COLUMBIA | CENTER FOR PSYCHOANALYTIC TRAINING AND RESEARCH
DEPARTMENT OF PSYCHIATRY

80 Years

Training Manual

for the academic year
2026-27

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. All faculty and trainees are responsible for the information contained here regarding the Center's programs, policies, and procedures. These pages provide answers to the most common faculty and trainee questions. Those whose unique circumstances require review on an individual basis should contact the Center's training chairs, director, or administrative director. We are eager to address your concerns.

Please note that 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 (APsA). At all APsA 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

All Monday classes in the adult psychoanalysis training program are held in person on our campus at the New York State Psychiatric Institute. All Thursday classes are held remotely.

All classes in the Center's Adult Psychodynamic Psychotherapy, Child and Adolescent Psychodynamic Psychotherapy, Transference-Focused Psychotherapy, Trauma Informed Psychodynamic Therapies, Parent-Infant Psychotherapy training programs and CAPE-ASC are held via Zoom. Our Fellowship and "Why Psychoanalysis" seminars/program are offered in person only.

For the Adult psychoanalysis program 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.

Our aim in the psychoanalytic program is to preserve a robust in-person experience for faculty and candidates while offering a degree of flexibility. All psychoanalytic candidates may attend up to **one day per semester** of the Monday class(es) virtually, via Zoom. Candidates who choose to attend a class remotely, must: 1) email Madrid and Chris no later than 10am on the morning of class, so that they can ensure the classroom is set up; 2) email the training chairs at cptrtrainingchairs@cumc.columbia.edu; 3) email the course chair/s and/or associate instructor.

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.

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 does 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 has remained in effect since 2020 and will continue to be reassessed.

These policies derive from the findings of several in-depth surveys of the Center's faculty and trainees regarding the experience of remote training at the Center and follow extensive discussions among the Center's faculty, trainees, and leadership.

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 able to meet in person, tele-treatment should be considered.

- Concerns regarding accessibility may be considered in the broader context of the balance of costs 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 teletreatment 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 appropriate.
- We should be mindful that power dynamics are always operative and thoughtfully examine our motivations (such as the wish to please the other) for decisions about the frame.
- 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.
- The Center's consulting analysts (Drs. Gutman, Schneier, and Whitman) 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 began training in Fall 2024 or earlier, who have completed all courses through Advanced Topics A and the first semester of Advanced Topics B and who have met all other graduation criteria are not required to complete the Spring semester of Advanced Topics B. The full five-year curriculum is required of all those entering training in Fall 2025 or later. 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.

Adult candidates who began training in Fall 2025 or earlier are strongly encouraged but not required to take Thursday classes in their Advanced Topics B year. These courses are required of all other candidates.

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.

In the fourth year, candidates briefly return to Freud, studying his texts with a focus on the "creative unconscious." Our final theory course, Theory IV taught in the Advanced Topics A year, engages controversies and tensions in psychoanalytic thinking, addressing such topics as race and otherness, evolving conceptions of defense and Oedipus, attachment theory, and unconscious fantasy. This class integrates theory, technique, and critical thinking, and aims to support the development of candidates' psychoanalytic identities.

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 and Spring 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 their capstone paper: a case write-up of their longest-running case for Writing 5.

Scholarly Writing

Beginning with the Fall 2025 entering class, the Center will be piloting a new writing program to help psychoanalytic candidates develop the skills and confidence necessary to contribute to the scholarly literature in psychoanalytic theory. Candidates who elect to participate in this optional pilot program will be assigned a writing mentor who will support their completion of a series of five writing assignments–one brief paper per year–connected to the four-year theory track. The scholarly writing program will run parallel to the case writing program until the fifth year, when the two programs will converge in one culminating paper that places a complete clinical case presentation in a theoretical context.

Each year, in years one through four, candidates will be assigned a short paper at the start of their theory course with a due date at or before the end of the course. To support beginning students who may be uncomfortable sharing their work with peers, in years one through three, the paper will be submitted to an instructor who will give private feedback and encouragement.

In year four, candidates will share their written work with their classmates in a short workshop-style block of classes devoted to scholarly writing.

In the summer following their 4th year, candidates will begin work on their capstone fifth-year paper. They will share this paper with their classmates, as they do now, in the workshop-style Writing V course.

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, Combined Treatments, Core Concepts in Psychoanalysis, Diversity, Ethics, Evaluation of Patients for Psychoanalysis, Gender, Neuropsychoanalysis, Psychopathology, , Psychotherapy for Analysts, and Sexuality.

Electives
In the latter years of training, candidates choose among the electives that are offered on Monday mornings. The Curriculum Committee solicits proposals from the faculty and chooses the electives that will be offered. Recent electives have included Re-thinking Narcissism, Exercises in Frustration, 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 for review and 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 Policy for Adult Psychoanalytic Training

One way we maintain academic excellence at the Center is by requiring attendance in class. Our candidates are adult learners who have complex lives, and we understand that both planned absences and unforeseen circumstances will occasionally interfere with their ability to attend class. Our attendance policy aims to protect the integrity of the candidates' learning and the cohesion of the group.

1) A candidate who will be absent from class must email the instructor, the associate instructor and the training chairs at cptrtrainingchairs@cumc.columbia.edu in a single email to inform them of the absence in advance.
2) After repeated absences a candidate may be asked to schedule a meeting with the training chairs, who will work with them and the course chair to find a meaningful way to make up the course material.

3) A candidate who misses more than 25% of a course and is unable to make up the work to the satisfaction of the training chairs will be required to repeat the course.** This policy applies to those taking parental and medical leave as well. Our curriculum is designed to be done sequentially in the first three years. In certain situations, if a candidate has missed a block (e.g. writing), they may be required to complete that course before moving on to coursework for the next year.
4) Candidates must sign the attendance sheet on Courseworks. This is mandatory for many reasons, including maintaining our ability to offer CME credits.

**For shorter courses (3 or 4 classes in total), missing one class, equal to 25%, may not necessitate meeting with a training chair or course chair. This policy is more relevant for longer classes and up to the discretion of the course and training Chairs.

To allow for the confidential discussion of clinical material in seminars, Center classes are not recorded.

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 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. 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 and of the course as a whole. These evaluations are accessible to instructors only after the course chair has submitted the trainees' classwork assessments.

On occasion, candidates may meet as a group with representatives of the Curriculum Committee to provide feedback on their classes, instructors, and the curriculum as a whole. In addition, the Curriculum Committee includes four candidate members who participate in curricular decisions in an ongoing way throughout the academic year.

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 listing their availability on the Candidate Organization referral list or through their own private practice. All patients seeking analysis with a candidate, whether from the candidate's private practice or elsewhere, fill

out a series of consent forms and self-assessment forms on Sigi. An optional brief diagnostic interview is available to those candidate/patient pairs who are interested. 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.

No credit will be given to time spent conducting a supervised analysis prior to the patient's completion of the self assessment forms and consent forms, regardless of when the candidate files the monthly supervision report for those months.

The Clinical Case Intake Manual is an indispensable guide to the detailed policies and procedures governing control cases. It is appended to this document and should be read thoroughly 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 cases' appropriateness for analysis, 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). A case must last at least three months to count toward the 60-month minimum. Candidates are expected to be in weekly supervision throughout their training, beginning in September of their first year. Any candidate who has not begun treating a patient in analysis by their completion of the second year curriculum will be asked to pause their course work until they have started a case as clinical experience is essential to meaningful participation in classes.

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 or no 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 personal 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 chairs 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 their supervisor 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, and the chairs of training. In order to make a change, the trainee contacts the one of the training chairs 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.

Independent Clinical Work

Near the end of training, some senior candidates may be motivated to take on independent clinical work in psychoanalysis in addition to their requirements for

graduation. Once candidates meet 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.
4) When a candidate transitions a case to independent status, they must indicate that change in Sigi.
5) Candidates must complete a brief summary of treatment and post it to Sigi as “end of supervision” summary.

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 or when they transition the case from supervised to independent work. 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 completed 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

The Center is currently piloting a new set of learning objectives and supervisory assessment forms which we expect to begin using throughout the program in January 2027. At that time, the following details will change to reflect the new system.

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 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, 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

We expect that most candidates will select as their analyst a Columbia Psychoanalytic faculty member who has been trained and credentialed to analyze and supervise candidates (typically referred to as a training and supervising analyst, or TSA). Candidates who wish to work with a Columbia analyst who is not a TSA or with an analyst at another institute may apply for a waiver. A candidate may seek a waiver if they are already in a treatment they wish to continue or if they are not yet in treatment but believe they can find a better match outside the Center's community of training analysts. Our goals in offering waivers are to allow productive ongoing treatments to continue

whenever possible and to support candidate choice, while ensuring that our trainees receive analyses from qualified analysts whose clinical approach is reasonably consistent with the methods they will be learning at the Center.

Information on waivers 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, change in the frequency of in person or remote meetings, 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 mentor, the chairs of training, 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 chairs 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: David Gutman, MD; Holly Schneier, MD; Laura Whitman, MD. In some cases, the candidate and consultant may consider the possibility of the candidate consulting with an analyst outside the Center.

Confidentiality

The confidentiality of the candidate's training analysis is a cornerstone of psychoanalytic training at the Center. The candidate's psychoanalytic treatment is entirely private and confidential. It takes place in the private practice of their analyst and under the authority of that analyst's personal license to practice. The treatment is covered by the practitioner's private malpractice insurance.

We require that candidates disclose the name of their analyst when entering our program. That information is entered in the Center's secure, HIPAA-compliant database created and hosted by the Mailman Data Management Unit.

To document the candidate's adherence to the requirement of an ongoing personal psychoanalysis, the candidate's analyst is asked to log in to the database once yearly and attest that the candidate's analysis is ongoing, temporarily suspended, or terminated. No other information regarding the candidate's treatment is exchanged between the analyst and the training program at any time. The candidate's clinical record is maintained by the analyst in their private practice and is inaccessible to the training program.

Columbia faculty who are the analysts of candidates must recuse themselves from any discussions of the candidate, should their work come up in the context of a faculty meeting. At no time may a candidate's analyst be involved in the academic assessment or promotion of the candidate.

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-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 are 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 the full adult curriculum and training requirements), 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 five-year adult curriculum as well as the two-year child curriculum.The adolescent/emerging adulthood candidate takes all courses offered in the five-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, Tim Rice, MD, 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. Conflicts among members of the Center, including those between teacher and student, are first referred back to the individuals to resolve with facilitation by the chairs 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 to the satisfaction of any party may be appealed 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.

In addition to the above, Psychoanalytic candidates, as well as trainees in the Center's Certification of Professional Achievement psychotherapy programs, may appeal an adverse academic decision or discipline made by the Center to the VP&S Academic Appeals Committee. Information on making an appeal can be found here.

Complaints Regarding Distance Education

Students enrolled in both the Online and NYC-based campuses follow the same policies and procedures for addressing student grievances, should any such issues or concerns arise while studying at Columbia. Information on how to file grievances, either academic or non-academic, can be found above.

Additional information on Distance Education Complaints can be found here: https://vptli.columbia.edu/policies/distedcomplaints/.

Student consumer complaints against an institution operating under SARA (https://nc-sara.org/) must first go through the institution's own procedures for the resolution of grievances. Students should first address complaints to the school within Columbia where they are registered.

Student consumer complaints regarding programs at the Psychoanalytic Center should be directed to psychoanalysis@columbia.edu.

Complaints regarding student assessments or student conduct violations are governed entirely by institutional policy and the laws of New York State. If a person bringing a complaint is not satisfied with the outcome of the institutional process for handling complaints, the complaint (except for complaints about grades or student conduct violations) may be appealed, within two years of the incident about which the complaint is made, to

the SARA Portal Entity in the home state of the institution against which the complaint has been lodged.

Andrea Richards
Supervisor, Higher Education Programs
New York State Education Department
89 Washington Avenue
Albany, NY 12234
518.474.1551
IHEauthorize@nysed.gov

Additional information about complaint procedures can be found here:

Visit NC-SARA
Visit NYSED

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. (Note, these objectives are currently under revision, which will impact the definition of the

competency criterion.) 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. Each of the three cases must have been in a supervised analysis for a minimum of three months.

Coursework

The Candidate has completed all required courses offered in the five-year curriculum.

Writing

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

Good standing

The Candidate is in good ethical standing, has completed all tasks assigned to them on Sigi, and has no outstanding financial obligations to the Center.

I. Finances

Tuition

Tuition is billed in two installments in advance of each semester and is paid to the university bursar. The amount increases by a small increment annually and can be found on the Center's website. Trainees who opt not to take a full course load pay one half of the annual tuition per semester. Candidates who have completed their course work but have not met the graduation requirements are assessed a continuing registration charge per term. Trainees new to Columbia are assessed a one-time document fee. Additionally, Columbia University charges each student enrolled in our program a CUMC network fee 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 bursar'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 each semester for the provision of supervision 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 of enrollment at the Center,
- first year candidates who are also PGY4 residents pay no supervision fees in the Fall and Spring semesters of their PGY4 year,

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, a less expensive option 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. Applications for financial aid grants are sent to all candidates during the summer months and grants are awarded just prior to the start of the academic year. Applications for loans are open throughout the year..

- Roger A. Mackinnon, M.D. and Adele R. Levy Scholarship Funds- These funds provide grants to candidates based on need. The entire annual 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 scholarship provides financial assistance to a candidate in need who exemplifies the pioneering spirit of Margaret Morgan Lawrence, a Center graduate and America's first Black psychoanalyst.

- Adele R. Levy Loan Fund - Candidates in 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 and now available for psychotherapy trainees who are full-time employees in the public sector. 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.

- 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. Loans are interest-free but carry a one-time 1% service charge that is deducted when the loan is made. More information can be found on the APsA website.

- The Anna Freud Altruistic Analysis Grant program distributes grant money to ACP members for the purpose of increasing or expanding treatment. Each grant pays up to $5,000 to support an analyst in conducting a low-fee analysis. Applicants must be members of the Association for Child Psychoanalysis. More information can be found on the ACP website.

- Federal Direct Unsubsidized Loan and Graduate Plus Loan Programs - Students and families looking for information about who can borrow, how much they can borrow, and current interest rates should visit the **dedicated StudentAid.gov webpage about direct**

loans to learn more. At Columbia, information is available through the Office of Student Financial Aid and Planning for the College of Physicians & Surgeons at 212-305-4100 and via the Student Financial Services web site.

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.

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 due to planned and/or unforeseen circumstances in their busy professional and personal lives. 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 unable to take a full course load may enroll as part-time students 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.

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 or because of a significant but time-limited change in their professional responsibilities.

During a leave, a trainee who has purchased Columbia Student Health Insurance and who maintains matriculation may choose to continue coverage. Trainees do not pay tuition while on leave for an entire semester or longer, but may not be able to get fully reimbursed for requests made after the start of a semester for which they have registered. Trainees with ongoing analytic cases under supervision are expected to continue those treatments and supervision or to arrange for their patient's care by a colleague during their time away.

All courses missed during a leave must be completed prior to graduation. A leave may be extended as long as two years. After that time, a trainee will be considered no longer matriculated and may reapply to the program should they wish to resume their studies.

Trainees seeking information about accommodations offered for those with disabilities or who are welcoming a new child to their family and who wish to continue their studies can learn more here.

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 on leave from classes who do not have a case in analysis may suspend their supervision during their leave. Should they choose to do so, as they have no ongoing educational activities at the Center, they are considered on a full Leave of Absence from the University. They do not pay a supervision fee or a fee to maintain matriculation. University benefits are not available during an official leave. To continue participation in Columbia University Student Health Insurance, trainees on leave from classes and supervision must remain registered Columbia students and pay a per semester fee to maintain matriculation

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 their 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 in a course falls below four trainees. In the event of below minimum enrollment, course cancellation can result 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 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 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 a candidate to continue full-time enrollment arise after a filing deadline. In this case, the candidate may make a waiver request directly to the training chairs, and the Training Committee will work with the candidate to address their circumstances as best as possible.

K. Accommodations related to pregnancy, the presence of a new child in the home, and breastfeeding

Trainees who are pregnant, have welcomed a new child into their home, or who are breastfeeding are entitled to consideration for reasonable accommodations related to classwork. This may include a limited period of self-study and/or Zoom access to seminars. Trainees of all genders are eligible for these accommodations.

To request accommodations, the trainee must visit the Title IX office's accommodation page and complete the request form. The trainee is then contacted by the Title IX office to discuss the trainee's request and determine a reasonable accommodation. The Title IX office notifies the trainee, their teachers, and the training chairs of the accommodations to be offered. All accommodations are determined on a case-by-case basis in consideration of the specifics of the trainee's unique circumstances.

L. Accommodations for those with disabilities

The Columbia office of Disability Services facilitates equal access for students with disabilities to our certificate-granting programs by coordinating accommodations and support services. Any trainee in need of accommodations to take full advantage of training at the Center is encouraged to register with Disability Services online. When completing the registration form, the trainee should indicate that they are attending "Graduate/Professional School", list their school as "VP&S", and identify their program as "Psychoanalytic Center". After submitting a registration form, the trainee will meet with a Disability Services Coordinator (a university-wide position). They will then be put in touch with a Disability Services Liaison (specific to VP&S).

The process of applying for and arranging for accommodations may take three weeks or more. Temporary accommodations may be arranged to enable the trainee's studies to continue during this process.

M. 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 2026-2027 academic year, Advanced Topics A courses will be offered..

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.
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 weekday evening in September or October. 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. Introductory Programs of the Psychoanalytic Center

A. 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. Emma Golkin, Chair; Katherine Cahn-Fuller, Co-Chair

B. 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. Timothy Cooper MD and John Burton, MD, Co-Chairs

C. 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.

D. **Why Psychoanalysis**

Run by the Center's Recruitment Committee, 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.

III. Psychotherapy Training Programs

A. **The Adult Psychodynamic Psychotherapy Program (APP)** is a two-year, online clinical training program open to clinicians in a number of disciplines (including psychiatrists, psychologists, nurse practitioners, and social workers). 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 classes and meet weekly with

supervisors to discuss their clinical work. David Schab, MD & Elhav Weinstein, MD, Chairs.

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

The Center's 2-year child psychotherapy training is taught via Zoom 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.

C. **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.. 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

D. **Trauma-Informed Psychodynamic Therapies**

The Trauma-informed Psychodynamic Therapies Program is a year-long seminar conducted via Zoom consisting of weekly classes, reading, and a series of supervision groups. Our mission is to bridge psychodynamic thinking with techniques developed by the wider world of trauma studies. Susan Coates, PhD; Michele Rosenberg, MD; and Larry Sandberg, MD, Co-Chairs.

IV. Educational Programs

A. **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

B. **Psychoanalytic Studies Program**
Offered in collaboration with Columbia's Institute for Comparative Literature Studies, this Morningside campus-based program provides an opportunity for undergraduate and graduate students to deepen their academic work by exploring the application of psychoanalytic theory to their field of study through a number of courses taught by Center instructors and scholars in other departments. Adele Tutter, MD, PhD; Chair

V. The Columbia Academy for Psychoanalytic Educators

A. 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.

B. **CAPE-Didactics**

This program is designed to promote excellence in classroom teaching for and by our trainees. It includes a workshop-style course in teaching techniques, a program of orientation and enrichment for Associate Instructors, and professional development activities for the Center's teaching faculty. Holly Schneier, MD, Chair

VI. 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.

Psychotherapy trainees use Sigi to complete course evaluations and read assessments of their classwork provided by their instructors.

Patients seeking psychoanalysis treatment at the Center go to Sigi to fill out their consent forms and a set of structured clinical assessments. The results of these assessments, which also may include an elective 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 Center psychoanalytic and psychotherapy program trainees (with the exception of Trauma Program participants) 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 at intervals. Reminders to do so are sent only to members' Columbia email address. Fellows and Creedmoor residents are not assigned UNIs.

C. **Emailing**

CUMC email addresses
All trainees provided UNIs (see above) 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 at intervals (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, users 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 trainees and faculty don't use their CUMC exchange address as their primary address, **it is crucial to check it regularly and maintain it.** The Department of Psychiatry and the university send 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 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:

cptrcommunity - for all members of the Center 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 Poultney, 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., cptrapmcommunity@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 (member login required) established by APsA.

D. **Website**

The Center's website 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. We strongly encourage all faculty to submit information for their page on our website. Contact Madrid Poultney for more information.

E. **Courseworks**

Detailed information about all psychoanalytic and psychotherapy program classes can be found at courseworks.columbia.edu, a tool that gives trainees 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 trainees with UNIs 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 and psychotherapy trainees with UNIs is participation in Columbia's Student Health Insurance. Trainees may enroll for a fee (per semester). Trainees 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."

H. **Addressing conflicts regarding diversity, equity, inclusion, and belonging at our center**

The Center aims to foster an environment where members can process and possibly resolve difficulties they encounter with microagressions and bias based on any aspect of identity.

Our goal is to work towards building the skills in our community to develop dialogue across differences, attempting to appreciate that our impact and our intentions are not always aligned with each other. We all come from varied national, cultural, religious, ethnic, racial and socioeconomic backgrounds and have differing gender experiences, ages, sexualities and abilities. Treating each other with respect and

curiosity as well as intending to educate rather than shame is a generally helpful approach.

We live in a rapidly changing world where expectations of professional conduct across academic, financial and public institutions have changed and adapted to current understanding of racism. Racism is systemic and embedded in all of us. So, too, are other forms of bias. Our goal is to promote reflection and empathy about our negative impact on others, as well as the ways in which it propagates systemic problems in our field. Though unconscious aggression resides in all of us, some have traditionally been treated differently than others as illustrated by the Holmes commission report. We would like to facilitate potential for a greater sense of belonging for all of our community members. Membership in our community entails both rights and responsibilities: the right to be treated with consideration and respect, and the responsibility to speak up if we witness or experience hurt and to listen with an open mind and reflect on our impact. Together we can create an environment that is educative and growth-promoting.

