



CONSULTATION  
CENTER

THE INSTITUTE  
FOR  
EXPRESSIVE  
ANALYSIS



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*The IEA Consultation Center for Psychotherapy (IEA CC) aims to offer affordable psychotherapy and psychoanalysis to the community while providing clinical experience for candidates at the institute. Most of IEA CC patients are treated by candidates at the institute, under the supervision of IEA CC approved supervisors. Some are treated by licensed members of IEA.*

*Affiliation with IEA CC is discussed in the first section of the manual.*

*Later sections inform you of various clinical procedures and standard services of IEA CC.*

*All treatment of IEA CC patients must adhere to state and federal law and must accord with the IEA Training Institute's Code of Ethics located on the NAAP website, <http://naap.org/website/code-of-ethics> and the Office of the Professions, <http://naap.org/website/code-of-ethics>.*

*Please keep this manual for the duration of your training. You will receive any changes in writing.*

*This manual applies to all IEA Candidates/Members who are affiliated with IEA CC. However, you will find that there are some differing procedures for candidates who are seeking the NYS license in psychoanalysis and those who already hold licenses that include psychoanalysis in the scope of practice (LCSW, MD, Lic. Psychologists, RN).*

*This manual and other IEA materials will refer to "Track II -license-seeking-" or "Track I - licensed." If you hold a license in another mental health modality and additionally are pursuing the license in psychoanalysis, you fall into the category of "Track II-license-seeking," regardless of the license you hold. "Track I- licensed" refers only to those licenses listed above that list psychoanalysis in their scope of practice. All Track II candidates' cases are the legal responsibility of their supervisors.*

## SECTION I: AFFILIATION WITH IEA CC

### ELIGIBILITY:

You are eligible to affiliate with IEA CC after you successfully complete four courses of the foundation level of training and completed a minimum of one-year two times per week analysis with IEA approved psychoanalyst. To initiate affiliation, please schedule an appointment with the Director of IEA CC to further discuss becoming affiliated with the IEA CC.

IEA CC Director: Gail Elkin-Scott  
consultation@ieanyc.org  
Office: 917.885.5723

All candidates must submit these items from the affiliation packet:

Affiliation Form

IEA CC Supervisor's Agreement form

Control Case Agreement form - when relevant

Professional Liability Insurance and provide a copy of the policy.\*

A brief letter attesting to your completion of (at least) a year of twice a week analysis from your current analyst.

\* licensed candidates can obtain insurance is through their professional organization.

After submitting these forms and completing the interview with IEA CC Director, a candidate is placed on the IEA CC Affiliated List and clients will be referred on a rotating basis, which may be uneven at times due to variability in client's needs regarding days/times, geographical location, or specialized treatment focus.

Because it is in each candidate's best interest to get as wide a range of clinical experience as possible, barring special reasons, candidates are expected to accept patients irrespective of diagnosis or prognosis.

### Office Space

Track II-license-seeking candidates may see patients only at an IEA approved site. Please discuss this issue with the CC Director

### Files

According to HIPAA guidelines all files containing clients' names and confidential information must be kept in a locked file or encrypted/password protected digital file.

## **CHANGE OF INFORMATION**

If in the course of your training and affiliation any of your information changes (licensing, name, change of office, supervisor, etc.), please submit the appropriate information to the IEA CC Director.

## **SUSPENSION OR EXPULSION**

The institute reserves the right to suspend or end a candidate's participation in IEA CC on the basis of professional incompetence, personal unfitness for practice, or non-compliance with IEA CC regulations.

If a question arises at IEA CC as to an affiliate's suitability for practice, the matter is referred to the Dean of Training who then follows the Institute's established assessment procedures. However, should there be any concern that patient welfare may be at risk; IEA CC reserves the right to immediately remove patients from a candidate's care and/or place the candidate on inactive status until the institute's assessment process has been completed.

