

On AAPE Membership

Memo to the Executive Committee, Faculty and Candidates
Columbia University Center for Psychoanalytic Training and Research

Susan C. Vaughan, MD

April 19, 2018

A. Introduction

- 1) In the spring of 2016, the Center provisionally joined the American Association for Psychoanalytic Education (AAPE) for one year. One year later, shortly before my appointment as Director, our outgoing Director re-enrolled the Center for another year. Our membership expires on June 30, 2018. We must now decide whether or not to re-enroll.
- 2) At the time of our provisional enrollment, AAPE was just being formed. Simultaneously, The American Psychoanalytic Association (APsaA) was undergoing fundamental changes with the elimination of the Board of Professional Standards (BOPS). The future of both of these organizations was unclear.
- 3) In the subsequent two years there have been many major developments in organized psychoanalysis, including in APsaA and the AAPE, and we have learned much about both organizations from our experiences with them. In particular:
 - a) The AAPE has defined itself and its priorities, particularly that of requiring adherence to its educational policies of all member institutes. Since its founding, only eight of APsaA's 32 institutes have chosen to join the AAPE.
 - b) APsaA, alternatively, has given member institutes the option to create educational policies and procedures best suited to their needs and assets and has developed the Department of

Psychoanalytic Education (DPE), a “think tank” for promoting creativity, flexibility, and excellence in psychoanalytic education. All 32 APsaA institutes participate in the DPE.

- 4) The changes at APsaA have granted us license to develop our Center as a hub for innovation and a vibrant, open community with exciting educational, clinical, and research experiences. More than ever before, we can now bring our imagination and creativity to bear on the betterment of our Center, even as we remain conscientious custodians of our history and traditions.
- 5) To renew our membership in the AAPE, however, would significantly curtail this freedom and place a large share of the authority for policy making in the hands of that organization.
- 6) Consequently, as I will detail below, I believe it is in the best interests of the growth, vitality, and ongoing excellence of our Center as a leader among psychoanalytic institutes not to re-enroll in AAPE.

B. A Brief History

- 1) Throughout our history, the Center has always been deeply connected to the American Psychoanalytic Association. While APsaA has transformed itself significantly, it remains our national organization of record and our most valued link to the larger world of psychoanalytic thinkers, practitioners, and educators.
- 2) Until recently, the structure of APsaA was bicameral, consisting of
 - a) Executive Council (EC), which is the Board of Directors of APsaA, and
 - b) Board on Professional Standards (BOPS)
- 3) Under that structure, many key educational activities of individual institutes were regulated by BOPS. BOPS set requirements for educational policies for ApsaA institutes, such as how much course

work and supervised analytic work was required for candidates to graduate.

- 4) BOPS also had three main regulatory functions:
 - a) BOPS Committee on Certification administered an individual certification exam; passing this exam was a required step in the process of becoming a Training and Supervising Analyst (TSA),
 - b) BOPS approved TSA appointments proposed by its member institutes, mainly by reviewing the procedures and processes local institutes followed in appointing TSAs, and
 - c) BOPS approved APsaA member Institutes, including via site visits every 5-10 years that provided an in-depth review of all aspects of the Institute.
- 5) Conflict arose within APsaA between the Executive Council, which saw itself as responsible for all aspects of the Association, including education and training, and BOPS. Executive Council saw BOPS as a committee established to oversee educational functions throughout the Association. However, many on BOPS saw themselves as the sole authority over educational standards and procedures.
- 6) A Bylaws amendment passed by APsaA members in 2016 in response to this dispute gave the Executive Council authority in all matters of APsaA's governance and eliminated BOPS. Seven BOPS Fellows sued APsaA seeking to block this change, but the resolution of the suit was the affirmation of Executive Council's authority and the so-called sunsetting (i.e. elimination) of BOPS. Some prefer to call this the "externalization" of BOPS, although BOPS lost any official connection to the American (i.e. was not an externalized regulatory body connected to the American) when it was sunsetted.
- 7) With the dissolution of BOPS, APsaA's educational standards were changed to more closely reflect those of the International Psychoanalytic Association (IPA) and became recommendations for institutes, rather than requirements.

