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Psychoanalytic and Psychodynamic Practitioners Survey

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PSYCHOANALYTIC AND PSYCHODYNAMIC PRACTITIONERS SURVEY

A Dissertation

Presented to the Faculty of
Antioch University New England

In partial fulfillment for the degree
DOCTOR OF PSYCHOLOGY

by

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August 2023

PSYCHOANALYTIC AND PSYCHODYNAMIC PRACTITIONERS SURVEY

This dissertation, by Rebecca Moussa, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University New England
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

PSYCHOANALYTIC AND PSYCHODYNAMIC PRACTITIONERS SURVEY

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There has been little consensus in the field of psychology in what defines a psychoanalytic/psychodynamic (PA/PD) practitioner or psychologist. This dissertation analyzed the data from the 2021 Psychoanalytic and Psychodynamic Practitioner's Survey. The analyzed data was used to further understand who these practitioners are and how they practice by exploring (a) practice patterns, (b) education and training experiences, (c) demographics of practitioners, (e) practice settings and populations, (f), clinical problems addressed, and (g) needs and interest assessment for new specialty and subspecialty board certification. The results were analyzed and revealed relevant information about individuals' ethnic/racial identification and the intersecting factors that influence populations and settings in which individuals practice. Additionally, data showed that that many PA/PD psychologists would be interested in board certification. The findings support the importance of having Board Certification for PA/PD psychologists and for continuing to understand how PA/PD practitioners' practice. The implications of the findings for research, training, and practice are discussed. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: psychoanalytic practitioner, psychodynamic practitioner, board certification, needs analysis, psychoanalysis

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CHAPTER I: INTRODUCTION

In 2021, the Psychoanalytic and Psychodynamic Practitioner's Survey was created to describe practitioner practice patterns, training, identifications, and interest in board certification. This survey was the first survey for psychoanalytic and psychodynamic psychology (PA/PD) to better understand the field along a number of dimensions. This survey was used by the American Board and Academy of Psychoanalysis (ABAPsa), the Psychoanalytic Specialty Council, and Division 39 of APA to: (a) assess diversity among practitioners and clients, (b) assess settings where PA/PD psychotherapy take place, (c) assess populations that are being served by PA/PD psychology, (d) assess clinical problems addressed through PA/PD psychology, (e) assess education and training experiences of individuals who identify as PA/PD practitioners, and (f) propose a specialty change in PA/PD psychology in order to allow board certification for psychologists in PA/PD psychology. Though this survey utilized some of the work done in the survey created by McWilliams and Axelrod (2009), that survey focused more on patterns of private practice, while this survey took a broader view of settings, populations, problems, as well as types of training, and diversity characteristics. McWilliams and Axelrod's survey was created in part to better understand the individuals who made up Division 39, which was then defined as psychoanalysis. While the survey did these things, the 2008 questions were focused more on private practice and less on other professional activities. Additionally, the 2021 survey was distributed to individuals beyond Division 39.

Development of Psychoanalytic and Psychodynamic Psychology

Psychoanalysis has been a recognized specialty in psychology within the American Psychological Association (APA) since 1979 (Lane, 1994; Meisels & Lane, 1996). The history of psychoanalysis goes back to the late nineteenth century. Sigmund Freud, along with a small group of early psychoanalysts, developed the International Psychoanalytic Association (IPA).

The IPA quickly expanded throughout several countries, and societies were established. The national association in the United States was the American Psychoanalytic Association (APsaA). In the United States there was an emphasis on psychoanalysis being a “province of medicine” (Meisels & Lane, 1996, p. 234), therefore, psychologists were excluded from APsaA, except for those engaged in research and scholarship. This exclusion that occurred within APsaA encouraged psychologists to form their own institutes in the 1940s (Schneider & Desmond, 1994). When Division 39 (Psychoanalysis) was developed in the APA in 1979, there were many psychologists who had not been part of a national organization and joined Division 39 resulting in a period of “dramatic, rapid growth” (Meisels & Lane, 1996, p. 235).

Though there is literature that broadly defines and discusses psychodynamic psychology, there was not previously any practice-based description that defines PA/PD psychology. This has many practical implications for practitioners; when there is no description, there is no way to equally measure training and how individuals practice. Though recent literature by Poston and Bland (2020) outlines competencies in psychoanalytic doctoral education, PA/PD psychology had not yet been legitimized by accrediting bodies such as the APA and the American Board for Professional Psychology (ABPP). While Division 39 changed their name from the Division of Psychoanalysis to the current name “Society for Psychoanalysis and Psychoanalytic Psychology” in 2019 (Dauphin, 2019), there was still no specialty for PA/PD psychology that was recognized by the Commission for Recognition of Specialties and Subsidiaries in Professional Psychology (CRSSPP). As there was no recognized specialty, there was no board certification of specialists.

The American Board of Professional Psychology (ABPP) was developed in 1947, originally developed as the American Board of Examiners in Professional Psychology (ABEPP). It was originally developed to replace the APA Committee that was credentialing individual

psychologists (Bent et al., 1999). While board certification is not necessary to practice as a licensed psychologist, board certified psychologists demonstrate documented competence in specialty areas (Packard & Simon, 2006). Throughout ABPP's development, several specialties have been added, currently having 18 specialties. Specifically, the American Board and Academy of Psychoanalysis was established in 1983 and was accepted as a member board of ABPP in 1996 (American Board of Professional Psychology, 2023). ABAPsa was developed due to two major interests: first to enhance the science of psychoanalysis and fight the schisms that were occurring within psychoanalytic institutes, second was around the recognition of the importance of communication with colleagues in other disciplines to grow as psychoanalysts (Eckardt, 1987).

While board certification for psychologists is important for their own professional identity and recognition within the field (Packard & Simon, 2006), this is also important for clients as they make informed decisions about their practitioners. Given the increasing accessibility of information on the internet, clients are often searching for their practitioners before or during the treatment (Pomerantz & Dever, 2021). Pomerantz and Dever's study suggests that when clients look for this information about their therapist, one area of interest that can increase satisfaction in treatment is their area of specialization. Therefore, the importance of recognition of the PA/PD specialty can allow practitioners to identify and share this information with clients, allowing them to make an informed decision when choosing their provider.

Throughout the history of psychoanalysis, there has been a development of PA/PD psychology. It is of note that throughout the development, there has been debate among practitioners about the terms psychodynamic and psychoanalytic. Berzoff and colleagues (2016) viewed psychodynamic psychology as having a broader focus than psychoanalytic psychology.

They use Richard Chessick's (1993 as cited by Berzoff et al., 2016) definition of psychoanalysis, focusing primarily on the dynamic unconscious, countertransference and transference, use of free association, importance of developmental factors, and the importance of the role of the analyst. Whereas they define psychodynamic theories as the internal and external forces that impact mental and emotional development. Other theorists have defined psychoanalytic psychology as also including: (a) the unconscious, (b) fantasy, (c) one-person versus two-person psychologies, (d) knowledge and authority, (e) defenses, (f) resistance, (g) transference, (h) countertransference, (i) enactment, (j) the therapeutic alliance, (k) the therapist's stance, (l) self-disclosure, (m) emotion and motivation, and (n) attachment theory (Safran & Hunter, 2020). Therefore, for the purpose of this dissertation, I will use the terms psychoanalytic and psychodynamic interchangeably encompassing the broad range of definitions within the field. PA/PD psychology refers to education and training that occurs at the graduate level, and for doctoral psychologists, in internships, postdoctoral fellowships, and post-licensure certificate programs. Psychoanalysis refers to education and training that is equivalent to post-licensure training in psychoanalysis in a psychoanalytic institute. Additionally, the Council of Specialties in Professional Psychology (CoS) has taxonomies for each recognized specialty to "facilitate clear and consistent communication in the use of terminology for training programs, students, professional organizations, and members of the public" (Council of Specialties in Professional Psychology, 2021). The CoS has accepted the specialty of PA/PD psychology and has outlined the necessary exposure at each level of training for an individual to be trained as a PA/PD psychologist which can be found on the CoS website.

Description of the Survey

The current survey was developed to understand the prevalence of psychoanalysis and PA/PD psychology amongst individuals who identify as psychoanalytic and/or psychodynamic in their work. The survey was created to (a) assess diversity among practitioners and clients, (b) assess settings where PA/PD psychotherapy take place, (c) assess populations that are being served by PA/PD psychology, (d) assess clinical problems addressed through PA/PD psychology, (e) assess education and training experiences of individuals who identify as PA/PD practitioners, and (f) propose a specialty change in PA/PD psychology in order to allow board certification for psychologists in PA/PD psychology. The survey was created by this author and Theodore Ellenhorn, in coordination with the Psychoanalytic Specialty Council (PSC), involving APA Division 39 and ABAPsa. Additionally, it was supported by PsiAN and Division 39 Local Chapters. Following the creation of the survey, it was administered to members of Division 39, as well as other organizations (e.g., Psychotherapy Action Network, Division 39 Local Chapters). This survey integrated elements from a similar survey created in 2008 by McWilliams and Axelrod to understand the composition of practice patterns of APA Division 39 and was sponsored by the Practice Directorate of APA. While some of the questions were modified to integrate elements of the previous 2008 survey, many areas and questions that were not addressed were added to the current survey.

CHAPTER II: METHODOLOGY AND METHODS

Development

During the development of the survey, I was on the development team working as one of the coordinators. I had a role in the development of the questions that were used and helped distribute the survey to different networks. Throughout the development phase we incorporated elements of the 2008 survey into the new survey (see Appendix A for the 2021 survey). Questions that were incorporated from the 2008 survey included: (a) age, (b) section involvement, (c) number of patients seen per week, (d) treatment frequency, (e) length of treatment, (f) patient fee, and (g) gross income from professional activities. Questions that were modified from the previous survey included: (a) gender identity in order to include gender identities who do not identify on the binary; (b) race/ethnicity of practitioners was asked in an open-ended fashion rather than with a multiple choice option to provide space for practitioners to self-identify; and (c) patient gender, similar to practitioner gender identity to include patients who do not identify on the binary.

In the present survey, the question around racial and ethnic diversity was posed as an open-ended. There was deliberation within a work group as well as professional consultation to reduce the forced choice nature of typical racial and ethnic identity questions that inherently marginalize differences and does not capture the reality of multiple identifications. By asking the question in an open-ended fashion, it also served as a way to reduce the need for individuals to “fit” into forced categories and rather allow them to identify in the way that best meets their self-definition and identification.

In addition to the modifications of the 2008 survey, new items were added to the survey, some of which included: (a) interest in an ABPP in PA/PD psychology, (b) professional settings (e.g., private practice, inpatient, forensic), (c) graduate school debt, (d) level of education and

training (e.g., doctoral, masters, postdoc, post-licensure, psychoanalytic institutes), (e) client populations served, and (f) patient diagnoses. The different categories for questions can be seen below in Table 2.1. These questions were distributed to a small pilot sample and beta tested before distributing widely in order to gather feedback around the questions. The final survey that was distributed included 54 questions with a sample size of 1316 (see Appendix A for a link to the survey).

