Training Manual
for the academic year
2023-2024

The following is a comprehensive guide to the Columbia University Center for Psychoanalytic Training & Research, with special emphasis on our training programs in adult and child psychoanalysis. The information detailed below should be considered a general guideline to the Center’s programs, policies, and procedures. Trainees’ and faculty members’ unique circumstances often merit review on an individual basis. If you have questions, please contact the Center’s administrative team. We are eager to address your concerns.

The policies detailed in this manual are subject to change. The manual is updated once yearly; however, policy changes appear on the Center’s website when they are implemented and are communicated to members via email.

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I. Psychoanalytic training at the Center

The adult and child psychoanalytic training programs at the Center represent Columbia’s unique application of the standards for psychoanalytic education developed by the American Psychoanalytic Association (APsaA). At all APsaA institutes, psychoanalytic training involves the trainees’ simultaneous participation in didactic coursework, supervised clinical work, and a personal analysis.

At Columbia we have designed our programs to enable trainees to achieve a specific set of skills and knowledge needed to conduct psychoanalysis and contribute to psychoanalytic scholarship. These learning objectives are detailed on our website and serve as the foundation of our teaching and assessment of trainees.

A. Remote training policies

Classes

In the 2023-2024 academic year, all Monday classes in the adult psychoanalysis training program will be held in person. All Thursday classes will be held remotely. Classes will be taught on our campus at the New York State Psychiatric Institute. Remote accommodations will be available to trainees who, for medical reasons, are at increased risk of severe COVID-19 or have an at-risk household member.

All classes in the Center’s adult and child psychotherapy training programs and CAPE-ASC will be held via Zoom. Our Fellowship, Why Psychoanalysis seminars will be offered in person only.
For classes held on zoom, links to join will be found on the course’s Courseworks page and on our website.

Zoom information for classes in our other training programs can be obtained from each program's Chair. There are a number of resources available on the Center’s website to assist faculty members in optimizing their teaching for the Zoom classroom.

Trainees’ clinical work, personal analyses, and supervision

From an educational and administrative standpoint, with regard to psychoanalytic and psychotherapy trainees’ clinical work, personal analyses or psychotherapy, and supervision, the Center will not distinguish between work conducted in person and that conducted by telephone or video platform. This expansion in the ways trainees can gain credit for their work will remain in effect beyond the duration of the pandemic.

These policy changes derive from the findings of several in-depth surveys of the Center’s faculty and trainees regarding the experience of emergency remote training at the Center and follow extensive discussions among members of the Training, Executive, and Steering Committees. The findings of the most recent and extensive survey are available for review here.

Choosing between in-person meetings and teleanalysis/teletherapy

The process of deciding how a clinician and patient will meet can be complex, and we encourage all members to approach it with the depth of thoughtfulness characteristic of their clinical work in general. In particular, we recommend the following:

- The wish to work via teleanalysis/teletherapy should be respected. If either party is not fully comfortable meeting in person, tele-treatment should be considered. If considering in-person work, trainees and faculty should carefully review the evolving safety guidelines provided by
the [CDC](https://www.cdc.gov), [NY State](https://www.health.ny.gov) and [Columbia](https://www.columbia.edu) to make thoughtful decisions about mask wearing and physical distancing while conducting a treatment.

- These decisions may need to be revisited over time as public health risks and recommendations change and as the therapeutic pair learns more about the implications of their choice through experience.

- As in all cases involving risk, safety concerns may be considered in the broader context of the balance of risks and benefits. Trainees, their patients, and their analysts/therapists should explore what they perceive as the similarities and differences between teletreatment and in-person work in their experience.

- A wish to continue working via tele treatment should not be approached purely as a resistance. As with any issues in a psychoanalytic treatment, there will be conscious and unconscious meanings at play for both the clinician and patient. These issues can be explored while working in the modality that is felt to be the most safe.

- In considering a return to in-person treatment, we should be mindful that power dynamics are always operative and thoughtfully examine our motivations (such as the wish to please the other) if deciding to meet in person.

- The reduction in commuting offered by teletreatment can have profound effects on the earning potential of trainees, the accessibility of training, and the quality of life of clinician and patient alike. These advantages go beyond mere convenience and deserve to be carefully weighed in considerations of the treatment modality of choice.

- Some may be in the process of making, or have already made decisions to continue via tele treatment indefinitely, with no plans to resume in-person clinical work. We recognize that this would represent a significant shift in
the treatment frame and encourage open discussion about the ramifications of these choices by the therapeutic pair.

- The Center’s consulting analysts (Drs. Berger, Chriss, and Kravis) are available to provide consultations to candidates regarding their personal analyses in situations where these issues can not be resolved internal to the treatment.

B. Didactic Curriculum

Courses

With the exception of electives (of which candidates choose one of two offerings at a time) all courses offered in the psychoanalytic curriculum are required for graduation from the adult program as well as the traditional child and adolescent/emerging adulthood programs. Accelerated child candidates are required to take only the first two years of the adult curriculum.

Adult candidates who have met all other graduation criteria by the end of their fifth year Fall semester and who have taken all courses up to that point are not required to attend further classes. Those who have completed the full five-year curriculum but have not yet satisfied their other graduation requirements may choose to continue taking electives but are not required to do so.

Didactic teaching at Columbia emphasizes the importance of a solid grounding in classical theories, the development of each candidate’s ability to think critically about psychoanalytic principles, and a thorough study of the principles of analytic
technique. In exposing our candidates both to the history of psychoanalytic knowledge and to the current frontiers of scholarship, we hope to train analysts who understand diverse points of view and controversies within psychoanalysis and who can think critically and creatively in regards to the development of new theories and clinical interventions. Our curriculum has five key components:

*Psychoanalytic Theory*
This four-year series of generally year-long classes begins with a study of the writings of Sigmund Freud.

Second and third year theory surveys the major schools of psychoanalytic thought from Anna Freud to the present, with segments on Ego Psychology, Klein and the Contemporary Kleinians, the British Independents, Self Psychology, American Object Relations Theory, Attachment Theory, Bion, Relational Theory and Intersubjectivity, Lacan and Laplanche, and Identity and Context in Theory Making.

There will be no fourth year theory classes in the 2023-2024 academic year. This will give the curriculum committee and a convened task force of faculty and candidates an opportunity to thoroughly and meaningfully revise the curriculum, with a goal of a stronger and more cohesive 4th year theory track. Because the 5th year curriculum does not have a theory track, this one year pause will not delay graduation for most candidates. The revised course will be piloted in 2024-2025, which 4th and 5th year candidates will take together.

*Theory of Technique*
In each of the first three years, candidates take courses that focus specifically on the understanding of psychoanalytic technique. Topics such as listening, transference, countertransference, resistance, and interpretation are explored
through the lenses of numerous theoretical perspectives at increasing levels of depth and sophistication. Learning is enhanced by the presentation of instructors’ clinical material.

_Psychoanalytic Process_
Over the five year training program, candidates participate in a continuous sequence of process seminars. These seminars, divided into seven- or eight-week segments with specific topics, generally follow the micro-process of one candidate’s analytic work with one patient or may include vignettes from several treatments contributed by candidates or faculty. Psychoanalytic sessions are presented to one or two faculty members and classroom discussion centers on specific elements of the clinical work related to the focus of the process course segment. Candidates may confer with instructors in preparing material for class discussion. Each candidate is expected to present process material during the course of training. Over the five years, candidates move from process segments that focus on early work in analysis to midphase and termination. Some of the process segment topics (such as termination) require graduates or faculty members to present process material.

_Psychoanalytic Case Writing_
The psychoanalytic case writing program helps candidates build the skills they need to formulate their cases, understand psychoanalytic process, and capture their work in writing. These skills are essential for one’s own development as an analyst, communication with other analysts, and publication. This program has two key components:

- **Case summaries** - Candidates write up each of their ongoing analytic cases at the beginning of a treatment, annually each summer, and upon termination for discussion with their supervisors.
Initial summaries - At the start of the case, and no later than the third month of treatment, the candidate completes an initial summary focused on case formulation.

Annual summaries - At the end of each academic year the candidate writes a case summary that describes the analysis from the beginning. Annual summaries are written during the summer break to take advantage of the extra time available. First drafts of these summaries are due no later than the first day of classes in September. Trainees share their drafts with their supervisor by uploading them to Sigi, the Center's secure database. Supervisors and candidates read the work together and discuss it in depth. The candidate revises the write-up and uploads a final draft to Sigi no later than October 15th where it remains a permanent part of the trainee's academic record. The supervisor's evaluation of the trainee's written work is an important part of the semiannual supervisory assessment, a principal component of the trainee's academic record.

Termination summary - a complete case summary is written (and submitted as above) when a patient terminates the analysis.

Please see the website for a complete description of these writing requirements, including outlines for each type of case summary and details regarding when an initial or termination summary takes the place of an annual summary.

● Writing workshops - Writing seminars are offered in the spring semester for year 1, and fall semesters in years 2-5. These required seminars provide an opportunity for candidates to share their work with colleagues and further
advance their writing skills. Candidates in writing 1 and writing 2 will complete in-class writing exercises. Candidates in writing 3, 4, or 5 will choose the final draft of their longest-running case’s annual summary to present to their fellow candidates in the fall seminars. Individual attention to each other’s writing is enhanced by a supportive and open atmosphere. Each curricular year expands upon what was taught the prior year, including specific attention to micro-process, macro-process, transference and countertransference arcs, and therapeutic action. Once the 4th year course has been completed, each candidate is assigned a writing mentor to support the development of the culminating case write-up for Writing 5 in the Fall of the fifth year.

