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BEYOND PROGRESSION: DEVISING A NEW TRAINING MODEL FOR CANDIDATE ASSESSMENT, ADVANCEMENT, AND ADVISING AT COLUMBIA

Research over several decades has identified significant problems with the progression model—the traditional approach to assessment and advancement of psychoanalytic candidates—including candidates' anxiety and uncertainty about the methods and fairness of their assessment, avoidance of conflictual issues with patients in order to keep cases, and reluctance to share their challenges with supervisors and advisors. In light of these findings, the Columbia Center for Psychoanalytic Training and Research restructured its psychoanalytic training programs. The progression committee, the progression advisor role, candidate application to advance through the program, and routine committee discussion of candidates were eliminated and replaced by confidential mentorship and a clear and predictable system of trainee advancement. Analytic

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competency–a requirement for graduation–is now determined solely from detailed written feedback regarding the candidate's achievement of the Center's learning objectives. The number of months of supervised analysis required for graduation has been reduced, as has the required length of the candidate's longest case; in addition, three-times-weekly analyses are now accepted for credit. These changes are meant to increase the transparency, objectivity, and predictability of the training experience and reduce the pressure on clinical decision making and communication between trainees and faculty. An extensive evaluation of the impact of these innovations is currently under way.

Keywords: psychoanalytic institutes, psychoanalytic education, psychoanalytic training, psychoanalytic supervision

The Columbia University Center for Psychoanalytic Training and Research[1] is undertaking an ambitious restructuring of its psychoanalytic training program. A pair of closely related projects, drawing on the scholarship of our faculty and involving the work of two task forces and, ultimately, the entire Center membership, seek to transform both the candidate experience and the postgraduate pathway to teaching, supervising, and analyzing trainees. This paper describes our innovations in candidate training, including changes to the progression system, trainee evaluation and feedback, requirements for graduation, and control case frequency. The development of a program for our graduates seeking to teach, supervise, and analyze candidates—the Columbia Academy for Psychoanalytic Educators (CAPE)—will be the subject of a subsequent paper.

[1]The Columbia University Center for Psychoanalytic Training and Research (referred to throughout as "Columbia" or "the Center"), a division of Columbia's Department of Psychiatry, offers ten educational and clinical training programs in psychoanalysis and psychotherapy to a student body of approximately one hundred psychologists and psychiatrists at any given time. Somewhat fewer than half of these trainees are enrolled in Columbia's adult and/or child psychoanalysis training programs. Our candidates are graduate students of Columbia University and subject to the University's requirements and benefits.

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The changes we detail here belong to a well-established trajectory of research and innovation into the way that candidates are taught, analyzed, and evaluated. They were facilitated by the transformation of the American Psychoanalytic Association's structure and policies and inspired by the same wider societal, political, and economic challenges to our field that helped propel that development.

More locally, these innovations spring from a change of leadership at our Center and a recognition that, while Columbia had in many ways continued to thrive, certain practices established to promote what some saw as higher standards were inadvertently diminishing the quality of our trainees' educational experience. Concerns voiced by Center members that we were failing to create a culture in which adult learners felt respected and invited into a community of lifelong learning echoed many of the findings in the literature and helped inspire the changes detailed below.

ASSESSING THE NEED FOR CHANGE

Columbia faculty have made substantial contributions to the scholarship on psychoanalytic training (Auchincloss and Michels 2003; Bosworth, Aizaga, and Cabaniss 2009; Cabaniss, Glick, and Roose 2001; Cabaniss et al. 2003; Cabaniss 2008, 2012; Cabaniss and Bosworth 2006, 2010; Cabaniss and Roose 1997; Caligor et al. 2003, 2009; Cherry et al. 2004a,b; Cherry, Wininger, and Roose 2009; Cherry et al. 2012; Glick and Roose 2009; Hamilton, Baldachin, and Roose 2013; Kernberg 1986, 1996, 2000, 2004, 2006, 2007, 2010, 2014; Kernberg and Michels 2016; Moga and Cabaniss 2014; Vaughan et al. 1997). In particular, research into our system of progression identified significant difficulties linked to our method of evaluating and promoting candidates. Problems relating to the progression model have been described in institutes across the country and internationally (see, e.g., Cabaniss et al. 2003; Casement 2005; Garza-Guerrero 2002; Garza-Guerrero and Laufer 2004; Levy 2009; Kernberg 1996; Reeder 2004; Tuckett 2005; Wallerstein 2009, 2010).

