



Training Manual

UTSouthwestern Medical Center

5323 Harry Hines Blvd.

Dallas, TX 75390-9070

Revised: August 2015

TABLE OF CONTENTS

About Us: Psychoanalytic Organizations	
The Dallas Psychoanalytic Center	3
The Dallas Foundation for Psychoanalysis	4
The American Psychoanalytic Association	4
Memberships	5
Candidate Organization	5
Options: Training Opportunities in the Dallas Psychoanalytic Center	6
Candidate Progression in the Dallas Psychoanalytic Center:	
Introduction	8
Application	8
Components of Training	8
Training Analysis	8
Coursework, Classes and Conferences	9
Confidentiality	10
Psychoanalytic Control Cases: Requirements of Supervised Cases	10
Categories of Candidacy	11
Candidate Advisor and Reporting to Candidates	12
Candidate Progress Evaluations	13
Reports Expected from Candidates	13
DPC Master Candidate Record Form	13
Control Case Reports	14
Reports Expected from Faculty	15
DPC Candidate Records Retention Policy	16
Criteria for Graduation as a Psychoanalyst	16
Criteria for Graduation as a Psychoanalytic Scholar	17
Procedure for Graduation	17
Clinical Colloquium Procedures	17
Colloquium Procedures for Graduation as a Psychoanalytic Scholar	18
Fees, Tuition and Dues	19
Appendices	
Appendix A: Initial Write-up	20
Appendix B: Control Case Face Sheet	21
Appendix C: Master Candidate Record Form	22
Appendix D: Supervisory Candidate Evaluation Form	25
Appendix E: Tuition and Dues	42
Appendix F: DPC Executive Director	43
Appendix G: Annual Control Case Write-up Outline	44
Appendix H: DPC Candidate Records Retention Policy	46

The Dallas Psychoanalytic Center

The Dallas Psychoanalytic Center (DPC) is one of approximately 30 institutions nationwide that are accredited by the American Psychoanalytic Association (APsaA) to provide formal psychoanalytic training. The DPC, often in conjunction with other local professional organizations, provides educational opportunities for mental health professionals and other interested parties.

The Dallas Psychoanalytic Society, Dallas' original psychoanalytic organization, was established in May of 1982 as a component society of the American Psychoanalytic Association (APsaA). The Dallas Psychoanalytic Institute began as a Division of the New Orleans Psychoanalytic Institute in 1983, became a Provisional Institute independent of New Orleans in May of 1988, and achieved full, autonomous Institute status within the APsaA in May of 1992. In February of 2006 the Society and the Institute consolidated to form the Dallas Psychoanalytic Center.

The Dallas Psychoanalytic Center is a non-profit corporation governed by a Board of Directors (BOD), which is elected by members of the Center. The BOD elects the officers of the Center (the President, Vice President, Secretary and Treasurer) from its members. The President of the BOD presides over the DPC. In addition to the elected members of the BOD the Chairs of the Education, Professional Development and Educational Outreach Committees serve on the BOD. The BOD is the formal, final and ultimate policy approval authority for DPC. There are seven standing committees that serve the BOD: Education, Professional Development, Education Outreach, Ethics, Patient Colleague Assistance, Nominating and Membership.

The Education Committee (EC) is responsible for all functions related to the training of the psychoanalytic candidates of the Center. The Chair is elected by the EC and presides over the Education Committee. The Chair of the EC reports to the BOD, which has authority over EC decisions. There are a number of subcommittees of the EC including the Candidate Selection Committee, the Candidate Progress Committee, and the Curriculum Committee.

The Professional Development Committee (PDC) is responsible for programs that contribute to the professional development of members of the Center, and others when appropriate. The Chair of the PDC is elected by the Center membership and serves on the BOD.

The Education Outreach Committee (EOC) is charged with creating and implementing psychoanalytic programs for educating non-candidates. In recent years this committee has focused on contributing to the development and implementation of the

Postgraduate Psychoanalytic Psychotherapy Program (PPPP) in collaboration with the Dallas Society for Psychoanalytic Psychology (DSPP) and Dallas Society for Psychoanalytic Social Work (DPSW). The PPPP was initially inspired and supported by the UT Southwestern Graduate Program in Clinical Psychology. Members of this committee as well as other DPC faculty have participated in the recruitment, administration and teaching of students in the PPPP. The EOC also participates in recruitment activities. The Chair of the EOC is elected by the Center membership and serves on the BOD.

Additional standing committees answering to the BOD of the Center include Ethics, Patient & Colleague Assistance, Membership and Nominating Committees. Ad Hoc Committees, e.g., for Recruitment, may also be appointed. Please refer to the Bylaws of the Center for further information regarding DPC governance.

The DPC Executive Director oversees all Center activities. All scheduling as well as all educational administrative material and correspondence is handled through the Executive Directors' office (see Appendix F for more information on the DPC Executive Director).

The Dallas Foundation for Psychoanalysis

The Dallas Psychoanalytic Center (DPC), and the Dallas Foundation for Psychoanalysis (DFP) are independent organizations. The Center is concerned with educational activities and with scientific and professional matters. The Foundation supports psychoanalysis in the community. Candidates are encouraged to attend open meetings held by the Center and the Foundation, as well as other local, national, and international psychoanalytic organizations.

The Dallas Foundation for Psychoanalysis (DFP) is a non-profit organization that has 3 missions: 1) to support the Center, 2) to serve as a bridge between the Center and the community, and 3) to promote a psychoanalytic understanding to help address the emotional problems of adults, children and families in the metroplex. The Foundation Board is composed of members from the community, as well as Center faculty and candidates. The DFP organizes and coordinates programs, lectures, and consultations for public agencies, schools, and religious organizations.

The American Psychoanalytic Association

The American Psychoanalytic Association (APsaA) is the national umbrella organization accrediting many institutes and centers of psychoanalytic training in the US, including the DPC. APsaA is a Regional Association of the International Psychoanalytic Association (IPA). Only individuals may become members of APsaA. Each accredited center or society is represented by a Councilor on the Executive Council of APsaA, which is its legal board of directors. "Council" is chaired by the President of APsaA and has the responsibility of overseeing all of the functions and committees of the association, including educational, professional, scientific, governmental, and legal

matters. Council assigns matters of professional education and standards to the Board of Professional Standards (BoPS), which elects its own officers and reports to Council.

Memberships

Upon acceptance as a candidate one becomes a voting member of the Dallas Psychoanalytic Center and is expected to pay dues accordingly (see Appendix E).

