

**Center for Modern Psychoanalytic Studies
Certificate Program in Psychoanalysis**

Handbook for the Single Case Study

Prepared by
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and The CMPS Research Faculty

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This manual is dedicated to the memory of Dr. Phyllis Meadow,
who wanted to instill the spirit of research in each of us.

Something new can only be gained from analyses that present special difficulties, and to the overcoming of these a great deal of time has to be devoted. . . . Naturally a single case does not give us all the information that we should like to have. Or, to put it more correctly, it might teach us everything, if we were only in a position to make everything out, and if we were not compelled by the inexperience of our own perception to content ourselves with a little.

S. Freud, 1918, S.E. XVII, p. 10.

Table of Contents

Preface	4
Research Subjects	5
Course Requirements	6
Role of the Research Committee	7
Role of the Supervisor	8
Structure of the Single Case Study	8
Chapter I: Introductory Narrative	10
Chapter II: Review of Literature	11
Chapter III: Methods and Procedures	13
Chapter IV: Findings and Data Analysis	16
Chapter V: Discussion and Conclusion	17
Appendix: Collection of Clinical Data	18
Guidelines for Title Page, Abstract, Acknowledgements, Table of Contents	19
Style Sheet for Format and References	22
Committee Approval of 3-5 Page Description Form	24
Approval of Proposal Form	25
Research Project Approval Form	26
Step-by-step Protocol	27

Preface

Modern psychoanalytic training requires that candidates learn the psychoanalytic method of investigation, not only as a treatment method but as a tool for the refinement of their understanding of human dynamics. The development of a research project utilizing clinical observation is the final stage in modern psychoanalytic training. Its purpose is not just to demonstrate but to further develop the candidate's ability to comprehend and utilize patients' communications. As students devise final research projects they further refine their ability to integrate concept with observation. They learn the art of listening, measuring, and classifying raw data to give meaning to what is observable.

P. W. Meadow, "Issues in Psychoanalytic Research,"
Modern Psychoanalysis Vol. 9, No. 2, 1984

The writing of a single case study is the final project for the completion of certificate training at CMPS. It is rooted in the clinical experience of the analyst-in-training and demonstrates his or her ability to explore a case utilizing concepts belonging to psychoanalytic thought as applied to a patient being treated in a setting informed by the candidate's clinical training.

As opposed to other kinds of research, the field of observation in the single case study is confined to the consulting room and will inevitably require careful and rigorous attention to detail in sessions. It will also inevitably bring the student to a deeper understanding and appreciation of the framework of psychoanalytic concepts that form the basis of his or her clinical thinking.

This manual will serve as a guide to the process of writing the study as well as setting forth a recommended sequence of chapters that has proven to be a natural and effective way of breaking down and organizing the work. This is intended as a suggested design, as no two final papers will be alike. Alternative arrangements of the material may well be motivated by the nature of the case, the research topic, or the method of carrying out the study. Nevertheless, the chapters described here do capture the fundamentals that must be addressed in every study.

Ultimately, the choices of a patient, a subject, a research question, as well as the overall conception of the study, are reflections of the candidate's opportunity, temperament, and imagination. For this reason, we have refrained from using previous case studies as examples and illustrations. The literature of psychoanalysis contains classical case studies that can be easily referenced and may well have been studied in previous courses. The Library at CMPS contains the final papers of all its graduates. It provides a wealth of examples that one might consult to explore the range and variation of what has been chosen as a subject for study.

This handbook integrates material from the earlier "Handbook for the Final Research Project," CMPS, 2002, a revision by June Bernstein of an earlier version prepared by Phyllis Meadow. It also draws from the text of "The Case Study and Psychoanalytic Education," by Nigel Mackay and Steven Poser, *Modern Psychoanalysis*, Vol. 29, No. 2, 2004.

Research Subjects

Upon the recommendation of their Fellows, Certificate Candidates may begin PT 411 Control Analysis of a Consultation and Referral Service Case. Candidates and supervisors work together to select a case suitable for control and research.

The subject of the research project is a couch patient seen at least weekly, in person, on the premises of the Consultation and Referral Service.