In the summer of 2017, with the findings of this body of work in mind, the Center's newly appointed director charged a task force with examining these challenges and proposing solutions. Led by the Center's incoming chair of training / senior associate director, the Columbia Task Force on Training included the authors of this paper, candidate leaders, and faculty members experienced in Columbia's systems of candidate

education, evaluation, and progression. The task force gathered qualitative information about the current functioning of the Center through a series of open discussions with Columbia's candidate body, the former progression committee, the executive committee, and the Center's membership as a whole; through private interviews by the task force chair of individual trainees, graduates, and the former chair of progression; and through a detailed study of the Center's past policies and of our graduates' clinical experience.

What emerged was a portrait of an institute that had benefited from the research that had been done, but that had not yet fully integrated the studies' findings into its policies and procedures. The task force drafted and presented a proposal for programmatic change to the Center's membership, opening a four-month period of community meetings and public comment, including a lively online discussion running to more than fifty thousand words responding to the plan's various components. The reactions of our members, from first-year candidates to our most senior faculty, ranged from enthusiastic support to strong opposition. The response called for further work by the task force and a significant revision of the proposed changes. Following further community review, a pilot phase began in concert with an IRB-approved research project to gather members' feedback about the innovations, evaluate their outcomes, shape their subsequent evolution, and determine their future at the Center.

THE PROBLEMS WE SEEK TO ADDRESS

Columbia's Past Process

Before the changes described here, the educational trajectory of all Columbia psychoanalytic candidates was guided by the decisions of the Center's progression committee, a group comprising approximately ten progression advisors. Each progression advisor was assigned to one or more candidates for the duration of their training and charged with meeting with them at least twice each year (and more as needed) to discuss their training experience and developing interests, offer advice and support, and review supervisory and classroom evaluations; at the same time, they were charged with reporting on the trainees' work to the progression committee.

Permission to move on to each subsequent year of coursework was subject to approval by the progression committee. In addition, trainees had to apply to the committee for approval to add a second and third supervisor, to conduct unsupervised work, and to graduate. Each trainee's

performance was reviewed twice yearly in a closed meeting of the entire committee. Supervisors routinely joined the committee to present their thoughts about the trainee at two of those meetings during the candidate's training and at other times as needed.

To graduate, a candidate was required to meet both "immersion" criteria (quantitative measures of their exposure to analytic work) and a competency criterion (an assessment of their analytic abilities). Specifically, candidates had to conduct ninety months of supervised analysis divided over three cases seen four to five times weekly on the couch. One of those treatments was required to have lasted at least thirty-six months If a supervisor expressed to the committee that "analytic work" had not been done in a particular case, those months of work could be excluded from counting toward the required total. Additionally, and related to that determination, the committee had to conclude that the trainee was competent to conduct psychoanalysis independently, based largely on the committee's discussion of the candidate's work with the supervisors.

The progression committee also discussed and decided on remediation for trainees experiencing difficulty, resolved conflicts between trainees and faculty, and addressed special needs and requests of candidates (such as those seeking to study part-time). Progression decisions were reported to and occasionally deliberated by the executive committee (comprising all Center committee chairs and division heads, as well as representatives of the Center's faculty, candidates, and component society).

