



Evaluation Service Candidate Manual 2021–2022

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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 indicate this through SIGI (details of how to do this are in the next section). We will be notified & then will follow up with you directly.

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

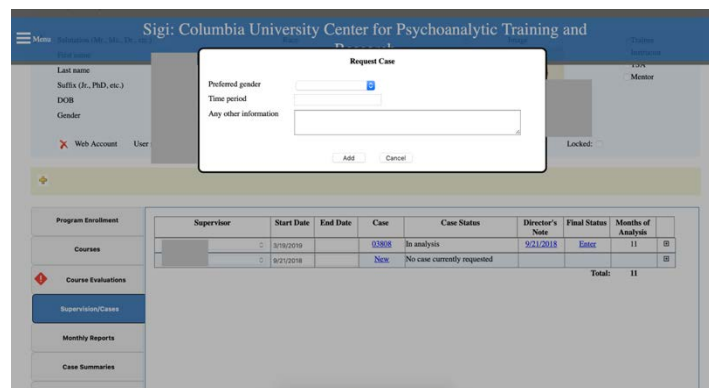
Policies & Procedures

Beginning a Case

- I. If & when you would like to begin a case — whether converting a private patient or requesting a case through the Evaluation Service — you can do so in SIGI. You need a supervisor first, as the case will be linked to the pair.
- II. In the “Case” column, click on “New” —>

Supervisor	Start Date	End Date	Case	Case Status	Director's Note	Final Status	Months of Analysis
	3/19/2019		03808	In analysis	9/21/2018	Enter	11
	9/21/2018		New	No case currently requested			
Total:							11

III. Fill out the brief “Request Case” form —>



- i. Please note — if the case is a Private Conversion, please **make sure** to write “Private Conversion” in the text field (“Any other information”).

Inflow

- I. Anyone interested in analysis with a candidate will fill out the application in SIGI. (There is a link to the form on the center website, [and it is also included here](#).) This information is collected and stored in a highly secure manner, meeting the privacy and confidentiality standards of CUIMC and HIPAA.
- II. As of now, for patients coming through a candidate’s private practice:
 - i. the candidate/clinician (you) will send the patient’s name & email address to Madrid; a Case (and Case Number) will be created in SIGI

- ii. the patient will then receive a username/password & will fill out the application
 - iii. the case will be linked by Emily/Anand in SIGI to the candidate
- III. The Service Directors review the applications of prospective patients (not private patients) and call them 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 and the center’s required Clinical Assessments. Finally, we clearly review what analysis entails (3–5 times weekly, lasting years, use of the couch).
- IV. If the applicant appears suitable for evaluation, we pair the prospective patient with an available candidate. We will share with you any clinical information we learn in the course of speaking with the patient.
- V. When you contact the patient & begin the Evaluation, remember that the patient has concurrent tasks to complete in SIGI. These include consents, self–assessment forms and conducting a ~30 min phone interview (to complete the “MINI” diagnostic assessment) with the Center’s Research Coordinator.
 - i. Patients are not receiving a prompt to complete their tasks. Once assigned to a Candidate, the patient needs to log back into SIGI to see & begin completing these. **You should convey this to the patient.**
 - ii. Candidates with cases who have outstanding items to complete (consent, self–assessment, etc.) now have a little information icon next to the status of the case in their table of cases on the SIGI home page. If you hover over the icon (i.e. point to the icon with your mouse) you can see which items are outstanding —>

Program Enrollment	Supervisor	Start Date	End Date	Case	Case Status
Courses		9/21/2018		03	In analysis
Course Evaluations		7/28/2019		03	In analysis i
Supervision/Cases		2/1/2020			Case requested
Monthly Reports					

Supervisor	Start Date	End Date	Case	Case Status	Director's Note	Final Status	Months of Analysis
	9/21/2018		03	In analysis	9/21/2018	Enter	15
	7/28/2019		03	In analysis i	3/26/2020	Enter	0
	2/1/2020			Case requested			0

Outstanding Case Tasks:

- Informed Consent for Clinical Assessment and Contact for Future Research
- Assessment 1: Adult Self-Report Scale Symptom Checklist
- Assessment 2: Beck Anxiety Inventory
- Assessment 3: Childhood Trauma Questionnaire
- Assessment 4: Experiences in Close Relationships
- Assessment 6: Inventory of Personality Organization
- Assessment 7: PTSD Checklist
- Assessment 8: Quick Inventory of Depression Symptomatology
- Assessment 9: Reflective Function Questionnaire
- Assessment 10: Social Adjustment Scale
- Assessment 11: Working Alliance Inventory
- Mini International Neuropsychiatric Interview (MINI)
- Informed Consent for Treatment

