



## Center for Psychoanalytic Training and Research

# Evaluation Service Candidate Manual

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### **Overview**

Hello! This Candidate Manual will introduce you to

- The Evaluation Service and how you will work with us
- All the logistics (policies & procedures) of
  - Evaluating a patient for analysis
  - Transitioning a patient from your practice to analysis
- All required paperwork from the Evaluation Service
- Medical-Legal and Ethical dimensions of treatments conducted under the aegis of The Columbia University Center for Psychoanalytic Training & Research

During your training, you will all be ready at different times to begin a training case. You will discuss this with your supervisor and possibly with your mentor and the Chair of Training. Your training case will come either from your private practice or from the Evaluation Service.

If and when you are looking for a case from the Evaluation Service, [please just fill out this online form](#) (very brief; should take seconds). We may circulate this survey periodically to get a sense of overall case needs and evaluation flow.

Because the Center collects data on patients entering analysis, the Evaluation Service serves as the final common pathway through which all patients, those from the general public as well as patients from your private practices, enter analysis with you as a training case under supervision.

Historically, this process of identifying a potential analysand, pairing them with a candidate, completing the evaluation and beginning the treatment has taken a few months. In addition, despite the Service Directors' calling each applicant — to explain the process and determine for whom a consultation for analysis is appropriate — there has typically been an acceptance rate by candidates of about 33%. Therefore, you may find that you evaluate 2-3 cases before finding one that is suitable for analysis.

The requirements for all patients and clinicians are detailed in the next section.

We look forward to working with you over the course of your training! And please don't hesitate to be in touch with either one of us at any time.

Anand Desai & Emily Gastelum

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### **Policies & Procedures**

#### Inflow

- I. Anyone interested in analysis with a candidate will fill out the application. (There is a link to the form as well as blank sample copy for your reference below, at the end of the Manual). This information is collected and stored in a highly secure manner, meeting the privacy and confidentiality standards of CUIMC and HIPAA.
  - i. Patients coming through a candidate's private practice will: you (the candidate/clinician) will fill out a Private Conversion Form online with basic patient demographic & clinical information.
- II. Once the form is completed, the Service Directors review it and call the prospective patient (not private patients) to identify those patients for whom a consultation for analysis seems appropriate. We review with the patient how the evaluation will unfold, including the evaluation fee. Finally, we clearly review what analysis entails (3-5 times weekly, lasting years, use of the couch).
- III. If the applicant appears suitable for evaluation, we match the prospective patient with a candidate. We will share with you any clinical information we learn in the course of speaking with the patient.

#### Evaluation Process & Fees

- I. Evaluations typically lasts several sessions.
- II. **The Evaluation Fee is standardized at \$30 per session and is paid directly to the candidate.** We will have reviewed this directly with the patient. If this fee is prohibitive for a particular patient, the candidate can decide to reduce the fee.
  - a. If treatment follows, **the treatment fee is determined privately and by mutual agreement** between you and the patient
- III. Once assigned a patient for evaluation, the candidate will send a one-sentence update to the service directors within a month with an update on how the evaluation is proceeding.
- IV. If at the end of the evaluation analysis is not undertaken, the candidate provides referrals directly to the patient for treatment as clinically indicated. We are available to help you with sliding-scale referral ideas.

*NOTE: In the near future, the Research Committee and Evaluation Service may implement a Standard Clinical Assessment.*

*Once this happens, the above protocol will be amended in the following way:*

- *After the initial evaluation session, the patient will need to complete our Structured Clinical Assessment. This will involve 1) completing Standardized Forms online, and 2) participating in a one-time structured interview, with the Research Coordinator onsite at NYSPI.*
  - *We will have explained this to the patient in our initial phone contact, and the patient will be required to complete this for the analysis to proceed. Those who are unwilling to participate up front will be screened out. The results of this structured interview will be provided directly to the treating clinician.*
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### **Paperwork for the Evaluation Service**

Formal Writing related to your psychoanalytic work is an integral aspect of training at Columbia. The writing you do will fall into two broad categories: clinical documentation/charting covering medical-legal paperwork; and psychoanalytic case write-ups which represent a core component of your education and which you will review and discuss with your supervisor.

The Evaluation Service will require the paperwork listed below. This paperwork will be kept in the patient's file at the Center; this file will then be closed once the evaluation is complete and a disposition is determined.

*NOTE: Psychoanalytic Case Write-ups are curricular requirements. In the past, these case write-ups were collected by the Evaluation Service. Your analytic writing about your patients (including Initial, Annual and Termination Write-ups) are not part of the patient's file and are not supervised by the Evaluation Service.*

Documentation, Charting & Medical-Legal Paperwork for the Evaluation Service

At the completion of your evaluation, you will hand in **either (I) or (II) below**.