After candidates are approved for coursework, they become eligible to apply to become “Affiliate Members” of APsaA. According to the Committee of Ethics of APsaA, it is unethical for candidates, prior to graduation, to represent themselves to the public as “psychoanalysts.” After graduation, psychoanalysts are eligible to apply to become “Active Members” of APsaA and to apply for “Certification.” Certification through the Certification Committee of the Board of Professional Standards (BoPS) is currently a requirement to become a Training and/or Supervising Analyst but that requirement is undergoing intense review and debate within APsaA centered on the idea of removing credentialing authority from the organization that sets training standards. Some APsaA members question the need for Certification at all. Some institutes and centers have accepted “External Certification” by an accrediting organization. DPC representatives (BoPS Fellows and Councilors) participate in these debates, and candidates are encouraged to make their views known to their representatives.

Graduate analysts applying for certification submit curriculum vitae, letters from DPC, and summaries of control and/or current cases for review and approval by the BoPS Certification Committee. Candidates have been urged to plan toward and work for Certification and have been encouraged to write their graduation summaries in a format acceptable to the Certification Committee. At the present time only certified psychoanalysts may be appointed Training and Supervising Analysts (TSA). A By-Law change was introduced and approved in January 2013 to allow one of the 2 Fellows of BoPS to be a non-TSA. Furthermore, the standards for TSA appointment are currently a source of considerable debate within the APsaA. DPC leadership monitors (and participates in) these debates and changes and can provide candidates with current information.

Candidate Organization

Candidates are strongly encouraged to organize and actively participate in a Candidate Organization or Forum. Candidates are also encouraged to participate in the APsaA programs for candidates and to send representatives to the Candidates’ Council of the APsaA.

Options: Training Opportunities in the Dallas Psychoanalytic Center

The current requirements for graduation as a psychoanalyst from DPC and eligibility for Active Membership in the APsaA are as follows:

1. Completion of five-year course of didactics.
2. Supervised treatment of at least 3 control cases. Each case should have at least 50 hours of supervision with three different TSA's with evidence of obtained competency to independently analyze patients of both sexes who are engaged in a psychoanalytic process.
3. A personal/training analysis with a TSA or an analyst who has obtained a waiver per APsaA requirements.

The DPC has recently developed a Four-Track system to allow for greater variety and flexibility for those seeking psychoanalytic education. The Track system is as follows:

Track 1- Full Candidacy

The candidate's goal is to become a practicing psychoanalyst by the most direct route. Track 1 candidates are engaged in all components of analytic training, which lead toward becoming a graduate psychoanalyst.

A Track 1 Candidate is engaged in the following components of the full tripartite psychoanalytic training program:

1. Takes all didactic courses for the five-year curriculum.
2. Begins supervision with a Training and Supervising Psychoanalyst (TSA) of current psychoanalytic psychotherapy cases in preparing to initiate a psychoanalytic case, learning how to deepen the treatment, and practice development.
3. Engages in a personal/training analysis with a Training and Supervising Psychoanalyst (TSA) or with an analyst who has obtained a waiver to serve in this role.

Track 2 - Part Time Candidacy

These candidates are approved for full candidacy with the candidate's goal of completing all aspects of the tripartite program and becoming a practicing psychoanalyst, but with approval for delaying some classes and/or delaying acceptance of some control cases. Track 2 is for candidates who prefer to move more slowly through their training and/or who do not fully satisfy the requirements of a Track 1 candidate (are not in a personal analysis with a TSA). Delay of any of the components of the tripartite system may lead to delay of graduation.

Track 2 Candidates are required to be engaged in the following:

1. Begins the course of didactics, but, with approval, may delay taking certain classes and pick these up at a later date.
2. Begins supervision with a psychoanalyst of current psychoanalytic psychotherapy cases in preparation of initiating a psychoanalytic case, learning how to deepen the treatment, and practice development. Track 2 candidates may delay taking control psychoanalytic cases.
3. Begins a personal analysis from the beginning of the first year of training. This analyst does not have to be a TSA or have obtained a waiver. However, Track 2 candidates must enter a personal/training analysis with a TSA by the beginning of the third year of training.

Track 3 - Early Admission Candidacy

Track 3 is for candidates who wish to enter psychoanalytic training, but who currently continue in a psychiatric residency, graduate school, or postdoctoral programs and are awaiting the achievement of licensure required for independent clinical practice. Upon graduation from these postgraduate programs and after licensure has been completed, the candidate may apply to the Candidate Progress Committee for a move to Track 1 or Track 2 with the eventual goal of becoming a graduate psychoanalyst.

Track 3 Candidates are involved in following components of the training program:

- Candidates are approved to begin classes and encouraged to begin or continue personal analysis and to embark on psychoanalytic supervision/mentorship while completing residency, graduate school, and postdoctoral programs.

Track 4 - Educational Candidacy

This track is intended for the following three groups of candidates:

1. Clinicians who are interested in psychoanalytic approaches, but have not made the decision to become a practicing psychoanalyst. This route offers the flexibility of beginning a psychoanalytic course of study without initially committing to become a practicing psychoanalyst. These candidates will be exposed to didactics and are encouraged to enter a personal analysis and supervision so that they may determine whether they wish to move toward becoming a Track 1 or Track 2 candidate. If a Track 4 candidate requests and is approved to move to Track 1 or Track 2, all of the requirements of that track would apply.
2. Mental health professionals who wish to deepen their understanding of psychoanalytic approaches, but who do not plan to move toward full psychoanalytic training as a Track 1 or Track 2 candidate. This group of candidates is also encouraged to be in supervision and in a personal psychoanalytic treatment.

3. Academics who wish to be exposed to psychoanalytic thinking. If the goal is to complete a program as a Psychoanalytic Scholar, a course of psychoanalytic therapy or analysis is required.

Training Requirements for Track 4 Candidates:

- While all non-clinical Track 4 candidates are encouraged to enter personal psychoanalysis or psychoanalytic psychotherapy to enhance understanding of psychoanalysis, if the goal is to become a Psychoanalytic Scholar a course of psychoanalytic psychotherapy is *required*.
- If a Track 4 candidate requests and is approved to move to Track 1 or Track 2, all the requirements of that track would apply.

Candidate Progression in the Dallas Psychoanalytic Center

Introduction

The Education Committee offers this outline of training components and procedures of the Dallas Psychoanalytic Center and attempts to clarify the candidate's progression from application to graduation.

Application

Application forms are obtained from the DPC Executive Director and submitted to the Chair of the Candidate Selection Committee. The Selection Committee Chair makes him or herself available to prospective candidates to discuss requirements, select from among the various training options, describe the training, understand the process, etc. The Candidate Selection Committee processes all applications and applicants are interviewed in-depth by at least two members of the faculty. Recommendations of the Candidate Selection Committee are made to the Education Committee and the Chair of the Candidate Selection Committee subsequently makes notifications of the decisions to the applicant.