Progression and the Trainee Experience

Cabaniss and Roose (1997) found that Columbia trainees could not explain the criteria upon which their progression was based, a problem to which the authors attributed significant candidate anxiety. To the extent that determinations of candidate competency and credit for cases was based on progression committee assessment of analytic process in the trainees' work, the findings of Vaughan et al. (1997) gave reason for concern. They found that Columbia training and supervising analysts showed no better than chance agreement among their conclusions that analytic process was present or absent in a sample of clinical material. Studying the practices of thirteen APsaA institutes (responsible at the time for training about two-thirds of American candidates), Cabaniss and colleagues (2003) subsequently found that over three-quarters of those institutes' progression chairs reported basing credit for control cases on a determination of analytic process.

As the task force learned, many Columbia candidates continued to worry and wonder about how the progression committee determined clinical competency, describing the committee's assessment of their abilities as impressionistic, subjective, and mysterious. Some believed their progression depended on their personal reputation at the Center and felt they needed to resemble a certain kind of analyst to gain approval to progress. Others saw the committee's deliberations as subject to unconscious bias or as overtly prejudiced.

The Progression Advisor's Dual Role

Although some Columbia trainees told us that they highly valued their progression advisor's help, others described a need to be careful about what they told their advisor. In the words of one trainee, "Many candidates . . . might not discuss challenges in cases / supervisions / staying enrolled in training due to fear that it would hurt their progression. . . . This encourages a culture of falsehood and secrecy that prevents candidate-centered collaborative problem solving."

Aware of the advisor's role in reporting back to the progression committee, many trainees did not make use of their advisor as a mentor. Instead, some described experiencing their advisor as a "double agent," seemingly there to support their development but privately evaluating their performance on behalf of the committee (Drawing on experience in the U.K. and internationally, Casement [2005] depicts such concerns as widespread.) In their longitudinal study of Columbia graduates, Sabrina Cherry and her research team surveyed sixty Center graduates (from 2003 or later) regarding their experience of mentorship in training (Cherry, Wininger, and Roose 2009). Just over half of the respondents (32/60) reported having a mentor at the time of graduation, with half of these mentor relationships having begun during training (the other respondents had entered training with a mentor). Only three of these graduates stated that their mentor had been their progression advisor. We inferred that the structural problem of the advisors' dual role, as well as the lack of trainee choice regarding advisor assignments, had interfered with the development of those relationships.

The Trainee-Supervisor Relationship

Research into the relationship between Columbia candidates and their supervisors uncovered significant areas of tension in this crucial

dyad related to the progression model (Cabaniss, Glick, and Roose 2001). The fear of a supervisor not recommending credit for a case led trainees to compromise the way they reported on their work to their supervisors (Cabaniss and Roose 1997) and to stay in problematic supervisions (Cabaniss, Glick, and Roose 2001).

Many of the concerns identified in the original research continued to be voiced by some of our members. Trainees and recent graduates described a need to be circumspect about what they shared with supervisors regarding their work with patients. Some said they feared that if they disclosed a change in the frame, an intervention they made, or feelings they had that might be considered "un-analytic," they risked losing credit for their case. It was known that trainees could learn many months into a treatment that their work wasn't deemed sufficiently analytic by their supervisor and the progression committee and so would not count toward the graduation requirements. Data indicating that such outcomes were rare (Cabaniss, Glick, and Roose 2001) did little to assuage those concerns.

We reasoned that if trainees were concealing what they feared might be considered un-analytic interventions, they were missing out on opportunities to learn how to manage some of the modality's intrinsic challenges, such as decisions around modifying the frame or one's technique to respond to the evolving needs of a patient.

Clinical Problems

Hamilton, Baldachin, and Roose (2013) studied the rate and timing of control case dropout, finding that 108 of 255 cases (42%) accepted for analysis at the Center stopped analysis before the end of the first year. Faced with the need to treat at least one case for three years, trainees' concern about the risk of losing a case was considerable. They struggled with the fact that they might be held back at any moment if one of their control cases was interrupted and were painfully aware that any delay in their progression could have significant financial, career, and personal consequences for them.

