



TORONTO
CHILD
PSYCHOANALYTIC
PROGRAM

TRAINING GUIDE

FOR

CANDIDATES, FACULTY AND SUPERVISORS

3 YEAR TRAINING PROGRAM

2010 - 2011

TCPP Training Guide 2010 - 2011

Table of Contents

1.	INTRODUCTION	1
2.	STRUCTURE OF THE TCPP	3
3.	ADMISSION/ APPLICATION REQUIREMENTS	4
4.	COURSE OF STUDY.....	5
5.	LEAVE OF ABSENCE	6
6.	TCPP REQUIREMENTS FOR ASSESSMENT & TREATMENT CASES	7
7.	MENTORS.....	8
8.	EVALUATION	9
9.	TCPP COMPLAINTS PROCEDURE	12
10.	APPENDIX I: CLINICAL WORK.....	13
11.	APPENDIX II: GUIDELINES FOR REPORT WRITING.....	15
12.	APPENDIX III: POLICE CHECKS POLICY	23
13.	APPENDIX IV: GUIDELINES FOR TEACHERS AND SUPERVISORS OF THE TCPP.....	25
14.	APPENDIX V: SUPERVISION PAYMENT PROCESS	28

1. Introduction

CANDIDATES' INTRODUCTION TO THE THREE-YEAR PROGRAM

Welcome to the Toronto Child Psychoanalytic Program. This Training Guide represents an ongoing reassessment of a program which has been in existence for close to thirty five years. We continue to incorporate feedback from presently enrolled candidates, graduates, and faculty to provide the most comprehensive training in psychoanalytically informed psychotherapy with infants, children and adolescents, as well as parent counseling.

At the outset of Year I, candidates will be given six introductory lectures on psychoanalytic concepts and the evolution of psychoanalytic ideas. From Freud's original ideas about the id, ego and superego and the Oedipus complex, Klein and Object relations theory, through Anna Freud's ego psychology and mechanisms of defense, to Kohut's psychology of the self, as well as the more recent concepts stemming from contemporary psychoanalytic thought, such as intersubjectivity and relational theory and the relevance of attachment. The purpose is to make candidates comfortable with the terms and basic ideas which will be encountered throughout the year in the readings and discussions, such as ideas about transference, countertransference, interpretation and enactments.,

In Year One, after the introductory lectures, there will be seminars devoted to thinking about infants, children, and adolescents in non-clinical settings. Candidates will be asked to read a brief description of a child or adolescent as well as two or three required readings related to the outlined situation. In the first year, our aim is to teach you to think 'developmentally' and, to apply that thinking to the understanding of how *natural endowment*—what a child is born with—interacts with *nurturance* and the world of *relationships*. Candidates will come to understand how temperament and infant /caregiver relationships interact to affect personality development and relational patterns. Throughout, we will emphasize the unique adaptive styles, internal representations, fantasies, wishes and beliefs which each child adopts.

In our understanding, psychoanalysis is the study of the individual's unique response to his/her genetic endowment and environment, especially his/her relational environment

We emphasize that in Year One you will *not* be expected to master, or even address, issues of clinical assessment or treatment. Rather, you will be expected to read the material assigned to each seminar, and attend prepared to engage in a discussion of your own thoughts and reactions. You are not expected to have psychoanalytic experience or expertise. We are confident that over time, under the guidance of seminar leaders, you will develop the requisite skills to undertake the clinically-based curriculum of Year Two.

In Year One you will also participate in an infant and toddler observation. On a weekly basis you will have the opportunity to discuss with faculty and fellow candidates what you see and hear about the process of a child's adaptation to his/her relational world. You will have first-hand experience of the onset and growth of primary developmental milestones, such as attachment style, and the growth of a representational world.

In each of these seminars you will learn from senior faculty, who represent decades of clinical supervisory experience. Our aim is to prepare you for Year Two of the Program, at which time you will apply the knowledge gained from this year to the assessment and treatment of problems of children and families.

Year Two will be devoted to the therapeutic relationship and therapeutic action – what promotes or impedes change and growth. The development and style of attachment within the therapeutic relationship, and changes in attachment patterns as they evolve in the therapeutic relationship – the understanding of transference and countertransference, as well as impasses, ruptures, improvisation, interpretation, play, spontaneity, self disclosure, acting in, acting out, boundary violations, diversity, religion, billing, timing, touch, gifts. Throughout the year, candidates will participate in a clinical case seminar where candidates will take turns presenting clinical material to a seminar leader for class discussion.

Note: This year is designed to coincide with the beginning of your supervised clinical work. This is an important component of the training. If a candidate is having difficulty finding treatment or assessment cases at this point in time, they should contact the director of the program to discuss the difficulty and obtain assistance.

