

The Center for Psychoanalytic Training and Research  
Columbia University

1051 Riverside Drive, New York, NY 10032  
212-927-5000

**Application for Child and Adolescent Psychoanalysis**

date:

name:

address:

home phone:

work phone:

year of birth:

occupation:

sex:

F  M

marital status:

S  M  D  W

domestic partner:

age:

sex:

children:

personal monthly income:

*other monthly income:*

Referred to Center by:

(please give name and address if by professional person)



What previous psychiatric or psychotherapeutic help, if any, have you had?

Name and address of your treating doctor or therapist:

May we get in touch with them?

(if yes, please sign attached consent form)

yes  no

Have you been hospitalized for psychiatric problems?

yes  no

if yes,  
diagnosis:

treatment:

when:

where:

Has anyone else in your family undergone psychiatric treatment?

if yes, indicate relationship:

yes  no



Are you at present on any form of medication?

if yes, please cite

yes  no

Do you have, or have you ever had, any persistent or recurrent physical symptoms or problems with your health?

if yes, please describe

yes  no

Have you been hospitalized or consulted a physician in the past ten years for medical or surgical reasons?

if yes, please describe

yes  no

name and address of physician or hospital

May we get in touch with them?

(if yes, please sign last the attached consent form)

yes  no

Have you applied to the Center previously?

if yes, please give year:

yes  no

Do you have medical insurance coverage currently?

name of company:

yes  no

policy and/or group numbers:



1) What are your reasons for seeking help at this time and how might psychoanalysis help you?

2) Please describe the history of your emotional and psychological difficulties and prior efforts to deal with them.



3) Please describe your family background and your personal history.

4) Please describe the people currently most important to you and your feelings.

5) What aspects of your life give you satisfaction?

Which times and locations would be convenient for you to be seen for a consultation?

- early morning (before work)
- middle of the day
- late afternoon/early evening

- The Columbia Psychoanalytic Center (1051 Riverside Drive)
- Upper East Side
- Upper West Side
- Downtown
- Westchester
- Brooklyn

Do you plan to apply, or have you applied to any other clinic?

yes  no

if so, please give details below:

name and address of clinic:

date of application:

Applicants will be considered regardless of race, color, religion, national origin, age, sex, marital status or disability in accordance with New York State and Federal law.

The data in this application will be available only to those professional people whose responsibility it is to decide on acceptance at the Center.

Please, use additional paper if necessary.



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This is to give permission to the Psychoanalytic Center to secure from therapist or agency any information pertinent to processing my application for treatment.

date: \_\_\_\_\_

signed: \_\_\_\_\_





### Consultation Information

The Columbia University Center for Psychoanalytic Training and Research was established in 1945 in the Department of Psychiatry of the Columbia University College of Physicians and Surgeons to provide high quality psychoanalytic treatment for patients, to train candidates in psychoanalysis and to conduct research to further understand the mechanisms of action and effectiveness of psychoanalysis. The Center was founded with the belief that psychoanalytic training could enrich and be enriched by a University setting where the biological, social sciences and humanities dimensions could be fully integrated.

Patients applying for treatment to the Center are carefully evaluated to be sure that undertaking an analysis is in their best interests at this time. Our evaluation process has several parts which help the Admissions service, parents, and children evaluate the current situation. First, applicants or their parents are mailed an application form to complete. This form asks for information regarding current life circumstances, past treatment, physical health and reasons for seeking analytic treatment at the present time. The application fee, which should accompany the application, is \$25.

Once we have received the application form, it will be reviewed by our Admissions Service. If we have questions that were not answered on the form, we will contact the parents and/or patient to discuss them. If we feel that a consultation is indicated, we will contact the parents/patient to schedule an interview to begin the intake process.

Our intake process has several steps. First, we will ask parents and patient to come in and meet with our clinic assistant for a structured diagnostic interview. This meeting will take between 45-90 minutes. There will also be a packet of self-report forms to complete. As soon as they are completed and mailed back, the rest of the consultation can proceed. One of our clinicians will contact parents and/or patient, depending on the age of the patient. A clinical interview will be scheduled to explore aspects of the past history and current life issues in greater detail. Most applicants are seen on several different occasions to complete this process; having several different opportunities to explore the current situation may provide both clinician and family a better picture of the nature of psychoanalytic treatment as well as giving the doctor conducting the evaluation a chance to formulate an impression of what type of treatment is best. The fee for the initial evaluation session is \$35 and each additional session is \$15. The doctor doing the intake is likely to be the analyst who will be doing the analysis, but in some cases this may be a different doctor. The evaluating clinician may wish, with consent, to contact previous therapists or physicians in order to gather additional information regarding the patient's history.

Following the evaluation, the family will be notified as soon as possible, usually within a month, about what form of treatment appears indicated. If analysis is not considered the most appropriate form of treatment at this time, we will help find a referral for the appropriate type of treatment. If analysis is the treatment of choice, the family will be contacted by the candidate-analyst to begin the treatment. The analyst will discuss the details of scheduling, will set a fee with based upon income and will provide the information necessary to begin treatment.

Psychoanalytic treatment consists of four sessions weekly with the patient, which depending on age will be conducted through playing or talking. An analysis usually lasts two to three years, but the length varies greatly depending on age and circumstances. All analyses at the Columbia University Center for Psychoanalytic Training and Research are conducted by candidates (analysts-in-training) under the supervision of a senior supervising psychoanalyst from the faculty of the Center. This supervision, combined with the high caliber of our candidates, helps to ensure good treatment.

Because of the educational mission of the Center, material from the analysis may be discussed at clinical conferences within the Center. In any circumstance where material from the analysis is used for teaching or research purposes, anonymity and confidentiality are always carefully preserved by using a case number only for identification purposes and by eliminating any potentially identifying details.

Finally, our Center has traditionally been a leader in psychoanalytic research and currently has several projects in progress. The family will be asked to consent to the use of case records for research purposes within the Center. Active participation in the research is voluntary and unrelated to psychoanalytic treatment. In the past our patients and analysts have been supportive of research efforts at the Center, which represent our attempt to further develop our knowledge and understanding of psychoanalytic treatment.

We look forward to your application to our Center and will do our best to meet your evaluation and treatment needs in an efficient, thorough and respectful manner. The Admissions Service staff would be happy to answer any questions you may have and may be reached at 212-927-5000. Please sign below indicating that both parents and child (where appropriate) have read and understood the above information and return with the application form.

*I have read and understood the Consultation Information for Applicants regarding psychoanalytic treatment and the process of evaluation, treatment and research at the Columbia University Center for Psychoanalytic Training and Research.*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (patient)

\_\_\_\_\_ (parents)