Components of Training

There are three components to formal clinical psychoanalytic training:

- A training analysis
- Five years of coursework,
- Supervised treatment of psychoanalytic control cases

Each of these is vital and it is the interplay among them that provides the ideal milieu for the development of the competencies essential to becoming a psychoanalytic clinician.

Training Analysis

Candidates in Track 1 (see p. 6) are required to undergo a formal psychoanalysis with Training and Supervising Analyst (TSA) members of the faculty unless their existing analyst has obtained a waiver via the Education Committee. Track 2 candidates must be in a personal analysis from the beginning of the first year of training. This analyst does not have to be a TSA or have obtained a waiver. However, Track 2 candidates

must enter a personal/training analysis with a TSA by the beginning of the third year of training.

Candidates select their own Training and Supervising Analyst and notify the Chairman of Candidate Progress Committee. A period of personal analysis is recommended before candidates begin supervised cases. The frequency of sessions in training analyses is at least 4 days per week. DPC is a 'non-reporting' training facility, meaning that the candidate's progress in his/her training analysis is strictly confidential and not reported to the EC or CPC. All that is reported is the beginning date, the number of hours of analysis to date, and the date of termination. A candidate's analyst will excuse him or herself from CPC meetings where the candidate is discussed. And, if a candidate's analyst is teaching a course in the required curriculum, a separate tutorial with another faculty member is typically arranged for that candidate. These efforts are designed to allow the candidate the maximum freedom in his/her personal analysis.

Coursework, Classes and Conferences

Each class and each course builds a foundation for successive ones. Each class is offered approximately every three years. Therefore it is important that candidates fully participate in all classes in order to progress in training. Candidates are expected to attend all classes (a minimum of 75% attendance). Candidates are expected to read assigned material and participate actively in class discussions.

The faculty will be responsible for providing an educational experience that can lead to full training and credentialing as a psychoanalyst or psychoanalytic scholar.

In addition to classes, supervised cases and personal analysis, cohesion among class members is also a very important part of psychoanalytic training. If candidates anticipate missing a class, they should:

- 1) Contact the Instructor to determine what is needed to "make-up" the class.
- 2) Notify the other candidates/classmates of their absence.

DPC candidates are part of a larger community including mental health professionals who, though not analysts themselves, share in an analytic perspective. DPC co-sponsors presentations and out-of-town speakers with other local groups (including but not limited to Dallas Society for Psychoanalytic Psychology and the Dallas Foundation for Psychoanalysis). Candidates are expected to attend:

- The annual DPC Ethics Workshop
- Presentations and case conferences offered with visiting distinguished analysts

Candidates are encouraged to attend as many of the DPC- sponsored and co-sponsored workshops and programs as possible in order to reinforce, broaden, and expand psychoanalytic education beyond class offerings.

All of these elements of the total DPC analytic training experience contribute to a developmental arc that leads to an analytic identity associated with being part of an analytic community that can offer significant professional and personal enrichment.

Confidentiality

Protection of the confidentiality of patients is a responsibility of the highest order for psychoanalysts as it is for all mental health clinicians. It is the detailed consideration of clinical material that makes case conferences and supervision such powerful educational opportunities. To manage the tension between protecting those in treatment and providing those in training with the best learning experience, all must remain ever mindful of the care and caution necessary in presenting and discussing clinical material. To those ends, candidates in all Tracks are required each year to sign an affidavit indicating that all case material either presented or discussed will be kept confidential. The affidavit signed indicates (1) that discussions of case material must be confined to the participants in any class discussion or case conference, and 2) that care must be taken that any material presented or notes taken be disguised to protect the confidentiality of the patient or analysand. Candidates are urged to take this requirement very seriously as lapses violate ethical standards and can be clinically and personally damaging.

In addition to general requirements for patient confidentiality in the mental health field, there are some matters unique to the psychoanalytic situation. It is in part for this reason that candidates are required to attend the annual DPC Ethics Workshop where confidentiality issues unique to or more intensely or frequently experienced in psychoanalysis are discussed.

Psychoanalytic Control Cases: Requirements of Supervised Cases

Track 1 candidates are expected to initiate supervision with a Training and Supervising Analyst (TSA) at the outset of their Track 1 candidacy. This will allow them to work on practice development, review psychotherapy cases, learn to deepen treatment, consider conversion of psychotherapy cases to psychoanalysis, and eventually initiate a psychoanalytic control case. Track 2 candidates are expected to begin supervision from the outset as well. This supervision does not have to be with a TSA but can be with any psychoanalyst member of the DPC faculty. This supervision is intended to focus on psychoanalytic psychotherapy and practice development. When they move to Track 1 these candidates will begin supervision with a TSA with the goal of initiating a psychoanalytic control case.

For adult psychoanalytic training a minimum of three supervised adult cases providing work with both sexes is required. Each case must be seen a minimum of four separate days a week in person, unless special dispensation is given, and each case must be supervised by a different supervisor unless circumstances make this impossible. In some circumstances, an adolescent or child case may be permitted to count as one of the three required cases. This would require approval by the Candidate Progress Committee as well as supervision by a Child Supervising Analyst.

It is mandatory that the candidate's training psychoanalysis overlaps substantially with the treatment of control cases.

Approval to Begin Clinical Work:

Once the Track 1 candidate and his/her TSA supervisor identify a case appropriate for psychoanalysis, a request for approval to begin clinical work is made to the Chair of the Candidate Progress Committee (CPC).. Prior to starting an analysis, candidates are ethically required to inform a patient of being a supervised trainee.

Eligibility for Second Control Case:

Once the first case is well under way and all paperwork is current, the Track 1 candidate may request permission to begin a second case either directly to the CPC Chair or through his or her Advisor (see below), who consults with candidate's supervisor of the first case and brings the request to the CPC. Approval reflects the candidate's satisfactory grasp of early analytic process, a well-established first case, and current status of reports. The Chair of the CPC or the candidate's Advisor will notify the candidate of the CPC's decision. As with all control cases, the candidate should inform the patient that he or she is a supervised trainee.

Eligibility for Third Control Case:

The process for requesting permission is the same as above. If all reports reflect satisfactory academic work and two well-established control cases, the Candidate Progress Committee will recommend approval for a third case. This decision will be conveyed to the candidate through the Chair of the CPC or the candidate's Advisor.

Eligibility to begin a third control case generally carries with it permission for the candidate to begin work with additional cases. If this permission is not granted, the reason will be made explicit to the candidate. It is required that the candidate have some supervisory consultation on all cases prior to graduation, but later cases may require less frequent supervision.

