

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.
15 Commonwealth Avenue, Boston, Massachusetts 02116

CASE REPORT OF A CHILD/ADOLESCENT ANALYSIS

IDENTIFYING INFORMATION

Name of Candidate: _____ Date of Report: _____

Treatment Report of Control Case #: _____

Name of Supervisor(s): _____ Date: _____

_____ Date: _____

Age of analysand at beginning of analysis: _____

Sex of analysand: _____

Date(s): psychotherapy began with you (if any): _____

Analysis began: _____ ended: _____

Total analytic hours: _____

Number of analytic hours/week for each of the following years of analysis:

Year 1 _____ 2 _____ 3 _____ 4 _____ 5 _____; etc.

If analysand is a child, did you see the parents? _____

If so, how often: (times/month)

Year 1 _____ 2 _____ 3 _____ 4 _____ 5 _____; etc.

If analysis has ended, do you consider Termination:

adequately analyzed? _____; and/or

predominately in response to external factors? _____; or

interrupted? _____ dates: _____

If case was supervised:

Date supervision began: _____; and ended: _____

Total Hours of Supervision: _____

Number of supervisory hours/month for each of the years:

Year 1 _____ 2 _____ 3 _____ 4 _____ 5 _____; etc.

Diagnosis: