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# Informed Consent for Individual, **Case Conference Seminars**, and Psychoanalytic Tutorials

Name:		
Home Address:		
Work Address:		
Home Phone:	Work Phone:	
Social Security #:	Drivers License #:	
arranged. I further understand that I w	ees are \$60.00 for each 90 minute sessi ill be responsible for paying the fee befo sessions. The fee is subject to change o	re the end of each
vacations and holidays of the therapist	and meets continuously except for previously. Should I discontinue or change groups bers have an opportunity to deal with the	s I will give notice of at
	session unless otherwise arranged. If one session the time whether or not I am about 1 a	
purposes. If so, I agree to disguise the kept locked in a safe and later destroy	s may be recorded for research, teaching e identity of the patient as much as possi ed. I understand I may be asked to help ave the material utilized for research, tea	ible. Tapes will be edit the transcript
I would like to make a group commi	tment to the following group:	
Group (Day and Time)	Fee	
Type of license and number*	Date Issu	beu

Malpractice Coverage*	Date Issued
Signature of Supervisor* (if trainee is unlicensed)	Date
Type of license and number* (of supervisor)	Date Issued

• Attach (1) photocopy of valid license and (Z) face sheet of current malpractice policy.

## The Psychoanalytic Tutorial

## **General Purposes**

Many licensed therapists of all disciplines wish to further their understanding of themselves and how they work, thereby further developing their skills as therapists. Studying psychoanalytic theory and practice is one effective way of broadening the perspectives through which therapists listen to the people who come to them for help. The psychoanalytic tutorial aims at demonstrating with clarity and depth the varieties of transference, resistance, and countertransference situations which arise in the course of intense human relationships. The tutorial seeks to study the many types of interpretive activity which become possible as the therapeutic process unfolds and different phases of developmental experience are being presented to the therapist for consideration. Occasionally an advanced trainee who is a candidate for licensure may be admitted to a group but only with full written authorization from his or her supervisor.

#### The Nature of the Psychoanalytic Tutorial

Groups of six to eight professional therapists typically meet ninety minutes weekly on an ongoing basis. Group members take turns each week presenting some aspect of their work which they are seeking to understand more fully. Group discussion considers the therapist's presentation and the issues it raises for everyone. Once a month the group reads a notable article or book and spends the session discussing the theoretical and practical issues it raises.

Ethical constraints require in a tutorial that a therapist fully disguise the case material, meaning that the material to be discussed is necessarily partial, selected, anecdotal, or even deliberately distorted. This ethical consideration limits severely the comprehensiveness and reliability of the material to be studied. This means in general that the therapist cannot seek or expect direct advice from the group or from the tutor about the treatment. Nor are the group members free to offer advice about the treatment based upon solid familiarity with the facts. Substantive issues for discussion revolve around the case history, the development of transference and resistance, the emerging countertransference, and general issues about how the relationship is evolving. A few recommendations may be made: that the client be referred to a psychiatrist for evaluation for medication, hospitalization, or intensive day treatment; that a substance abuse, eating

disorder, or other specialty treatment program be initiated; that action be taken regarding some form of molest or abuse; that some "Tarasoff" action be taken; that educational, vocational or other type of outside consultation be sought; or that the therapist take the case for ongoing, in-depth case consultation or supervision.

#### **Some General Recommendations**

- 1. Brief notes be kept on all client sessions and detailed notes on critical incidents and consultations. Records of past treatment should be obtained for your files.
- 2. Transference and countertransference themes should be spelled out in the case record with speculations about how those themes might affect the future relationship and what danger they may pose to the therapeutic relationship.
- 3. All forms of physical contact should be avoided if possible. Whenever unusual procedures or acts are engaged in (like touching, hugging, extra sessions or phone calls) the complete rationale needs to be carefully noted and perhaps third party opinion sought. "A.A. type Hugs," routine handshakes, or other ritual behaviors may have many hidden transferential meanings that only later will disruptively emerge. There are many ways to work through the avoidance of these forms of contact. The therapist's willingness to engage in such unusual practices may be harmless or at times essential to the uninterrupted or undisturbed flow of the relationship as the replicated symbiotic transference unfolds.

Specific forms of concrete interpretive touching need to be well conceived and documented. But the danger is often that the therapist may be tempted to soothe, comfort, or contain some frantic or fragmented state so that the therapist's anxiety can be lessened. This is not generally a valid therapeutic procedure.

- 4. In-depth third party case consultation is increasingly becoming a safeguard against malpractice risks, especially if there is a borderline or psychotic feature or a history of severe deprivation, damages, abuse, or molest. It is now known that when the psychotic aspect of transference finally becomes mobilized, the person in analysis may well loose their capacity to distinguish what is realistic in the therapeutic relationship from the deep intrusive traumas from the past which are being recalled in the organizing transference relationship. When disturbed reality testing is encountered in the psychotic transference the therapist is endangered, until and unless the critical interpretive work can be accomplished.
- 5. An initial psychiatric consultation is recommended on all cases with significant symbiotic or organizing (psychotic) pockets so that a base line can be established for future reference. Follow-up consults should be required from time to time to evaluate the danger of impending fragmentation that might be medically regulated and the potential advisability of hospitalization.
- 6. Along similar lines with high risk cases, in-depth consultation sought out periodically is good policy. I would recommend a minimum of three to four hours on the same case in close sequence so the details can become known to, digested by, and carefully recorded by the consultant with recommendations that have been carefully thought out by two.

