



Case Intake Candidate Manual 2024-25

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If you have not recently downloaded 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
 - Screening and evaluating a patient for analysis
 - Starting an analytic case
- Assessments for the patients to complete in SIGI
- Medical-legal and ethical dimensions of control analyses conducted while you are a trainee at the Center

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 may come from your private practice or any referral source.

The Case Intake Committee facilitates the pathway through which all patients enter analysis with you as a training case under supervision.

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! 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

Screening

- I. As of the 2024 academic year, the Case Intake Committee will no longer screen patients for analysis. Any patient who contacts the Center with interest in psychoanalytic treatment will be referred by our staff (Madrid or Chris) directly to available candidates.
- II. Referrals are made in accordance with the information on the Candidate Organization's Google Spreadsheet on which candidates seeking cases enter their details.
- III. For cases coming through the Center, you will be notified via your Columbia email account that a patient has been provided with your contact information.
- IV. When a patient contacts you, it will be up to you to screen them to see if an evaluation for psychoanalysis is appropriate. Some screening may be accomplished in a phone conversation, while other questions are best addressed in person. Your coursework and your supervisor will be your guides in this process. You may also reach out to Maya and Abby with questions. Some important issues to consider during screening include:
 - A. What the patient hopes to accomplish through psychoanalytic treatment
 - B. Whether the patient understands that the treatment involves meeting 3-5 times per week (You may need to reiterate this!)
 - C. Whether the patient understands that psychoanalysis is a long-term endeavor
 - D. Whether the patient has a substance use disorder (as we do not recommend candidates treat patients with active substance abuse in analysis)
 - E. Whether the patient has a history of serious psychiatric illness, especially psychosis
 - F. Whether safety concerns are present that could disrupt the treatment
- V. If you find the patient is not appropriate for analysis, please provide them with other referrals. The Case Intake Committee can help with suggestions. In many cases, patients may be referred to the Columbia Residents' Clinic (646-774-6705). Patients may also be referred to the Department of Psychiatry intake line (212-305-6001).
- VI. If you find that evaluation for psychoanalysis is indicated but logistical barriers (such as fee or geography) prevent you from continuing with the patient, please refer them to one of your fellow candidates in Adult Psychoanalysis.
- VII. If you find that the patient is suitable for an evaluation in your practice, you may begin to meet with them.

Evaluation Process & Fees

- I. Evaluations with a new patient typically require at least several sessions.
- II. The candidate will decide the fee for the evaluation. You are encouraged to offer evaluation sessions at a reduced fee in order to lessen the barriers to finding a great training case.
- III. If treatment follows, the fee will be determined privately between the patient and the candidate.

Beginning a Case

- I. To begin a new analysis, you need to request a case in SIGI. Each new case will be assigned to a supervisor-candidate pair. This process is the same whether the patient is coming from your private practice or is new to you.
- II. In the Supervision/ Cases tab in the “Case” column, click on “New”

Program Enrollment	Supervisor	Start Date	End Date	Case	Case Status	Director's Note	Final Status	Months of Analysis	
Courses		3/19/2019		03808	In analysis	9/21/2018	Enter	11	0
Course Evaluations		9/21/2018		New	No case currently requested				
Supervision/Cases	Total: 11								
Monthly Reports									
Case Summaries									
Sup. Assessments									
Mentoring									
Candidate Analysis									

- III. Fill out the brief “Request Case” form →

Sigi: Columbia University Center for Psychoanalytic Training and

Request Case

Preferred gender:

Time period:

Any other information:

Add Cancel

Program Enrollment	Supervisor	Start Date	End Date	Case	Case Status	Director's Note	Final Status	Months of Analysis	
Courses		3/19/2019		03808	In analysis	9/21/2018	Enter	11	0
Course Evaluations		9/21/2018		New	No case currently requested				
Supervision/Cases	Total: 11								
Monthly Reports									
Case Summaries									

Please note — We no longer offer screened referrals from the Case Intake Committee. Any case request you put in should be for a specific patient that you are ready to treat in analysis.