1. Definitions

Microaggressions consist of subtle, often automatic (verbal and non-verbal) or unconscious insults or invalidations that send denigrating messages to certain individuals because of their group membership. They may consist of actions or statements that affirm stereotypes about minority or disenfranchised groups, express discomfort with them, assume all minority group members are the same, pathologize cultural values and communication styles, and minimize the existence of discrimination against the minority group. Examples include stating “I am color blind” (minimizing structural racism and its influence on all of our minds, whether conscious or not), not allowing a person of color to speak in class, assuming of traditional gender roles or using sexist language etc. Criticism of institutions, governments and policies may or may not count

as microaggressions and need consideration if perceived as such by an individual.

Here are a few educational videos on microaggressions:

https://www.youtube.com/watch?v=e4N50b76cZc

https://www.youtube.com/watch?v=hDd3bzA7450

The “micro” in microaggression does not refer to impact. There can be enormous emotional impact from a microaggression. The term microaggression refers to the possible common daily experience of the event in question. Microaggressions (in the form of microassaults) can involve overt discrimination, though this (along with other overt acts of discrimination) can be a distinguishing feature between microaggressions and macroaggressions.

Macroaggresions are typically conscious and intentional acts of overt discrimination such as not allowing equal opportunities to members of a minority or disenfranchised group, harassment or gender-based misconduct.

2. Responding to microagressions

As the recipient of a microagression you can choose to respond to it directly or contact one of our committee members for additional resources. If responding yourself we recommend the following ACTION: Ask clarifying questions, Come from curiosity, not judgment, Tell what you observed in a factual manner, Impact exploration, Own your own thoughts and feelings

If you are the source of a microaggression you can ASSIST the person’s actions by: Acknowledge your bias, Seek feedback and information, Say you are sorry, think of the Impact not Intent, Say Thank You.

As a bystander to a microaggression you can ARISE to the challenge by: Having Awareness of microaggression, Respond with empathy, Inquiry of facts, Statements that start with “I”

Educate and Engage. This is especially important over Zoom where you may be the only person to witness another person’s distress and need for allyship.

3. Getting support

If you find the issue difficult to resolve, need additional support or find that the microaggression negatively impacts your sense of belonging at our center, we encourage you to contact one or several of our DEIB committee members. The support process will proceed as follows:

1. The committee will discuss amongst itself to determine initial best ways to support you.
2. If the micro or macroaggression involves one of our members or if you would prefer one of us is not involved, you can confidentially speak to other members of the group and we will not discuss the incident among us.
3. This is not a fully confidential process. The director of the analytic center will be notified but not directly involved. For those who wish a completely confidential process the resources listed below are available.
4. The committee will engage with you and its members to determine if there are overt, reportable, acts of discrimination, harassment, or gender based misconduct, that need to be reported to the Office of Institutional Equity (OIE, formerly the office of Equal Opportunities and Affirmative Action Office (EOAA and) or the Gender-based Misconduct Office. (Title IX complaints).

5. If there is no such need for a Title IX complaint or report, the committee will liaise with the University Ombuds Office (see below) to help support a dialogue between you and the individual whom you feel committed the microaggression.
6. If instead of speaking to one of us there are several other offices within the Columbia psychiatry department and university available to you (see below):

The Office of Institutional Equity (OIE):

This is a Columbia University wide office that anyone can contact with concerns about discrimination or harassment at (212)854-5511, institutionalequity@columbia.edu or file a complaint online at institutionalequity.columbia.edu. They will then lodge an investigation of the incident. All Columbia faculty receive mandated training of what constitutes harassment or discrimination according to title VI of the constitution.

The Department of Psychiatry's Office of Fairness, Inclusion and Professional Development:

DEI specialist Lindsey Hennawi has virtual office hours every Thursday from 11-1p and offers consultation for any experience of discrimination or harassment and can help write and file a complaint with the Office of Employee Relations. Ms. Hennawi does have a reporting duty as an officer of Columbia and a discussion with her is not guaranteed to be confidential, i.e. she may be obligated to report a violation of Columbia University policies around DEI:

https://columbiacuimc.zoom.us/j/7410390647

Columbia University's Ombuds Office:

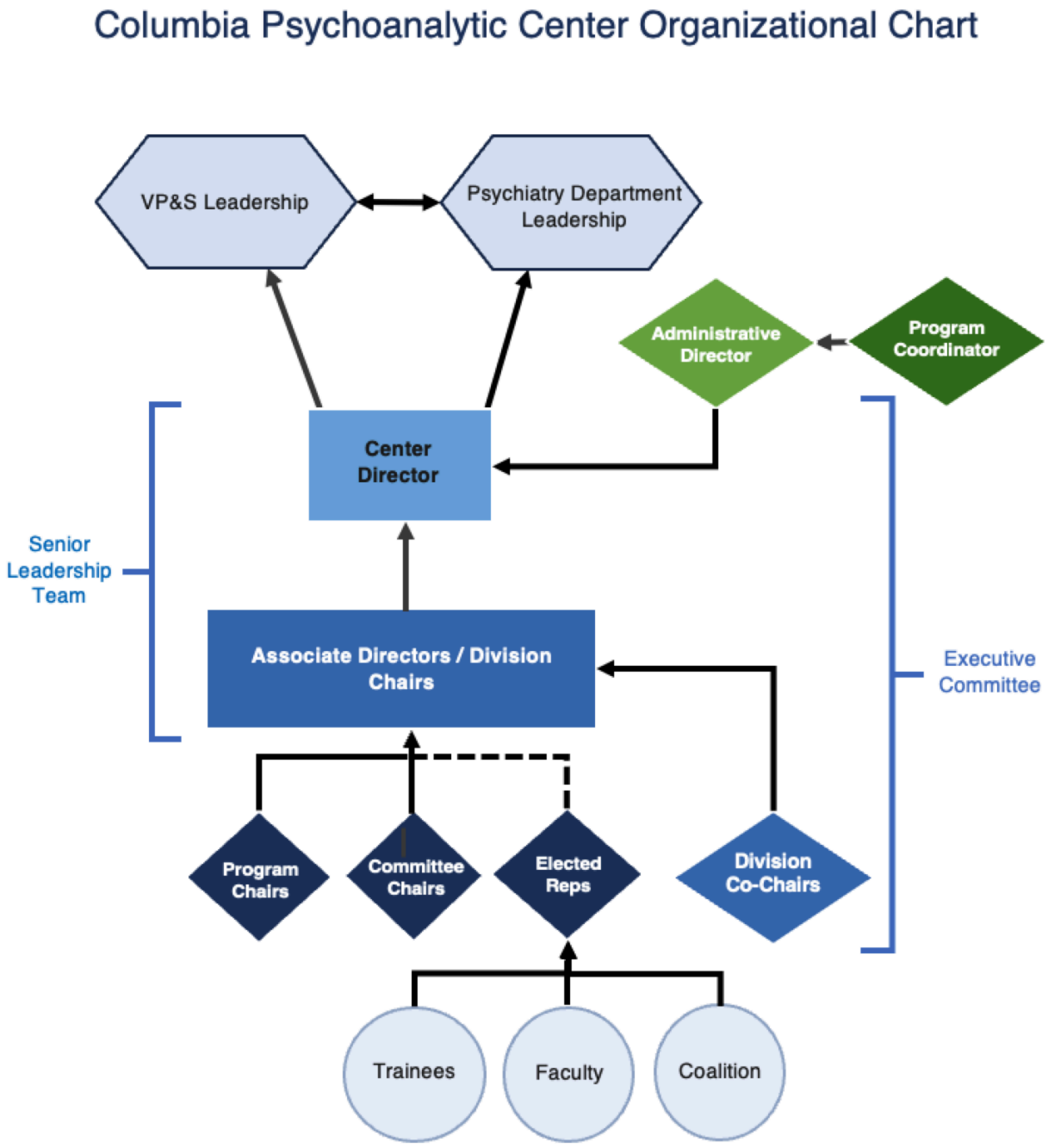
This is an office that can offer confidential guidance and information on all other resources available at Columbia.

Self-described as “never the wrong place to start,” they are like the opposite of mandated reporters: they can hear any confidential information and will make no record of it and report it to no one:

https://ombuds.columbia.edu/

VII. Organization of the Center

A. Organizational Chart



B. **The Center and the University**
The Psychoanalytic Center resides within the Department of Psychiatry under the leadership of the Vice Chair for Education, Melissa Arbuckle, MD, PhD, and Chair Josh Gordon, MD, PhD, and has its home in the Herbert Pardes Building of the New York State Psychiatric Institute. The Center's relationship with the Psychiatry Department is close and collaborative. The Center is one of several schools of the Vagelos College of Physicians and Surgeons–alongside programs in Medicine, Medical Sciences, OT, PT, Genetic Counseling, and Human Nutrition–organized under the leadership of Vice Dean for Education Monica Lypson and Interim Dean James McKiernan.

C. **Director**
The chief academic and executive officer of the Center, the director is appointed by the chair of the Department of Psychiatry. The director is responsible for all Center programs, the Center's finances and operations, and the relationship of the Center to the Department of Psychiatry, the Columbia Vagelos College of Physicians and Surgeons, the University, and all outside organizations. Justin Richardson, MD

D. **Senior Leadership Team**
Comprised 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

- Eve Caligor, MD, Associate Director and Chair, Psychotherapy Division

- Tim Rice, MD, Associate Director and Chair, Child Division

- Alicia Rojas, MD,, Associate Director and Interim Chair, Diversity, Equity, Inclusion, and Belonging

- Barry Stern, PhD, Associate Director and Chair, Psychology Division

This group serves as the Center's core leadership team. The 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 Senior Leadership Team meets bimonthly.

E. **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- O*verseeing all training programs at the Center, the chairs of training serve as the Center's academic "deans". They head the Training Committee, which comprises those members of the Executive Committee responsible for the operations of the analytic training program, 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. The Division is responsible for directing the Center's psychotherapy

training including programs in Adult Psychodynamic Psychotherapy (APP), Transference Focused Psychotherapy (TFP), Trauma-Informed Psychodynamic Therapies (TPT) 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, Accelerated Child and Adolescent Psychoanalysis Program, and the Adolescent and Emerging Adulthood Psychoanalysis Program (all offered in collaboration with New York Psychoanalytic) and the Center's psychotherapy programs in Child and Adolescent Psychodynamic Psychotherapy, Parent Infant Psychotherapy, and Regulation-Focused Psychotherapy for Children. Timothy Rice, MD, Chair

Psychology Division –The Psychology Division represents the interests of the psychologist within 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
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. The Division works to further the mission of developing an organizational conscience regarding bias in all its forms, the way such attitudes are embedded within institutions, and the harms they cause to all minority members of our community. Alicia Rojas, MD, Interim Chair.

F. **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, chairs of all committees and training programs, and elected representatives to the Executive Committee–three elected faculty representatives, a representative from the Coalition of Concerned Analysts of Color, and the co-presidents of the Candidate Organization. The Executive Committee meets monthly during the academic year. Detailed minutes of each Executive Committee meeting are shared with all faculty members and trainees.

G. **Administrative Director and Program Coordinator**
Managing all administrative issues for trainees and faculty, these full-time staff members' duties include, but are not limited to organizing all Center events, serving as liaisons between trainees and the Bursar and Registrar's offices, collecting and distributing assessments of trainees and teachers, arranging for continuing education credits for Center programs, managing the academic schedule and resources available to the community including Sigi, CourseWorks, PEPweb, etc. Madrid Poultney, Administrative Director, and Chris Doherty, Program Coordinator.