- 8) Following the sunset of BOPS, APsaA's newly established Department of Psychoanalytic Education (DPE) was created to coordinate information sharing and to conduct consultations with institutes.
- 9) As a result of these changes, institutes can now make their own policy decisions (this is often referred to as "the local option") regarding educational and policy matters, such as whether or not to require certification for TSAs.
- 10) Thus, for the first time in the history of the Center, we are now able to develop policies and procedures based on our own assessment of the needs of our students, faculty, and institute.

C. The origins of ACP, AAPE, and ACPEinc

- 1) While APsaA was in the process of its reorganization, two independent groups formed to carry on some of BOPS's activities:
 - a) The American Board of Psychoanalysis (ABP) was founded to continue providing a certification exam for individual analysts as the BOPS Committee on Certification had previously done. Graduates of APsaA-member institutes are free to seek certification through ABP whether or not their institutes require it.
 - b) The American Association for Psychoanalytic Education (AAPE) was founded to "establish and promote standards for psychoanalytic training." This has meant defining educational standards for member institutes, overseeing the process of TSA appointment, approving institutes as AAPE members in accordance with AAPE's standards, and pairing with ACPEinc to accredit institutes (since AAPE itself has no authority to accredit institutes).
- 2) The Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc) had already been formed in 2001.
 - a) ACPEinc was established as a result of The Psychoanalytic Consortium, a group of four major American psychoanalytic associations including APsaA, the American Academy of Psychoanalysis, the National Membership Committee on

Psychoanalysis in Clinical Social Work, and Division 39 of the American Psychological Association.

- b) The Consortium drafted and ratified a document entitled “Standards of Psychoanalytic Education” and established ACPEinc to oversee these standards.
- c) To be accredited by ACPEinc, institutes must follow ACPEinc’s policies and procedures:
https://www.acpeinc.org/resources/archive/ACPEinc_2017_Standards_20170221.pdf
- d) Since the founding of the ACPEinc 17 years ago, only four APsaA-approved institutes have sought and obtained accreditation from ACPEinc.
- e) ACPEinc is relevant to the current discussion only because AAPE pairs with them during site visits of AAPE member institutes, with AAPE supplying the standards by which ACPEinc accredits institutes participating in AAPE.

D. The History of our membership in AAPE

- 1) In the Winter of 2016, when the AAPE was in formation, it offered all institutes a free year of membership.
- 2) The prior Center leadership chose to enroll the Center provisionally as a member institute for one year (June 2016-2017). They reasoned that:
 - a) AAPE Membership was free and provisional.
 - b) As a member institute we could influence the policies of AAPE more than if we did not join.
 - c) Joining AAPE would serve as a placeholder, while we saw how the emerging DPE would evolve within APsaA.
 - d) The Department of Psychiatry, specifically Dr. Jeffrey Lieberman, was said to have affirmed “the necessity of our Center to be accredited in its education program and in its training and

supervising analyst track by an external accrediting body with national standards, not part of a membership organization.”

- 3) The decision to join AAPE was highly controversial and resulted in much heated debate among the Center community, culminating in a Town Hall meeting in April 2016.
- 4) A committee was appointed by the previous Director to educate the faculty about the issues pertaining to the decision, chaired by Drs. Dave Lindy and Dionne Powell. Dr. Powell now serves as the Vice President of AAPE.
- 5) That committee organized a series of small group meetings, referred to as the CoLA meetings, of candidates and faculty members, to discuss matters pertaining to the changes in APsaA and our interests and priorities as a Center.
- 6) In March of 2017, Dr. Eric Marcus re-enrolled in AAPE for another year. This decision was described in the Faculty Representative Report as follows: “Eric announced that we would extend our membership for one more year so that the new Director could have input.”
- 7) As previously noted, that membership expires on 6/30/18.