If a PT 411 supervision of 50 hours with one patient has been completed and the patient is no longer being seen at the Consultation and Referral Service, the candidate may use another Consultation and Referral Service patient who is in a minimum of 4-to-1 supervision as the research subject.

Course Requirements

The Certificate Candidate who successfully presents to the faculty at a Clinical Presentation formally arranged by the candidate's Fellow becomes a Research Candidate, eligible to begin writing the final paper (a single case study of the Candidate's current PT 411 patient).

The Research Candidate, upon advisement by the Fellow, registers for PT 524a Research Practicum and Ethics, PT 524b Findings in Psychoanalytic Research and Ethics, or PT 527 Research Supervision. If the Candidate registers for PT 524, the PT 524 instructor functions as the Candidate's first reader and Research Supervisor. The Candidate who registers for PT 527 chooses a Research Supervisor from available members of the Research Committee. (The registrar can provide a list.) If the Candidate begins research in PT 524, and later, in consultation with the fellow, decides to enroll in PT 527, the Candidate's PT 527 Research Supervisor becomes the new first reader, replacing the PT 524 instructor. In all cases, the Candidate's 'first reader' is also referred to as the 'Research Supervisor'. Research Candidates enroll in PT 524 or PT 527 every semester until graduation. Whether the Research Candidate elects PT 524 (a class which meets twelve times per semester) or PT 527 (individual research supervision which meets six times per semester), the Research Supervisor will be a member of the Research Committee other than the Candidate's PT 311 or PT 411 Supervisor or personal or group analyst.

The Role of the Research Committee

The first step in the process is working towards writing a **3-5 page description** of a preliminary research idea(s) which will be submitted to the Research Committee. The 3-5 page description is meant to briefly portray the development of the case and to describe a particular kind of behavior, interaction, or other noteworthy psychodynamic feature that the Candidate would like to explore and understand. The Research Committee as a whole will read this description and make its recommendation to the Candidate via the first reader (the PT 524 Instructor or the PT 527 Research Supervisor).

Approval of the 3-5 page research description is indicated by signature of the PT 524 Instructor or PT 527 Research Supervisor on the **Approval of Description form**. The Candidate gives the signed form to the registrar to be placed in the Candidate's academic file. Candidates whose research description has been approved may begin to write **the Proposal**, the first three chapters of the paper (Narrative, Review of Literature, and Methodology). When the first draft of the Proposal nears completion, two additional members of the Research Committee are selected to serve as second and third readers. Candidates may indicate preferences for choice of second and third readers in consultation with the first reader. The second and third readers review the Candidate's work at two points: when the Proposal has been completed to the satisfaction of the first reader, and again at the completion of the final chapters.

If there are problems in the Proposal that need to be addressed, parts that need clarification, revision, and so forth, the Candidate is advised to make the appropriate amendments by the first reader. The Candidate's revisions must be resubmitted for approval to the first reader before the Candidate can continue with the remainder of the study. Once the Proposal is formally approved by all three readers, the **Approval of Proposal form** is signed by these three readers. The Candidate gives the signed form to the registrar to be placed in the Candidate's academic file. The Candidate is then ready to commence writing the final chapters.

The review process for the final chapters is the same as for the first three chapters. When recommended revisions have been made, the paper is approved by all three readers. The Candidate's Research Supervisor informs the Candidate when all three readers approve. The Candidate then submits the **Research Project Approval form** to the PT 411 Control Analyst to verify the clinical material and to the three readers for their signatures and gives the signed form to the registrar to be placed in the Candidate's academic file. The Candidate also secures signatures of the three readers on the cover page of the completed paper.

Supervisor's Role in the Research Process

The Control Analyst (the PT 411 supervisor) reviews the clinical data to verify that the material reported in the project is what has been presented in the supervisory sessions.

Structure of the Single Case Study

The task of writing a single case study has three parts, more or less chronological: conceptualizing the research, carrying out the analysis and interpretation of the data, and reflecting on the results. Included in the first part, conceptualizing the study, we find three components: the *narrative* of the case, a *review of the literature*, and a section describing the *methods and procedures* that were used to carry out the study. These three chapters constitute the *proposal*. Taken together, they serve to set out and give context to the questions driving the research project: What am I studying? How have others tried to explain the kind of presentation, behavior and dynamics I met with in my patient? What concepts and ideas will I use to situate my patient's behavior in a theoretical framework? How will I collect relevant data from the flow of the patient's material in sessions? How will I analyze, interpret, and make inferences from the data I collect?

