalytic Psychotherapy Post Freud
Basic Concepts and Techniques In Self Psychology Part 1
Basic Concepts and Techniques In Self Psychology Part 2
Case Formulation
Continuing Case Seminars

YEAR 2: 90 hours

Ethics (legal issues, boundary violations, etc.)
Intersubjectivity Theory
Theories of Human Development Across the Lifespan: Infant
Theories of Human Development Across the Lifespan: Adolescent and Adult
Affect Regulation
Psychopathology: borderline/narcissistic disorders; suicidality & self-harm; eating disorders; psychosis
Continuing Case Seminars

YEAR 3: 90 hours

Modern Perspectives on Transference / Countertransference
Clinical Impasses
Termination
Theories of Object Relations and Bridges to Self Psychology
Relational Theory
Diversity
Graduation paper and writing
Continuing Case Seminars

YEAR 4: 90 hours

Recent Advances in Self Psychology
Gender and Sexuality
Curative factors in Psychoanalysis
Trauma and Dissociation
Clinical applications: Student presentations
Continuing Case Seminars

APPENDIX B:

WHAT IS SELF PSYCHOLOGY?

"If there is one lesson that I have learned during my life as an analyst, it is the lesson that what my patients tell me is likely to be true -- that many times when I believed that I was right and my patients were wrong, it turned out, though often only after a prolonged search, that my rightness was superficial and their rightness was profound."

(Kohut, 1984. How Does Analysis Cure. p. 93)

Heinz Kohut wrote these profound words toward the end of his life. With the introduction of his theory of Self Psychology he transformed psychoanalytic thought and practice. The Self Psychological approach to psychoanalysis and psychoanalytic psychotherapy has evolved significantly since Kohut, but the essence of his thinking is captured in what is now referred to as "Contemporary Self Psychology" of which the following is a summary.

THE ESSENTIALS OF CONTEMPORARY SELF PSYCHOLOGY (Kindler's List)

1. Self Psychology privileges the patient's subjective experience. To this end it maintains a perspective that at all times privileges the patient's point of view. The therapist's goal is to engage and illuminate subjective experience so that aspects of it may be transformed.
2. Rather than attending solely to the subjective world of the patient, contemporary Self Psychology appreciates that the subjectivities of both patient and therapist, along with their impact on one another, must be considered to fully comprehend the therapeutic process.
3. The focus on understanding subjective experience has given rise to two fundamental concepts to capture its essential elements. These are the "Self" and the "Selfobject experience". The Self, (or subjective sense of self), refers to the person's experience of their own unique subjectivity which may vary in its qualities of cohesion, agency, continuity and vitality. A selfobject experience is one in which the person experiences themselves to become more cohesive and enlivened.
4. Selfobject experiences are of various kinds including mirroring (affirming, approving), idealizing (strengthening, calming), or twinship (sameness, like-mindedness). Many other kinds have been described and the possibilities are endless. These experiences may exist in the foreground (conscious) or background (non-conscious unless disrupted) of the relationship with the therapist. They may be healthy (development enhancing) or pathological (development restricting) in nature; e.g. drug addiction

5. To apprehend the subjective experience of an individual at any time, we pay particular attention to affect. Hence, affect is key to our understanding of subjective experience. This includes the affect actually being experienced and the affect being sought.
6. In addition to recognizing and exploring beneficial effects of selfobject experiences, the therapist also explores the patterns of aversiveness when selfobject needs are not met.
7. Emphasis is placed on positive (leading edge) strivings that are found alongside maladaptive or problematic (trailing edge) patterns.
8. We attend closely to the self-regulating and self-righting qualities of problematic behavior for the individual while still recognizing its problematic impact on others.
9. Disruption-repair sequences are explored in an experience-near manner (empathically) because they provide opportunities to understand the patient (and therapist and their relationship) in greater depth. This often includes the precise nature of the selfobject needs being frustrated and the repetitive patterns of response to these frustrations (selfobject failures).
10. Careful attention is paid to the sequence of events in the patient-therapist interaction (the “what happens next?” in the therapeutic process), particularly as it applies to the patient’s subjective experience, (sense of self). This provides an essential guide to the effect of the therapist’s participation at any moment.
11. Knowledge of past “lived experiences” is used to help understand present clinical experience (exchanges, events, enactments etc.) rather than the opposite as has been the practice in more traditional models.
Hence there is a strong developmental perspective in which the co-construction of “model scenes” (prototypical lived moments in development) makes past experiences alive and current.
12. In order to explore who we have become to the patient (precisely how we evoke the patient’s experience of us) the therapist tries to accept the patient’s attributions as a point of departure for inquiry.
13. Contemporary self psychology acknowledges a wide range of shifting motivations (needs for attachment, physiological regulation, sensual and sexual experience, assertion and exploration, and aversiveness) all contributing to the fundamental need to sustain, protect and strengthen the vulnerable self.