IV. At the same time, please email Madrid with the patient's name and email address and specify your supervisor. Madrid will create a case account in SIGI that will be linked to you and your supervisor.

V. The patient can now log into SIGI, sign consent forms, and fill out the required self-assessments. The first two consent forms are the Informed Consent for Application and Evaluation and the Informed Consent for Contact for Future Research. Please see "Assessments in SIGI" below for more information. **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.**

Candidates with cases with 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				New	No case currently requested		
Course Evaluations					In analysis		
View Classwork Assessments					Awaiting consent		
Supervision/Cases					Outstanding Case Tasks: <ul style="list-style-type: none"> • 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 5: Inventory of Interpersonal Problems • Assessment 6: PTSD Checklist • Assessment 7: Quick Inventory of Depression Symptomatology • Assessment 8: Reflective Function Questionnaire • Assessment 9: Social Adjustment Scale • Assessment 10: Working Alliance Inventory • Mini International Neuropsychiatric Interview (MINI) • Informed Consent for Treatment 		
Supervision Reports							
Supervisory Assessments							
Case Summaries							
Training Analysis							
Mentorship							
Profile							
						Total:	

VI. **Patients cannot complete their consent form 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.** Please 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, which consists of a ~30-minute phone interview. His contact information is here:

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

You can expect a turnaround time of about two weeks to give both your patient and Esteban a sufficient time window to mutually agree on a time that would work for their schedules. Please include your patient's email address, in addition to a telephone number, when you contact Esteban since, generally, patients have been more responsive to his emails for scheduling.

Summary

Steps for starting analytic cases:

1. A new or existing patient is evaluated for psychoanalysis in your private practice with guidance from your supervisor.
2. When a patient is ready to begin analysis, the candidate requests a new case in SIGI, emails Madrid with the patient's name and email, and specifies the supervisor for the case.
3. Madrid creates a login for the case and matches it to the candidate-supervisor pair.
7. The patient completes the initial consents and self-assessments in SIGI.
8. The MINI is administered and entered.
9. The patient signs the Informed Consent for Treatment.
10. 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: both clinical information for you and your supervisor and a baseline for research should the patient consent to participate in a study. 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. 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 SIGI menu – “Sample Case Application.”

Tasks for Patients:

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

- I. 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.
- II. Once all the evaluations (including the MINI) are completed, the Informed Consent for Treatment becomes available. This form is the final step for the patient’s intake process. You can start receiving credit for analysis once this form is submitted.
- III. Your supervisor should fill out a Brief Supervisor Note for new analytic cases. Below is a screenshot of what your supervisor will see.

Courses
Student Evaluations
Supervision/Cases
Monthly Reports
Case Summaries
Sup. Assessments
Candidate Analysis

Maximum # of candidates available to supervise 3

Trainee	Start Date	End Date	Case	Case Status	Supervisor's Note	
	3/19/2019		03808	In analysis	12/24/2019	
	6/7/2018		03794	In analysis	Enter	
	1/21/2016		03816	In analysis	Enter	

Medical-Legal Dimensions of Training Cases

I. Informed Consent

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

Informed Consent for Application and Evaluation is the first step. This informs the patient about the context of treatment as a training case, what analysis entails and how their information is stored and used. The next step is Informed Consent for Contact for Future Research. The patient indicates whether or not they agree to be contacted for participation in future research. This is not a commitment to participate, only to be contacted. Their choice does not affect their psychoanalytic treatment.

II. Liability

Once a patient is referred to you, that patient will be like any other patient in your private practice. The Center is not a clinical entity; therefore, all clinical information will be de-identified in our database.

The informed consent forms 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 this 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 with private practices, fully licensed in New York State. Psychoanalytic treatments occur under supervision with a senior analyst on the Center faculty.
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 at the Center.

III. HIPAA

The Center is not a clinical entity. All patient information is nevertheless stored in a HIPAA-compliant manner. Clinical information 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>