E. Is “accreditation” by ACPEinc. according to AAPE standards required by the Department?

- 1) The Accreditation Council for Graduate Medical Education (ACGME) is the nationally recognized source of accreditation for post-graduate residencies and fellowships. Although we do not pay our trainees as residencies and fellowships do, we are a post-doctoral, specialized training program and post-doctoral fellowships are the closest model within the Department for what we do.
- 2) The ACGME is responsible for accrediting over 10,000 residencies and fellowships nationally – these include psychiatry residencies as well as fellowships in the psychiatric subspecialties of Addiction, Brain Injury,

Child and Adolescent, Forensics. Geriatrics, Hospice, Psychosomatics, and Sleep Psychiatry.

- 3) The ACGME does not accredit psychoanalytic training programs. And there is no similarly established national body that does so. The same is true for some other Columbia fellowships such as Public Psychiatry and Women's Mental Health, which are not nationally accredited.
- 4) Like these psychiatry fellowships, the Center has never before been "accredited." BOPS never "accredited" the Columbia Center but rather approved it within the framework of the American's system of rules and standards. The Center has never been required to seek out accreditation.
- 5) Dr Jeffrey Lieberman has confirmed directly and on several occasions to me that remaining in good standing as an APsaA-approved institute is sufficient to meet Departmental standards. He shares my perspective, based on the developments of the last two years, that AAPE represents a small minority of institutes and has no real national standing simply by asserting that it or its members are the standard bearers. He has explicitly stated to me that we do not need to be a member of AAPE or to be "accredited" by ACPEInc.
- 6) Dr. Lieberman also appreciates the ways in which AAPE membership may prevent our growth and development rather than enhance it. He feels that we should be vigorous and active members of APsaA and DPE.
- 7) Thus, AAPE membership is not required by or even necessarily desirable to our Department. Nor is accreditation, unless by a widely acknowledged national organizational equivalent to ACGME.

F. Our experience with the AAPE

- 1) As we have learned, to be a member of AAPE the Center must abide by the rules and regulations set by AAPE. These requirements are

detailed on the AAPE website (<http://www.aape-online.org/standards.html>).

They include:

- a) rules regarding who is eligible to apply for psychoanalytic training;
- b) what subjects an institute must teach;
- c) graduation requirements, including how frequently candidates must see patients and the requirement that candidates see patients of different genders;
- d) how institutes select TSAs, including the requirement that applicants for that role be certified by the ABP.

2) In a short time AAPE has already begun to modify the prior ApsaA/BOPS standards, shifting them in a more restrictive direction.

- a) For instance, previous APsaA standards clearly stated that an individual could be approved as a TA, SA or TSA
- b) In contrast, according to current AAPE standards they can be a TSA only and there is no splitting of roles

3) We have had a number of informative experiences as AAPE members, including:

a) When we changed our training requirements to include 3-5 times weekly psychoanalysis, AAPE informed me that this required a conversation with their Board (even though that change meets APsaA/IPA standards).

b) When I told the AAPE of our approval of two new TSAs, they said that they were technically not approved until AAPE approved them and requested detailed paperwork.

c) Interactions such as these indicate that membership in AAPE would impose restrictions of our authority over our own decisions and time-consuming oversight of our training program

d) Even if AAPE adopted the changes we want to adopt as a Center, it is unclear what value is added by AAPE membership.

4) AAPE fees are expensive:

- a) Annual fee for membership of approximately \$2000 (in addition to the \$2000 we currently pay for APsaA membership as an institute)

b) For site visits I have been quoted fees of around \$8000; at one point I was told this was a repeating fee paid at each new site visit but on another occasion when I questioned this I was told that it was a one-time fee.

5) The costs and restrictions of AAPE membership are not offset by the benefits.

a) The AAPE has the authority to approve or deny any TSA appointments made by member institutes. I don't envision a scenario, involving either the candidates or our standard and longstanding processes of vetting TSAs, in which AAPE input would either illuminate or overturn our own TSA approval procedure.

b) The AAPE coordinates site visits of member institutes with ACPEinc to ensure that the AAPE standards are being met. However:

i) if we wished to arrange a site visit with ACPEinc we could do so directly without AAPE membership, and

ii) free site visits, not tied to the need to hew to any particular set of requirements, are available to us through the DPE.