In Year Three the focus will be on Problems in Development. Candidates will read the descriptions of childhood and adolescent disorders outlined in the Psychodynamic Diagnostic Manual and will be given additional readings about each clinical population and appropriate treatment approaches. The emphasis will be on the assessment of the child and family, the child's strengths as well as areas of difficulty and the selection of a treatment approach which is most likely to be effective. Candidates will consider which, if any, consultations or other assessments are required and learn how to participate as part of a larger treatment team.

2. Structure of the TCPP

The TCPP is run by a **Board of Directors** elected at an Annual General Meeting held in September.

There is an executive committee of the Board comprised of a President (the Director), Vice-president (the Associate Director), Secretary and Treasurer. Members of the executive are elected by the Board at a meeting immediately following the AGM but the intended slate of officers is publicized in advance.

The Board strikes committees to undertake functions such as admissions, student progress, evaluation of the curriculum and other functions which are deemed to be necessary from time to time. The Chair of these committees is always a Board member.

Members of the TCPP (graduates and faculty) and Candidate Members of the TCPP may vote for the board of directors but only Members may be elected to the Board.

Candidates elect their class representative or post academic representative¹ annually and these representatives act as liaisons between the Board and the candidates. Candidate representatives make submissions, communicate information and attend Board meetings when general discussions of policy, curriculum, fees or administration are on the agenda.

The President of our professional body, the Canadian Association of Psychoanalytic Child Therapists, is an *ex officio* member of the Board.

Faculty

The **TCPP faculty** includes graduates of the TCPP, and psychoanalysts from other training institutions such as the Toronto Institute for Psychoanalysis, the Toronto Institute for Contemporary Psychoanalysis and the Institute for the Advancement of Self Psychology. Faculty members provide teaching for the academic seminars.

Supervisors

Supervisors are senior faculty members who meet the Board's criteria for supervisory status. Candidates must have supervision on their training cases and assessments from a TCPP supervisor. A list of TCPP supervisors is available from the administrative coordinator.

¹ Post Academics are candidates who have completed the classroom portion of the training but have not yet completed the clinical requirements for graduation.

3. Admission/ Application Requirements

Admission Requirements

A university degree in the humanities, social sciences or medicine, and work experience in the care and treatment of children are the basic requirements for admission to the TCPP.

Applicants must provide satisfactory evidence of their ability to develop insight into their own psychological functioning.

Application Procedure

In addition to completing an application form, applicants are required to submit transcripts from all previous undergraduate and graduate studies, a personal statement about their desire to undertake training, and three letters of recommendation, at least one of which must be from current supervisors or employers. A non-refundable application fee (amount to be set by the Board) must accompany the above.

After all of the application materials have been approved, interviews for the applicant will be scheduled. Applicants will be interviewed by two faculty members. On occasion, a third interview is scheduled.

Admission of a candidate will be conditional on the outcome of a mandatory criminal records check. (Appendix #3).

Fees

Tuition and administration fees are determined annually by the Board. Candidates may pay fees in three installments.

Individual supervision fees are set at \$90

4. Course of Study

The training program includes a core curriculum of academic seminars, infant and toddler observations, an ethics seminar and supervised clinical work.

Academic Seminars

A new class commences every 2 years. Ideally, there will be no more than 12 candidates per class. Course work, weekend workshops and clinical case seminars are scheduled from September until June. Classes meet on Tuesday evenings from 6:30 – 10:00 at the Hincks-Dellcrest Institute. Attendance at all classes and workshops is expected and will be monitored by the Student Progress Committee. Minimum attendance of 80% of all classes is required.

Infant/Toddler Observation

The infant observation experience includes the weekly observation of an infant's development within a family. These observations, which commence at the beginning of Year I, are discussed in weekly seminars. This is followed by a toddler observation which includes weekly observations of a toddler in a daycare setting.

Weekend workshops

Two Saturday workshops are scheduled within the academic calendar. Sufficient notice is provided.

Supervised Clinical Cases

Candidates will begin clinical work as soon as possible depending on their prior experience and case availability. The Director will consult with candidates as to their readiness to begin. Candidates undertake to treat two children (pre-school and/or latency and/or adolescent) one or two times weekly under individual weekly supervision. Each candidate requires a total of 125 hours of supervision with two different supervisors.

Supervised Assessments

Two assessments are required with at least 6 individual supervision hours per assessment. Candidates must select two different Supervisors for each assessment for a total of four different TCPP Supervisors on their training cases and assessments.

The total requirement for number of supervision hours is 125; 110 for two treatment cases and 15 for two assessments (6 – 8 hours each).

5. *Leave of Absence*

Upon written request, a leave of absence may be granted at the discretion of the Student Progress Committee.

If a candidate wishes to apply for a leave, this request must be made in writing to the Director. The request must outline the reason, intended course of action during the leave, plans for payment of outstanding tuition or other fees, and a proposal regarding the resumption of training. A copy of this letter should be sent to the administrative coordinator.

A leave of absence may be granted for a specific time period with the provision that the candidate must apply for any extension.

When a candidate wishes to resume training, he/she must inform the Director in writing and send a copy of the letter to the administrative coordinator. The candidate should address his/her readiness to continue the course of study.