## **SOLICITING PATIENTS**

Since Track II-license-seeking candidates are prohibited by law from independent psychoanalytic practice, they may not solicit patients by advertising or any other means, Track II candidates may provide information to interested parties about the consultation center and provide the referral number (646.481.5884).

## **ENDING AFFILIATION**

Upon completing IEA's training program and once licensed, a candidate will need to inform IEA CC patients. In most cases, therapists continue seeing their patients in their private practices. It is expected that a candidate will continue with the IEA CC's principle of matching fees to the individual's resources. A candidate will then submit a *Candidate to Member Status* form listing each client.

If a candidate leaves the institute without completing the program, they must discuss this first with their supervisor, then with the CC Director and the Dean of Training, the best disposition for each CC patient. A licensed candidate (Track I) may transfer the patients into their private practice based on the circumstances of the candidate's leaving the institute, their training record, and the welfare of the patient.

## INTAKES AND REFERRALS PROCEDURES

### Intake and Referral Process

All IEA CC patients have an intake interview for the purpose of assessment, referral, orientation to IEA CC, and the setting of a fee for treatment. The patient signs a form that serves as both informed consent and release of information. The patient also pays an intake fee. On rare occasions a candidate may be asked to do the intake of a direct referral, particularly if the client is referred due to specific language needs. In these situations, the fee will be set with the client (or client representative) on the phone at the time of the initial contact with the CC Director. The CC Director will then discuss with the candidate all forms and procedures to follow.

Most often, however, a referral will be made after the intake interview with the CC Director. A candidate will receive a phone call/email from the CC director inquiring about their availability. Response to this first contact should be no longer than 48 hours after the call/email is sent. Once a referral is made, the intake report is sent via secure methods to the candidate for review. The candidate then contacts the client to arrange for the first session.

The intake report will give a picture of how the patient presented, what the patient's problems and dynamics appeared to be, and any suggestions that the intake interviewer may have concerning the patient's treatment. Bear in mind that this is only an initial assessment. Patients often present differently at intake than they do once in treatment, and the early understanding of a patient is always incomplete. Once treatment begins, candidate and supervisor will embark on an evolving assessment, evaluations, and treatment plan.

Every effort is made to distribute referrals evenly to the extent possible given variability in candidates' time, availability, and location.

Candidates are expected to accept all IEA CC patients referred to them. However, if explanatory circumstances make it unwise for to accept a particular patient, candidates should discuss that with the Director of IEA CC and in supervision.

Candidates interested in child or adolescent referrals through the IEA CC, please contact Kristin Long for further details.

### Setting Fees

The patient's fee is determined at intake based on the patient's resources, taking into account the number of people living on those resources, unusual expenses and circumstances (e.g. childcare, debts, tuition, excessively high rent), and the number of sessions per week. When clinically appropriate, a greater frequency of sessions is given priority over a higher fee. This fee should remain unchanged for the minimum of one year unless there are considerable changes in the client's circumstances (they increase/decrease their frequency, become employed/unemployed).

## Fee Changes

Yearly, candidates should review their cases with supervision and determine if any client is appropriate to have their fee raised. Any changes in the fees should be noted in the Progress Report.

## Collection of Fees

Track II students will collect client fees and keep track of their client accounts monthly. Cash is collected in “coin envelopes” available in the CC office space. Clients may also pay the fees directly to the IEA Venmo account. All fees are tracked on the monthly accounting form (available online). Each month’s collected client fees are to be submitted no later than the 7<sup>th</sup> of the following month. Track II students must turn all fees collected from patients to the CC and may not keep any of the funds they take in.

Track I students function independently in their own practice regarding collection of fees and keep any funds they take in.

## Transferring Patients

Transfers from one IEA CC therapist to another are made when a therapist can no longer see the patient or by request of the patient. In the latter case, before acting on such a request the Director of CC will attempt to explore the patient’s dissatisfaction. The CC Director will share any pertinent information with the candidate’s supervisor for further processing and development.