Eligibility for Fourth and Subsequent Control Cases:

A fourth and subsequent control cases may be taken into analysis at the candidate's discretion, and some supervisory contact is required with every case. The training analysis of the candidate should overlap with the supervised work for a reasonable length of time.

Before a second, third or fourth control case may be approved, all required paperwork must be submitted on prior cases.

Categories of Candidacy:

Active Candidates: These are candidates who are actively engaged in coursework. More specific categories relate to the Track (1,2,3 or 4) in which the candidate is currently working.

Advanced Candidates: These are candidates who have completed coursework, but have not yet met all requirements for graduation. They are required to be engaged in an ongoing study group of their peers.

Leave of Absence Candidates: Personal circumstances or difficulties of an academic nature may require interruption of a candidate's program. Candidates may be allowed to remain in leave-of-absence status as a temporary measure before resuming a full program, terminating the program, or having training terminated by decision of the Education Committee. In the event of interrupted training, the Candidate Progress Committee and the Education Committee make every effort to insure continued supervision on on-going cases or assist candidates in making a transfer of such cases.

Termination of Training Status: If at some point in a candidate's training the Education Committee determines that the candidate has demonstrated a failure to comprehend analytic concepts or develop basic skills and competence as an analytic clinician or scholar despite the faculty's supervisory and didactic efforts, or if the candidate demonstrates serious, unresolved psychological or medical impairments incompatible with consistent, meaningful participation in the educational process, the Education Committee may ask the candidate to terminate training status. Usually this is the result of a long process and efforts on all sides to address the issues involved, be they personal, analytic, supervisory, or didactic. Should the candidate disagree with the decision, the candidate may request a meeting with representatives of the Education Committee; receive an explanation, and present reasons for appeal. The Education Committee with the support of the Center's BOD, however, has final authority over the candidate's training status.

Candidate Advisor and Reporting to Candidates

Each candidate chooses or is assigned a Candidate Advisor. The Advisor can be any faculty member who agrees to the responsibilities of the role. Since supervisors are in an evaluative role while the Advisor is intended to be an advocate and liaison, it is suggested that the Advisor not be a supervisor. A candidate can elect to change Advisors at any time, and an Advisor can elect to relinquish his or her duties at any point as well. A candidate must notify the DPC Executive Administrator (see Appendix F) of changes in Advisor.

The Advisor provides the candidate with mentorship and attempts to facilitate the learning process by identifying any problems and providing a role model for lifelong psychoanalytic learning. And, the Advisor serves as a liaison between the candidate and the Education Committee (EC) and Candidate Progress Committee (CPC).

A candidate generally meets with his/her Advisor toward the end of each semester to collect the candidate's various evaluations and discuss the upcoming Candidate Progress Committee (CPC) meeting. The Advisor presents the current reports of the candidate's progress at the CPC meeting where discussion ensues leading to a summary report. After the CPC report is received and reviewed, the candidate and

Advisor may meet again to discuss any questions or concerns raised as well as recommendations which might have been made. Either the candidate or Advisor may request additional meetings to discuss questions or difficulties at any point in the candidate's training.

Candidate Progress Evaluations

From the time of the first year of class work onward, the candidate's progress is under the auspices of the Candidate Progress Committee (CPC), a subcommittee of the Education Committee. Formal candidate progress evaluation is done twice a year via the meetings of the CPC, which typically occur after the conclusion of each academic semester. The candidate, supervisors and instructors will submit reports for review and evaluation by the CPC. As always, it is critical that names of patients and revealing identifying data not be used in any reports or presentations by faculty or candidates.

At the CPC meetings each candidate is reviewed, provided current evaluative reports are available. Each candidate's Advisor is responsible for presenting his or her candidate's current status in training. In order to do this the candidate must provide his or her Advisor with 1) a completed current DPC Master Candidate Record (MCR) form (See Appendix C) and 2) the Supervisory Candidate Evaluation Forms (SCEF's) (See Appendix D) which the candidate has obtained from supervisors of ongoing control cases. For Active Candidates in coursework, the Advisor will also obtain current reports from instructors, which have been gathered by the Executive Administrator. Furthermore, the Advisor will be aware of any issues, concerns or requests that the candidate has. The candidate's Advisor will present information from all of these sources to the CPC. This will set the stage for a CPC discussion of the candidate's progress, which will then be summarized and provided to both the Advisor and candidate. The hope is that this process can be collegial and open. And, the CPC has worked to define increasingly clear competencies for psychoanalytic training to allow candidates to monitor their professional development and identify those areas in need of attention.

Specific issues considered during CPC meetings have to do with a candidate's readiness to move to the next year of coursework, a candidate's appropriateness for a change in Track, a Track 1 candidate's readiness to begin a new control case, any special situations or requests that the candidate might present—such as a request for a leave of absence, a candidate's request to be considered for a graduation colloquium (see below), among other possibilities.

Reports Expected from Candidates

DPC Master Candidate Record Form

Twice a year, before each Candidate Progress Committee (CPC) meeting every candidate regardless of stage of training needs to complete or update their Master Candidate Record (see Appendix C). The candidate should submit the completed form

to both his/her Advisor and to the DPC Executive Administrator (see Appendix F). This form provides a comprehensive transcript of the candidate's various training endeavors and allows the CPC to perform its work with current information.

Control Case Reports

General Comments and Suggested Readings:

Writing about a case enables the clinician to tie together clinical material, theory, and technique. Through the process of formulating and reformulating, the clinician gains perspective on the patient's progress, the evolution of transference, and the usefulness and pitfalls of countertransference. In addition, writing about cases helps clinicians communicate their work with other clinicians and provides preparation for the roles of instructor, supervisor, presenter, and consultant.

DPC has created a writing program to help candidates develop and hone this skill. Beginning in the second year of candidacy, the writing course constitutes an essential element of the curriculum. Candidates will be required to write about their analytic or psychotherapeutic clinical work and will get feedback about their writing. This course will help the candidate complete annual write-ups by the June 1st deadline.

The following reference will provide a beginning understanding of writing about the analytic process:

- Bernstein, S.B. (2008). Writing about the Psychoanalytic Process. *Psychoanal. Inq.*, 28:433-449.

For a more advanced understanding of writing about micro- and macro-process, see the following articles:

- Glick, R.A. (2008). Writing as Psychoanalytic Pedagogy: A Primer (The Columbia Psychoanalytic Writing Program). *J. Amer. Psychoanal. Assn.*, 56:1227-1230.
- Singer, M.B., Lister, E., Kravis, N., Sandberg, L., Halpern, J.K., Cabaniss, D.L. (2008). "I Write to Know What I Think": A Four-Year Writing Curriculum. *J. Amer. Psychoanal. Assn.*, 56:1231-1247.
- Cabaniss, D.L., Graver, R. (2008). Mapping the Macroprocess. *J. Amer. Psychoanal. Assn.*, 56:1249-1260.
- Glick, R.A., Stern, G.J. (2008). Writing about Clinical Theory and Psychoanalytic Process. *J. Amer. Psychoanal. Assn.*, 56:1261-1277.