This work in progress was initiated by Alan Kindler, Joe Lichtenberg and Frank Lachmann at a Sunday breakfast in Toronto in 2005.

Further contributions have been made by Jim Fosshage and Shelley Doctors.

More contributions are welcome.

APPENDIX C:

IASP Privacy and Confidentiality Policy Consent Form for Students

IASP is an organization that provides training to its candidates and professional development to the wider psychoanalytic community. It consists of students, faculty, members and associate members and is led by a Board of Directors and supported by administrative staff. It does not provide service to clients.

Confidentiality issues pertain most directly to students but also indirectly to the clients served by all members and guests of the organization. Principles of privacy and confidentiality govern all relevant activities of IASP

1. Clients: Confidentiality is a strict cornerstone of the therapeutic process. Except in cases where specifically required to by Law, the therapist must make every effort to protect the private, personal communications that are received in the therapy. In training situations where cases are being presented, even though the content of the sessions must be revealed, every effort must be made to protect the identity of the client. If another student is familiar with the client in anything but a therapeutic context, he or she must withdraw from the class or another case must be chosen.

In situations in which the therapist discusses a case with colleagues, for professional advancement, such as at meetings, in written or journal communication, every effort must be made to protect the identity of the client. This would also apply to a therapist who finds him/herself in the position of receiving such a communication; in such a situation it is his/her responsibility to protect confidentiality by breaking off the communication.

2. Students: The practice of psychotherapy involves the whole person. Thus private information about students or prospective students becomes known to individuals at IASP responsible for selection, training, evaluation and maintaining records. Such information includes, for example, selection of an approved personal therapist, difficulties encountered in any aspect of the training program, and life circumstances that affect participation in training.

At times it is necessary for individuals with the responsibilities described above to consult with each other, thus disclosing personal information about the student. For example, determining a prospective student's suitability for the program; or determining if a candidate is ready to take on a training case, etc. Some of this information is shared verbally, some in the form of written communication such as evaluations or reader's reports.

Such disclosures must be confined to only those individuals who need to know it in order to most effectively accomplish the task at hand. Sensitivity to the candidate's right to privacy must be an important consideration at all times. Private information is not disclosed to anyone without a distinct need to know it.

Candidates are informed of the general circumstances under which their private

information will be disclosed in the ordinary running of the training program and give their consent in writing.

Individuals responsible for selection, training, evaluation, and record keeping sign a confidentiality agreement (see Confidentiality Agreement).

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I have read the above IASP Privacy and Confidentiality Policy and consent to the disclosure of personal information relevant to my training with the understanding that it will be disclosed according to the principles outlined in the Policy.

Print Name

Signature

Date

APPENDIX D:

IASP'S CODE OF ETHICS

Preamble

IASP's Code of Ethics has two purposes. One, it is intended to guide the management of the Institute in the integration of ethical principles into the development and implementation of its Psychoanalytic Psychotherapeutic Training Program, **and in any other educational program it sponsors for its members or the broader mental health community.** Two, it is intended to guide members of the Institute in their recognition of and response to issues reflective of the inherent power imbalance between candidates and their instructors, supervisors and readers in the training process. Compliance with IASP's Code of Ethics is one of the conditions for membership in IASP.