**Critical Thinking**
Taught in several short blocks throughout the entire five-year curriculum, these classes explore areas of convergence and divergence among the various meta-psychologies and theories of technique covered in other classes. Topics include the relevance of child observation for psychoanalysis, theoretical pluralism, perspectives on technique, thinking about psychoanalytic theory and discourse, and perspectives on interpretation of unconscious conflict.

**Additional Core Courses**
In addition to the five tracks summarized above are a few key, required courses, including Child and Adolescent Development, Research and Psychoanalysis, Psychopathology, Core Concepts in Psychoanalysis, Diversity, Ethics, Evaluation of Patients for Psychoanalysis, Psychoanalysis and Pharmacology (“Combined Treatments”), and Psychotherapy for Analysts. Biannual core courses in Sexuality, Gender, and classroom teaching (“CAPE-Didactics”) are offered in alternating years.
Electives
In the latter years of training, candidates choose among the electives that are offered on Monday mornings. Curriculum committee co-chairs solicit proposals from the faculty and choose the electives that will be offered. Recent electives have included Re-thinking Narcissism, Psychoanalytic Treatment of Depression, Bowlby's Contributions to Psychoanalysis, and Relational Perspectives in Psychoanalysis.

Independent Study/Tutorials
Candidates may use elective time to engage in independent study. In order to arrange this, candidates must find a faculty member to serve as advisor for the project and meet regularly with the candidate. They then present a formal, written proposal with intent, goals, and bibliography to the curriculum committee co-chairs for approval prior to beginning the tutorial.

Readings
Course syllabi and readings are accessible through Courseworks. Assigned reading listed in Courseworks is made available to trainees through the site as a PDF or link to the text in the PEP, the psychoanalytic publishing archive, if the article is indexed there. PEP resources comprise the leading psychoanalytic journals and many books and book chapters. Free access to PEP, as well as to the entire Columbia University library system, is a benefit of candidacy.

Attendance
Attendance is expected at all classes. Candidates who know they will be absent should notify the associate instructor (or the instructor, if the class does not have an associate instructor) in advance. If a candidate anticipates an extended absence (for vacation or family emergency, etc.), and especially if the
candidate will be missing multiple classes of the same course, the candidate should notify the chair of training to discuss issues related to receiving credit for that course. (See Leaves of Absence, below.)

**Zoom classroom and in person classroom collegiality and confidentiality**

Candidates benefit greatly from learning from each other as well as from their teachers. To make the most of the classroom experience, we encourage each candidate to complete the assigned readings and ask that candidates be respectful of one another and instructors during class discussions.

For zoom classes, we ask that all trainees and faculty keep their video on and microphone unmuted whenever possible to facilitate their engagement and participation in the conversation. Please silence your device’s notifications and limit chat to the public thread during class.

Please ensure that your classmates and instructors cannot be heard by others in your environment by arranging for a private location in which to attend class or using headphones or earbuds. Candidates are expected to respect the confidentiality of all clinical material shared in class.

For all classes, if you find that the clinical material being presented in class involves someone you know, directly or indirectly, we ask that you discuss the matter with your instructor or course chair and recuse yourself from the class.

**Assessment of the trainee’s classwork**

Each candidate’s performance in class is evaluated at the end of the course or semester (for year-long courses) by the course instructors. Instructors evaluate the trainees’ preparedness, attitude, participation, and understanding of the material. This
feedback is posted on Sigi where it becomes accessible to the trainee after the trainee has posted their own evaluation of the course.

**Trainees’ evaluations of their courses**

All trainees are required to complete written student course evaluations at the end of each course and at midyear in year-long courses. These evaluations are essential to our efforts to improve our teaching.

Course evaluations can be found and completed on trainees’ Sigi pages following the completion of each course (or at mid-year for year-long courses). Trainees’ responses are anonymous. Course chairs receive an aggregated report of all trainee evaluations, and individual instructors receive an aggregated report of trainee evaluations of their own teaching. These evaluations are accessible to instructors only after they have submitted their trainees’ classwork assessments.

In addition, candidates meet as a class at the end of each semester with a curriculum feedback representative. During these meetings, the representative reviews the semester’s curriculum and solicits feedback on each class, instructor, associate instructor, course readings, and related materials. Candidate feedback (without attribution or identifying information) is presented to the curriculum committee co-chairs. These reports provide valuable information to the committee and contribute to substantial improvements in the curriculum. The curriculum feedback reps are appointed by the curriculum committee co-chairs.

**C. Clinical Work**
Candidates’ supervised treatment of their analysands represents the heart of their clinical training at the Center.

**Case finding and the case intake process**

Candidates find control cases either by referral from the Center’s Case Intake Committee or through their own private practice. A candidate initiates the process of evaluating a Center referral by requesting a new case on Sigi. All patients seeking analysis with a candidate, whether from the candidate’s private practice or on referral from the Center, fill out a series of consent forms and self-assessment forms on Sigi and undergo a brief diagnostic interview prior to beginning analysis. The results of these evaluations are then made available to the candidate and supervisor, providing detailed diagnostic and descriptive information of the patient’s capacities and challenges.

While all patients must complete this evaluation process, they may elect whether or not to be contacted regarding repeating the same measures at intervals during their treatment. Those who elect to do so will be making a contribution to psychoanalytic research at the Center.

The [Clinical Case Intake Manual](#) is an indispensable guide to the detailed policies and procedures governing control cases. It can be found on the Center’s website and should be read carefully by all candidates.

**Supervision**

Candidates are encouraged to obtain as much supervision as possible during their time at the Center. Candidates meet with supervisors weekly and may use their supervision to assess the appropriateness for analysis of private cases and Center referrals, discuss ongoing psychodynamic psychotherapy cases
(for conversion to analysis or simply deepening the treatment), and work together on ongoing analyses. Candidates do not pay their supervisor—supervisors volunteer their time and efforts to the Center— but pay a twice yearly supervision fee which supports the Center (see Finances, below).

Requirements
Adult candidates are required to treat three different patients in three- to five-times-weekly analysis with three different supervisors over the course of their training. In their senior supervisory assessments, candidates are expected to achieve a minimum average rating of their achievement of the Center’s learning objectives midway between “meets goal” and “approaching goal” (this is the competency criterion for graduation). At a minimum, these treatments must total 60 months of supervised psychoanalysis with one of the treatments lasting at least 18 months (this is the exposure criterion).

Matching with a supervisor
Entering candidates are assigned their first supervisor in September of their first year. At the end of their first year, they submit their preferences for their second supervisor during the Spring Supervisor Match in June. At the end of their second year they again participate in the match to obtain their third Supervisor. Every effort is made to accommodate trainees’ supervisor requests. Matches are made to maximize the number of candidates getting their first choice and minimize the number of candidates getting their third choice. All things being equal, preference is given to candidates based on their seniority.

Candidates may speed or delay their second and third supervisor assignments. For example, a candidate with a patient ready for analysis prior to the spring match may request a new supervisor earlier. A candidate balancing outside work or
person obligations or who has not yet found a case for their current supervisor may choose to delay matching with a new one. These requests should be made directly to the chair of training.

*Changing supervisors*
Candidates usually continue with each supervisor from the time of their match until graduation, in light of the benefits of continued collaboration over years, but this is not required. Candidates may elect to change the supervisor to whom they are presenting a case at any time if they feel a new perspective would be beneficial to their learning.

Occasionally a trainee does not feel that a particular supervision is advancing their learning. Problems in supervision should first be discussed with the supervisor. If problems persist, a candidate is encouraged to seek advice from others, including other candidates and supervisors, their mentor, the candidate representative, the co-chairs of the faculty advancement committee, and the chair of training. In order to make a change, the trainee contacts the chair of training who arranges for a new match based on the trainee’s preferences.

All trainees are encouraged to switch supervisors if making a change is in the best interests of their psychoanalytic education. Candidates who are considering a change in supervisor are encouraged to discuss this with their mentor or reach out to one of the Training Chairs to discuss different possibilities.

*Independent Clinical Work*

Near the end of training, some senior candidates may be motivated to add independent clinical work in psychoanalysis to their requirements for graduation. Once a candidate meets the following criteria they may begin independent clinical work.
1) **Coursework Requirement:** The candidate has completed the first six semesters of the adult psychoanalytic curriculum.

2) **Exposure requirement:** The candidate has had a case run continuously for at least 18 months. They need not yet have met the graduation criteria for 60 months total. Unsupervised months, however, do not count toward the exposure requirement for graduation.

3) **Competency Requirement:** The candidate has received an average score midway between “approaching goal” and “meets goal” on their most recent senior supervisory assessments.

Candidates who meet these criteria may

1) Start a new analytic case without supervision,
2) Switch to “as needed” supervision on one case if they remain in at least one other ongoing weekly supervision of an analytic case, or
3) Conclude one supervision of an ongoing case (i.e. elect to continue to see the patient without supervision), if the candidate is in 2 or more supervisions. Those who are in 4 or more supervisions may consider ending their work with up to 2 supervisors. Candidates who have only one case in supervision are not eligible for this option.

**Note:**

1) We offer supervision on all cases through the completion of training and encourage candidates to continue in multiple supervisions.
2) Candidates seeking to begin independent work who do not meet the three requirements stated here may appeal to the Training Committee for an exception to this policy.

**Case summaries**
As described above, candidates write up each of their analytic cases several times over the course of a treatment for review by their supervisors. Candidates complete an initial summary within three months of starting a new treatment. Candidates complete an annual summary at the end of each academic year, which describes the analysis from the beginning. Finally, candidates write a complete case summary when a patient ends the analysis. Discussing the formulation of the patient and the understanding of the analytic process captured in these summaries are essential components of the supervision.

**Monthly supervision reports**

Candidates are responsible for recording their supervised work in Sigi each month by filing a monthly supervisory report. It is essential that these reports are filled out in a timely way. Monthly reports are the program’s sole documentation of the candidate’s work in supervision. It is only by filing these reports that candidates obtain credit for their analytic work towards their exposure requirement.

**Supervisory assessments**

We believe that our trainees learn best when we identify as clearly as possible the skills and knowledge we hope they will acquire and then offer frequent, detailed feedback about their progress towards achieving those objectives.

We encourage all trainees to read our Learning Objectives for Clinical Psychoanalysis, found on our website. These objectives describe our goals for trainees at three different stages of their education: first year, intermediate years (2-3), and senior years (4 and beyond).

No analyst, no matter how experienced, can meet all of these goals all of the time. Instead, in evaluating our trainees’ work,
we look for a candidate’s ability to employ a widening repertoire of emerging skills with growing confidence and at increasing frequency.

At the end of each semester, candidates receive a written assessment of their work from each of their supervisors via Sigi. The candidate should read the assessment prior to their next supervision and discuss it with their supervisor at that next meeting. The supervisor may then revise the assessment based on that discussion and file the final version as a part of the trainee’s academic record. These assessments detail in writing the candidate’s progress towards achieving the necessary skills to conduct a psychoanalysis competently and independently.

In reporting on the trainee's progress toward meeting specific learning objectives, the supervisor may choose among five levels of achievement defined as follows:

- Exceeds goal – The trainee has mastered this aspect of analytic work.
- Meets goal – The trainee has developed the capacity to perform this skill and employs it most of the time when given an opportunity.
- Approaching goal – The trainee is developing the capacity to perform this skill and has begun to employ it on occasion.
- Emergent skill – The trainee has shown early signs of developing this skill.
- Having difficulty – The trainee has not yet demonstrated the skill in question and may have a special challenge in this area.
- Supervisors who do not have enough experience with a trainee to make an informed assessment of a particular goal may mark a sixth option - Cannot assess.
Following the form's submission, each supervisor receives the assessments of the trainee's other supervisors. Completed assessments are reviewed by the chair of training and remain accessible to trainees throughout their candidacy on their Sigi page.

Determinations of a candidate's achievement of the competency requirement for graduation rest upon these written assessments. An average score midway between “approaching goal” and “meets goal” or above is considered to indicate sufficient command of analytic knowledge and skills to qualify a senior candidate for graduation.

**First year candidates who are also PGY4s**

Candidates who combine their first year of analytic training with the fourth year of their psychiatry residency conduct all of their clinical work under the auspices of their residents’ clinic and may start an analytic case in their first year with approval from their clinic director.

The residency assigns these trainees a supervisor who does double-duty as a residency and Center supervisor for the year. At the end of the year, depending upon the first supervisor’s availability, the candidate may match with a new supervisor through the spring match, continue with the first supervisor, or both.

While no first year candidates pay the Center’s supervision fee in their Fall semester, first years who are also PGY4s also do not pay a supervision fee in the Spring of their first year, as their supervision is a benefit of their residency training.
D. Candidates’ Psychoanalytic Treatment

Requirements

Candidates must be in analysis with a graduate of Columbia, NYPSI, or PANY who has been designated as a training analyst by that institute. (Information on waivers, occasionally granted to those already in established treatments with graduates of these institutes who are not training analysts or with designated training analysts at other institutes, is available on our website.)

All candidates must begin their own analysis on or before the beginning of their first semester of classes and at least six months prior to starting their first psychoanalytic training case. Candidates’ psychoanalyses take place at a frequency of four times weekly, although we recognize that occasional, time-limited modifications of the frame, including changes in frequency and the use of the couch, may be necessary from time to time. At a minimum, it is expected that candidates’ analyses will overlap significantly with their clinical casework and will continue throughout most of their years in training.

Fees and reimbursement

Candidates and their analysts establish the fee for their work privately. Candidates may opt to purchase Columbia student health insurance which reimburses students 70% of the “reasonable and customary” psychotherapy fees (defined by Aetna as 105% of the Medicare rates).

Changing analysts

Occasionally candidates choose to change their analyst. Naturally, problems in an analysis should always be addressed within the analysis itself. Candidates who wish to change their
training analyst may also explore this decision with others of their choosing, including their orientation or training mentor, the co-chairs of the faculty advancement committee, the chair of training, the director, or anyone else at the Center with whom they feel comfortable. In addition, candidates may also avail themselves of a private and free consultation on their analysis (described below). Because undergoing an analysis is a requirement of analytic training at the Center, the chair of training must be informed if a candidate changes their analyst during training.

**Referrals and Consultations**

We offer referrals to analysts as well as consultations on ongoing treatments to all applicants and candidates free of charge. Those interested may contact any one of three senior analysts at the Center to arrange a first meeting. Conversations with the consultant are entirely private and confidential. Trainees may choose to meet with any of the following three consultants and should contact them directly to initiate a consultation: Brenda Berger PhD, Natasha Chriss MD, and Nathan Kravis MD. In some cases, the candidate and consultant may consider the possibility of the candidate consulting with an analyst outside the Center.

**Confidentiality**

All aspects of the content of a candidate’s analysis remain confidential. The analysis is often referred to as “non-reporting” for this reason. The only information reported by the analyst, requested twice yearly via Sigi, is whether the treatment is ongoing, temporarily suspended, or ended.

**Candidates’ analysts and the classroom**
Occasionally a candidate’s analyst may be an instructor in a required class. The decision to participate together in a course of the didactic curriculum by candidates and their analyst is a complex one and should be explored in the analysis. Trainees, in conversation with their analyst, may choose not to attend the class. In that case, the trainee should approach the co-chairs of the curriculum committee to make an alternative arrangement for learning the material.

E. Mentorship and advising

The Mentor Program was developed to enhance candidates’ educational experience by providing a unique advisory relationship with a faculty member while expanding their career development resources and opportunities. The Program’s aim is to promote a mutually meaningful, professional relationship for candidates and mentors. Mentors provide support, guidance, and career resources to assist in the development of candidates’ analytic identities.

Candidates begin training with an orientation mentor assigned by the mentor program chair. In the Spring of their 1st year, candidates provide a list of choices to the chair for the selection of a training mentor, with whom they will work for the remainder of their training. Candidates may find it useful to seek out recommendations from faculty, peers, or the chair if they want assistance in generating their list of choices or may opt to ask their orientation mentors to continue on as their training mentors.

Contacts for mentorship pairs include welcoming/orienting candidates to the program, regular meetings and check-ins throughout candidacy, and planning for graduation and post-training Center involvement. At a minimum, Fall and
Spring meetings and a mid-year check-in during each year of training is expected.

The mentor role is a “non-reporting” one, meaning that the discussions between mentor and candidate are confidential. To avoid conflict in providing support or advocacy functions, the mentor does not participate in decisions regarding a candidate’s advancement through training or their readiness for graduation. If issues do arise for candidates, they may invite their mentors’ general assistance and/or their direct participation on the candidate’s behalf.

Mentorship is an opportunity for candidates to make more or less use of depending on their interests and needs over the course of training. Once training mentor pairings have been established, candidates and mentors define the tenor of their relationship and how they actualize their goals. Given that candidates are a diverse group of busy adult learners with varied interests and career aspirations, some may welcome a supportive ongoing conversation about issues pertinent to candidacy while others may opt for less in the way of guidance and support.

Mentors may be particularly helpful in empowering candidates to seek out educational opportunities by sharing their own particular expertise about theory, treatment modalities and clinical populations, by extending their professional networks for collaboration, by encouraging candidate participation at the Center, and by informing candidates about local and national/international events and opportunities.

F. Child and Adolescent/Emerging Adulthood Psychoanalytic Training
The training programs in child and adolescent/emerging adulthood psychoanalysis prepare candidates to assess and treat individuals in different phases of development—from the oedipal phase through young adulthood—via immersion in their personal analyses, supervised analytic work with a variety of young patients, and classroom-based study. The programs offer a modern psychoanalytic approach to child and adolescent treatment, which exposes trainees to classical literature and thinking while integrating contemporary views and findings from neighboring fields (e.g., attachment theory, empirical child research, etc.).

The child and adolescent/emerging adulthood curriculum begins with the Development course required of all adult and child candidates. The child-specific curriculum spans two academic years and covers assessment for analysis, countertransference, interpretation and insight, establishing an analytic alliance and relationship, play therapy, adaptation of analytic technique for different age groups, managing aggression, child and adolescent psychopathology, and working with parents. Teaching includes an ongoing process group in which child and adolescent case material is presented and discussed. Classes are held on Thursday nights, and for the 2023-2024 academic year, will be conducted remotely, on Zoom.