Cabaniss and Roose (1997) found that the need to accumulate case-months dissuaded many of our trainees from taking up issues they feared might jeopardize a patient's willingness to continue in analysis. A majority of Columbia candidates had reported that their fear of losing a case made them less likely to address negative transference, adjust their fees, charge for missed sessions, or discuss potentially conflictual material in general.

We further wondered if our immersion requirement might incentivize prolonging an analysis even when there were indications that it might not be the best form of treatment. Indeed, in reviewing all fall 2017 supervisory assessments, we found that many supervisors commented on the difficulty of applying analytic technique in the treatment under supervision given the patient's psychopathology. We wondered how large a factor the trainees' need to reach our immersion minimum and the supervisors' interest in supporting that goal played in the decision to continue these analyses.

Trainee Assessment and Supervisory Feedback

Before the changes described here, Columbia supervisors were required to write twice-yearly narrative summaries of the trainees' abilities in six domains of work (assessment/diagnosis; establishing treatment / working alliance; empathy / analytic listening; technique; formulation/ writing; and supervision) and to discuss them with their trainees. However, in practice, there were several shortcomings of our assessment and feedback process.

At times supervisors did not complete the assessments in a timely manner or at all. Written assessments varied widely in their usefulness, with some supervisors devoting more time to describing the patient's progress than the trainee's. Further, supervisors seemed more likely to discuss reservations about their trainees' work with the progression committee—in the trainees' absence—than when providing direct feedback to supervisees. As a result, adverse decisions from the progression committee could blindside trainees and were not necessarily supported by the candidate's written record. We saw this practice as interfering with teaching and learning, as damaging to our relationship with our trainees, and, at its worst, posing a serious liability to the Center and the university.

Group Process and Privacy Concerns

Bearing these concerns in mind, we also considered the group dynamics some have attributed to committee discussions of candidates. Casement (2005) describes the problematic turns such discussions can take, a practice he refers to as "committee analysis," which he considers so common as to be normative. To reduce the risk of such speculation affecting a trainee's advancement and, further, to promote the privacy of trainees, we sought to minimize the role of group discussions in determining our trainees' paths through the program.

Our Goals

We articulated the goals of this project as follows:

- to promote open communication between trainees and faculty;
- to put responsiveness to the clinical needs of patients ahead of training requirements;
- to make our teaching goals clear to all and to provide trainees regular and timely written feedback about their achievement of those goals;
- to base decisions regarding trainee promotion on the trainees' written record;
- to offer transparency in decision making regarding trainee promotion and graduation;
- to create a robust program of mentorship for trainees;
- to preserve privacy for trainees and faculty;
- to offer a system of internal and external appeals of administrative decisions; and
- to study all of the changes implemented and base continuing improvements on IRB approved educational program evaluation.

Innovations

To meet these goals we identified the progression committee's essential functions and devised new structures to execute them, doing away with the committee itself and eliminating the progression advisor role. We enhanced the written feedback trainees receive from supervisors, changed our graduation criteria, and modified the required frequency for control case analyses. These innovations, detailed below, draw upon our faculty's empirical study and scholarship, the task force's findings, the views and priorities of the Center's new leadership, and the feedback of Columbia faculty and trainees.

Trainee Advancement

Rather than have candidates seek permission several times to advance during training, we set the expectation that if trainees participate fully in our program and learn, they will naturally advance on a predictable schedule, as at any other school (Cabaniss 2008). Similarly, instead of requiring trainees to apply to the progression committee for permission to add a second and third supervisor, we established a standard schedule for starting supervisions. All candidates are now assigned a first supervisor at the start of their training. They are matched with a second supervisor at the end of their first year and a third at the end of their second. Candidates are free to speed or delay this schedule if they wish. The progress of trainees

moving through the program without unusual difficulty (the vast majority of our candidates) is no longer discussed in committee.

