



**Canadian Institute for Child and Adolescent
Psychoanalytic Psychotherapy**

CICAPP

PROGRAM HANDBOOK

FOR

CANDIDATES, FACULTY AND SUPERVISORS

TRAINING PROGRAM

2020 – 2021

CICAPP Program Handbook

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INTRODUCTION

INTRODUCTION TO THE FOUR YEAR DIPLOMA PROGRAM FOR CHILD & ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY

Welcome to the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP). This Handbook describes the diploma program. This is an accredited training program by the College of Registered Psychotherapists of Ontario.

CICAPP provides training in the theory and technique of psychoanalytic child & adolescent psychotherapy for professionals working with children, adolescents, and their parents. Graduates are trained to assess for normal functioning, psychopathology and dysfunction and to conduct, when indicated, psychoanalytic psychotherapy. The training qualifies graduates to consult, supervise, and practice in agencies concerned with child and adolescent mental health. Graduates may then apply for admission to the College of Registered Psychotherapists of Ontario.

A new class commences every 2 years. Classes are typically kept AROUND 15 candidates with the majority of the class being local and not distance learners.

Length of Training Program

There are 4 years of didactic course work. Candidates may complete their full training including all clinical requirements and any possible supplementary requirements within 6 years. Total hours are 1057 hours.

Year 1 includes 60 seminars of 1.5 hr per seminar and 30 hours of Infant and Toddler Observations

Year 2 includes 60 seminars of 1.5 hr per seminar. Clinical work commences with on minimum of 85 hrs including Direct Client Contact and supervision

Year 3 includes 60 seminars of 1.5 hr per seminar. Clinical work with minimum of 85hrs including Direct Client Contact and supervision.

Year 4 includes 60 seminars of 1.5 hr per seminar. Clinical work with minimum of 85hrs including Direct Client Contact and supervision

Year 5-7: Completing Clinical Work – the balance of up to 412 hours

- Candidates may have permission to conduct more than one Clinical case during Years 2-6 resulting in more hours of training in years 2 – 4.

Admission/Application Requirements (See [APPENDIX W: Advance Standing Policy](#))

Admission Requirements: A university degree in the humanities, social sciences or medicine, and some work experience (or equivalent volunteer experience may be considered) in the care and treatment of children are the basic requirements for admission to the CICAPP. 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 have at least two interviews by members of the Admissions Committee.



Admission of a candidate will be conditional on the outcome of a mandatory criminal records check.

Fees: (see [APPENDIX R](#) for Payment & Refund Policy)

Tuition including administration fees are determined annually by the Board of Directors. Candidates pay \$500 upon acceptance to the program and the balance of tuition fees in three installments (September/November/January). There is an additional fee for distance learners. Tuition fees are currently \$3500 per year for local and \$3900 for distance learners

There is a fee for post-academic candidates (those who have completed the course work but not their control cases). This fee covers administrative costs. Clinical reports will not be evaluated by the SPC if this fee has not been paid in full. The post-academic fee is \$300 annually.

Individual supervision fee is set at a maximum of \$110. Supervisors who are required to charge HST in addition to the \$110 must inform supervisees of this additional cost.

Supervision Payment Process through the CICAPP

CICAPP processes supervision payments on behalf of candidates to allow for supervision expenses as these are considered significant part of the learning and qualifications towards receiving the diploma. These payments are therefore 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 will remit pre-paid supervision fees of \$5000 per year as tuition in Years 2 – 6, and then forward supervision invoices to CICAPP for payment directly to the supervisors; a balance record is kept on account for each student supervision expenses paid.
- Supervisors are limited to billing a maximum of \$110 per supervision session.
- The deadline for receipt of supervision invoice from supervisors is the 15th and the 30th of the month;
- The CICAPP sends payment to the supervisor as per the invoice amount received.

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 CICAPP has not yet processed.

Structure of Organization

The **CICAPP Board of Directors** is elected at an Annual General Meeting held in September.

The executive committee of the Board is comprised of the President (Director), Vice-president (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, curriculum development/evaluation, and other functions deemed to be necessary from time to time such as the Ethics and Complaints Committee. The Chair of each committee reports to the Board.

The Director may appoint a designate in his/her absence.

Members of CICAPP include candidates, graduates, CICAPP graduate faculty members and supervisors. All members of CICAPP may vote for the Board of Directors. Only Graduate Members may be elected to the Board

The **Student Progress Committee** is comprised of executive members with some additional readers as needed for



the term. The committee meets twice a year following the submissions of clinical reports, and supervisor and teachers' evaluations of the candidates. The Chair of the SPC assigns a reader for each clinical report. The reader writes a response to the clinical case report and shares this with the SPC for final approval. Reports may be approved or may require resubmission if they do not meet the standards. The SPC also reviews the supervisors and faculty evaluations of the candidates to determine progress and determine if the candidates are meeting the requirements/standards for graduation. The SPC holds the right to require the candidate to complete additional requirements (attending seminars, additional clinical work and/or supervision)

The **Curriculum Committee** is responsible for developing the curriculum and meeting the approval of the Board of Directors. The Curriculum Committee sets the schedule and assigns faculty. Faculty may submit additional readings. These are approved by the Curriculum Committee to ensure that the material covered will provide concepts for competency and cultural sensitivity. The committee reviews the candidates' evaluations of faculty as part of the process for determining if faculty are meeting the program's requirements.

An **Admissions Committee** is put into place prior to an intake year. It is comprised of several Board members and selected senior faculty members. The applications are viewed and interviews conducted with the applicants. Feedback is then reviewed by the Committee members to determine if the applicant is approved for entrance to the program or recommendations for further admissions requirements to be met for possible future admission.

