

NYPSI, Course 101: Writing Descriptions of Psychoanalytic Process- I

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Elements of a Clinical Report

Below are some important elements of a clinical report, arranged in an order that often flows well. Perhaps you have written short clinical vignettes – descriptions of important moments in treatment – in prior writing classes. Vignettes of that sort might fit in *any* portion of the report you write, but will likely be most essential in descriptions of treatment process (8th bullet point, below).

These guidelines are meant to be used flexibly. Underlined phrases *might* be section headings (or not). In some instances -- e.g., a medical history with implications for treatment -- you might want to add a section not included here. However you structure a report, it may help to keep this in mind: the general flow -- within a paragraph or vignette, and across the report as a whole -- is from *observation* to *inference*, from the *patient's understanding of herself* to *your understanding of her*.

In keeping with the observation-to-inference principle, and to illustrate the kind of flexibility I have in mind, consider how you might choose to report on a major, traumatic* event in the patient's life. If your patient identifies a traumatic event as a reason for seeking treatment, you can say so in the opening of your report – the section I'm calling Introduction / reasons for seeking treatment / consultation or treatment context (choose any two or three of these words, or your own words, to head the opening paragraphs of your report!). But suppose a patient mentions in passing, in your first meeting – as if it were of little import -- an event that strikes *you* as traumatic. Where in your report does *that* go? In the Introduction, you might mention the potentially traumatic event, and draw readers' attention to the fact that your patient did *not* consider it among reasons to seek treatment. However a traumatic event is first presented to you, full exposition of a *recent* trauma may fit most naturally under Current circumstances; exposition of a distant-past trauma, perhaps under Developmental history. In reporting on Treatment process, you might describe how work around the event has unfolded over time (or, tell readers if you're not there yet – and why you think that might be); and when you offer your Current understanding of the patient, you might speculate about its psychological implications.

- Introduction / reasons for seeking treatment / consultation or treatment context: May be easiest to write when you've finished everything else. The essential demographics (age,

* A note about “trauma,” and “traumatic”: I don't mean to lean into a “Big-T Trauma” view of pathology, here; certainly, “small-t trauma,” or “strain trauma” – the constant, subtle blowing of foul emotional winds, say – can be equally important. I'm just trying to convey concisely the various ways that *any* important element of a patient's history – or current experience -- might come to your awareness, and into treatment, over time. Different patterns of emergence in consultation / treatment call for different kinds of reporting.

relationship status, occupation, and anything else that's essential to know, reading forward: e.g., a major medical condition, or recent traumatic experience). Include a brief statement of the patient's reasons for seeking treatment, *as the patient understands them* (or, *understood them*, at start of treatment). Specify: are you reporting on an initial consultation? A therapy that you hope will become an analysis? A year's work with a patient already in analysis?

- Referral source / route to current evaluation or treatment: Did this patient come through the a clinic? Was he referred by a colleague (and if so, by a peer or by someone senior to you)? By a friend or family member? Self-referred, through an internet search? Is this someone you've seen in psychotherapy for a while, whom you're now trying to engage in psychoanalysis?
- Description: Try to capture your first, strong impressions of the patient – to help a reader see (and perhaps hear) this person as you did, when you first met them. As analysts, we're ultimately interested in the mind; but there are clues to inner life in every aspect of a person's appearance, dress, gait, gestures, vocal tone – sometimes even characteristic odors. No theoretical terms, please; just plain-English description (think “short story” or “character sketch,” not “case report”). Direct quotation (which may be approximate – okay to take some creative license, here!) may be helpful, especially in describing a person whose language is colorful. If your initial impressions of the patient have changed over time, let your reader know *how*; this is your first opportunity to convey any shift that has occurred in your sense of the patient.
- Current circumstances: With whom is the patient living? Where does s/he work? Relationship status, and – any children (or plans for children)? How does the patient feel about each element of his/her current life? (Note: as you get to know a patient over time, this section may expand. E.g.: at start of treatment, patient lived alone and had a lousy job; now, patient is in a relationship and has a more satisfying job.)
- Developmental history: Where did the patient grow up, and with whom? In what birth order position (and, were siblings notably close together – or far apart – in age)? Be sure to touch on schooling; any notable medical and / or socioeconomic struggles, in patient, parent, or siblings; any distinctly remembered (or suspected) traumatic event. Write the developmental history so that your reader understands how your patient got from “there and then” to “here and now,” and can perhaps begin to hypothesize – along with you – about psychological components of that journey. (This section, too, may expand as treatment progresses. E.g., you might add that in the third year of analysis, you learned of a particular childhood trauma.)
- Prior treatments: Not relevant for patients who've never before been in treatment. If prior treatment history is minimal, it might be covered elsewhere – as, say, part of the developmental history – rather than in a separate section. But if there's a complex and/or extensive history of prior treatment, this topic may warrant a section of its own. (And if prior treatments *do* warrant a section of their own, you may find that this heading fits most naturally elsewhere in sequence – e.g., before developmental history.)
- Initial impressions: Your dynamic / diagnostic understanding of the patient at the outset of treatment, written with as little technical jargon as you can manage. (Note: if you're reporting on a treatment of some duration, you may also write – later in your report – about

developments in your understanding.)

- Treatment process: Rich, experience-near description of treatment process. What actually unfolds, between you and your patient, in the consulting room? (Here, the sort of vignette you've been developing in this class will be especially useful.) You might select memorable moments from treatment to show: a typical exchange between you and the patient, early in treatment, and what you made of it; an *atypical* exchange that led to some movement in the process / some fresh understanding of the patient; an exchange typical for some later, perhaps recent phase of treatment.
- Current understanding: Your description of treatment process (above) should help readers to understand your patient as you do, at present. This section of your writeup will flow well if you've written process material with focus and clarity. (Though if you've written openly enough, readers also may have some ideas of their own about the process you've presented – and that's as it should be!)
- Summarizing statements: These may vary according to the purpose of your report. For example: If at the end of a consultation you want to recommend that a patient begin psychotherapy (rather than analysis) – and with someone else (rather than with you) – make your reasoning clear. If your aim is to secure permission to move from therapeutic to analytic frequency, be sure to say what leads you to think analysis would be helpful (and sustainable). If you want to show progress over a year's treatment, you may want to recap what you've already shown of change over time – and it may be appropriate to say something about your own growth as therapist / analyst, as well as the patient's development. FEES