

CRITERIA FOR JUDGING THE EXISTENCE OF A PSYCHOANALYTIC PROCESS

Gilbert Kliman, MD

Please review Criteria Groups A, B and C below to familiarize yourself with the criteria. To facilitate indexing and research, advanced Cornerstone therapists, teachers and researchers should use this set of three criteria tables to record and report evidence-based observations in this Checklist. Routinely capture this information in progress notes or process notes -including relevant notes from parent conferences- and video transcripts by making notes on the source documents for reporting in this Checklist at a later date.

Annotate those source documents to show your degree of certainty that a criterion is present and to identify supporting evidence that a criterion is present: If a criterion is present, use the Letter of the Criteria Group (A, B or C) and the Number of the criterion being considered. Examples: "A-3" would represent Group A, criterion 3; "C-17" would represent Criteria Group C, criterion 17. Annotate the material where you, the rater, found the criterion evident.

Also make a note of your degree of certainty that a particular criterion is satisfied in the material near supporting evidence found in that material using this shorthand: 0 *no evidence*; 1 *slight evidence*; 2 *moderate evidence*; or 3 *strong evidence*.

Finally, be prepared to date and source the material reviewed using the following shorthand: PN (Progress Note); VT (Video Transcript); T-P Teacher-Parent Conference; or Th-P (Therapist-Parent Conference)

CRITERIA CHECKLIST

Rater's name: _____ Cornerstone Service/Facility Name: _____
Child's Name _____ Child's Coded ID: _____ D.O.B. _____

Date Treatment Started _____	Date Treatment Ended (if applicable) _____	Reason _____
Date of session _____	Date of process note _____	Date of video transcript _____
Weekly Teacher-Parent Conference Date _____	Monthly Therapist Conference Date _____	

INSTRUCTIONS FOR USING THIS CHECKLIST: In the appropriate columns in the tables below:

1. RATE YOUR DEGREE OF CERTAINTY THAT THE PARTICULAR CRITERION IS SATISFIED IN THE MATERIAL STUDIED:

0 = No Evidence 1 = Slight Evidence 2 = Moderate Evidence 3 = Strong Evidence

2. SUPPORTING EVIDENCE: Cite supporting evidence from the source material (process note/ parent conference/ video transcript) for your degree of certainty that the particular criterion is satisfied in the material.

3. SOURCE THE MATERIAL WHERE YOU FOUND THE EVIDENCE:

PN (Progress Note); VT (Video Transcript); T-P Teacher-Parent Conference; or Th-P (Therapist-Parent Conference)

GROUP A: Criteria of Preparatory Phenomena (1-7)

Degree of Certainty: 0 = No Evidence 1 = Slight Evidence 2 = Moderate Evidence 3 = Strong Evidence

Source: PN, VT, T-P or Th-P

No.	Criterion	Certainty	Supporting Evidence	Source / Date
1	Child gives evidence of understanding the analyst's work is to help him with some emotional problem with which the child wants help.			
2	Analyst's observation of child's interpersonal action, when shared with the child, leads the child to talk with the analyst about his inner life more than earlier in the session, or leads to more communication through sublimative activities.			
3	Child brings the analyst a fantasy, a dream, or a thought about current or past anxiety, guilt, symptom or problem.			
4	Presence of transference phenomena; for example, affective reaction to analyst's arrival or departure, evidence of love or aggression toward the analyst in marked degree, curiosity about intimate details of analyst's life (unless such curiosity is widespread for the particular child under other circumstances also), slips, dreams, fantasies or play activities indicating linkage of analyst's representation to mental contents regarding a major real life object.			
5	Confrontation of patient with existence of a conflicted behavior or conflict related mental events leads to alteration of the scrutinized behavior or scrutinized expression of mental events.			
6	Marked thematic continuity of child's communication from the previous session in a child whose behavior is not ordinarily stereotyped or thematically constricted.			
7	There is a dialogue between analyst and patient about the patient's psychological functioning in any area.			