The **Ethics and Complaints Committee** is put into place should a complaint be put forth to the Board. This Committee would follow the Policies Procedure upon receiving the complaint and determine if and what actions are required. (See Complaints Procedure, Appendix O and Code of Ethics, Appendix M for more details.)

Candidates elect their class representative and post-academic candidates representative annually. Class Representatives may stay on for more than one year if the class so chooses. These representatives act as liaisons between the Board and the candidates. Candidate representatives make submissions, communicate information and attend Board meetings when indicated.

Faculty

The body of the CICAPP Faculty is comprised of regular members who have completed their Instructors' Qualification as well as some guest lecturers with expertise in the seminar subject. The CICAPP faculty includes graduates of CICAPP and psychoanalysts, psychoanalytic psychotherapists from other training institutions such as the Toronto Institute for Psychoanalysis, Toronto Psychoanalytic Society, the Toronto Institute for Contemporary Psychoanalytic, the Institute for the Advancement of Self Psychology. Depending on the subject matter, guest lecturers from other professional fields such as psychology, medicine, social work, and family therapy may be invited to teach. Faculty members provide teaching for the academic seminars. Graduates may apply to be trained as faculty following 3 years of practicing as a psychotherapist. Training involves co-teaching with a senior teacher for 6-10 seminars. The senior faculty member and candidates evaluate the teacher. The results are shared with the Curriculum Committee and passed on to the Board.

Faculty must follow the learning goals pertinent to the seminar topic. They choose relevant additional readings for each seminar. They are responsible for evaluation of candidates in their seminar(s). Faculty must also submit 3 - 5 exam questions based on their seminar topics and readings. The format is multiple choice. Faculty must attend an annual meeting to provide input and discuss curriculum. Regular Faculty and guest lecturers must sign contract. (See Appendix)

Supervisors

Supervisors are senior faculty members who have been teaching in the program for a minimum of 3 years, with a minimum of 20 seminars. They also need to have a minimum of 30 hours training (approved by CICAPP Board) to be a supervisor. They are interviewed by at least one Board member and one senior supervisor to assess their suitability for the role as supervisor. A list of CICAPP supervisors is available from the Administrative coordinator and on the members section of the website. Only CICAPP supervisors may supervise candidates for their clinical cases that are



part of the training requirements.

Supervisors oversee the candidate's 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.

Supervisors are requested to submit their written evaluations of candidates' clinical work within 3 weeks of the time that candidates' reports are submitted. At any time, however, if supervisors have serious concerns about candidates' capacity to do good clinical work, they should notify the Director and Chair of SPC.

Supervisors should carefully consider the CICAPP Report Writing Guidelines and Minutes of the Student Progress Committee meetings (which are circulated to Supervisors) in order to guide and discuss 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. Supervisors may sign off that they have reviewed the report, discussed it with the candidate, but are not responsible for the actual report.

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.

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.

Teaching both in seminars and supervision incorporate ensuring that the candidate is aware of transference and countertransference issues that may be arising and how to learn from this information

Professional Standards for Faculty and Supervisors

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. All Faculty including guest lecturers and all Supervisors must review and follow all CICAPP Policies and Procedures (see Appendices).

1. CICAPP teaches all major psychoanalytic theories; 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 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 apply to 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 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 (if they have one) and, if necessary, to the Director.
8. 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 the supervisor's name to the client and the supervisor's 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.
9. 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.
10. 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 Chair of the SPC or the Director. Supervisors should not raise questions, criticisms or complaints with candidates.
11. 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.

Course of Study

Course work and clinical case seminar classes are scheduled from September until May. Classes meet on Tuesday evenings for one group and Wednesday evenings for the other cohort from 6:30 p.m. – 9:45pm including two seminars per evening.

Academic Seminars

The training program includes a core curriculum of academic seminars, with required readings for each seminar as well as some additional suggested readings. The curriculum is designed to provide the necessary competencies to become a child & adolescent psychoanalytic psychotherapist.

Infant/Toddler Observation

The infant observation experience includes the weekly one hour observation of an infant's development within a family. These observations, which commence at the beginning of Year I, are discussed in weekly seminars. Candidates are expected to do twenty observations. This is followed by a toddler observation which includes weekly observations of a toddler in a daycare setting for ten observation periods.

There are two short papers (3-5 pages) to be written by candidates concerning their reflections of the experience of participating in both of these observation experiences. These papers should include transference and countertransference experiences, the development of being an observer, the beginning of thinking through the eyes/mind of psychoanalytical concepts/ theories. It would usually be good to mention some of the concepts/theories that have been discussed in the classes.

(See [APPENDIX A](#) for Curriculum Chart and [APPENDIX B](#) for Course Descriptions).

Supervised Clinical Cases

Candidates may begin clinical work at the end of Year 1 or beginning of Year 2, depending on their prior experience



and case availability. The Director in conjunction with the SPC will determine whether the candidate is ready to begin. Candidates must inform the Director, the Chair of the SPC and the Administrator when they are starting an assessment/potential case. A supervisor should have been contacted and an agreement reached to work together. A copy of the signed agreement must be submitted to the Administrator (see **Appendix I**). For distance learners supervision will need to take place via videoconferencing.

Prior to taking on another assessment/case the candidate needs to have consulted with the Director as to their readiness to move forward with more clinical work. The Director will make this decision based on the SPC's recommendation following a review of a clinical report, as well as their ability to manage further supervisions and reporting at the same time. Should a candidate request to take on another assessment/case prior to the SPC review of the candidate's progress, the Director will contact the candidate's present supervisor(s) to get feedback on the candidate's work and readiness for taking on further clinical work.

