

**Competencies and Training Guidelines for the
Residency Postdoctoral Specialty in
Psychoanalytic and Psychodynamic (PA/PD)
Psychology**

**Specialty Council for Psychoanalytic and Psychodynamic
Psychology and Psychoanalysis**

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Table of Contents

Section I: Overview and General Guidance.....	3
Background and Introduction.....	3
Caveats.....	4
Overview of Population to be Served by PA/PD Psychologists.....	5
Post-Doctoral Residency Training Programs – Specialty Specific Information.....	6
I. Admission Requirements.....	6
II. Qualifications of Faculty and Training Directors	7
Section II: Foundational and Functional Competencies	8
Level 1 – Advanced Competencies	8
I. Integration of Science and Practice	8
II. Ethical and Legal Standards	9
III. Individual and Cultural Diversity	10
Level 2 – Program-Specific or Area-of-Focus Competencies	11
Level 3 – Psychoanalytic and Psychodynamic Psychology Specialty Area Competencies	11
I. Professionalism	12
II. Reflective Practice/Self-Assessment/Self-Care	13
III. Scientific Knowledge and Methods	13
IV. Relationships.....	14
V. Individual and Cultural Diversity.....	15
VI. Ethical Legal Standards and Policy.....	16
VII. Interdisciplinary Systems.....	17
VIII. Evidence-Based Practice.....	17
IX. Assessment	18
X. Intervention	19
XI. Consultation.....	20
Additional Highly Desired Competency Areas.....	21
I. Research and Evaluation.....	21
II. Supervision	21
III. Teaching.....	21
IV. Management Administration	22
V. Advocacy.....	22
Section III: Training Guidelines.....	23

Overview and Philosophy	23
Major Area of Study in PA/PD Psychology: Required Primary Clinical Placement.....	24
I. Settings	24
II. Experiences	25
Major Area of Study in PA/PDPA Psychology: Additional Requirements.....	26
I. Client-Centered Training	26
II. Supervision	27
III. Resident Evaluation and Program Quality Improvement.....	28
Available Training-Related Resources.....	29
References	30
Appendix A: Taxonomy for Education & Training in PA/PD Psychology.....	34
Appendix B: Topics & Concepts Relevant to Training in PA/PD Psychology.....	40
Appendix C: Assessment Instruments Recommended for PA/PD.....	42
Appendix D: Interventions Recommended for PA/PD Modalities	44

Section I: Overview and General Guidance

Background and Introduction

Psychoanalytic and Psychodynamic (PA/PD) Psychologists help people improve their lives by changing habitual patterns of relating to others and gaining a better understanding of their thoughts, feelings, and motivations. In application in health service settings, Psychoanalytic and Psychodynamic Psychology offers a set of unique theories and evidence-based practices that provide in-depth change and ameliorate suffering.

Psychoanalytic and psychodynamic approaches share the recognition that people are not always aware of the reasons for their behavior; that past experiences influence present behaviors; that human motivation is to some extent rooted relationally, experientially, developmentally and biologically; and that cultural and historical oppression, bias, and racism can be determinative of difficulties in psychological functioning and wellbeing. The foundations emerged from psychoanalytic theory, and evolved to include attachment, life-span developmental, cognitive, social, and affective psychology. Psychoanalytic and Psychodynamic Psychology employs a robust scientific evidence base, refined as new data and theories emerge, and responsive to broader scientific and social developments in psychology, social science, and cognitive neuroscience. The theories and science of Psychoanalytic and Psychodynamic Psychology are systemic perspectives integrating development, social and historical context, cognition, affect, brain systems, biology, family dynamics, culture, individual differences, oppression and racism, and intergenerational trauma and strengths.

Psychoanalytic and Psychodynamic Psychology offers a wide array of evidence-based modalities to diverse populations, delivered in a variety of settings including clinics, hospitals, schools, private offices, and places of worship. Populations served include people of all ages, receiving individual, group, couples, family, and community-based interventions. Psychoanalytic and Psychodynamic Psychologists provide psychotherapeutic interventions, psychological testing, and consultation services to schools, hospitals, and community groups.

Psychoanalytic and Psychodynamic Psychology is distinct from other specialties in psychology in its focus on relational dynamics; its expertise in assessing and working with personality disorders and problematic relational configurations; its exploration of the here-and-now experience in intervention; its focus on therapy process and use of the experience of the therapeutic relationship; its grounding in cultural context and client and practitioner diversity; its emphasis on unconscious processes, mentalization, relational enactments, repetition of painful experience, and the avoidance of self-knowledge and affective experience; its variety of intervention foci, from individuals to systems; its attention to training and supervision that integrates self-examination and responsiveness with learning and clinical development; and its enduring commitment to advocacy and social justice.

The Specialty is further defined by values and perspectives that are intentionally and explicitly attentive to cultural, ethnic, racial, religious, sexual, gender, economic, and abilities diversities, and issues of equity and inclusion.

As a specialization, PA/PD Psychology is defined by its unique competencies, backed by comprehensive documentation and Training Guidelines (TGs). As part of the development of a Specialty, defined competencies, TGs, and supporting documents are provided to assist programs to ensure that their postdoctoral training provides the "...organized sequence of formal education, training, and experience in

addition to the broad and general education and core scientific and professional foundations acquired through an APA or CPA accredited doctoral program” as described by APA.¹

The TGs serve to assist residency programs in ensuring that their postdoctoral training adds depth and specialized expertise to the broad foundational education and core scientific and professional skills acquired through APA accredited doctoral programs. The TGs presented in this manual should serve as a guide rather than a rigid framework for each training program. They are intended to complement the expert judgement of each program's Director of Training or training faculty, fostering the development of a robust and adaptable training program. As the field of PA/PD Psychology continues to evolve, these TGs will be regularly updated to reflect the latest advancements and understandings.

The American Psychological Association Standards of Accreditation has delineated eight Foundational and eight Functional competencies, which are applicable across all Specialties and Subspecialties. Each Specialty and Subspecialty, including PA/PD Psychology, has adapted these competencies to reflect their unique theoretical, research, and practice foundations.

These competencies, serving as key components of the practice associated with PA/PD Psychology, provide a broad framework that can be further refined in accordance with the individual psychologist's theoretical orientation and technical approach. While the definitions provided are comprehensive, they are not exhaustive, offering room for modification and adaptation to align with the evolving dynamics of Psychoanalytic and Psychodynamic Psychology.

Caveats

While recognizing and establishing specialties in professional psychology is a key step towards advancing the field, it is important to note that, per relevant state laws and administrative regulations, these specializations do not restrict the general practice of psychology. Licensed Psychologists, practicing within their areas of competency and adhering to the APA Ethical Principles of Psychologists and Code of Conduct, are not obliged to gain specialty credentials.

The Training Guidelines (TGs) included in this manual provide information tailored specifically to postdoctoral residency programs in Psychoanalytic and Psychodynamic Psychology. They also encompass more universal information that is requisite for all APA accredited postdoctoral residency programs. The TGs aim to provide a roadmap for aspiring PA/PD Psychologists and their supervisors to effectively navigate their training journey.

Any residency program aiming to achieve accreditation in this specialty must satisfy the latest version of the APA Standards of Accreditation (SoA) fully. They must also conform to all the latest APA Implementing Regulations (IR) accompanying the SoA. Compliance with these rules and standards ensures the maintenance of a high quality of education and training in PA/PD Psychology.

In their pursuit of accreditation, residency programs are encouraged to ensure that their Major Area of Study aligns closely with the programmatic requirements as proposed in the Taxonomy for PA/PD Psychology education and training. This alignment is crucial to ensure that the training is focused and consistent with the foundational theories and practical applications of PA/PD Psychology.

¹ <https://www.apa.org/about/policy/principles-recognition.pdf>

For information about the accreditation standards that must be met for accreditation of all postdoctoral residency programs, see the APA Standards of Accreditation for Health Service Psychology and the Commission on Accreditation Implementing Regulations. These documents can be found on the APA website at <http://www.apa.org/ed/accreditation>

Overview of Populations to be Served by PA/PD Psychologists

Psychologists specializing in Psychoanalytic and Psychodynamic Psychology serve individuals across the lifespan, encompassing a wide range of social and mental health conditions. These include, but are not limited to:

- Anxiety Disorders
- Mood Disorders, including Major Depressive Disorder and Bipolar Disorder
- Disorders involving complex trauma and stress
- Eating Disorders
- Obsessive-Compulsive and Related Disorders
- Personality Disorders, such as Borderline Personality Disorder
- Substance Use Disorders
- Exposure to trauma e.g., Post-Traumatic Stress Disorder (PTSD)
- Psychosocial distress or dysfunction
- Schizophrenia and Other Psychotic Disorders
- Somatic Symptom and Related Disorders
- Sleep-Wake Disorders
- Sexual Disorders
- Gender Dysphoria
- Adjustment Disorders

Issues encountered by clients in psychoanalytic and psychodynamic therapy can be multifaceted, chronic, and extend beyond the primary diagnosis. Examples may include:

- Deep-rooted intrapsychic conflicts (e.g., repressed emotions, unconscious thoughts, unresolved childhood experiences)
- Problems in interpersonal relationships and social functioning
- Identity and self-esteem issues
- Difficulties in coping with life transitions, stress, and personal growth
- Existential or life meaning concerns
- Recurrent patterns of self-destructive behavior
- Chronic feelings of emptiness or dissatisfaction
- Difficulty expressing or recognizing emotions
- Fear of intimacy or struggles with vulnerability
- Persistent feelings of guilt or shame
- Struggles with personal boundaries
- Difficulty with trust in relationships
- Challenges around body image and self-perception
- Issues surrounding anger management
- Coping with the aftermath of abuse or neglect

These problems are often amplified for individuals who belong to historically oppressed, marginalized and/or stigmatized groups, including women, BIPOC identified, individuals from non-majority cultures, individuals with disabilities, members of the LGBTQ+ community, immigrants, and refugees. Furthermore, individuals seeking psychoanalytic and psychodynamic therapy may confront societal prejudices, stigma, and other socio-economic challenges that could interfere with their personal growth and psychological wellbeing.

Given the complexity and depth of the issues presented, Psychoanalytic and Psychodynamic Psychologists require specialized knowledge and skills that extend beyond basic clinical psychology training. They need to be adept at understanding and interpreting the unconscious processes, applying theoretical principles in the therapeutic context, managing the therapeutic relationship dynamics, including transference and countertransference, and tailoring interventions to the unique needs of their clients.

The practice of Psychoanalytic and Psychodynamic Psychology offers a unique approach to understanding human behavior, thoughts, and emotions, delving into the depths of the psyche to promote profound and lasting change.

