The New Jersey Institute for Training in Psychoanalysis
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SUPERVISION/CONTROL YEARLY EVALUATION

Candidate's Name: _____

Candidate's year in program: _____

Date Control or supervision began: _____ Is this the candidate's 1st ____ 2nd ____ 3rd ____ control ? (Please check one).

Are you supervising a 1st. year candidate (circle one). YES NO

Your control/supervision expected completion date: _____
Number of sessions up to date: _____
Number of hours of personal analysis and frequency of sessions: _____
Number of patient hours, frequency of sessions, and location of sessions: _____

Please assess the candidate's clinical work in the following categories:

1. Ability to present a case.

2. Appreciation of unconscious processes and derivatives.

3. Awareness of resistances, transference, and countertransference.

4. Ability to maintain the psychoanalytic frame (missed sessions, fee collections, ruptures in the process, premature or mutually agreed terminations, optimal neutrality).

5. Ability to understand the differences between neuroses, character traits, character, and personality disorders.

6. Ability to present the dynamics of a case using theory.

7. Ability to allow the patient to direct his/her/their own process without the candidate's goals, ideas, judgements, desires for the patient interfere with the process (candidate "working hard" "setting goals for patients", getting frustrated when the patients don't respond in the way candidate feels they should).

8. Candidate's awareness and implementation of ethics relevant to their own license/discipline and also the American Psychoanalytic Association.

In reference to the candidate:

1. Does the candidate exhibit the capacity to observe himself/herself/ themselves?

2. Is candidate able to take accountability for their own behavior and the way they approach their training? How well do the use the tripartite model of training?

3. Is the candidate open to feedback (does not become defensive)?

4. Has the candidate shown clinical and personal growth during the time you have been supervising the candidate?

5. Has the candidate fulfilled classrooms requirements?

6. Does the candidate have any outstanding papers or assignments?

Please provide feedback on candidate's readiness to affiliate with The Clinic (if applicable).

If the candidate has completed the fifth-year courses, please provide feedback on the candidate's readiness to begin working on the final case presentation.

If the candidate is ready to submit an outline, has she, he, they submitted the appropriate forms to the Training Board?

Does the candidate have a final case committee? If so, please provide the name of the committee's chair.

Incorporate here comments from the training board and a summary of instructors' comments (to be provided and discussed during the annual supervisory meeting).

Summary of your personal comments:

Areas that are recommended for continuing development and growth:

I (control/supervisor) have shared this evaluation with the Training Board and they have provided me the feedback that I will be sharing with the candidate.

Yes____ No____

I (candidate) have discussed this evaluation with my control/supervisor and

I agree___ Disagree____

If disagree, please comment:

_____

_____ _____

Control/supervisor's signature and date Candidate's signature and date