

LOS ANGELES INSTITUTE FOR PSYCHOANALYSIS

344 NORTH BEDFORD DRIVE
BEVERLY HILLS, CALIFORNIA
CRESTVIEW 1-1368

JACK A. VATZ, M.D.
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DIRECTOR, EXTENSION DIVISION
ALFRED GOLDBERG, M.D.
DIRECTOR, RESEARCH DIVISION

November 12, 1964

To: Members of the Los Angeles Institute for Psychoanalysis
From: Henry Lihn, M.D.
Director, Psychoanalytic Clinic

This letter is being written to inform you about the present status of the Psychoanalytic Clinic and possible changes in organization and operational procedures. Enclosed is a memorandum which sets forth changes in Clinic policy no longer requiring candidates to analyze a Clinic patient. However, the continued support of those desiring to participate is most welcome. Lately there has been a growing number of candidates who have taken a second Clinic patient and several graduate members are also now analyzing Clinic patients on a voluntary basis.

At the present time, about thirty members assist the Director and Assistant Director in evaluating about eighty applicants to the Clinic yearly, volunteering about an hour or so a month for this function. Most of the training analysts are participating in the supervision of the analysis of Clinic patients.

Income is derived from the patients who pay starting fees of \$1 to \$10, sometimes higher as their income improves during analysis. This income pays the salaries of the Director and Assistant Director, each of whom receives \$600 annually, and also pays supervising analysts at the rate of \$20 per hour. After payment of these and other Clinic expenses such as secretarial services, etc., there usually remains a small surplus. Those now taking new cases voluntarily have the following choices regarding finances:

- (1) they may give the patient's fee to the Clinic in return for a weekly hour of supervision, or
- (2) they may keep the fees and pay for the supervision.

If all those who collect more than the cost of supervision keep the fees, then the Clinic will be unable to meet expenses. It is therefore hoped that those participating will pay fees collected from Clinic patients to the Clinic, thereby preventing a deficit.

I would also like to suggest the following proposals for your consideration and comments. Frequently we see applicants whom we still have difficulty assessing their analyzability even after interviews by three analysts. We also often see patients who appear suitable and are accepted but who need interim therapy while waiting to be assigned and who cannot afford even a minimum private fee of \$15 - \$20 an hour once a week. If we had a reservoir of therapists who could offer one hour a week for this purpose, they would not only render valuable service to the community but to the Clinic as well in its efforts to provide even more carefully screened analytic patients for candidates and members. When those volunteers are not using their hour to do therapy they could use it for consultations with Clinic patients. The income derived from the service of these volunteers would then provide a modest surplus of funds which could be used to further expand the activities of the Clinic to include research programs, etc.

Detailed written annual reports would be sent to the membership showing the composition of the Clinic staff, the nature and extent of its professional activities and a complete financial report.

The continuation of the change in Clinic policy recently announced will depend on your response and support. Please check and return the enclosed card indicating the way in which you might be able to participate, either now or in the near future.

HL:EY
Enclosure