Candidates may take 6 weeks on their 50 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 minimum requirement of supervision hours for that case when a change is made.

CLINICAL REQUIREMENTS:

- **Direct Client Contact (DCC) = actual session with child and/or parents/teachers**
- **450 direct client contact under supervision for total of 217 hours**
- **Candidates are expected to commence clinical work in their second academic year. Should there be circumstances when a candidate has not begun clinical work during the 4 years, they are required to participate as a post- academic in at least two sets of Continuous Case Seminars and present in one of them.**

Clinical Work

Assessments: 3

- different age groups: early childhood, 2-6 yrs; school age, 7-12 yrs; adolescent, 12-19yrs. each assessment should have between 2-3 parent and 3 child /adolescent direct client contacts for total of 18 DCC for the 3 assessments
- total supervision hours is 15; minimum of 4 per assessment-
- different supervisor for each assessment

Clinical Cases:

- including 3 different age groups: early childhood, 2-6 yrs; school age, 7- 12 yrs; adolescent, 12-19 yrs.*
- One of the cases may be a pre-schooler or younger and parent dyad or just a parent
- at least one case must be seen twice or more per week

These are considered the minimum requirements of Case A,B,C,D

Case A: 50 DCC with 35 supervisions

Case B: 100 DCC with 50 supervisions

Case C: 50 DCC and 35 supervisions

Case D: 50 DCC and 35 supervisions

Balance of DCC count under continuation of cases A, B, C, D under supervision for another **182 DCC** and a minimum of **50 supervisions**.

- ❖ There can be special circumstances where someone is practicing psychotherapy in their employment and if they have supervision with CICAPP supervisors, this can count as part of their clinical requirements for our training. This arrangement would require approval from the Director.

Case reports are to be completed and returned to the Student Progress Committee by **November 1st** and **May 1st** each year. Reports must be reviewed by the candidate and the supervisor before submission. Reminders will be sent to candidates and supervisors six weeks in advance. Assessment reports must be submitted following the



assessment phase and the required DCC and supervision hours for an assessment. A combined assessment and treatment report would also then be submitted if the client continued with treatment (minimum of ten DCC following the assessment period) and is considered a clinical Case A,B,C , D. A treatment report is submitted if the previous report was only an assessment. An additional treatment report must be submitted if the minimum DCC and supervision hours have not been completed by the reporting dates of Nov.1st or May 1st.

If a treatment report is not submitted for a reporting date (Nov.1st or May 1st), then supervision must be on a weekly basis.

(See [APPENDIX C](#) for chart of Clinical Case work and Reporting).

The “CICAPP Report Writing Guidelines” provide the outline to follow in writing assessment and treatment reports.

(See [APPENDIX G](#) for Report Guidelines).

Responsibilities and Evaluation of Candidates

Candidates are considered VOCATIONAL CANDIDATES if they have not previously completed a training that allows them to practice psychotherapy. VOCATIONAL CANDIDATES must follow the PCC Students Rights and Responsibilities and sign a Vocational Student Contract (see APPENDIX S).

Candidates are considered NON-VOCATIONAL if they have previously completed a training that allows them to practice psychotherapy. They must follow all policies of CICAPP and sign a NON-VOCATIONAL Candidate Contract (see APPENDIX T).

Candidate responsibilities:

Upon acceptance to the training program the candidate MUST sign the vocational candidate contract and submit it to the Administrator prior to attending seminars (see appendix S and T).

It is mandatory that all candidates have liability and general insurance in place prior to Infant Observations can commence. Proof of insurance must be on file in the Administration Office. This may be obtained through an independent insurance agent, or through a professional association to which the candidate belongs. Candidates may wish to obtain insurance through the CAPCT for approved professional practice insurance.

Attendance at all seminars is expected and will be monitored by the Student Progress Committee. Minimum attendance of 80% of all classes is required. Faculty will require candidates to submit a summary of reading or other type of work for missed seminar(s)

For each training case the candidate must inform the Director, Chair of SPC of the age and gender of the client/patient, the supervisor’s name, and the date assessment/treatment is expected to commence. The Administrator also needs to be notified when a new assessment or case has been approved.

Candidates must provide satisfactory evidence of their ability to develop insight into their own psychological function in order to perform as psychoanalytic child and adolescent psychotherapists. They must be in psychoanalytically informed psychotherapy upon entrance to the training and for the majority of their clinical work.

The title “Psychoanalytic Child/Adolescent Psychotherapist” is reserved for graduates of the program. Candidates may refer to themselves as “Candidate, CICAPP”.

Candidates are required to have membership with the Canadian Association of Psychoanalytic Child Therapists (CAPCT), the professional body of child psychotherapists. This allows for access to PEPWEB in order to access most readings and provides the candidates with a professional governing body, code of ethics and scope of practice.



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Candidates are required to inform their training case clients of their student status and provide the name of the supervisor if requested by the client.

Candidates must have a signed consent of Infant Observation, Toddler Observations and Treatment agreement with the client and parents to undertake the practicum and clinical work. (see **APPENDIX J(i) and J(ii) for Consent Agreement Forms**).

Should the parents be separated then each parent with custody must sign the form.

Candidates must track their DCC and supervision hours on the form. These must be submitted to the Chair of SPC and the Administrator at the reporting periods. (see Appendix)

Candidates must inform the Director if there is a change in status of their police check.

Evaluation of Candidates: (See [Appendix U](#) for **Grading Policy**)

The **Student Progress Committee** (SPC) is responsible for overseeing the training progress of all candidates.

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.

(See [Appendix D\(i\)](#) for **Candidate's Evaluation by Instructor**).