Candidates who are interested in pursuing child and adolescent analytic training can elect to participate in one of the following programs: Traditional Child Analytic Program (a program that is combined with adult training), Accelerated Child-Only Analytic Program, or Adolescent/Emerging Adult Analytic Program (also combined with adult training).

Coursework
Candidates in the accelerated child program take the first two years of the adult curriculum as well as the separate two-year child curriculum. The traditional child candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the two-year child curriculum. The adolescent/emerging adulthood candidate takes all courses offered in the four-and-one-half-year adult curriculum as well as the second year of the child curriculum. The first year of the child curriculum may be taken but is not required.

Clinical work

Accelerated child candidates conduct a minimum of 36 months of analyses at a frequency of three to five times weekly, with at least three cases, each supervised by a child supervising analyst. At least one case must involve the medium of play. It is strongly recommended but not required that these cases reflect exposure to the following: a pre or early latency child (3-7 years), a latency or preadolescent child (8-12 years), and an adolescent or emerging adult (13-24). It is also recommended that all of these cases not be of the same gender. It is strongly recommended that the candidate gain exposure to at least one case with a minimum 18-month duration.

The traditional child program candidate satisfies both the adult (60 months total/18 months longest case) and the accelerated child clinical requirements as detailed above. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the child program if that treatment is supervised by a Child Supervising Analyst.

In addition to satisfying the adult program requirements, candidates in the adolescent/emerging adulthood program conduct a minimum of 30 months of analyses at a frequency of
three to five times weekly with at least two different patients (between the ages of 13 and 24 at the start of treatment) and supervisors. It is recommended that at least one of these cases has lasted at least 18 months. Candidates may apply their months of work with any control case aged 16-24 towards their exposure requirement for both the adult and the adolescent/emerging adult program. At least one of these cases must have been supervised by a Child Supervising Analyst. It is recommended that all of these cases not be of the same gender.

Please contact the child division chair, Pamela Meersand, PhD, for additional information about these programs.

G. Learning Challenges, Ethics, Discipline, and Adjudication

We expect that our trainees and faculty, as members of the Columbia University community, will uphold the highest standards of respect, integrity, and civility. These core values are key components of the university experience and reflect the community’s expectations of its members. (For more information, please see the University’s website.)

If a trainee is experiencing significant obstacles in learning, or a trainee or teacher experiences another member of the community as not upholding these standards, the problem should be addressed directly with that member. If the matter is not resolved, the Center has in place a four-tiered system of intervention, decision making, and appeal:

1. Matters between teacher and student are first referred back to the teacher and student to resolve with facilitation by the chair of training, if necessary. We encourage those involved to address the matter directly and attempt to arrive at a resolution jointly.
2. Any matter not resolved at that level should be referred to the training committee (see Committees below) for exploration and resolution.

3. Should the training committee’s resolution not be satisfactory to any of the parties involved, the matter may be appealed to the Center’s director.

4. Anyone wishing to appeal the director’s decision may initiate an external appeal to the Department of Psychiatry’s Vice Chair for Education, Melissa Arbuckle, MD.

H. Graduation Requirements

Trainees may proceed at their own pace through our training programs in psychoanalysis. When they have met the following criteria, candidates will be approved for graduation from the adult program (see above for child program graduation requirements):

**Competency**

The Candidate has met Columbia's senior level learning objectives as demonstrated by their supervisors' assessments of the preceding semester. (For example, a trainee whose Fall semester assessments attest to their having met this requirement will be eligible to graduate at the end of the following Spring semester.) In their senior supervisory assessments, competency is defined as a minimum average rating midway between “meets goal” and “approaching goal” of the Center’s learning objectives. If supervisor assessments do not agree regarding the trainee’s competency, the supervisors
will be asked to meet and reach a consensus. If a consensus cannot be reached or if the trainee does not agree with the consensus, the matter will be referred to the training committee to resolve.

Exposure

The Candidate has conducted a minimum of 60 months of analyses at a frequency of three to five times weekly with at least three different patients and supervisors. At least one of these cases has lasted at least 18 months.

Coursework

The Candidate has completed all required courses offered in the four and one half year curriculum.

Writing

The Candidate has completed all writing assignments both required for their clinical cases and the writing curriculum.

Good standing

The Candidate is in good ethical standing, has filed all necessary paperwork, and has no outstanding financial obligations to the Center.

I. Finances

Tuition

Tuition, set by the University, changes yearly, typically increasing by 3%, and is approximately $5700.00 per year. Payments are made in advance of each semester. Trainees taking only one or two of the three course slots in the first
through fourth year (Monday mornings, Monday afternoons, and Thursday afternoons), or only one course slot of the two in the fifth year (Monday mornings and Monday afternoons) pay one half of the basic tuition per semester. Candidates who have completed their course work but have not been granted the program certificate are assessed a $500 continuing registration charge per term. Additionally, Columbia University charges each student enrolled in our program a CUMC network fee of $218 per semester. Late registration and withdrawals after the start of a semester are possible and can be arranged through Madrid Poultney but may result in financial penalties. Please note that the registrar’s office sends statements and notices to candidates via their Columbia email addresses only.

Supervision fees

In addition to tuition, trainees pay a fee to the Center for the provision of supervision. Currently, all candidates pay $1,803 in advance of each semester, regardless of their number of ongoing supervisions and cases, with the following exceptions:

● all first year candidates pay no supervision fee for the Fall semester of their first year,
● first year candidates who are also PGY4 residents pay no supervision fees in the Fall and Spring semesters of their first year,
● some trainees who joined the Center in the Fall of 2019 or earlier have elected to continue paying supervision fees through the old system. Under that system, candidates remit to the Center the amount they collect from their analysands each month, up to a maximum of $320 per analysand per month.

When candidates change to part-time status or take a leave of absence from classes while continuing their supervision, they continue to pay this fee in full each semester.
**Malpractice Insurance**

Each candidate must have malpractice insurance and must provide a copy of the certificate annually to the Center. If the candidate is a member of the American Psychoanalytic Association, the candidate may be eligible for psychoanalysts’ malpractice insurance which is less expensive than most other malpractice insurance. Contact the American Psychoanalytic Association for information.

**Financial Aid**

The Center offers various scholarship and loan programs. Once accepted for training, all candidates are eligible to apply for these loans or scholarships to help them finance psychoanalytic training. To apply for a need-based scholarship or loan from the Center, please complete and submit the financial aid questionnaire found on our website.

- Roger A. Mackinnon, M.D. and Adele R. Levy Scholarship Funds- These funds provide grants to candidates based on need. The income generated by these endowed funds is distributed to candidates who apply for assistance in proportion to their financial needs. Candidates apply for grants in the summer and receive a determination prior to the start of the academic year.
- Margaret Morgan Lawrence, M.D. Psychoanalytic Scholarship Fund - This new scholarship fund, created to honor the memory of Columbia’s and the nation’s first Black psychoanalyst, provides full tuition support to a deserving candidate for the entirety of their training in an effort to increase access to psychoanalytic training to Black clinicians. The scholarship is need-based. Current funding supports only one MML scholar annually.
• Adele R. Levy Loan Fund - Candidates demonstrating financial need may borrow annually an amount less than or equal to full tuition up to a total indebtedness of $22,500 from this fund, established exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. The annual interest rate is 5 percent. During training, candidates pay interest-only, at the end of each year. Following training, there is a grace period of six months, after which the loan principal and interest must be repaid within a maximum of five years. The minimum monthly payment is $300.

• Poe Loan Fund - This loan is administered by the Association for Psychoanalytic Medicine. Candidates may borrow up to a total of $1,500 interest-free from this fund, which was set up exclusively for candidates at the Columbia University Center for Psychoanalytic Training and Research. This loan must be repaid over a two-year period beginning two years after completion of training. Contact W. Craig Tomlinson, M.D. for information about applying.

• American Psychoanalytic Association Candidate Assistance Fund - The Candidate Assistance Fund of the American Psychoanalytic Association provides loans up to $5,000 to candidates training to be psychoanalysts. The loans, to be repaid within a maximum of six years, are made from a revolving fund so repayment is critical in order to continue making loans. Currently, between five and seven loans are made annually. Any questions should be addressed to APsA.

• Federal Direct Unsubsidized Stafford Loan And Graduate Plus Loan Programs - If you are at least a half-time student in the adult and/or child psychoanalysis training program and a US Citizen or permanent resident, these
loans can help you meet your educational expenses. Neither loan is ‘subsidized’ and interest accrues from disbursement. Interest rates are established each year, and once set apply for the life of that year’s loan – i.e. it’s a fixed interest rate. The lender is the US Department of Education. The annual loan limit for the Unsub Stafford for graduate students is $20,500. If you did not attend medical school, the total debt allowed for graduate or professional study is $138,500 (of which no more than $65,500 may be in Subsidized Federal Direct Stafford Loans). The graduate debt limit includes any Federal Direct Stafford loans received prior to matriculation here. If you attended medical school the cumulative limit is $224,000. The Grad PLUS loan allows you to borrow up to the cost of attendance less any other financial aid you receive. This loan has no cumulative limit. Repayment begins 6 months after graduation or if you drop below half-time student status. For more information, please contact the Office of Student Financial Aid and Planning for the College of Physicians & Surgeons at 212-305-4100.

