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Nota di contenuto	part, I Introducing the Three-Level Model for Observing Patient Transformations -- chapter One The three-level model (3-LM) for observing patient transformations / Ricardo Bernardi -- chapter Two Leticia: the emergence of questions about herself / Silvana Hernández Romillo -- chapter Three Irina: an adolescent -- The usefulness of the three-level model for observing patient transformations / Marina Altmann de Litvan -- part, II Observing and Working with the 3-LM -- chapter Four Tracking patient transformations: the function of observation in psychoanalysis / Virginia Ungar -- chapter Five Depression and trauma: the psychoanalysis of a patient suffering from chronic depression -- An exemplary case study based on the three levels of clinical observation / Marianne Leuzinger-Bohleber -- chapter Six Close to observation: some reflections on the value of the three-level-model for studying change / Siri Erika Gullestad -- chapter Seven Working with the third level of the three-level model: the incidence of our theoretical model on our clinical thinking* / Adela Leibovich de Duarte -- part, III A Patient, A Concept, and A Case -- chapter Eight A

traumatised patient in analysis: observing patients' transformations / Margaret Ann Fitzpatrick-Hanly -- part, IV The 3-LM: A Case, Report, and Discussion -- chapter Nine Transformations in Paula with "no history" / Michael Šebek -- chapter Ten A report on Paula with "no history" / Robert S. White -- chapter Eleven Discussion of Paula with "no history" / Judy Kantrowitz -- part, V Clinical Concepts -- chapter Twelve Some reflections on the three-level model: organising psychoanalytic knowledge through clinical observations and generalisations / Marvin Hurvich -- chapter Thirteen The assessment of changes: diagnostic aspects / Ricardo Bernardi -- part, VI An Application of the 3-LM at the End of Analytic Training -- chapter Fourteen The three-level model in psychoanalytic training / Beatriz de León de Bernardi Marina Altmann de Litvan -- chapter Fifteen The use of the 3-LM to teach candidates to observe transformations in clinical cases / Liliana Fudin de Winograd Adela Leibovich de Duarte -- part, VII Further Developments of the 3-LM in Child Analysis -- chapter Sixteen Three-level model for observing child patient transformations / Marina Altmann de Litvan Delfina Miller Ricardo Bernardi.

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### Sommario/riassunto

How can we, analysts, evaluate whether analysis is generating transformations in our patients? The IPA Project Committee on Clinical Observation and Testing offers a tool: The Three-Level Model for Observing Patient Transformations (3-LM); a guide for refining, conceptualizing, and systematizing clinical observations about patient transformations. It seeks to enhance clinical observations, making them more accurate and more useful for theory testing and theory building through a systematic analysis of clinical material. Time for Change: Tracking Transformations in Psychoanalysis - The Three-Level Model focuses on the question of how to observe changes in psychoanalysis. It presents the model and the outcome of having worked with the 3-LM tool, which has been applied to adult patients, adolescents and children, as well as in analytic training. The 3-LM goes from clinic to theory, from implicit to explicit theory, from unquestioned hypotheses to reviewed hypotheses enriched by the work on the clinical material after its discussion by several participants with different perspectives. Firstly, the 3-LM seeks to make a careful characterization of the patient and his/her problems and capacities when (s)he enters analysis. Then, it observes later moments of his/her treatment and the positive or negative changes that have occurred during treatment, what has not changed, the relevance of changes, and how changes are explained. Reports are elaborated in each group which state the convergences and divergences that emerged during the group discussion. Approximately 700 analysts from different parts of the world have participated in these clinical observation groups. They have found that this tool has proved useful and friendly for analysts, for it rescues and re-values the richness of the clinical experience between analyst and patient. It also allows us analysts to exercise our abilities and clinical sharpness as well as acquiring precision when communicating our work. It provides us with one way to monitor our work in a more subtle and meticulous way, offering a second look at the material for the benefit of both analyst and patient.

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