6. TCPP Requirements for Assessment & Treatment Cases

The following guidelines have been developed to maximize candidates' learning experience which includes feedback from the SPC in the form of Readers' Reports.

Assessment Guidelines

Number of assessments: 2

Ages: as broad a range as possible

Gender: both if possible

No. of hours of supervision:
110

Treatment Guidelines

Number of treatment cases: 2

Ages: preschool, latency, and/or adolescent

Gender: both if possible

No. of hours of 6 – 8 per assessment

6 – 8 supervision hours per assessment for a minimum total of 15 hours.
65 + 45 = 110 for the 2 treatment cases.
Total + 125 hours of supervision.

No. of Supervisors: 2 different
Supervisors **

Order of cases: any

No. of Supervisors: 2 different
Supervisors **

Order of cases: any

*Ages: Early childhood: 2-6 years (+ or -) Issues involving regulation and the achievement of developmental milestones

School age: 7-12 years (+ or -) Issues involving peer socialization, family, learning, school and community functioning

Adolescent: 12-19 (+ or -) Issues involving self-definition, sexuality, and autonomy

Note: These categories are somewhat fluid and each case should be decided Together with your supervisor

** Must have 4 different supervisors.

Mentors

Our professional body, the Canadian Association of Psychoanalytic Child Therapists, has put in place a **mentorship program** for our candidates. Candidates are paired with a graduate of the TCPP who will listen, advise, and offer support from the outset of training until graduation. Candidates are encouraged to consult their mentors whenever he/she has questions, concerns or complaints. Mentors will direct candidates to the appropriate person to have their concerns addressed.

There are also “graduation coaches” for Post Academics to help them, support them and guide them towards finishing.

7. Evaluation

Evaluation of Candidates

The **Student Progress Committee (SPC)** is responsible for overseeing the training progress of all candidates. The members of the SPC are faculty members and supervisors of the TCPP. The Director of the program is also a member of this committee. The committee evaluates candidates' reports, monitors candidates' classroom and clinical work and makes recommendations to the Board regarding candidates' readiness to graduate.

Teachers evaluate the knowledge and understanding of individual candidates as demonstrated by their contributions in the classroom and these evaluations are reviewed by the SPC. Attendance at all classes and workshops is expected and will be monitored by the SPC. Minimum attendance of 80% is required.

Supervisors evaluate candidates' clinical skills and these are reviewed by the SPC.

Candidates meet with the Director and Associate Director annually to receive feedback, ask questions, or express concerns. At any time, if a teacher or supervisor has serious concerns about a candidate's performance, he/she will advise the Director, and the Director may ask to meet with the candidate.

When the SPC determines that a candidate's classroom, clinical or written work fails to meet acceptable standards, the candidate will be notified by letter and/or told by a member of the SPC or the Director. The candidate will be told how he or she must improve in order to meet acceptable standards.

Evaluation of Teachers and Supervisors

Candidates are asked to fill out a questionnaire after each unit to evaluate the course and the instructor. These are anonymous.

Candidates are asked to evaluate their supervisors and to submit these evaluations at the time they submit their reports in May and November. The mutual evaluations of supervisors and supervisees are discussed between them and reviewed by the SPC.



TORONTO CHILD PSYCHOANALYTIC PROGRAM
COURSE/INSTRUCTOR EVALUATION

Course _____ Teacher _____
Semester _____ Year _____

	VERY GOOD	GOOD	FAIR	POOR	COMMENTS
1. Were the goals and objectives clearly presented?					
2. Was the material in the course outline covered?					
3. How prepared and organized was the instructor?					
4. Were the reading assignments relevant?					
5. How did the readings apply to clinical material?					
6. How did the instructor relate to candidates in general?					
7. Did the instructor facilitate learning?					
8. Did the instructor facilitate discussion?					
9. Were the discussions useful?					
10. To what degree was the instructor responsive to candidates' suggestions about ways of changing and improving classroom discussion?					
11. Overall rating					
12. Any comments or recommendations about how the instructor might improve his/her teaching style or how the course might be improved. (Please use the back for additional comments).					

Send completed form to: Suzanne Pearen, TCPP, 17 Saddletree Trail, Brampton, ON L6X 4M5



Toronto Child Psychoanalytic Program
Teacher's Evaluation of Candidates

Candidate _____ Teacher _____

Course _____ From /To: _____ (# sessions) _____ Year _____

Please comment under ALL of the following headings. If you need to elaborate, please use the back.

