1). Introduction: Developmental processes for analysts and patients.
How are people more or less able to negotiating differences, hold multiple perspectives, and risk change?

2) Psychoanalytic Training: What it does to us? What it does for us?
How does our thinking emerge and become psychoanalytic? How does this change and become an integral part of the psychotherapy we conduct? Has it been a good therapy?
3) Is there a meaningful distinction between analysis and therapy? If such a distinction exists, is it one of frequency, process, focus, or outcome? Does one preclude the other? Are they foreground-background phenomena? Are they aspects of intimate relatedness that emerge as need be? As part of our training experience do we naturally transform our analytic thinking into therapeutic action?


4) Considerations of Difficulty. The difficult patient and our own therapeutic difficulties in working with them. Our needs to become creative with patients in order to be therapeutic, and how do we explain this? Parameters: The increasing use of parameters in psychotherapy.


5) Leaving our training behind us and doing our work intuitively. This topic is very broad and it is meant to be. Among its implications is the freedom that we acquire from our own analyses and the courage that we gain to act originally.


Casement, P. Ch. 5 “Hate and Containment.” In *Becoming a Psychoanalyst*, New York: Routledge.


8) Collusions. What do we know? What we do not know? What we do not know that we do not know? What we know we have to do to engage a patient.


9) Good outcomes: How we got there. Case Examples.


Interruptions and Terminations from Contemporary Relational Perspectives.