

Guidelines for Written Work

A. Initial (or Three Month) Summary

Writing an Initial Summary of your thoughts regarding a new analysand can be quite valuable as you embark on a new treatment, even for the most experienced analyst. This assignment asks you to pause shortly after the analysis begins and organize your thoughts about the patient and the treatment you have begun. Once you have written it, you should be able more confidently to answer a few key questions:

- What is the nature of the patient's problems that will be a focus of treatment?
- How do you imagine these problems may have developed?
- How might psychoanalysis be able to help the patient?

The Initial Evaluation should be no more than 6 pages (double spaced, 12 point font, usual margins). It should be organized as follows:

1. Identifying information (approx. one paragraph)
2. Chief complaint (approx. one paragraph)
3. A short developmental/social history of the patient (1-2 pages).
4. Your initial diagnostic assessment of the patient (what's the nature of the patient's problem) including structural and DSM-V diagnoses.
5. Your psychodynamic formulation (how did the patient come by these problems?)
6. Your understanding of the indications for psychoanalysis (why psychoanalysis and how might it help?)
7. Your speculation about what the treatment might hold in store for the two of you.

B. Annual Summary

The Annual Summary builds upon your Initial Summary. It is an opportunity to fill in key pieces of history that you have learned, refine your diagnostic assessment and formulation, and importantly, describe the course of the analytic treatment. The techniques needed to write a rich and persuasive annual summary are taught yearly in the writing course.

The Summary should be no longer than 10 pages in length (double-spaced, 12 point font, usual margins). It should be organized as follows:

1. Identifying information (approx. one paragraph)
2. Chief complaint (approx. one paragraph)
3. A short history (1-2 pages), even if you've written up the same patient before. This should include the seminal elements of the patient's history, particularly those which are important to the way in which the treatment unfolds. You may choose to introduce history that emerges later in the treatment in the context of the analytic process in which it was produced.
4. Initial diagnostic impressions, including structural diagnosis and DSM-V diagnoses.
5. The treatment* (approx. 7 pages). This section will be the bulk of the write-up and should tell the story of the treatment to date.

*A successful treatment narrative generally includes most or all of the following:

- **Experience-near** descriptions that take your reader into the room with you and your patient. Counter-transference descriptions tend to be especially effective.
- **Verbatim examples** of the he-said-she-said. These might include dreams, fantasies, interpretations, reactions, etc. — the moment-to-moment exchanges that we sometimes call micro-process.
- A **trajectory**. We want to hear *how things have changed between and within your patient and you* over the course of the treatment. How does the transference change? How does the counter-

- transference change? How about the way in which you two relate to each another?
- Above all, **your analytic thinking**. An effective write-up toggles back and forth between what's going on in the room — spoken language, body language, dreams, symptoms, *feelings in you*, etc. — and *what you make of it once you come up for air*. We're all awash in confused feelings and thoughts during an analysis, and we want to hear that, but we also want to hear how you've come to understand these experiences, and what you've done to plow them back into the treatment in an effort to help your patient.
 - **Relatively little jargon**. We'd rather hear it from you in your own words.

C. Termination Summary

The Termination Summary should describe the process leading up to termination and provide a summary of the clinical process during the final months of analysis.

It should include:

1. A description of who initiated discussion of ending the treatment including the circumstances of the discussion, amount of time between the discussion, setting the termination date and actually ending the treatment
2. Prominent transference and countertransference paradigms activated during the discussion of termination
3. Re-working of central themes and emergence of new material during the termination phase
4. An overview of gains made in the analysis and possible issues/topics left unanalyzed
5. If analysis ended pre-maturely or in a stalemate, describe the dynamics of that process

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The Training Committee