## Outline for Case Presentation

The outline below presents an example of the material that might be included in a case presentation. It is recommended that the student candidate attempt to organize and present hypotheses regarding transference, countertransference, and resistance patterns. It is not expected that beginning Candidates would be responsible for including sections VI and VII in their presentation without help from their supervisor.

***Section VII is optional for candidates completing their first four case presentations. Section VII is required for the final case presentation.***

***The identity of the client must be sufficiently obscure so that confidentiality can be maintained.***

Although it is theoretically possible to make a satisfactory case presentation after one, two, or three sessions, the ability to confirm or address hypotheses regarding transference, resistance, and countertransference would be most desirable in the case presentation. For this reason it is suggested that eight or nine sessions is the least amount of contact considered for a case study.

Frequently the audience will react to induced countertransference feelings. It is often useful to study these reactions to recognize induced feelings. Case presentations are typically limited to an hour total. Since the audience is expected to have read the case prior to the presentation, at the time of the presentation the candidate is asked to provide an update on the case rather than read the case write-up, and then respond to audience questions.

The candidate should follow whatever plan will best demonstrate his or her work. The written form of the Case Presentation should be in smooth, flowing narrative style.

### I. IDENTIFYING INFORMATION

This should include brief summaries concerning:

- Age, sex, gender identification, race or cultural identification, early childhood experiences, education, traumas, employment
- Family history
- Marital or relationship history
- Medical history

### II. PRESENTING PROBLEM

- First contact and method of referral
- Patient's request for help
- Initial contract (use of couch, fees, frequency of sessions, policy for missed or late appointments)
- How was the initial contract developed

### III. DIAGNOSIS

- DSM V categories
- Developmental level of patient
    1) Freud's psychosexual stages
    2) Ego functioning: intellect, judgment, insight, impulse control, mood, defenses, and character structure
- Transference potential

## IV. TRANSFERENCE & COUNTERTRANSFERENCE

***Development of the transference:***

- How was it initially manifested? Give examples from sessions.
- How was it later manifested? Give examples from sessions.
- Was it narcissistic, oscillating, object-related? Specifically, was it analytic, mirroring, idealized, negative, positive, etc.?
- How does the patient use the therapist?
- What is the nature of the patient's contact functioning? Give examples.
- How does the transference relate to the patient's history and developmental level of functioning?

***Development of the Countertransference:***

(Objective & Subjective)

- Have you felt like significant others in the patient's past? When and how did that occur?
- Have you felt like the patient? Describe.
- Has anything from your own life or personality caused you difficulty in sessions or resulted in a treatment block? How is it resolved?

## V. RESISTANCES

- Identify and trace the development of resistances in the treatment.
- How has the patient <u>not</u> followed the analytic contract? Punctuality, attendance, fee payment, omission of reference to specific material (e.g. talk about the past, present, dreams, sexuality, relationship with analyst, etc.).
- Into which categories do the resistances fall? (Id, ego, superego resistances; resistance to transference, transference resistance, resistance to progress, status quo resistance, etc.)
- What is the meaning and history of the resistance?
- How were the resistances resolved? Give examples from sessions.

## VI. DREAMS AND FANTASIES

- Does the patient report dreams and fantasies in the sessions regularly?
- When did the patient begin to report dreams?
- How are the dreams related to the transference?
- Report a dream or fantasy.

    1. How was it used in treatment?
    2. Was it a recurring dream or fantasy?
    3. What was your understanding of the dream?
    4. What was the patient's intent in communicating the dream or fantasy?
    5. What unconscious symbolism was present in the dream (from your assessment and that of the patient)?

## VII. THEORETICAL ORIENTATION

- Based on the diagnosis, transference, and resistances, which orientation(s) best explains the case? (Drive Theory, Ego Psychology, Object Relations, Self Psychology)
- Trace the work you have done with the patient on the basis of the theory.
- How has your choice of theoretical orientation been influenced by your own life experience?