The second part of the study is the systematic recounting of the results, or *findings*, yielded by carrying out the process of investigation as described in the proposal. Here the researcher shows how interpretive results were derived from the material of the sessions, how inferences to the unconscious were made, and how the overall psycho-dynamic picture of the case came into focus as a result of the study. Finally, in the *discussion*, the analyst reflects on the implications and significance of the results for the original research questions.

The *collection of clinical data*, usually in the form of verbatim process notes, appears as an Appendix following the concluding chapter of the study. Process material of critical importance to the exposition will naturally appear throughout the earlier chapters of the study.

In outline, the structure we are proposing includes the following components:

Conceptualizing the research (the proposal)

Chapter I: Introductory Narrative

Chapter II: Review of Literature

Chapter III: Methods and Procedures

Carrying out the analysis and interpretation of the data

Chapter IV: Findings and Data Analysis

Reflecting on the results

Chapter V: Discussion and Conclusion

Appendix: Collection of Clinical Data

Chapter I: Introductory Narrative

The narrative is the story of the case as it unfolded in treatment. It is the introduction to the history and analysis of the patient. It should be a description of the analysis and not contain details of the inferences that one makes from the case material, though it will be shaped by one's interests and preliminary formulations of what is going on in the treatment. No theoretical, technical, or diagnostic language is needed. The purpose of the narrative is to *describe* (rather than explain) in as vivid and objective manner as possible the observable phenomena of the sessions that will be the subject of the research to follow. How these phenomena are to be understood is not the burden of the narrative. It is the purpose of the narrative to relate the *what* rather than the *why*. Typically, the narrative will recount the history of the treatment and be shaped in such a way as to lead towards a precise formulation of what behavior, interaction, puzzle, or otherwise noteworthy development the researcher aims to explain or understand. One would expect, for example, that if a study is going to focus on a particular mode of defense and its ramifications, that the actions and symptoms that typically exemplify this defense feature prominently in the narrative—without, of course, being explained in it. One wants to convey the feel of the patient and the development of dynamics over time. The goal is to highlight and ultimately lead the reader to a clear recognition of the issues that are later dealt with in the study to follow.

In giving the history of the patient, it is best to concentrate on what has happened in the treatment. The question to be investigated is concerned with a dynamic that is long lasting (not a behavior that could easily disappear) and observable in the consulting room. Asking oneself a question about the patient allows the analyst to track some particular component to its underlying motive and to utilize this knowledge in the treatment.

Questions do not contain possible answers. A question that asks, “What is the conflict...?” presumes the presence of a conflict. A question that asks, “When the patient does x , is it because of y or z ?” assumes that the answer is contained in one or the other of the possibilities given. Because the answers are going to emerge from the research itself, no hypotheses or assumptions about the findings are made at the point of raising the question.

To summarize, the narrative describes what brought the patient to treatment, what kind of relationship the patient has formed with the analyst, what problems have arisen within the treatment, what contacts the patient makes, what the patient talks about, and what is puzzling to the patient or the analyst about the patient’s functioning. The material presented in the narrative leads logically to the question or questions to be studied, and the question raised relates to inexplicable mental or behavioral events observable in sessions with the patient. The research question will be discussed further in the following chapter.

Chapter II: Review of Literature

Here the Candidate presents a carefully selected survey of the psychoanalytic literature which discusses how the phenomena described in the narrative have been understood by others. Readings selected should relate specifically to the question and focus on clinical findings. Theoretical formulations, metaphors, and clinical descriptions need to be found that provide the researcher with a vocabulary and framework of concepts to describe the behavior, symptoms, interactions, puzzles, or otherwise noteworthy developments in the treatment the researcher aims to explain or understand. Whenever possible, direct quotations combined with an explanation of the value and importance of the ideas, are used. The best sources of material for the literature review are recent psychoanalytic journals usually from the last ten years, the reading lists for clinical courses, recommendations of colleagues and teachers, and classic cases. Computer and database searches of the psychoanalytic literature are useful. This process should leave the

researcher in a position to give a precise formulation of the research question that the study will be designed to answer.