Specific Control Case Report Requirements:

1. At the onset of each control case the candidate sends a notifying letter (or email) to the DPC Executive Administrator and the Chair of the CPC informing them that a new case has been initiated and indicating whom the supervisor will be.
2. The candidate composes an Initial Control Case Write-Up on each control patient covering the evaluation of the patient and the first two weeks of analysis. The Initial

Control Case Write-Up is due within three months after the case has begun. The first draft of the Initial Case Write-up is submitted to the supervisor of the particular case. After editing the write-up using the supervisor's recommendations, the candidate submits the Initial Control Case Write-Up with a Control Case Face Sheet (see Appendix B) to the DPC Executive Director (see Appendix F), who places it in the candidate's file. Appendix A offers one format for the initial write-up, but it need not be rigidly followed.

3. Each year every candidate who is treating control cases is required to submit an Annual Control Case Write-Up for each case he or she treated during that year (even if the treatment did not span the entire year). These must be completed by June 1st each year and submitted to the case supervisor and to the DPC Executive Director (see Appendix F) for inclusion in the candidate's master file. Each Annual Control Case Write-Up should be accompanied by a Control Case Face Sheet (Appendix B). DPC's writing program uses the approach to psychoanalytic writing that was developed at Columbia. This system is described in the articles referenced above. Appendix G provides an outline and guidelines for Annual Control Case Write-Up that was provided by Dr. Elena Lister, one of the authors of the Columbia writing program. Please use this model as it complements the didactics that will be provided over the course of your training.

Each Annual Control Case Write-Up begins at the initial contact with the patient and ends with the current state of the work. It includes updated understandings gained during the previous year and any changes in transference, countertransference, and patient progress.

4. Control case reports are an integral part of the graduation colloquium. To be eligible for a graduation colloquium a candidate must be current on all required Initial and Annual Control Case Write-Ups. Prior to the colloquium the candidate provides complete (20 double spaced pages) on two (2) cases, one of each sex. A brief report (5 pages) is sufficient for other cases. See the Graduation Colloquium information below for more on this process.

Reports Expected from Faculty

- At each reporting period, the candidate's Training Analyst submits a **Training Analyst Report (TAR)** containing only the following information: Date Analysis Began, Hours to Date, and, if relevant, Termination Date or Interruption Date. A candidate's analyst reports no other information concerning the analysis to DPC. Furthermore, analysts are not present in CPC or EC discussions regarding their candidate analysands.
- At the end of every semester, each control case supervisor submits a **Supervisory Candidate Evaluation Form (SCEF)**, which covers the candidate's progress using developmental criteria to evaluate the candidate's growing competency (see Appendix D). The candidate is responsible for bringing the SCEF to each supervisor who will then complete it and review it with the

candidate. The evaluation is broad and includes the candidate's use of supervision, problems encountered, specific learning impediments, and transference and countertransference issues. In addition to filling out the form, supervisors are asked to write a narrative paragraph describing the process of supervision. If relevant, the supervisor also describes issues involved in the interruption or termination of a case and/or supervision and includes recommendations to the CPC, which decides whether the candidate receives credit for the case. If a candidate is in supervision but has not yet begun a case, the supervisor should prepare a narrative report instead of submitting an SCEF.

- At each reporting period every faculty member involved in teaching a course submits a **Coursework Report (CWR)** - an evaluation of each candidate's participation, preparation, and understanding of the material taught in the course. Faculty members may also include suggestions and recommendations to improve the candidate's learning experience.
- **Colloquium Reports:** at the conclusion of a graduation colloquium one of the faculty members of that colloquium committee should prepare a summary report including recommendations regarding graduation. This report should be submitted to the Chair of the CPC.

DPC Candidate Records Retention Policy

There are records maintained on each candidate throughout training, and to a lesser degree afterward. Clinical candidates have 3 sets of records: 1) Admission/Selection records, 2) Progress records, and 3) Control case records. Non-clinical candidates have 2 sets of records: 1) Admission/Selection records, and 2) Progress records. The specific policies for retention of these records are outlined in Appendix H.

Criteria for Graduation as a Psychoanalyst

To be eligible for graduation in Track 1, candidates must have:

1. Engaged in a Training Analysis.
2. Satisfactorily completed the coursework of the academic program.
3. Participated in other educational activities, including a study group, as recommended by the Education Committee.
4. Demonstrated a capacity to conduct psychoanalysis under supervision with at least three control cases, each with at least 50 supervisory hours, such that the Education Committee believes that the candidate has the ability to conduct an analysis independent of supervision. In addition to the numerical requirements, candidates must demonstrate to the Education Committee's satisfaction the ability to develop, understand, and conduct an analytic process in depth over time and the acquisition of the defined component psychoanalytic competencies.
5. Completed all required reports on supervised cases. (See "Reports Expected from Candidates" above.)
6. Requested graduation. (see below)
7. Satisfactorily completed a graduation colloquium (see below), as attested to by report of Colloquium Committee to the CPC and as affirmed by EC and BOD.
8. Completed payment of all tuition, dues, and fees.

Criteria for Graduation as a Psychoanalytic Scholar

To be eligible to graduate in Track 4 as a Psychoanalytic Scholar, the following is required:

1. Satisfactory completion of all 5 years of coursework.
2. Completion, as attested to by personal analyst who is member of DPC Faculty, of at least 300 hours of psychoanalysis.
3. Satisfactory completion of colloquium (see below), as attested to by report of Colloquium Committee to CPC and as affirmed by EC and BOD.
4. Payment of all DPC tuition, dues, and fees.

Procedure for Graduation

Prior to graduation, every candidate participates in a colloquium. The colloquium procedures are described below.

Clinical Colloquium Procedures

- The clinical candidate fulfills the requirements for graduation as outlined above.
- The candidate requests a graduation colloquium from the Chair of the Candidate Progress Committee (CPC).
- The CPC Chair notifies the Education Committee (EC).
- EC appoints a Graduation Colloquium Committee for the candidate consisting of at least two (2) faculty members – at least one must be a Training and Supervising Analyst (TSA).
- The candidate selects one member of his or her choice (The person the candidate selects should be someone who is not already intimately familiar with his or her clinical work, i.e. not a supervisor).
- The candidate's Advisor assists with the arrangements for the colloquium and attends to facilitate, but does not vote in the committee's recommendation.
- The candidate will provide his or her colloquium committee members, and Advisor, with copies of his or her control case write-ups.
- The candidate should do complete (20 double spaced pages) write-ups on two (2) cases, one male and one female. Other control cases can be written up more briefly in 5 page write-ups.
- Once the committee has the reports, a date and time for the colloquium can be set allowing adequate time for the committee to read the reports, confer with each other and prepare an agenda for the colloquium.
- A period of 90 minutes is generally sufficient for a colloquium, but that is left to the committee to decide.
- The candidate will be expected to engage in a discussion of clinical material and theoretical analytic concepts that demonstrates their identity and competence as a psychoanalyst and an ability to conduct and understand a classical psychoanalysis.

