NPSI Guidelines for Control Case Final Summary Report (5-7 pages maximum)*

**Frequency of Reports:** A final report summarizing the treatment is submitted for each of the three (3) control cases. This report is in addition to the six-month report at 12 or 24 months depending on whether it is a one-year or two-year control case.

**Procedure:** After all of the six-month reports have been submitted and approved by the Progression Committee, the candidate writes a final report. As with six-month reports, the supervisor first reviews the draft and offers suggestions for revision if needed. After the supervisor approves the report, a copy is emailed to all members of the Progression Committee. Ideally, the final report should be submitted within three months of completing the required hours for a control case.

**Guidelines for Summary Report:** The primary goal of this final summary report is to bring the analytic experience over the entire timespan of the control case to life for the reader. Additionally, it should demonstrate the candidate’s ability to create and work within an analytic process.

The report can be organized in whatever way makes sense to the candidate and according to the themes of the work. That said, it should be written such that a reader who has not seen any of the previous reports will nevertheless have all of the information needed to understand the patient’s history, motivation for entering analysis, and presenting problem(s). Identifying information and background data should be no more than one page.

The course of analysis can be organized in one of several ways. For example, in some instances the analytic work may best be organized and described in terms of beginning, middle, and end segments. In other cases, the phases of analytic work may lend themselves to being described as nodal psychic events or transformations in the transference and countertransference. The possibilities are many, and may benefit from being discussed with the candidate’s control case supervisor prior to beginning the writing process.

Whatever the organization of the report, each phase should be represented by one or more “experience near” descriptions of the analytic process. With each vignette enough material should be included to support the candidate’s understanding, subsequent intervention or interpretation, and the patient’s verbal and/or non-verbal response. A
vignette thus described should allow the reader to observe whether the patient progressed or regressed at that moment in the treatment. Additionally, a vignette should illustrate how the candidate endeavored to support an analytic process and/or how various resistances or obstacles to healthy growth and development were addressed.

A successful final report will convey the patient's modes of communicating and the analyst's style of intervening and interpreting. The candidate is invited to include self-reflection on technical errors, impasses, and as-yet-unaddressed themes in the transference and countertransference. If the case is interrupted or terminated by mutual agreement this too should be described in detail.

If pertinent, the candidate may wish to comment on how the supervisory relationship or being an analyst-in-training impacted the analytic work with this particular patient.

* This final report should be written within three months (maximum) of completing required treatment and supervision hours for the case. After this report is reviewed and approved by the supervisor it should be submitted by the candidate to the Chair of the Progression Committee for final consideration and approval.