- 7. Many times it may be important to consider sending registered letters to clients when you feel strongly that a form of consultation is needed, that some aspect of case management is necessary, or when you are needing to terminate them for any reason. Consultation with a psychiatrist and an attorney are recommended in connection with such letters.
- 8. The American Psychological Association Insurance Trust now strongly suggests that we keep summaries of all past therapies and medical reports as well as a case history since many critical details with malpractice implications are often not mentioned in the usual therapeutic dialogue. Occasional case summaries and a termination summary are considered critical.
- 9. If you do any type of prepaid or managed health care be certain that your professional opinion and recommendation regarding patient care are given in writing. Do not defer your opinions to the administrative needs of the third party. You can be sued for failure to assess and recommend professionally. The third party can be sued but persons performing administrative tasks are not licensed, are generally not sued and have little to lose by their decision or recommendation. Do not compromise your professional opinions to satisfy third party demands, find some other way of negotiating with the potential referral source.

#### Case Consultation and Supervision Contrasted with Case Conference Seminars and Tutorials

The case conference seminar and/or psychological tutorial represents a form of in-service training <u>for the practitioner</u>. It cannot be construed as comprehensive or reliable consultation or supervision on the patient's or client's behalf for several reasons. First, as has already been mentioned, ethical constraints require that the material presented in the tutorial be condensed, selected, disguised and perhaps even distorted so that comprehensive information cannot be provided, meaning that reliable advice is not possible.

<u>Supervision</u> in which the supervisor participates with full professional responsibility in the treatment is of an entirely different nature and is spelled out by California Law and the training requirements of each profession. The client must be informed in writing of the supervisory process and sign a form of consent. For psychologists the required ratio of supervisor hours to patient contact hours is 1:10. Further, the supervisor must be on the premises for at least 50 percent of the time the trainee is actually seeing clients. <u>Client fees must be paid only to the supervisor while the trainee works as a salaried employee of the supervisor.</u> Other disciplines have similar requirements. Psychoanalytic training is the most stringent with a supervision to client hour ratio of 1:4, the four hours being with the <u>same</u> client. Only with these closely defined restrictions is it possible for the supervisor to gain even close to a complete understanding of the actual treatment process and therefore to be in a position to offer reliable intervention advice.

**Case Consultation** is a process in which the consultant actually sees the client in a professional role for assessment and recommendations. A written report should be obtained for the treating therapist's records. Psychological testing and psychiatric consultations are common types of consultation.

**Summary: Psychoanalytic Case Conference Tutorials** are for the benefit of the professional therapist who wants to further his or her understanding about professional matters from a psychoanalytic point of view. The best vehicle for the case conference or tutorial is the review of anecdotal case material accompanied with parallel readings. <u>Supervision is a completely different</u>

<u>process</u> whereby no constraints are placed upon the kind of material which can be discussed and the frequency and intensity of the supervisor-supervisee contact is such as to permit valid and reliable advice regarding treatment intervention. The tutorial is strictly educational in nature, indepth case consultation or supervision represents a collegial collaboration in a treatment process.

### **Record Keeping and Confidentiality**

Formal notes or recordings are not a regular part of case conference seminars or of the tutorial educational experiences. The presenting therapist may wish to document ideas and reactions from the tutorial in his or her case notes. With unanimous group permission the presenting therapist may tape record the sessions for his or her private use.

Occasionally the tutor may request to record sessions because the case is of research interest. Any notes or recordings must be treated with absolute confidentiality by all parties concerned. Permission of the therapist (and possibly the client) must be sought before such material can be used for teaching and/or research purposes. All group members are bound by rules of professional confidentiality at all times.

### Fees and Legal Costs

Group fees are generally \$60.00 per session and individual fees \$140.00 on a regularly scheduled ongoing basis whether the therapist is present or absent for the scheduled session. In the event that the tutor is ever asked or required to provide testimony of any sort on behalf of any group member, that person (or his/her insurance carrier) will be responsible for paying the tutor's regular clinical consultation fee on a portal-to-portal basis; travel, board, and lodging expenses, an additional fee of up to ten hours preparation time; and any legal fees that may be incurred for professional consultation or legal representation in the matter. Since the nature of the tutorial is educational, the content partial and anecdotal, and records are not maintained, the likelihood of required testimony seems remote.

#### **Individual Tutorials**

One-to-one tutorials in psychoanalytic theory and techniques are offered on the same basis as outlined above for groups. As in group tutorials, in individual tutorial case material is discussed for the purpose of illuminating psychoanalytic theory and practice but on a more personalized basis, more "tailor made" to the individual needs of the therapist. Tutorials are not to be confused with the more intense and closely collaborative work engaged in as case consultation or supervision as defined-by various legal bodies an professional organizations. The tutorial represents in-service training for the therapists he vehicle for that training experience is the review and discussion of case work. The limits and expectations of the individual tutorial experience are the same as those discussed above under the group tutorials.