- Attendance: Of the ____ sessions, this candidate missed ____ sessions. Reason offered for absence:
- Participation in Discussions:
- Understanding of Readings and Presentation of Material:
- Do you think the candidate is reading the course materials? Do you have any suggestions/comments in this regard?
- Ability to Apply Theory to Clinical Practice:
- Way of Relating to Other Candidates:
- Way of Relating to Teacher:
- Recommendations for Growth:
- Any Corrective Measures Required (that, if not attended to, will jeopardize graduation):
- General Comments on the Group as a Whole:

Signature: _____

Date: ____/____/____

**RETURN TO: Suzanne Pearen, c/o TCPP Administration Office
17 Saddletree Trail, Brampton, ON, L6X 4M5
Confidential Fax: 416-690-2746 or Email: suzanne_pearen@rogers.com**

8. TCPP Complaints Procedure

As a general principle, we encourage faculty, supervisors and candidates to address their concerns or criticisms to the individual or individuals involved but failing satisfaction, to notify the Director. Candidates are encouraged to discuss concerns with their mentors at any time.

When a concern or dispute cannot be satisfactorily resolved, the Director should be notified.

If a complaint is serious in nature, the complainant will be asked to provide a written submission and the individual or individuals who are the object of the complaint will be notified and asked to provide a written response within 21 days.

The Director, in consultation with the Board and / or the Student Progress Committee, will consider the submissions, undertake appropriate investigations and dispose of the matter by:

1. Dismissing the complaint
2. Requesting a meeting of the individuals involved
3. Issuing a warning
4. Levying a penalty which could include:
 - an apology
 - restitution
 - suspension of teaching / supervision privileges
 - expulsion

Depending upon the nature and severity of the matter, a tribunal of senior faculty members may be struck to review the findings of the Director and Board and/or Student Progress Committee. This Committee would hear any appeals regarding the process or outcome of the complaint.

9. APPENDIX I: Clinical Work

Guidelines for Clinical Work

Each **training case** must be seen at least once per week, with one hour of individual supervision per week for each case.

Supervision required: 65 hours for the first case; 45 hours for the second case.

Two of three age groups for training cases are required: pre-school, latency, adolescent.

In addition to the two training cases, each candidate is required to conduct 2 separate **assessments**. Six to eight hours of individual supervision are required for each assessment for a total of 15 hours of supervision for the assessments. Two different supervisors are required for the two assessments for a total of four different supervisors throughout the training. Before beginning, candidates must inform the Director of the patient's age, gender and the supervisor's name.

Case reports are to be completed and returned to the Student Progress Committee by **November 1st** and **May 1st** each year. Mutual evaluations of the supervisor and candidate must be included with those reports. Reports must be reviewed by the candidate and the supervisor. Reminders will be sent to candidates and supervisors six weeks in advance.

The "TCPP Report Writing Guidelines" (see appendix II) provide the outline to follow in the writing of case and assessment reports.

Case reports are reviewed by the Student Progress Committee and a member of the SPC will summarize the committee's evaluation. A copy of the evaluation will be sent to the supervisor and to the candidate. The committee's comments are intended to assist the candidate and the supervisor in their work together.

Candidates may take 6 weeks on their 65 hour case and 4 weeks on their 45 hour case to assess the fit between themselves and their selected supervisors. During this trial period, candidates may withdraw from supervision and select another supervisor. Candidates must advise the supervisor and the Director if they terminate but they are not required to provide a reason. Candidates will NOT receive credit for the supervision hours when a change is made. Candidates are encouraged to undertake assessments at the outset of their clinical work to gain experience with report writing and the supervision process.

PLEASE NOTE:

Candidates must inform their clients/patients of their candidate status and inform them of the name of the supervisor. Clients/patients are entitled to have contact information for the supervisor if they ask.

Candidate responsibilities

For each training case the candidate must inform the Director of the age and gender of the client/patient, the supervisor's name, and the date treatment is expected to commence. Each case and assessment is to have a different TCPP supervisor.

Candidates must provide satisfactory evidence of their ability to develop insight into their own psychological function in order to perform as psychoanalytic child psychotherapists.

It is mandatory before commencing any clinical work connected with the TCPP that the candidates obtain **malpractice insurance coverage**. This may be obtained through an independent insurance agent, or through a professional association to which the candidate belongs. Candidates must provide proof of insurance (e.g. a photocopy of the insurance certificate) by sending it to the Administrative Coordinator.

Candidates are eligible for membership in the **Canadian Association of Psychoanalytic Child Therapists** (CAPCT), the professional body of child psychotherapists. Candidates may wish to obtain insurance through the CAPCT malpractice insurance plan.

Please Note: Candidates may not begin clinical work until proof of insurance is on file in the Administration Office.

Candidates are required to inform their training case clients of their student status. The title "Psychoanalytic Child Therapist" is reserved for graduates of the program. Candidates may refer to themselves as "Candidate, Toronto Child Psychoanalytic Program."

10. APPENDIX II: Guidelines for Report Writing

OVERVIEW

ALL IDENTIFYING DATA MUST BE DISGUISED!

Requirements: 1 assessment report for each of 2 assessments (assessments only) and 1 assessment report and 1 treatment report for each of the 2 training cases.