H. **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 are for the five years of the director's term.

Admissions Committee - Alyson Gorun, MD & Rebecca Nejat, MD, Co-Chairs - The admissions committee evaluates all applicants for psychoanalytic training through a series of interviews and review of written materials submitted by the applicant.

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 - Maya Stowe, MD, Chair - this committee is responsible for overseeing the initiation of all candidate control cases. The policies and procedures of the Committee can be found below in Appendix A and on our website in the Case Intake Manual for Psychoanalytic Candidates.

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

This committee promotes the professional development as educators of the Center's faculty–including the training of the Center's supervisors and training analysts through the CAPE-ASC program and the continuing education of the Center's classroom teachers through CAPE-Didactics. Responsibilities also include promoting the entry into leadership

positions of recent graduates, evaluating training analyst waiver requests, and acting in general as a resource for the Center's faculty.

Curriculum Committee - Alison Brown, PhD, Natasha Chriss, MD, Bernadine Han, MD, Co-Chairs - oversees all 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.

Faculty Affairs Committee - John Barnhill, MD, Chair - consults to the Director on faculty appointments and promotions as well as matters pertaining to faculty professionalism.

Mentorship Committee - Jane Halperin PhD, MS, Chair -With the aims of fostering candidates' professional growth and affiliation with the 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.

Awards Committee- David Gutman, MD & Sandra Park, MD, Co-Chairs
The Awards Committee meets regularly to propose recipients for the many awards and honors bestowed by the Center and nationally.

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 the open monthly seminar, "Why Psychoanalysis?"

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.

I. **Program Chairs**

1. Adult Psychodynamic Psychotherapy Program (APP): David Schab, MD & Elhav Weinstein, MD Co-Chairs
2. Affiliate Scholars Program: Katherine Dalsimer, PhD, Chair
3. CAPE-ASC- Ruth Graver, MD & Sharone Ornstein, MD, Co-Chairs
4. Child and Adolescent Psychodynamic Psychotherapy Program (CAPP): Wendy Turchin, MD, Chair
5. Parent-Infant Psychotherapy Program (PIP): Talia Hatzor, PhD, Chair
6. Psychoanalytic Fellowship: John Burton, MD, and Tim Cooper, MD, Co-Chairs
7. Psychoanalytic Studies Program, Adele Tutter, MD, PhD, Chair
8. Psychodynamic Psychotherapy for Creedmoor Residents: Emma Golkin, Chair; Katherine Cahn-Fuller, MD, Co-Chair
9. Psychology Externship: Juliette Meyer, PhD, Chair, Brian Smith, PhD, Admissions Coordinator; Eileen Kavanagh, MD, Medical Director
10. Transference Focused Psychotherapy Program (TFP): Eve Caligor, MD, Barry Stern, PhD, Frank Yeomans, MD, Co-Chairs
11. Trauma-Informed Psychodynamic Therapies: Susan Coates, PhD; Michele Rosenberg, MD; and Larry Sandberg, MD, Co-Chairs

12. Why Psychoanalysis: Michelle Merrill, MD and Alexandra Sacks, MD

J. **Constituent Groups with Elected Representation to the Executive Committee**

1. *The Candidate Organization* - provides a forum throughout training to discuss the candidate experience. The CO is led by co-presidents–two candidates elected by the candidate body–and meets regularly during the Monday lunch break between classes. The CO often invites faculty members to Monday lunches to learn about changes or updates that affect candidates and to discuss issues of interest or concern. The CO aims to enrich the candidate experience by enhancing peer and inter-class communication, creating an opportunity 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 one faculty member annually. The CO may also organize social events. Richard Glisker, PhD, and Jose Sanchez Cruz, MD, Co-Presidents.

2. *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.

3. *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. Jules Kerman, MD; Ellen Rees, MD; and Nina Tager, MD

K. **Teaching Faculty and Mentors**

Supervisors - Center faculty members supervise trainees across our training programs on a voluntary basis. All supervisors must hold Columbia University faculty appointments. Those who have been designated as training and supervising analysts may work with psychoanalytic candidates.

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. Course chairs are appointed by the Curriculum Committee and do not serve for a fixed period of time.

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. Instructors are appointed by course chairs in consultation with the Curriculum Committee.

Associate Instructors - The associate instructor position serves as the entry point for recent graduates seeking to develop as teachers. All associate instructor openings are announced in the spring of each year and applications by graduating trainees

and recent graduates are invited. Applicants are interviewed by the course chairs and selected in collaboration with the Curriculum Committee co-chairs. Associate instructors develop their teaching skills through this position and through participation in CAPE-Didactics learning events. Responsibilities of the associate instructor include coordinating the logistics of the course (i.e. readings, evaluations, case presenters, attendance) and providing continuity over the length of the course.

Mentors – Trainees in psychoanalysis participate in the Center's mentor program. 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.

VIII. Research at the Center

A. Coursework

"Research and Psychoanalysis" is taught in the 2nd year of psychoanalytic training and reviews empirical research on topics in psychoanalytic education, practice and meta-psychology. Classes are taught by active researchers and address content, methodology, and writing for publication.

B. Center Projects and Studies

Research topics currently being pursued include several clinical trials in psychodynamically-informed psychotherapeutic interventions conducted by faculty and trainees as well as a long-standing prospective study of professional development in the psychoanalytic post-graduate years.

APPENDICES

A: Case Intake Manual for Psychoanalytic Candidates
B: Parent-Infant Psychotherapy Program Requirements
C: Supervisor's Guide: Adult Analytic Training Program

COLUMBIA | CENTER FOR PSYCHOANALYTIC TRAINING AND RESEARCH
DEPARTMENT OF PSYCHIATRY

75 Years

CASE INTAKE MANUAL
FOR PSYCHOANALYTIC CANDIDATES

- Overview
- Policies & Procedures
- Evaluation Process and Fees
- Beginning a Case in Sigi
- Assessments in Sigi
- Closing a Case in Sigi
- Medical-Legal Dimensions of Training Cases

Overview

Hello! This Candidate Manual will introduce you to

- The Case Intake Committee (CIC) and how you will work with us
- All the logistics (policies and procedures) of
    - Screening and evaluating a patient for analysis
    - Starting an analytic case
- Assessments for the patients to complete in SIGI
- Medical-legal and ethical dimensions of control analyses conducted while you are a trainee at the Center

During your training, you will all be ready at different times to begin a training case. You will discuss this with your supervisor and possibly with your mentor and the Training Committee. Your training case may come from your private practice or any referral source.

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

The requirements for all patients and clinicians are detailed in the next section.

We look forward to working with you over the course of your training! Please don't hesitate to be in touch with either one of us at any time.

Maya Stowe
Case Intake Committee Chair

Policies & Procedures

Screening

I. As of the 2024 academic year, the Case Intake Committee will no longer screen patients for analysis. Any patient who contacts the Center with interest in psychoanalytic treatment will be referred by our staff (Madrid or Chris) directly to available candidates.

II. Referrals are made in accordance with the information on the Candidate Organization's Google Spreadsheet on which candidates seeking cases enter their details.

III. For cases coming through the Center, you will be notified via your Columbia email account that a patient has been provided with your contact information.

IV. When a patient contacts you, it will be up to you to screen them to see if an evaluation for psychoanalysis is appropriate. Some screening may be accomplished in a phone conversation, while other questions are best addressed in person. Your coursework and your supervisor will be your guides in this process. You may also reach out to Maya with questions. Some important issues to consider during screening include:

    A. What the patient hopes to accomplish through psychoanalytic treatment

    B. Whether the patient understands that the treatment involves meeting 3-5 times per week (You may need to reiterate this!)

C. Whether the patient understands that psychoanalysis is a long-term endeavor

D. Whether the patient has a substance use disorder (as we do not recommend candidates treat patients with active substance abuse in analysis)

E. Whether the patient has a history of serious psychiatric illness, especially psychosis

F. Whether safety concerns are present that could disrupt the treatment

V. If you find the patient is not appropriate for analysis, please provide them with other referrals. The Case Intake Committee can help with suggestions. In many cases, patients may be referred to the Columbia Residents' Clinic (646-774-6705). Patients may also be referred to the Department of Psychiatry intake line (212-305-6001).

VI. If you find that evaluation for psychoanalysis is indicated but logistical barriers (such as fee or geography) prevent you from continuing with the patient, please refer them to one of your fellow candidates in Adult Psychoanalysis.

VII. If you find that the patient is suitable for an evaluation in your practice, you may begin to meet with them.

Evaluation Process & Fees

I. Evaluations with a new patient typically require at least several sessions.

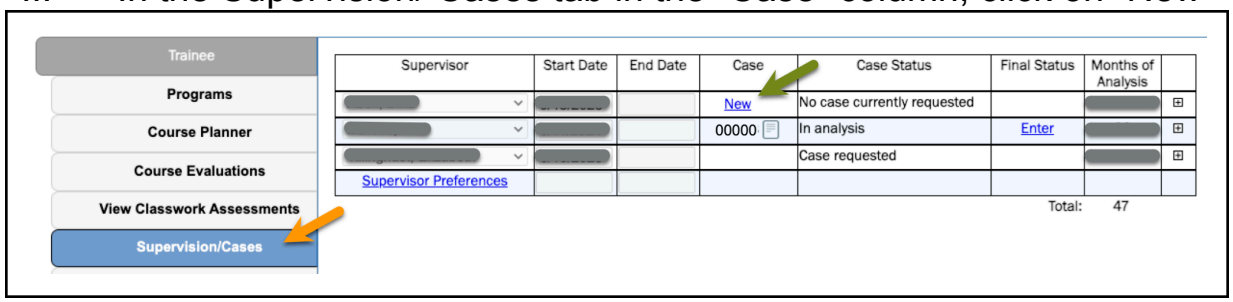
II. The candidate will decide the fee for the evaluation. You are encouraged to offer evaluation sessions at a reduced fee in order to lessen the barriers to finding a great training case.

III. If treatment follows, the fee will be determined privately between the patient and the candidate.

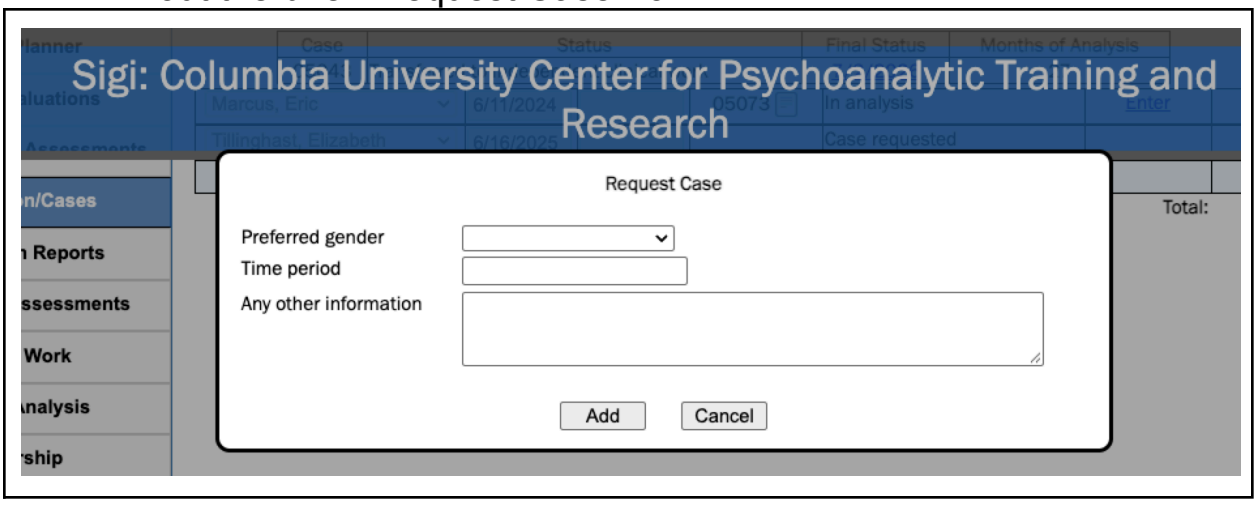
Beginning a Case

I. To begin a new analysis, you need to request a case in SIGI. Each new case will be assigned to a supervisor-candidate pair. This process is the same whether the patient is coming from your private practice or is new to you.

