

WCSPP TREATMENT SERVICE

PSYCHOANALYTIC TRAINING PROGRAM

Treatment Progress Report: DUE at **20**th supervisory session

SUBMIT TO: Elaine Bieber, 34 Turner Drive, Chappaqua, NY 10514

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 present problems and symptoms relevant to treatment (state changes in the problems or symptoms since last treatment report):

Course of Treatment (include description of patient; identify central themes, core affects, content of thought [i.e., suicidal/homicidal ideation, obsessive ideas, phobias, hypochondriac ideas, persecutory trends, etc.], patterns of 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):

Patient's assets and strengths:

Formulate 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 (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.