★ Assessment reports are to be no longer than 15 pages and treatment progress reports are to be no longer than 8 to 10 pages - double-spaced, 12 pt. font. Two reports are required for treatment cases –an assessment report and a treatment progress report and one report, an assessment report is required for ‘assessment only’ cases.

Learning Outcomes

1. to demonstrate an understanding of psychoanalytic concepts by application to clinical work.
2. to learn something new about the child.
3. to learn something new about yourself as a therapist.
4. to learn something new about the relationship between you, your supervisor and the child, and how that relationship affects the treatment.
5. to begin to understand how change occurs.

Purpose of case or assessment reports

The reports are working hypotheses with a view to addressing the question, “**why is this child having this problem, at this time?**” The focus for understanding is your relationship with, or experience of, the child. Tell the story of this child and your relationship to this child. Always include the child’s understanding of the problem.

Theoretical Framework

Briefly describe 2 or 3 theoretical or developmental CONCEPTS (not theoretical models or fields of study) which helped you to understand the child. You **MUST** link the theoretical concepts to the clinical material you present and to your formulation. We want to know how the theoretical concepts assisted your understanding of the child’s development and the assessment / treatment process. No bibliography is required but ideas should be attributed to their authors. The concepts and their relevance should be no more than **TWO** pages, double spaced. We encourage candidates to explore diverse models in order to expand and integrate their theoretical understanding but if

contrasting/contradictory ideas are used, you must acknowledge that they are, and explain your choice. You have several opportunities to try out different supervisors and different theoretical approaches and we hope you will explore a broad a range of ideas and ways of evaluating and interpreting children and the psychotherapeutic relationship. It is essential that psychoanalytic terms be defined when introduced whether in this section or elsewhere.

The theoretical framework is NOT an introduction to the report. Although it is one of the most important aspects of the report, it is supplemental in terms of chronology or sequence. It is the lens through which you are seeing and understanding the child. There will necessarily be references which will not make sense until the whole paper is read. The members of the student progress committee read the theoretical frame, the body of the paper and then go over it all again! The Theoretical Framework is related to the Formulation, in that it highlights very significant aspects of the child's development, experience and/or ways of relating.

Therapeutic Process: How change occurs

Throughout the report, try to convey the elements, which contributed to, or impeded the progress of the treatment. What was most significant? What happened, or not? Why not? What did you anticipate and what surprised you?

Formulation

The formulation focuses on the child's representational world – conscious and unconscious patterns/styles of perceiving, relating, organizing, and reacting - as a consequence of significant relationships, events, genetic endowment, and other factors. The child always brings something unique to events and relationships.

Some of us think about “structure” when we think of personality organization and others think about “organizing principles” or, characteristic ways of thinking, perceiving and relating. Whatever the case, there needs to be a distinction/separation between the mother/caregiver's behaviour and the child's responses/reactions. One may – and should - speculate that the child has particular fantasies or reactions as a result of certain experiences but it is the child's fantasies or ways of perceiving that produce the behaviour.

We would like you to consider the child as he/she is now – with attitudes, perceptions, attributes, reactions, fantasies, habits, and relationships which give rise to the present dilemma/circumstance. The transference/ counter transference provides important clues in this exercise. A formulation which is entirely about the mother, rather than the child, is inadequate for our understanding.

The formulation is an encapsulation of your thinking about what you have written in the body of the report. **No new or incidental material should be included in the formulation.** The formulation contains only the most significant pieces of information that help the reader to understand why this Child, is having this Problem, at this Time. It should be no longer than ONE PAGE.

★ **Please note:**

Please consider larger contextual factors **in terms of their meaning for the child:**

Biological (e.g., temperament, illness, learning disability)

Emotional (e.g., ability to self soothe)

Social-relational (e.g., abuse, peer victimization, family violence, socio-economic factors)

Environmental / Societal (e.g., culture, religion, ethnicity, discrimination)

- These points are meant as a GUIDELINE. Only comment **where relevant**. If other issues are pertinent please include.

**I. ASSESSMENT REPORT – Maximum, 15 pages, double-spaced, 12 pt. font
These may be assessments only or the assessment phase of the treatment case.**

PLEASE NOTE:

1. Assessments are to be based on 4 or 5 supervisions and a maximum of 6-8 sessions including sessions with parents.
2. Assessment information which comes from other sources must be attributed to the authors of those reports.
3. There must be a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case. Other treatment interventions – or no treatment interventions- must also be considered.
4. Any earlier assessments must be referenced and addressed and considered in the formulation and treatment recommendations – the child’s I.Q., learning disabilities and other diagnoses and disabilities must be noted and considered.