II. In the Supervision/ Cases tab in the “Case” column, click on “New”



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

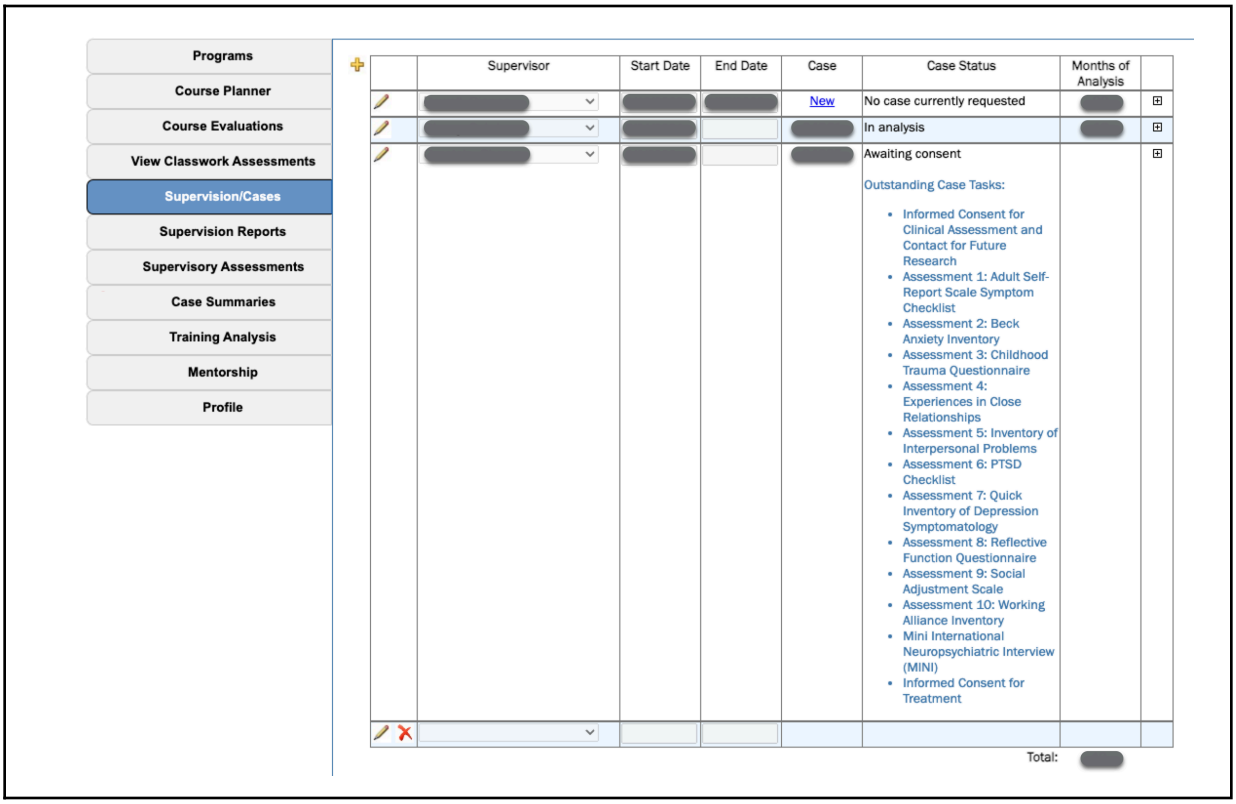


Please note — We no longer offer screened referrals from the Case Intake Committee. Any case request you put in should be for a specific patient that you are ready to treat in analysis.

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

V. The patient can now log into SIGI, sign consent forms, and fill out the required self-assessments. The first two consent forms are the Informed Consent for Application and Evaluation and the Informed Consent for Contact for Future Research. Please see "Assessments in SIGI" below for more information. **Patients will not receive a prompt to complete their tasks. Candidates should convey to the patient that they need to log into SIGI to complete the forms.**

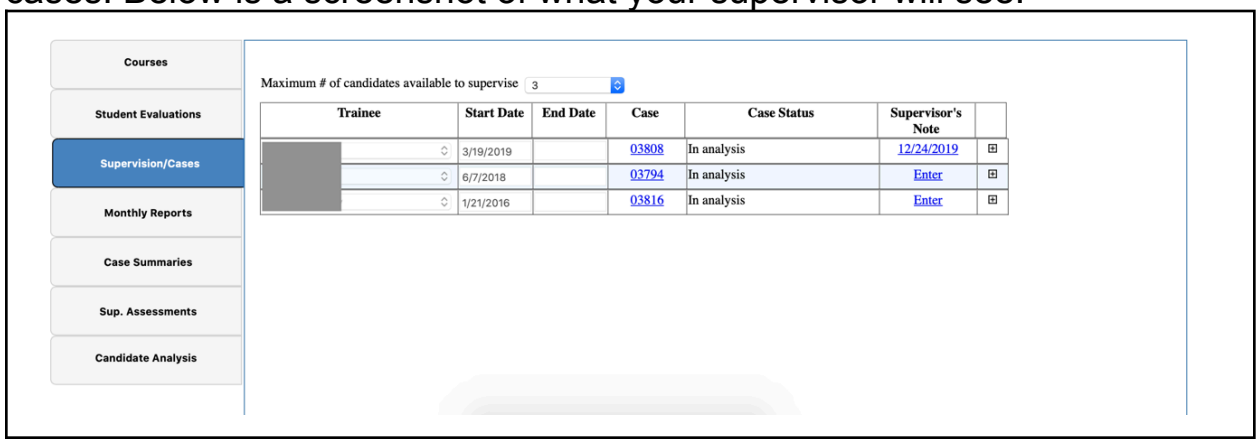
Candidates with cases with outstanding items to complete (consents, self-assessments, etc.) will have a list of Outstanding Case Tasks available in the Supervision/Cases tab so they can see which items are outstanding.



VI. Once these required forms are complete, patients need to sign the final consent form for treatment. Then you can begin to receive credit for conducting analysis. (We have paused the requirement for all patients to

complete the Mini International Neuropsychiatric Interview (MINI) in a phone conversation with a research assistant. It is now optional. If you would like your patient to complete this interview, please ask the Case Intake Committee chairs for more information.)

VII. Your supervisor should fill out a Brief Supervisor Note for new analytic cases. Below is a screenshot of what your supervisor will see.



Summary

Steps for starting analytic cases:

1. A new or existing patient is evaluated for psychoanalysis in your private practice with guidance from your supervisor.
2. When a patient is ready to begin analysis, the candidate requests a new case in SIGI, emails Madrid with the patient's name and email, and specifies the supervisor for the case.
3. Madrid creates a login for the case and matches it to the candidate-supervisor pair.
4. The patient completes the initial consents and self-assessments in SIGI.
5. The patient signs the Informed Consent for Treatment.
6. Analysis begins.

Assessments in SIGI

The Center collects self-assessments for each patient entering analysis. These serve a dual purpose: they provide both clinical information for you and your supervisor and a baseline for research should the patient consent to participate in a future study. Reading the assessments often deepens your understanding of your patient. Symptoms and historical factors that are missed in an interview, for example, are likely to be elicited by these assessments.

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

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

You can also find it in your SIGI menu – "Sample Case Application."

Tasks for Patients:

1. *Who We Are and What We Do*
2. *Informed Consent for Application and Evaluation*
3. *Informed Consent for Contact for Future Research*
4. *Patient Self-Assessments (10)*
    - *Assessment 1: Adult Self-Report Scale Symptom Checklist*
    - *Assessment 2: Beck Anxiety Inventory*
    - *Assessment 3: Childhood Trauma Questionnaire*
    - *Assessment 4: Experiences in Close Relationships*
    - *Assessment 5: Inventory of Interpersonal Problems*
    - *Assessment 6: PTSD Checklist*
    - *Assessment 7: Quick Inventory of Depression Symptomatology*
    - *Assessment 8: Reflective Function Questionnaire*

- *Assessment 9: Social Adjustment Scale*
- *Assessment 10: Working Alliance Inventory*

5. *Informed Consent for Treatment*

I. Once the Informed Consent for Clinical Assessment and Contact for Future Research is completed, all the evaluations appear. These may be completed in any order.

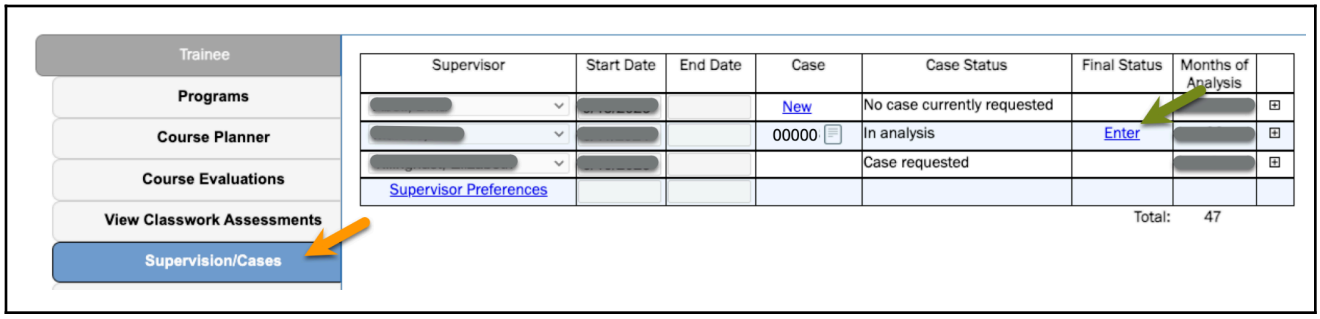
II. Once all the forms are completed, the Informed Consent for Treatment becomes available. This form is the final step for the patient's intake process.