6) In short AAPE membership does not provide clear benefits but does impose upon us an onerous set of rules and regulations for which we pay an expensive fee. To remain in AAPE is to relinquish the local option and the freedom to tailor policies and programs to our own specific needs without receiving meaningful benefits in return for that sacrifice.

7) Perhaps for these reasons the majority of APsaA-approved institutes have not joined AAPE. Of a total of 32 APsaA-approved institutes, only eight (including Columbia) are members of AAPE .

G. Our experience with the DPE

1) At the time of our initial decision to provisionally join AAPE, APsaA's DPE was just beginning and was not fully operational. Since that time, however, the DPE has evolved substantially.

- 2) The DPE has been created to provide a facilitative, consultative, and oversight role with all APsaA-approved institutes.
- 3) Its stated goal is to serve as a “think tank” dedicated to promoting a “sense of excitement about learning for both candidates and graduates from a perspective based on a commitment to creativity and flexibility in education, openness to new and competing ideas and an avoidance of authoritarianism.”
- 4) The DPE also monitors institutes’ adherence to APsaA standards of training which themselves are in line with IPA standards.
- 5) Monitoring means that the DPE will observe, consult, and advise. But the DPE will not mandate or regulate.
- 6) The DPE has created a Training and Education Committee which will serve as a national forum where institutes can discuss innovation, share concerns, challenges, and ideas for best practices. Our Center already has representation on this new committee (Drs. Cherry and Halperin).
- 7) The DPE Institute Advisory and Consultation Section will provide detailed consultative site visits to the Center at our request.
- 8) DPE will also help keep us abreast of innovations elsewhere through their Psychoanalytic Training and Education Workshop Series. This will involve regional conferences where expert educators will discuss and debate important and current issues in psychoanalytic education.
- 9) Each of APsaA’s 32 institutes sends a representative to the DPE, and that body will meet twice annually at the meetings of the American.
- 10) Several of our faculty members, notably Dr. Karen Gilmore (as Chair of Child section), Dr. Sabrina Cherry, Dr. Jane Halperin, and myself are already engaged in working with DPE. I attended as our

representative for the DPE's first semiannual meeting held last February.

- 11) DPE is fast becoming an exciting forum for sharing ideas, issues, creative solutions and advances in psychoanalytic education. For instance, at the recent meeting in February both Columbia's and IPE's proposed analytic listening programs for pre-matriculating and first year candidates were presented.
- 12) All of the Institutes currently affiliated with AAPE are invited to and many sent representatives to the DPE Forum in February. Through our shared participation in the DPE, it will be easy to maintain and develop the excellent relationships with them that we have enjoyed over the years.
- 13) In short, APsaA's DPE will provide us with a set of educational standards, consultations and site-visits, and a link to 31 other member institutes with which to exchange experience and ideas regarding best practices. It will fully satisfy our interest in and responsibility to obtain outside evaluations of our training programs.

H. Conclusions

- 1) AAPE represents a significant constraint on our ability to exercise our local option, be innovative, lead, and assess and meet our own needs. It is costly but does not provide us significant benefits in return.
- 2) Membership in AAPE is not important to our Department or University nor for our status as an APsaA-approved institute.
- 3) The majority of other APsaA institutes have decided not to join this organization.
- 3) I believe we should let our membership in AAPE lapse as of 6/30/18.

I. A Final Word about Process

- 1) Though I believe we should not renew our provisional AAPE membership, I feel this subject deserves a community-wide discussion.
- 2) Thus, we began by discussing it at the 4/17 EC meeting using a preliminary memo as a starting point
- 3) Following the EC's input, the memo was modified and circulated to all faculty and candidates.
- 4) Our community will choose a date for a Center-wide meeting, either a weeknight or a weekend morning.
- 5) Given the distribution of this AAPE memo in advance, this Center-wide meeting will involve only a brief introduction rather than the full presentations needed for the State of the Center or Training Meetings. It will be held in a space that facilitates an open exchange of ideas and will provide all a chance to air their views and values regarding the AAPE issue, in keeping with requests for more group discussion.
- 6) The input from the community at this Center-wide meeting as well as any additional commentary we receive will be taken up again at the May EC meeting in order to reach a final decision prior to our membership expiration on 6/30/18.