Table 2.1

Survey Categories

Section A: Demographics
Section B: Education and Training
Section C: Psychoanalytic/Psychodynamic Psychology Specialty, Psychoanalysis Subspecialty
Section D: Work Settings and Populations
Section E: Professional Organization Membership

The survey was distributed to members of Division 39, as well as other organizations (e.g., Psychotherapy Action Network (PsiAN), local chapters of APA Division 39). During the administration of the survey, we worked as a team to distribute and ask individuals within different networks (i.e., local chapters of Division 39, PsiAN) to contribute to the distribution of the survey. The survey cover letter was sent out by the president of Division 39 to the entire division to emphasize the importance of the survey and encourage participation (see Appendix B). The survey was also distributed to the Division 39 Graduate Student Committee listserv to help gain the perspectives of those who were early in their professional careers. There was a letter sent to the graduate student committee and early career professionals prior to administration to explain the purpose of the upcoming survey (see Appendix C). During the administration phase, the survey was then sent to all local chapters of Division 39 to encourage individual participation (see Appendix D). Additionally, there was a cover letter aimed toward

graduate students and early career professionals sent to the graduate student listserv s along with a document outlining the importance of an ABPP (see Appendices E and F).

Participants

One thousand sixteen participants (798 female; 411 male; 1 gender non-conforming; 2 gender queer; 1 gender fluid; 4 non-binary; 1 multiple gender identities; 1 transgender; 2 transman) completed the survey. The mean age was 57.75 ($SD = 15.42$). The respondents were practitioners who had graduated from or were currently attending a program in a variety of disciplines: psychology (i.e., clinical, counseling, school; $n = 799$), social work ($n = 185$), psychiatry ($n = 17$), psychoanalysis ($n = 62$), mental health counseling ($n = 81$), and marriage and family therapy ($n = 33$). Additionally, career stage ($n = 1187$) included graduate students ($n = 63$), early career professionals ($n = 300$), mid-career professionals ($n = 215$), senior professionals ($n = 551$), retired-active ($n = 58$). Further demographic information can be found in Table 2.2 below.

The inclusion criteria were: (a) the individual held or was pursuing a degree in mental health, (b) they were over the age of 18, (c) the individual was in the past, or currently is, a practitioner or currently a graduate student.

Table 2.2*Demographic Information*

Variable	Frequency (%)
Geographic Area	
International	24 (1.7)
Midwest	115 (11.8)
Noncontiguous	2 (0.2)
Northeast	634 (49.4)
Pacific	167 (16.2)
Rocky Mountains	25 (2.4)
Southeast	105 (11.1)
Southwest	108 (7.1)
Career Stage	
Graduate Student	63 (5.30)
Early Career Professional	300 (25.25)
Mid-Career Professional	215 (18.10)
Senior Professional	551 (46.38)
Retired-Active	59 (4.97)
Degree	
PsyD	260 (19.7)
PhD	585 (44.4)
EdD	18 (1.4)
MD/DO	19 (1.4)
Masters	347 (26.3)
Bachelors	48 (3.6)
Other	14 (1.1)
Type of Degree	
Clinical Psychology	710 (53.9)
Counseling Psychology	66 (5.0)
School Psychology	23 (1.7)
Psychoanalysis	62 (4.7)
Psychiatry	17 (1.3)
Social Work	185 (14.0)
Clinical Mental Health Counseling	81 (6.1)
Marriage Family Therapy	33 (2.5)

Survey Administration

When the survey was distributed, there was a letter attached informing participants of the role of the survey (see Appendix B). This letter outlined the importance of completing the survey

to better understand demographics of practitioners, and also explained the importance of the change in ABPP to create a specialty in Psychoanalytic and Psychodynamic Psychology with a subspecialty in Psychoanalysis. Informed consent was included in the initial email and participants completing the survey were informed they only needed to answer those questions they felt comfortable answering.

It is of note that when the survey was distributed, there was a company hired for distribution and final conversion of the survey onto Survey Monkey. During this process, there was an error in the initial distribution that omitted one question, namely the question regarding the racial/ethnic diversity of the practitioner. Following the recognition of the omission of this question, the question was added to the questionnaire for future respondents and was sent to individuals who had completed the survey to respond to the questions. For those who did respond, IP addresses were used to link this question with the remainder of their survey. For participants who only completed the racial/ethnic diversity question, but not the remainder of the survey, their responses could not be used in the overall data analysis. However, they were compiled in assessing the results of overall diversity categories.

CHAPTER III: RESULTS

Self-Identifying Information

There were 378 responses to the practitioner diversity question. It is of note that this question was asked in an open-ended manner (i.e., Briefly describe your self-defined racial/ethnic/cultural/ancestral identification(s)), yielding a total of 74 different responses with many individuals including multiple identities. The responses were broadly categorized; however, a further exploration of these different identities will be in the discussion section and a list of all responses can be found in Appendix G.

Additionally, the question of individuals' sexual identity was asked in an open-ended fashion. There were ten different identities that were endorsed (see Table 3.1). The majority of participants identified as straight ($n = 788$), followed by those who identified as gay or lesbian ($n = 109$).

Table 3.1

Sexual Identity

Variable	Frequency (%)
Straight	788 (77.33)
Bisexual	66 (6.48)
Queer	37 (3.63)
Gay/Lesbian	109 (10.70)
Demisexual	1 (0.10)
Fluid	5 (0.49)
Pansexual	5 (0.49)
Questioning	1 (0.10)
Multiple	1 (0.49)
Heteroflexible	6 (0.59)

Treatment Settings, Modalities, and Diagnoses

Participants were categorized by those who are psychologists or in doctoral level training and all other mental health professionals (e.g., LCSW, psychiatrists). The data below explores

the time spent in different roles, time spent in different settings, use of different modalities, different treatment modalities, types of diagnoses, and length (see Table 3.2). The table outlines the mean and standard deviation for the overall population, as well as only psychologists ($n = 990$). The scores in the table below utilize the percentage of the sample size with the standard deviation reported. It is of note that for the overall population who endorsed utilizing psychoanalysis, only four of those respondents reported doing solely psychoanalysis.

Table 3.2

Treatment Settings, Modalities, and Diagnoses

Variable	Psychologists Mean (SD)	Overall Sample Mean (SD)
Time Spent in Different Roles		
Direct Service	66.13 (24.55)	67.66 (24.11)
Supervision	7.10 (8.05)	6.71 (7.88)
Consultation	3.67 (7.65)	3.62 (7.31)
Teaching	5.93 (11.65)	5.12 (10.60)
Professional Organizations	2.72 (4.54)	2.99 (6.31)
Management/Administration	5.63 (11.67)	5.28 (10.81)
Clinical and Theoretical Writing	3.27 (6.38)	3.06 (6.09)
Research	1.54 (5.73)	1.39 (5.53)
Advocacy	0.74 (3.07)	0.76 (2.95)
Organizational Consultation	0.58 (3.91)	0.57 (3.85)
Medical/Health Consultant	0.56 (.5.67)	0.46 (4.98)
Other	2.14 (7.75)	2.38 (7.90)
Amount of Practice Time Spent in Different Settings		
Private practice	72.62 (37.79)	74.40 (37.22)
College counseling	7.76 (22.99)	6.65 (21.29)
State Hospital	.62 (7.56)	0.62 (7.56)
Consulting	1.91 (9.31)	1.87 (8.49)
Community Mental Health Clinic	5.79 (19.86)	6.72 (21.73)
Medical Hospital	4.87 (19.36)	3.98 (17.30)
Primary Care	.03 (.47)	0.03 (0.44)
School	1.13 (7.50)	.95 (6.69)
Forensic	.86 (6.14)	.70 (5.40)
VA	1.45 (11.15)	1.17 (9.91)
Other	2.96 (13.18)	2.92 (13.17)

Variable	Psychologists Mean (SD)	Overall Sample Mean (SD)
Utilization of Different Modalities		
Psychoanalytic/dynamic Therapy	67.91 (26.22)	68.15 (26.01)
Couples	4.74 (8.36)	4.82 (8.55)
Psychoanalysis	8.54 (17.94)	9.17 (18.79)
Brief Psychotherapy	5.59 (13.47)	5.38 (13.50)
Assessment	2.97 (8.73)	2.39 (7.83)
Group	1.99 (7.32)	2.03 (7.18)
Family	1.27 (4.02)	1.29 (4.33)
Play Therapy	1.57 (6.20)	1.49 (6.07)
Health Psychology	1.20 (6.86)	1.03 (6.29)
Neuropsychology	1.04 (6.23)	0.94 (5.86)
Other	3.18 (12.02)	3.31 (12.52)
Different Treatment Modalities		
Adult	37.52 (29.98)	37.58 (30.33)
Long Term	35.77 (30.60)	36.08 (30.77)
Family	4.36 (8.39)	4.41 (8.34)
Psychoanalysis	8.15 (16.92)	8.67 (17.75)
Brief	4.62 (12.24)	4.24 (11.52)
Child and Adolescent	4.51 (12.49)	4.38 (12.64)
Assessment	3.54 (12.28)	3.01 (11.07)
Group	1.53 (5.47)	1.63 (5.67)
Types of Diagnoses (See description in Appendix H)		
Addiction	2.01 (6.19)	5.96 (8.92)
General/Common	52.26 (20.31)	60.22 (19.38)
Severe and Persistent Mental Illness	1.06 (3.08)	5.07 (6.83)
Social/Environmental	36.74 (20.34)	34.87 (16.30)
Personality Disorders	7.93 (12.38)	10.58 (12.34)
Length of Treatment		
0-1 yr	33.15 (31.30)	32.12 (30.58)
1+ yrs	66.85 (31.30)	67.87 (30.58)
0-6 months	14.97 (21.36)	14.45 (20.62)
6 months +	85.03 (21.36)	85.55 (20.62)

Education and Training

When individuals were asked about their education and training experiences with PA/PD therapy, they were asked to rate these experiences on a Likert scale from 1–5 (1 = *not at all*; 5 = *completely*). Within the sample, psychologists reported that the majority of PA/PD training were at the post-doctoral level ($M = 3.96$, $SD = 1.16$), followed by pre-doctoral internship

($M = 3.86$, $SD = 1.12$), training at practicum ($M = 3.66$, $SD = 0.93$), and the least exposure within graduate programs ($M = 3.48$, $SD = 0.98$). There was some difference for the overall sample size, where the greatest exposure occurred at pre-doctoral internship ($M = 4.22$, $SD = 1.32$), followed by post-doctoral experience ($M = 4.07$, $SD = 4.07$), practicum experiences ($M = 3.59$, $SD = 1.04$), and the least exposure within graduate programs ($M = 3.41$, $SD = 1.04$).

