



TREATMENT PROGRESS REPORT

Maximum, 10 pages, double-spaced, 12 pt. font –longer reports will be penalized or rejected. Covering the period from the end of the assessment to current date – or from last progress report.

OUTLINE OF TREATMENT PROGRESS REPORT:

1. Identifying CICAPP data (use COVER SHEET)
 2. Referral source and reason for referral: Presenting problems
 3. Updated Sources of information
 4. Theoretical Framework
 5. Work with the parents
 6. Treatment Process
 7. A) Transference Observations B) Countertransference Observations
 8. Formulation
 9. Treatment Recommendations
 10. References in Pep Web or APA format
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Treatment Report Section Details

1. Identifying CICAPP Data

- a. Indicate Treatment Case A,B,C,or D
- b. Pre-school, latency, adolescent
- c. Gender
- d. Age and grade
- e. Supervisor
- f. Number of supervision hours to date
- g. Date case began
- h. Date of report
- i. Number of DCC to date

2. Referral source and reason for referral: Presenting problem

3. Updated Sources of information: if applicable

- **Reports**, such as school, medical, psychiatric and assessment reports.
- Sources of information must be attributed to the authors of those reports with a brief summary of findings. Always reference when using information from these sources in the body of your report.

- **Contacts** with teachers, social workers, doctors, other family members

4. Theoretical Framework: Two Guiding Theoretical Concepts



You may continue to use the two theoretical concepts used in your Assessment report or you may choose to change theoretical concepts according to your new understanding of the child.

The theoretical framework is an important aspect of the report. It is the lens through which you are seeing and understanding the child. The Theoretical Framework is related to the Formulation, in that it highlights very significant aspects of the child's development, experience and/or ways of relating.

Briefly describe 2 theoretical or developmental CONCEPTS (not theoretical models or fields of study), which helped you to understand the child. The concepts and their relevance should be no more than one page, double-spaced.

The child does not need to be referenced here as these concepts will be seen in your clinical material and formulation. It is essential that psychoanalytic terms be defined when introduced. Ideas should be attributed to their authors and source of all readings. Please add all references using the PepWeb or APA format at the end of the report.

5. Work with the parents:

Update since assessment or last report of any pertinent information relating to the child and / or family; changes, illnesses, births, deaths, traumas.

- Summarize how the parents have perceived and worked with you during this phase of the treatment.
- Describe any gains the parents have made in terms of understanding their child through their work with you.

6. Treatment Process:

Describe the current therapeutic work with the child since the last report. Make note of changes or impediments to change. **Use 2-3 clinical vignettes** to illustrate the treatment process you are referring to.

7. a) Transference Observations

Please describe the type of transference observations and provide clinical examples to demonstrate your understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Please describe the type of countertransference experienced by you and provide clinical examples to demonstrate your understanding of your countertransference in relation to:

- the child
- the parents



-the teacher/school if applicable

8. Formulation

Always refer to earlier formulations and revise or expand according to new understanding. Do not hesitate to completely rework earlier hypotheses if you think it is warranted. There is no negative inference drawn by the SPC when earlier formulations are discarded. Formulations are meant to be working hypotheses.

Formulation

***The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.**

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);
- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for the child's representational world – conscious and unconscious patterns/styles of perceiving, relating, organizing, and reacting - as a consequence of significant relationships, events, genetic endowment, and other factors.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

Not more than two pages.

9. Treatment Recommendations:

There must be a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case. Include other treatment interventions – or no treatment interventions if that is the case.

Example:



1. Child's name, is recommended for once or twice weekly psychotherapy to address issues related to:
 - a)
 - b)
2. Parents are recommended to attend parent consultation meetings with_____, and the time frame (ie monthly) to address_____.

10. References

All references must be in PepWeb or APA format