A practical way to start the review process is to carry out an analysis of one's initial research query—however vague and imprecise a set of questions that often is—that identifies the elements of the puzzle(s) that provoked the research interest. This may well provide a series of key words whose occurrence in the analytic literature may be researched. Not all the literature read will be directly relevant, but understanding that one's topic of research can be situated in a body of previous research and theory is central to the research process. The purpose of the review is to locate one's topic in that body of work, justifying it as a topic of study.

Reviewing the conceptualization and treatment of patients similar to one's own provides the opportunity to situate one's case in a framework of psychoanalytic concepts, theories, and diagnostic categories. Lengths of literature reviews differ according to the subject. The review should contain a responsible coverage of relevant literature, including studies that most closely explain or describe one's topic—the research problem. Those studies which are closest to one's topic and procedures, providing the best way of understanding the patient and the dynamics of the case, should be described in some detail.

Importantly, the review should be a selective, evaluative analysis of the literature and not simply a collection of summaries. The reviewer is leading the reader to see why, of the variety of theories, models, and metaphors in the psychoanalytic corpus, this one above others is going to be the best for the case in hand. The reviewer is also justifying the study as adding to, or even filling a gap in the literature.

Although the literature review is not the place to discuss the material of one's case, it should end with a summary that situates the research case and the specific topic of investigation firmly in psychoanalytic language and thought. One way to go about this summary is to ask: How do these readings combine to provide a conceptual framework for describing the subject of

this study? After having answered this question, it should also be possible to give a precise formulation of the research question the study will be designed to answer.

Some indication of the research question will appear at the end of the narrative. However, in the concluding section of the literature review, perhaps in a separate section of its own, a sharper formulation of the research question should be given. The formulation of the research question is usually the first milestone in the conceptualization of the research. It may come to the researcher very early in the research process, perhaps before any writing is done, or it may remain imprecise for a long while during which the details of the case are being processed and the review of the literature is carried out. How one ultimately sets out the narrative will be shaped by the question that one is investigating, and generally, one only comes to the question after a good deal of sifting through the case material and searching the literature for conceptual and theoretical perspectives that provide a suitable language for describing what one is studying. Thus, the statement of the research question marks the culmination of a process of discovery, refinement, and comprehension. Regardless of how the research question is arrived at, it gives definition and direction to the study, situates the research at least implicitly in a recognizable conceptual framework that is grounded in the psychoanalytic literature, and sets the stage for the working definitions and procedures to be articulated in the methodology.

Chapter III: Methods and Procedures

This section of the paper has proven to be the most difficult to understand. The purpose of the methodology is to spell out how you are going to answer the research question. What are you going to be looking for? What are you going to be listening for? What sorts of communications or behaviors will you be tracking? How are the key concepts that give direction to the study connected to the observables to be found in the room with the patient? What will

constitute data and how will it be identified and collected from the flow of material in the sessions?

The chapter begins with a statement, once again, of the research question. Key terms and concepts that occur in the research question must be linked to what the researcher is planning to observe in sessions with the patient. This is the meaning of giving *operational definitions* to these key terms and concepts. These concepts have presumably all been discussed in the Review of Literature. Now we may ask: How in particular do these concepts point to a spectrum of clinically observable phenomena that could lead to inferences concerning the unconscious, intrapsychic meaning of specific communications, behaviors, symptoms, etc., manifested by the patient in sessions? The effort to answer this question leads the researcher straight to the core of the methodology.

A section headed *data collection* describes what material will be taken from the flow of material in the sessions. This might well be presented in the form of a catalogue or inventory. In it, specific phenomena observable in sessions are associated with conceptual categories of particular relevance to the subject of the research. Under each of these headings follows an inventory of observable material explicitly enumerating what would count as an instance or example of this or that psychological state, resistance, transference phenomenon, enactment, etc. These listings of observable material are intended to be as empirically objective as possible, so that there is maximal transparency as to what in the observable behavior of the patient (or in the analyst's induced states) will be counted as an instance, example, or demonstration of the theoretically described phenomenon, process, or state that it is taken to exemplify. The material to be culled from the session is specified so clearly that another person could, in principle, replicate the study.