Comparison of 2021 to 2008 Survey Results

The 2008 study was focused only on members of Division 39. Given that the current survey included more than only Division 39 membership, the Division 39 members were selected ($n = 603$), which was used for the following comparison studies. There were 38 states where individuals said they practiced in the 2008 study, with the top states being New York, California, Illinois, Massachusetts, Pennsylvania, and New Jersey. Within the 2021 study, there were nine countries and 42 US States, with the top states being New York, Massachusetts, and California. During the 2008 survey, the mean age for male clinicians was 60.8 ($SD = 11.2$) which was significantly older than female clinicians 58.9 ($SD = 10.6$; $p = .04$). Within the 2021 survey results, men were significantly older than both women and gender minority individuals, while women were older than gender minority individuals ($F(2, 16.45) = 15.64$; $p < .001$).

Additionally, Division 39 has nine sections that are part of the division and have separate dues and activities within APA. The percentage of the section membership decreased for all sections, except for social responsibility (see Table 3.3). It is of note that some of the sections that existed in 2008 no longer are sections within Division 39, and therefore are not included in the comparison data. There was also some fluctuation found in session fees and gross income of professionals (see Table 3.3). While this was a trend noticed in the comparison data, the statistical significance could not be tested in this research due to lack of access to the original

data set, though this may be a future point for comparison. It is of note that men endorsed higher gross income within both the 2008 ($p < .001$) and 2021 survey $X^2(6, N = 579) = 30.16$, $p < .001$).

There was no noteworthy difference found from 2008 to 2021 for the number clients seen per week, client hours per week, treatment frequency, treatment length, gender of patients, and patient age.

Table 3.3

2008 and 2021 Comparison Data

Variable	2008 %	2021 % (SD)
Division 39 Section Membership		
Practitioner	51	27.5
Children and Adolescents	14	4.9
Women and Gender	12	5.7
Research	4	N/A
Groups	5	N/A
Local Chapters	15	12
Clinicians	29	10.3
Social Responsibility	15	4.9
Couples and Family	13	14.1
Session Fees		
Pro Bono	0.72	3.11 (13.45)
Under \$50	2.53	7.74 (21.34)
\$50–99	22.02	12.58 (22.91)
\$100–149	34.3	25.68 (31.66)
\$150–199	30.32	28.22 (34.12)
\$200–249	7.58	13.33 (25.38)
> \$250	2.53	9.33 (23.83)
Gross Income		
< 50K	10	13.8
50–99K	33	25.5
100–149K	30	27.3
150–199K	13	18
200–249K	8	7
250–300K	3	3
300K	4	5.3

Psychoanalysts and PA/PD Practitioners

To increase inclusivity and accessibility of board certification for those who practice from a PA/PD perspective without formal institute training in psychoanalysis, there was a comparison of individuals who are currently institute trained psychoanalysts and all other PA/PD practitioners. Of those who completed the question ($n = 1,149$), PA/PD practitioners included anyone who did not endorse a relationship with an analytic institute ($n = 748$). Those who were psychoanalysts included candidates, graduates, supervisors, faculty or training analysts at analytic institutes ($n = 401$). Psychoanalysts endorsed higher gross incomes than PA/PD practitioners $X^2(6, n = 1081) = 110.17, p < .001$. There were more BIPOC individuals who were PA/PD practitioners $X^2(1, n = 355) = 5.23, p = .022$, as well as greater gender minority $X^2(2, n = 1081) = 110.17, p < .001$. Most individuals who endorsed being analysts were in the later stages of their careers, not including those who were retired $X^2(6, n = 1081) = 110.17, p < .001$. Analysts also reported having significantly less debt than PA/PD practitioners $X^2(6, n = 1097) = 63.52, p < .001$. The majority of time spent in private practice for psychoanalysts ($M = 88.76, SD = 24.61$) compared to PA/PD practitioners ($M = 68.94, SD = 40.42$) was significantly greater $t(668.49) = 7.25, p < .001$. There was a significantly greater number of clients seen per week $t(684) = 2.66, p < .05$ by analysts ($M = 21.55, SD = 9.01$) than by PA/PD practitioners ($M = 19.61, SD = 8.89$). Additionally, analysts had more direct-contact clinical hours ($M = 28.01, SD = 11.04$) than PA/PD practitioners ($M = 23.18, SD = 9.65$) each week $t(686) = 5.89, p < .001$.

There were also significant findings around the types of clients that were seen by analysts versus those seen by PA/PD practitioners. There were significantly more gender minority patients $t(593.17) = -2, p < .05$ that were seen by PA/PD practitioners ($M = 10.53, SD = 17.12$)

than by psychoanalysts ($M = 8.30, SD = 11.10$). Additionally, PA/PD practitioners ($M = 35.69, SD = 24.47$) endorsed having more BIPOC clients than were seen by psychoanalysts ($M = 27.17, SD = 22.69$) $t(432.63) = -4.32, p < .001$. There were significantly more patients seen more than three times a week $t(260.29) = 5.807, p < .001$ on the caseloads of psychoanalysts ($M = 1.80, SD = 3.03$) than PA/PD practitioners ($M = .49, SD = 1.61$). PA/PD practitioners ($M = 4.33, SD = 17.54$) offered significantly more pro-bono sessions $t(476.24) = -2.86, p < .05$ than psychoanalysts ($M = 1.59, SD = 4.80$). Psychoanalysts ($M = 70.48, SD = 36.63$) had significantly more self-pay patients $t(462.34) = 5.57, p < .001$ than PA/PD practitioners ($M = 52.44, SD = 40.73$). As for client diagnoses, PA/PD practitioners ($M = 6.53, SD = 7.07$) endorsed significantly greater diversity of diagnoses $t(912.90) = -3.85, p < .001$ than psychoanalysts ($M = 4.97, SD = 6.21$). Psychoanalysts ($M = 13.39, SD = 15.69$) reported having significantly more patients with personality disorders $t(182.33) = 3.20, p < .05$ than PA/PD practitioners ($M = 8.84, SD = 8.93$). Additionally, PA/PD practitioners ($M = 19.38, SD = 21.82$) endorsed having significantly more patients with socioenvironmental disorders (See Appendix H for list of socioenvironmental disorders) $t(912.90) = 3.85, p < .001$ than psychoanalysts ($M = 13.38, SD = 15.69$).

Career Stage Analyses

As previously mentioned, participants in the study fell into several different career stages, including graduate students, early career professionals, mid-career professionals, senior professionals, and retired-active. When exploring the amount of diversity in individual's caseloads based on their career stage, we hypothesized that individuals earlier in their career (i.e., graduate students and early career professionals) would have greater diversity on their caseloads. A one-way between subjects ANOVA was conducted to compare the effect of career stage on

the number of clients who identified as gender minorities. There was a significant effect of an individual's career stage on the number of gender minority clients at the $p < .05$ level for senior professionals and early career professionals [$F(4, 70.79) = 4.88, p = .002$]. Post hoc comparisons using the Welch F-Statistic and Games-Howell tests indicated that the mean score for early career professionals ($M = 14.08, SD = 19.82$) was significantly greater than senior for professionals ($M = 14.08, SD = 19.82$). However, there was no significant difference for graduate students, mid-career, and retired-active professionals.

A one-way between subjects ANOVA was conducted to compare the effect of career stage on the number of clients who identified as BIPOC. There was a significant effect of an individual's career stage on the number of BIPOC clients at the $p < .05$ level for graduate students, early, mid-career, and senior professionals [$F(4, 72.18) = 10.86, p < .001$]. Post hoc comparisons using the Welch F-Statistic and Games-Howell tests indicated that the mean score for graduate students ($M = 49.32, SD = 30.14$), early career professionals ($M = 39.10, SD = 22.86$), and mid-career professionals ($M = 34.93, SD = 26.72$) was significantly greater than senior for professionals ($M = 27.21, SD = 21.14$). There was no significant difference for retired-active professionals.

A one-way between subjects ANOVA was conducted to compare the effect of career stage on the number of clients who identified as sexual minorities. There was a significant effect of an individual's career stage on the number of sexual minority clients at the $p < .05$ level for early, mid-career, senior, and retired-active professionals [$F(4, 69.24) = 9.70, p < .001$]. Post hoc comparisons using the Welch F-Statistic and Games-Howell tests indicated that the mean score for early career professionals ($M = 36.20, SD = 25.40$) was significantly greater than mid-career professionals ($M = 24.98, SD = 16.61$), senior professionals ($M = 23.45, SD = 18.26$), and

retired active professionals ($M = 17.33$, $SD = 16.13$). However, there was no significant difference for graduate students.

A one-way between subjects ANOVA was conducted to compare the effect of career stage on the number of clients within the overall diversity composite. This composite included any client who identified as a gender, sexual, or racial/ethnic minority and provided an “overall diversity composite.” There was a significant effect of an individual’s career stage on the overall diversity composite at the $p < .05$ level for early, mid-career, senior, and retired-active professionals [$F(4, 79.74) = 6.10$, $p < .001$]. Post hoc comparisons using the Welch F-Statistic and Games-Howell tests indicated that the mean score for early career professionals ($M = 14.60$, $SD = 5.25$) was significantly greater than mid-career professionals ($M = 12.90$, $SD = 4.56$), senior professionals ($M = 12.68$, $SD = 4.63$), and retired active professionals ($M = 9.94$, $SD = 5.33$). However, there was no significant difference for graduate students.

Board Certification Interest and Support

This study also explored the interest of psychologists in pursuing certification by ABPP for a proposed specialty of PA/PD psychology. This section was specifically directed at psychologists and doctoral level graduate students. When asked if these individuals would apply for the specialty ($n = 807$), 338 (41.8%) of individuals endorsed that they were likely (somewhat/very) to pursue to the certification while 469 (58.2%) were not likely to pursue. Of the individuals who answered that they would be likely to pursue, 201 (62%) endorsed doing so within the next three years, 87 (26.9%) within the next five years, and 36 (11.1%) beyond five years. Additionally, these individuals who endorsed that they would apply were in the following categories: current graduate students 25 (4.9%), early career professionals 132 (25.7%), mid-career professionals 160 (31.1%), senior professionals 185 (36%), and other 12 (2.3%).