Post-Doctoral Residency Training Programs - Specialty Specific Information

I. Admission Requirements

As stated in APA's Standards of Accreditation for Health Service Psychology (page 23-24):²

1. Administrative

a. Resident Recruitment and Selection

- i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered
- ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts resident who attended unaccredited program, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program

The following is a list of **minimal admission requirements** for postdoctoral residency programs in PA/PD Psychology:

- Assurance that the above APA SoA for Health Service Psychology standards are met
- Official transcripts from the doctoral or re-specialization program and from the internship program
- A cover letter indicating previous clinical experience within a PA/PD setting
- Letters of recommendation

² American Psychological Association, Commission on Accreditation, Standards of Accreditation of Health Service Psychology approved February 2015 and Accreditation Operating Procedures approved June 2015 with revisions approved August 2017, June 2018, November 2019, May 2021), (downloaded from APA website November 2021 https://irp.cdn-website.com/a14f9462/files/uploaded/APA-Principles-Accreditation-SoA-AOP_210526.pdf)

Note that "Health Service Psychology" is a term used by the American Psychological Association, Commission on Accreditation, and defined as "...the integration of psychological science and practice in order to facilitate human development and functioning." In short, it a blanket term intended to apply to clinical, counseling, school and other areas of practice. See page 2 in document noted above.

- Applicant's CV

Programs may also have other requirements (e.g., submission of a work sample, graduation from an APA or CPA accredited program, admission evaluation forms etc.).

II. Qualifications of Faculty and Training Directors

Faculty Qualifications:

Faculty members fulfilling teaching roles should possess the requisite training, experience, or understanding in the area of Psychoanalytic and Psychodynamic Psychology. They are expected to have domain expertise in the specific courses or practice areas they are designated to teach. In cases where the postdoctoral program is associated with a university, faculty should hold an academic appointment and be actively engaged in the university's programs. Faculty and supervisors are strongly encouraged to be certified by ABPP in the specialty of Psychoanalytic and Psychodynamic Psychology.

Core faculty, who are tasked with staffing PA/PD specialty postdoctoral programs, should have hands-on experience in the assessment and treatment within the domain of PA/PD Psychology. They should be well-versed in the unique challenges and nuances of practicing within this specialty.

Extended core faculty teaching in clinical areas may originate from a myriad of relevant professions and should hold a valid license in their respective fields. This includes professions such as psychology, psychiatry, occupational therapy, nursing, social work, among others. It's essential to note that if these faculty members are currently in the process of attaining licensure, they should be directly supervised by a licensed practitioner from their discipline.

Faculty members engaged in the research component of the program aren't required to be licensed but should have demonstrated experience in PA/PD Psychology. They would ideally be affiliated with an active PA/PD research program and should have experience working directly with individuals in clinical or other relevant settings within this specialty.

Any other faculty members who do not meet the above qualifications may not qualify as core faculty. Nevertheless, they are expected to have some level of training and experience with the principles and techniques of PA/PD Psychology.

Training Directors Qualifications:

Post-Doctoral Training Directors may supervise a variety of training programs and may not necessarily possess direct experience or expertise in PA/PD Psychology. However, it is essential that they maintain a working knowledge of the field's principles and practices to provide effective oversight and general guidance to faculty members.

In the event that the Director of Training does not personally oversee the Specialty in PA/PD Psychology, the individual who does should be a seasoned psychologist specializing in this area. This person should possess advanced academic and experiential qualifications, which could include ABPP, Fellow status in APA, other recognized status in APA, ABPP, APPIC, certification from relevant psychological associations, or other similar recognition of advanced qualifications. These credentials demonstrate a high level of commitment and expertise in the field of PA/PD Psychology.

Section II: Foundational and Functional Competencies

For any doctoral-level program that specializes in PA/PD Psychology³, general *foundational competencies* consist of the knowledge, skills, and attitudes/values that form the basis for practice. Examples of general foundational competencies include but are not limited to: (a) professionalism, (b) reflective practice/self-assessment/self-care, (c) scientific knowledge and methods, (d) relationships, (e) individual and cultural diversity (f) ethical legal standards and policy, (g) interdisciplinary systems, and (h) evidence-based practice.

Doctoral-level *functional competencies* reflect professional psychologists' application of knowledge, skills, and attitudes/values. These functional competencies include but are not limited to: (a) assessment; (b) intervention, and (c) consultation. Postdoctoral training programs in PA/PD Psychology should ensure that residents build upon these important foundational and functional competencies through specialized didactic and experiential training aligned with the CoA Competencies described below.

Programs should contact the APA Office of Program Consultation and Accreditation for all questions related to accreditation ([accreditation.apa.org](https://www.apa.org/accreditation) or 202-336-5979).

Level 1 and Level 2 Competencies are required of all programs at the postdoctoral level and are not specific to the Post-doctoral Specialty in PA/PD Psychology.

NOTE: *Competencies in Section I of this document (below) are included verbatim if in standard text. These Competencies are further elaborated upon by the PA/PD Specialty Council using the blue text boxes entitled "TRAINING NOTE" or in italics.*

For the latest version of the CoA Implementing Regulations see <https://apps.apa.org/accredcomment/> website. The direct link to the document is https://irp.cdn-website.com/a14f9462/files/uploaded/Section%20C_092421.pdf

Level 1 – Advanced Competencies

Required by the Commission on Accreditation (CoA) of all accredited postdoctoral programs:

Level I.⁴ ***These are not specific to the PA/PD Psychology Specialty area and are standardized across all postdoctoral residency training. The language included throughout is from the CoA Standards of Accreditation and Implementing Regulations.***

TRAINING NOTE: *Competent practice with persons within PA/PD Psychology requires an ability to locate, critically evaluate, and use the scientific and practice literature that provides guidance for clinical and research endeavors with this population.*

I. Integration of Science and Practice

Demonstration of the integration of science and practice is required at the postdoctoral level. This includes the influence of science on practice and of practice on science.

³ See Appendix A: Taxonomy for Education and Training in PA/PD Psychology

⁴ In order to become accredited by the APA, postdoctoral training programs must meet all CoA requirements as specified in the Standards of Accreditation and in the Implementing Regulations – see the APA Accreditation website: <https://www.accreditation.apa.org/> and https://irp.cdn-website.com/a14f9462/files/uploaded/Section%20C_of_092421.pdf

Post-doctoral residents are expected to:

- Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s) or representative of the program's recognized specialty practice area
- Integrate knowledge of foundational and current research consistent with the program's focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g., research, service, and other professional activities)
- Demonstrate knowledge of common research methodologies used in the study of the program's focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice
- Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works

TRAINING NOTE: *Specific to PA/PD Psychology, it is important that:*

- *Postdoctoral residents should receive comprehensive training in critically evaluating both foundational and contemporary research aligned with the program's focus area(s) or recognized specialty practice area. This includes being able to discern the quality, relevance, and applicability of research findings.*
- *Training should facilitate the integration of knowledge from foundational and current research into the conduct of professional roles. These roles may include research activities, service provision, and other professional engagements, all under the purview of the program's focus area(s) or recognized specialty practice area.*
- *Residents should be well-informed about common research methodologies used in the program's focus area(s) or recognized specialty practice area. The training should encompass understanding the implications of employing these methodologies in practice.*
- *Training should equip residents with the skills to formulate and test empirical questions based on clinical problems encountered, the clinical services they provide, and the specific clinical settings they operate within. The ability to bridge the gap between theory and practice through research is a key competency to be developed at the postdoctoral level.*

II. Ethical and Legal Standards

Post-doctoral residents are expected to:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
 - relevant professional standards and guidelines
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area
- Conduct self in an ethical manner in all professional activities

TRAINING NOTE: *Specific to PA/PD Psychology, it is important that:*

- *Postdoctoral residents should receive comprehensive training on the current version of the APA Ethical Principles of Psychologists and Code of Conduct. This training should provide in-depth understanding of these ethical principles and guidelines, and how they apply to real-world scenarios in health service psychology.*
- *Training should include a thorough understanding of all relevant laws, regulations, rules, and policies governing health service psychology. This includes laws at the organizational, local, state, regional, and federal levels. Being aware of these legal guidelines is crucial to practice within the confines of the law.*
- *Residents should also be educated on relevant professional standards and guidelines. Understanding these standards is vital to maintaining professional credibility and delivering high-quality psychological services.*
- *Ethical decision-making is a cornerstone of professional practice in psychology. Thus, training should incorporate sessions on recognizing ethical dilemmas as they arise and applying ethical decision-making processes to resolve them effectively. Case studies and role-play scenarios can be beneficial in such training.*
- *Lastly, the importance of conducting oneself ethically in all professional activities should be underscored in the training. Residents should be given strategies to manage personal biases, conflicts of interest, and other situations that may compromise their ethical conduct.*

III. Individual and Cultural Diversity

Effectiveness in health service psychology requires that postdoctoral residents develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, postdoctoral residents in PA/PD Psychology must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Post-doctoral residents are expected to demonstrate:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own.
- The ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency and as consistent with the program's aim(s)

TRAINING NOTE: *Specific to PA/PD Psychology, it is important that:*

- *Training should encourage postdoctoral residents to develop self-awareness and understanding of how their personal and cultural history, attitudes, and biases may influence their interactions with individuals who are different from them. Reflective exercises and group discussions can facilitate this understanding.*
- *A key part of training should be providing residents with current theoretical and empirical knowledge regarding diversity. This should encompass all professional activities related to the accredited area, including research, training, supervision/consultation, and service.*
- *Residents should be guided to integrate their awareness and knowledge of individual and cultural differences into their professional roles. This includes understanding how to apply frameworks for working effectively with unfamiliar areas of individual and cultural diversity. Role-play exercises and case studies can provide practical experience in managing such situations.*
- *The training should equip residents with the ability to work effectively with individuals whose group membership, demographic characteristics or worldviews may conflict with their own. Conflict resolution techniques and strategies for managing difficult conversations should be a part of this training.*
- *Residents should be given opportunities to independently apply their knowledge and demonstrate their effectiveness in working with a diverse range of individuals and groups. This could be facilitated through internships, fieldwork, or supervised practice settings that expose them to diverse populations. Regular feedback and review should be incorporated to aid residents in refining their skills in working with diverse groups.*

Level 2 – Program-Specific or Area-of-Focus Competencies⁵

Per the CoA: “Programs that are accredited in one of the substantive major areas of training (Clinical, Counseling, or School Psychology) or other developed practice areas that provide greater depth of training than that which occurs during the internship training year are required to identify Level 2 competencies emanating from the program’s aims that are required of all postdoctoral residents. These may include some or all CoA profession-wide competencies or other competencies identified by the program. Programs that are accredited in a substantive specialty practice area may choose but are not required to identify program-specific or area-of-focus competencies in addition to the required Level 3 competencies.”

Note that Level 2 Program-Specific or Area-of-Focus Competences are not specific to the PA/PD Psychology Specialty area and are standardized across all postdoctoral residency training. The language included throughout is from the CoA Standards of Accreditation and Implementing Regulations.

Level 3 – Psychoanalytic and Psychodynamic Psychology Specialty Area Competencies

Per the CoA: “Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required

⁵ In order to become accredited by the APA, postdoctoral training programs must meet all CoA requirements as specified in the Standards of Accreditation and in the Implementing Regulations – see the APA Accreditation website: <https://www.accreditation.apa.org/> and https://irp.cdn-website.com/a14f9462/files/uploaded/Section%20C_092421.pdf

specialty competency.” Programs must also document evaluation of each competency for all residents.