- iii. **Patients cannot complete their consent forms to begin analysis — and therefore a start-date is not assigned & your case cannot officially begin — until the MINI (standardized interview) is completed.** Therefore, you should call the Center’s Research Coordinator, Esteban Ceballos, with your patient’s Name & Phone Number. He will then call the patient to schedule the MINI. His contact information is here:

Esteban Ceballos
Clinical Research Coordinator
New York State Psychiatric Institute
Phone: (646) 774-8692
esteban.ceballos@nyspi.columbia.edu

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.

- i. If treatment follows, the treatment fee is determined privately and by mutual agreement between you and the patient
- III. Once an evaluation is complete, the candidate will fill out a Disposition Note in SIGI which will be co-signed in SIGI by your Supervisor. 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.
- i. The Disposition Note will come up when you click on the “Enter” link —>

Program Enrollment	Supervisor	Start Date	End Date	Case	Case Status	Director's Note	Final Status	Months of Analysis	
Courses	Olts, David	9/21/2018		03768	In analysis	9/21/2018	Enter	14	⊞
Course Evaluations	Halpern, Jeff	7/28/2019		03850	Awaiting consent	Enter	Enter	0	⊞
Supervision/Cases	Samborg, Edine	2/1/2020		03861	Awaiting consent	Enter	Enter	0	⊞
Monthly Reports	Total: 14								
Case Summaries									
Sup. Assessments									
Mentoring									
Candidate Analysis									

- ii. This is the very brief form you will see & fill out —>

Summary

To summarize the above, here is a list of the steps for External Cases & Conversion Cases:

External cases

1. Case creates Sigi login
2. Case completes consent for application and application for treatment
3. Anand/Emily performs phone screen
4. Candidate requests new case
5. Case is assigned to candidate
6. Case completes self-assessments
7. MINI administered and entered
8. Candidate evaluates case
9. Candidate completes Disposition Note
10. Case consents to treatment
11. Analysis begins

Transfer case

1. Candidate requests new case
2. Madrid creates login for case
3. Case completes consent for application and application for treatment
4. Anand/Emily link the case to the candidate
5. Case completes self-assessments
6. MINI administered and entered
7. Candidate completes Disposition Note
8. Case consents to treatment
9. Analysis begins

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.

Documentation, Charting & Medical–Legal Paperwork for the Evaluation Service is now all within SIGI.

At the completion of your evaluation:

- I. If the patient is accepted
 - i. Supervisor Form — filled out by your Supervisor

- ii. Disposition Form — filled out by the Candidate & Supervisor
 - iii. Informed Consents for Treatment & Research — co-signed by Candidate and Patient
- II. If the patient is not accepted
- i. Disposition Form — filled out by the Candidate & Supervisor
- III. If you are transitioning a case from your Private Practice
- i. Supervisor Form — filled out by your Supervisor
 - ii. Informed Consents for Treatment & Research — co-signed by Candidate and Patient

Below are two examples of what your supervisors will see. 1) Their screen of supervisees, where they will see your name, case number & a link to the supervisor note. 2) The brief supervisor note.

Courses	Maximum # of candidates available to supervise: 3						
Student Evaluations	Trainee	Start Date	End Date	Case	Case Status	Supervisor's Note	
Supervision/Cases	[Redacted]	3/19/2019		03808	In analysis	12/24/2019	⊞
Monthly Reports	[Redacted]	6/7/2018		03794	In analysis	Enter	⊞
Case Summaries	[Redacted]	1/21/2016		03816	In analysis	Enter	⊞
Sup. Assessments							
Candidate Analysis							

Sigi: Columbia University Center for Psychoanalytic Training and Research

Save Post
Return

Case Evaluation

Candidate: [Redacted] Case ID: 03794 Note date: [Redacted]

Supervisor: [Redacted]

Supervisor Note

Please provide a brief narrative diagnostic assessment of this patient.

Please comment on the patient's suitability for analysis.

Anything else? (optional)

Medical–Legal Dimensions of Training Cases

I. Informed Consent

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

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.

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 initial, annual, and termination summaries you write are a part of your academic file and the body of work you create as a trainee but should not be considered a part of or included in your patient’s record. 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>