The principles **contained or embedded** in IASP's Code of Ethics are a composite of principles that pertain to the development and implementation of policies and programs related to the Institute's training programs. However they are reflective of and consistent with the ethical principles of the colleges and associations that have been established to certify psychotherapists in Ontario and regulate their relationships with their clients. These colleges and associations include the College of Physicians and Surgeons, the Ontario College of Psychotherapists, the College of Psychologists of Ontario and the College of Social Workers in Ontario.

These principles are also used to guide the development and implementation of the policies and practices of the Institute, including the Admissions Policy, Grievance Procedures, Confidentiality and Privacy Policies, the Institute's evaluation and certification process, and other activities and programs of the Institute as they emerge.

Note that IASP itself is NOT a regulatory body. Clients or any other persons who have a complaint about a member's failure to respect the ethical principles must refer such complaint to the regulatory college that is responsible for the certification of that member for investigation and resolution. However, the member is obliged to inform the Institute of the complaint lodged against her/him as membership in the Institute is contingent on the agreement of each members respect for the Code of Ethics. As such, IASP does have the responsibility to review the complaint against the member and the judgments made by the relevant college in the context of the member's commitment to respect the Code of Ethics of the Institute, and to apply any sanctions that are deemed appropriate. Such sanctions could range from a cautionary note, temporary membership suspension, or disqualification.

The Principles

Respect for the Rights and Dignity of All Persons

IASP respects the dignity, and rights of candidates and colleagues and members of the broader mental health community and rejects all forms of harassment and abuse.

Recognition of the diversity among all people and respect for the specificity of their differing experiences

IASP expects its Faculty, Candidates and Members of IASP to integrate the recognition of diversity and specificity into the development and delivery of its Training Program

Pursuit of Justice and Fairness

IASP stands against oppression and discrimination on the basis of diversity and individual experience and supports justice and fairness in professional and personal dealings with candidates and all those engaged in the development and delivery of its Training Programs.

Respect for Integrity in Relationships

IASP expects all those involved in the development and delivery IASP's **policies and programs** to deal honestly and forthrightly with each other and **all those affected by such policies and programs**. Such persons should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges; recognize and strive to challenge their professional and personal biases; and consult on ethical issues. IASP members are obliged to report any unethical behaviour among or between its members and participants in its training and educational programs. Any knowledge of members' inappropriate sexual conduct **in this context or in the context of their relationship with their clients** must be reported to the co-chairs of the Institute as well as referred to the relevant regulatory college.

Recognition of the Need for Responsible Caring for Candidates in the Training Program

IASP recognizes that there is always the possibility that candidates may experience an overlap in roles of analyst, supervisor, or reader during the training process. A candidate's analyst may for example also teach a class that s/he is in. IASP is aware of the problems that such overlaps may pose for candidates, and is committed to avoiding any exploitation or other negative consequences that candidates might experience during the training process because of such an overlap in roles.

IASP recognizes the inherently asymmetrical nature of relationships between candidates and their instructors, supervisors and readers, and analysts, and expects such instructors, supervisors and readers, and analysts to scrupulously avoid any and all forms of exploitation of candidates.

IASP also recognizes the potential of conflicts among candidates themselves in the course of an intense learning process that both encourages debate and privileges (values) personal experience in the exploration of psychoanalytic issues. IASP is committed to monitoring the training process for such conflicts and to facilitating their resolution where

necessary.

Confidentiality and Transparency regarding Complaints

IASP respects the right of the individual complainant to confidentiality whether the complaints made are aspects of the Training Program or problems that arise between candidates and their instructors, supervisors and readers. However, the Institute is committed to the public recognition of its responsibility for complaints that relate to its development and delivery of the Training Program, and for the initiatives that need to be taken to resolve them.

APPENDIX E:

Complaints Policy and Procedures for Candidates in IASP's Training Program

Preamble

The efficacy of the IASP Training Programme and of the health of IASP in general depends on the ongoing monitoring and assessing of how IASP can best be responsive to candidates in the process of their formation as psychoanalysts and psychoanalytic psychotherapists. Regular feedback from candidates about the experiences they have had in all aspects of the Training Program is deemed a necessary and vital part of this process. This belief is shared by all those responsible for the development and implementation of the Training Program. IASP is committed to up-dating the complaints procedures every five years or as required.