Provided the committee finds that the case reports, colloquium meeting and discussion provides them with adequate information with which to make a decision, the committee members will vote at the conclusion of the colloquium as to their recommendation on graduation for the candidate. Two (2) of the colloquium members, inclusive of the TSA, must vote to affirm. The committee prepares a summary report of the colloquium and the recommendation, which is submitted to the Chair of the CPC who in turn reports the findings to the EC. The EC then discusses the report and recommendation and then votes on the candidate's graduation. The vote of the EC must be given final approval by the Board of Directors (BOD) of the Dallas Psychoanalytic Center. Then the President of the BOD, or the Chair of the EC, notifies the candidate of graduation. The official date of graduation on the diploma will be the date that the graduation was ratified by the vote of the BOD.

Colloquium Procedures for Graduation as a Psychoanalytic Scholar

Once an academic candidate has completed the criteria for graduation as noted above, he or she is eligible to graduate as a Psychoanalytic Scholar. Such a candidate would have demonstrated proficiency in psychoanalytic scholarship and critical thinking and would be deemed competent to represent psychoanalysis in academic pursuits.

- The candidate would request a colloquium of the Chair of the Candidate Progress Committee (CPC).
- The Chair of the CPC would inform the Education Committee (EC).
- The EC would appoint a colloquium committee for that candidate which would consist of at least two (2) faculty members. One of the members would be appointed by the EC and the other would be of the candidate's choosing. There is no requirement for a Training and Supervising Analyst on this colloquium committee.
- The candidate's Advisor would assist in arranging the colloquium and would attend to facilitate but not vote in the recommendation of the committee.
- The Advisor would work with the committee members and candidate to determine an agenda for the colloquium. For example, the agenda might involve a discussion of some of the ways in which the candidate has found his or her knowledge of psychoanalysis applicable in research or work in areas other than clinical psychoanalysis.
- The Advisor would coordinate scheduling of the colloquium meeting for a period of 60 to 90 minutes.

Provided the committee finds that the colloquium meeting and discussion provides them with adequate information with which to make a decision, the committee members vote at the conclusion of the colloquium as to their recommendation on graduation. The committee prepares a brief summary report to include the recommendation and

forwards that to the Chair of the CPC who then presents it to the EC. The EC discusses the report and then votes on the candidate's graduation. The vote of the EC must be given final approval by the Board of Directors (BOD) of the Dallas Psychoanalytic Center (DPC) before it becomes official. The President of the BOD, or the Chair of the EC, will then notify the candidate of graduation. The official date of graduation on the diploma will be the date that the graduation was ratified by the vote of the BOD.

Fees, Tuition and Dues

Fees for supervision and training analysis are negotiated on a case-by-case basis between the candidate and the involved Training and Supervising Analyst.

Tuition for training is set by the Center for each academic year. All members of the Center pay dues to support the operation of the organization. The current tuition and dues amounts can be found in Appendix E. Candidates must be current on their tuition and dues to move to the next stage of training or to graduate. Candidates may request a payment plan through the Executive Director. The BOD must approve changes in tuition and/or dues. Loans may be available to candidates through APsaA.

Payments for tuition and dues should be submitted to the DPC Executive Director, and please see Appendix F for information in this regard.

All DPC members pay dues to support the operation of the organization, which runs on a tight budget. Failure to pay dues may result in delay of approval to advance to the next level of training or graduation.

Appendix A

Initial Write-Up

1. Begin with a description of the patient. Make the patient come alive.
2. How did the patient get to you? What was the referral process?
3. What were the presenting complaints?
4. Give a history of the present illness. Include symptoms, precipitating factors, predisposing factors. Elaborate, i.e. it is just not the events themselves but what the events, persons etc. mean to the patient. This goes for the entire history.
5. Give a personal developmental history. Describe the family of origin in terms of their personalities and interpersonal dynamics as they impacted the patient. Discuss the developmental stages of the person's life in terms of memories, traumas, losses etc. Write about the significant relationships throughout the life cycle, successes and failures. Describe capacities to work and to play.
6. Review the patient's history of prior treatments. Again stress meaning.
7. Present a psychodynamic formulation.
8. Discuss indications for psychoanalysis and patient's analyzability.
9. Describe initial analytic experience during the first couple of weeks.

Appendix B

Dallas Psychoanalytic Center

Control Case Face Sheet

Candidate's Name _____

Date

Case # _____ Initial Report or _____ Annual Report _____ Reporting Period _____

Supervisor's Name _____

Date Supervision Began

Frequency of Supervision _____ Supervisory Sessions to Date _____

Patient Sex: _____ Patient Age: _____ Adult or Child: _____

Diagnosis: _____

Candidates are responsible for attaching a copy of this form to EACH control case write-up on each case in supervision and sending to the Executive Director.

Appendix C

Dallas Psychoanalytic Center

MASTER CANDIDATE RECORD

Candidate Name:

Advisor:

Date of Update:

Date Training Began:

Training Analyst:

Current Track:

Date Began:

Date of Graduation:

Date Term.:

Date of LOA/Withdrawal:

Total Hours to date:

Case Record

Treatment Record

Supervision Record

Cas e No.	M or F	Ag e	Dx	Supv	Date Bega n	Date Term/ Interpt	Total Hours	Freq (#/wk)	Term Interpt Ongog	Date Beg	Date Term	Date Last Rept	Supv Tot. Hrs
1													
2													
3													
4													
5													
6													
7													

Dallas Psychoanalytic Center

ACADEMIC RECORD

Years	Year of Training	Course Title	Instructors: Semester 1/2	
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.
			1.	2.

1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.
1.	2.

Appendix D

DALLAS PSYCHOANALYTIC CENTER

SUPERVISORY CANDIDATE EVALUATION FORM

NOTE: This form is to be jointly prepared by candidate and supervisor. The form is intended to be both a teaching and an evaluative instrument. It is hoped that this instrument can better focus the supervisory experience. Each candidate/supervisor pair can decide how best to utilize this form. The candidate initiates the process and presents this form to the supervisor for completion. Then the assessment should be discussed in detail during supervision. After the assessment is reviewed, the candidate and supervisor should sign the evaluation. Finally, the candidate should submit the completed form to his/her Advisor.

