APPENDIX

GUIDELINES FOR REPORT WRITING

Adapted from, Stephen B. Bernstein, M.D. *Guidelines: Comments on Treatment Report Writing and Describing Analytic Process*

These guidelines apply for the long written reports. The other (brief, 5 page) report about the analysis which will be presented at the interview needs to be only a summary of that analysis. It is for the purpose of acquainting the committee with the (third) patient, and should include an overview of the analysis and an introductory summary of specific area(s) to be addressed by the process material presented at the interview. (See pp. 3 and 16.)

There are various ways of conveying the work of an analysis, which is why the committee has never provided examples of "acceptable" case reports. These guidelines, however, are presented in the hope that they will assist applicants to select, organize, and convey their work clearly.

The ability to do analysis does not always progress at the same rate as the ability to readily write about it. Skills in writing may vary, and training in describing analytic processes is given different emphasis at various Institutes. In addition, the perspective necessary to write convincingly about an analysis may mature over differing lengths of time in different analysts, and some educators believe this occurs only many years after graduation. Since writing skills vary, the opportunity to demonstrate analytic competence and understanding is also provided by means of an interview. The committee regards such collegial discussions as an opportunity to gain more information, and it is hoped this will lead to a fuller appreciation of the applicant's analytic abilities.

Description of the Analytic Process

The rendering of a psychoanalysis conveys an understanding of basic analytic ideas, a conceptualization of the patient's mental functioning and internal experience, and how the analyst facilitated and understood the process of movement and change which occurred in the analysis. The written report of an analysis is at best an approximation, since the subtlety and complexity of the forces at work are only gradually and imperfectly revealed. A description of the process is a narrative of what happened in the analysis; how the analysis evolved, one thing leading to another, as a result of the work between analyst and patient; what the patient experienced and expressed, how the analyst understood this, what the analyst did with this understanding (including what

the analyst said to the patient), and what effects the analyst's interventions had on the patient

Psychoanalytic process is effectively described when it draws the reader into a sense of having been a participant. A well thought out and integrated description often illustrates a number of carefully chosen themes (selected from the hundreds which may have been present in the analysis), those that are seen as significant for that patient and that analysis. The description can be illustrated with short quotes, examples of dialogue, paraphrases, and vignettes interspersed in the narrative sentences. Verbatim dialogue can be used effectively to make the analysis come alive for the reader. Work with the patient's dreams can be significant, especially as the analyst understands and participates in their interpretation.

Formulations

Formulations and conceptualizations do not necessarily have to be articulated directly in the report, as understanding of these can be conveyed through the narrative of the work itself. Nevertheless, it is sometimes helpful to occasionally step back from the rendering of the course of the analysis to present how it was understood at a specific time, thus alternating what occurred in the analysis with a brief formulation of the process. These interspersed short formulations can explain, expand and enrich the understanding of what took place and can provide a continuity of awareness of the ongoing shape of the analysis for the reader. This type of formulation can be useful in reflecting on a sequence of analytic events, carrying the reader along in the description, or giving an overview of how or why the analysis is progressing or why a specific change in the patient or transference has occurred. This may be captured by statements such as: "I understood this to mean...", or "Over the prior two months I sensed a change in...", or "I saw this sequence as a result of..." Lengthy and/or intellectualized formulations tend to replace the narrative of the analytic story and remove the reader from being able to experience what it was like in that analysis.

"Talking about" or summarizing the analytic process is a somewhat distant observation about the process. It lacks immediacy or a sense of involvement, and discusses the process as if it had already been demonstrated. By itself, it refers to issues assumed to have been described when this is not the case. Without the original process upon which to reflect, the reader may feel confused and unconvinced in reading about the dynamic meanings of undemonstrated events. For example, when condensed statements, such as "the maternal transference was interpreted" are made without further explanation, the reader is left to guess what actually happened. However, after the process has been clearly shown, this more global description may be a useful way of moving onward and providing a transition to the next segment.