It must never be assumed that a child will benefit from long term intensive psychoanalytic psychotherapy. You must make the case, considering other treatment modalities

1. Date of Report

2. Identifying TCPP Data (COVER SHEET)

- Assessment, 40 hour, or 60 hour
- Pre-school, latency, adolescent
- Gender
- Age and grade
- Supervisor
- Number of supervision hours to date
- Date case began

3. Theoretical Framework: Guiding theoretical concepts – See Overview

4. Referral source and reason for referral - Presenting problem

5. Sources of information:

- **Reports**, such as school, medical, psychiatric and assessment reports – always reference when using information from these sources
- **Contacts** with teachers, social workers, doctors, other family members

6. Parent interview:

- Why have they brought their child now?
- Obtain a developmental history of the child (see below).
- Attempt to understand how the parents' history, expectations, fears and fantasies have influenced their parenting and their relationship to this child. What has worked? What has gotten in the way? What are they hoping for and what are they afraid of with respect to the assessment or treatment?
- History of current situation: when did it begin? What makes it better? What makes it worse? Parents' ideas about it? What have they tried?
- Child's place in the family - Role? Parental expectations, for instance hopes, fantasies, dreams, and fears related to the child. Relationship to parents; Relationship to siblings
- Parents' relationship to one another? To you? How do they treat you?
- Reflect on the way in which your own attitudes and responses affect the parents.

7. Developmental history:

- Pregnancy (include decision to have baby, course of pregnancy, parents' state of mind and relevant family context as well as dreams, hopes and expectations for baby).
- Temperament and activity level
- Milestones – note any early feeding, sleeping, or soothing difficulties.
- Attachment
- Self regulation
- Gender Identity
- Resilience / protective factors – self esteem. I.Q., strengths, special relationships.
- Illnesses / hospitalizations
- School history – cognitive development, learning style, learning disabilities
- Relationships with peers

8. Current assessment:

- Describe the child's perceptions, beliefs, fears, and fantasies, which are shaped, revealed and understood through the following: Please include specific **clinical examples** to illustrate your thinking. Provide a clinical vignette that links your conclusions to specific clinical events. What did you do, say and communicate AND what did the child do, say and communicate which led to your understanding?
- **Current developmental issues –physical, cognitive, social and sexual.**
ALWAYS POSITION THE CHILD'S DIFFICULTIES WITHIN HIS/HER

DEVELOPMENTAL LEVEL AND TASKS –Distinguish normal, phase specific behaviour from pathology.

- Play / creativity – emergent themes
- Insight, social judgment, reality testing, self esteem, perception of others
- Affect range and regulation: self and mutual regulation, frustration tolerance
- Empathy, guilt, and moral development
- Humour
- Body language: tension levels, eye contact
- Approach to novel situations
- Coping strategies when stressed – how effective are they?
- **THERAPEUTIC PROCESS – CHANGE AND IMPEDIMENTS TO CHANGE (IF NOT NOTED ELSEWHERE) See Overview**

9. Transference / Counter transference: link interpretations and conclusions to clinical material.

- How do you imagine it is for this child to be with you?
- What is it like for you to be with this child? the parents?
- What is the nature and quality of this child's relatedness?
- Boundaries
- Describe your relationship with this child, for example, thoughts, feelings, fantasies, patterns of interactions and motivations.

NOTE: In an assessment report, where you typically see the child only a few times, the Transference and Counter transference will not usually be very intense. You will have time only to glean general impressions about the child's ways of relating –to you as well as to his or her parents - and you will have general first reactions to the child and family. When transference and counter transference reactions/responses ARE intense, this is usually very significant – either with respect to the patient/client or the therapist

10. Formulation- See OVERVIEW.

11. Treatment recommendations (relate these to the formulation).

12. Feedback Process

II. Treatment PROGRESS REPORT – Maximum, 10 pages, double-spaced, 12 pt. font –longer reports will be penalized or rejected.

(Covering the period from the end of the assessment to current date – or from last progress report)

1. Date of Report

2. Identifying TCPP Data (COVER SHEET)

- a. Assessment, 40 hour, or 60 hour
- b. Pre-school, latency, adolescent
- c. Gender
- d. Age and grade
- e. Supervisor
- f. Number of supervision hours to date
- g. Date case began

3. Theoretical Framework: Guiding theoretical concepts – See Overview

4. Referral source and reason for referral - Presenting problem

5. Sources of information:

- **Reports**, such as school, medical, psychiatric and assessment reports – always reference when using information from these sources
- **Contacts** with teachers, social workers, doctors, other family members

6. Work with the parents: Update since assessment or last report of any pertinent information relating to the child and / or family; changes, illnesses, births, deaths, traumas.

