

WCSP TREATMENT SERVICE

PSYCHOTHERAPY TRAINING PROGRAM

Treatment Progress Report: **Due** at **20th** Supervisory Session

SUBMIT TO: Judith Berenson, 18 Tower Place, Mt. Vernon, NY 10552

Patient _____ Date: _____

Therapist: _____ Supervisor _____

Number of Sessions per week _____ Fee per session: _____

Total number of sessions to date: _____ Period covered: _____

Presenting problem as described by patient:

Presenting problem as conceptualized by therapist:

History of presenting problem and symptoms relevant to treatment: (state changes in the problems or symptoms since last treatment report):

Course of Treatment: (Include description of patient, identify patterns, central themes, core affects, patterns of thinking, feeling, relating, behaving and coping, and self-esteem issues; describe patient's participation in treatment, defensive patterns and resistances, nature of therapeutic relationship, transference and countertransference issues.)

Formulation of a psychodynamic understanding of the patient:

Patient's response to treatment interventions (i.e., progress towards treatment goals, development of insight, sense of agency, awareness of internal conflicts)

Changes in the Treatment Plan since previous summary. This should include problems in treatment, changes in frequency or treatment goals, and any referrals to an independent psychiatrist for a medication evaluation:

Diagnosis: Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Comments by supervisor:

Therapist Signature: _____

Supervisor Signature _____

Please use additional sheets as necessary.