- I. If the patient is accepted
  - Supervisor Form — filled out by your supervisor
  - Service Director's Note — co-signed by Candidate and Service Director
  - Informed Consents for Treatment & Research — co-signed by Candidate and Patient
  
- II. If the patient is not accepted
  - Service Director's Note documenting referral/disposition — co-signed by Candidate and Service Director
  
- III. If you are transitioning a case from your Private Practice
  - Private Conversion Form — filled out by you
  - Supervisor Form — filled out by your supervisor
  - Informed Consents for Treatment & Research — co-signed by Candidate and Patient

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**Medical-Legal Dimensions of Training Cases**

I. Informed Consent

Patients will certify informed consent at two junctures. All are required if relevant.

1. Informed Consent is the first step in the Application. This informs the patient about the evaluation process, what analysis entails and how their information is stored and used.
2. For patients entering analysis, whether they are private patients or not, there is a two-part Informed Consent form. The first part confirms their understanding of the structure of their treatment with a candidate. The second part offers them the chance to consent or decline contact from the Center for research purposes.

II. Liability

Once a patient is referred to you and the evaluation begins, that patient will be like any other patient in your private practice.

Given that the Evaluation Service is referring patients to candidates at the Center, there is certain paperwork that is required to document this process. We have done our very best to keep Center administrative paperwork to an absolute minimum — as detailed in the previous section.

The informed consent forms which you will co-sign along with your patients make clear the following points. You should review these carefully and let them guide your clinical decision-making, documentation, risk assessments and all related clinical practices. If at any time during your training you have any questions or concerns, please don't hesitate to be in touch with us. We are more than happy to discuss with you and help as we can.

Patients are informed that

1. All candidates, to be eligible for training in psychoanalysis at Columbia, are post-doctoral clinicians (Psychiatrists (MD) or Clinical Psychologists (PhD or PsyD)) with private psychotherapy practices, fully licensed in New York State. Psychoanalytic treatments occur under formal supervision by a Supervising Analyst on faculty of the Center.
2. They are entering into a treatment relationship with their analyst only. All aspects of treatment, including all payment arrangements, clinical documentation, clinical decisions and responsibility, treatment policies and procedures, and any other treatment arrangement fall entirely within the private practice of the treating psychoanalyst.
3. While patients' identities will be held strictly confidential, aspects of their analysis may be discussed in anonymized form at clinical presentations in classes or other conferences under the aegis of the Center.

### III. HIPAA

The Evaluation Service is a non-HIPAA entity. All patient Application Forms are nevertheless stored in a HIPAA compliant manner. However, all other patient forms will be maintained in a de-identified manner, using the Case Number.

Your clinical note and all other written work should not contain any potentially identifying information.

### IV. Charting psychoanalysis

APsaA continues to maintain on their web site that it is not customary for psychoanalysts to chart treatment progress session by session with regards to the psychoanalytic process. APsaA, however, does stipulate that clinicians should maintain the "customary methods of documenting events in the clinician-patient encounter that fall outside the scope of psychoanalysis itself." Thus, factors related to medical, psychiatric, psychological, or social work aspects of the treatment should be charted. Our view, at the Center, is that deciding where psychoanalysis itself ends and psychiatric/psychological factors begin is not always clear. We therefore advise that you maintain accurate, up to date patient records as you would any patient in your private practice. The annual write-ups which you hand in to the Center are not a sufficient clinical record of the patient's ongoing treatment and do not fulfill this basic professional activity of maintaining treatment records in your office. You may also consider what documentation is necessary if you or your patient are submitting for insurance reimbursement.

### V. Ethics

As in any profession, psychoanalysis shares fundamental standards of ethical practice and APsaA has outlined them on their website. Topics such as: professional competence, respect, mutuality in informed consent, confidentiality, truthfulness, avoidance of exploitation, scientific responsibility, protection of the public and the profession, social responsibility, and personal integrity are all discussed. At the Center, all candidates complete a course in Psychoanalytic Ethics and Practice prior to graduating. If you have any concerns in this area, please feel free to discuss them with us.

<http://www.apsa.org/code-of-ethics>

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### **Summary of Forms and Paperwork**

Patient Paperwork

[Blank Sample of Application](#) for your reference

[Online Application Form](#) which the patient will fill out

Candidate Paperwork

[Candidate Case Request Form](#) a quick way for you to request a new evaluation

[Blank Sample of Service Director Note](#) for your reference

[Private Conversion Form](#) if you are transitioning a private patient to analysis

[Evaluation Paperwork Checklist](#)

Supervisor Paperwork

[Supervisor Form](#) for your reference

Informed Consents — Patients & Candidates

[Prospective Patient: Informed Consent for Application & Evaluation](#)

[Accepted Patient: Informed Consent for Treatment & Research](#)