- Describe your working relationship with the parents.
- How do they perceive you? Use you?
- Parents' role in the treatment: what works? What doesn't?
- How do they deal with intense affects?
- Transference / Counter transference

8. Current work with the child:

What are the child's perceptions, beliefs, fears and fantasies which are shaped, revealed and understood through the following : Don't forget to link conclusions to clinical material;

- **Current developmental status – physical, cognitive, social and sexual. ALWAYS POSITION THE CHILD’S DIFFICULTIES WITHIN HIS/HER DEVELOPMENTAL LEVEL AND TASKS - Distinguish normal, phase-specific behaviour from pathology.**
- Play / creativity – emergent themes
- Insight, social judgment, reality testing, self esteem, perception of others
- Affect range and regulation: self and mutual regulation, frustration tolerance
- Empathy, guilt and moral development
- Humour
- Body language: tension levels, eye contact
- Approach to novel situations
- Coping strategies when stressed – how effective are they?
- **THERAPEUTIC PROCESS – CHANGE AND IMPEDIMENTS TO CHANGE (IF NOT NOTED ELSEWHERE). See Overview**

9. Transference / Counter transference; Link statements to clinical material

- How do you imagine it is for this child to be with you?
- What is it like for you to be with this child?
- What is the nature and quality of this child’s relatedness?
- Boundaries
- Describe your relationship with this child, for example, thoughts, feelings, fantasies, patterns of interactions and motivations.

In a treatment case, the transference/counter transference feelings are more intense than in an assessment and these are vitally important to understanding the child and the course of the treatment. This section of the report is the only section which would not generally appear in a professional report but we ask that it be written in such a manner that you would not be embarrassed if it were read aloud in a courtroom. In this section, you have an opportunity to demonstrate your insight into the child’s/family’s ways of relating to intimate others and your ways of reacting to the child’s/family’s dependency needs, rivalry, ambivalence, hatred, distain etc. You also have an opportunity to demonstrate your insight into your biases, challenges, and personal history.

10. Formulation - See overview.

Always refer to earlier formulations and revise or expand according to new understanding. Don’t hesitate to completely rework earlier hypotheses if you think it is warranted. There is no negative inference drawn by the SPC when earlier formulations are discarded. Formulations are meant to be working hypotheses.

11. APPENDIX III: Police Checks Policy

Re: Police Reference Check Program

Policy Statement

The TCPP is committed to admitting candidates with the personal and professional qualifications necessary to train in child psychotherapy. During the course of their training, candidates will undertake to assess and treat vulnerable children and adolescents. Criminal record checks are a part of a comprehensive screening and admissions process.

The Police Reference Check Program - the "Service" provides information to assist the TCPP. It in no way makes recommendations on the suitability of prospective candidates.

The existence of information provided by the Service may not necessarily mean a disqualification from the training program.

The TCPP is aware of and follows the pertinent Ontario Human Rights Code stipulations with respect to the admission of our candidates which states that

"record of offences"

"record of offences" means a conviction for,

(a) an offence in respect of which a pardon has been granted under the Criminal Records Act (Canada) and has not been revoked, or

(b) an offence in respect of any provincial enactment.

This ground only applies to employment situations.

You cannot be discriminated in your job because of:

- pardoned offences under federal law, such as the *Criminal Code*, and
- convictions under provincial law, such as the *Highway Traffic Act*.

This protection does not apply to offences where there has only been a charge. It only applies to convictions.

Procedures

Prospective candidates will be asked to sign the Police Consent to Disclosure of Personal Information which will be submitted to the Service.

The Service will search national and local data banks as well as the Automated Criminal Records Retrieval System maintained by the RCMP. If the prospective candidate is suspected of being a person named in the Criminal Records, finger prints will be taken to confirm identification.

When there has been no police contact, the TCPP will receive a photocopy of the candidate's signed consent that will be stamped NO INFORMATION FOUND PURSUANT TO THE TORONTO POLICE SERVICES BOARD REFERENCE CHECK PROGRAM.

If the Service identifies police record information on a prospective candidate, he or she will receive a notice of that information. It is the prospective candidate's responsibility to provide the Director with a synopsis of the information provided by the Service. Information obtained from the Service shall be treated as confidential.

If a prospective candidate is suspected as a person named in a criminal record for a sexual offence, the individual will be asked by the Service to submit finger prints. If the individual declines, the TCPP will be notified in writing by the Service.

Any decision to admit a candidate with a positive finding will be made by the Director of the TCPP and the Board in the following context: the nature of the conviction, the length of time since the conviction and the relevance of the particular criminal conviction to training as a child psychotherapist.

Information relating to an offence for which a pardon has been granted may be available to agencies and programs such as ours which are responsible for the well being of children or vulnerable persons where the applications relates to a position of authority or trust relative to those vulnerable persons, and where the applicant consents to release.

When a criminal records check indicates an issue with a candidate, the record of the resolution will be kept in the confidential admission file of the candidate.

12. Appendix IV: Guidelines for Teachers and Supervisors of the TCPP

We expect our faculty members and supervisors to maintain the highest professional and ethical standards to ensure the learning and well-being of our candidates and the success of the Program. Tolerance, respect and confidentiality are central to our training goals and values.