Supervisors evaluate candidates' clinical competency and the ability to write a clinical report reflecting these skills. These are reviewed by the SPC. Supervisors complete an evaluation form (See [APPENDIX D\(ii\)](#) for **Candidate Evaluation by Supervisor**), which is submitted to the SPC and also a semi-annual review (following the readers' review of reports). Clinical reports are reviewed by the Student Progress Committee and a member of the SPC will summarize the committee's evaluation/readers' response. 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 meet with the Director and Chair of SPC annually to receive feedback, ask questions, or express concerns. At any time, if a teacher or supervisor has serious concerns about a candidates' 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 the Chair of the SPC and/or the Director. The candidate will be told how he/she must improve in order to meet acceptable standards.

Evaluation of Faculty and Supervisors

Candidates are asked to complete a questionnaire after each unit to evaluate the course and the teacher(s). These are anonymous. Completed forms are sent to the Administrator who forwards them to the Director and Chair of the Curriculum Committee. (See [APPENDIX E \(i\)](#) for **Candidate's Evaluation of Instructor**).

Candidates complete a questionnaire to provide feedback on their supervisor and their experience in supervision. This is conducted at each reporting period. (See [APPENDIX E \(ii\)](#) for **Candidate Evaluation of Supervisor**).

Leave of Absence (See [APPENDIX V: Attendance Policy](#)).

Upon written request, a leave of absence may be granted at the discretion of the Director and 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 Administrator.. 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 Administrator. The candidate should address his/her readiness to continue the course of study. The Director will determine what conditions may apply to the resuming of the training. Program.

Mentors

Our professional organization, the Canadian Association of Psychoanalytic Child Therapists, offers a mentorship program for candidates. Candidates who would like to partake in the Mentorship Program need to make this request to the Director of CICAPP. Candidates may be paired with a graduate of CICAPP who will listen, advise, and offer support from the outset of training until graduation. Candidates are encouraged to consult their mentors whenever they have questions, concerns or complaints. Mentors will direct candidates to the appropriate person to have their concerns addressed.

Complaints Procedure (see Candidate Complaint Procedure [Appendix O](#))

As a general principle, faculty, supervisors and candidates are encouraged to address any concerns or criticisms to the individual or individuals involved but, failing satisfaction, they should notify the Director about the complaint. The Director will then follow the Candidate Complaint Procedure.

Police Checks Policy

Policy Statement:

The CICAPP is committed to admitting candidates with the personal and professional qualifications necessary to train in child/adolescent 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: This "Service" provides information to assist the CICAPP. It in no way makes recommendations on the suitability of prospective candidates.

Information provided by the Service may not necessarily mean a disqualification from the training program. CICAPP 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" 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:



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Prospective candidates will be asked to sign the Police Consent to Disclosure of Personal Information and submit this 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, CICAPP 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 CICAPP 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 CICAPP 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 & adolescent 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.

In September, all candidates and post-academics must submit the Police Check Status Form (Please see [Appendix L](#)). Candidates and post-academic candidates must inform the Director of any changes to the status of their police check.



APPENDIX A: CURRICULUM CHART YEARS ONE – FOUR

Year	Seminar A (6:30 – 8:00)	Hours	Seminar B (8:15– 9:45)	Hours
One	History & Psychoanalytic Theory Overview (10 seminars)	15	Infant Observation (20 seminars)*	30
	Infant Development (4 seminars)	6	Toddler Observation (10 seminars)*	15
	Attachment Theory (2 seminars)	3		
	Toddler & Preschooler Development (incl. gender development) (5 seminars)	7.5	FIELD OBSERVATION UNIT	
	Adult Development: parent role (2 seminars)	3	Term 1: Infant/Mother Observation * (1hr weekly) in family setting	20
	Psychoanalytic Concepts – Comparative (6 seminars)	9	Term 2: Toddler Observation * (1hr weekly) in daycare setting	10
	Evidence-based psychodynamic psychotherapy (1 seminar)	1.5		
TOTAL HOURS Year One			120	

*These educational hours include a focus on developing competency in the safe and effective use of self in psychotherapeutic relation.



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Year	Seminar A (6:30 – 8:00)	Hours	Seminar B (8:15– 9:45)	Hours
Two	Latency Development (4 seminars)	6	Assessment of Preschooler (2 seminars)	3
	Adolescent Development (4 seminars)	6	Assessment of Latency (2 seminars)	3
	Cognitive Neuroscience, cognitive development (Erikson, Piaget) (1 seminar)	1.5	Assessment of Adolescent (2 seminars)	3
	Psychostructural diagnosis (1 seminar)	1.5	Assessment of Family History (1 seminar)	1.5
	Psychopathology (4 seminars total)	7.5	Introduction to Formulation	1.5
	- Preschooler (1)			
	- Latency (2)			
	- Adolescent (2)			
	Use of Play – theories and techniques (3 seminars) *	4.5	Clinical Case 1 * (7 seminars)	10.5
	Work with Parents: Part One (2 seminars)	3	Clinical Case 2 * (7 seminars)	10.5
	Therapeutic Relationship * (4 seminars)	6	Clinical Case 3 * (7 seminars)	10.5
	Empathy Workshop * (whole evening)	3	Competency in Clinical Report Writing (1 seminar)	1.5
	Therapeutic Action * (5 seminars)	7.5		
TOTAL HOURS Year Two			90	

*These educational hours include a focus on developing competency in the safe and effective use of self in psychotherapeutic relation.