## What is Psychoanalysis?

Read the attached pages taken from a brochure published by the National Psychological Association for Psychoanalysis for a brief description of the kind of understandings and meanings which characterize the tutorial experience.

I have carefully read the descriptions of the Psychoanalytic Tutorial and understand that it is an educational experience limited to the elucidation of psychoanalytic principles. I further understand that this in-service training experience is not a substitute for supervision or case consultation which case work may require. I certify that I am licensed under the state of California and am covered by malpractice insurance. Should my license or insurance lapse or be cancelled I understand that I may not be allowed to participate further in tutorials and I promise to notify you at once.

I understand that I may expect full discussion of various issues which my case may bring upout that since the material must be thoroughly disguised I cannot expect comprehensive, valid, or reliable advice Or recommendation from the tutor or fellow trainees. I agree to abide by all of the above guidelines. I hereby indemnify the tutor and other group participants from all responsibility formy acts as a professional therapist.		
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## What is Psychoanalysis?

Psychoanalysis, developed by Dr. Sigmund Freud in Vienna in the early 20th Century, was both a revolutionary way of understanding human emotions and of helping people with their psychological problems. He helped the world understand that the "rational" adult who functions more or less successfully in the "real world" is only a part of the total person; Under the rational self is the unconscious self and Freud. was able to demonstrate the powerful influence that the unconscious feelings and thoughts had on the health of his patients..

Psychoanalysis differs from other psychotherapies in its focus, depth and method. Other therapies help you solve particular problems. In psychoanalysis, specific problems are viewed in the context of the whole person. The quest for self-knowledge is the most important key to changing attitudes and behavior.

Psychoanalysis is based on the insight that our adult personalities are the result of many developmental stages; at any stage, the way we have reacted to events in our lives may have caused us to get "stuck". Of course we do "grow up." But we carry within the aspect of ourselves that "got stuck" that didn't have a chance to develop; we can have an adult exterior, and be functioning more or less successfully, but internally we may feel vulnerable, confused, depressed, angry, afraid, etc. We may not feel able to bounce back from rejection, get past blocks, allow our real feelings to surface, or stay in touch with our desires.

Psychoanalysis is designed to help you get in touch with your unconscious, the memories, feelings and desires that are not readily available to your conscious mind; it is designed to help you understand how your unconscious feelings and. thoughts affect the way you act and react, think and feel today.

People in analysis talk about everything: their current problems or concerns, their work, their relationships, their feelings, their childhood, their parents, their adolescent years, or whatever seems important to them at the moment. They find, by doing so, that they learn more about the sources of their current dilemmas, and how to make their lives better. By telling your story, in your own way, in your own time, and in your own words, to someone who knows how to listen and give new meaning back to you, you learn to hear yourself in a new way.

Psychoanalysis provides a safe place for you to discover and tell yourself the truth. It will give you a unique opportunity to re-experience your personal history, see it in a new way and make connections between past and current conflicts that illuminate your situation and enable you to change.

Psychoanalysis moves along according to the pace you set for it, you go as far and deep as you are ready to. But when you have difficulty in being honest with yourself and open with your analyst, you both can stop and look at that and, together, figure out the reasons for your reticence.

You will also be encouraged to talk about your feelings that come up about your treatment or about your analyst. These feelings are important because elements of one's earliest affections and hostilities toward parents and siblings are often shifted on to the analyst. This phenomenon, known as transference, offers a rich source of understanding, for it enables you to re-experience and re-work important feelings from the past with the maturity of the present. As you work through old conflicts and put them to rest, you grow as a person.

The analyst acts as your guide as you explore your inner life. Together you examine your ideals, expectations, hopes and desires as well as your feelings of guilt, shame; doubt or despair. She or he aims to create an environment of safety so you can unfold your authentic self without fear of judgement or the pressure to please.

As very special relationship between the analyst and patient develops over time and through the dialogue in which both participate. It becomes a powerful alliance with the shared goal of change and greater understanding for the patient. This confidential relationship, central to psychoanalysis, is unlike any other relationship you will have.

Psychoanalysis is not short-term therapy; it does take time to explore the complex layers of feeling and experience that make up your own unique history. People find that their analysis can extend for four, five or more years, but there is no prescribed length of treatment. When you feel you have accomplished what you wanted, you and your analyst can set a termination date.

While in psychoanalysis, people typically find that both their personal relationships and their work lives improve. As they understand themselves and the people in their lives better, they can live more freely. As they resolve conflicts, they have more energy than before to do the things they really want to do. They waste less time, their days become fuller. Often they are better able to negotiate salary increases or go on to more rewarding careers.

Psychoanalysis aims to help you experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts and better integrate all the parts of your personality. Perhaps its greatest gift is the essential freedom to change and to continue to change.

Excerpted from: "What is Psychoanalysis?" Published by the Association for Psychoanalysis.	and realisman by shologisal
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