**Patient Description**

There are many ways to approach a description of the patient, so think about this as a summarizing statement of the salient information. Elements of this may include: age, gender, relationship status, genogram, significant life stressors (i.e. unemployed, divorce, loss, trauma, etc.), precipitating events. Also, include the patient’s stated reason for seeking treatment.

**Patient’s Narrative**

The patient’s narrative is his / her story of life experiences. Often, this will include developmental history, seminal life events, and symptom presentation at different times of life. Also, this will include a narrative of current experiences and functioning in life, relationships, etc. This may be where the clinician starts to observe possible threads between past experience and current experience.

**Therapeutic Relationship & Frame**

This includes a reflection of the frame of the therapy and the dynamics present in the therapeutic relationship. How was the fee determined, and how did the patient engage in this conversation? What is the frequency of treatment, how was this determined, and how did the patient engage in this conversation? Is the patient on time, consistent with appointments, etc.? How does the patient relate to you, and has this changed from initial contact to current day? How do you feel towards the patient? What is the general feeling in the treatment room?

**Diagnostic Possibilities**

This will include some working hypotheses of symptom-based diagnosis and psychodynamic diagnosis. Symptom-based diagnosis will follow diagnostic criteria set for by the Diagnostic and Statistical Manual for Psychiatric Disorders. Please refer to the manual when considering diagnosis. *(Copies of the manual are available for reference in the library. Please do not remove from the library, as everyone will need access to this manual.)* Psychodynamic diagnosis will include some working hypotheses of developmental level of personality organization, the defensive style within the developmental level, and / or description of core psychodynamic conflicts. Two useful books for reference include McWilliams (2011) Psychanalytic Diagnosis and Summers & Barber (2010) Psychodynamic Therapy.

**Question for Group Supervision**

Individuals and their inner worlds are quite complex. So, the group could spend hours discussing various elements of a patient and the treatment. Develop a question that will help the group focus on an aspect of the treatment that you hope will help you in providing continued treatment.

**Notes about Confidentiality and Privacy**

Care and Counseling places high value on patient confidentiality and privacy. When presenting patients for group supervision please be mindful of the amount of identifying information shared in the presentation. It is best practice to share the least amount of specific information needed to communicate about the dynamics and treatment of the patient. For example, you may mention the general field in which a patient works, but not name the employer or title of the job.

If you become aware of a possibility that you have a relationship with a patient being presented, please immediately recuse yourself from the group supervision session. You can notify the group supervisor of your conflict after the session.

Finally, if there is a situation in which you and another Care and Counseling colleague are both providing treatment to a patient (i.e. individual vs. family / couple’s therapy), or a situation in which you are transferring the treatment to another Care and Counseling colleague it is best practice that you obtain an Authorization of Release of Information prior to communicating with the colleague. Also, even with an Authorization of Release of Information, clinicians should use careful discretion in determining what information is clinically beneficial for sharing.