In addition to inquiring about the Specialty in Psychoanalytic and Psychodynamic Psychology, this survey explored individuals' interest in applying for a Subspecialty in Psychoanalysis. When asked if they would apply for the subspecialty ($n = 542$), 227 (41.9%) of individuals endorsed that they were likely (somewhat/very) to pursue to the certification while 315 (58.1%) were not likely to pursue. Of the individuals who answered that they would be likely to pursue, 110 (50.9%) endorsed doing so within the next three years, 60 (27.8%) within the next five years, and 46 (21.3%) beyond five years. Additionally, these individuals endorsed that they would apply were in the following categories: current graduate students 18 (5.6%), early career professionals 104 (32.6%), mid-career professionals 103 (32.3%), senior professionals 86 (27%), and other 8 (2.5%).

CHAPTER IV: DISCUSSION

The 2021 Psychoanalytic and Psychodynamic Survey was designed to assess several areas: (a) diversities of PA/PD practitioners and clients, including populations, settings, and problems; (b) education and training; (c) engagement in clinical practice, training, and research; (d) clinical and non-clinical populations served; (e) treatment modalities; (f) demographics of both patients/clients and clinicians; (g) levels of interest in the proposed specialty and subspecialty; and (h) used as a needs analysis to support the CRSSPP petition and ABPP applications for a new specialty and certification, respectively. There has not been a survey that has explored the composition of the field since the 2008 survey that was administered to Division 39 members. This survey was the first of its kind to be distributed around PA/PD psychology that went beyond patterns of private practice. The 2008 survey was limited only to Division 39 members, and not to other individuals who practice psychoanalytically/dynamically and are not members of APA. Therefore, this survey is being used to better understand who currently identifies as a PA/PD practitioner within multiple settings and to better understand the way in which these individuals work and identify. With the current survey sample size ($N = 1316$), this survey is reflective of the entire population of Division 39 (approximately 2500 members) and PA/PD psychologists (approximately 6500), as this is an above average sampling size.

Board Certification Interest and Support

This study explored the interest of psychologists in pursuing board certification in the current specialty of psychoanalysis, as well as the interest in pursuing certification in a new specialty in psychoanalytic and psychodynamic psychology. At the time when this survey was published, there was only a specialty of psychoanalysis recognized by CRSSPP, however, following this survey in April 2022, CRSSPP endorsed full approval of PA/PD psychology, as

well as the subspecialty in Psychoanalysis, and APA endorsed recognition of the specialty and subspecialty in August of 2022. Of note, the subspecialty in Psychoanalysis is the first subspecialty recognized by APA in history, and as of this date it is the only recognized subspecialty in psychology. In June of 2023 the American Board of Professional Psychology recognized the specialty in Psychoanalytic and Psychodynamic Psychology and the subspecialty in Psychoanalysis and authorized the examination of applicants for board certification. The previous Specialty of Psychoanalysis had 115 board-certified members, representing a minimal percentage of Division 39 (< 5%). Though an ABPP is not required to practice within psychology, there is increasing emphasis of the importance of acquiring board certification (Robiner & Fossum, 2017). While the American Board and Academy of Psychoanalysis has existed since 1983, the Specialty of Psychoanalysis was accepted as a member board of ABPP in 1996 (American Board of Professional Psychology, 2023). The requirements for the previous Specialty in Psychoanalysts surpass the majority of other boards, requiring advanced post-licensure training in a psychoanalytic institute, or the equivalent, in order to qualify for the previous Specialty, creating less equity for individuals seeking board certification, when compared to other specialties. While most boards require one to two years of postdoctoral experience, the Specialty of Psychoanalysis required graduation from a psychoanalytic institute, which would take between four to seven years of post-licensure experience. It is likely that the level of requirement was a deterrent for many individuals, as there were significantly more individuals who reported that they would pursue a specialty in psychoanalytic and psychodynamic psychology, with somewhat over half saying they would pursue a subspecialty in psychoanalysis. This change to a Specialty in PA/PD psychology and a Subspecialty has increased the equity for individuals who seek Specialty board certification with the option of

further subspecialty certification for those who pursue institute training. This furthers the importance for the change in specialty to create increased access and help to allow several psychologists gain board certification for the frame that they within practice.

Understanding Racial/Ethnic Diversity

The open-ended diversity identification question yielded 74 distinct identities (see Appendix G). These identities could be classified into the categories that are typical in a wide variety of demographic questionnaires, yet to do so is to deny, and even erase, historical differences, tensions, histories, and personal and familial identifications and affiliation. The a priori collapse of difference into reified categories creates false distinctions and similarities that denies very real and deep differences, perpetuating myths of purity in racial and cultural groupings. In particular, the loss of recognition of history and the particulars of lived experience and identifications is of central importance to PA/PD practitioners, who look for the depth and nuance in experiences, and the vagaries of identification and attachment. Within recent literature, Tummala-Narra (2015, 2016) has emphasized the importance of viewing cultural competence as a core competency within psychoanalytic psychology. Within this proposed framework, there is emphasis on several factors, one of which includes "recognizing the client's and therapist's indigenous cultural narrative" (Tummala-Narra, 2016, p. 84). One way to understand the cultural narrative is to be curious about the individuals' experience of their history, and rather than trying to fit into "boxes," further understanding the nuances of each person's cultural narrative. For instance, two White people, one of Irish decent, and the other English, both look "White," and two "Black Africans," one Tutsi and the other Hutu, both look Black, but the differences culturally and historically, how they actually define themselves, is obscured and obliterated by the categorization based on color, as well as by proximity.

One finding that was particularly salient was the number of individuals who described themselves as Jewish ($n = 81$), which represented slightly under one fourth of the sample size. This finding raises an important question about the way in which creating forced choice questionnaires, here with reference to individuals with a Jewish background, perpetuates the erasing of histories of historically oppressed groups by grouping them together with people associated with their own oppression. Another example is using Middle Eastern to the exclusion of Jews. Historically, psychoanalysis has been associated with Jewish thought and identifications. If the category of “White” was used in the questionnaire, there would be no accounting for the identifications of the majority of the respondents.

While this finding was most prominent with those individuals who identified as Jewish, it holds true for other groups as well. For example, while some individuals self-categorized as “Asian American or Pacific Islander,” a common classification, others utilized specific language (e.g., Korean, Chinese). While there are shared experiences amongst these cultures, there is nuance, as well as major historical and present differences, that are overlooked when individuals and groups are categorized without the specifics of their background. Also, importantly, a great many of the respondents identified with more than one category (e.g., “lapsed Catholic and German”).

Gender and Sexual Identity

The large majority of individuals who completed the survey identify as women and did not identify as gender minorities. From this sample it appears that the overall discipline is majority female, and this is reflected in the current Division 39 leadership. Importantly, this goes against the stereotype of psychodynamic and psychoanalytic practitioners as male. Most individuals identified as being heterosexual, with less than a quarter (22.7%) identifying as

having a minority sexual identity. However, this proportion of minority sexual identity is larger than reported for the general population. Therefore, it appears that most individuals within the field hold a majority gender and sexual identity status, but with greater representation than the general public. Given that the majority of individuals within the sample were comprised of senior professionals, it would align that these individuals hold majority gender and sexual identities, and this shift may be one to continue to monitor as the field develops.

Practice Patterns and Settings

The survey explored the settings in which PA/PD practitioners work, as well as the treatment modalities used. While private practice was the primary setting, many practitioners are involved in activities (e.g., supervision, consultation, professional organizations) in a variety of settings (e.g., college counseling, community mental health clinics, veteran affair settings). The variety of settings was correlated negatively with the age and level of experience of the practitioner. The majority of individuals who are not trained psychoanalysts identify as PA/PD and work in a variety of settings. The majority of psychoanalysts do not practice solely psychoanalysis, with only four participants endorsing only using psychoanalysis. As we understand the continuing development of the field, the legitimization of PA/PD psychology grows in importance. Though the majority endorsed predominantly working within the frame of individual psychotherapy, they also endorsed using other modalities (e.g., couples, assessment, play therapy), and encompassing a broad range of populations.

PA/PD Practitioners and Psychoanalysts

There were some significant differences between psychoanalysts and PA/PD practitioners. Most psychoanalysts were later in their career and they had higher overall incomes, spending the majority of their time in private practice. There were fewer BIPOC and gender

minority psychoanalysts than PA/PD psychologists. There were also differences in caseloads where psychoanalysts saw significantly less diverse clients. Psychoanalysts reported more self-pay clients and offered less pro-bono sessions than those who were not trained as analysts. Psychoanalysts had overall less variety of diagnoses represented in their caseloads and worked with a higher number of personality disorders than did non-analysts. This finding highlights that while there may be less diversity within the caseload of psychoanalysts, the treatment is more specialized, underscoring the status as a subspecialty.

Career Stage

Psychologists earlier in their careers work with a greater variety of patients and in a greater variety of settings. The diversity of the clinicians was also related to career stage. There was the least amount of gender, racial/ethnic, and sexual diversity amongst senior professionals, whereas there was the greatest diversity among early career and mid-career professionals, with early and mid-career professionals having greater racial/ethnic diversity and early career professionals having more gender and sexual identity diversity, as well as the greatest overall diversity within their caseload. As we understand the development of the field of psychoanalytic education and training, this data suggests that more recent psychoanalytic training and education is actively addressing issues of diversity. This is evident within the literature explicitly addressing and exploring several issues of diversity such as race (e.g., Gaztambide, 2021), immigrants (e.g., Tummala-Narra, 2021), culture (e.g., Layton, 2020), and sexual and gender identity (e.g., Ferrari, 2017; Fonagy et al., 2009). This suggests that not only is there literature that is beginning to discuss these aspects, but that practice is also becoming more inclusive.

Limitations of the Survey

A major limitation of this study was the length of the survey. Due to the different areas being explored, the survey included 54 questions in total. There were a number of surveys that were only partially completed, or where items were left unanswered, causing these surveys to be omitted from the final analysis. The survey included a final open-ended feedback question, and many respondents expressed concern around the length of the survey and reported this as the reason they did not complete it.

Another limitation is that the open-ended question regarding racial/ethnic identification of practitioners was omitted during the initial survey distribution. Due to this, the follow up question was completed by significantly less individuals and provided less data around the racial/ethnic background of PA/PD practitioners. Though there was valuable information based on those who responded to the question, it is not conclusive that this information was representative of the majority of PA/PD practitioners.

The analysis of information within this study combined the work of PA/PD practitioners as well as psychoanalysts. During the time of this study, there was no way to define these different practices, and therefore was no way to understand the difference between practicing as a psychoanalyst versus as a PA/PD practitioner. While this survey focused on the overall identity of the practitioner, it did not take into account the difference in the ways these individuals may practice (e.g., analysis, psychotherapy).

Another limitation of the study is that most of the information was gained through by distributing through APA's Division 39, local chapters of Division 39, and PsiAN. Given that there are likely many PA/PD practitioners who are not part of APA, Division 39, or PsiAN, these voices may be missed from the survey, limiting the scope of representation. Given that the

primary interest of the study was around the experience of psychologists, other professionals (e.g., LCSWs, MFTs) who identify as PA/PD oriented were not specifically targeted through their professional organizations. Therefore, if this study was to be replicated to understand all individuals who identify as PA/PD practitioners, national organizations for social work (e.g., NASW) or marriage and family therapists (e.g., AAMFT) could also be targeted during distribution.

Finally, given that this survey was mostly aimed toward understanding PA/PD psychologists and psychoanalysts and the make-up of Division 39, psychologists made up a majority of the sample size. There were other mental health professions included due to the inclusion of these professionals within Division 39 and PsiAN. Given that psychologists were the majority of participants there was not the ability to compare between psychologists and other mental health providers, thus mostly representing PA/PD psychologists. Therefore, when comparing results of the entire population and psychologists, there was not sufficient data to compare, and the overall mean was heavily influenced by psychologists within the study.

Implications for Future Research

While this study was a needs-based assessment to better understand the field of PA/PD practitioners, there is some data that could be further explored within future research. Given the way in which diversity has been approached within psychoanalytic theory, it will be important in the future to see if the overall diversity of practitioners and those served increases. While the majority of diversity in caseloads are within early career professionals, as these individuals move throughout their career, it will be important to explore if the overall diversity increases as well. This will further provide evidence that the increase within literature around issues and topics of diversity are directly impacting the services that are being provided and received.

Another implication of this study is to further explore the implications of causing individuals to choose predetermined categories around racial/ethnic/cultural backgrounds. There are several implications, many of which can be explored through the lens of psychoanalytic theory, when understanding the complexity of human beings and yet forcing them into categories. However, one of the greatest implications for future research, as mentioned above, is the exploration of the experience of ethnically Jewish individuals. When provided with the opportunity to identify themselves, many individuals self-identified as Jewish, a category which is rarely (if ever) offered. The dual role of forcing these individuals to identify solely as part of the majority group (i.e., European), dismisses the oppressive experiences that have been, and continue to be, experienced by people identified as Jewish. Therefore, an exploration of how this forced identification with the oppressor may have results that could help further develop this understanding.

CHAPTER V: CONCLUSION

This survey was a needs-based study to explore the current composition of psychoanalytic and psychodynamic practitioners. By doing so, there is an updated understanding of the field, particularly as this has not been done since 2008. The survey provided data and knowledge about individuals who identify as psychoanalytic and psychodynamic practitioners, expanding beyond therapists to other roles and identities within the field as well. This survey also helped better understand how these individuals are practicing, and the populations with which they are practicing, showing growing evidence of psychoanalytic and dynamic practitioners working with increased diversity.

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Appendix A: Psychoanalytic/Psychodynamic Psychology Survey

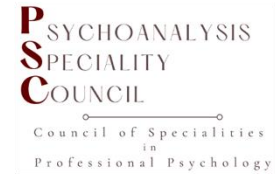
The following is a link to the survey that was distributed with the racial/ethnic question included in the survey:

<https://www.surveymonkey.com/r/SBYSR28>

The survey is also attached below:



**SOCIETY FOR PSYCHOANALYSIS AND
PSYCHOANALYTIC PSYCHOLOGY**
DIVISION 39
AMERICAN PSYCHOLOGICAL ASSOCIATION



Psychoanalytic/Psychodynamic Psychology Survey

(Skip any items you do not want to answer)

A. Demographics

1. In what year were you born?
2. What are your work location zip codes?
3. Briefly describe your self-defined racial/ethnic/cultural/ancestral identification(s)
4. What is your gender identity(s)?
5. What is your sexual identity(s)/orientation(s)?
6. Please select the income category below that best describes the gross typical annual income generated from all your professional activities:
 - Less than \$50,000
 - \$50,000 - \$99,999
 - \$100,000 - \$149,999
 - \$150,000 - \$199,999
 - \$200,000 - \$249,999
 - \$250,000 - \$300,000
 - Greater than \$300,000

B. Education & Training

7. What is the highest degree you have obtained (check all that apply)?
 - PsyD
 - PhD
 - EdD

- MD/DO
- Masters
- Bachelors
- Other (please specify)

8. Year of highest degree conferred:

9. Please indicate type of degrees earned (check all that apply):

- Clinical Psychologist (Doctoral)
- Counseling Psychologist (Doctoral)
- School Psychologist (Doctoral)
- Psychoanalysis (Doctoral)
- Psychiatrist
- Social Work
- Clinical Mental Health Counselor
- Marriage and Family Therapist
- Other (please specify)

10. Was your doctoral program APA accredited (for psychologists)?

- Yes
- No
- N/A

11. Was your pre-doctoral internship APA accredited?

- Yes
- No
- N/A

12. If you are currently certified by an ABPP Specialty Board, please check all that apply.

- Behavioral & Cognitive
- Clinical Child & Adolescent
- Clinical Health
- Clinical
- Counseling
- Couple & Family
- Forensic
- Geropsychology
- Organizational & Business
- Psychoanalysis
- Rehabilitation
- Clinical Neuropsychology

- Group
- Policy & Public Safety
- School

13. Do you currently have a license to practice independently as a psychotherapist or psychoanalyst

- Yes
- No

14. Please indicate your total (include undergraduate, masters, doctoral) student loan debt upon completing graduate school:

- Less than \$50,000
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- \$250,000 - \$300,000
- Greater than \$300,000

15. To what degree was your graduate school coursework psychoanalytic/psychodynamic?

- Completely
- Very much
- Somewhat
- Very little
- Not at all

16. To what degree was your practicum/externship experience and supervision psychoanalytic/psychodynamic?

- Completely
- Very much
- Somewhat
- Very little
- Not at all

17. To what degree was your predoctoral internship experience and supervision psychoanalytic/psychodynamic

- Completely
- Very much
- Somewhat
- Very little

- Not at all
- N/A

18. To what degree was your prelicensure/postdoctoral experience and supervision psychoanalytic/psychodynamic?

- Completely
- Very much
- Somewhat
- Very little
- Not at all
- N/A

19. Throughout your graduate education and career, what education and training experiences have involved psychoanalytic/psychodynamic experience/perspective (please check all that apply)?

- Graduate Courses
- Dissertation
- Empirical Research
- Scholarly and clinical writing
- Practicum experiences/ supervision
- Pre-doctoral internship experiences/supervision
- Post-doctoral supervised experience
- Psychoanalytic psychotherapy or other psychoanalytic/dynamic 1-2 year program (e.g., children, school, short term/brief training, etc.)
- Institute trained Psychoanalyst (current or past)
- Continuing education events and workshops
- Division 39 meetings and other psychoanalytic/dynamic conferences
- Division 39 Local Chapter events
- Other (please specify)

20. Any current or past certificate program attendance/completion in Psychoanalysis or Psychoanalytic/Psychodynamic Psychology? (Check all that apply):

- Psychoanalysis (institute): ACPEinc accredited
- Psychoanalysis (institute): Independent
- Psychoanalysis (institute): APsaA
- 1-2 year program: Psychoanalytic/dynamic psychotherapy
- 1-2 year program: Psychoanalytic/didactic program
- 1-2 year program: Group psychotherapy
- 1-2 year program: Family
- 1-2 year program: Couples

- 1-2 year program: Children & Adolescents
- 1-2 year program: Schools
- 1-2 year program: Forensic
- 1-2 year program: Brief dynamic (TLDP, TFDP, etc)
- None

21. What is your relationship to psychoanalytic institute training in psychoanalysis? (please check all that apply)

- Applicant for training
- Candidate (i.e., currently in training)
- Graduate (i.e., completed training)
- Institute faculty
- Institute instructor
- Supervising analyst
- Training analyst
- Other training (e.g., supervision in psychoanalysis)
- None of the above

22. If you have not been involved with psychoanalytic institute training would you be:

- Interested at some point in the future
- Not interested

23. How do you primarily identify professionally?

- Psychodynamic
- Psychoanalytic
- Psychoanalyst

24. Please indicate your career stage

- Graduate Student
- Early Career Professional (within 10 years of terminal degree)
- Mid-Career Professional (10-20 years within terminal degree)
- Senior Professional
- Retired-Active

C. Psychoanalytic/Psychodynamic Psychology Specialty, Psychoanalysis Subspecialty

(This first section is for psychologists and psychology graduate students)

25. If you are a psychologist, how likely is it that you would apply for an ABPP Specialty Board Certification in Psychoanalytic/Psychodynamic Psychology (Earns 40 Continuing Education Credits)?

- Not at all likely
- Not very likely
- Likely
- Somewhat likely
- Very likely

26. If you were to apply for a Specialty Board Certification in Psychoanalytic/Psychodynamic Psychology, how soon would you do so (If it were to become available)?

- Within the next 3 years
- Within the next 5 years
- Beyond 5 years from now

27. In what application category?

- Regular application
- Early Career Professional
- Senior Option
- I am currently a graduate student and I plan on applying when qualified
- Other (please specify)

28. If you are a psychoanalyst, or planning to become one, how likely is it that you would apply for an ABPP Subspecialty Board Certification in Psychoanalysis (for which you would receive both Board Certification in Psychoanalytic/Psychodynamic Psychology and Board Certification in Psychoanalysis and 40 Continuing Education Credits)?

- Not at all likely
- Not very likely
- Likely
- Somewhat likely
- Very likely

29. If you were to apply for a Specialty Board Certification Sub-Specialty in Psychoanalysis, how soon would you do so?

- Within the next 3 years
- Within the next 5 years

- Beyond 5 years from now

30. If you would not consider applying for either ABPP Board Certification in Psychoanalytic/Psychodynamic Psychology or Psychoanalysis Subspecialty , please indicate why not.

D. Work Settings and Populations

31. Please indicate the approximate percentage of time you spend in each of the following **roles** in a typical year (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(does not need to add up to 100% exactly) (do not use % sign, only numbers.)**)

- Direct clinical work
- Supervision
- Consultation
- Management/Administration
- Empirical Research
- Clinical and theoretical writing and publication
- Teaching
- Advocacy
- Organizational consultant
- Medical/health consultant
- Professional organizations (boards, committees, etc)
- All Other Professional Activities (include volunteer work here)

32. Please indicate the approximate percentage of time you spent in each of the following professional **settings** in a typical year (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(does not need to add up to 100% exactly) (do not use % sign, only numbers)**)

- Private Practice
- University/College Counseling
- State Hospital
- Community Mental Health/Outpatient Clinic
- Hospital/Medical Setting
- VA
- Forensic
- School Setting
- Consultation
- Primary Care
- Other

33. Please indicate the approximate percentage of time you spend using each of the following **modalities** in a typical year: (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(does not need to add up to 100% exactly) (do not use % sign, only numbers)**)

- Psychoanalytic/dynamic Psychotherapy
- Brief Psychotherapy
- Psychoanalysis
- Family Therapy
- Couples/Marital
- Group Therapy
- Play Therapy
- Psychological Testing/Assessment
- Neuropsychological testing/Assessment
- Health psychology/primary care
- Other

34. How many individual patients and/or clients (if non clinical, such as consultation or organizational work) do you see in a typical week of clinical practice, regardless of the setting?

