



## Case Intake Candidate Manual 2023-24

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*If you did not recently download this manual, please check the [Clinical Case Intake Page](#) for the latest version.*

### Overview

Hello! This Candidate Manual will introduce you to

- The Case Intake Committee (CIC) and how you will work with us
- All the logistics (policies and procedures) of
  - Evaluating a patient for analysis
  - Converting a private practice patient from psychotherapy to analysis
- Assessments for the patients to complete in SIGI
- All required documentation for the Case Intake Committee
- 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 Training Committee. Your training case will come either from your private practice or from the Case Intake Committee.

If you are looking for a case from the Case Intake Committee, please indicate this through SIGI. Details of how to do this are in the next section. We will be notified and then will follow up with you directly.

Because the Center collects data on all patients evaluated for analysis, the Case Intake Committee serves as the final common pathway through which all patients, whether from the general public or 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 Committee Co-Chairs’ calling each applicant — to explain the process and determine for whom a consultation 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.

[Abby Mulkeen](#) & [Maya Stowe](#)  
*Case Intake Committee Co-Chairs*

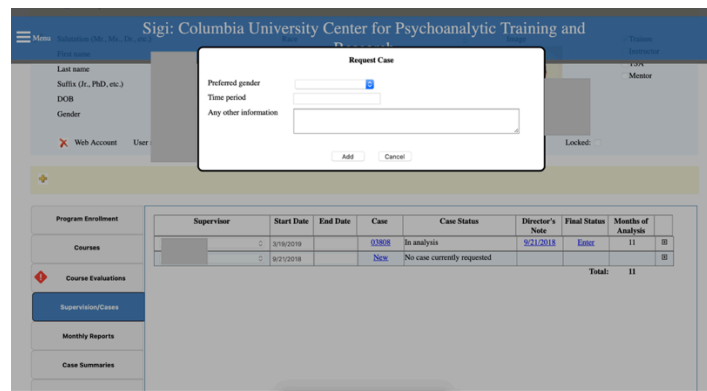
## Policies & Procedures

### *Beginning a Case*

- I. When you would like to begin a case — whether converting a private patient or requesting a case through the Case Intake Committee (CIC) — you can do so in SIGI. You need a supervisor first, as the case will be linked to the pair.
- II. In the Supervision/ Cases tab 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 →



**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. For patients coming through a candidate’s private practice:
  - i. The candidate (you) will send the patient’s name and email address to Madrid; a Case and Case Number will be created in SIGI.
  - ii. The patient will then receive a username/password and will fill out the application.
  - iii. The case will be linked by Madrid in SIGI to the candidate.
  
- II. Other patients who are interested in analysis with a candidate will access the application via the [Center’s website](#). Here is the link to the [Sigi form](#) where patients will sign up when we have availability on the Waiting List.
  
- III. The information in the application is collected and stored in a highly secure manner, meeting the privacy and confidentiality standards of CUIMC and HIPAA.
  
- IV. The CIC Co-Chairs review the applications of prospective patients (not private patients) and call them to determine whether 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).
  
- V. 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 while speaking with the patient.
  
- VI. When you contact the patient and begin the evaluation, remember that the patient has concurrent tasks to complete in SIGI. (Please see “Assessments in SIGI” below for more information.) These include consents, self-assessment forms, and a ~30 min phone interview (to complete the “MINI” diagnostic assessment) with the Center’s Research Coordinator.

- i. **Patients will not receive a prompt to complete their tasks. Candidates should convey to the patient that they need to log into SIGI to complete the forms.**
- ii. Candidates with cases who have outstanding items to complete (consents, self-assessments, etc.) will have a list of Outstanding Case Tasks available in the Supervision/Cases tab so they can see which items are outstanding.

Programs	Supervisor	Start Date	End Date	Case	Case Status	Months of Analysis	
Course Planner	[Redacted]	[Redacted]	[Redacted]	New	No case currently requested	[Redacted]	☒
Course Evaluations	[Redacted]	[Redacted]	[Redacted]	[Redacted]	In analysis	[Redacted]	☒
View Classwork Assessments	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Awaiting consent		☒
<b>Supervision/Cases</b>					Outstanding Case Tasks: <ul style="list-style-type: none"> <li>• Informed Consent for Clinical Assessment and Contact for Future Research</li> <li>• Assessment 1: Adult Self-Report Scale Symptom Checklist</li> <li>• Assessment 2: Beck Anxiety Inventory</li> <li>• Assessment 3: Childhood Trauma Questionnaire</li> <li>• Assessment 4: Experiences in Close Relationships</li> <li>• Assessment 5: Inventory of Interpersonal Problems</li> <li>• Assessment 6: PTSD Checklist</li> <li>• Assessment 7: Quick Inventory of Depression Symptomatology</li> <li>• Assessment 8: Reflective Function Questionnaire</li> <li>• Assessment 9: Social Adjustment Scale</li> <li>• Assessment 10: Working Alliance Inventory</li> <li>• Mini International Neuropsychiatric Interview (MINI)</li> <li>• Informed Consent for Treatment</li> </ul>		
Supervision Reports							
Supervisory Assessments							
Case Summaries							
Training Analysis							
Mentorship							
Profile							
						Total:	[Redacted]

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

Esteban Ceballos  
 Phone: (917) 797-5338  
 Email address: eceballos90@gmail.com

**Evaluation Process & Fees**

- I. Evaluations typically lasts several sessions.