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

Year	Seminar A (6:30 – 8:00)	Hours	Seminar B (8:15– 9:45)	Hours
Three	Trauma (3 seminars)	4.5	Professional Practice (2 seminars) - Keeping notes, when to refer, confidentiality	3
	Anxieties & Phobias (3 seminars)	4.5	Ruptures & Empathic Failures (2 seminars)	3
	Enuresis & Encopresis (1 seminar)	1.5	Clinical Case 4 * (5 seminars)	10
	Eating Disorders (2 seminar)	3	Clinical Case 5 * (5 seminars)	10
	OCD (1 seminar)	1.5	Cultural Diversities (2 seminar)	3
	ADHD (1 seminar)	1.5	Psychopharmacology (1 seminar)	1.5
	Learning Disabilities (2 seminars)	3	Clinical Case 6 *(5 seminars)	10
	Depression (2 seminars)	3	Formulation of Case Material (4 seminars)	6
	Bereavement (1 seminar)	1.5	Ethics & Dilemmas * (2 seminars)	3
	Suicide (1 seminar)	1.5	Work with Parents: Part 2 * (2 seminars)	3
	Oppositional Defiant Disorder (1 seminar)	1.5		
	Adoption (2 seminars)	3		
	Divorce (2 seminars)	3		
	Gender & Sexuality (1 seminar)	1.5		
	Substance & Behavioural Addiction (2 seminars)	3		
	Pathological Narcissism (1 seminar)	1.5		
	Psychosis (1 seminar)	1.5		
	Autism Spectrum (1 seminar)	1.5		
	Psychosomatism (1 seminar)	1.5		
	Clinical Case Management (1 seminar)	1.5		
	TOTAL HOURS Year Three		90	

*These educational hours include a focus on developing competency in the safe and effective use of self in psychotherapeutic relation.



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

Year	Seminar A (6:30 – 8:00)	Hours	Seminar B (8:15– 9:45)	Hours
Four	The Phases of Psychotherapy (9 seminars) - Beginning, middle, termination	13.5	Clinical Case 7 * (7 seminars)	10.5
	Sibling Dynamics (2 seminars)	3	Specialty Topics (10 seminars)	15
	DSM/Psychodynamics (2 seminars)	3	Clinical case 8 *(7 seminars)	10.5
	Professional Practices & Jurisprudence (2 seminars)	3	Clinical case 9 * (6 seminars)	9
	Advanced Theory Presentations (10 seminars)	15		
	Competency Issues (3 seminars) - Professional report writing - Legal issues - Scope of practice	4.5		
	Psychotherapy Practices (2 seminars)	3		
	TOTAL HOURS Year Four		90	

*These educational hours include a focus on developing competency in the safe and effective use of self in psychotherapeutic relation.



APPENDIX B: Course Descriptions

YEAR ONE

SEMINARS A

History and Psychoanalytic Theory Overview

(Theory)

Course Description:

This overview consists of ten seminars in which candidates explore psychoanalytic theories illustrated through clinical vignettes and assigned readings. This covers from Freud through to Contemporary Relational Theory.

Learning Objectives:

- Develop overview of history of the development of psychoanalytic thought
- Origins of the importance of Use of Self
- Candidates will acquire the beginnings of an appreciation of the contributions and relative or contrasting strengths of differing theoretical approaches.

Infant Development

(Human Development)

Course Description:

During these four seminars and through readings and discussion, candidates will work towards an integration of psychoanalytic theories and the findings of contemporary developmental theories. In this seminar series there will be discussion on topics from the first two years of life which illustrate some important mechanisms of development. The material presented will allow the opportunity for discussion of various topics, for example:

- the development of psychological capacities, and the ways in which these themselves permit and shape future maturation and development
- understanding what is required from the caretaking environment for development, and the nature and impact of failures of environmental provision

Learning Objectives:

Candidates will:

- Learn to think psychoanalytically about the relationship between caregiver and the infant;
- Develop an understanding of the capacity of the child to hold mother/primary caregiver in mind;
- Develop an understanding of the importance of mother's capacity to hold her infant or child in mind;
- Learn of the importance of becoming sensitive to the existence of differing and divergent family structures and cultural diversity among clinical population.

Attachment

(Human Development)

Course Description:

During these two seminars and through assigned readings and discussions, the candidates aim to develop an understanding of the origins of Attachment theory and its application and contributions to contemporary psychoanalytic developmental theory.

Learning Objectives:

- To develop an appreciation of different attachment styles;
- To develop an understanding of the effects of physical and psychological separation on a child's development;
- To develop an appreciation of therapeutic interventions to modulate problematic attachment styles.



Toddler and Preschool Development

(Human Development)

Course Description:

During these five seminars there will be an integrated presentation of psychoanalytic theory as it pertains to Toddler and Pre-school development through assigned readings and in class discussion. This will include gender development.

Learning Objectives:

Candidates will

- Learn to think about these developmental phases from a psychoanalytic perspective;
- Acquire an understanding of the developmental tasks expected of this stage with considerations to diverse families.

Adult Development:

(Human Development)

Course Description:

These two seminars will cover the phases of development in adult life from early adulthood, through parent role to old age through assigned readings and class discussion.

Learning Objectives:

- Develop an understanding of the phases in adult life and will learn the ways in which adult attachment style impacts parenting;
- Develop their sensitivity to cultural and familial diversity.

Psychoanalytic Concepts

(Theory)

Course Description:

During these six seminars and through assigned readings and in discussion candidates will learn an integrative review of key psychoanalytic concepts and their application from a comparative perspective.

Learning Objectives:

- Learn to conceptualize and articulate multiple psychoanalytic concepts and begin to think about their application to clinical practice.

Evidence-Based Psychodynamic Psychotherapy

(Research)

Course Description:

This seminar will explore recent research demonstrating the impact and effectiveness of psychotherapeutic interventions.