35. How many total direct-contact clinical hours do you have in your typical week of clinical practice (including interviews, testing, psychotherapy, psychoanalysis, couples, families, groups,)

36. Please estimate the percentage of your current clinical practice patient-load (regardless of the setting) that best fits within each of the following clinical focus/diagnostic categories below (individual patients can, and will likely be, counted in multiple categories) (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(does not need to add up to 100% or even close) (do not use % sign, only numbers)**)

- Predominantly Psychotic Disorders
- Schizophrenia
- Mood Disorders
- Anxiety Disorders
- Current Event- and Stressor- Related
- PTSD
- Violence
- Sexual Abuse

- Dissociation
- Somatic Symptoms and Related Disorders
- Specific Symptom Disorders
- Disorders Related to Addiction
- Personality Disorders
- Adjustment and Relationship difficulties
- Racial and ethnic stress/trauma
- Immigration stress
- Economic stress
- Intimate partner violence and abuse
- Medical conditions
- Family conflict
- Marital conflict
- Sexual functioning
- Sexual orientation
- Gender identity
- Generational adjustment and conflict (e.g., immigrant, religious, economic, political)

37. Treatment Modalities: In a typical week of clinical practice, how many of your patient-hours were devoted to each of the following treatment modalities or services?

- Adult psychotherapy
- Brief dynamic therapy
- Longer term psychodynamic therapy
- Psychoanalysis
- Child and adolescent psychotherapy and psychoanalysis
- Family and couples therapy
- Group therapy
- Assessment

38. Integration: Within your practice, do you integrate any of the following theories and techniques (check all the apply):

- Cognitive-Behavioral Therapy
- Phenomenological
- Humanistic/Existential
- Behavioral Health
- Integrated Care
- Social Justice/advocacy
- Relational-Cultural Therapy
- Family Systems
- Somatic Experiencing

- Mindfulness
- Other (please specify)

39. Gender of Patients: Rough estimate of percentage of each in a typical year. (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- Demigender
- Female
- Genderfluid
- Genderqueer
- Hijra
- Male
- Non-binary
- Pangender
- Trans
- Two-Spirit
- Agender
- Another

40. Racial/Ethnic Background of Patients: In a typical year, rough estimate of percentage of each racial/ethnic background/identification (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- American Indian/Alaska Native
- East Asian
- South Asian
- West Asian
- Jewish
- Black or African American
- Hispanic or Latino
- Middle Eastern/North African
- Native Hawaiian or other Pacific Islander
- White/European Descent
- Biracial
- Multiracial

41. Age of Patients: rough estimate of percentage of patients in typical year: (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- Infant (0-2)

- Child (3-12)
- Adolescent (13-17)
- Young Adult (18-24)
- Adult (25-64)
- Geriatric (65+)

42. Sexual identity(s)/Orientation(s) of Patients: rough estimate of percentage of each in a typical year (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on)

- Asexual
- Bisexual
- Demisexual
- Gay
- Lesbian
- Pansexual
- Straight
- Another

43. Range of Income of Patients: Of the patients you saw in your most recent typical week of independent/private clinical practice, please indicate the percentages within each income range? (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- Less than \$50,000
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- \$250,000 - \$300,000
- Greater than \$300,000

44. Length of Treatment: For your typical week of clinical practice, please indicate the number of individual patients that have been in treatment with you each length of time (Enter whole numbers only)

- Less than 6 months
- 6 months - Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

45. Treatment Frequency: For your most typical week of clinical practice, please estimate the number of individual patients you saw at each treatment frequency: (Enter whole numbers only)

- Patients seen less than one session/week
- Patients seen one session/week
- Patients seen two sessions/week
- Patients seen three or more sessions/week

46. Of your individual patients seen three or more sessions/week, over the past year, percentage that were: (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- Graduate or medical students in a clinical field
- Psychoanalytic candidates
- Mental health practitioners
- Other

47. In your a typical week of clinical practice, what approximate percentage of your patients were taking medication for a psychiatric condition?

48. In a typical week of clinical practice, what approximate percentage of individual patients primarily used the couch in session? (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

49. During 2020, what approximate percentage of patients were treated primarily virtually (phone or video)?

50. In the two years prior to 2020, what approximate percentage of patients were treated primarily by phone or video?

51. For your most typical week please indicate an approximate percentage of your clinical practice income from each of the following sources: (Enter numbers in each between 0-100 (e.g. 59.5 or 99.8 and so on) **(do not use % sign, only numbers)**)

- Patient self-pay
- Direct payment via insurance (non-managed care)

- Direct payment via managed care
- Direct payment via Medicare
- Direct payment via Medicaid, or CHAMPUS

52. In a typical week of professional practice, how many of the contacts -- including any contacts with individuals couples, families, groups, consultation/supervision, or organizations--were billed in each of the following fee categories?

- Under \$50/session
- \$50-\$99/session
- \$100-\$149/session
- \$150-\$199/session
- \$200-\$249/session
- \$250 and above/session
- Pro-Bono (no charge)

E. Professional Organization Membership

53. Please indicate your organization/professional memberships relevant to Psychoanalytic/Psychodynamic areas (check all that apply):

- Division 39 Student Member
- Division 39 International Affiliate
- Division 39 Affiliate
- Division 39 Associate
- Division 39 Member
- Division 39 Fellow
- Division 39 Local Chapter
- Psychotherapy Action Network (PsiAN)
- International Association for Relational Psychoanalysis and Psychotherapy
- American Psychological Association (APA)
- International Psychoanalytic Association (IPA)
- American Psychoanalytic Association (APsaA)
- American Psychiatric Association (APA)
- National Association of Social Workers (NASW)
- National Association for the Advancement of Psychoanalysis (NAAP)
- International Federation for Psychoanalytic Education (IFPE)
- International Federation of Psychoanalytic Societies (IFPS)
- American Association for Psychoanalysis in Clinical Social Work (AAPCSW)
- Other (please specify)

54. Division 39 section memberships (please check all that apply):

- I. Psychologist-Psychoanalyst Practitioners
- II. Childhood and Adolescence
- III. Women, Gender, and Psychoanalysis
- IV. Local Chapters
- V. Psychologist-Psychoanalyst Clinicians
- VIII. Couple and Family Therapy and Psychoanalysis
- IX. Psychoanalysis and Social Responsibility

55. You have reached the end of the survey - thank you!

Please feel free to provide any comments below about the survey or your experience completing it.

Please direct any questions or comments about the proposed specialty change and/or the survey to Ted Ellenhorn, Ph.D., ABPP: Chair, Psychoanalytic Specialty Council.

Thank you!

Appendix B: General Survey Cover Letter

2021 Psychoanalytic/Psychodynamic Psychology Survey

Please take approximately 15-25 minutes to complete the survey
(You can return to the survey multiple times if needed)

<https://www.surveymonkey.com/r/SBYSR28>.

As new member of Division 39 we ask that you complete this survey. It covers the following areas:

- All types and levels of education and training of psychoanalytically oriented professionals across the broad spectrum of practice (e.g., psychotherapy, psychoanalysis, group, family and couples, children, accelerated treatment, primary care, school, testing/assessment, diagnosis)
- The clinical practice, education/training, and research activities in which we are engaged.
- The clinical and non-clinical populations that we serve
- The treatment modalities we use and settings in which we work
- Demographic description of both patients/clients and clinicians
- Racial, ethnic, regional, gender, and economic diversity of our membership and our patients/clients

We ask that you complete this survey as soon as possible.

Why completing the Psychoanalytic/Psychodynamic Specialty Survey is important for all Division 39 members

- At present there is no data-based description of who we are, how we are trained, what we do, where we work, the people that we serve, our demographics, our professional and academic affiliations, and the tremendous variety of our practice settings and applications of our knowledge base. This survey is an attempt to address this very real gap in both our self-knowledge, and what we are able to present externally
- The survey data will be available publicly through the Division 39 website and publications, Division 39 Spring Meeting presentation, and other publications and forums designed to reach professionals outside of our discipline as well as the general public
- The survey data will be used by Division 39, and allied psychoanalytic/psychodynamic organizations, to advocate for the practice, theory, and science of psychoanalytic/psychodynamic psychology within APA and ABPP, and in mental health and public settings
- The survey is a joint effort sponsored by Division 39 (APA), the American Board and Academy of Psychoanalysis (Specialty Board of the American Board of Professional Psychology), and the Psychoanalysis Specialty Council (Council of Specialties in

Professional Psychology). The survey will be distributed widely to all members of Division 39, Division 39 Local Chapters, and other psychoanalytic/psychodynamic organizations, including all disciplines represented in those organizations

The context of the survey and a proposed specialty change

One function of the survey data is to support a proposed change in the psychoanalytic specialty within psychology. We are proposing a change in the way psychoanalytic/psychodynamic psychology is recognized as a specialty in the American Psychological Association (APA), and as a diplomate credentialed specialty in the American Board of Professional Psychology (ABPP). We are proposing to change the *Psychoanalysis* specialty to *Psychoanalytic/Psychodynamic Psychology, with a Subspecialty in Psychoanalysis* (“sub” means further and more specific training and education). We need to accurately represent the broad scope and diversity of psychoanalytic/psychodynamic psychology within APA, to other organizations, and to the general public. We need the ABPP specialty credential to be more accessible and relevant for psychoanalytic/psychodynamic psychologists—as it is for psychologists that practice in other specialties (e.g., Behavioral and Cognitive, Clinical, Clinical Health, Neuropsychology).

The proposed specialty change was initially conceived by the Diversity Committee of the American Board and Academy of Psychoanalysis as a step towards structural change addressing issues of access, diversity, institutional racism, and social justice, both within our profession and for the populations that we serve. We recognize that this proposed specialty change is of historic significance and represents the evolution, growth, and broad application and relevance of psychoanalytic/psychodynamic psychology.

The proposed change brings the psychoanalytic specialty into alignment with:

- The change in Division 39 from *Psychoanalysis* to the *Society for Psychoanalysis and Psychoanalytic Psychology (SPPP)*
- Reality of the pluralism of theories, treatment modalities, research, and practices within psychoanalytic/psychodynamic psychology
- The membership of Division 39
- The content of the journal *Psychoanalytic Psychology* and the Division 39 Spring Meeting
- The need to increase the viability and legitimacy of psychoanalytic/psychodynamic psychology within APA and ABPP, and in the public sphere
- The need for specialty recognition for psychoanalytic/psychodynamic psychology commensurate with the other specialties in professional psychology
- Recognition of the training, regional, and economic circumstances of graduate students and ECP’s in psychoanalytic/psychodynamic psychology
- The broad and diverse spectrum of treatment settings, patient populations, and clinical modalities that fall within psychoanalytic/psychodynamic education, training and practice

Below is a detailed explanation of how these proposed changes came about, what the changes mean, and ways you can help move this initiative forward and have your voice and presence be recognized.