GROUP B: Criteria of Deepening Analysis (1-6)

Degree of Certainty: **0** = No Evidence **1** = Slight Evidence **2** = Moderate Evidence **3** = Strong Evidence

Source: PN, VT, T-P or Th-P

No.	Criterion	Certainty	Supporting Evidence	Source /Date
1	Work on a dream leads to a day residue or expression of wish, memory, or affect not apparent earlier in the treatment; or leads to shared scrutiny of defenses or shared scrutiny of transference material.			
2	The child responds to the analyst's interpretations with some elaboration on the theme which is contained within the interpretation or develops a new theme which casts light upon and provides further understanding of the psychological area with which the interpretation was concerned.			
3	Interpretation of a resistance leads to freer communication.			
4	Patient's associations or play indicate some increased consciousness of relations between his current anxiety and elements of his personal history.			
5	Presence of transference neurotic phenomena.			
6	A generalizing effect is noted in response to any interpretation. For example, if an interpretation about a child's conflict in regard to waiting to be fed has a beneficial effect on his waiting to be fed but also has a beneficial effect on his waiting in turn at games, tolerance for frustration of requests for non-food supplies, or reduction of some other tolerance related problems, this would be regarded as evidence of a generalizing effect of an interpretation.			

GROUP C: Criteria of Well Established Analysis (1-24)

Degree of Certainty: 0 = No Evidence 1 = Slight Evidence 2 = Moderate Evidence 3 = Strong Evidence

Source: PN, VT, T-P or Th-P

No.	Criterion	Certainty	Supporting Evidence	Source /Date
1	Interpretation of conflict solution by defense of repression or reversal of affect leads to emergence of defended-against affect.			
2	Interpretation of conflict in which the defense is turning passive into active leads to dealing with the passive wish or memory of some related historical experience in play or verbal communication.			
3	Interpretation of conflict in which denial is the defense leads to some dealing with the defended against impulse, affect or memory.			
4	Interpretation of defensive avoidance leads to some dealing with the defended against perception.			
5	Interpretation of repression leads to some uncovering of memories.			
6	Interpretation of distortions of memory lead to some correction.			
7	Interpretation of conflict solution through a regressive phenomenon leads to more age appropriate behavior or fantasy.			

GROUP C: Criteria of Well Established Analysis -Continued

Degree of Certainty: **0** = No Evidence **1** = Slight Evidence **2** = Moderate Evidence **3** = Strong Evidence

Source: PN, VT, T-P or Th-P

No.	Criterion	Certainty	Supporting Evidence	Source /Date
8	Interpretation of a premature progression leads to more age-appropriate behavior or fantasy.			
9	9. Interpretation of reaction-formation leads to some expression of the defended against impulse in derivative or undisguised form.			
10	10. Interpretation of projection leads to some recognition of impulse by the patient as his own.			
11	Interpretation of isolation leads to some appropriate action or affect in regard to the experience or memory under analytic scrutiny.			
12	Interpretation of undoing leads to some recognition of the original aim in discussion or expression of the impulse in a less defended form.			
13	Interpretation of introjection leads to some reduction of manifestations of the introjected object or part object in fantasy, action, or character.			
14	Interpretation of turning against the self leads to some turning toward the original object of impulse, or toward related objects.			

GROUP C: Criteria of Well Established Analysis –Continued

Degree of Certainty: 0 = No Evidence 1 = Slight Evidence 2 = Moderate Evidence 3 = Strong Evidence

Source: PN, VT, T-P or Th-P

No.	Criterion	Certainty	Supporting Evidence	Source /Date
15	Interpretation of developmentally inappropriate altruism leads to expression of the defended against impulse.			
16	Interpretation of any defense leads to use of a less pathological form of defense.			
17	Use of sublimation of any impulse follows interpretative work regarding any other defensive process concerning that impulse.			
18	Interpretation of a conflict leads to some shift in the psychosexual theme of the patient's communications; for example, from urethral theme to genital theme. The shift may be in either direction, progressive or regressive.			
19	Patient develops understanding of relation between transference and his feelings about major life objects; or interpretative work on transference phenomena leads to more adaptive relationship with a major life object.			
20	Patient brings material about connection between current object relations problems and past object relations problems.			
21	Patient's associations or play indicate some increased consciousness of relations between his current anxiety and defense against current impulses.			
22	Patient develops understanding or increased consciousness of relationship between his symptoms (or behavior problems) and symbolic representation of current or historical conflicts.			
23	22. Alterations of character emerge in connection with interpretation and/or working through of insight; especially alterations which are psychosexually progressive and alterations which are in the direction of age-appropriateness.			
24	Alterations of character emerge in connection with interpretation and/or working through of insight with evidence of improved flexibility and resourcefulness of adaptation to existing social tasks, external frustrations and discharge opportunities.			