



FINAL CASE PRESENTATION

STRUCTURE AND CONTENT REQUIREMENTS

The final case report communicates the candidate's readiness for graduation by using broad themes and moment-by-moment descriptions of live interactions to illustrate the therapeutic process and the analyst's understanding and appreciation of it.

While writing the report, you are showing the readers how you call upon the array of psychoanalytic thinking currently available to understand and describe people. The specifics of your formulation and treatment should correspond with the theoretical orientation you used in the analysis. You are expected to have some knowledge of the many possibilities as well as a rationale for choosing your approach

Below are the required report structure and the topics the candidate must address for the report to be suitable for the oral case exam.

I. FORMAT

The paper should be no more than 25-30 typewritten pages in length, double spaced, 12 point type. The candidate is free to choose any readable font for the text. Any pages of bibliography, which are encouraged, DO NOT count as pages of the paper.

II. GENERAL INFORMATION

A. Description of Patient

- 1) Demographic and observable characteristics needed to create an accurate image of the patient in the reader's mind. These generally include: a (disguised) name, age, gender, ethnicity, relational status, living and work situations, physical appearance, behavioral presentation, and mode of relating to the analyst.
- 2) The need to present an accurate image of the patient must be balanced with the ethical requirement of confidentiality. For guidance in disguising identity while preserving therapeutically relevant descriptors, candidates are encouraged to read Gabbard, G.O. (2000) Disguise or Consent. *Int. J. Psycho-Anal.*, 81:1071-108.

B. Impressions of Initial Session

C. Description of Treatment Structure

1) Frequency and duration of treatment hours, with cumulative total (e.g. twice a week for the first year, three times a week for 22 months, once a week for the last year for a total of 380 hours)

2) Introduction of the Couch

D. Presenting Problem

1) Patient's account of the reason for seeking analysis, including how long the problem has existed, previous efforts at treatment and current treatment goals.

2) The analyst's impression of the patient's motivation, openness and degree of insight, as well as any problems that are evident but not mentioned by the patient.

3) Initial psychodynamic diagnostic impression.

III. INITIAL PSYCHOANALYTIC FORMULATION

A. Your Theoretical Approach (summarize the basic elements of the theoretical approach you took with this patient)

B. Psychogenetic factors. Describe those aspects of the patients' development and early life history and their impact on current functioning.

C. Psychodynamic Formulation:

1) Developmental level

2) Character style

3) Attachment style

IV. COURSE OF TREATMENT

A. Provide examples of therapeutic process in the following areas:

1) Therapeutic relationship

2) Transference/countertransference

3) Resistance

4) Any additional areas central to your work with this patient

5) Dreams. Include at least one clinical example.

6) In your process recording give examples of clinical process between the analyst and the patient. These vignettes should reflect your interactions with the patient and give a flavor of the analytic relationship, your therapeutic style and your rationale for and feeling about your interventions. Please also include in this section:

- I. A description that explains your internal experience of this process (what you were thinking and feeling that led you to respond in the way you did).
- II. A transitional narrative that conveys your understanding of how this episode connects to previous, current and future work with this theme.

B. Evaluate the degree to which the analysis has met the patient's goals as well as the degree to which you met your goals as analyst.