Candidate:

Case #:

Date of Report:

Supervisor:

Supervised Hours to Date:

Supervision Began:

Supervised Hours since Last Report:

Date of Last Control Case Write-Up:

Patient Information

Analysis Began:

Sessions/Week:

Diagnosis:

The assessment to follow is intended to focus on the candidate's emerging competencies. Yet, if there is information about the case and/or clinical context that needs to preface the assessment of the candidate, please use this space to provide that information:

ASSESSMENT OF CANDIDATE COMPETENCIES

Please use the following scale for assessing the candidate on the various parameters:

1. Graduate: generally functions with a high level of competency independent of supervision.
2. Advanced: uses supervision well and is semi-independent.
3. Capable: functions at a level of competence consistent with level of training.
4. Endeavoring: abilities are generally satisfactory, but special attention required to this area of competency.
5. Challenged: abilities are below the level expected at the current stage of training and experience in this area of competency.

Please provide comments to elaborate on your ratings for the competencies.

I) CANDIDATE'S LISTENING AND OBSERVING COMPETENCIES:

- 1) Empathizes with the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 2) Maintains a patient, neutral, non-judgmental attitude of curiosity and open-mindedness toward the patient and the material presented.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 3) Notices and reflects upon rather than reacts, "fights," or "acts in" when presented with resistance, transference, or material which may be provocative in either an aggressive or libidinal manner.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 4) Observes and identifies his/her thoughts, feelings, fantasies and other reactions to the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 5) Is more or less aware of one's possible blind spots and their influence on listening and observing the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 6) Notices and reflects on "mistakes" without being too defensive.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

II) **CANDIDATE'S CONCEIVING COMPETENCIES:**

- 1) Follows the patient's associations to identify unconscious meanings and themes, and to distinguish between latent and manifest content.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 2) Identifies unconscious intrapsychic conflict, including derivatives.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 3) Understands the effects of and interplay among various factors such as object relations, development, conflict, deficit, trauma etc. in shaping the intrapsychic life of the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 4) Demonstrates the ability to make (and modify) a psychodynamic formulation, consistent with a flexible theoretical orientation and one that distinguishes between evidence and hypothesis.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 5) Demonstrates the ability to assess the phenomena of the patient's patient's psychopathology, suitability for psychoanalysis and is able to make a clinical diagnosis.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 6) Demonstrates recognition, understanding, and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

7) Demonstrates recognition and appreciation of the importance of transference including understanding how a patient's transferences become elaborated and expanded in complexity.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

8) Demonstrates an understanding of the concept of countertransference and recognizes that the analyst's reactions to the patient can be important sources of information about the patient and the analytic interaction.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

9) Conceptualizes the microprocess and articulates the patient's experiences and expressions, the analyst's responses to these (including what the analyst said to the patient), the patient's response to the analyst's interventions and the effects of the analyst's interventions on the analysis.

Graduate	Advanced	Capable	Endeavoring	Challenged	
----------	----------	---------	-------------	------------	--

1 2 3 4 5 N/A

Comment _____

10) Conceptualizes the macroprocess and demonstrates an understanding of how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient.

Graduate Advanced Capable Endeavoring Challenged
1 2 3 4 5 N/A

Comment _____

11) Reflects on what was accomplished and what was left undone and can understand and articulate any limitations of the analysis.

Graduate Advanced Capable Endeavoring Challenged
1 2 3 4 5 N/A

Comment _____

12) If the analysis is interrupted, reflects on the meaning of this interruption.

Graduate Advanced Capable Endeavoring Challenged
1 2 3 4 5 N/A

Comment _____

13) If the analysis ends with a termination process, whether natural or premature, demonstrates an understanding of the distinct components and dynamics of the termination process.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

III) **CANDIDATE'S INTERVENING COMPETENCIES:**

1) Demonstrates the capacity to empathize and maintain an affective involvement with the patient that is neither excessively distant nor overly involved.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 2) Facilitates self-observation on the part of the patient whereby the patient and analyst step back and examine the mind of the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 3) Maintains the analytic frame and effectively manages disruptions in the frame as they occur.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 4) Demonstrates the ability to interpret intrapsychic conflict and other unconscious processes.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 5) Demonstrates an ability to help the patient recognize and accept the reality of an unconscious inner life, as reflected in resistances, dreams, repressed memories, defenses,

fantasies, associations and behaviors.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

6) Demonstrates appropriate use of questions, clarifications and confrontations.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

7) Intervenes in a manner that is timely, succinct, to the point, and experience near.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

8) Demonstrates the ability to interpret and expand patients' conscious awareness of the nuances and complicated workings of resistance or enactments.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 9) Demonstrates competence in persevering and working interpretively with intense and persistent transferences of many varieties.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 10) Demonstrates competence in facilitating an increasing depth of material, revival of past conflicts, recovery of repressed memories, reconstruction, and an integration of past and present within the transference.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 11) Works effectively with dreams, including associations, day residues, affects, manifest versus latent content, and demonstrates a flexible approach that is not concrete nor driven by rules or symbols.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

- 12) Demonstrates a technique that is consistent with a coherent theoretical model, and is not unduly influenced to alter that technique by the challenges of the case and/or countertransference pressures.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

13) Demonstrates awareness of and the ability to interpret the possible ongoing impact of previous treatment on the transference.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

14) Integrates into the analytic work on an ongoing basis the meanings of interruption and eventual termination.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

15) Demonstrates a professional identity with uncompromising integrity and consistently maintains the highest of ethical standards and commitment to patient responsibility.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

IV) CANDIDATE'S PARTICIPATION IN THE EDUCATIONAL PROCESS:

1) Develops a learning alliance with the supervisor in which supervisor criticisms can be taken constructively, and candidate dissatisfactions can be shared and explored.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

2) Feels free to share and explore feelings and fantasies about the patient with the supervisor.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

3) Feels free to present problems in their clinical work to the supervisor.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

4) Feels safe to bring acting in, acting out, boundary crossings, and self- disclosures into supervision.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

5) Feels free to discuss various models of the mind with the supervisor.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

6) Makes use of the parallel process observed in supervision to understand the patient.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

7) Entertains the possibility of the presence of the supervisor in the patient's mind.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

8) Uses the write-ups as a learning experience in supervision.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

9) Uses the write-ups to provide an integrating function.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

10) Develops his/her own psychoanalytic style.