If after treatment has begun it is felt that a patient cannot be treated appropriately within IEA CC, the patient must be referred to an appropriate resource. If a patient who needs continuing treatment terminates and unilaterally refuses a referral, the candidate (and supervisor) have a responsibility to assert with the patient the need for continued treatment and to recommend an alternative plan regardless of the patient’s attitude about the treatment provided. This is a legal matter and the clinical supervisor and CC Director should be informed and involved.

Transfers and/or referrals should be documented in the patient’s Termination Report.

## SECTION II: TREATMENT STANDARDS

### CLINICAL STANDARDS

In order to provide IEA CC patients with appropriate and effective treatment, candidates are expected to present all patients in clinical supervision. Supervision should address: diagnosis, life functioning, dynamic formulations, development, and re-formulation of treatment strategies, transference, countertransference, resistance, patient progress, etc.

Many IEA CC patients enter treatment seeking symptom relief or problem solving without awareness of the value of analytic exploration. An important aspect of clinical work will be in finding ways to bridge the analytic perspective with the patient's outlook in order to provide the best possible help.

If a patient needs additional services such as psychiatric evaluation, medical evaluation, psychoactive medication, substance abuse treatment, or the like, candidates should provide referrals. Clinical supervisors and the CC Director can assist with identifying the necessary resources. This information should be recorded in the treatment note and in the progress report.

Important to note – undiagnosed medical conditions (such as thyroid function, hormonal dysfunction etc.), sometimes present as pseudo-psychological symptoms. If there are questions that there may be a medical component to a patient's difficulties, candidates must encourage the patient to seek medical evaluation. Again, this should be recorded in the treatment note and in the progress report, and discussed with one's supervisor.

For more information, please see the Office of the Professions: [www.op.nysed.gov](http://www.op.nysed.gov) (sections 29.1 and 29.2 of this part and, in accordance with section 8407 of the Education Law, shall also include: in the case of treatment of schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism, a documented medical evaluation is required).

### PRIVACY AND CONFIDENTIALITY

The IEA CC Consent Form signed at intake allows for the sharing of information between IEA CC director and the patient's therapist, and between therapist and supervisor.

Other than those circumstances, candidates are bound to full confidentiality regarding patients except in the instance of a court ordered subpoena, or other requirements of law such as a duty to report child abuse, duty to warn, or the patient's explicit written consent for the release of information.

Before sharing information outside of IEA CC – in writing or orally – you must obtain the patient's written release (unless there is an emergency situation which precludes obtaining it). While court order requests for information often ask for "all records" or "your

records,” you are bound to provide only that which is pertinent to the particular situation.

In the case of a report required by subpoena or law, there will be legal standards to understand before any response should be given. The clinical supervisor, the Executive Director of IEA, the Dean of Training, and IEA CC Director all must be informed if such a circumstance occurs.

Candidates will also be discussing clinical work with IEA CC patients in classes. When doing so, candidates should not refer to patients by name nor any information that might make the patient identifiable. These precautions also apply to presentation of clinical material in any other group setting or for publication.

Since many IEA CC patients are referred by friends or family members already in treatment at IEA CC, it may happen that candidates become aware they are treating individuals who are involved in each other’s lives. Remember that candidates may not share information with each other without discussing attaining a patient’s written consent and discussing the reasons and implications in supervision.

Similarly, if an IEA CC patient is transferred from one IEA CC therapist to another, the two therapists may not confer without prior discussion with supervisors involved in the case, and patient’s express/written consent.

There are times when patients consent to sending reports outside of IEA CC, and (rarely) there are times when reports are legally required. Any legal requirements to provide reports must be discussed in supervision prior to acting, in order to avoid any unnecessary legal complications.

Patients themselves, have a legal right to view their records or obtain a copy of their records. Patients have to submit a written request in order to view their file. This is an important issue and in such a case the supervisor must inform IEA regarding this request and the management of such request.