In this spirit, IASP welcomes any complaints that candidates might have about their experiences of any aspect of the Program, including their relationships with those who are responsible for its implementation and with their colleagues in their training group. Candidates have the right to raise their concerns and complain without fear of reprisal.

Guiding Principles

The processing of complaints is guided by the following principles. They are consistent with the general principles of the various codes of ethics and the professional practice standards to which those engaged in implementing the Training Program are legally obliged to subscribe, including the Code of Ethics and The Professional Practice Standards of the new College of Registered Psychotherapists in Ontario

Respect for the Autonomy, Diversity, Dignity and Integrity of All Persons

IASP expects its Faculty, Candidates and Members of IASP involved in the development and delivery of its Training Program to respect the diversity and dignity, and rights of candidates and colleagues and members of the broader mental health community and to reject all forms of harassment and abuse.

Support for Justice and Fairness

IASP stands against oppression and discrimination and supports justice and fairness in professional and personal dealings with candidates in the development and delivery of its Training Programs.

Integrity in Relationships

IASP expects all those involved in the development and delivery of its Training Program to deal honestly and forthrightly with each other. Such

persons should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges; recognize and strive to challenge their professional and personal biases; and consult on ethical issues.

IASP supports the duty of all those involved in the development and delivery of the Training Program to report unethical behaviour such as inappropriate sexual conduct.

Responsible Caring for Candidates of the Training Program

IASP recognizes that there is always the possibility that candidates may experience an overlap in roles of analyst, supervisor, or reader during the training process. A candidate's analyst may for example also teach a class that s/he is in. IASP is aware of the problems that such overlaps may pose for candidates, and is committed to avoiding any exploitation or other negative consequences that candidates might experience during the training process.

IASP recognizes the inherently asymmetrical nature of relationships between candidates and their instructors, supervisors and readers, and analysts, and expects such instructors, supervisors and readers, and analysts to scrupulously avoid any and all forms of exploitation of candidates.

IASP also recognizes the potential of conflicts among candidates themselves as an almost inevitable aspect of a training program such as IASP's in which the personal history of candidates of differently organized subjectivities is regularly and sometimes painfully exposed in their exploration of psychoanalytic issues. IASP is committed to monitoring the training process for such conflicts and to facilitating their resolution where necessary.

Commitment to Transparency and confidentiality

IASP is committed to the transparency of the complaints it receives as they relate to its policies and procedures, while respecting the confidentiality of complainants and respondents as complaints relate to ethical conduct unless otherwise determined

Complaints procedures:

1. All complaints should be addressed to the President/Co-presidents of IASP who are responsible for their ultimate resolution. If the complaint is against the President/Co-president, the past President or his/her named replacement will assume the role of arbiter.
2. The President/Co-president will make an initial review of the complaint to determine if the complaint is reasonable, and if it is the legitimate responsibility of IASP.

3. In recognition of IASP's commitment to collegiality as a guiding principle in establishing the complaints procedures and in the interest of facilitating a prompt resolution of the complaint, the President/Co-president will inform the respondent about the complaint, and explore the potential of resolving the complaint through a conversation between the candidate who is making the complaint and the person about whom the candidate is complaining or the person responsible for that aspect of the program about which the candidate is complaining.
4. If acceptable to both parties, this conversation might be organized directly by them. However, if either party is unwilling or unable to deal directly with the other person due to the nature of the complaint, or if a satisfactory resolution cannot be reached by this method, the candidate will ask the President/Co-president to initiate action to resolve the complaint.
5. The President/Co-presidents will first initiate procedures to facilitate or mediate discussions between the two parties toward resolving the complaint.
6. When faced with more serious or complex complaints, the President/Co-presidents shall seek recommendations for the resolution of the complaint through a more thorough investigation of the complaint, including an independent inquiry or legal advice.
7. Following a review of these recommendations, the President/Co-presidents will inform the candidate of the decision s/he reaches, and forward recommendations to the Board for any changes in policies and procedures that emerged in consideration of the complaint and its resolution.
8. Candidates may appeal the resolution of the complaint reached by the President/Co-presidents in a submission to the Board of IASP. The President/Co-president will exempt themselves from the Appeal Process.