Professionalism Note: *As residents move through their postdoctoral experience, they are encouraged to take an active role in their professional development. This includes staying abreast of current issues affecting the field of Psychoanalytic and Psychodynamic Psychology and understanding their implications for clinical practice and research. Professionalism also extends to their written work, where residents are expected to uphold high standards of accuracy, clarity, and adherence to APA format.*

I. Professionalism

Postdoctoral residents are expected to:

- Demonstrate active participation in the profession
- Demonstrate a familiarity with current significant issues facing the profession and the implication of these issues
- Seek consultation and supervision when needed
- Obtain ongoing training and education
- Demonstrate professionalism and awareness of professional standards in presentation of the written submission (including use of APA format in references, attention to editing demands, etc.)
- Demonstrate advocacy for psychology and for Psychoanalytic and Psychodynamic Psychology, in contributions to the theoretical and research base of the profession, and in a commitment to continuing learning and development

TRAINING NOTE: *In the context of Psychodynamic and Psychoanalytic Psychology, postdoctoral residents are expected to:*

- *Actively participate in the profession, which includes attending seminars, workshops, conferences, and contributing to professional discussions and debates.*
- *Stay informed about significant current issues in the field, such as new research findings, methodological advancements, ethical concerns, and policy changes, and reflect on their implications for practice.*
- *Invest in continuous learning, through formal education, workshops, independent reading, and discussion with colleagues, to keep their knowledge and skills updated.*
- *Uphold professional standards in all aspects of their work, including in written submissions. This includes attention to APA formatting, grammatical correctness, coherence, and logical structure.*
- *Maintain a commitment to continuous learning and development, recognizing that professional growth is an ongoing, lifelong process.*

Reflective Practice/Self-Assessment/Self-Care Note: *Personal and professional self-awareness are crucial to the delivery of effective therapy. Residents are expected to remain vigilant about their competency boundaries, practicing within these limits, and consciously acknowledge their strengths and weaknesses. This acknowledgment should be an ongoing exercise, as it will inform the residents about areas needing further development and competencies acquired that they can build on.*

Practitioners in the PA/PD field should remember that their work, while rewarding, can also be emotionally intense and challenging. Hence, self-care strategies should be implemented to ensure resilience and ongoing effectiveness in the therapeutic relationship. Physical well-being, mental health, relaxation activities, and maintaining a balanced lifestyle are all components of a comprehensive self-care regimen.

II. Reflective Practice/Self-Assessment/Self-Care

Postdoctoral residents are expected to:

- Practice with personal and professional self-awareness
- Practice within boundaries of professional competence
- Routinely assesses strengths, weaknesses and competency in practice
- Recognize new competencies and engages in improving personal competencies as appropriate
- Engage in appropriate self-care
- Cultivate self-awareness in interactions with clients and in one's own experiences, such as in personal psychoanalysis or psychoanalytic/psychodynamic psychotherapy

TRAINING NOTE: For PA/PD Psychologists, it is important to:

- *Develop a deep understanding of their personal competencies and limitations in order to practice safely and effectively within their professional boundaries.*
- *Regularly engage in self-assessment processes, acknowledging their strengths and weaknesses and identifying areas for further development and growth.*
- *Use personal experiences and insights from their personal psychoanalysis or psychodynamic/psychotherapy to enhance their professional practice and empathy towards clients' experiences.*
- *Understand and acknowledge the emotional intensity inherent in PA/PD work, and implement appropriate self-care strategies to ensure resilience, prevent burnout, and maintain their effectiveness in the therapeutic relationship.*
- *Maintain a healthy work-life balance, recognizing the importance of physical well-being, mental health, and relaxation activities in supporting their professional practice.*
- *Incorporate the understanding and appreciation of cultural, societal, and individual diversity into their clinical practice, recognizing that it can shape the therapeutic relationship and the treatment process.*

Scientific Knowledge and Methods Note: Postdoctoral residents in PA/PD Psychology are encouraged to foster a strong foundation in evidence-based theory to inform their practice. This includes continually appraising the relevance and quality of research in relation to their clinical work and theoretical orientation. The application of scientific knowledge and methods in their practice should always take into consideration interpersonal dynamics, cultural diversity, ethics, and legal regulations. Furthermore, residents should have a comprehensive understanding of theoretical models used in PA/PD Psychology, along with a balanced view of the strengths and limitations of different research methods. These methods encompass case study approaches, qualitative and quantitative analyses, and consideration of unconscious processes. The aim is to integrate research with practice, so that their clinical decisions are informed, ethical, and culturally competent.

III. Scientific Knowledge and Methods

Postdoctoral residents are expected to:

- Use evidence-based theory to inform activities as a PA/PD Psychologist
- Demonstrate ongoing critical evaluation of research relevant to his/her/their practice and theoretical orientation
- Demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics, and legal foundations, as related to the application of scientific knowledge and methods

- Be thoroughly grounded in theoretical models, an appreciation of the strengths and limitations of case study as well as standard qualitative and quantitative methods, and a sensitivity to factors operating outside awareness

TRAINING NOTE: For PA/PD Psychologists, it is important to:

- *Apply evidence-based theories to their practice, keeping up-to-date with the latest findings in PA/PD Psychology and related disciplines.*
- *Regularly review and critically evaluate research literature that is relevant to their practice and theoretical orientation. This involves assessing the methodological rigor of studies, considering their implications for practice, and being alert to potential biases or limitations.*
- *Consider interpersonal interactions, individual differences, and cultural diversity in applying scientific knowledge and methods. This includes being sensitive to the unique experiences, values, and contexts of each client, and using this understanding to guide clinical decisions.*
- *Abide by ethical and legal principles in all aspects of their work, from client interactions to research activities.*
- *Understand and articulate theoretical models used in PA/PD Psychology, appreciating their assumptions, contributions, and limitations.*
- *Appreciate the strengths and limitations of various research methods, from case studies to standard qualitative and quantitative analyses, and use this knowledge to evaluate and conduct research.*
- *Be sensitive to factors operating outside of awareness, acknowledging the role of unconscious processes in human behavior and decision-making, and incorporating this understanding into their clinical practice and research activities.*

Relationships Note: Postdoctoral residents in PA/PD Psychology are expected to exhibit a high level of sensitivity to the welfare, rights, and dignity of others. They are required to develop and sustain productive relationships with a diverse range of individuals, including clients, colleagues, students, supervisees, and other professionals. The ability to effectively manage conflictual relationships is paramount. Residents are also expected to have self-awareness about their impact on others and to maintain a non-defensive attitude when receiving and implementing feedback. Understanding and respecting diverse views in complex interactions is key. Additionally, residents should demonstrate the capacity to comprehend and address dynamic relational factors that promote tolerance, trust, repair, and growth in relationships.

IV. Relationships

Postdoctoral residents are expected to:

- Demonstrate sensitivity to the welfare, rights, and dignity of others
- Develop and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.
- Effectively negotiates conflictual relationships
- Demonstrate awareness of one's own impact on others and maintains a non-defensive posture in the receipt and implementation of feedback
- Demonstrate understanding of diverse views in complicated interactions
- Demonstrate the capacity to understand and usefully address the dynamic relational factors that allow for tolerance, trust, repair, and growth

TRAINING NOTE: *Postdoctoral Residents in PA/PD Psychology are expected to:*

- *Exhibit sensitivity and respect for the welfare, rights, and dignity of all individuals they interact with in their professional roles. This includes being aware of potential power dynamics and avoiding any actions that may harm or exploit others.*
- *Cultivate productive relationships with a diverse array of individuals, such as clients, colleagues, students, and supervisees. This involves using effective communication skills, respecting others' perspectives, and working collaboratively.*
- *Develop skills to effectively manage and resolve conflicts that may arise in professional relationships. This includes understanding the root causes of conflicts, seeking solutions that respect all parties involved, and using these experiences for personal growth and learning.*
- *Display self-awareness about the impact of their behavior on others and maintaining a non-defensive posture when receiving feedback. This involves being open to critique, being able to reflect on one's actions, and taking steps to improve based on feedback.*
- *Understand and respect diverse views in complex interactions. This involves being sensitive to cultural, social, and personal differences that may affect communication and relationship dynamics.*
- *Demonstrate the ability to identify and address dynamic relational factors that promote tolerance, trust, repair, and growth. This involves understanding the interpersonal dynamics that can impact these factors, and using therapeutic skills to foster positive changes in relationships.*

Individual and Cultural Diversity Note: *Postdoctoral residents in PA/PD Psychology are expected to possess and demonstrate in-depth knowledge about individual and cultural diversity. This awareness should manifest in each competency domain, illustrating a sensitivity and responsiveness to diversity. Furthermore, residents are required to convey an understanding of how their own diversity characteristics interact with those of the individuals or contexts within which they function as PA/PD Psychologists. Importantly, they should demonstrate an appreciation for how cultural and internal factors collaboratively determine personality structure and functioning.*

V. Individual and Cultural Diversity

Postdoctoral residents are expected to:

- Convey knowledge about individual and cultural diversity
- Demonstrate sensitivity and responsiveness to individual and cultural diversity in each competency domain
- Convey an awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a PA/PD Psychologist
- Demonstrate appreciation of the ways in which cultural and internal factors are co-determinative of personality structure and functioning

TRAINING NOTE: For PA/PD Psychologists, postdoctoral residents are expected to:

- Exhibit comprehensive knowledge about individual and cultural diversity, including but not limited to ethnicity, race, gender, sexual orientation, socio-economic status, age, ability, and religion. This includes understanding how these factors can impact the psychological well-being and treatment outcomes of clients.
- Demonstrate sensitivity and responsiveness to individual and cultural diversity in all competency areas. This involves tailoring their approach to meet the unique needs of diverse populations, ensuring that treatment is culturally appropriate and accessible.
- Understand the interaction between their own diversity characteristics and those of their clients. This involves self-reflection to understand their own biases and how these may affect their professional relationships and practice.
- Appreciate how cultural and internal factors co-determine personality structure and functioning. This requires a nuanced understanding of how individual experiences and cultural context shape personality and behavior, and using this understanding to inform assessment, diagnosis, and treatment strategies.

Ethical Legal Standards and Policy Note: Postdoctoral residents in PA/PD Psychology are expected to possess a comprehensive understanding of ethical and legal standards applicable to their field. It's not sufficient to merely possess theoretical knowledge; they must also demonstrate the practical application of this knowledge in their professional practice. They are required to consistently perform in an ethical manner, mindful of the rights and welfare of their clients, colleagues, and the community. Furthermore, they should operate within the legal standards set by regulatory bodies and law, ensuring their practice aligns with these requirements.