Another section headed *Procedures* describes how the student will arrive at the unconscious meaning of the data collected.

Contacts, repetitions, and the analysis of the transference and countertransference help to get from the data to their unconscious significations. The unconscious may be further revealed by symptoms, by fixations at various maturational levels, by the nature and operation of specific defenses, by actions, fantasies, inhibitions, mistakes, by primary processes prevailing in dreams, hallucinations and other regressive phenomena, by the occurrence of displacement, reversal, condensation, free association, symbolism, etc., and by all of the above as they are manifested in the transference. The psychoanalyst makes inferences from surface phenomena (actions, words, symptoms, associations, induced feelings) to the unconscious processes that drive them. How data is interpreted often depends upon the theories espoused by the researcher. Therefore, making these links as explicit as possible is an important goal of this kind of research. These inferential, interpretive processes, as applied to the actual data collected, are recounted in the *Data Analysis* portions of the Findings and Data Analysis chapter.

A section headed *Treatment during Research* describes how treatment will be conducted during the period of study: Contacts will be investigated, the researcher will not lead the patient, ask idle questions, change the subject, introduce his or her own ideas, talk too much, or neglect to pursue the goals of treatment during the research period. Any deviations from accepted analytic practice must be planned in advance, be included in the methodology, and be approved by the 411 supervisor.

To summarize the methodology section:

State the question again.

Define and operationalize key terms that occur in the research question(s).

Specify clearly what will constitute the data and how it will be collected.

Describe how the data will be analyzed.

Describe measures taken in conducting the analysis to assure objectivity.

Chapter IV: Findings and Data Analysis

This chapter presents an answer to the research question, outlining the central claims that the researcher has arrived at through analysis and interpretation of the data. It is, in effect, a presentation of the results derived from applying one's methods and procedures to the data.

Findings will typically describe the unconscious motives, underlying structure, or dynamics of the behavior being studied. The findings should be clearly enumerated and the evidential basis for them should be presented in the form of relevant excerpts from process material, illustrative vignettes and so forth. More extensive process material will be included in the Appendix.

The findings are based on an examination of all the collected sessions rather than being offered on a session-by-session basis. Each finding is supported by clinical material taken from a variety of sessions drawn from throughout the period of observation. The findings relate inexplicable mental or behavioral events to unconscious motives. The deepest unconscious motives are concerned with aspects of the patient's own self, rather than with real objects in the present or the past. Phenomenological accounts of the patient's functioning are not included in this section.

In the *Findings* chapter, the researcher shows exactly how he or she came to the conclusions described in the findings. The analyst recounts his or her process of comprehension, interpretation, and inference that supports the findings and demonstrates how they may be understood as answering the question that was set in the earlier stage of the work. Here the analyst interprets the data, making explicit the inferential processes whereby meaning is derived from the manifest content of the patient's symptoms, communications and enactments. This chapter may be organized in a variety of ways – chronologically, by topics defined by each separate finding, or in some other way, but the essence of the chapter is the detailed study of selected process material – specific communications, interactions, dreams, fantasies, enactments, etc., together with the analyst's interpretive, inferential operations on this particular

selection from the clinical data. We would expect to find in this chapter extracts from analytic sessions together with the analyst's inferences and interpretations where these are being used to illustrate or provide support for some one of the findings.

The most important purpose of the *Findings* is to make the analyst's thought process in arriving at his or her conclusions as *transparent* as possible. And the key to *transparency* in the building of a psychoanalytic understanding of a case is in making the interpretive, inferential processes as explicit as possible, so that, in the end, not only does the construal of the clinical phenomena make the best possible sense, but the thought process that brought one there is clear, evident, and defensible in its own right.

Chapter VI: Discussion and Conclusion

This chapter is a reflective essay relating what has been discovered back to the relevant literature and going in any other speculative, theoretical, or other direction the analyst chooses to conclude the study. Here the analyst reflects on the significance of the case study and evaluates and interprets its implications. What have I contributed here? How has my study helped to resolve the original question? What conclusions and theoretical implications can I draw from my study?