Helping the Reader Understand the Work

It may be helpful to write about your work as if you were speaking to the reader or to another colleague. Choose basic ideas or themes, segments of process, vignettes, dreams, etc. that help convey your work and analytic judgment. For example, you may want to convey what led you to say something at a certain time or to remain silent. In doing this you may describe what led to your decision, such as your sense of a shift in the patient's defenses; or your internal experience, associations, self-reflection, counter-transference awareness, or supervisory discussions. If, on reflection, you would now handle something in a different way, describing how you would see and do things differently could be very helpful.

In conducting the analysis, you will have heard the layered analytic material in a sequential or serial manner and have had the opportunity to *think* about it over a period of years. In presenting the analysis to the reader, however, remember that the reader has not been there and can not be expected to keep all the facts in mind and perform the integrating functions you have been able to do over time. Writing too closely from process notes, or from periodic reports of the analysis submitted to one's Institute, may not be helpful since such a report may require of the reader an immediate grasp of sequential unintegrated material.

One way of selecting what you feel is central in the analysis is to quickly outline the analysis as you would to a colleague and note on what you would choose to focus. You may find that you have highlighted the essentials of the process. This exercise may serve both as an outline for your subsequent writing and as an overview of the analytic process, which can introduce your report and guide the reader. Such an initial brief summary of the analytic process, as well as an occasional brief commentary on the process, will keep the reader involved and oriented to what you are describing.

Organization of the Report

In organizing the treatment report you may want to briefly sketch out issues in the patient's history that are essential to understanding the course of the analysis, and allow further history to emerge in the analysis. The report should be written in a manner which protects confidentiality. You may want to describe your evaluation of the patient's analyzability both at the time of the beginning of the analysis and currently, if you now see this differently; and, if the patient has been in a prior psychotherapy with you or someone else, how this may have facilitated or otherwise affected the analysis. A brief initial summary of the analysis may help guide the reader.

You may choose to present the analytic process in one of many ways: as a continuous flow of interwoven themes, issues, and interactions; divided into defined beginning, middle, and termination phases; as specific issues of transference and resistance, how these evolved, and how you worked with them; or you might emphasize interwoven themes central to the patient's dynamics, e.g., adoption, loss, specific trauma, etc. In general, jargon is not helpful, long theoretical discussions are rarely warranted, and if you use terminology, be sure your understanding of these terms is clear, i.e. "opening", "middle", and "termination" phases; "working through"; "transference neurosis".

Finally, you may want to provide a brief summary or formulation at the end of the report, including your understanding of the gains and limitations of the analysis. This summary may not be necessary, however, if you have clarified your understanding as you went along. When in doubt, spend less time and space on history and summary and more on describing the analysis.

Ending of the Analysis

One of the elements of a successful analysis is the patient's entry into a termination phase prior to and as part of the completion of the analysis. While an effective termination process is considered to be the outcome of an effective analysis, this can be relative in each successful case.

If the treatment ended, describe your understanding of the nature of this ending. If there was a termination process, describe how the analytic work evolved to that point. Describe how the issue of termination arose, how it evolved and was worked with analytically, and the symptomatic and intrapsychic changes that led you and the patient to feel termination was appropriate. If the termination process was less than "ideal," describe your understanding of its limitations. Likewise, when there was an unplanned termination or the analysis was interrupted, discuss this process and your understanding of it. Finally, if there was post analytic contact, how did you understand the rationale and dynamics of such.

Your Theoretical Point of View

You may want to relate your conduct of the analysis to the theoretical perspective in which you understood the patient and viewed what was occurring. Importantly, it should be noted that extensive theoretical discussions are not necessary. Many excellent reports avoid this and instead allow the analyst's orientation to become apparent in the narrative of the analytic work. The committee does not represent one

assumed that we regard the conflict model, emphasizing oedipal level issues, as the "true psychoanalysis". This is not the case, and trying to reinterpret your ideas in this context may hide your work and convey a constricted picture. In addition, the assumption that the committee is focused only on oedipal derivatives has often led to a failure to address work with significant pre-oedipal and developmental issues. In an attempt to provide what is incorrectly assumed to be expected, the analytic process may be presented or reinterpreted only in relation to higher level conflicts. It is our experience that when case reports omit the analyst's understanding of and work with both early and later developmental issues, the reports seem stereotyped and constrained. We are aware that you may employ various theories in order to understand and communicate your work with a specific patient. What is important is that you clearly explain your ideas (preferably through the narrative), show why they have meaning and usefulness for you with the patient, and convey that they have some internal consistency in your work.

