Clinical Associate:

Case Number:

Patient Initials:

Consultant:

Date Consultation Began:

Date Of This Report:

Frequency Of Consultation:

Weekly:

Bi-Weekly:

Other:

Has this Case been Credited?

Yes:

No:

If not, do you recommend that the Progression Committee Credit the Case at this time?

Yes:

No:

Consultation Hours this period

Consultation Hours total:

Case Reports (Check if completed; Mark "X" if reviewed and approved)

Initial report:

six month report:

1st year report

2nd year:

1 year six months:

2nd year report

3rd year:

2 year six months:

3rd year report:

4th year:

3 year six months:

4th year report:

5th year:

4 year six months:

5th year report:

Termination

Summary:

Please consider and comment upon: Progress of the patient, progress of the analyst, the consulting process and the analyst's written reports.

Please use the following outline as a guide to comment upon the following issues as appropriate (including indications of both the clinical associate's strengths and areas where improvement is needed, and how the clinical associate is performing relative to his/her phase of training):

I. Appraisal of the Clinical Associate's Ability to Begin an Educational Consultation Analysis

1. Ability to formulate initial diagnosis and dynamics2. Ability to formulate indications for analysis and assess analyzability of this patient. (If this is a conversion, then comment on the clinical associate's understanding of and ability to deal with the particular issues which arise in a conversion case.)

3. Ability to establish a working alliance.

4. Ability to initiate the analytic process

5. Ability to establish the frame of the analysis.

6. Recommendations for remediation of any problems identified.

II. Ongoing Educational Consultation Analysis

1. Ability to recognize resistances in the hour.

2. Ability to recognize transference.

3. Ability to recognize conflictual issues.

4. Ability to interpret appropriate material.

5. Maintenance of working alliance.

6. Tolerance of patient's conflicts and regressions.

7. Ability to formulate the dynamics

8. Recognition and use of countertransference.

9. Issues with the consulting itself.

10. Are there suggestions for remediation of any problems identified?

III. Termination

1. Ability to recognize and formulate indications for termination.

2. Ability to enter into this phase with the patient.

3. Ability to deal with issues of termination.

4. Ability to recognize and use countertransference during this phase.

5. Recommendations for remediation of any problems identified.

IV. Ability to do Independent Work

1. To what degree is the clinical associate working and thinking independently?

2. To what extent is the clinical associate working and thinking increasingly without the need for

consultation?

3. Has the clinical associate become his/her own authority for his/her thinking and work?

4. Is the clinical associate ready to do analytic work without consultation?

Please send this report to the Institute office for filing. Copies will be sent to you and to the clinical associate directly from the SPSI office.