This chapter may vary considerably from case to case. In general, an effort is made to understand the implications of the findings for making predictions about the patient and for the future treatment of the case. Any significant differences in inferences between student analyst, committee members, and authors cited in the literature are discussed. The use made of control supervisions in the conduct of the case is commented upon with reference to the research findings and their implications. The writer notes what relevance the findings have to other patients, and to possible modifications of existing theory. Questions that remain unanswered are raised for future research.

Appendix: Collection of Clinical Data

This section contains nothing but data. No theory, speculation, inferences, or understanding of case dynamics are included here. Data is usually presented chronologically, in the form of process notes. All material that meets the methodological criteria is included. For any serious effort to arrive at an understanding of the unconscious factors that operate in a resistance, some significant length of time will have to elapse.

The research supervisor may help the student with the selection of those process notes which may be of use in answering the research question. Most important in training is how not to interfere with a natural process that unfolds when patients are instructed to talk about whatever they wish. The data selection should demonstrate that the candidate follows the contact function, does not lead the patient, and helps the patient express his or her own understanding.

When students begin to have some understanding of the unconscious factors at work in the case, they may begin to work on the *Findings* chapter.

Guidelines for Title Page, Abstract, Acknowledgements, and Table of Contents

TITLE PAGE STYLE SHEET

(Margin at least 1 1/4" from top)

TITLE OF THE RESEARCH PROJECT
IN CAPITAL LETTERS

A Research Project
Presented to the Faculty of
The Center for Modern Psychoanalytic Studies

In Partial Fulfillment of
the Requirements for the
Completion of the Certificate Program
in Psychoanalysis

by

Candidate's full name and academic degrees

Reader

Date

Reader

Date

Reader

Date

(Margin at least 1" from bottom)

Abstract

A 150-250 word abstract appears following the title page in the final approved and copy-edited version of the research project. The abstract describes, very concisely, the essence of the project. It does not contain any details, but should include the research question and summary of the findings.

Acknowledgements

An acknowledgement section follows the abstract. Candidates may mention anyone who has been helpful to them in the course of writing their research papers. Members of the family are often mentioned along with those who have assisted the student professionally.

Table of Contents

The table of contents, which follows the abstract, gives the title page and number of each chapter in the research project. Roman numerals are used for the pages preceding the first chapter; Arabic numerals are used for everything else.

TITLE PAGE

ABSTRACT

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

CHAPTER I: INTRODUCTORY NARRATIVE

CHAPTER II: REVIEW OF LITERATURE

CHAPTER III: METHODOLOGY

CHAPTER IV: FINDINGS AND DATA ANALYSIS

CHAPTER V DISCUSSION AND CONCLUSION

APPENDIX: COLLECTION OF CLINICAL DATA

REFERENCES

Style Sheet for Format, References, and Bibliography

All research projects must be word-processed, double-spaced, edited, and corrected, with the following uniform page margins: left margin, 1-1/2 inches; right margin, at least 1 inch; top margin, at least 1-1/4 inches; bottom margin, at least 1 inch. All references, citations, and bibliographical items should conform to the APA Publications Manual, available in the CMPS library. Pagination must be consistent, either in the right-hand corner or centered at the bottom. 12 point type font is recommended for the text.

When references in the text of the manuscript refer to authors, the year of the original publication of the article or the book is indicated with parentheses.

Example: Freud (1900) said, "..."

If the author's name does not naturally appear in the sentence of the text, the name of the author is followed by a comma and the year of the original publication, in parentheses.

Example: As several authors (Hartman, 1939; Hartman and Lowenstein, 1962; Greenacre, 1960, 1964; Jacobson, 1953a, 1953b) have stated, "..."

In sentences such as: In 1924 Freud said, ".....," no additional reference is needed.

No citations, names, or dates should appear outside the sentence or between sentences.

References or Bibliography

The authors' names are arranged in alphabetical order, followed by the year of the original publication of the article or book, name of publication, volume number, beginning and end pages, and, if the year of original publication does not coincide with the edition referred to (as will always be the case with the Standard Edition), year of publication of the edition referred to.