Some Questions Which Have Initially Limited a Positive Recommendation for Certification

The committee has found over the years that there are certain omissions or lacks of explanation in reports that raise questions and thus do not allow a recommendation for certification at the time of the initial application. The interview process has often clarified these areas. We offer for your information some of the most frequent issues, in the hope that they may be anticipated and addressed, and thus facilitate the certification process. Questions have arisen when reports have not *shown* analytic process and the analyst's participation, but instead have only summarized or formulated the process. In other reports there was no adequate discussion of the patient's analyzability. Sometimes, the analyst seemed to have adopted a more psychotherapeutic stance without seeming to be aware of this or discussing the necessity for the shift. Here, the issue is not the adherence to a narrow concept of analysis, but our need to have a sense of what the analyst conceives of as an analytic stance, and some reflection on clinical issues which may necessitate a change.

As peers we realize that not every attempt at psychoanalysis will be successful. Even problematic cases may be useful for the purposes of certification, if you retrospectively discuss your grasp of the problems involved and how you might now deal with the difficulties encountered. Of course, if the problems with a case prevent the demonstration of an analytic process, it would be difficult to meet the requirement with that case. In addition, questions have arisen when the implication of certain events in the analysis or material, suggesting significant dynamics, were not discussed and thus their understanding could not be assessed. For example, if a patient has been referred to a colleague for the management of medication or for couples treatment, some

reflection on the impact of the recommendation on the analysis should be discussed. Similarly, when an analysand interrupts treatment, is unable to abide by the agreed upon frequency of appointments, or is unable to use the couch, or when there is a perception of a lack of progress, it is important to discuss how these were understood and worked with, and what the outcome was.

Questions have arisen when the analyst seemed to have a bias toward interpretation at a level consistently felt to be "off the mark"; when there was a consistent failure to interpret certain important transference themes or conflicts; or when there was a lack of inclusion of certain specific material, such as how the analyst dealt with dreams. Finally, the committee has had to ask for more information because of the lack of a full description of the process involved in the termination; how termination arose, how it was considered, and how it evolved.

Comments About Writing the Treatment Report of a Child or Adolescent

A frequent difficulty noted by the Committee in assessing the application for Certification in Child and Adolescent Analysis is the omission of the characteristics of work with this particular kind of patient. These characteristics may include the setting in which the treatment is conducted; the giving of gifts and snacks; the handling of fees, arrangements, and transportation; the mobility required of the analyst; the participation in play and games and the active nature of interventions with children; and work done with parents in support of the analysis. Sometimes reports are written as if work with children and adolescents is so similar to work with adults that the differences need not be mentioned. Consequently, the report falls short in conveying essential interactions in the process of the treatment, and more information may be requested.

GUIDELINES FOR INTERVIEWING

The brief report (see 4A, p. 3; and p. 10, top) should introduce a third case and provide a summary of the analysis, highlighting its important aspects.

For the interview, it can be helpful to choose session material which focuses on one important aspect of the analysis with that patient. The material might be about a central aspect of the transference; work with an important resistance; work with an important dynamic theme or piece of the patient's past; the uncovering of material central to the analysis; a turning point in the analysis; etc. Use the session material to demonstrate the issue and how you worked with it. You might choose a few sessions in sequence, or sessions which are taken from various periods of the analysis and demonstrate the

same issue over time, or show progress. Material which does not include some work in the transference will probably leave something to be desired.

The interview is an opportunity for you to talk informally about how you think and work analytically. Any questions which arise from the Committee's initial review of the (two long) written reports will likely be integrated into the work presented on the third patient at the interview, and vice versa. We are hopeful that, in this way, a collegial discussion can ensue.

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