Learning Objectives:

- To acquire an awareness of alternate interventions or treatment modalities;
- To learn how to access the body of research relating to each modality, including comparisons among varying therapeutic treatment options.

SEMINARS B (YEAR ONE)

Infant Observation

(Human Development)

Course Description:

Through the twenty seminars candidates will think reflectively about the infant observation experience and how it relates to the therapeutic process. The material for these seminars will be provided by the process notes the candidates bring from their weekly visits to the infants' homes. The focus will be on the interaction between the



caregiver and baby, including nonverbal communications. Candidates will also have the opportunity to discuss the infant's impact on the family. The final expectation for this course is to write a short reflective paper.

Learning Objectives:

- Develop a psychodynamic understanding of the infant –mother relationship;
- Integrate developmental concepts with observation of infant;
- Develop observation skills and how they may be parallel to the therapeutic interaction;
- Develop awareness of the transference and countertransference reactions to these observations;
- Develop an understanding about setting and maintaining boundaries within the relationship;
- Understand the effects of socio-cultural factors on the mother –infant relationship.

Toddler Observation

(Human Development)

Course Description:

Through these 10 seminars candidates will think reflectively about the toddler observation experience and how it relates to the therapeutic process. The material for these seminars will be provided by the process notes the candidates bring from their weekly visits to the toddlers' nurseries or daycares. The focus will be on the interaction between the caregiver and toddler and the toddlers. This includes nonverbal communication. Candidates will have the opportunity to discuss the toddlers' presentation and development in the context of their social interactions. The final expectation for this course is to write a short reflective paper.

Learning Objectives:

- Develop a psychodynamic understanding of the toddler in relation to his/her peers in a social environment;
- Integrate development concepts with observed toddler;
- Develop observation skills and how they are linked to the therapeutic interaction;
- Develop awareness of the transference and countertransference reactions to the observations;
- Develop an understanding about setting and maintaining boundaries within the relationship;
- Understand of the effects of socio-cultural factors on toddler development.



YEAR TWO

SEMINARS A

Latency Development

(Human Development)

Course Description:

During these four seminars candidates will use assigned readings and class discussions to work towards an integration of psychoanalytic theory and the findings of contemporary developmental psychology as they relate to the latency stage of development.

Learning Objectives:

- To think psychoanalytically about the relationship between caregivers and the latency-aged child;
- To develop growing sensitivity to the complexities of various family configurations and cultural diversity.

Adolescent Development

(Human Development)

Course Description:

During these four seminars candidates will draw from assigned readings and class discussion to develop an understanding of and to begin to integrate psychoanalytic theory and the findings of contemporary developmental theories as they relate to adolescent development.

Learning Objectives:

- To think psychoanalytically about the relationship between caregivers and adolescents;
- To bear in mind the impact of cultural origin, beliefs and family background on adolescent development.

Cognitive Neuroscience; Cognitive Development

(Human Development)

Course Description:

This seminar will provide an overview of cognitive development, (e.g. Piaget) and introduce the intersection between neuroscience and psychoanalytic theory. (e.g. Schore).

Learning Objectives:

- To develop an understanding of the different clinical perspectives and how they relate to developmental tasks and stages when working clinically with children;
- To gain a beginning awareness of the intersection between the fields of neuroscience and psychoanalysis.

Psycho-structural Diagnosis

(Applied Theory)

Course Description:

This seminar will cover an understanding of psycho-structural diagnoses as it relates to clinical work with children and adolescents.

Learning Objectives:

- To acquire an understanding of diagnoses from a psycho-structural perspective;
- To understand the importance of assessment and formulation in determining and implementing treatment plans.

Psychopathology - Preschool Aged Child

(Theory)

Course Description:



During these seminars candidates will develop an understanding of the meaning of psychopathology in terms of the inner world of the preschooler when normal developmental processes have not optimally developed or have been derailed.

Learning Objectives:

- To gain an understanding of average expected development of a preschool aged child in order to recognize various presentations and behavioural manifestations when development is impaired;
- To learn to be sensitive to the child's cultural and familial milieu in clinical assessment, formulation and treatment.

Psychopathology – Latency

(Theory)

Course Description:

During these seminars candidates will develop an understanding of the meaning of psychopathology in terms of the inner world of the latency-aged child when normal developmental processes have not optimally developed or have been derailed.

Learning Objectives:

- To gain an understanding of average expected development of a latency aged child in order to recognize various presentations and behavioural manifestations when development is impaired;
- To learn to be sensitive to the child's cultural and familial milieu in clinical assessment, formulation and treatment.

Psychopathology – Adolescence

(Theory)

Course Description:

During these seminars candidates will develop an understanding of the meaning of psychopathology in terms of the inner world of the adolescent when normal developmental processes have not optimally developed or have been derailed.

Learning Objectives:

- To gain an understanding of average expected development of an adolescent in order to recognize various presentations and behavioural manifestations when development is impaired;
- To learn to be sensitive to the adolescent's cultural and familial milieu in clinical assessment, formulation and treatment.

Use of Play - Theories and Use of Play Techniques

(Technique)

Course Description:

During these two seminars candidates will explore the way in which a child's (or adolescent's) inner world may be revealed through play. Assigned articles and discussion help candidates incorporate the use of play in the therapeutic process.

Learning Objectives:

- To understand how the child may express or modulate inner states through play;
- To gain an understanding how child or adolescents' cultural experience may impact their play;
- To learn techniques of play appropriate to the child or adolescent's psychological or developmental stage;
- To learn to adopt a hovering attentive, curious stance in order that material may emerge, and be understand the applicable theoretical constructs;
- To adopt cultural awareness and attentiveness to candidates' use of self while playing;
- To be aware of the emerging transference and counter-transference in play interactions.