Consequently, records and reports should not include ambiguous or speculative formulations. Process recordings for supervisory purposes are temporary records, not containing identifiable information, presumably discarded after their use, and do not become part of a patient’s file. Please discuss in supervision what should be the content of patients’ files.

## PRACTICE POLICIES

IEA CC does not set a uniform policy regarding patient cancellations and missed appointments. Each candidate will decide upon policies pertaining to cancellations, and whether and under what circumstances make-up appointments are offered. Supervisor will assist candidates in articulating and implementing policies such policies.

Please do not present any forms such as: “consent forms” “private practice agreement forms” “treatment agreements forms” etc. to patients, unless such forms are approved in supervision.

## IEA CC REQUIRED REPORTS

All report forms are available for download on the [ieanyc.org](http://ieanyc.org) website. Always keep a copy of any form submitted.

### The Status Report

This form informs the IEA CC Director of the outcome of the referral and should be sent within one month of the referral or 4 visits. Possible outcomes include:

- The patient was never seen,
- The patient was seen for less than 4 sessions,
- or the patient remains in treatment.

### The Annual Progress Report

This report is due every year in June.

The reports should contain sufficient information so that another therapist could respond appropriately to the patient. Progress reports should not include ambiguous or speculative formulations. Process recordings for supervisory purposes are temporary records, presumably discarded after their use, and do not become part of a patient's file.

### The Termination Report

This form is due immediately after termination. Please indicate the reason for termination and discuss this in supervision. All referrals and follow up plans must be recorded in the patient's treatment record and in the termination report.

## HOW TO SUBMIT REPORTS

To protect patient privacy against potential electronic exposure, and in accordance with HIPAA Regulations, IEA CC requires that reports be delivered by mail or hand delivery to the IEA CC Director. Email may be used as long as it is encrypted or the material is attached as a password protected document. The body of the e-mail may not have any client information and must have a disclaimer such as:

“This communication and/or attached documents may contain confidential or privileged material or information intended only for the person(s) named above and should be treated as confidential. Any other dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify sender by e-mail or telephone.”

## TIMELY SUBMISSION OF REPORTS

For both legal and clinical purposes, it is imperative that all reports are submitted by their due dates. If reports are not filed when due, the candidate may be temporarily removed from the referral rotation.

# SUPERVISION

## SUPERVISION REQUIREMENTS / FREQUENCY OF SUPERVISION

Trainees are required to complete 200 hours of supervision with a minimum of 3 different psychoanalytic supervisors. Fifty (50) hours shall be with one supervisor working on one case (control case) and at least 50 hours with a second supervisor working on an additional one or more cases. Supervision must be ongoing and weekly with an approved IEA CC supervisor (or supervisors) while treating any IEA CC patients. All IEA CC patients must be discussed in supervision. If a supervisor determines that once weekly meetings are not sufficient to properly cover a case load, they may request to increase supervision hours – either with that individual or with an additional supervisor. This should be discussed/ approved by the Dean of Training and CC Director.

## IEA CC SUPERVISOR'S REQUIREMENTS

All IEA CC supervisors must:

- sign an IEA CC Supervisor's Agreement aware they are legally responsible for all patients seen by the candidate.
- Co-sign every IEA CC treatment report submitted by the candidate
- Submit an annual supervisory evaluation of the candidate to the Dean of Training.

The annual supervisory evaluation required by the institute also serves as the candidate's IEA CC evaluation. When there is more than one supervisor, evaluations are required from each supervisor. It is the candidate's responsibility to ensure that their supervisor(s) complete the evaluations.

## **FEES FOR SUPERVISION**

Licensed candidates (Track I), arrange for supervision and the payment directly with the supervisor and the candidate pays directly to the supervisor. License-seeking candidates (Track II) will pay monthly tuition to the Consultation Center and the supervisor is paid by the institute. Supervisors for Track II should send an invoice for \$50/session to the IEA Treasurer.