VI. Ethical Legal Standards and Policy

Post-doctoral residents are expected to:

- Demonstrate knowledge about ethical standards and applies this knowledge to perform in an ethical fashion
- Demonstrate knowledge about legal standards and applies this knowledge to perform in a fashion consistent with such standards

TRAINING NOTE: The following are highly desirable competencies related to ethics and law. Residents should be able to:

- Understand and apply the APA Ethical Principles of Psychologists and Code of Conduct. This includes informed consent, confidentiality, multiple relationships, competence, and other ethical issues.
- Be aware of state and federal laws governing the practice of psychology. This includes, but is not limited to, laws related to privacy and confidentiality, mandating reporting of abuse, and issues related to the assessment, diagnosis, and treatment of psychological disorders.
- Utilize consultation and supervision when faced with ethical dilemmas or legal concerns. They should be able to identify ethical issues and know when to seek guidance to resolve them.
- Stay abreast of changes and updates to ethical and legal standards in the field of psychology. They should be committed to ongoing education and training to ensure their practice remains ethically sound and legally compliant.

Interdisciplinary Systems Note: In the practice of PA/PD Psychology, postdoctoral residents are expected to proficiently communicate and collaborate across professions and organizations. They must demonstrate

respect and appreciation for the contributions and perspectives of other professions, recognizing that the integration of various fields can lead to enhanced outcomes. They should be capable of articulating the unique contributions that clinical psychology can make, and effectively integrate these insights into the broader interdisciplinary context. The importance of interpersonal interactions, individual and cultural diversity, ethical and legal considerations, and professional identity should not be overlooked when operating within interdisciplinary settings.

VII. Interdisciplinary Systems

Postdoctoral residents are expected to:

- Effectively communicate across professions and/or organizations
- Demonstrate respectful appreciation and integration of contributions and perspectives of other professions
- Demonstrate ability to share unique contributions that clinical psychology can make to the issue at hand
- Demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identity related to interdisciplinary functioning

TRAINING NOTE: *As PA/PD Psychologists, postdoctoral residents are expected to:*

- *Develop effective communication skills to facilitate interdisciplinary collaboration. This includes understanding the jargon, practices, and perspectives of other professions, and conveying psychological concepts in a manner that is clear to non-psychologists.*
- *Display an understanding and respect for the unique contributions of other professions. They should show an appreciation for the diverse perspectives that other professions can provide and integrate these insights into their practice.*
- *Articulate the unique value of psychology to other professionals and to the interdisciplinary team. They should be able to explain the specific ways in which psychological insights and methods can enhance understanding and outcomes in interdisciplinary contexts.*
- *Attend to and respect individual and cultural diversity, ethical and legal foundations, and professional identity when working in interdisciplinary settings. They should be able to navigate the complexities of interdisciplinary practice while maintaining their professional identity and ethical obligations as psychologists.*

Evidence-Based Practice Note: *Postdoctoral residents are expected to exhibit a robust capacity to integrate evidence-based practices into their clinical work. This entails the ability to articulate a clear rationale for their chosen clinical strategies, drawing on relevant research and their theoretical orientation to justify why their interventions should lead to the desired outcomes. They should provide interventions with both demonstrated treatment efficacy (i.e., systematic and scientific evidence of effectiveness) and clinical utility (i.e., feasibility and usefulness in the specific setting). An understanding of the strengths and limitations of evidence obtained from various data sources and types of research is also crucial. Importantly, residents should demonstrate an awareness of the extensive evidence base supporting the effectiveness of Psychoanalytic and Psychodynamic Psychology practice.*

VIII. Evidence-Based Practice

Postdoctoral residents are expected to:

- Demonstrate ability to articulate a cogent rationale for clinical strategies utilized

- Demonstrate ability to integrate relevant research and stated theoretical orientation in a meaningful way that justifies why the interventions used should attain outcome desired
- Provide clinical interventions and engages in clinical activities with demonstrated treatment efficacy (systematic and scientific evidence that the treatment works)
- Provide clinical interventions and engages in clinical activities with established clinical utility (e.g., feasibility and usefulness in the specific setting)
- Demonstrate ability to recognize strengths and limitations of evidence obtained from various data sources/types of research
- Demonstrate awareness of the extensive evidence base for the effectiveness of Psychoanalytic and Psychodynamic Psychology practice

TRAINING NOTE: *In the context of Psychodynamic and Psychoanalytic Psychology, postdoctoral residents are expected to:*

- *Develop the skill to articulate a clear and cogent rationale for their chosen clinical strategies, linking their practice to relevant research and their theoretical orientation.*
- *Showcase the ability to use clinical interventions that are both scientifically proven to be effective and feasible in the specific clinical setting.*
- *Learn to discern the strengths and limitations of various types of research and data sources, thus enabling them to critically analyze and utilize evidence in their practice.*
- *Demonstrate an in-depth understanding of the extensive evidence base for the effectiveness of Psychoanalytic and Psychodynamic Psychology, appreciating how this evidence informs their practice and the outcomes they strive to achieve.*

Assessment Note: *Postdoctoral residents are required to display a comprehensive understanding and application of procedures suitable for client or program evaluation. This includes conducting assessments and evaluations proficiently and in accordance with standardized procedures. The ability to accurately interpret assessment and evaluation findings to inform conceptualization is also crucial. They should demonstrate the capability to integrate multiple data sources to inform a working differential diagnosis. Residents should apply assessment and evaluation data to the development of recommendations and effectively communicate these findings, both orally and in writing, to the client and other relevant parties in a comprehensible and beneficial manner. Additionally, they should demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identity in relation to assessment. Importantly, they should be able to assess a client's internal experience and its effects on wellbeing, including aspects of the client's experience that the client may not initially be consciously aware of.*

IX. Assessment

Postdoctoral residents are expected to:

- Demonstrate awareness of procedures appropriate for client/patient or program/system evaluation
- Conduct assessments and evaluations with skill and in accordance with standardized procedures
- Demonstrate awareness and/or interpret assessment and evaluation findings accurately to inform conceptualization
- Demonstrate the ability to integrate multiple data sources to inform a working differential diagnosis
- Demonstrate awareness and/or apply assessment and evaluation data to the development of recommendations

- Communicate both orally and in writing findings from assessments and evaluations to the client/patient and other relevant parties in an understandable and useful fashion
- Demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment
- Demonstrate ability to assess internal experience and its effects upon wellbeing, including aspects of experience of which a client may not at least at the outset, be consciously aware

TRAINING NOTE: Postdoctoral residents in PA/PD Psychology are expected to:

- *Develop awareness and proficiency in using procedures appropriate for client or program evaluation, and conduct assessments in accordance with these standardized procedures.*
- *Show the ability to accurately interpret assessment and evaluation findings, applying them to inform case conceptualization and developing relevant recommendations.*
- *Master the skill of integrating multiple data sources to inform a working differential diagnosis, and communicate these findings effectively to the client and other involved parties.*
- *Pay attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identity as related to assessment.*
- *Be able to delve into the client's internal experiences, assessing their impact on wellbeing, including aspects that the client may not initially be consciously aware of.*

Intervention Note: *Postdoctoral residents are expected to demonstrate awareness and manage issues responsibly related to the therapeutic framework. This includes understanding the limits of confidentiality, setting boundaries for services, handling payment issues, among others. They should demonstrate awareness and choose procedures that are suitable for the client and the situation at hand. Knowledge of the value of evidence-based practice and the scientific and theoretical basis of the approach or intervention is crucial. They should also demonstrate the ability to skillfully and knowledgeably apply interventions. Residents should also evaluate treatment progress and outcome, taking into account interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention.*

X. Intervention

Postdoctoral residents are expected to:

- Demonstrate awareness and/or manage issues responsibly related to the therapeutic framework, such as limits of confidentiality, boundaries of services, payment, and other such issues
- Demonstrate awareness and/or choose procedures appropriate for client/patient and situation
- Demonstrates knowledge of the value of evidence-based practice and the scientific and theoretical basis of the approach/intervention
- Demonstrate awareness and/or apply interventions with skill and knowledge
- Demonstrate evaluation of treatment progress and outcome
- Demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention

TRAINING NOTE: *In the context of Psychodynamic and Psychoanalytic Psychology, postdoctoral residents are expected to:*

- *Understand and manage responsibly issues related to the therapeutic framework, including but not limited to confidentiality, boundaries of services, and payment considerations.*
- *Display an understanding of appropriate procedures for different clients and situations, utilizing their knowledge and understanding of evidence-based practices and their scientific and theoretical underpinnings.*
- *Demonstrate the ability to apply interventions skillfully and knowledgeably, taking into account the specific needs and circumstances of the client.*
- *Regularly evaluate treatment progress and outcomes, making necessary adjustments based on these evaluations.*
- *Pay attention to interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification as these aspects relate to intervention.*

Consultation Note: *Postdoctoral residents in PA/PD Psychology are required to demonstrate proficiency in consultation. This involves the capacity to apply procedures suited to the specific context, drawing from a robust understanding of relevant research and theoretical frameworks. They must exhibit the ability to gather pertinent background information to inform the consultation process effectively. The execution of consultations should be marked by competence, knowledge, and a clear communication of findings and recommendations that align with the consultee's goals.*

XI. Consultation

Postdoctoral residents are expected to:

- Demonstrate awareness and/or use procedures appropriate for the context, informed by research and theory
- Demonstrate awareness and/or gather appropriate information as background for the consultation being provided
- Demonstrate awareness and/or conduct consultations with skill and knowledge
- Clearly communicate findings and recommendations that meet the consultee's goals
- Demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation
- Communicate an appreciation of intrapsychic, cultural, and historical factors that impact health, learning and other functions, of which the client may not be fully aware

TRAINING NOTE: *In the context of Psychodynamic and Psychoanalytic Psychology, postdoctoral residents are expected to:*

- *Postdoctoral residents should receive training in how to choose appropriate consultation procedures based on the specific context, informed by a solid understanding of research and theory.*
- *Training should incorporate methods to gather relevant background information effectively to enhance the quality of consultations.*
- *Residents should be trained to conduct consultations with skill and knowledge, ensuring they can provide professional advice and insight.*
- *Emphasis should be placed on developing clear and concise communication skills, specifically in terms of conveying findings and recommendations that meet the consultee's goals.*
- *Training should address the impact of interpersonal interactions, individual and cultural diversity, ethics and legal standards, and professional identification on consultation processes.*

Additional Highly Desired Competency Areas

The CoA competency areas listed above, as well as other APA requirements of psychologists, often embed the areas of Research and Evaluation and Continuing Professional Development within other guidance. In order to underscore their importance, these TGs provide them as separate areas for ease of review.

I. Research and Evaluation

Postdoctoral residents are expected to:

- Engages in scholarly research using appropriate methods and is aware of the importance of using appropriate statistical procedures
- Demonstrates essential knowledge of components of the scientific method
- Demonstrates the ability to evaluate the effectiveness of programs and activities
- Demonstrates participation in the provision and/or receipt of external peer review (publications, poster sessions, oral presentations, grant reviewer, dissertation committees, etc.)