- II. The evaluation fee is standardized 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. Prospective patients who applied via the web prior to September 2023 have been quoted \$30 for each evaluation session.
  - ii. Prospective patients who apply during the 2023-2024 academic year will be quoted a higher fee, \$75 per evaluation session.
  - iii. 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 should provide referrals directly to the patient for treatment as clinically indicated. Please email the CIC Co-Chairs for help with sliding-scale referrals.

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	Olits, David	9/21/2018		03768	In analysis	9/21/2018	Enter	14	⊞
Course Evaluations	Halberm, Jeff	7/28/2019		03850	Awaiting consent	Enter	Enter	0	⊞
Supervision/Cases	Sarberg, Eslee	2/1/2020		03861	Awaiting consent	Enter	Enter	0	⊞
<b>Total:</b>								<b>14</b>	

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

Menu
Post   Return

**Case Evaluation**

Candidate  Case ID  Decision date

Supervisor

**Disposition Note**

**Decision**

Recommended analysis and will continue the treatment relationship with the patient

No recommended analysis at this time

Recommended analysis but with alternative candidate

Analysis continuing, supervision transferred from another supervisor

**Outside referral?**  No  Yes

Referral site, specify

## Summary

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

### **Web Application Cases**

1. Case creates SIGI login
2. Case completes consent for application and application for treatment
3. Maya or Abby performs phone screen
4. Candidate requests new case
5. Case is assigned to candidate
6. Patient completes self-assessments
7. MINI administered and entered
8. Candidate evaluates patient concurrently with SIGI assessments
9. Candidate completes Disposition Note
10. Patient consents to treatment
11. Analysis begins

### **Conversion cases**

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

### **Assessments in SIGI**

The Center collects self-assessments and the Mini International Neuropsychiatric Interview (MINI) for each patient entering analysis. These serve a dual purpose: clinical information and research data. Reading the assessments often deepens your understanding of your patient. Symptoms and historical factors that are missed in an interview, for example, are likely to be elicited by these assessments.

More broadly, the Center has an interest in understanding what kinds of patients undertake analysis, what kinds of patients complete analysis, and what the outcomes are. These questions are central to the Mission of the Center and, we believe, to the future of psychoanalysis as a discipline. The assessments serve as a baseline in case your patient chooses to participate in future research. Thus, it is essential that the patient complete the assessments **before** you can begin the analysis.

Here is a link to the sample patient page: <https://www.sac-cu.org/PSA/Cases/CaseHomeTest.aspx>

You can also find it in your menu – “Sample Case Application.” On this page, all forms are included, but please note, **these will be released to the patient as tasks are completed.**

### ***Tasks for Patients:***

1. *Who We Are and What We Do*
2. *Informed Consent for Application and Evaluation*
3. *Application for Psychoanalysis*
4. *Informed Consent for Clinical Assessment and Contact for Future Research*
5. *Assessment 1: Adult Self-Report Scale Symptom Checklist*
6. *Assessment 2: Beck Anxiety Inventory*
7. *Assessment 3: Childhood Trauma Questionnaire*
8. *Assessment 4: Experiences in Close Relationships*
9. *Assessment 5: Inventory of Interpersonal Problems*
10. *Assessment 6: PTSD Checklist*
11. *Assessment 7: Quick Inventory of Depression Symptomatology*
12. *Assessment 8: Reflective Function Questionnaire*
13. *Assessment 9: Social Adjustment Scale*
14. *Assessment 10: Working Alliance Inventory*
15. *Informed Consent for Treatment*

- I. SIGI releases these forms in groups. The first three steps will appear one at a time, the next step appearing as they complete the previous one.
- II. The fourth step (Informed Consent for Clinical Assessment and Contact for Future Research) comes after the third is completed, but your patient may have to log in again to see it. This is a quirk of the conversion case process since the CIC would need to take action here for web applicants.
- III. Once the Informed Consent for Clinical Assessment and Contact for Future Research is completed, all the evaluations (except the MINI, which you will schedule with Esteban) appear. These may be completed in any order.
- IV. Once all the evaluations (including the MINI) are completed, and you have completed the Disposition Note in your Supervision/Cases tab, the Informed Consent for Treatment appears. Your patient signing this final form will complete the intake process for the patient.

### **Documentation for the Case Intake Committee**

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 and medical-legal paperwork for the Case Intake Committee is 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 and 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
  - ii. Please email Maya or Abby about outside referrals and then provide them directly to the patient.
  
- III. If you are converting 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 and a link to the Supervisor Note. 2) The Brief Supervisor Note.

Courses	Maximum # of candidates available to supervise <input type="text" value="3"/>						
Student Evaluations							
Supervision/Cases							
Monthly Reports							
Case Summaries							
Sup. Assessments							
Candidate Analysis							
	Trainee	Start Date	End Date	Case	Case Status	Supervisor's Note	
		3/19/2019		<a href="#">03808</a>	In analysis	<a href="#">12/24/2019</a>	⊞
		6/7/2018		<a href="#">03794</a>	In analysis	<a href="#">Enter</a>	⊞
		1/21/2016		<a href="#">03816</a>	In analysis	<a href="#">Enter</a>	⊞



## Medical-Legal Dimensions of Training Cases

### I. Informed Consent

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

Informed Consent to be evaluated 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 web applicants, 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 future 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 Case Intake Committee 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 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 from the faculty of the Center.

2. Patients will enter 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 Case Intake Committee 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 in SIGI 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 your patient's record. You may also consider what documentation is necessary if you or your patient is submitting for insurance reimbursement.

### **V. Ethics**

As in any profession, psychoanalysis shares fundamental standards of ethical practice. 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>