Additional Information - As required by the U.S. Department of Education, information on gainful employment for graduates of the Certificate in Psychoanalytic Medicine program is available. Please see our website.

J. Part Time Study and Leaves of Absence

At the Center we welcome adult learners with busy professional and personal lives. The wealth of our trainees’ life experiences and work outside the Center enriches our program immeasurably, and we strive to support trainees’ efforts to advance their learning while also meeting their other
commitments and goals. We strongly encourage trainees to enroll full-time; our curriculum is designed so that a given curricular year’s technique, process, writing and theory courses work in concert to coordinate and to reinforce both content and process. But in some cases a trainee’s schedule cannot accommodate a full course load. In such cases trainees may choose to complete their course work on a part-time basis or take a leave of absence.

*Part-time status*

Trainees wishing to go part-time may do so for one or more semesters. Typically trainees choose to take either the two Monday classes in a given semester or the one Thursday class. They then take the other classes the following academic year. There is no limit to the number of semesters a candidate can take on a part-time status.

*Leaves of absence*

Trainees can temporarily withdraw from class work by taking a Voluntary Leave of Absence. Trainees sometimes request a leave for family or medical reasons (such as the birth of a child, the illness of a family member, or their own health reasons) or because of a significant but time-limited change in their professional responsibilities.

A leave for part of a semester or longer should be arranged prior to the start of that semester. Trainees on leave for an entire semester do not register for courses and do not pay tuition (they are however responsible for the continuing registration and supervision fees). Trainees requesting leave status after the start of a semester may not be able to get fully reimbursed for tuition already paid.
Trainees taking a leave for less than a full semester typically register for courses, pay tuition, and obtain credit for the courses if they keep up with coursework by making special arrangements with their course chairs, independently doing readings and reviewing lecture notes, and at times meeting privately with instructors following their leave.

All courses missed during a leave must be taken prior to graduation.

A leave may be extended as long as two years. After that time a trainee will be considered to have withdrawn from the training program and may reapply to the program should they wish to resume their studies.

This information supplements the general information on Voluntary Leaves of Absence at Columbia.

Clinical commitments

Trainees’ responsibilities to their analytic patients are not affected by their change in class registration status. Whether trainees opt to take classes on a part-time basis or to take a leave of absence, they are expected to continue their analysands’ treatment. This includes continuing in supervision with their supervising analyst for each ongoing control case.

If a trainee must take a leave from their practice as well as from their classroom work, as in the case of a family or medical leave, they are expected to arrange for their control case patients’ clinical needs to be met by a colleague during their absence.

Trainees who do not have a case in analysis may suspend their supervision during their leave from classes. Should they choose to do so, as they have no ongoing educational activities at the
Center, they are considered on a full LOA from the University. They do not pay a supervision fee or a $500 per semester registration fee. They may continue participation in Columbia University Student Health Insurance for up to two semesters. Other University benefits are not available during an official leave.

Trainees who continue in supervision during a leave from classes are considered matriculated Columbia students. They continue to pay supervision fees and their $500 registration fee and, accordingly, they may continue their enrollment in Columbia Student Health Insurance beyond the two semester maximum for trainees on a leave from all educational activities.

How to change your status

Candidates considering changing their status from full-time to part-time or taking a Leave of Absence, should consider discussing their decision with their Mentor, supervisors, and/or the Chair of Training. Once a candidate has made a decision to change status, they must fill out a Change of Status Notification Form in advance of specific filing deadlines (below). This form will be reviewed by the Training Chairs, who will contact the candidate to discuss any relevant issues and advise the candidate on how to proceed to make the change depending upon the particulars of their situation.

Bear in mind

Please bear in mind that the Center does not offer classes when enrollment falls below four trainees. In the event of below minimum enrollment, courses for all candidates in the affected curricular year are canceled, resulting in significant disruption to the training of candidates and the schedules of faculty members. In these instances, we do our best to reorganize the curriculum so that learning can continue for as many trainees
as possible. Please note that a course that a trainee is not able to take one year may not be offered the next for similar reasons, which can result in prolonging a trainee’s completion of the curriculum.

**Notification Deadlines**

To enable us to make the necessary curriculum adjustment and meet the needs of as many trainees as possible, we must require that notifications of part-time status or a Leave meet the following deadlines:

For a change in the upcoming Fall semester enrollment, the [Change of Status Notification Form](#) must be submitted **no later than April 30th** of the same calendar year.

For a change in the upcoming Spring semester enrollment, the [Change of Status Notification Form](#) must be submitted **no later than October 31st** of the prior calendar year.

Occasionally, unforeseen circumstances that make it impossible for you to continue full-time enrollment may arise after a filing deadline. If this is the case, you may make a waiver request directly to the Training Chairs, and the Training Committee will work with you to address your circumstances as best as possible.

**K. Schedule and calendar**

*Classes* - For training years 1-3, adult psychoanalytic program classes meet on Mondays 11-12:45pm and 1:30-3:00pm and on Thursdays 1-2:45pm. In the 2023-2024 academic year, fourth
year and fifth year classes in the adult psychoanalytic program will only meet on Mondays, as the fourth year theory track is being revised. In the 2024-2025 academic year, fifth year candidates will take fifth year Monday classes and complete the Theory 4 track on Thursdays.

*Monday lunch meetings 12:45-1:30* - The Candidate Organization meets during the Monday lunch break at least once monthly, chaired by the co-presidents of the candidate organization. Lunch is provided when these meetings are held in-person at the Center.

*Fall Welcome Dinner and Graduation Reception* – These two Center-wide events are hosted annually, bookending the academic year and providing an opportunity for all members of the Center to come together for community and celebration. The Fall Welcome Dinner is held on a Monday evening in September. All community members are invited to welcome trainees joining all of the Center’s programs. The Graduation Reception is held on a Monday evening in June to celebrate the graduation of all trainees. Awards for community members are presented. Those graduating are invited to bring one guest.

*Center Open House* – organized by the recruitment committee, this winter evening gathering at the home of a Center member is an opportunity for prospective applicants to get information about the Center’s various training programs and to meet graduates and trainees. All trainees are encouraged to attend and discuss their experiences with the applicants.

*Yearly academic calendar with holidays* – a complete calendar can always be found on the Center website.

II. Communication and resources
A. Sigi

Sigi is the Center’s database, a portal through which all Center members submit their work and track their progress through training, and the point of entry for all analytic patients to treatment at the Center.

All trainees in all of our programs have their own Sigi page and can obtain their login credentials from Madrid Poultney.

Psychoanalytic candidates are expected to go to their Sigi home page at least once a month where they can:
● fill out monthly supervision reports, creating the record of their supervised clinical work,
● request a new control case,
● upload their case summaries which are then transmitted to their supervisors,
● complete and submit evaluations of their courses,
● read assessments of their work by supervisors and instructors,
● track their progress toward meeting their graduation requirements,
● find a complete list of the courses they are registered for and those they have yet to take, and more.

Patients seeking treatment at the Center, whether through our evaluation service or as trainees’ private patients, go to Sigi to fill out their consent forms and a set of structured clinical assessments. The results of these assessments, which also include a structured clinical interview conducted remotely, are conveyed to the trainee responsible for the patient’s care.

Instructors and supervisors go to Sigi to complete classwork and supervisory assessments of their trainees, review trainees’
written work, and to read the anonymized evaluations of their teaching by their trainees.

B. UNIs

All adult and child psychoanalytic candidates and all Columbia-appointed faculty are assigned a unique identifying code, or UNI, which consists of their initials followed by a number. Trainees and faculty use this code and their own password to sign into many of the resources below, including the Columbia libraries and Courseworks. Columbia requires users to change their UNI password every 6 months. Reminders to do so are sent only to members’ Columbia email address. (Psychotherapy trainees and fellows are not assigned UNIs.)

C. Emailing

*CUMC email addresses*

All psychoanalytic candidates and Columbia-appointed faculty are provided a Columbia email address using the Microsoft Exchange email client. The prefix of one’s address is their UNI. Users create a password for the email address which they must change every six months (this password is separate from the UNI password). The exchange is “cumc.columbia.edu.”

Emails sent among users with cumc.columbia.edu email addresses are secure and HIPAA-compliant. To securely email those with addresses outside the CUMC exchange system, add “#encrypt” to the email’s subject line. The recipient will create a password to access the secure email on Columbia’s HIPAA-compliant server.
While some candidates don’t use their CUMC exchange address as their primary address, it is crucial to check it regularly and maintain it. The registrar’s office sends essential statements and notices to candidates and faculty only at this address. Reminders to change UNI and Exchange passwords are sent via this address. Failure to change passwords on time can result in a loss of access to many essential Columbia services and termination of faculty appointments.

**Official Center emails**
The Center sends its official emails to all members via the Mailchimp platform. Members may use any email address they wish to receive these communications, although using the CUMC exchange address is strongly recommended. To set or change the address you would like to use, contact Madrid Poultney.