Addressing Difficulties

Trainees who experience problems exceeding the expected challenges are first encouraged to discuss them with their supervisor(s) to formulate a shared understanding of their difficulties and possible solutions. In the past two years, it has been rare for a problem not to be resolved in this way.

When a matter cannot be satisfactorily addressed directly between trainee and teacher or supervisor, it is taken up by the new training committee,[2] a subcommittee of the executive committee led by the Center's chair of training / senior associate director. This body serves many of the policy-making and regulatory functions once performed by the progression committee, while averting the need to involve the larger executive committee in the discussion of specific cases. Training committee decisions may be appealed to the Center's director and, subsequently, to the psychiatry department's vice chair for education. As the vice chair is not a member of the Center, this final step serves as an independent, external appeal.

Advising and Mentorship

To resolve the dual nature of the former progression advisor role, we created the new positions of orientation and training mentor. Mentors provide trainees with support and guidance, promote their career development, facilitate affiliation with the Center community, and encourage post-training Center involvement. These new roles invite a wide group of faculty to engage with trainees over the course of their training.

Mentor-trainee interactions are confidential. Mentors do not participate in decisions about trainee advancement or graduation, enabling them to avoid conflicts in fulfilling supportive functions. (Trainees may choose to enlist their mentors as advocates should issues arise.) Orientation mentors are assigned to first-year candidates to welcome and acclimate them to training. In the second year candidates choose their own training mentors, with whom they meet for the remainder of their time at the Center.

[2]The training committee comprises the chairs of the curriculum committee, the newly created committees for faculty advancement and faculty development, the newly created mentor program, and the referral service, as well as the candidate representative.

It is our hope that giving trainees a choice of mentor and establishing this mentor as a confidential ally will increase the chances that the pairing will grow into a sustaining and enduring relationship.[3]

Trainee Assessment and the Provision of Feedback

To increase the usefulness and specificity of our trainees' written supervisory evaluations, we supplemented the narrative descriptions of our assessments with specific ratings of trainees' attainment of each of the Center's learning objectives. Capturing the discrete skills, knowledge, and attitudes our training program seeks to impart, these objectives increase in their sophistication with the experience level of the trainee, from first year to senior candidate (Cabaniss 2008; Moga and Cabaniss 2014).[4] The supervisor reports the trainee's level of achievement of each objective, selecting one of the following anchors:

- Exceeds goal—The trainee has mastered this aspect of analytic work.
- Meets goal—The trainee has developed the capacity to perform this skill and employs it most of the time when given an opportunity.
- Approaching goal— The trainee is developing the capacity to perform this skill and has begun to employ it on occasion.
- Emergent skill—The trainee has shown early signs of developing this skill.
- Having difficulty—The trainee has not yet demonstrated the skill in question and may have a special challenge in this area.

Supervisors review their assessments with their trainees, who co-sign the forms. They are then shared with the trainees' other supervisors and the chair of training.

These written assessments clarify our standards and promote frank feedback to trainees about the extent to which they are meeting them. As such, the assessments represent a transfer of authority and responsibility from the progression committee to supervisors, strengthen the dialogue between student and teacher, and create a more transparent learning environment. Their implementation has been followed by a dramatic rise in supervisors' timely submission of assessments, from an on-time submission rate of 25 percent in the fall of 2017 to 90 percent a year later, in the second semester in which the new system was used.

[3]The mentor program is chaired by Associate Director Jane Halperin.

[4]The Center's learning objectives were established in a project involving our training and supervising analysts and led by Deborah Cabaniss (2008). Along with samples of our supervisory assessment forms, they can be found on our website: www.psychoanalysis.columbia.edu

Graduation Requirements: Competency

The supervisory assessments emphasize the attainment of specific essential psychoanalytic skills and knowledge as our primary graduation criterion. In place of the former process of arriving at global assessments of competency through a progression committee discussion among advisors and supervisors, competency determinations now rest on the written supervisory assessments of trainees' achievement of the Center's learning objectives for senior candidates.