Closing a Case in Sigi

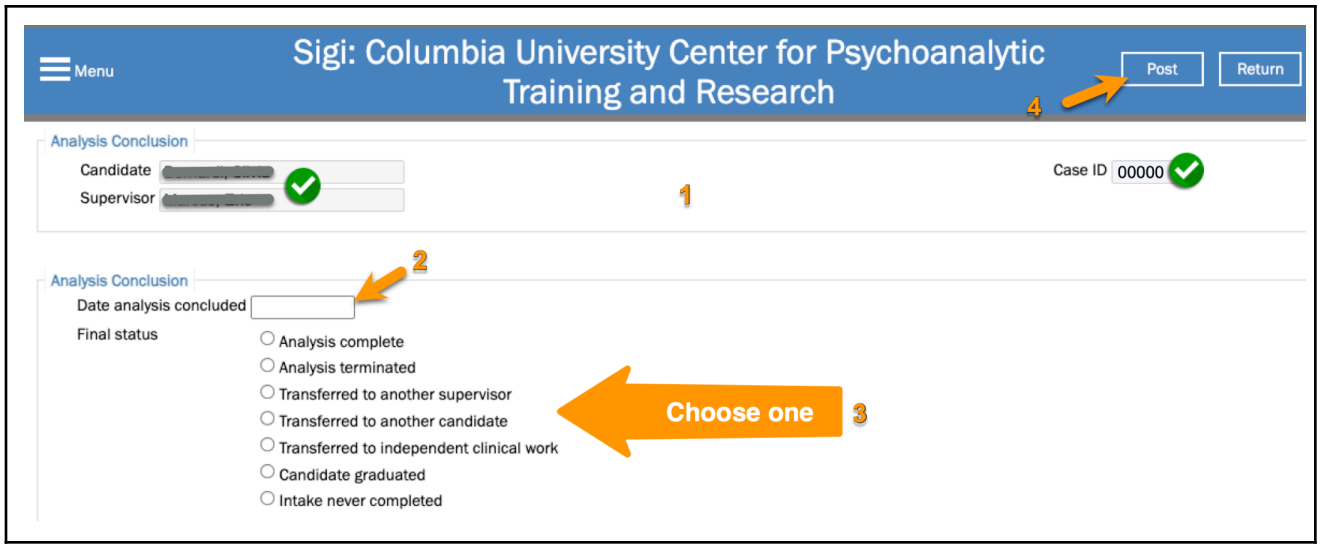
When a case is terminated for whatever reason, it is your responsibility to provide an official account of the end of the case as follows:

I. Log in to Sigi and click on the Supervision/Cases tab. (yellow arrow)

II. Click on the word "Enter" in the Final Status column of the case you would like to close.



This will open the following form:



III. Check the information in the heading, including the case number (see the green circles above).

IV. Enter the date that analysis concluded.

V. Choose the final status from the options. Please read all options before you make your selection.

VI. Click on Post at the top of the form.

Medical-Legal Dimensions of Training Cases

I. Informed Consent

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

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

II. Liability

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

The informed consent forms make clear the following points. You should review these carefully and let them guide your clinical decision-making, documentation, risk assessments and all related clinical practices. If at any time during your training you have any questions or concerns, please be in touch with us. We are more than happy to discuss this with you and help as we can.

Patients are informed that

1. All candidates, to be eligible for training in psychoanalysis at Columbia, are post-doctoral clinicians with private practices, fully licensed in New York State. Psychoanalytic treatments occur under supervision with a senior analyst on the Center faculty.
2. Patients will enter a treatment relationship with their analyst only. All aspects of treatment, including all payment arrangements, clinical documentation, clinical decisions and responsibility, treatment policies and procedures, and any other treatment arrangement fall entirely within the private practice of the treating psychoanalyst.
3. While patients' identities will be held strictly confidential, aspects of their analysis may be discussed in anonymized form at clinical presentations in classes or other conferences at the Center.

III. HIPAA

The Center is not a clinical entity. All patient information is nevertheless stored in a HIPAA-compliant manner. Clinical information will be maintained in a de-identified manner, using the Case Number.

Your clinical note in SIGI and all other written work should not contain any potentially identifying information.

IV. Charting psychoanalysis

APsA continues to maintain on their web site that it is not customary for psychoanalysts to chart treatment progress session by session with regards to the psychoanalytic process. APsA, however, does stipulate that clinicians should maintain the “customary methods of documenting events in the clinician-patient encounter that fall outside the scope of psychoanalysis itself.” Thus, factors related to medical, psychiatric, psychological, or social work aspects of the treatment should be charted. Our view, at the Center, is that deciding where psychoanalysis itself ends and psychiatric/psychological factors begin is not always clear. We therefore advise that you maintain accurate, up-to-date patient records as you would any patient in your private practice. The initial, annual, and termination summaries you write are a part of your academic file and the body of work you create as a trainee but should not be considered a part of your patient’s record. You may also consider what documentation is necessary if you or your patient is submitting for insurance reimbursement.

V. Ethics

As in any profession, psychoanalysis shares fundamental standards of ethical practice. APsA has outlined them on their website. Topics such as: professional competence, respect, mutuality in informed consent, confidentiality, truthfulness, avoidance of exploitation, scientific responsibility, protection of the public and the profession, social responsibility, and personal integrity are all discussed. At the Center, all candidates complete a course in Psychoanalytic Ethics and Practice prior to graduating. If you have any concerns in this area, please feel free to discuss them with us.

http://www.apsa.org/code-of-ethics

READ CAREFULLY AND SAVE FOR YOUR RECORDS

THE PARENT INFANT PSYCHOTHERAPY TRAINING PROGRAM
COLUMBIA UNIVERSITY CENTER FOR
PSYCHOANALYTIC TRAINING AND RESEARCH

STARTING YOUR TRAINING AT PIP:
REQUIREMENTS AND GUIDELINES

The parent Infant Program (PIP) offers intensive training in Parent Infant Psychotherapy. The program includes two years of theoretical training coursework, Infant Observation, and clinical placement/practicum. There is also an optional third year of monthly seminars. The program runs on a two-year cycle.

1. All trainees are required to take the weekly course that meets once a week for 90 minutes, Mondays (or Wednesdays) from 8:00 – 9:30

2. All trainees are required to participate in the Infant Observation Seminar – Each trainee finds a baby to observe from birth and makes weekly visits to the home, for one hour, until the baby is about two years old. All trainees are required to obtain a written consent from the family prior to starting the observation. Each trainee is expected to write detailed notes of all observations and present it at the weekly Infant Observation Seminar. The seminar meets once a week for 90 minutes, Monday from 6-7:30. At the end of the two years all IO participants are **required to write a paper that reflects upon the IO experience.** This paper should include a description of the baby's development over time, her/his relationship to her/his caregiver, specific threads that the observer saw developing in the relationship, as well as their experience of their role and countertransference.

3. All trainees are required to undertake a treatment of at least one case of infant-parent dyads/triads under supervision by assigned

PIP faculty. Trainees are expected to meet with their supervisor on a weekly basis while engaged in clinical work at the supervisor's office or by zoom. We encourage trainees to start their PIP clinical experience by the end of the first year. The chair will discuss with each student individually how to find a case, and facilitate if possible

4. Trainees are encouraged to **engage in their own individual psychoanalytic psychotherapy** while in PIP training unless the trainee has completed his or her own personal analysis. The psychoanalyst/psychotherapist must be a graduate of a recognized training institute. The details of this can be discussed with the program's chair. The PIP chair can help trainees find a psychotherapist in accordance to their means.

5. Trainees are expected to attend all classes and seminars. When a trainees miss a class, they are required to write a summary of the articles assigned to the missed class. You are asked not to miss more than one class each semester.

6. Trainees are expected to arrive on time for all classes and seminars. This includes the Infant Observation weekly seminar that is strongly based on a group process that counts on each individual member and her/his active participation. Arriving late is difficult and disruptive for the class and for the IO group process and burdens the group and the weekly observer who is presenting. We do expect that trainees will make sure to arrive on time.

7. **At the end of <u>each</u> academic year trainees are required to write a paper**. The paper for each year should describe the mental life of a baby at a specific stage of development, using the class's readings and the clinical experience of the trainee. In the first year the emphasis will be on weaving theories learned as applied to a specific developmental age of the baby (e.g., newborn, 2 months-old, 6 months-old, etc.) and in the second year the emphasis will be on weaving theories learned with your clinical cases.

COLUMBIA | CENTER FOR PSYCHOANALYTIC TRAINING AND RESEARCH
DEPARTMENT OF PSYCHIATRY

80 Years

SUPERVISOR'S GUIDE

ADULT ANALYTIC TRAINING PROGRAM

2026 - 2027

A resource for those who volunteer their time and expertise to support the next generation of psychoanalysts

Welcome

Thank you for being part of our training community. The time and expertise you bring to supervision are among the most precious gifts our program can offer its candidates. This guide is meant to be a practical companion — a clear, friendly reference for everything you need to know about working with trainees, fulfilling your supervisory role, and navigating our administrative systems.

This guide aims to orient you to the structure of our program and your critical role within it. We cover how candidates are matched with supervisors, what we assess and why, how to use our administrative platform (Sigi), and what to do when things don't go smoothly. We hope it answers your practical questions so that supervision itself can remain focused on teaching and learning.

As always, the chairs of training are here for you. Please don't hesitate to reach out with questions, concerns, or feedback at any time (cptrtrainingchairs@cumc.columbia.edu)

Quick Reference

Supervisor Responsibilities

- Supervise 2–3 candidates
- Meet with each supervisee weekly
- Update Sigi availability each April — see Appendix A
- Complete written assessments in Sigi each January and June
- Discuss assessments with supervisees before filing
- Review case summaries as produced
- Contact training chairs with any significant concerns (cptrtrainingchairs@cumc.columbia.edu)

Candidate Requirements

- Three analytic cases, 3–5x weekly, with three different supervisors
- 60 months of supervised analysis; at least one case lasting 18+ months
- Each case must run at least 3 months to count
- Weekly supervision from September of first year onward
- Average assessment score midway between "Approaching Goal" and "Meets Goal" for graduation

Key Case Deadlines

- Initial summary: within 3 months of starting a case
- Annual summary: first week of September each year
- Closing summary: when a case ends or goes independent
- End of supervision summary: required in Sigi when case becomes independent

For questions about any aspect of your supervisory role, please reach out to the chairs of training. We are grateful for everything you bring to this program.
(cptrtrainingchairs@cumc.columbia.edu)

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Program Overview

Our program is built on the belief that psychoanalysis is learned in the doing — and that supervision is the heart of that learning. Supervisors work with candidates across the full arc of their training.

What Candidates Are Working Toward

Adult candidates are required to treat three patients in analysis, each with a different supervisor, before they can graduate. These cases must be conducted at a frequency of three to five times weekly. The program's graduation requirements include:

- Exposure requirement: A minimum of 60 months of supervised psychoanalysis, with at least one case lasting 18 months or more. A case must run for at least three months to count.
- Competency requirement: An average supervisory assessment score at least midway between "Approaching Goal" and "Meets Goal" on our legacy senior-year assessments (currently under revision).

Training Stages and Learning Objectives

Our Learning Objectives for Clinical Psychoanalysis (available on our website) describe the skills and knowledge we hope candidates will develop across three stages of their training:

- First year — foundational orientation to analytic work
- Intermediate years (2–3) — deepening clinical engagement and formulation
- Senior years (4 and beyond) — growing independence and integration

We encourage you to familiarize yourself with these objectives, as they form the basis of the assessments you'll complete each semester. No analyst — however seasoned — achieves all of these goals all of the time. In assessing candidates, we look for a widening repertoire of emerging skills used with growing confidence and at increasing frequency.