**Center listservs**
The Center hosts a number of listservs designed to facilitate communication among our members. Post to these lists are not monitored or moderated by the Center, with the exception of the referrals and offices list, postings to which must be on topic and observe patient privacy. Only those eligible to join each list are able to view the postings of their colleagues. Hence, postings to the candidate listserv are not viewed by Center faculty or administration. Listservs include:

- cptrpmcommunity - for all members of the Center and APM community
- cptrtrainees - for trainees in all of the Center's many programs
- cptrcandidates - for trainees in the adult, child, and adolescent psychoanalytic training programs only
- cptrreferralandoffices - for seeking referrals for patients and the posting of available or sought offices
To subscribe, address an email to listserv@alipes.cumc.columbia.edu. In the body of the email enter “SUB” followed by the name of the listserv you would like to join, as written above (e.g. “SUB cptrtrainees”). Send the email from the account you wish to subscribe. You will get an automatic response, and when you reply to that email your request will be sent to Madrid Poultny, who will approve your subscription.

You can subscribe using any email address you like. If you choose not to use a cumc.columbia.edu account, the message to confirm your subscription may go to your junk mail or spam folder. Please check that folder shortly after sending your subscription request.

Once you are subscribed, you will be able to post yourself using an email address based on the name of the list formatted as listname@lists.cumc.columbia.edu, e.g., cptrpmcommunity@lists.cumc.columbia.edu. We hope you will join the conversation!

We ask that all those who post to our lists read and respect the Online Community Guidelines established by APsaA.

D. Website

The Center’s website, psychoanalysis.columbia.edu, provides comprehensive information about the Center to candidates and faculty, as well as to the public and potential trainees. Check the website for information about our training programs, evaluation service, research, courses, committees, people, upcoming events and more. The “People” feature provides contact and other information about faculty and trainees.
We strongly encourage all trainees to submit information for their own page on our website. Contact Madrid Poultney for more information.

E. Courseworks

Detailed information about all adult psychoanalytic program classes can be found at courseworks.columbia.edu, a tool that gives candidates and faculty online access to syllabi, links to readings, lecture notes, and other class media. You can access the Courseworks pages of past classes by paging to prior semesters’ listings.

F. Libraries and databases

All of Columbia’s many libraries and online databases, including PEP, Medline, and PsychInfo, are accessible to psychoanalytic candidates and Columbia-appointed faculty. When resources are not available through these sites, Madrid Poultney can arrange for interlibrary loans.

G. Student Health Insurance

Among the benefits available to psychoanalytic candidates is participation in Columbia's Student Health Insurance. Candidates may enroll for a fee (per semester) and may remain enrolled if they take a leave of absence. Candidates may opt to cover themselves, a spouse, and their children.

Columbia Student Health Insurance is a PPO paired with a student health center on the Columbia Health Sciences campus. Trainees can go to the student health center for
primary care visits and referrals within the network. These services typically require a small copay.

Alternatively, trainees can see out-of-network providers of their own choosing without obtaining a referral from the Columbia primary care provider. These services are reimbursed as out-of-network expenses, typically at 70% of the reasonable and customary fee.

The Fall open enrollment period begins on August 1st, and the deadline to enroll is September 30th. Coverage under the plan begins on August 15th. Trainees can enroll outside of the open enrollment period if they experience a "qualifying life change event."

III. Additional Educational and Training Programs at the Center

A. Adult Psychodynamic Psychotherapy Program

The Adult Psychodynamic Psychotherapy Program (PPP) is a two-year clinical training program open to clinicians in a number of disciplines (including psychiatrists, psychologists, nurse practitioners, and social workers) residing throughout the United States. Taught remotely, the program provides an in-depth introduction to psychoanalytic models of the mind and treatment and their application to psychoanalytically oriented psychotherapy. Trainees attend Monday evening courses via video and meet weekly with supervisors to discuss their clinical work. Anand Desai, MD & Michele Rosenberg, MD: outgoing chairs; David Schab, MD & Elhav Wienstein, MD: incoming Chairs.

B. Transference Focused Psychotherapy
This two-year remote program provides training in a manualized, twice-weekly exploratory and evidence-based psychotherapy modality for the treatment of personality disorders developed by members of the Center’s faculty. Past students in this program have found that it helped them get beyond impasses with some of their most challenging patients and begin to make progress. The program is open to clinicians in a number of disciplines living in the US as well as internationally. Eve Caligor, MD, Barry Stern, PhD, Frank Yeomans, MD, Co-Chairs

C. Child Psychotherapy Training: Child and Adolescent Psychodynamic Psychotherapy (CAPP) and Parent-Infant Psychotherapy (PIP)

The Center’s 2-year child psychotherapy training takes place on Monday evenings, and is jointly directed by Wendy Turchin, MD and Talia Hatzor, PhD. We offer two distinct tracks that share a core introductory curriculum and then diverge to provide intensive instruction in either parent and infant treatments (PIP) or child/adolescent psychotherapy (CAPP); these are described separately below. Participants in both programs share an initial semester of classes that explore the following topics: core concepts in psychodynamic therapies; psychoanalytically-informed theories of development and psychopathology; principles of assessment and treatment with children; work with parents; and the role of culture, race, and ethnicity in child therapy. After completing this first series, the two groups separate and pursue their specialties, occasionally joining together for case presentations and discussions. Potential students should apply to the individual program, either PIP or CAPP, that best aligns with their scholarly and clinical interests and goals.
1. **Child and Adolescent Psychodynamic Psychotherapy (CAPP)**

The Child and Adolescent Psychodynamic Psychotherapy program, under the direction of Wendy Turchin, MD, is an intensive two-year clinical training in the theory and technique of psychodynamic interventions with children, adolescents and emerging adults. Instructors are primarily drawn from child faculty at the Columbia Center for Psychoanalytic Training and Research; in addition, we benefit from guest presenters who bring expertise in specific topics. CAPP provides each participant with weekly individual supervision (times to be arranged between student and supervisor). Classes take place on Monday nights, from 8-9:30PM; assigned readings draw from both traditional and contemporary papers on psychodynamically-oriented theories of development, psychopathology and child practice. A foundational component of CAPP class work is the presentation of child case material, by faculty and students, and discussion.

In our first year, we focus on issues pertaining to the development, assessment and treatment of young children whose therapy is conducted primarily through the medium of play; then, we advance chronologically to cover middle childhood and preadolescence. The developmental challenges and treatment of adolescents and emerging adults is examined in the second year. Special topics are woven into the curriculum, such as working with parents, current considerations in the treatment of gender diverse youth, and newer models of psychodynamically-derived intervention.

CAPP welcomes child practitioners at all levels of their career who wish to deepen their knowledge and skill via small seminars, individual supervision and lively
discussions with a community of dedicated child clinicians. Participants may include licensed psychiatrists, psychologists, social workers and nurse practitioners with backgrounds in child work (e.g., child fellowship or internship). Those interested in learning more about CAPP should contact Wendy Turchin, MD, at either 212 706-1957 or wendyturchin@gmail.com

2. The Parent-Infant Program (PIP)
The Parent-Infant Program, under the direction of Talia Hatzor, PhD, provides an intensive two-year training in the normal development and disorders of infancy and toddlerhood, with a focus on parent-child relationships and treatments. A foundational component of this program involves weekly one-hour in-home baby observation; this unique experience, wherein PIP participants follow a newborn through the first two years of life, is based on the internationally renowned Tavistock method. In addition, each student will be assigned an individual supervisor and will gain experience in intervening with a parent-child dyad. We facilitate matching PIP participants with both the infant observation settings and with their clinical placements.

Monday evening coursework comprises two sections. The first class, from 6:00-7:30 PM, is a seminar devoted to the ongoing experience of infant observation. The second class, which is shared with CAPP participants for the first semester, meets from 8:00-9:30 and is organized around a series of scholarly and clinical topics. In year 1, we read and discuss a range of psychoanalytic and attachment-based theories about early mental life, and begin to examine dyadic and other interventions that enhance parent-infant relationships and support babies’ developmental progression. Our syllabus includes readings from and conversations about major theorists
and researchers (e.g., Winnicott, Mahler, Klein, Bowlby, Stern, Main, Fonagy). In year 2, we look more closely at the potential challenges and psychopathologies of parenting and early childhood, including topics such as problems of pregnancy and the postpartum period, grief and mourning in very young children, the emergence of separation anxieties, intergenerational trauma, and disorders of eating and sleeping.

The parent-infant program welcomes clinicians and scholars from a number of backgrounds who are interested in gaining in-depth knowledge of and experience with 0-3 populations and their parents; past participants have included psychologists, psychiatrists, social workers, occupational therapists, and pediatricians. Talia Hatzor PhD, Chair.

D. Psychology Externship

A program of the Psychology Division (Juliette Meyer, PhD, Chair; Brian Smith, PhD, Admissions Coordinator; Eileen Kavanagh, MD, Medical Director), this one year program combines clinical experience and supervision with participation in adult psychoanalytic classwork and is open to advanced graduate students (PhD or PsyD) in clinical psychology.