Work with Parents (Part 1)

(Applied Theory)



Course Description:

During the two seminars candidates will develop an overview of developing and maintaining a working relationship with parents, and the different approaches to working with parents, step-parents, and foster parents. Readings and clinical material will be used to demonstrate the work with parents.

Learning Objectives:

- Learn how to develop and maintain working relationship with parents;
- Learn how to work with parents of diverse cultures and parenting practices;
- Learn to observe transference and countertransference in working with the parents.

Therapeutic Relationship

(Applied Theory)

Course Description:

These four seminars will cover the Therapeutic Relationship from a psychoanalytic perspective. Assigned articles will be discussed and clinical examples will be provided to demonstrate the application of theoretical concepts to clinical work. Therapeutic alliance, transference, counter-transference and the use of these concepts in the work with children and adolescents will be discussed.

Learning Objectives:

- To gain a deepening understanding of transference, counter-transference and the inner workings of a therapeutic relationship with a child or adolescent in the context of their family, school, social and cultural background;
- To consider such theoretical constructs in the context of candidates' clinical work.

Empathy Workshop (Note - Seminars A and B)

(Technique)

Course Description:

These two seminars will provide an overview of historical and present understanding of the importance of empathy in therapeutic interaction. Video presentation will be used to generate discussion.

Learning Objectives:

- To understand the development and concept of empathy;
- To learn the value of adopting an empathic stance and to explore ways in which this may be achieved.

Therapeutic Action

(Technique)

Course Description:

These five seminars will cover various therapeutic interventions, and the use of intersubjective space. Readings will be assigned and clinical vignettes will be used to illustrate theoretical constructs.

Learning Objectives:

- To learn the theory of psychoanalytic techniques;
- To learn various types of techniques and how to apply them;
- To be aware of transference and countertransference in the use of techniques;
- To be aware of boundaries; developing and maintaining appropriate boundaries within the therapeutic relationship;
- To incorporate cultural understanding in the use of technique.

SEMINARS B (YEAR TWO)

Assessment of Preschool Aged Child

(Applied theory)



Course Description:

From these two seminars candidates will learn the process of conducting assessments of preschool aged children and the importance of such assessments through assigned readings and class discussion of clinical vignettes.

Learning Objectives:

- To learn techniques of a clinical interview with a preschooler in order to gather information;
- To organise and co-ordinate clinical information for a formulation and treatment plan;
- To understand how to involve significant adults; e.g. parents, teachers, guardians, etc.;
- To conceptualize the significance of the environmental factors on the child's presenting difficulties.

Assessment of Latency Aged Child

(Applied theory)

Course Description:

During these two seminars, candidates will learn the process of conducting assessments of latency aged children and the importance of such assessments through assigned readings and class discussion of clinical vignettes.

Learning Objectives:

- To learn techniques of a clinical interview with a latency aged child in order to gather information;
- To organise and co-ordinate clinical information for a formulation and treatment plan;
- To understand how to involve significant adults; e.g. parents, teachers, guardians, etc.;
- To conceptualize the significance of the environmental factors on the child's presenting difficulties.

Assessment of Adolescent

(Applied theory)

Course Description:

During these two seminars, candidates will learn the process of conducting assessments of adolescents and the importance of such assessments through assigned readings and class discussion of clinical vignettes.

Learning Objectives:

- To learn techniques of a clinical interview with an adolescent in order to gather information;
- To organize and co-ordinate clinical information for a formulation and treatment plan;
- To understand how to involve significant adults; e.g. parents, teachers, guardians, etc.;
- To organize and co-ordinate clinical information for a formulation and treatment plan;
- To understand how to involve significant adults; e.g. parents, teachers, guardians, etc.;
- To conceptualize the significance of the environmental factors on the child's presenting difficulties.

Assessment - Family History

(Applied Theory)

Course Description:

This seminar will teach candidates the process of conducting assessments that includes a family history through assigned readings and discussion of clinical vignettes.

Learning Objectives:

- To learn techniques of a clinical interview with parents and other family members, as necessary;
- To organize and co-ordinate clinical information gathered from such assessments;
- To organize and co-ordinate clinical information for a formulation and treatment plan;
- To understand how to involve significant adults; e.g. parents, teachers, guardians, etc.;
- To conceptualize the significance of the environmental factors on the family context.

Introduction to Formulation

(Applied Theory)



Course Description:

This seminar will introduce both the importance of a formulation and how to develop a clinical picture of a particular child or adolescent in the context of that child or adolescents' specific genetic endowment, familial, social and cultural background. For this seminar candidates will be assigned articles and will participate in discussions about a range of clinical presentations.

Learning Objectives:

- To know clinical information needed in order to provide a comprehensive formulation;
- To prepare a treatment plan and to present recommendations to the client.

Clinical Case Seminars: Series One – Three

Course Description:

Candidates present current clinical cases during this series of seven seminars for the purposes of discussion and exploration of the therapeutic process, therapeutic action, transference, counter-transference and possible cultural considerations.

Learning Objectives:

- To learn to apply psychoanalytic concepts to understand clinical material;
- To continue to develop and deepen candidates' understanding of transference and counter-transference;
- To learn to view clinical material within the context of a child or adolescent's particular cultural, social or familial environment;
- To pay attention to the safe and effective use of self.

Competency in Clinical Report Writing

(Applied Theory)

Course Description:

During this seminar candidates will learn skills in clinical report writing.