II. Supervision

Postdoctoral residents are expected to:

- Uses existing theory and research to conduct supervision with skill and professionalism
- Considers professional developmental stage of supervisee when providing supervision
- Considers professional developmental stage of students when engaging in supervision activities
- Regularly assesses effectiveness of supervision and incorporates feedback
- Maintains knowledge and implementation of current supervision approaches
- Maintains a substantive appreciation of the distinction between psychotherapeutic treatment and the supervisory process

III. Teaching

Postdoctoral residents are expected to:

- Uses existing theory and research to teach effectively
- Considers professional developmental stage of students when engaging in teaching activities
- Regularly assesses effectiveness of teaching and incorporates feedback

- Maintains knowledge and implementation of current teaching approaches
- Demonstrates ability to describe one's own treatment methods, with examples, and to instruct by reference to presented case material in the light of theoretical and research insights

IV. Management-Administration

Postdoctoral residents are expected to:

- Uses existing theory and research in leadership to conduct administrative and management activities
- Conducts administrative and management activity taking context into account
- Understands administrative and systems needs and responds appropriately
- Appropriately manages power differential in subordinate relationships
- Works to minimize unnecessary impingements upon the parameters of treatment, including upon the treatment relationship

V. Advocacy

Postdoctoral residents are expected to:

- Engages in activities that publicly promote positive change based on sound scientific evidence
- Demonstrates the ability to engage in strategic alliances for a common cause
- Engages in advocacy for Psychoanalytic and Psychodynamic Psychology as an evidence-based, culturally sensitive resource

Section III: Training Guidelines

Overview and Philosophy

Psychoanalytic and Psychodynamic Psychologists help people improve their lives by changing habitual patterns of relating to others and gaining a better understanding of their thoughts, feelings, and motivations. In application in health service settings, Psychoanalytic and Psychodynamic Psychology offers a set of unique theories and evidence-based practices that provide in-depth change and ameliorate suffering.

Psychoanalytic and psychodynamic approaches share the recognition that people are not always aware of the reasons for their behavior; that past experiences influence present behaviors; that human motivation is to some extent rooted relationally, experientially, developmentally, and biologically; and that cultural and historical oppression, bias, and racism can be determinative of difficulties in psychological functioning and wellbeing. The foundations emerged from psychoanalytic theory, and evolved to include attachment, life-span developmental, cognitive, social, and affective psychology. Psychoanalytic and Psychodynamic Psychology employs a robust scientific evidence base, refined as new data and theories emerge, and responsive to broader scientific and social developments in psychology, social science, and cognitive neuroscience. The theories and science of Psychoanalytic and Psychodynamic Psychology are systemic perspectives integrating human development, social and historical context, cognition, affect, brain systems, biology, family dynamics, culture, individual differences, oppression and racism, and intergenerational trauma and strengths.

Psychoanalytic and Psychodynamic Psychology offers a wide array of evidence-based modalities to diverse populations, delivered in a variety of settings including clinics, hospitals, schools, private offices, and places of worship. Populations served include people of all ages, receiving individual, group, couples, family, and community-based interventions. Psychoanalytic and Psychodynamic Psychologists provide psychotherapeutic interventions, psychological testing, and consultation services to schools, hospitals, and community groups.

The field of Psychoanalytic and Psychodynamic Psychology is best defined by its distinctive theoretical and scientific foundations and techniques rather than by particular settings, populations, problems served. As a result, the specialty has been documented to be efficacious for a wide range of populations, diagnoses and concerns. Further, the field of Psychoanalytic and Psychodynamic Psychology has made significant contributions to empirical research and theory regarding cultural competency and humility. A Psychoanalytic and Psychodynamic Psychology postdoctoral program's philosophy and educational model should be substantially consistent with the mission, goals, and culture of the program's sponsor institution. The Specialty is further defined by values and perspectives that are intentionally and explicitly attentive to cultural, ethnic, racial, religious, sexual, gender, economic, and abilities diversities, and issues of equity and inclusion.

Each resident's training plan should be individually created to meet the specific training needs of the resident, with **at least 80% of resident's time spent within the clinical and scientific areas specific to PA/PD Psychology** and should address:

- Specialized assessment methods that comprehensively assess strengths and functional capability rather than solely symptomatology and deficits
- Evidence-based and promising practices
- Interventions modified or developed for appropriate populations
- Psychiatric rehabilitation approaches
- The practice of PA/PD Psychology as part of interprofessional teams
- Approaches to client-centered, recovery oriented mental health care

- Consultation for staff, family members, and organizations working within a PA/PD framework
- Supervision for psychology and non-psychology trainees and staff, as well as multi-disciplinary teamwork
- Research and scientific inquiry
- Ethical, legal, and cross-cultural/diversity issues and concerns
- Supervision and teaching
- Program management and administration
- Continuing professional development

A core set of required education and training experiences that focus on PA/PD Psychology are required across all programs. These include:

- Client-centered training
- Supervision
- Resident evaluation and program quality improvement

These are described in detail below.

Note: Attention should be given to ensure that workload is reasonable, equitable, and trainees' workload should be such to support the well-being of trainees.

Major Area of Study in PA/PD Psychology: Required Clinical Placement

I. Settings:

Psychoanalytic and Psychodynamic Psychologists can operate across a diverse array of settings along the care continuum, ranging from outpatient clinics to residential settings, inpatient facilities, and more. These environments should offer rich opportunities for practitioners to learn about and integrate psychoanalytic and psychodynamic principles and interventions into their practice, thereby fostering profound and lasting changes in their clients.

The approach to PA/PD practice should be oriented towards understanding the individual's unique psychological dynamics and facilitating emotional and interpersonal growth and change. All treatment settings should adhere to APA training guidelines, with clinical supervision provided by a licensed psychologist.

Key components within these settings may include:

Individualized Assessments: Psychoanalytic and Psychodynamic Psychology emphasizes understanding the individual's unique unconscious processes, defenses, and interpersonal dynamics. Hence, specialized individualized assessments and re-assessments are paramount. These can encompass intake interviews, tests for diagnostic clarification, in-depth psychodynamic formulation, and ongoing treatment planning that aligns with the individual's evolving needs and progress.

Evidence-based Practices and Therapeutic Approaches: The rich history of Psychoanalytic and Psychodynamic Psychology provides numerous evidence-based practices and promising interventions. These include but are not limited to:⁶

⁶ See Appendix D: Interventions Recommended for PA/PD Modalities

- Individual psychodynamic psychotherapy
- Group psychoanalytic and psychodynamic therapy
- Psychoanalytic psychotherapy
- Mentalization-based treatment (MBT)
- Transference-focused psychotherapy (TFP)
- Dynamic Interpersonal Therapy (DIT)
- Time-limited Dynamic Psychotherapy

PA/PD approaches can be utilized in a variety of settings, such as hospitals, outpatient clinics, schools, and counseling centers, and forensic settings working with a diversity of problems, such as trauma-specific care, personality disorders, anxiety and depressive disorders, social and cultural trauma, among others. The specialty interventions aim to uncover and understand unconscious processes, internal conflicts, and maladaptive patterns of relating that might be contributing to the distress or dysfunction of an individual, group, or organization.

The work of Psychoanalytic and Psychodynamic Psychologists extends beyond the clinical setting into research, academia, and organizational consulting, thus providing a broad array of potential settings for practice. The choice of the setting will ultimately be guided by the psychologist's areas of expertise and interest, as well as the specific needs and contexts of the patients they serve.

II. Experiences:

Building upon the foundational training received during doctoral programs and internships, postdoctoral residency experiences for Psychoanalytic and Psychodynamic Psychologists should focus on deepening their understanding and application of psychodynamic principles and techniques, and fostering their development into confident, competent, and compassionate psychologists.

Across all settings, postdoctoral residents are expected to take primary responsibility for several clients. As their skills and confidence grow, they should be given more complex cases and independent clinical work, while also pursuing their own training goals.

Examples of such experiences are:

Provision of Psychotherapy: Residents should have the experience of conducting a variety of evidence-based psychodynamic interventions with fidelity to their respective models. This may range from brief psychodynamic therapy to more intensive psychoanalytic psychotherapy, applied in individual, couple, and family systems.

Leading or Co-leading Therapy Groups: Residents may experience leading or co-leading one or more therapy groups. This may enable them to understand and manage group dynamics and help clients navigate their interpersonal issues in a group context.

Conducting Psychodynamic Assessments: Residents may conduct psychodynamic, cultural, and strengths-based assessments, and use the insights from these assessments to develop individualized treatment plans. These assessments can be essential tools to uncover unconscious conflicts, internal representations of self and others, and maladaptive patterns of relating.

Provision of Psychoeducation: Residents should be skilled in explaining psychodynamic concepts to clients and their social support networks. This could involve discussing the unconscious mind, defense mechanisms, transference and countertransference, and how these dynamics might be influencing their current

experiences and relationships.

Presenting Cases: Residents should regularly present cases to their supervisors and peers, integrating a psychodynamic formulation within a broader cultural context.

Setting Treatment Goals: Residents should work with their clients to establish treatment goals that align with the individual's psychological insights, interpersonal patterns, and overall life context.

Engaging in Research and Evaluation: Residents should have the opportunity to participate in research, data collection, and program evaluation activities that can inform their practice and contribute to the broader field of psychodynamic psychology.

Receiving Supervision: One-to-one supervision from experienced psychodynamic psychologists is critical to the resident's development. This provides a space for the resident to discuss their clinical work, explore their own reactions and countertransference responses, and receive feedback and guidance.

Processing Experiences in Peer Groups: Residents may regularly participate in group discussions with their peers. This provides a valuable opportunity to learn from others' experiences, process their own emotional reactions to their work, and foster a sense of collegiality and mutual support.

Leading Discussions and Supervising: As residents progress, they may be given opportunities to lead clinical rounds, facilitate group discussions, and provide supervision to junior trainees. This not only deepens their own understanding but also prepares them for leadership roles in the future.

These experiences will ensure that residents gain comprehensive exposure to the breadth and depth of Psychoanalytic and Psychodynamic Psychology and emerge from their postdoctoral training as capable and compassionate psychologists ready to make meaningful contributions to the field.

Major Area of Study in PA/PD Psychology: Additional Requirements

A Psychoanalytic and Psychodynamic Psychology postdoctoral residency shall consist of a minimum of 1500 hours of actual work experience (exclusive of holidays, sick leave, vacations, or other such absences) completed in not less than 48 weeks nor more than 104 weeks and averaging at least 16 hours per week. The overall duration of Psychoanalytic and psychodynamic Psychology postdoctoral residency may exceed these minimum expectations, based on the requirements of its specific training model and goals.

I. Client-centered Training

Client-centered training for a PA/PD postdoctoral fellow places the client's experience, needs, and goals at the heart of the therapeutic process and the fellow's learning experience.

Examples of such include:

Understanding the Client's Subjective Experience: In the context of PA/PD therapy, it is paramount for the fellow to gain a deep understanding of the client's internal world. The fellow would be trained to listen attentively to the client's thoughts, feelings, fantasies, and dreams, and to use these insights to understand their unconscious conflicts, defense mechanisms, and patterns of relating to self and others.