Psychology externs attend select courses with Center psychoanalytic candidates, are in supervision with the Center's psychology faculty members, and conduct twice-weekly psychodynamic psychotherapy treatments with outpatients overseen by Eileen Kavanagh, MD, Director of the PI Residents Clinic (PIRC) at NYSPI/CUMC. Externs, chosen on the basis of a competitive admissions process, bring to their experience at the Center a considerable background in psychodynamic theory, psychological testing, and research methods.
E. Psychoanalytic Fellowship

Designed to introduce those considering psychoanalytic training to the Center, its faculty, and psychoanalytic thinking, this selective program is one year in length. Fellows attend monthly Why Psychoanalysis meetings and a Great Ideas in Psychoanalysis seminar just for them. They meet individually with a fellowship mentor and participate in selected center-wide academic activities. Daniel Chrzanowski MD and John Burton, MD, Co-Chairs

F. Affiliate Scholars Program

This selective program provides an opportunity for those outside the health professions to deepen their understanding of psychoanalytic thinking for the purpose of advancing their own writing and research projects. Affiliate Scholars enroll in two classes per semester; it is a one-year program, though Affiliate Scholars often choose to add a second year. In consultation with a faculty advisor, Affiliate Scholars create a course of study tailored to their individual interests and the project they are engaged in. They participate in classes along with psychoanalysts-in-training, creating an interdisciplinary atmosphere that is intellectually enlivening for all.

We welcome applications from writers and scholars in the humanities, arts, sciences and social sciences. Affiliate Scholars include authors, research scientists, professors, fellows and graduate students.

Katherine Dalsimer, Ph.D., Chair

G. Why Psychoanalysis
Run by the Center’s recruitment committee (Sarah Jane Grossbard, MD, Michelle Merrill, MD, Alexandra Sacks, MD), this open, monthly seminar introduces early career psychologists and psychiatrists, medical students, graduate students, and psychiatry residents to psychoanalysis through the presentations of cases by faculty and candidates. At these seminars, Columbia psychoanalysts present clinical material with the goal of highlighting key psychodynamic and psychoanalytic concepts and helping participants develop psychoanalytic listening skills, including the capacity to appreciate multiple meanings and multiple determinants in patients' words and actions.

H. CAPE-Analyzing & Supervising Candidates (ASC)

This two year training program prepares graduates of the Center to supervise and analyze psychoanalytic candidates. The program includes monthly seminars, monthly individual supervision (for which participants pay privately), and monthly peer supervision meetings. Information on eligibility is detailed on the Center’s website. Ruth Graver, MD and Sharone Ornstein MD, Co-Chairs.

I. CAPE-Didactics

Holly Schneier, MD, Chair
This program is designed to promote excellence in classroom teaching for and by our trainees. It includes a workshop-style course, designed and taught by Dr. Deborah Cabaniss, in teaching techniques for senior psychoanalytic candidates, a program of orientation and enrichment for Associate Instructors, and professional development activities for the Center’s teaching faculty.
J. Creedmoor Psychodynamic Psychiatry Residency Curriculum

The Center provides a three-year weekly course in psychodynamic psychiatry to Creedmoor residents. These courses are taught by Center faculty to residents remotely or at the Psychiatric Institute. Yael Holoshitz, Chair; Emma Golkin, Co-Chair

K. Psychoanalytic Studies
Adele Tutter, MD, PhD; Chair

IV. Organization of the Center

A. Organizational Chart (See Next Page)
B. Director

the chief academic and executive officer of the Center. The director is appointed by the chair of the psychiatry department.
The director is responsible for all academic and research programs, the Center’s finances and operations, and the relationship of the Center to the Department of Psychiatry, the Medical Center, the University, and all outside organizations. Justin Richardson, MD

C. Senior Leadership Team
Composed of Dr. Richardson and the Center’s Associate Directors, each of whom chairs one of the Center’s Divisions:
- Shirin Ali, MD, Yael Holoshitz, MD, and Alicia Rojas, MD - Associate Directors and Co-Chairs of Training
- EveCaligor, MD - Associate Director and Chair, Psychotherapy Division
- Pamela Meersand, PhD - Associate Director and Chair of Psychology Division
- Aaron Reliford, MD - Associate Director and Chair, Diversity, Equity, Inclusion & Belonging
- Barry Stern, PhD - Chair, Psychology

This group represents the Center’s core leadership. The Senior Leadership Team (SLT) develops strategies, priorities, and communications for community-wide review and involvement, mindful of Center history while exploring opportunities for innovation. Important priorities include building belonging among our members through the ethical practices of equity and inclusion, promoting analytic inquiry, curiosity, and humility, collaborating with other psychoanalytic entities, and increasing utilization of our resources at Columbia University. The SLT meets bimonthly.

D. Divisions and Division Leadership
The Center divides its principal activities across five Divisions, each chaired by one or more of the Center’s associate directors. The activities of the Divisions overlap with one another and are mutually reinforcing.
Training Division
Oversees all training programs at the Center, functioning as the Center’s academic “deans”. The chairs of training head the Training Committee, which comprises many members of the executive committee, including the chairs of CAPE, Case Intake, Curriculum, and Mentorship. Shirin Ali, MD; Yael Holoshitz, MD; Alicia Rojas, MD

Psychotherapy Division
Studies and provides training in psychotherapeutic treatments derived from psychoanalytic models of the mind, psychopathology and treatment. Provides a 14-week psychotherapy course (Psychotherapy for Analysts) for advanced candidates and offers a series of courses focusing on the application of psychoanalytic principles to the treatment of patients who are not suitable for analytic treatment. The Division is responsible for directing the Center’s psychotherapy training including programs in Adult Psychodynamic Psychotherapy (PPP), Transference Focused Psychotherapy (TFP) and Psychodynamic Psychotherapy for Creedmoor Residents. Eve Caligor, MD Chair; Michele Rosenberg, MD, Anna Schwartz, MD, and Barry Stern, PhD, Co-Chairs.

Child Division
Responsible for directing Columbia’s training programs in child and adolescent psychoanalysis and psychotherapy, including the Traditional Child and Adolescent Psychoanalysis Program, Accelerate Child and Adolescent Psychoanalysis Program, and the Adolescent and Emerging Adulthood Psychoanalysis Program (all offered in collaboration with New York Psychoanalytic) and the Psychoanalytic Association of New York) and the Center’s psychotherapy programs in Child and Adolescent Psychodynamic Psychotherapy and Parent Infant Psychotherapy. Pamela Meersand, PhD, Chair, Timothy Rice, MD, Co-Chair
Psychology Division
The Psychology Division represents the interests of the psychologist-members of the Center community. Primary functions of the Division are to organize and run a year-long externship program for two senior PhD or PsyD students in Clinical Psychology; promote the participation of psychologists in the full range of Center opportunities; and facilitate community building among psychology faculty, candidates and trainees. The Division also participates in the recruitment of psychologists to Center programs and offers a forum for the Center psychology faculty to discuss common interests. Barry Stern, PhD, Chair, Jay Crosby, PhD, Co-Chair

Division of Diversity, Equity, Inclusion, and Belonging (DEIB)
Aaron Reliford, MD, Chair; Mona Jain, MD, Co-Chair

This Division works in collaboration with all of the Center’s divisions, committees, and programs to promote the principles of diversity, equity, inclusion, and belonging throughout all of the Center’s activities with special emphasis on collaborating with Recruitment, Curriculum and Training. This Division develops a wide range of programming in the form of community dialogues and retreats focusing on the relationships among teaching, learning, and race and lead the activities of the Center’s outside consultants in DEIB.

They work to help any and all members of the Center to process incidents of exclusion and microaggression, and to help organize support for the affected individual. The Division works to further the mission of developing an organizational conscience against supremacy in all its forms and the way such attitudes are embedded within institutions and the harms they cause to all minority members of our community.
E. Executive Committee
The broader leadership team and principal governing body of the Center, this committee is composed of the director, associate directors of the Center, the division co-chairs (see below), chairs of all committees and training programs, and elected representatives to the Executive Committee: The Association of Psychoanalytic Medicine (APM) president, and president-elect, three elected faculty representatives, representative from the Coalition of Concerned Analysts of Color, and the co-presidents of the Candidate Organization. The Executive Committee meets monthly.

F. Program Manager and Program Coordinator
Madrid Poultney and Chris Doherty
Manage all administrative issues for trainees and faculty. This includes, but is not limited to, providing the interface between the Center and the community, serving as liaison between trainees and the Bursar and Registrar’s offices, collecting and distributing assessments of trainees and teachers, managing the academic schedule and resources available to the community including Sigi, CourseWorks, PEPweb, etc.

G. Committees and Committee Chairs
Faculty members are appointed by the Center director to serve as chairs and co-chairs of the Center’s many committees. These appointments last for the five years of a director’s term. At the end of that term, committee members complete their term and new Chairs are appointed.

Admissions Committee - Jill Jacobson, MD, Chair - The admissions committee evaluates all applicants for psychoanalytic training through a series of interviews and review of written materials submitted by the applicant. The admissions committee makes a recommendation to accept,
defer, or reject an applicant to the executive committee (EC) and the EC makes the final decision.

**Advancement Committee** - Susan C. Vaughan, MD, Chair - The Advancement Committee seeks to grow the financial resources of the Center through fundraising to support student financial aid and other efforts.

**Case Intake Committee** - Abby Mulkeen, MD and Maya Stowe, MD, Co-Chairs - this committee is responsible for overseeing the initiation of all candidate control cases, whether they apply for treatment through the Center or originate in the candidate’s private practice. Candidates may choose whether to ask the Evaluation Service for a case to treat or to find the case in their own practice. The Evaluation Service makes every attempt to refer incoming patients for evaluation to candidates who are eager to begin new cases. The policies and procedures of the Evaluation Service can be found on our website and should be reviewed by all candidates.