About the Proposed Specialty change from Psychoanalysis to Psychoanalytic/Psychodynamic Psychology, Subspecialty in Psychoanalysis

The Psychoanalysis Specialty Council (PSC) represents APA Division 39 and the ABPP Specialty Board in Psychoanalysis, the American Board and Academy of Psychoanalysis (ABAPsa), to the Council of Specialties in Professional Psychology. The PSC is proposing a change in the Commission for the Recognition of Specialties and Subsidiaries in Professional Psychology (CRSSPP, APA) and American Board of Professional Psychology (ABPP) specialty of *Psychoanalysis* to the specialty of *Psychoanalytic/Psychodynamic Psychology*, with a *Subspecialty in Psychoanalysis (same requirements as current specialty. Applicants that pass the Subspecialty exam will receive diplomates in both Psychoanalytic/Psychodynamic Psychology and Psychoanalysis)*.

Reasons for the specialty change and expansion:

- ***Psychoanalytic/Psychodynamic Psychology reflects the reality of psychoanalytic theory and practice in psychology.*** Specialty representation of psychoanalytic/psychodynamic psychology recognizes that the great majority of us are not in private practice in psychoanalysis, that our private practices are mostly in psychoanalytic/psychodynamic psychotherapy, and that psychoanalytically oriented psychologists work in hospitals, clinics, schools, and VAs; in research; in specialized treatment areas such as substance use, addictions, serious mental illness, and PTSD/trauma; in primary care and health psychology; in group treatments; supervision; organizational work; clinical and psychometrically-based assessment; and with families, couples, and children. Included in psychoanalytic psychology are psychoanalytically-oriented psychologists working with underserved, marginalized, rural and urban, and more economically and socially challenged populations, including those patients receiving a variety of psychoanalytic therapies in private practice settings for whom more intensive treatment is either not suitable and/or financially out of reach
- **Alignment of the name and scope of our specialty** with 1) the recent renaming of Division 39, 2) better representation of the membership of Division 39 (over 75% of the membership of Division 39 consists of psychoanalytic/psychodynamic therapists that are not institute trained psychoanalysts), 3) the content of our journal and annual meetings
- **APA Commission on Accreditation will be recognizing specialties in graduate programs, internships, and postdocs. We currently do not have a specialty that can be recognized at any of these levels of education and training in psychology.**
- **Recognition of financial, regional, practice, and training realities of psychoanalytic/psychodynamic practitioners, graduate students and Early Career Professionals**
- Bring psychoanalytic/psychodynamic psychology as a specialty into **equivalent education and training requirement, status, and division representation with other specialties in psychology**, such as Clinical, Behavioral-Cognitive, and Neuropsychology

- The ABPP diplomate in Psychoanalytic/Psychodynamic Psychology would be available after **1-2 years of postdoctoral experience**
- Racial, ethnic, economic, regional and **diversity of specialty participation** would increase with a change from Psychoanalysis to Psychoanalytic/Psychodynamic Psychology
- APPIC lists 42 post-doc sites that are psychoanalytically oriented, or have psychoanalytic elements, yet **there is no specialty recognition for post-doctoral education and training as exists in other areas of professional psychology**
- By claiming exclusive specialty territory for ABPP, CoS, and CRSSPP (APA), ***Psychoanalysis as a specialty, in effect, impedes specialty recognition of the broader and more representative practice area covered by psychoanalytic/psychodynamic psychology (e.g., group, assessment, psychotherapy, accelerated and focused treatments, family and couples, etc.)***
- The education, training, and practice of **Psychoanalysis, fits the CRSSPP definition of a subspecialty** as it requires further and more specialized training than required for the general specialty

In sum, the change in the specialty from *Psychoanalysis* to *Psychoanalytic/Psychodynamic Psychology*, *Psychoanalysis Subspecialty* will create greater access to diplomate specialty status, increase the diversity of representation in our specialty, provide better representation of our field within APA and ABPP, and formally legitimize Psychoanalytic/Psychodynamic Psychology as a specialty. The Psychoanalytic/Psychodynamic specialty will include the broad array of theories, techniques, research, treatment modalities and settings, and populations with which we work and identify. The Subspecialty in Psychoanalysis will remain as defined by the current specialty and will meet the requirements for Accreditation Council of Psychoanalytic Education, inc. institute accreditation.

**You can contribute to this vital step forward by taking approximately
15-25 minutes to complete the survey
Please complete the survey so that you, your education and training,
clinical practice, and demographics will be fully represented**

<https://www.surveymonkey.com/r/SBYSR28>

**For best results, use Google Chrome for your browser
The survey can be completed in more than one sitting**

Sincerely,

Joseph Schaller, Psy.D
President, The Society for Psychoanalysis and Psychoanalytic Psychology (SPPP)
Division 39, The American Psychological Association

Lara Sheehi, Psy.D.
President-Elect, The Society for Psychoanalysis and Psychoanalytic Psychology (SPPP)

Division 39, The American Psychological Association

Theodore Ellenhorn, Ph.D., ABPP
Chair, Psychoanalysis Specialty Council
Council of Specialties in Professional Psychology

John M. Watkins, Ph.D., ABPP
President, American Board and Academy of Psychoanalysis
American Board of Professional Psychology

Appendix C: Early Career Professionals and Graduate Student Information Letter

Dear Division 39 Early Career Psychologist and Student Members:

The Psychoanalysis Specialty Council (PSC) represents APA Division 39 and the ABPP specialty board in psychoanalysis, the American Board and Academy of Psychoanalysis (ABAPsa), to the Council of Specialties in Professional Psychology (which includes CRSSPP, CoA, and ASPPB representation). The PSC is proposing a change in the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP, APA) and American Board and Academy of Professional Psychology (ABAPsa) specialty of *Psychoanalysis* to the specialty of *Psychoanalytic/Psychodynamic Psychology, with a Subs specialty in Psychoanalysis*. This specialty change is proposed in order to recognize the broad range and diversity of psychoanalytic/psychodynamic psychology, align the name and scope of our specialty with the recent renaming of Division 39, and to bring psychoanalytic psychology as a specialty into equivalent education and training requirement, status, and division representation with other specialties in psychology, such as Clinical, CBT, Family, and Neuropsychology. Over 75% of the membership of Division 39 consists of psychoanalytic/dynamic psychologists that are not institute trained psychoanalysts. The change in the specialty will create greater access to diplomate specialty status, increase diversity, provide better representation of our field in APA and ABPP, and formally legitimize psychoanalytic/psychodynamic psychology as a specialty. The Psychoanalytic/Psychodynamic specialty will include the broad array of theories, techniques, modalities, and populations with which we work and identify. The Subs specialty in Psychoanalysis will remain as defined by the current specialty.

In this endeavor we are asking for your support in two ways:

First, within the next few weeks, a *joint sponsored survey* (Div 39, American Board and Academy of Psychoanalysis, and the Psychoanalysis Specialty Council) will be distributed to all Division 39 and Division 39 Local Chapter members. The survey is will look at the education and training; clinical, research, and education/training engagement; populations served and modalities used; and demographics of psychoanalytic/psychodynamic psychologists (as well as social workers and psychiatrists that are Division 39 and local chapter members). We ask that you complete this survey. Once analyzed, the data will be made available through both Division 39 publication, website, and presentation. The data will be used for advocacy efforts by Division 39 and ABAPsa, in addition to informing the applications to CRSSPP and ABPP to change the specialty.

Second, we encourage graduate students and early career psychologists to take advantage of two levels of *applying for specialty certification through ABPP*. For graduate students there is the Early Entry application. This application collects documents and records towards the eventual application for an ABPP, and is coordinated with the ASPPB Credentials Bank for state licensure. This way your credentials and records can be held in one central location for both state licensure and ABPP specialty applications. Your Early Entry Application would be for the specialty in Psychoanalysis. When the specialty of Psychoanalytic/Psychodynamic Psychology, Subs specialty in Psychoanalysis is approved, you will be able to apply for that specialty, and priority will be given to people that have used the Early Entry application. *For graduate*

students, the PSC is offering a scholarship to cover the \$25 application fee for the first 25 applicants.

<https://www.abpp.org/Applicant-Information/5-Types-of-applications/Early-Entry.aspx>

For Early Career Psychologists, ABPP has an ECP application, with a reduced application fee, and expedited process.

<https://www.abpp.org/Applicant-Information/5-Types-of-applications/Early-Career-Psychologist.aspx>

Thirdly, we want you to know about the ABPP Mentorship Program through the American Board and Academy of Psychoanalysis. A member of ABAPsa will be assigned to you to assist in your process of becoming a diplomate specialist in Psychoanalysis (or Psychoanalytic/dynamic Psychology, Subspecialty in Psychoanalysis, upon approval of the new specialty).

If you have any questions about any of the above, please contact Ted Ellenhorn, Ph.D. ABPP, Chair, Psychoanalysis Specialty Council.

Appendix D: Division 39 Local Chapters Cover Letter

Dear Division 39 Local Chapter Members:

We are writing to you with an exciting possibility for changing the way psychodynamic practice is recognized as a credentialed specialty. We are hoping to make the ABPP credential more accessible to psychodynamic psychologists, as it is to psychologists that practice in other sub-fields, and to accurately represent the broad scope and diversity of psychodynamic psychology to APA, other organizations, and the general public. But to do this, we need your help and your input.

As it stands, over 75% of the membership of Division 39 consists of psychoanalytic/dynamic psychologists that are not institute trained psychoanalysts. The change in the specialty will create greater access to diplomate specialty status, increase diversity, provide better representation of our field in APA and ABPP, and formally legitimize psychoanalytic/psychodynamic psychology as a specialty. The Psychoanalytic/Psychodynamic specialty will include the broad array of theories, techniques, modalities, and populations with which we work and identify. The Subspecialty in Psychoanalysis will remain as defined by the current specialty.