A Note on the Learning Objectives

The objectives are not a checklist of perfection. They describe a developmental arc. Your job as a supervisor is not to evaluate candidates against an ideal, but to track their growth and give them meaningful feedback about where they are and where they're headed.

How Supervisors Are Matched with Candidates

Candidates are matched with supervisors through a structured process that privileges their preferences while striving for equitable distribution across the faculty.

The Match Process

1. Entering candidates are assigned their first supervisor in September of their first year by the training chairs.
2. At the end of the first year, candidates submit preferences for their second supervisor through the Spring Supervisor Match in May.
3. At the end of the second year, they participate again to be matched with their third supervisor.

Matches are made to maximize the number of candidates receiving their first choice and to minimize the number receiving their third choice. All things being equal, senior candidates are given preference in the match.

Flexible Timing

Candidates are not required to follow this standard timeline strictly. With approval from the training chairs, a candidate may:

- Request a new supervisor earlier if they have a patient ready for analysis before the scheduled match.
- Delay a new match if they are balancing significant outside obligations or have not yet identified a case for their current supervisor.

These requests go directly to the chairs of training. You may occasionally be asked to take on a candidate outside of the standard match cycle for one of these reasons. If you are approached directly by a candidate regarding supervision, please refer them to one of us.

Duration of the Supervisory Relationship

Candidates typically work with each of their supervisors from the time of their match through graduation. The sustained nature of this relationship — often spanning several years — is itself educationally valuable. That said, candidates are not required to remain with the same supervisor. They may request a change at any time if they feel a different perspective would benefit their learning (see "When Supervision Isn't Working" below).

Supervisor Caseloads

We recognize that supervision is a significant commitment of time and expertise. To sustain a vibrant program that serves both our candidates and our supervisors well, we aim for a balanced approach to caseloads.

Ideally, all supervisors take on three supervisees. This allows us to distribute the teaching load equitably across our faculty while giving candidates access to a rich variety of supervisory perspectives.

We understand that not every supervisor can accommodate three supervisees at all times. Seeing two supervisees satisfies our minimum requirement for annual reappointment, which we review each spring. We are grateful for supervisors who can offer this level of commitment.

If you are able to take on three supervisees — or if your circumstances change and you find you have additional capacity — we hope you will let the training chairs know. Your willingness to expand your supervision is tremendously valuable to the program and to the candidates who benefit from your experience.
(cptrtrainingchairs@cumc.columbia.edu)

Your Administrative Responsibilities

We ask supervisors to fulfill a number of important administrative tasks each semester. These are essential to the program's functioning and to candidates' formal progress.

- **Update your Availability to Supervise in Sigi Annually**
- **Complete Written Assessments Every Semester**
- **Review Case Summaries Annually**
- **Touch Base about Monthly Supervision Reports**

Sigi: Our Program Platform

Sigi is the program's administrative platform and where the program maintains the official record of each supervisor's caseload as well as an academic record of the candidate's training. It is where you log your availability to supervise and where you'll submit assessments. It is also where candidates log their monthly supervision report, share their case summaries with you,

You should have received login credentials; if not, please contact the program office.

Update Availability in Sigi

In April of every year, please make sure that your availability to supervise is accurately reflected in Sigi. You will receive an email reminder — please do so promptly! For step-by-step instructions, see Appendix A at the end of this guide.

Semester Assessments

At the end of each semester, in January and June, you will be asked to submit a written assessment of your supervisee's work via Sigi. These assessments are the most important administrative task supervisors perform. They serve three purposes:

- They provide candidates with structured, written feedback on their development.
- They document progress toward the program's graduation competency requirements.
- They are reviewed by the chair of training to monitor overall candidate progress.

The process works as follows:

1. You complete the assessment form in Sigi at the end of each semester.
2. The candidate reviews the assessment before your next meeting and discusses it with you.
3. You may revise the assessment based on that discussion before filing the final version as part of the candidate's academic record.
4. After your assessment is submitted, you will receive access to the assessments submitted by the candidate's other supervisors.

Discussing Assessments with Your Supervisee

The assessment conversation is often one of the most meaningful exchanges in supervision. We encourage you to approach it as a collaborative reflection rather than a formal review. Candidates often have important insight into their own development, and the discussion itself can deepen the supervisory relationship.

If you revise the assessment after that conversation, the final version becomes part of the trainee's permanent academic record.

Understanding the Assessment Ratings

The assessment form asks you to rate your supervisee's progress on each of the program's Learning Objectives using a five-level scale. A sixth option is available when you don't have enough information to make a confident judgment.

Rating	Definition
Exceeds Goal	The trainee has mastered this aspect of analytic work.
Meets Goal	The trainee can perform this skill and employs it most of the time.
Approaching Goal	The trainee is developing the 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 and may have a special challenge here.
Cannot Assess	The supervisor does not have enough experience with the trainee to rate this area.

What the Ratings Mean for Graduation

Graduation requires that a candidate's average score on senior-year assessments fall at least midway between "Approaching Goal" and "Meets Goal." The same threshold applies to the independent clinical work eligibility criteria (see below). This means that "Approaching Goal" represents meaningful progress — it is not a failing grade.

Tips for Completing Assessments

- Be specific. General praise or vague concerns are less useful than concrete examples from the supervisory hours.

- Use "Cannot Assess" freely when appropriate. It is far better than guessing on areas you haven't had occasion to observe.
- Remember developmental context. A first-year candidate and a senior candidate are held to different expectations. The Learning Objectives describe what is appropriate at each stage.
- Write what you would say aloud. The best assessments read like a thoughtful summary of what you've been telling the candidate in supervision all along — nothing should come as a surprise.

Reviewing Case Summaries

Candidates are required to write formal case summaries at several points during a treatment. They share these summaries with you, their supervisor, and discussing them is an important part of supervision. Candidates are required to submit a first draft to you through Sigi, review their writing with you, revise their work according to your feedback, and post a final draft. As a supervisor, you should be aware of when these drafts are due and help candidates prioritize completing them:

- Initial summary: First draft due within three months of starting a new analytic case.
- Annual summary: Covering the analysis from the beginning, the annual summary first draft is due the first week of classes each September for all ongoing cases. The final draft is due October 15th of that academic year.
- Closing summary: When a patient ends the analysis or when the candidate transitions the case to independent (unsupervised) status.

The case formulation and analytic process captured in these summaries should be central to your supervisory conversations. Discussing how the candidate understands the case — and how that understanding evolves — is one of the most valuable things you can do together.

The Writing Course

Candidates are in writing classes for about a month in all five years of their training. In years 2–5 they submit one treatment summary that is shared with the instructors and their group (10 page limit years 2–4, 15 pages in year 5). They are asked to choose their longest-running case and to follow the Writing Course Guidelines (available on the Center website) to expand and revise the case report that they wrote for the Center yearly requirements. Supervisory input on these writeups is very valuable to the candidate!

Monthly Supervision Reports

Candidates are responsible for filing a monthly supervisory report in Sigi to document their supervised work. These reports are the program's only formal record of supervision hours, and credit toward the exposure requirement depends entirely on their being filed. If you notice that a supervisee has not filed a recent report, a friendly reminder goes a long way.

Supporting Your Supervisee's Clinical Development

This section offers a few framing ideas about how our program thinks about supervision and what we hope candidates take from the experience.

The Heart of the Work

Candidates come to supervision to both learn the practice of psychoanalysis and to learn to think in a psychoanalytic way. The most powerful thing you can offer is your authentic engagement with the clinical material — your curiosity, your uncertainty, your hard-won ways of thinking about what is happening in the room.

We encourage supervisors to use their own analytic sensibility freely in supervision — to model not just technique and use of theory but the internal posture that makes theory and technique meaningful. Candidates learn as much from watching how you think as from what you tell them.

Frequency and Format

Candidates meet with each of their supervisors weekly throughout their training. Beginning in September of their first year, regular weekly meetings are expected. The format of each session is left largely to the supervisor and candidate to determine together.

Candidates may bring to supervision questions about the appropriateness of a case for analytic work, ongoing psychodynamic therapy cases they are considering for conversion to analysis, and active analytic cases.

Supervisors are expected to meet with candidates weekly whether or not they have a case in analysis.

The Learning Objectives as a Roadmap

The program's Learning Objectives are organized by training stage: first year, intermediate years (2–3), and senior years (4 and beyond). They are a useful frame for thinking about where a candidate is and where they are headed. We encourage supervisors to review the objectives relevant to their supervisee's stage and to use them as a basis for feedback — both in the moment and in formal assessments.

Independent Clinical Work: Moving Towards Graduation

Toward the end of training, candidates who meet specific criteria may begin "independent" clinical work — analytic cases conducted without formal supervision. To qualify, a candidate must have:

- Completed the first six semesters of the adult psychoanalytic curriculum.
- Had at least one case run continuously for 18 months or more.

- Received an average assessment score midway between “Approaching Goal” and “Meets Goal” on their most recent senior assessments.

Qualifying candidates may start a new case without supervision, shift to “as-needed” supervision on one case while remaining in weekly supervision on another, or conclude a supervision if they remain in two or more ongoing supervisions. They must document any transition to independent status in Sigi and complete a final “end of supervision” case summary.

The program strongly encourages candidates to continue in supervision through completion of training, even if they technically qualify for independent work. Please feel free to share that perspective with your supervisees.

Supervising in the Early Years

The first year or two of a candidate's training calls for a particular kind of supervisory presence. Early-stage candidates are not simply less experienced analysts — they are navigating a genuinely new professional identity, often while managing significant uncertainty about practice logistics, clinical technique, and whether they are even doing "it" right. Your support during this period can be formative in ways that extend well beyond the content of any single supervision.

This section outlines the areas where early-training candidates most often benefit from active guidance. Not every candidate will need the same kind of support, and we trust your clinical judgment in calibrating your approach. But we want you to know that in these early years, the scope of supervision legitimately extends well beyond the consulting room.

Meeting Weekly — and Making It Count

Weekly supervision is required from September of the candidate's first year, and we encourage you to treat that regularity as a relational anchor, not just an administrative requirement. For many early candidates, supervision is the one consistent space where they can think freely about their analytic work. Showing up reliably, and helping them do the same, is itself a meaningful form of support.

If a candidate is struggling to prioritize supervision — missing sessions, arriving unprepared, or treating supervision as secondary to their other obligations — that pattern is worth exploring, both practically and analytically. What does it mean for this person to be supervised? What anxieties or resistances might be active?

Helping Candidates Set Up Their Practice

Early candidates frequently arrive with little practical knowledge of how to establish and run an analytic or therapy practice. Many have never thought carefully about the physical and logistical conditions that make clinical work possible. Supervisors can offer invaluable guidance here, drawing on their own experience:

- Office setup and logistics — what a consulting room needs to feel safe, private, and analytic
- Scheduling and cancellation policies — how to communicate expectations clearly and compassionately from the start
- Fee setting and payment arrangements — including how to think analytically about the money conversation
- Use of voicemail, email, and between-session contact — establishing appropriate limits from the outset
- Documentation and record-keeping — what records to keep and how to manage them professionally

These may seem like mundane matters, but the frame of a practice is not separable from the clinical work. A candidate who feels uncertain about the logistics is a candidate who cannot be fully present with their patient.