Respecting the Client's Autonomy: Fellows are encouraged to respect the client's autonomy and decision-making capacity. This involves supporting the client in making informed decisions about their therapy and learning to work collaboratively with the client to define therapeutic goals and the course of treatment.

Cultural Sensitivity: Fellows would be trained to acknowledge and respect the client's cultural background, beliefs, and values. This involves developing cultural humility and learning to integrate an understanding of cultural factors into the psychodynamic formulation and treatment plan.

Empathic Attunement: A central aspect of client-centered training is the cultivation of empathic attunement. Fellows would be trained to empathize deeply with the client's feelings and experiences, and to use this empathic understanding to guide the therapeutic process.

Maintaining a Therapeutic Alliance: Fellows would learn to establish and maintain a strong therapeutic alliance with their clients, as this is crucial for the success of PA/PD therapy. This involves learning to manage transference and countertransference dynamics in a way that fosters trust, respect, and collaboration.

Promoting Self-Understanding and Self-Compassion: Fellows would be trained to help clients develop a greater understanding of their own internal dynamics and patterns of behavior, and to foster self-compassion. This empowers clients to engage more deeply in the therapeutic process and fosters lasting change.

Reflecting on the Therapeutic Process: Finally, fellows would be encouraged to reflect on their own experiences of the therapeutic process. This would involve regular supervision where they can explore their reactions, thoughts, and feelings in relation to their clients, and learn to use this self-reflection to enhance their therapeutic effectiveness.

II. Supervision:

The postdoctoral residency shall provide a minimum of (2) hours per week of individual, face-to-face supervision for full time residents, and a minimum of one (1) hour per week for part-time residents. Supervision may involve live supervision, co-facilitation of groups, and video or audiotaping of sessions. The supervisory process addresses legal, ethical, and cultural dimensions that impact not only the professional practice of psychology, but also the supervisory relationship. Professional skills development, client welfare, and professional identity development are essential components of supervision. Residents should have the opportunity to discuss program matters including administrative needs, educational plans, professional development, systems issues, and other topics of individual interest. Supervisory hours beyond the two hours of individual supervision may be provided either individually or via group supervision and must be provided by professionals who are appropriately credentialed for their role/contribution to the program.

Each resident shall have at least two (2) supervisors during any training year. At least one of these supervisors shall be a psychologist identified with Psychoanalytic and Psychodynamic Psychology, as evidenced by knowledge, skills, and activities congruent with the philosophy and practice of Psychoanalytic and Psychodynamic Psychology, who shall serve as the resident's primary supervisor. Assigned supervisors have professional/legal responsibility for the services provided by residents to service recipients that are assigned to their supervision dyad for the duration of the supervisory relationship. Supervision will meet the regulations for supervised professional experience in the jurisdiction in which the program resides.

The Director of Training shall hold a license to practice psychology in the jurisdiction in which the training program is located and shall demonstrate advanced skills, commitment and leadership in Psychoanalytic and Psychodynamic Psychology through indicators such as: research, professional presentations, and publications that are appropriate to the program's goals and objectives; membership, service or fellowship in Division 39; possession of the specialty diploma in Psychoanalytic and psychodynamic Psychology by the American Board of Professional Psychology (ABPP); and/or other specialty-related recognitions.

Additionally, case consultation provides a wealth of benefits for a postdoctoral resident. It facilitates a deeper understanding and a broader perspective of the clinical work by allowing the resident to present their clients' cases to other professionals and receive feedback. This collaboration aids in identifying potential blind spots, biases, or unnoticed patterns in therapeutic encounters. It promotes a resident's professional growth by enabling them to learn from experienced psychologists' insights, strategies, and techniques. Additionally, it offers emotional support, helping residents manage the personal and professional stresses inherent in clinical work.

III. Resident Evaluation and Program Quality Improvement:

Resident Evaluation: Residents' competency is continually monitored and formally evaluated throughout the residency. At a minimum, residency programs should provide at least two (2) formal evaluations of performance each training year. These should be focused on measurable goals or behaviors and the extent to which the resident is meeting the performance requirements and expectations of the program. Further, written policies and procedures for continuation in or termination from the program should be made available to each resident.

Each formal evaluation should include a face-to-face meeting and a written report. Evaluations should include performance appraisals by the resident, supervisors, peers and/or colleagues, and the Director of Training. Behavioral observation, structured observation checklist ratings, and ratings based on record or chart review are encouraged as sources for data to inform evaluations. Other options may include oral or written examinations, clinical vignettes, written products (e.g., topic essays or literature reviews), student portfolios with evidence of learning, patient satisfaction ratings, and patient outcome data. Competency evaluations should typically be behaviorally based. Residents should be evaluated on their knowledge, skills, and abilities related to their understanding and application of didactic and seminar information, their ability to participate in supervision and to supervise others, their aptitude in providing consultation, education, and training, their work across interprofessional and discipline-specific teams, and their conduct in research/evaluation activities.

Feedback should be provided several times during the rotation with the exact timing dependent on the duration of the rotation. Any deficit areas must be addressed with the resident. Particular attention should be paid to ensuring that residents act ethically and with understanding of and respect for the full range of diversity issues. Additionally, learning objectives should be reviewed at the mid- and endpoints of the program to determine appropriateness and status.

Program Quality Improvement: At the end of each rotation, residents should complete evaluations of supervisors and program. At the end of the residency, they should complete an evaluation of the residency overall, including feedback on research opportunities, didactics, seminars, and other components. Results should be used to modify, improve, and/or enhance the quality of the residency training and documentation of such improvements should be recorded.

Available Training-Related Resources

The American Psychoanalytic Association (APsaA): APsaA offers a range of educational materials and learning opportunities, including an annual meeting, continuous professional development courses, and online resources such as articles and virtual libraries.⁷

The British Journal of Psychotherapy: This journal provides a platform for exploring psychotherapy from a psychodynamic or psychoanalytic perspective, and contains a wide range of articles, case studies, and reviews.⁸

The International Psychoanalytical Association (IPA): The IPA's official website⁹ provides various resources for ongoing learning, including access to the "Psychoanalytic Electronic Publishing Archive" which contains a vast collection of psychoanalytic articles and books.

The Neuropsychoanalysis Association: This organization provides resources and training for integrating neuroscience and psychoanalysis. It offers seminars, lectures, and workshops, as well as a journal that publishes research at the intersection of these fields.¹⁰

Psychoanalytic Dialogues: This journal offers case studies, theoretical papers, and discussions that reflect diverse perspectives within the psychoanalytic community. The journal covers contemporary issues relevant to psychoanalytic practice and theory.¹¹

The Psychodynamic Diagnostic Manual, Second Edition (PDM-2): This resource offers an in-depth understanding of personality structure, mental functioning, and symptom patterns in adults, adolescents, and children. The PDM-2 provides comprehensive descriptions and treatment suggestions which are especially useful for psychoanalytic and psychodynamic therapists (Lingiardi & McWilliams, 2017).

⁷ www.apsa.org/education-and-training

⁸ <https://onlinelibrary.wiley.com/journal/17520118>

⁹ <https://www.ipa.world>

¹⁰ <https://npsa-association.org/education/training-events>

¹¹ <https://www.tandfonline.com/journals/hpsd20>

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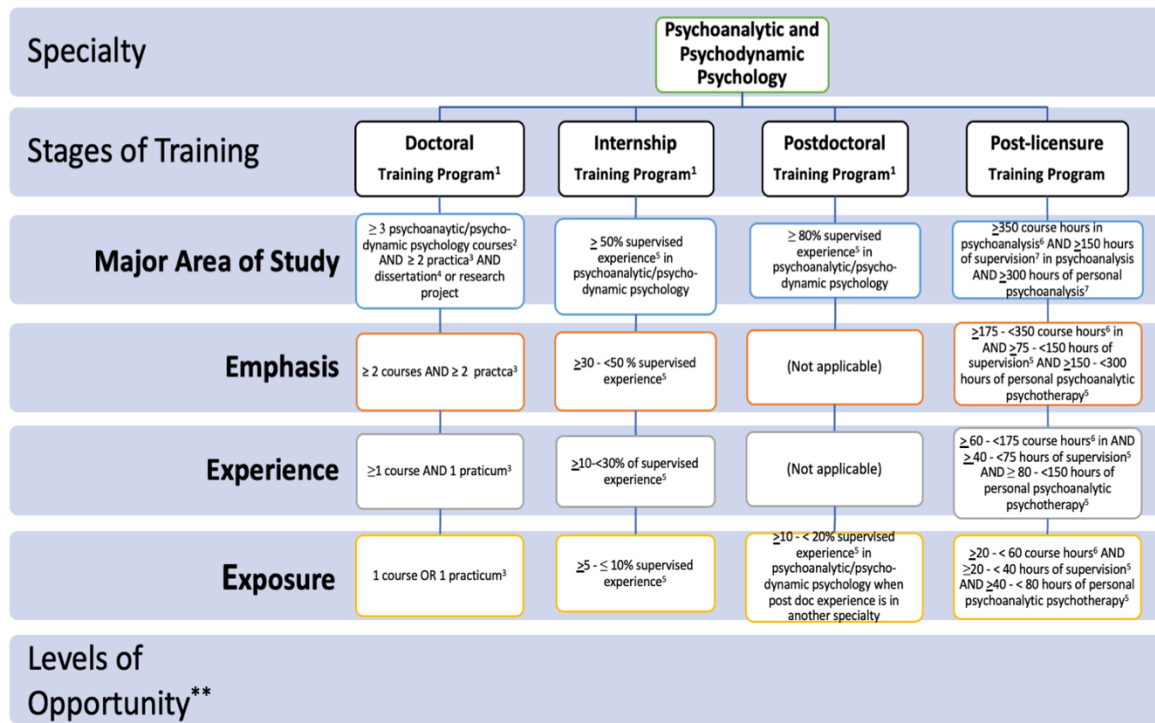
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Appendix A: Taxonomy for Education & Training in PA/PD Psychology



**The term "focus" should be used to describe opportunities in areas of training which are not recognized specialties. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

Approved by CoS Board of Directors, 8/20/2021

Common Definitions and Criteria Across All Recognized Specialties Clarifications to Help Recognized Specialties Use the APA-Taxonomy¹² in a Consistent Manner

- Broad and general training forms the core of education and training in health service psychology. Programs are accredited by the American Psychological Association (APA), Commission on Accreditation (CoA) or Canadian Psychological Association (CPA). Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the specialty and described in a specialty taxonomy. In addition, each specialty will have education and training guidelines consistent with its specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or post-licensure stages as defined by the specialty.
- By definition, postdoctoral education and training is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that 80% or more of time be spent in the specialty area. At the postdoctoral training stage, as per above, it is recognized that training in the Major Area of Study will be consistent with the education and training guidelines set forth by the specialty.
- A course is typically defined as 3 semester-credit hours (or equivalent) in a health service psychology training program accredited by APA or CPA.
- A practicum is typically defined as the equivalent of one academic year (e.g., 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, or its equivalent, with at least 50% of time in the provision of clinical services.
- Consistent with what is described in CoA *Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty.
- Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, and grand rounds, as defined by the specialty.
- For definitions of continuing education (CE) and continuing professional development (CPD) see the APA Quality Professional Development and Continuing Education Resolution.¹³ A continuing education (CE) course is defined as an organized program by the American Psychological Association or Canadian Psychological Association, a State Psychological Association, or other major provider of CE (e.g., Society of Behavioral Medicine).