Graduate	Advanced	Capable	Endeavoring	Challenged	
1	2	3	4	5	N/A

Comment _____

V) COMMENTS SECTION:

A. Supervisor's comments:

1) Please comment on the candidate's strengths, weaknesses, and progress:

2) Please identify the areas that you will focus upon during the next 6 months that will address your comments above:

B. Candidate's comments:

1) Please note your feedback, concerns, and recommendations for improving the supervisory process:

2) What would you most like to focus upon in supervision during the next 6 months?:

Supervisor's signature:

Candidate's signature:

Date: _____

(Last revised: January 29, 2014)

Appendix E

Tuition and Dues

Tuition

\$1000 annually for Advanced Candidates

\$2400 annually for Full Candidacy (Due in two equal payments in August and January)

\$1600 annually for PPPP Students (Due in two equal payments in August and January)

Dues

\$250 Candidates

\$250 Advanced Candidates

\$250 Candidates on Leave of Absence

\$250 Emeritus Analysts

\$250 Corresponding Analysts

\$1000 Graduate Analysts

\$150 Clinical Affiliates (PPPP Graduates and/or other credentialed Mental Health Professionals accepted for membership)

Appendix F

DPC Executive Director

Communication

The DPC Executive Director will disseminate information to candidates regarding, but not limited to, coursework, events, and programming.

Candidates may forward information to the Executive Director for distribution to the DPC membership, candidates and/or specific committees.

Copies of case write-ups and all forms related to candidate progress should be sent to the Executive Director (as well as the relevant supervisor and Advisor).

Confidential Reports may be emailed or sent, via postal mail, to the secure PO box:
Dallas Psychoanalytic Center
P.O. Box 670218
Dallas, Texas 75367-0218

Billing

In August, each year, the Executive Director will bill candidates for annual dues and first semester tuition.

In January candidates will receive bills for second semester tuition.

Payments should be sent to the secure PO box:
Dallas Psychoanalytic Center
P.O. Box 670218
Dallas, Texas 75367-0218

Contact Information

Email: dallaspsychoanalyticcenter@gmail.com

Phone: 214-566-5083

Appendix G

Annual Control Case Write-up Outline

(Provided by Dr. Elena Lister)

There are several elements that should be included in every write-up:

1. Identifying information (approx. one paragraph)
2. Chief complaint (approx. one paragraph)
3. SHORT history (should be included in every write-up even if you've written up the same patient before). This should include the seminal elements of the history, particularly those that are important to the way in which the treatment unfolds. You may choose to introduce history that emerges later in the treatment in the context of the analytic process in which it was produced.
4. Initial diagnostic impressions, including structural diagnosis and DSM diagnosis (es)
5. History of the treatment to date:
 - a. If it's a conversion a short history of the psychotherapy
 - b. Analytic process to date even if you've written up the same patient before the material from the prior years - work should be distilled and presented in a way that always allows the reader to have an account of the analysis as a whole.
6. The treatment microprocess and macroprocess: he said-she said alternating with formulation.
7. Treatment Plan -- A brief statement to confirm continuing psychoanalysis or any changes in that.

Here are some guidelines for thinking about what to include in #6 of the guidelines. This should constitute the bulk of the write-up. The microprocess gives the reader a sense of what is happening in the room on a moment-to-moment basis, while the macroprocess gives the reader a way to conceptualize the developmental trajectory of the analysis

1. Create an experience near narrative that takes your reader into the room with you and your patient.
2. Give verbatim examples of he said/she said, dreams, fantasies, and interpretations.
3. Demonstrate your presence in the analysis by telling your reader what you did, what you said, what you thought, what your countertransference was, and how you interacted with your supervisor.

4. Choose powerful moments in the analysis and describe them in a way that allows the reader to feel a real sense of what was going on between you and your patient. This might include descriptions of analytic process (what you each said, how what you said affected the patient and led to new associations, dreams, affects) and include:

- the experience of the transference
- the experience of the countertransference
- resistance
- emotion/affect
- how you worked with dreams and fantasies

- Connect these moments in a way that demonstrates the trajectory or movement of the analysis, giving the reader a sense of important transitions. This might include giving the reader a sense of the way in which resistance; transference, defenses, and countertransference are developing and changing in the course of the analysis. When possible, give the reader an idea of what moments or developments in the transference have led to these changes. Keeping in mind that the experience near quality of the write-up is of prime importance, try to give your reader a sense of your theoretical understanding of what was happening when you reflect back on the process.

5. Avoid jargon write it the way you'd tell it to a colleague.

Writing up a case is difficult but can help you to understand the way in which your day-to-day work with the patient translates into the development of an analysis. Looking at the broad sweep of your work is essential for formulating the macroprocess and will inevitably lead to greater understanding in your work with the patient in the future.

Appendix H

DPC CANDIDATE RECORDS RETENTION POLICY

The following are the policies used for candidate records:

DURING CANDIDACY:

CLINICAL CANDIDATES: Three (3) categories of records are kept on file.

- 1) Admission/Selection records: these should be kept throughout the period of candidacy and they are strictly confidential.
- 2) Progress records: the semiannual Candidate Progress Committee review summaries and associated documents are kept on file throughout the period of candidacy. These records are 'transparent' in that they are open to review by candidates and faculty when appropriate.
- 3) Control case reports: the Initial Control Case Write-Up and most recent Annual Control Case Write-Up for each case a candidate treats is kept on file and this file is strictly confidential to protect patient privacy.

OTHER CANDIDATES: Two (2) categories of records are kept on file

- 1) Admission/Selection records: these should be kept throughout the period of candidacy and they are strictly confidential.
- 2) Progress records: the semiannual Candidate Progress Committee review summaries and associated documents are kept on file throughout the period of candidacy. These records are 'transparent' in that they are open to review by candidates and faculty when appropriate.

AFTER GRADUATION:

CLINICAL GRADUATES:

- 1) After graduation, the Admission/Selection records are kept on file and remain confidential. This file is retained as long as the former candidate is associated with DPC and for a period of 7 years after there is no association with DPC. At that point these records may be shredded.
- 2) After graduation the Progress and Control case reports should be either handed over to the graduate, or shredded.

OTHER GRADUATES:

- 1) If a candidate who was a clinical candidate at one time but was not able to fulfill control case requirements is graduated as a "Psychoanalytic Scholar," the entirety of his/her pre-graduation file should be kept in tact in case that person later returns to complete clinical training.
- 2) After a non-clinical candidate graduates, the Admission/Selection records shall be retained and confidential as long as that person is a member of DPC. If there is no association to DPC for 7 years these records should be shredded. The Progress records will be either handed over to the graduate or shredded.

INTERRUPTED TRAINING:

- 1) If any candidate interrupts training his/her complete file is retained for a period of 7 years in case that candidate returns to training or needs the file for purposes of a possible transfer to another institute or center. If no such activity occurs after 7 years, the file will be shredded.