Setting the Frame and Helping Treatments Deepen

One of the most practically important things a supervisor can do for an early candidate is help them think carefully about the analytic frame — and about what it means, technically and relationally, to establish it. Many candidates have absorbed the concept of the frame theoretically but have little experience of what it feels like to actually hold one, or of the anxiety that can arise when patients push against it.

Useful areas to explore with early-stage supervisees include:

- How to introduce the analytic method — free association, frequency, the use of the couch — in a way that is inviting rather than prescriptive
- How to respond when patients are confused or ambivalent about what analysis is asking of them
- How to work with patients who are "doing well" on the surface but not deepening — how to recognize and address resistance to engagement
- How to recognize and name the emergence of transference early in a treatment, and how to use it
- How to think about and manage the pacing of interpretive work

Early candidates often err toward either over-structuring (too many explanations, too much activity) or under-structuring (waiting too long, unclear about their role). Your own experience of what deepening looks like, and how to invite it, is one of the most useful things you can transmit.

Building Referral Streams

Candidates need patients — both psychotherapy patients and analytic cases — and finding them is often harder than training programs acknowledge. Part of supporting an early candidate is helping them think practically and strategically about how to build a referral network.

This might include conversations about:

- How to present oneself professionally to potential referral sources — physicians, therapists, employee assistance programs, clergy, and others
- How to talk about psychoanalysis and intensive psychotherapy with people unfamiliar with the treatment — in terms that are honest, accessible, and not off-putting
- The difference between referral sources for psychotherapy and for analysis — and how to cultivate both
- How to handle initial consultations in a way that keeps the door open for more intensive work

- The longer arc of practice-building — that referral networks develop over years, and that early careers require patience and persistence

Sharing your own experience of how your practice developed — what worked, what didn't, how long things took — can be enormously reassuring and practically useful. Candidates benefit from hearing that building a practice is a process, not an event.

Developing Analytic Engagement and Analytic Listening

The shift from psychotherapy to psychoanalysis is not simply a matter of frequency or furniture. It involves a different orientation — a different quality of presence, attention, and restraint. Many early candidates carry strong habits from their prior clinical training: habits of question-asking, problem-solving, support-offering, and reassurance that are genuinely helpful in other contexts but that can work against the analytic process.

Helping candidates develop analytic listening — the capacity to hear what is not being said, to attend to latent content and process, to tolerate not-knowing without filling the silence — is among the most important and most subtle tasks of early supervision. Some useful areas of focus:

- Helping candidates notice when they are listening for content versus listening analytically — attending to tone, rhythm, what gets avoided, what keeps returning
- Exploring the candidate's own experience of the hour — their reveries, associations, and somatic responses — as clinical data
- Working with the candidate's anxiety about silence, about not "doing enough," about whether the patient is being helped
- Helping candidates distinguish interpretation from explanation, and develop a feel for timing
- Encouraging the habit of formulation — the analytic posture of always asking: what is this patient communicating, and what is the relationship between this material and what we have understood before?

This is slow work, and it unfolds over the full arc of training. The early years are about planting seeds and creating the conditions for a genuinely analytic sensibility to develop.

Working with Internal Resistances to Analysis

Every candidate brings to their training some version of resistance to the analytic process itself — resistance that is as unconscious and as meaningful as any patient's. This is not a flaw; it is a clinical fact. The candidate who is drawn to analysis is also, in some measure, ambivalent about it. That ambivalence will show up in supervision.

Common forms of early-candidate resistance worth attending to include:

- Difficulty tolerating analytic passivity — the pull to reassure, advise, or explain rather than wait and wonder
- Anxiety about the patient's regression or distress — moving too quickly to relieve it rather than bearing it analytically

- Over-identification with the patient, or conversely, excessive clinical distance as a defense against emotional engagement
- Resistance to using the couch, to high frequency, or to other structural features of analysis that feel unfamiliar or exposing
- Difficulty formulating — a preference for descriptive narrative over dynamic understanding
- Enactments in supervision itself — lateness, under-preparation, excessive self-criticism, or idealization of the supervisor

We are not suggesting that supervisors conduct analysis in supervision — quite the opposite. But naming resistance when you see it, inviting the candidate to reflect on what might be making the analytic work difficult, and holding the frame firmly without punitiveness are among the most analytically informed things a supervisor can do.

When a candidate's own resistances seem to be significantly impeding their clinical work or their development, that is also an appropriate time to encourage them to bring the material to their own analysis, and to consult with the training chairs if you have ongoing concerns.

On Being a Mentor as Well as a Supervisor

In the early years especially, the boundary between supervision and mentorship is permeable — and that's appropriate. Candidates benefit from knowing that their supervisors are invested in their development as practitioners and as people, not just as cases to be evaluated.

You don't have to have all the answers about practice-building, referrals, or career development. What matters most is that you create a space where those questions can be asked openly, and that you offer your own experience generously.

Case Onboarding and the Structured Clinical Assessment

- **Before a case counts:** All patients must complete consent forms and the Structured Clinical Assessment (SCA) in Sigi.
- **Critical timing:** Months of analysis conducted BEFORE forms are completed do NOT count retroactively toward graduation.
- **Your role:** Check in with supervisees (especially first-year candidates) about timely completion.
- **Use the SCA:** Once results are available in Sigi, review them together in supervision as a window into the patient's functioning.

After helping a candidate develop an analytic case, you also play a key role in supporting them through the administrative steps required to receive credit for that work. Candidates often delay this process due to anxiety — fear of losing the patient if they push on completing consents or assessments, or discomfort discussing their trainee status. Please address these obstacles directly with your supervisees, offering both analytic engagement and practical encouragement.

The Structured Clinical Assessment (SCA)

All patients entering analysis must complete the SCA, a series of validated self-report measures administered through Sigi. It serves two purposes: providing detailed clinical information about the patient's symptoms, trauma history, relationship patterns, and psychological functioning; and establishing a baseline for research should the patient consent to future studies at the Center. Measures include symptomatology, anxiety, depression, childhood trauma, interpersonal relationships, PTSD, and reflective function. Results are available in Sigi to both candidate and supervisor and should be reviewed collaboratively in supervision.

Critical Timing: When Cases Count

Months of analysis conducted prior to the completion of consent forms and required assessments will not be counted retroactively toward a candidate's graduation requirement. Only months occurring after all required forms are completed count toward the 60-month minimum. This is a firm requirement with significant implications for a candidate's timeline.

Your Role as Supervisor

Check in with your supervisees — particularly first-year candidates — about the onboarding process, as many are unaware of how directly it affects their training

timeline. A timely reminder can prevent real delays later. Once SCA results are available, reviewing them together in supervision often illuminates clinical concerns and deepens understanding of the patient and the work ahead. It also models the kind of data-informed clinical thinking that can strengthen candidates' practice throughout their careers.

For more detail, candidates should consult the *Case Intake Manual for Psychoanalytic Candidates*, available through the administrative team, on the Center’s website, and as Appendix B of this manual.

When Supervision Isn't Working

Most supervisory relationships are productive and rewarding for both parties. Occasionally, however, difficulties arise. This section describes how the program handles those situations and what your role is.

Difficulties Raised by the Candidate

Candidates who feel that a supervision is not advancing their learning are encouraged, first and foremost, to raise the concern directly with their supervisor. We know this can feel uncomfortable, but honest conversation between supervisor and supervisee is itself an important part of analytic education.

If the difficulty persists after that conversation, candidates are encouraged to seek advice from others — including fellow candidates, other supervisors, their mentor, and the chairs of training. If they ultimately decide a change is in their best interest, they contact the training chairs, who arrange a new match.

We want to be clear: changing supervisors when doing so is right for a candidate's education is encouraged, not stigmatized. Our goal is always the candidate's learning.

Concerns You Have About a Supervisee

If you have significant concerns about a candidate's progress — whether clinical, professional, or personal — please don't wait for the end-of-semester assessment to raise them. The training chairs are here for exactly this kind of conversation. An early, informal conversation is almost always more useful than a formal process that begins too late. (cptrtrainingchairs@cumc.columbia.edu)

Possible concerns worth raising include:

- Consistent difficulty meeting one or more learning objectives across multiple semesters.
- Apparent personal challenges that may be affecting clinical work.
- Questions about a candidate's suitability for a particular case or for analytic work more generally.
- Situations in which supervision feels unproductive despite efforts to address it directly with the candidate.

If a Candidate Asks to Change Supervisors

If a candidate approaches you about ending your supervisory relationship, we encourage you to receive that conversation openly. Whatever the candidate's reasons, a request to change supervisors reflects their effort to take responsibility for their own education. You may want to discuss it briefly — both for the candidate's learning and your own — but the training chairs handle the practical logistics of any reassignment.

A Guiding Principle

When in doubt, contact the training chairs. We would rather hear about a potential concern early and find it resolves itself than learn of a significant problem after the moment for early intervention has passed. Your observations matter — and they are always held in confidence. (cptrtrainingchairs@cumc.columbia.edu)

Appendix A: How to Update Your Supervisor Availability in Sigi

Every Spring, supervisors need to update their availability in Sigi to indicate the maximum number of candidates they can supervise. This availability is used to match supervisors with new supervisees for the coming year. Follow these step-by-step instructions to update your information.

Step 1: Open the Supervisees/Cases Tab

Depending on your role in the program, you will see different views when you log in to Sigi. Your navigation options depend on whether you teach classes and whether you are currently a trainee.

If you do not teach classes and are not currently taking classes, the Supervisees/Cases tab will already be open when you log in.

If you teach classes but do not take classes, click on the Supervisees/Cases tab in the left navigation menu. You may need to scroll down until you see the Faculty section, then click "Supervisees/Cases" underneath it.

Step 2: Select Your Maximum Number of Supervisees

Once you've opened the Supervisees/Cases tab, you will see a field labeled "Maximum # of candidates available to supervise." Follow these substeps:

- Click on the small pencil icon next to the selection box to begin editing.
- A dialog box titled "Edit supervision preference" will pop up.
- Click on the selection box to see the available options (0 through 6).
- Choose the maximum number of candidates you can supervise, including any you are currently supervising.
- Click the Update button to save your selection.

Step 3: Confirm Your Update

After you click Update, you will see your selection reflected on the page. You can click the pencil icon again anytime before May 1st if you need to change your availability.

Important Timing Note

The pencil icon will be removed as of May 1st, when candidates begin selecting their supervision preferences. Please update your availability before this deadline.

Thank you for keeping your availability information current. If you have any trouble with Sigi or need assistance, please contact the Training Chairs.
(cptrtrainingchairs@cumc.columbia.edu)

Appendix B: Case Intake Manual for Psychoanalytic Candidates

Overview

Click on the link above to access the Candidate Case Intake Manual. This manual will introduce you to:

- The Case Intake Committee (CIC) and how you will work with us
- All the logistics (policies and procedures) for your supervisees in screening and evaluating a patient for analysis
- How they will start an analytic case
- The assessments and consents for the patients to complete in Sigi
- The steps needed to end a case in Sigi
- Medical-legal and ethical dimensions of control analyses conducted while your supervisee is a trainee at the Center