¹² www.apa.org/ed/graduate/specialize/taxonomy.pdf

¹³ <https://www.apa.org/about/policy/improving-quality>

Specialty Specific Definitions and Criteria

All courses, practica, and supervised experience at the doctoral, internship, and postdoctoral levels refer to training in psychoanalytic and/or psychodynamic psychology. Specialty training is open to a range of modalities (e.g., individual, family, group, assessment) and practice settings (e.g., school, clinic, organizational, research). However, supervised experience in individual psychotherapy is a foundational educational and training requirement.

For the designation at the **Major Area of Study** at the Doctoral stage of training, two 3-credit courses in Psychoanalytic/Psychodynamic Psychology are required (e.g., intervention, assessment, psychopathology, consultation). The other course (or remaining credit hours) can be a combination of material from other courses that would equate to a course equivalent (e.g., half of a semester of two separate intervention courses focused on psychoanalytic/psychodynamic material that combine to a course equivalent of a full semester). For the designation at the **Emphasis** level, 1 of the 2 courses must be a dedicated Psychoanalytic/Psychodynamic Psychology course in the area of treatment, assessment, and/or psychopathology. The other course (or remaining hours) can be a combination of material from other courses that would equate to a course equivalent (e.g., half of a semester of two separate intervention courses focused on psychoanalytic psychology material that combine to a course equivalent of a full semester). All Psychoanalytic/Psychodynamic Psychology requirements must be taught by faculty engaged in psychoanalytic/psychodynamic practice and/or research. For all levels (i.e., Major Area of Study, Emphasis, Experience, Exposure), course material from a discipline-specific knowledge course (e.g., the Integrative requirement for accreditation standards) does not count toward any of the course requirements at any level of education or training listed above.

Psychoanalytic and Psychodynamic Psychology Practicum is defined as a practicum experience (approximately 9 months) of supervised training, at least 8 hours per week or its equivalent (e.g., a minimum of 240 total hours) with at least 50% of supervised clinical service delivery in Psychoanalytic and Psychodynamic Psychology knowledge, attitudes, and skills. Supervision will be conducted by a Psychoanalytic and Psychodynamic Psychologist.

Dissertation or equivalent research experience refers to the doctoral dissertation or research project in PA/PD Psychology for which the trainee is primarily responsible and is the first author. This may include focused empirical research, extended case studies/small-N designs, literature reviews/analyses, or capstone projects.

Supervised experience of clinical contacts, delivering psychoanalytic/psychodynamic psychology services (e.g., assessment, intervention, consultation) to individual clients, families, couples, groups, and interprofessional teams. If offered at the training facility, seminar attendance, interdisciplinary team participation, readings, and research may count as part of the supervised experience at the internship and postdoctoral stages of training. Experience in personal psychoanalytic/psychodynamic psychotherapy and/or psychoanalysis is strongly encouraged at all levels of opportunity and is a requirement at the **Major Area of Study** and Post-licensure levels. Primary supervisors of psychoanalytic psychology services and therapists delivering personal analysis to trainees as part of the supervised experience at the Doctoral, Internship, and Postdoctoral levels must have training, qualifications, or credentials as psychoanalytic/psychodynamic psychologists or psychoanalysts. Primary supervisors are strongly encouraged to have credentials (e.g. ABPP) and postdoctoral training in Psychoanalytic and Psychodynamic Psychology or psychoanalysis (e.g., graduation from a psychoanalytic institute that is a member of the American Psychoanalytic Association, International Psychoanalytic Association, and/ or accredited by the ACPEinc, or equivalent).

Courses at the Post-licensure level may include organized programs of coursework that are part of a formal

psychoanalytic/psychodynamic psychology or psychoanalysis certificate program, continuing education (CE), or guided study in a structured mentorship program or consultation. CE must be from at least one of the following organized CE providers: American Psychological Association, State/Provincial Psychological Association, State/Provincial licensing board, Accredited Continuing Medical Education course, or from a professional organizational entity that maintains administrative control including responsibility for course design and contents, accountability, and record-keeping of course participation/attendance. Specialty training gained through CE workshops can contribute to an organized program of coursework that must meet the requirements of the Specialty (e.g. history of psychoanalysis and psychoanalytic psychology, normative and pathological psychological development, psychoanalytic/ psychodynamic theories and techniques, case conferences).

Supervision and personal psychoanalysis at the **Post-licensure Major Area of Study** level must be provided by psychoanalysts (e.g., ABPP in Psychoanalysis, graduation from a psychoanalytic institute, or equivalent education and training at the Post-licensure **Major Area of Study** level).

Examples of Program Descriptors for Each Stage of Training

Doctoral

Since the mid-1960's, the APA-accredited doctoral program in clinical psychology at this Doctoral Program has been a leader in applying a psychoanalytic/psychodynamic understanding in the study of the human personality. Education and training is at the **Major Area of Study** level of opportunity. The Program is based on a scholar practitioner model. This model emphasizes the mutual and reciprocal influence of scholarship and practice and aims to generate integrative theories, research, and modes of clinical work. Our program has a strong commitment to psychodynamic thinking and social justice, although many other theoretical points of view are represented and studied carefully. We have our own Psychological Center, a community psychology training clinic that provides our students with a seamless link between scholarship and practice and where students are trained to work primarily psychodynamically with children, adolescents, and adults. We have become a cutting-edge psychodynamic psychotherapy research program as well, as all our patients, both child and adult, are rigorously assessed throughout the course of their treatment. Interdisciplinary thinking is valued in our program, and the faculty and students have notably broad and wide-ranging interests. We emphasize and value the selection of a diverse student body and are committed to accepting, retaining and graduating people of color, first generation and minoritized students.

Internship

Our APA-accredited internship program has been primarily psychoanalytic/psychodynamic in perspective since its inception. We have since integrated alternate treatment modalities, so that we now consider ourselves an integrative psychodynamic program, with at least 50% of the internship dedicated to training in a **Major Area of Study** in Psychodynamic Psychology through clinical and didactic experiences. Many of our clinicians work from an integrative perspective, for instance incorporating relational psychodynamic work with third-wave behavioral approaches (e.g., mindfulness-based cognitive therapy, ACT, DBT), family systems, attachment theory, feminist therapy, and other theoretical perspectives in helping our clients achieve change. It is our goal to assist interns in honing their own individual clinical perspectives through exposure to a range of treatment perspectives that have empirical, scientific support. Our internship program gives particular attention to multicultural awareness, in concern for the diversity of the student population that we serve and in concern for our belief in the importance of training professionals who are well-equipped to provide services to all individuals. The internship training program functions with an explicit awareness of the importance of affirming the experiences of LGBTQ-identified students as well as individuals from racially- and religiously persecuted groups. Interns participate in a number of experiential activities, including the provision of individual and group therapy, along with acute crisis management. Interns receive significant supervision and didactic training in support of these experiences. Interns have an opportunity to supervise a practicum student.

Postdoctoral Residency

The Postdoctoral Program, 2-year Psychotherapy Fellowship's mission is to provide excellence in clinical service, specialized training in psychodynamic psychotherapy, and ongoing research in psychodynamic psychotherapy outcomes. This **Major Area of Study** residency is at least 80% in psychodynamic psychology, rendering accessible psychotherapy to a culturally diverse population in the community, to offer additional advanced education and training for clinicians who have completed their formal training, and to study the process and outcome of psychodynamic psychotherapy. There is coordination with other caregivers within the hospital, such as the Psychopharmacology Clinic, Family and Couples Program, and Behavioral Medicine. The Postdoctoral Fellowship is a full-time 2-year clinical fellowship. A high level of supervision and didactic training is paired with a flexible work environment meant to introduce the trainee to a variety of roles in

consultation, assessment and therapy. The Clinical Psychology Training Program prepares Psychology Fellows in clinical psychodynamic psychology to understand and treat persons suffering from a broad spectrum of forms of emotional distress. Using a scholar-practitioner model, our curriculum emphasizes a biopsychosocial approach to the understanding of people and values the use of psychotherapy and assessment. Our talented and multidisciplinary faculty teaches fellows in a variety of Specialty areas through didactics and comprehensive individual and group supervision. With close faculty-trainee interaction, we provide a solid grounding in treatment and assessment that takes into account ethnic and cultural influences. We also teach fellows to integrate a variety of treatment modalities while working with persons with an array of psychological problems, including persons diagnosed with major mental illness and severe personality disorders. All Fellows meet together weekly in a Professional Development Seminar, which includes such topics as providing supervision, teaching in both medical and academic settings, writing for publication, obtaining grants and conducting research, licensing procedures and legal and ethical issues for the psychologist.

Post-licensure

At the post-licensure level, Specialty training is available at all levels of opportunity in both Psychoanalytic/ Psychodynamic Psychology and in Psychoanalysis (**Major Area of Study**). Division 39 of the American Psychological Association is an APA approved CE sponsor and provides **Exposure** experiences in Psychoanalytic Psychology and Psychoanalysis through continuing education webinars, workshops, and conferences. **Experience** is provided through the Division 39 Spring Meeting and Local Chapter study groups, meetings, symposia, conferences, and workshops (most of which offer APA approved **CEs**).

The Psychoanalytic Psychotherapy Program provides a level of **Emphasis** course of study in psychoanalytic theory and therapy for interested individuals who would like to deepen their knowledge of the field. The program has two tracks, a clinical track and an academic track for those who wish to strengthen their backgrounds in psychoanalytic theory but who are not practicing clinicians. Students in the academic track will follow the same program as students in the clinical track, although their focus will be determined through discussion with their individual consultants. The Certificate program involves 200 hours of coursework in clinical case conferences, culture and diversity, psychopathology, psychoanalytic technique, history and systems, development, ethics (APA **CE**); 75 hours of supervised psychoanalytic clinical experience; and 150 hours of personal psychoanalytic psychotherapy.

Post-licensure stage of training as a **Major Area of Study** in Psychoanalysis takes place in a university-based or autonomous psychoanalytic institute or equivalent setting, including but not limited to psychoanalytic institutes recognized by the American Council of Psychoanalytic Education (ACPEinc), the American Psychoanalytic Association (APsaA), and the International Psychoanalytic Association (IPsaA). Training at this level is intended to be the final psychoanalytic training experience that will lead to eventual board certification in Psychoanalysis through the American Board of Professional Psychology. The candidate will engage in a minimum of 350 didactic course hours (typically APA approved CE), 150 hours of supervision by a psychoanalyst, and 300 hours of personal analysis by a psychoanalyst. Candidates are also required to engage in some form of community, organization, or scholarly work.

