

LETTER OF REFERENCE

To the Applicant:

Please ask two experienced psychoanalysts who know your work to complete these letters of reference. These may be colleagues, supervisors, or consultants and may be from any IPA or APsaA institute. However, each individual submitting a letter of reference on your behalf must have five years of postgraduate psychoanalytic experience, be certified in psychoanalysis or be eligible for board certification. You may meet with one or both colleagues to discuss your work and the letters of reference.

To the Applicant's Colleague, Supervisor or Consultant:

A colleague has requested that you provide a letter of reference in support of his or her application for Board Certification in Psychoanalysis. Letters of reference include a short questionnaire of 27 items as well as space for additional comments about the applicant and his or her work. When you have completed the letter of reference, please send or email the completed form to the CIPS Board of Examiners Administrator at the following:

Connie Stroboulis Administrator, CIPS Board of Examiners

Address: 11 Bunker Hill Drive, Manalapan, NJ 07726

Email address: Connies3@aol.com

Thank you for your participation.



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Name of Applicant for Board Certification:
Name of Analyst submitting this letter:
Institute Affiliations of the Analyst submitting this letter:
PART ONE: APPLICANT'S PROFESSIONAL CHARACTER
1. The applicant describes his or her analytic work clearly and openly, including uncertainties, technical problems, and personal challenges arising in his or her work with patients.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
 The applicant reflects productively on challenges arising in the course of clinical work in order to learn from his or her ongoing clinical experience.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
3. The applicant is aware of his or her own personal as well as clinical limitations in working with certain types of patients or situations.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:

4. The applicant actively engages in continuing efforts, through study and other forms of continuing education, to grow as an analyst.
_YES _NO _DON'T KNOW ADDITIONAL COMMENTS:
5. Is aware of own sensitivities and potential blind spots, and the effects of one's own style and personality on the patient
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
PART TWO: ASSESSMENT OF PSYCHOPATHOLOGY AND ANALYZABILITY
6. Has broad diagnostic knowledge and applies it in treatment.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
7. Demonstrates the ability to assess and understand the phenomena of the patient's psychopathology and make a clinical diagnosis.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
8. Understands the effects of and interplay among various intrapsychic factors such as internalized cultural norms, object relations, development, conflict, and deficit, as determinants of the patient's problems and psychopathology.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:
9. Studies and considers the analyst's strengths and weaknesses, cultural influences, interpersonal influences, and environmental stressors and supports as part of the assessment process.
_YES _NO _DON'T KNOW
ADDITIONAL COMMENTS:

10. Demonstrates espoused the		y to make a psychodynamic formulation, consistent with ation.
_YES	_NO	_DON'T KNOW
ADDITIONAL	COMMENTS	:
11. Demonstra	ates the abilit	y to assess the patient's suitability for psychoanalysis.
_YES	_NO	_DON'T KNOW
ADDITIONAL	COMMENTS	:
	, pathology, ir	grated judgment during the initial assessment when reflecting nterview process, and the pros and cons of analysis for any yst.
		_DON'T KNOW
ADDITIONAL	COMMENTS	:
13. Collaborat		RT THREE: CONDUCT OF TREATMENT rospective analys and in determining treatment goals and
plan for treatm	•	3
_YES ADDITIONAL	_NO COMMENTS	_DON'T KNOW
	•	tically to establish, cultivate, and maintain the treatment capacity to work within it.
		_DON'T KNOW
15. Maintains treatment.	a mature, eth	ical, and appropriate analytic attitude throughout the
	_	_DON'T KNOW

		acity for analytic listening, including empathy, openness, latent content throughout the treatment.
_YES ADDITIONAL	_NO . COMMENTS	_DON'T KNOW
17. Demonstr		motes an ongoing spirit of inquiry, curiosity, openness, and a
		_DON'T KNOW
	•	ginatively (can change perspective, tolerate uncertainty, on, and be open to surprise).
		_DON'T KNOW S:
19. Integrates and depth.	s theory with 6	experience near clinical processes, working both at surface
_YES	_NO	_DON'T KNOW
ADDITIONAL	. COMMENTS	S:
20. Demonstrinterventions.		uccinctness and sensitivity to the tone and timing of
_YES	_NO	_DON'T KNOW
		S:
		e understanding and use of transference phenomena and on within the transference.
_YES	_NO	_DON'T KNOW
ADDITIONAL	. COMMENTS	S:
22. Demonstr Transference		competence in working analytically with intense and persistent
		_DON'T KNOW
ADDITIONAL	. COMMENTS	S:

including the ar	nalyst's pers	understanding of countertransference phenomena, onal and unconscious reactions to the patient and the use of leans of understanding the patient's mental life.
_YES _	NO .	_DON'T KNOW
ADDITIONAL C	COMMENTS	:
	•	lefenses, resistances and transferences that obstruct ng when these become entrenched.
_YES _	NO .	_DON'T KNOW
ADDITIONAL C	COMMENTS	: :
occurring in the	e course of tr	e capacity to work analytically with challenging developments reatment, including enactments, acting out, negative e treatment relationship, impasse, and negative therapeutic
_YES _	NO .	_DON'T KNOW
ADDITIONAL C	COMMENTS	; <u> </u>
with ancillary m	neasures, ps	e capacity to assess and address, within the treatment or ychological emergencies occurring in the course of treatment ality, and psychotic regressions.
_YES _	NO .	_DON'T KNOW
ADDITIONAL C	COMMENTS	:
patient and the _YES	treatment, i	ss and attention to social and cultural issues affecting the ncluding gender, race, ethnicity, and sexual orientation. _DON'T KNOW