**Colleague Assistance Committee** - Kevin Kelly, MD and Edith Cooper, PhD, Co-Chairs. Providing help and support to Center members facing personal and professional challenges.

**Columbia Academy for Psychoanalytic Educators (CAPE)**
Sabrina Cherry, MD – career development
Ruth Graver, MD – analyzing and supervising candidates
Sharone Ornstein, MD – analyzing and supervising candidates
Holly Schneier, MD – didactics

Oversees the training of the Center’s supervisors and training analysts through the CAPE-ASC program and promotes their ongoing work and development as faculty members. Responsibilities also include consulting to the chair of training on the assignment of supervisors, answering training analyst
waiver requests, and acting in general as a resource for the Center’s supervisors and analysts for candidates.

Provides for the training and continuing education of all of the Center’s classroom teachers, including running the CAPE-Didactics training program for advanced candidates.

Curriculum Committee - Alison Brown, PhD, Natasha Chriss, MD, Bernadine Han, MD, Co-Chairs - oversees all of the didactic teaching of candidates. This includes outlining the core curriculum, making teaching appointments, reviewing course and faculty evaluations, overseeing the development of electives, and responding to changing educational needs with curricular innovations. This committee typically includes candidates among its members.

Ethics Committee - John Barnhill, MD, Chair - consults to the Executive Committee on various matters involving questions of professional and clinical ethics in collaboration with University resources.

Mentorship Committee - Jane Halperin PhD, MS, Chair - With the aims of fostering candidates’ professional growth and affiliation with our Center community, the Mentor Program provides faculty mentors to support, guide and enhance career resources/opportunities for candidates during psychoanalytic training and early postgraduate period. The goal is a mutually meaningful, professional relationship for candidate and mentor.

Nominations, Promotions, Awards and Appointments (NAPA) Committee- David Gutman, MD & Sandra Park, MD, Co-Chairs The NAPA Committee meets regularly to propose recipients for the many awards and honors bestowed by the Center and nationally. We also help faculty secure appropriate teaching appointments at the Center for their work.
Public Outreach Committee - Brenda Berger, PhD, Chair - produces public lectures and panel discussions which examine topics of interest to the broader community from a psychoanalytic perspective. The Committee shares an interest in connecting psychoanalytic thinking to the compelling contemporary issues. Members have backgrounds in literature, communications, law and other fields and share the mission of widening the engagement of analysts through conversation with members of the public as well as academics and experts in other disciplines.

Recruitment Committee – Michelle Merrill, MD and Alexandra Sacks, MD, Co-Chairs- this committee connects potential trainees with the Center’s training programs in psychoanalysis and psychotherapy. The Committee produces the annual Open House event and runs "Why Psychoanalysis?" Candidate members serve on this committee.

Training Committee - Shirin Ali, MD; Yael Holoshitz, MD; Alicia Rojas, MD, MD, Co-Chairs - comprises the chairs of Curriculum, Columbia Academy for Psychoanalytic Educators, Mentorship Committee, Case Intake Committee. This committee is responsible for creating and implementing educational policy across the Center and addressing the individual concerns of the Center’s trainees and teachers.

H. Programs Chairs

1. Adult Psychodynamic Psychotherapy Program (PPP):
   Anand Desai, MD & Michele Rosenberg, MD (outgoing Co-Chairs); David Schab, MD & Elhav Weinstein, MD (incoming Co-Chairs)
1. Child and Adolescent Psychodynamic Psychotherapy Program (CAPP): Wendy Turchin, MD, Chair
2. Parent-Infant Psychotherapy Program (PIP): Talia Hatzor, PhD, Chair

3. Psychoanalytic Fellowship: Daniel Chrzanowski MD and John Burton, MD, Co-Chairs

4. Psychology Externship: Juliette Meyer, PhD, Chair, Brian Smith, PhD, Admissions Coordinator; Eileen Kavanagh, MD, Medical Director

5. Psychodynamic Psychotherapy for Creedmoor Residents: Yael Holoshitz, MD, Chair; Emma Golkin, MD, Co-Chair

6. Transference Focused Psychotherapy Program (TFP): Eve Caligor, MD, Barry Stern, PhD, Frank Yeomans, MD, Co-Chairs

7. Why Psychoanalysis: Sarah Jane Grossbard, MD; Michelle Merrill, MD; Alexandra Sacks, MD

8. CAPE-ASC- Ruth Graver, MD & Sharone Ornstein, MD, Co-Chairs

9. CAPE- Didactics, Holly Schneier, MD, Chair

10. CAPE- Post-Graduate, Sabrina Cherry, MD, Chair

11. Psychoanalytic Studies Program, Adele Tutter, MD, PhD, Chair

12. Affiliate Scholars Program: Katherine Dalsimer, PhD, Chair

I. Constituent Groups with Elected Representative to the Executive Committee

1. The Association for Psychoanalytic Medicine (APM) is the Center’s graduate association. It provides a variety of collegial and scientific activities. These include a monthly scientific meeting on the first Tuesday of each month (trainees are welcome), the Sandor Rado Advanced Psychoanalytic Seminars (RAPS Groups) covering a wide range of topics, an annual winter “Movie Night” (dinner and film screening followed by a faculty member’s presentation and audience discussion at the Thalia
Theater when in-person meetings are possible), and the annual Rado Lecture (a scholarly presentation by a selected faculty member). The APM publishes a Bulletin periodically, as well as sponsoring other special events including mini-courses and symposia. President, David Lindy, MD; president-elect, W. Craig Tomlinson, M.D.

2. The Candidate Organization - provides a forum throughout candidacy to discuss many aspects of the experience of psychoanalytic training. The CO is led by Co-Presidents, two candidates elected by the candidate body, and meets twice monthly during the Monday lunch break between classes. On the first Monday of the month the candidates meet amongst themselves. The CO often invites faculty members from the various committees to Monday lunches to learn about changes or updates that affect candidate experience and to discuss issues of interest or concern to the candidates. The CO aims to enrich the candidate experience by enhancing peer and inter-class communication, creating a space for candidates to support one another and to collaborate, identifying challenges or difficulties arising in training and working towards creative solutions, and by enhancing communication between candidates and the faculty and administration. The CO selects a recipient of the Howard Klar Teacher of the Year Award to recognize a faculty member who has been a particularly excellent instructor. The CO also identifies candidates each year who are interested in serving on various committees (such as, Curriculum and Recruitment). The CO may also organize social events. Rosemary Busch Conn, MD and Rebecca Nejat MD, Co-Presidents.

3. Coalition of Concerned Analysts of Color - an organization of Center trainees and faculty members of color with the stated goals of:
a) Providing a safe space for POC’s to gather.
b) Acting as the racial conscience of our Center community.
c) Contributing to scholarship in the field.

Aerin Hyun, M.D., PhD, representative.

4. **Faculty Representatives**—three faculty members, elected by the faculty for staggered three year terms who serve as liaisons between the faculty and the Executive Committee. Hillery Bosworth, MD; Shabnam Shakibaie Smith, MD; and Laura Whitman, MD.

J. **Teaching Faculty and Mentors**

*Supervisors* - Center faculty members who have been designated as training and supervising analysts or supervising analysts each work with up to three supervisees throughout the candidates’ training. Supervisors work on a voluntary basis.

*Course chairs* - Course chairs are faculty members who run individual courses, are responsible for curricular development of their course, and oversee teachers, material, readings, and yearly schedules. Course chairs have a yearly faculty meeting in which they review curriculum for their course and also gather feedback on each candidate’s classroom performance.

*Instructors* - Instructors are members of the teaching faculty of the Center selected to teach in the classroom. Most courses have a number of instructors who make up the faculty of that course. Faculty often begin as associate instructors and then take on greater teaching responsibilities as openings arise in their course. Occasionally, a more senior faculty member is brought in as an Instructor in an individual course without first being an associate instructor.
Associate Instructors - The associate instructor of a course is usually a recent graduate who serves both to coordinate the logistics of the course (i.e. readings, evaluations, case presenters, attendance) and to provide continuity over the length of the course. Associate instructors are selected by course chairs in collaboration with the curriculum committee through an open process. All associate instructor openings are announced widely and all members are encouraged to apply. Applicants are interviewed by the course chairs. Associate instructors new to teaching develop their teaching skills through this position and through participation in CAPE-Didactics.

Mentors – Beginning with an assigned orientation mentor and continuing with the candidate’s selection of a training mentor during candidacy and the early post-graduation period, faculty mentors provide support, guidance, career development resources and advocacy. The mentor-mentee relationship is private and confidential.

V. Research at the Center

A. Coursework
“Research and Psychoanalysis” is taught in the Fall semester of the 2nd year of psychoanalytic training and reviews empirical research on topics in psychoanalytic education, practice and meta-psychology. Each class is taught by the researcher who has actually done the work and the discussion addresses content, methodology, and writing for publication.

B. Center Projects and Studies
Research topics currently being pursued include functional neuroimaging tasks to understand transference and internal representations, pre-post neuroimaging of psychotherapy and psychoanalysis, psychoanalytic treatment by candidates, etc.
prospective study of professional development in the psychoanalytic post-graduate years and other topics in psychoanalytic metapsychology and treatment.