Appendix B: Topics & Concepts Relevant to Training in PA/PD Psychology

Note: Topics below are described in seminar format; however, topics may be covered in seminars, workshops, or any other training venues.

Theoretical Foundations Seminar: This seminar should provide a comprehensive understanding of the basic theories and concepts underpinning Psychoanalytic and Psychodynamic Psychology. Subjects to be discussed would include Freudian theory, Object relations theory, Ego psychology, Self psychology, and Relational psychoanalysis among others. Emphasis should be given to the foundational concepts like transference, countertransference, unconscious processes, defense mechanisms, psychic determinism, and the role of early relationships in personality formation (Freud, 1961; Kohut, 1971; Mitchell & Black, 1995).

Clinical Techniques Seminar: The focus of this seminar is to provide a detailed overview of the clinical techniques involved in psychoanalytic and psychodynamic practice. Topics should include active listening, interpretation, confrontation, clarification, working through resistance, dream analysis, and working with the transference and countertransference. The seminar should also delve into the importance of maintaining the frame of therapy, fostering therapeutic alliance, and managing therapeutic ruptures (Gabbard, 2014).

Case Formulation and Conceptualization Seminar: This seminar should train residents in developing psychodynamic formulations and using these formulations to guide the therapeutic process. Understanding the patient's core conflictual relationship themes, recurring patterns in their life, and unconscious motivations would be emphasized. Topics should include the use of psychodynamic diagnostic systems like the Psychodynamic Diagnostic Manual, Second Edition (PDM-2) (Lingiardi & McWilliams, 2017).

Research Seminar in Psychodynamic Psychology: Psychodynamic practice should also be informed by empirical research. This seminar should discuss the evidence base for psychodynamic therapies, process and outcome research in psychoanalysis, as well as research methodologies used in psychoanalytic research. It should also discuss how to integrate research findings into clinical practice (Fonagy, 2015).

Interpersonal and Relational Aspects Seminar: This seminar should focus on the relational aspects of psychoanalytic practice, exploring how the therapeutic relationship itself can be a vehicle for change. It would include the study of transference-countertransference dynamics, enactment, projective identification, intersubjectivity, and the use of the therapist's self in the therapeutic process (Aron, 1996; Mitchell, 1988).

Psychodynamic Work with Specific Populations: This seminar should discuss adapting psychodynamic therapy for work with diverse populations, such as children, adolescents, the elderly, groups, couples, and families. It should also cover psychodynamic work with culturally diverse clients, clients with serious mental illness, and those with personality disorders (Fonagy, 2015; McWilliams, 2011).

Ethical and Legal Issues Seminar: This seminar should discuss the unique ethical and legal issues pertaining to psychoanalytic and psychodynamic practice. Topics might include managing boundaries in long-term therapies, handling requests for records from patients in analytic treatment, confidentiality, and potential ethical issues around dual relationships, among others (Gabbard, 2016).

Professional Development and Career Planning Seminar: This seminar should assist residents in preparing for the next stages of their career, discussing licensure, certification, setting up private practice, and potential career paths within psychoanalytic psychology (McWilliams, 2004).

Supervision and Consultation Seminar: This seminar should focus on developing skills for supervision and consultation within a psychodynamic framework. Topics should include the role of supervisor transference and countertransference, parallel process in supervision, the supervisory alliance, and the ethics of supervision (Watkins, 2011).

Group Dynamics and Group Psychotherapy Seminar: This seminar should cover theoretical and practical aspects of group psychotherapy from a psychodynamic perspective. Topics would include projective identification in groups, the role of the group-as-a-whole, and the therapeutic factors in group therapy (Yalom & Leszcz, 2005).

Other Content Specific to PA/PD Psychology

Note: These topics can be incorporated into seminars, workshops, or any other training venues.

Historical Perspectives/Ethics/Diversity/Advocacy

- History of psychoanalysis and its evolution into contemporary psychodynamic approaches
- Considerations of power dynamics, privacy, and informed consent in psychodynamic therapy
- Applying psychodynamic concepts to diverse cultural, ethnic, and sociopolitical contexts
- The role of psychodynamic approaches in broader mental health advocacy and reform

Neurobiology of PA/PD Processes

- The impact of early life stress on brain development and functioning
- Neuroscience research on unconscious processes, repression, and the role of dreams
- The psychobiological effects of long-term psychodynamic therapy

Integration with Other Therapeutic Modalities

- Complementarity of psychodynamic approaches with other treatments such as cognitive-behavioral therapy, family therapy, and medication management
- The role of psychodynamic understanding in enhancing treatment adherence and outcomes in other modalities

Ethics and Professional Issues

- Handling ethical issues in psychodynamic practice, including boundary management, dual relationships, and handling transference and countertransference
- Professional issues such as practice management, peer consultation, and continuing education in psychodynamic therapy

Integration with Psychiatry and Medical Treatment

- Collaboration and coordination with psychiatrists and primary care physicians in the treatment of patients receiving psychodynamic therapy
- An understanding of psychopharmacology from a psychodynamic perspective, including medication adherence and the psychological meaning of medication

Psychodynamic Approaches to Community Mental Health

- Application of psychodynamic principles to community mental health settings.
- The use of psychodynamic concepts in understanding and managing systemic issues within mental health services.
- Advocacy for patients from a psychodynamic perspective, including working to reduce stigma and improve access to care.

Appendix C: Assessment Instruments Recommended for PA/PD Psychology

Culturally Informed Assessment¹⁴

- The DSM 5 Cultural Formulation Interview (American Psychiatric Association, 2013)

Projective Tests

- Rorschach Performance Assessment System (Meyer et al., 2011)
- Thematic Apperception Test (Morgan & Murray, 1935)

Symptom Assessment/Diagnostic Assessment

- Minnesota Multiphasic Personality Inventory-2 (Graham, 1990)
- Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988)
- Operationalized Psychodynamic Diagnosis (OPD Task Force, 2008)
- Psychoanalytic Process Q-Set (Jones & Windholz, 1990)
- Brief Symptom Inventory (Derogatis & Melisaratos, 1983)
- Symptom Checklist 90 Revised (Derogatis & Savitz, 1999)
- Hamilton Anxiety Rating Scale (Hamilton, 1959)
- Beck Depression Inventory (Beck et al., 1961)
- Clinical Outcomes in Routine Evaluation (Barkham et al., 2001)
- Coping Responses Inventory (Moos, 1993)
- The Shedler-Westen Assessment Procedure (Shedler & Westen, 2007)
- Positive and Negative Syndrome Scale (Kay, Fiszbein, & Opler, 1987)

Object Relation Assessments

- Object Relations Inventory (Huprich, Auerbach, Porcerelli, & Bupp, 2015)
- Social Cognition and Object Relations Scale (Westen, 1990)
- Bell Object Relations and Reality Testing Inventory (Bell, 1995)
- Quality of Object Relations Scale (Diamond et al., 2003)
- Object Relations Technique (Phillipson, 1955)

Attachment Assessments

- Adult Attachment Interview (George, Kaplan, & Main, 1985)
- Childhood Attachment and Relational Trauma Screen (Asmundson & Stapleton, 2008)
- Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987)

Ego Functioning Tests

- Reflective Functioning Scale (Fonagy et al., 1998)
- Defense Mechanisms Ratings Scales (Perry, 1990)
- Defense Style Questionnaire (Andrews et al., 1993)
- Defense Mechanism Test (Kragh, 1960)
- Ego Functions Assessment (Bellak & Abrams, 1997)

Clinical Processes Assessments

- Psychodynamic Change Process Scale (Høglend, 2008)
- Countertransference Factors Inventory (Nissen-Lie et al., 2013)

¹⁴ see Criterion VI of the Petition to APA for comprehensive list and detailed information about the wide array of culturally informed assessment instruments

Dream Assessment

- Dream Content Analysis (Schredl, 2010)
- Manifest Dream Content Questionnaire (Domhoff, 1996)

Life History and Personal Chronology

- Autobiographical Memory Test (Williams & Broadbent, 1986)
- Life Event and Difficulty Schedule (Brown & Harris, 1978)

Relational and Interpersonal Functioning Assessment

- Inventory of Altered Self-Capacities (Briere, 2000)
- Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998)
- Dyadic Adjustment Scale (Spanier, 1976)

Psychosexual Functioning Assessment

- Derogatis Sexual Functioning Inventory (Derogatis & Melisaratos, 1979)
- Golombok Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1986)

Developmental Trauma and Adverse Childhood Experiences

- Adverse Childhood Experiences (ACE) Questionnaire (Felitti et al., 1998)
- Trauma History Questionnaire (Green, 1996)

Unconscious Mental Processes Assessments

- Unconscious Conflict Questionnaire (Ellenberger, 1970)
- Subliminal Psychodynamic Activation Method (Silverman, 1976)

Trauma-Specific Assessments

- Impact of Event Scale-Revised (Weiss & Marmar, 1997)
- Posttraumatic Stress Disorder Checklist for DSM-5 (Blevins et al., 2015)
- Trauma Symptom Inventory (Briere, 1995)

Assessments of Narcissism and Grandiosity

- Pathological Narcissism Inventory (Pincus et al., 2009)
- Narcissistic Grandiosity Scale (Rosenthal et al., 2011)

Substance Abuse Assessments

- Substance Abuse Subtle Screening Inventory (Miller, 1999)
- Drug Abuse Screening Test (Skinner, 1982)

Sleep Assessment

- Pittsburgh Sleep Quality Index (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989)

Impulse Control Disorders

- Barratt Impulsiveness Scale (Patton, Stanford, & Barratt, 1995)

Appendix D: Interventions Recommended for PA/PD Modalities

- Transference-focused Psychotherapy (TFP)
- Mentalization-based Therapy (MBT)
- Free Association
- Long-term Psychodynamic Psychotherapy (LTPP)
- Short-term Psychodynamic Psychotherapy (STPP)
- Object Relations Therapy
- Attachment-Based Therapy
- Jungian Therapy
- Adlerian Therapy
- Interpersonal Psychotherapy (IPT)
- Countertransference Analysis
- Ego Psychology
- Brief Relational Therapy (BRT)
- Dynamic Interpersonal Therapy (DIT)
- Contemporary Psychoanalysis
- Relational Psychoanalysis
- Focal Psychoanalytic Psychotherapy
- Intensive Short-Term Dynamic Psychotherapy (ISTDP)
- Supportive Psychodynamic Psychotherapy
- Time-limited Dynamic Psychotherapy (TLPP)
- Process Oriented Psychology
- Resistance Analysis
- Self-Psychology
- Transpersonal Psychology
- Experiential Dynamic Therapy (EDT)
- Ego State Therapy
- Lacanian Psychoanalysis
- Pesso Boyden System Psychomotor (PBSP)
- Existential Analysis
- Schema Therapy
- Dream Analysis
- Psychoanalytic Play Therapy
- Dialogical Self Theory
- Relational-Cultural Therapy