1. The TCPP teaches all major psychoanalytic theories and all are to be respectfully considered.
2. Respect among our colleagues is paramount. Concerns or criticisms about a colleague should be addressed directly with the individual and, failing resolution, with the Director.
3. Appropriate boundaries are to be maintained with the candidates. Faculty members and supervisors should not discuss candidates, faculty members or supervisors with candidates.
4. Board members and committee members are to maintain complete confidentiality regarding discussions of candidates, faculty and supervisors.
5. Teachers are to facilitate a positive learning environment and to model tolerant, respectful and professional behaviour. If teachers have concerns about the behaviour of a candidate or class, they should raise them with the individual or group and, if serious, notify the Director.
6. It is expected that the identities of clients / patients in classroom presentations will be disguised with the same standards as other public presentations. Faculty should be very rigorous with respect to confidentiality and remind candidates of their responsibilities in this regard.
7. Supervision sessions are to be used for the consideration of relevant clinical material and issues. If candidates raise concerns about peers, teachers, other supervisors, or Program policies (other than Report Writing) they should be directed to speak to the individuals involved, their mentors and, if necessary, to the Director.
8. Supervisors are requested to submit their written evaluations of candidates' clinical work at the time that candidates' reports are submitted – May 1st and November 1st. At any time, however, if supervisors have serious concerns about candidates' capacity to do good clinical work, they should notify the Director.

9. In all likelihood, training cases will not be ready for termination at the conclusion of the training requirements. Supervisors must discuss with the candidates their responsibilities and treatment options so that clients/patients are not abandoned.
10. Supervisors should carefully consider the TCPP Report Writing Guidelines and Minutes of the Student Progress Committee meetings (which will be circulated) in order to evaluate the reports of supervisees. If supervisors do not feel that the reports will be deemed acceptable by the SPC, they are obliged to inform their supervisees and to suggest how the reports need to be changed to meet acceptable standards.
11. Supervisors are responsible for the management of cases – the appropriateness of referrals, the contacts with caregivers, teachers and others, the inclusion and evaluation of assessments and reports by other professionals, the duty to report in cases of suspected abuse, and all obligations and considerations in custody and access matters.
12. Supervisors must attempt to ensure that candidates inform their clients/patients of their candidate status and that they will be sharing their personal information. They should provide your name to the client and your contact information if the client/patient wishes. Regulated supervisors should check with their College's Standards as to whether they are obligated to provide contact information.
13. Supervisors are encouraged to provide appropriate referrals to candidates for training cases but should never suggest or imply that candidates should have him or her as the supervisor or in any way lead the candidate to believe that the referral is conditional upon the selection of the referring individual as supervisor.
14. Supervisors who have questions or complaints regarding a Student Progress Committee evaluation of a candidate's report or clinical work should speak to the member of the SPC who wrote the evaluation or to the Director. Supervisors should not raise questions, criticisms or complaints with candidates.
15. It is the supervisor's responsibility to assess the experience and qualifications of the candidates and to ensure that candidates have sufficient knowledge to conduct the therapy. Where the candidates are less experienced, supervisors are expected to assume a greater teaching role. This may be particularly important when candidates begin training cases early in, or prior to, the second year seminars in clinical assessment and practice.
16. Candidates may take 6 weeks on their 65 hour case and 4 weeks on their 45 hour case to assess the fit between themselves and their selected supervisors. During this period, candidates may withdraw from supervision and select another supervisor. Candidates must advise the supervisor and the Director if they terminate but they are not required to provide a reason. Candidates will NOT receive credit for the supervision hours when a change is made. Candidates are

encouraged to undertake assessments at the outset of their clinical work in order to gain experience with report writing and the supervision process.

17. Problems between a candidate and supervisor which arise after the trial period should be addressed between the candidate and the supervisor. Failing a resolution, the Director should be notified. The Director, in consultation with the Board and / or the Student Progress Committee, will resolve the matter.
18. Faculty members and supervisors are obliged to attend the annual Faculty / Supervisor meetings.

13. Appendix 1V:

Supervision Payment Process Through the TCPP

The reason the TCPP processes supervision payments on behalf of students is to allow for supervision expenses to be claimed on the candidate's T2202A tax forms for tuition expenses. The T2202A Forms are sent to the candidates each February for the previous year.

The process is as follows:

- Candidates are invoiced directly from their Supervisors – i.e. supervisors do not send candidate invoices to the TCPP office;
- Supervisors are permitted to bill \$90 per hour (effective September 2009);
- Candidate sends a cheque for the invoice amount to the TCPP Administration Office, 17 Saddletree Trail, Brampton, ON, L6X 4M5. Cheque is made payable to the TCPP;
- Candidate **MUST** send a copy of the supervision invoice to the TCPP office along with their cheque;
- The deadline for receipt of candidate supervision payments to be payable that month is always the last Friday of the month.
- The TCPP sends payment to the supervisor as per the invoice amount received.

Please note that cheques are usually deposited once per month, at the end of the first week of the month.

There is an inevitable delay for supervisors to receive payment if deadlines are missed; the supervisor may therefore include a balance forward for an invoice which the candidate has already paid the previous month but which the TCPP has not yet processed. Candidates must be careful not to double pay on the balance forward, but pay only the current invoice amount.

Last updated: August 2010