When several papers by one author are referred to, they should be in chronological sequence. When an author has published several papers in the same year, the date is followed by a, b, c, etc.

When more than one reference by the same author is listed, use a straight line followed by a space, instead of repeating the name of the author before the date.

The first letter of each main word of a book's title is capitalized and the title italicized. Only the first letter of the first word of the names of articles and /or papers is capitalized; the rest of the title is in lower case.



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COMMITTEE APPROVAL OF 3-5 PAGE DESCRIPTION

Research Candidate _____

Working title of research project, if any:

This 3-5 page description for a research project has been approved by the Research Committee.

First reader's signature : _____

Date: _____

The Research Candidate gives this completed form to the registrar to be placed in the Candidate's academic file.



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APPROVAL OF PROPOSAL

Candidate _____

Working title of research project:

First reader's approval: I approve the topic and proposal for this research project.

Date: _____ Signature: _____

RESEARCH COMMITTEE MEMBERS' ACCEPTANCES

Second reader's approval: I approve the topic and proposal for this research project.

Name: _____ Date: _____

Signature: _____

Third reader's approval: I approve the topic and proposal for this research project.

Name: _____ Date: _____

Signature: _____

The Research Candidate gives this completed form to the registrar to be placed in the Candidate's academic file.



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RESEARCH PROJECT APPROVAL FORM

Research Candidate _____

Title of Research Project:

PT 411 CONTROL ANALYST APPROVAL

I have verified the clinical material presented in the Research Project and found it accurate.

PT 411 Control Analyst _____ Date: _____

COMMITTEE APPROVAL

I have read, reviewed and approved this candidate's research project.

First Reader _____ Date _____

Second Reader _____ Date _____

Third Reader _____ Date _____

Step-by-step Protocol for CMPS Research Candidates

1. Research Candidate registers for PT 524 or PT 527 (every semester until graduation).
2. Candidate works towards writing a **3-5 page description** in PT 524 or PT 527.
3. 3-5 page description submitted to the Research Committee via the **first reader/Research Supervisor ***.
4. Committee reads this 3-5 page description and makes recommendations to the Candidate via the first reader.
5. Approval of the 3-5 page research description is indicated by signature of the first reader on the **Approval of Description form**.
6. Candidate gives the signed form to the registrar to be placed in the Candidate's academic file.
7. Candidate works towards writing the first three chapters (**the Proposal**) in PT 524 or PT 527.
- 7a. Second and third readers are selected.
8. Upon recommendation of the first reader, the Proposal is reviewed by second and third readers.
9. Candidate is advised to make the appropriate amendments by the first reader.
10. Candidate's revisions are resubmitted to the first reader for approval by all three readers.
11. Proposal is formally approved by all three readers; the **Approval of Proposal form** is signed by all three readers.
12. Candidate gives the signed form to the registrar to be placed in the Candidate's academic file.
13. Candidate works towards writing the final chapters.
14. Upon recommendation of the first reader, the final chapters are reviewed by all three readers
15. Candidate is advised to make the appropriate amendments by the first reader.
16. Candidate's revisions are resubmitted to the first reader for approval by all three readers.
17. Paper is formally approved by all three readers; first reader informs the Candidate that all three readers approve.
18. Candidate submits the **Research Project Approval form** to the PT 411 Control Analyst to verify the clinical material *and* to the three readers for their signatures.
19. Candidate gives the signed form to the registrar to be placed in the Candidate's academic file.
20. Candidate secures signatures of the three readers on **the cover page** of the competed paper.
21. Candidate works with fellow on remaining steps toward graduation, including payment of the Research Reading Fee.

* If the student registers for PT 524, the PT 524 instructor functions as the Research Candidate's **first reader/Research Supervisor**. The Research Candidate who registers for PT 527 chooses a first reader/Research Supervisor from available members of the Research Committee. If the Candidate begins research in PT 524, and later, in consultation with the Fellow, decides to enroll in PT 527, the Candidate's choice for PT 527 becomes the Candidate's new first reader/Research Supervisor. In all cases, the Candidate's 'first reader' is also referred to as the 'Research Supervisor'.