We are currently studying the correlation between candidates' learning objectives scores and their supervisors' global sense of their readiness for graduation. So far we have found that an average score of "meets expectations" or higher coincides well with supervisors' global sense of a trainee's readiness for graduation, as we would expect. With more experience, we will "set the bar" for competency based on these scores. Subsequently, trainees' senior assessment scores will determine their graduation readiness, in much the same way that passing grades in required clerkships establish eligibility to graduate from medical school.

Graduation Requirements: Exposure

Ensuring our graduates' competency is our paramount concern; however, faculty are not comfortable basing graduation solely on a competency assessment without a requirement for a minimum amount of exposure to supervised analytic work. The findings of the task force and scholarship in the area, meanwhile, point to the value of lowering our numerically expressed exposure requirement in order to reduce its negative impact on trainees' clinical decision making and on the trainee-supervisor relationship.

After reviewing the IPA and APsaA standards, as well as the certification eligibility requirements of the American Board of Psychoanalysis, we reduced our cumulative minimum from ninety to sixty total months of supervised analysis divided over three cases and lowered the minimum length of the longest case from thirty-six to eighteen months. Our new requirements still significantly exceed IPA/APsaA standards by requiring one more patient (three compared to two) and two more years, cumulatively, of supervised analysis (60 months compared to 150 hours, or approximately 35 months), but we hope they will reduce the pressure to keep patients in analysis and to please supervisors.

Required Frequency for Control Case Analyses

Early in the task force's work, Columbia candidates told us that allowing for three-times-weekly control analyses (in place of the requirement that control cases meet four to five times weekly) would be the single greatest contribution we could make to improving their training experience. They believed that their private patients would be more likely to enter analysis at the three-times-a-week frequency and reasoned that this change would allow them to spend more time analyzing control cases (rather than waiting for one) and to treat healthier patients more suited to psychoanalysis than those who typically present to the Center seeking treatment four or five times a week.

In accord with APsaA standards, we chose to accept training cases conducted at three to five sessions a week, while strongly recommending that trainees get substantial experience at four to five sessions weekly. We hope that allowing for a broader range of treatment frequency and leaving that decision to the trainee/supervisor/patient triad will serve our principle of responsiveness to patient needs and help trainees learn how to set an optimal frequency. We are collecting data on the frequency of all candidates' cases to evaluate the impact of this change on their experience.

CONCLUSION

The past several decades have seen numerous calls for fundamental changes to the structure and practice of psychoanalytic education. Those advocating change in the United States, Europe, and Central and South America have described our institutes as authoritarian in structure, pursuing regressive and paranoiagenic processes, infantilizing candidates, and fostering idealization of analysts in positions of authority (Bruzzone et al. 1985; Casement 2005; Garza-Guerrero 2002, 2004; Kernberg 1986, 1996, 2000, 2004, 2006, 2007, 2014). Our faculty's own empirical studies and the work of our task force have lent support to many of these assessments, identifying in particular the negative sequelae of the progression model, including its methods of trainee advising, assessment, and feedback, as well as its associated control case duration and frequency requirements. The changes detailed here represent an effort to respond to these findings through a set of innovations.

These changes aim to increase the transparency, objectivity, and predictability of trainee assessment and advancement while reducing the pressures shown to distort clinical decision making and communication

between trainees and faculty. Taken together, they amount to a transfer of authority from the Center's administration to our adult learners, grant trainees greater flexibility in their clinical decision making, and recast the practice of psychoanalytic training in a modern mold befitting an educational program at a major university. If we succeed, our trainees will feel more respected as colleagues and empowered as partners in their own education and professional development. We look forward to examining the results of these innovations through a project of program evaluation, community feedback, and outcome research now under way, and then using what we learn to further shape training at Columbia. Through this combination of innovation and empirical evaluation, we hope to advance psychoanalytic education and secure a solid base for training the next generation of psychoanalysts.

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