



Northwestern
Psychoanalytic
Society & Institute

NPSI Guidelines for Control Case Six-Month Report (5 pages maximum)

Frequency of Reports: Six-Month Reports are written after the Initial Report needed to begin a control case at 6, 12, 18, and 24 months for a two-year case. Six-Month Reports are written after the Initial Report at 6 and 12 months for a one-year control case. A final summary report is also required for completion of control case requirements (see NPSI Guidelines for Control Case Final Summary Report).

Procedure: After the report is written a copy is given to the supervisor to evaluate. The supervisor may suggest revisions based on their understanding of the candidate's work with the patient. After the supervisor approves the report, a copy is emailed to all members of the Progression Committee. These reports should be written and discussed with the supervisor within two months of completing the six-month reporting period.

When approved by the supervisor, a hardcopy of the six-month report along with signed copies of the Candidate's Six-Month Report of Supervision Hours and Supervisor's Six-Month Evaluation of the Candidate should be submitted to the Chair of Progression. Additionally, an electronic copy of the report should also be emailed to the Chair of Progression. This documents when the report was submitted and allows the Chair to distribute an email copy to other members of the committee.

Guidelines for Report Writing: The report is a summary of the analytic process during the six-month period being considered and the candidate's formulations about what is developing. Each report should include an introductory paragraph recapping identifying information, when the analysis began, and other pertinent details about the case. This helps the Progression Committee whose membership may change over the course of the candidate's training orient to each report without needing to read previous reports (although they may have done so).

A six-month report should describe what has happened in the analysis and how it has progressed (or failed to progress). Selected themes illustrated by clinical vignettes help the reader to understand how the candidate views the patient's experience. Furthermore, vignettes show how the candidate applied their understanding in making interventions and/or giving interpretations. Finally, vignettes should include enough material to show what effects interventions and/or interpretations had on the patient and in shaping the analytic process. Ideally, vignettes should include three items: 1) What the patient said (or the nature of their communication if non-verbal); 2) The candidate's intervention or interpretation; and 3) What the patient said or did in response to the analyst's

intervention. Vignettes may include other elements, such as the candidate's countertransference experience and/or understanding of the transference at the moment of intervening.

Clinical material may be alternated with brief formulations and conceptualizations about the analytic process. Well-founded theoretical formulations articulate the candidate's understanding of transference and countertransference, of defenses and resistances, and of other factors contributing to, or interfering with, psychic growth and development. In short, a report should inform the reader of the salient facts about what is taking place in the analysis as well as the candidate's understanding about the emotional meanings of these facts.

The conclusion of a six-month report should include speculations about the direction of the analytic work and/or questions or themes the candidate hopes to explore with the control case supervisor.