The Psychoanalysis Specialty Council (PSC) represents APA Division 39 and the ABPP Specialty Board in Psychoanalysis, the American Board and Academy of Psychoanalysis (ABAPsa), to the Council of Specialties in Professional Psychology (which includes CRSSPP, CoA, and ASPPB representation). The PSC is proposing a change in the Commission for the Recognition of Specialties and Subsidiaries in Professional Psychology (CRSSPP, APA) and American Board and Academy of Professional Psychology (ABAPsa) specialty of *Psychoanalysis* to the specialty of *Psychoanalytic/Psychodynamic Psychology, with a Subspecialty in Psychoanalysis*. This specialty change is proposed in order to recognize the broad range and diversity of psychoanalytic/psychodynamic psychology modalities and settings (e.g. adult, adolescent, child therapy; family and couples; group; schools; organizational and industrial; advocacy; community work; assessment; hospitals; systems interventions; brief dynamic therapies), to align the name and scope of our specialty with the recent renaming of Division 39, and to bring psychoanalytic psychology as a specialty into equivalent education and training requirement, status, and division representation with other specialties in psychology, such as Clinical, CBT, Family, and Neuropsychology. The ABPP diplomate would be available after 1-2 years of postdoctoral experience.

In this endeavor we are asking for your support in two ways:

First, within the next few weeks, a *joint sponsored survey* (Div 39, American Board and Academy of Psychoanalysis, and the Psychoanalysis Specialty Council) will be distributed to all Division 39 and Division 39 Local Chapter members. This survey is the first of its kind and will look at the education and training; clinical, research, and education/training engagement; populations served and modalities used; and demographics of psychoanalytic/psychodynamic psychologists, as well as social workers and psychiatrists that are Division 39 and local chapter members. We ask that you complete this survey (*you do not need to be a member of either APA or Division 39 to complete the survey—we want voices and representation of all psychoanalytic psychologists and local chapter members, not only members of APA and/or Division 39*). Once

analyzed, the data will be made available through both Division 39 and ABPP publication, website, and presentation. The data will be used for advocacy efforts by Division 39 and ABAPsa, in addition to informing the applications to CRSSPP and ABPP to change the specialty.

Second, we encourage graduate students and early career psychologists to take advantage of two levels of *applying for specialty certification through ABPP*. For graduate students there is the Early Entry application. This application collects documents and records towards the eventual application for an ABPP, and is coordinated with the ASPPB Credentials Bank for state licensure. This way your credentials and records can be held in one central location for both state licensure and ABPP specialty applications. Your Early Entry Application would be for the specialty in Psychoanalysis. When the specialty of Psychoanalytic/Psychodynamic Psychology, Subspecialty in Psychoanalysis is approved, you will be able to apply for that specialty, and priority will be given to people that have used the Early Entry application. ***For graduate students, the American Board and Academy of Psychoanalysis is offering a scholarship to cover the \$25 application fee for the first 25 applicants.***

<https://www.abpp.org/Applicant-Information/5-Types-of-applications/Early-Entry.aspx>

For Early Career Psychologists, ABPP has an ECP application, with a reduced application fee, and expedited process.

<https://www.abpp.org/Applicant-Information/5-Types-of-applications/Early-Career-Psychologist.aspx>

Thirdly, we want you to know about the *ABPP Mentorship Program through the American Board and Academy of Psychoanalysis*. A member of ABAPsa will be assigned to you to assist in your process of becoming a diplomate specialist in Psychoanalysis (or Psychoanalytic/dynamic Psychology, Subspecialty in Psychoanalysis, upon approval of the new specialty). *You do not need to be a member of either APA or Division 39 to become a diplomate specialist in our field.*

Ted Ellenhorn, Ph.D. ABPP, Chair, Psychoanalysis Specialty Council; Secretary, American Board and Academy of Psychoanalysis, is available to speak for 15-30 minutes with local chapter Executive Committees about the development of Psychoanalytic/Psychodynamic Psychology as a specialty and the proposed change in the specialty within both APA and ABPP. If you have any questions about any of the above, or if you would like Ted to come speak with your local chapter please contact him.

Appendix E: Early Career Professional and Graduate Student Survey Letter

Hello graduate students and early career professionals,

Over this past weekend, Division 39 sent out this survey:

<https://www.surveymonkey.com/r/SBYSR28>

(It works best using Chrome)

Answers to this survey will impact the future of our careers (of your career in particular as a student or ECP). It is important to complete the survey and ensure your voice is heard and your experiences are recognized

The survey was sent to the entire Division 39 mailing list along with a cover letter. If you do not have the email, use the link provided above to complete the survey.

Attached is the cover letter that was sent along with survey. The letter explains the context and intention of the survey, as well as how the survey can directly influence your future.

The survey and proposed specialty were created with us—graduate students and early career psychologists—in mind. This is for us.

Ultimately, the survey will influence policy changes for psychoanalytic/psychodynamic psychology within the APA. In short, as you read this document, APA is moving to create specialties and to accredit graduate programs, internships, and post-docs in terms of their specialties. **If we do not act now, there will be no accredited clinical specialty for psychoanalytic/psychodynamic psychology.** The survey results will also influence how our field is viewed and respected as a credentialed specialty as both diplomate status in the American Board of Professional Psychology (ABPP), and a specialty in the American Psychological Association (APA). The survey is a step towards making an ABPP in psychoanalytic/psychodynamic psychology possible after just one year (or equivalent) of post-doc (just as the ABPP is in other fields like CBT, neuropsychology, etc.). See our attached flyer for “Why is an ABPP important to me, my work, and those I serve?”. The ABPP exam consists of a written example of your work as a psychoanalytic/psychodynamic psychologist, and an oral exam. For taking the ABPP exam you will receive 40 Continuing Education Credits.

We ask you to please take 10-20 minutes to complete the survey. If you have any questions at all regarding the survey, the significance of these changes, or ABPP specialty, please feel free to email us. **You** are the future of our profession. It is imperative that your voice is heard.

With much appreciation,
The Division 39 Graduate Student Committee

Appendix F: Importance of an ABPP Letter

Why is a Psychoanalytic/Psychodynamic ABPP important to Me, My Work, The People We Serve, and Our Profession?

Me

- Board certification facilitates license mobility between most states
- Board certification in Psychology distinguishes you in the job market
- The Psychoanalysis specialty is recognized in the standards of the Accreditation Council for Psychoanalytic Education (ACPEinc) for verifying psychoanalyst training
- 40 Continuing Education credits granted for passing the exam
- You will be identified as having a specialty and that your professional work has been evaluated by your peers (something that does not happen at any stage of training, and certainly not during licensure)
- You will have the opportunity to present the full dossier of your education, training, and work as a psychoanalytically-oriented psychologist
- Some jobs tie compensation to holding an ABPP specialty

My Work

- Board certification in Psychoanalytic/Psychodynamic Psychology, or Psychoanalysis, indicates specialty expertise which distinguishes you from the other psychologists
- Recognized in forensic settings as evidence of expertise. In court hearings, judges often seek “experts” in the field. With an ABPP, you are a diplomate status “expert”
- Uniformed psychologists with board certification who work at the Department of Defense or Public Health Service receive a monthly specialty pay bonus.
- Health care providers in other disciplines consider board certification as a minimum standard to document training and expertise for patient care
- Some hospitals or medical centers require a board certification for approval of privileges, and others are moving toward this policy
- Some academic and academic medical settings require board certification for promotion and tenure
- Health insurance companies routinely ask about board certification when applying to be part of their networks

The People We Serve

- An ABPP in psychoanalytic/psychodynamic psychology will increase the representation of diversity at the specialist level, and greatly expand specialist certified practitioners availability to a large diversity of people
- Diplomate psychoanalytically-oriented specialists will be better represented in rural and lower income urban areas than is true presently

- The exam process and certification requirements draw heavily from both the cultural competency and humility models, both of which are lacking at the level of licensure

Our Profession

- The ABPP in psychoanalytic/psychodynamic psychology will formally legitimize psychoanalytic/psychodynamic as a credentialed specialty with a robust evidence base
- The great variety of post graduate psychoanalytically oriented training programs will be credited towards a specialist credential (e.g., psychotherapy, couples and families, group, etc). As it is now, there is no entity that recognizes and certifies postgraduate training in broad array of applications of psychoanalytic/psychodynamic psychology

Appendix G: Racial/Ethnic/Cultural Background

- | | |
|---------------------------------------|------------------|
| 1. European/White | 38. Congolese |
| 2. Black or African American | 39. Bavarian |
| 3. Hispanic | 40. Greek |
| 4. Asian American or Pacific Islander | 41. Czech |
| 5. Native American or Alaskan Native | 42. Korean |
| 6. Middle Eastern/North African | 43. Chinese |
| 7. Biracial/Multiracial | 44. Croatian |
| 8. Jewish | 45. Viking |
| 9. Ashkenazi | 46. Cuban |
| 10. Italian | 47. Dutch |
| 11. American | 48. Mongol |
| 12. Irish | 49. Egyptian |
| 13. Scottish | 50. Kartvelian |
| 14. European | 51. Canadian |
| 15. Indian | 52. Mexican |
| 16. Métis | 53. Somali |
| 17. German | 54. Lebanese |
| 18. English | 55. Israeli |
| 19. Welsh | 56. French |
| 20. Anglo | 57. Colombian |
| 21. Australian | 58. Lithuanian |
| 22. Arab | 59. Ukrainian |
| 23. Hungarian | 60. Iranian |
| 24. Puerto Rican | 61. Iraqi |
| 25. Latinx | 62. Cambodian |
| 26. Polish | 63. Seneca |
| 27. Catholic | 64. Iroquois |
| 28. Brazilian | 65. Persian |
| 29. Portuguese | 66. Presbyterian |
| 30. Swedish | 67. Romanian |
| 31. Protestant | 68. Slavic |
| 32. Russian | 69. Taiwanese |
| 33. Norwegian | 70. Turkish |
| 34. Armenian | 71. Uruguayan |
| 35. Buddhist | 72. Austrian |
| 36. Christian | 73. Spanish |
| 37. Nigerian | 74. Scandinavian |

Appendix H: Disorder Classification

Given the number of diagnoses listed and endorsed within the survey, the following table has been used to classify the broad range.

Diagnosis Categories	
	General/Regular
Anxiety	
Mood Disorder	
Adjustment Disorders	
Dissociative Disorder	
Somatic Disorder	
Other Adjustment	
Specific Diagnosis	
	Socio/environmental
PTSD	
Stressors	
Marital Distress	
Sexual Abuse	
Family Distress	
Racial Trauma	
Medical Distress	
Sexuality	
Gender	
Economic Stress	
Sexual Dysfunction	
Immigration	
Intimate Partner Violence	
Violence	
	Sever and Persistent Mental Illness
Psychosis	
Schizophrenia	
	Personality Disorders
Personality Disorders	
	Addiction
Substance Use/Abuse	

Appendix I: Authorization to Use Material



Ted Ellenhorn

Re: Dissertation for WEX

To: Rebecca Moussa

Yesterday at 7:36 PM

Dear Rebecca,

As the author of the General Survey Cover Letter, ECP and Graduate Student Letters, Division 39 Local Chapters Cover Letter, and the ABPP Letter, I give you permission to publish all of them as part of your dissertation. All of these were public documents and were previously made public during the APA petition period of public comment.

Best,
Ted