

WCSP TREATMENT SERVICE

PSYCHOANALYTIC TRAINING PROGRAM

Treatment Progress Report: DUE at **40th** 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:

Discuss nature of therapeutic impasses and the manner in which they were managed:

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):

What has been problematic for the patient?

What has been problematic for the therapist?

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 _____