## **SELECTING A SUPERVISOR**

Any member of the institute who has a license (LP, or LCSW/MD/Ph.D. with graduation from an analytic institute) for at least 5 years may serve as an IEA CC supervisor. Please discuss options with IEA CC Director and the Dean of Training. Many candidates seek out instructors to be their supervisor, or check with peers for recommendations. The Director of the Consultation Center also maintains a partial list of potential supervisors.

## **USING SUPERVISION**

IEA CC supervisors serve various functions: they assist the development of a candidate as they become an analyst, oversee the treatment of IEA CC patients, and are legally responsible for the treatment of any supervisee's patients. Supervisors and candidates together should arrange emergency procedures for out-of-session needs (of candidate or clients), for any "private practice forms or contracts" that may be needed, and coverage for times when either supervisor or candidate is away on vacation.

If an emergency situation is in progress and immediate action is called for, the candidate should proceed with that action (as outlined in Section III: Clinical Emergencies) and then inform the supervisor and CC director as soon as possible.

### EMERGENCY SITUATIONS

The candidate needs to be aware that there are eight diagnostic categories that the Office of the Professions requires psychiatric evaluations/medical assessment. Familiarity with these diagnostic criteria is important to be able to detect any intensification or potential deterioration. The IEA CC Director will work to identify any initial need for psychiatric evaluation during the intake, but at times, difficulties arise as unforeseen situations occur while the patient is in treatment with the candidate.

All candidate and supervisor pairs must develop an emergency plan. If at any point during treatment a patient is assessed as being in need of an immediate psychiatric evaluation and/or is involved in an unsafe situation, emergency actions should be taken quickly. Symptoms may include a patient who is presenting with a high risk of suicide, manic symptoms, psychotic symptoms, or an overdose that poses an immediate risk for harm to self or other.

Possible actions may include but are not limited to calling 911 for EMS, contact with the patient's emergency contact (provided by the CC Director along with initial intake documentation), and assisting patient in contacting trusted family member or friend who can accompany patient to the nearest emergency room.

Any patient who is also working with a psychiatrist should have a signed release of information so that treatment providers can be included if an emergency situation develops.

If a supervisor is concerned about a candidate's case for any clinical or legal reason, they should contact the IEA CC Director to discuss the matter.

### PSYCHIATRIC SERVICES

The primary treatment at IEA CC is psychotherapy or psychoanalysis; the candidate is the patient's primary therapist (Track II, under the license of the supervisor). However, patients sometimes need psychiatric services that may consist of evaluation for and prescription of psychoactive medication.

If appropriate to a patient's situation, a referral may be made to any licensed psychiatrist, or a patient may already have an established relationship with a psychiatrist prior to coming to IEA CC. If resource information is needed the IEA CC Director can be of assistance.

## CLINICAL COVERAGE

All patients must be informed of how they can reach their therapists in between sessions. All patients of Track II candidates know that their therapists have supervisors and that they are permitted to know who the supervisor is. They have also been informed that they can contact the CC Director if contact with any supervisor is desired.

If illness, vacation, or other absence causes a candidate to be unreachable for patient emergencies, arrangements must be made for a therapist acceptable to IEA CC to cover. The information regarding the absence should be available on the candidate's voicemail and or email including when the candidate will return and who the patient can contact and the means to be able to do so.

**Gail Elkin-Scott**, ATR-BC, LCAT, LP

Director

[consultation@ieanyc.org](mailto:consultation@ieanyc.org)

917.885.5723

creative medium  
practical aspects verbal  
nonverbal aspects  
of treatment **empathic**  
**relatedness** support and  
**encourage** creative  
sensibilities play movement  
**transitional place**  
internal and **external**  
reality fantasy & **reality**  
identity training feelings  
in the body exploration of  
creativity psychoanalytic  
treatment **artist technique**  
conscious awareness  
unconscious **process**  
**transference** and  
**countertransference**