Learning Objectives:

- To gain an appreciation of the required information to be presented in a clinical report;
- To understand the different components of clinical reports.



YEAR THREE

SEMINARS A

Trauma

(Applied Theory)

Course Description:

During these four seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of trauma from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has experienced trauma;
- To be sensitive to different cultural understanding of trauma.

Anxieties & Phobias

(Applied Theory)

Course Description:

During these three seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of anxiety from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who suffers from or has been diagnosed with anxiety. Candidates will also learn to recognize the various characteristics of phobia from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who suffers from a phobia.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who is anxious or who has been diagnosed with an anxiety disorder;
- To be sensitive to other complementary treatment options

Enuresis / Encopresis

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to understand the psychoanalytic perspective of enuresis and encopresis. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who is struggling with these issues.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who presents with characteristics consistent with enuresis and encopresis;
- To be aware of the physiological components of these problems.

Eating Disorders

(Applied Theory)

Course Description:

During these two seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of an eating disorder from a psychoanalytic perspective. Candidates will gain an



appreciation of a range of clinical presentations that may be expected in a child or adolescent who suffers from an eating disorder.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has an eating disorder;
- To be sensitive to the social context of the disorder;
- To understand other complimentary treatment options.

Obsessive Compulsive Disorder (OCD)

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of OCD from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who suffers with or has been diagnosed with OCD.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has OCD;
- To be aware of complementary treatment options.

Attention Deficit/Hyperactivity Disorder (ADHD)

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of ADHD from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who has been diagnosed with ADHD.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has been diagnosed with ADHD or presents with characteristics consistent with ADHD;
- To be aware of complementary treatment options.

Learning Disabilities

(Applied Theory)

Course Description:

During these two seminars and through assigned readings and class discussions of clinical material, candidates will learn to recognize the various characteristics of a range of learning disabilities from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who has been diagnosed with a learning disability. An overview of the types of learning disabilities will be covered.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has been diagnosed with a learning disability;
- To be aware of complementary treatment options and the educational component.



Depression

(Applied Theory)

Course Description:

During these two seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of depression from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who may be depressed or has been diagnosed with depression.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of child or adolescent who may be depressed, suffer with a mood disorder or low mood;

Suicide

(Applied Theory)

Course Description:

During this seminar and through assigned readings and class discussions, candidates will learn to work with suicidal clients from a psychoanalytic perspective. Candidates will also be taught to conduct risk assessments.

Learning Objectives:

- To understand the presenting problems/issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in affecting therapeutic action
- To recognize the necessity for additional intervention (e.g. inform family doctor, parents, or hospitalization.)

Oppositional Defiant Disorder / Conduct Disorder

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of oppositional defiant and conduct disorders from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who has been diagnosed with ODD and CD.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who presents with characteristics consistent with a oppositional defiant disorder and conduct disorder;
- To be sensitive to issues arising from social context (socio-economical, gender).

Adoption

(Applied Theory)

Course Description:

During these two seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics that may be present for an adopted child or adolescent from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations and issues that may arise when a child or adolescent has been adopted.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who has been adopted;



- To be sensitive to the issues arising from cultural and familial diversity.

Divorce

(Applied Theory)

Course Description:

During these 2 seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics that may be present for a child or adolescent of divorced or separated parents from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations and issues that may arise for a child or adolescent when his/her parents are separated or divorced.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent whose parents are divorced or separated;
- To be sensitive to issues arising from cultural or familial diversity;
- To understand the parameters of working within family law.

Gender Identity & Sexuality Development

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of gender issues from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations when gender issues arise for an individual child or adolescent.

Learning Objectives:

- To understand the presenting problems/ issues (e.g. gender reassignment) from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who is encountering challenges with gender identity or sexuality;
- To be sensitive to issues arising from cultural or familial diversity within social context.

Substance Addiction & Behaviour Addiction

(Applied Theory)

Course Description:

During the two seminars and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of substance abuse and self-harm from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who engages in substance abuse

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who may be abusing substances or who may be engaging in self-harm;
- To be aware of complementary treatment options.

Pathological Narcissism

(Applied Theory)

Course Description:



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During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of pathological narcissism from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who may fit this diagnostic description.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who presents with characteristics that may fit the description of pathological narcissism.

Psychosis

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of psychosis from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who may be psychotic.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who may suffer psychotic episodes;
- To be aware of and consideration of complementary treatment options.

Autism Spectrum

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of Autism and Asperger's Syndrome from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who may have been diagnosed on the Autism spectrum.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who may have been diagnosed as being on the Autistic spectrum of disorders;
- To be aware of complementary treatment options.

Bereavement

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of bereavement from a psychoanalytic perspective. Candidates will gain an appreciation of a range of clinical presentations that may be expected in a child or adolescent who has been bereaved.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who suffered loss;
- To be sensitive to issues arising from cultural or familial diversity.



Psychosomatism

(Applied Theory)

Course Description:

During this seminar and through assigned readings and discussions of clinical material, candidates will learn to recognize the various characteristics of psychosomatism from a psychoanalytic perspective. Candidates will gain an appreciation of a range of psychosomatic clinical presentations that may be expected in a child or adolescent.

Learning Objectives:

- To understand the presenting problems/ issues from a psychoanalytic point of view;
- To understand the importance of transference and counter-transference in effecting therapeutic action;
- Using transference and counter-transference in the treatment of a child or adolescent who may present with psychosomatic symptoms;
- To be aware of the physical expression of psychological stress.

SEMINARS B (YEAR THREE)

Professional Practices

(Applied Theory)

Course Description:

During these two seminars there will be discussion regarding scope of practice. Candidates will be introduced to differing approaches to treating children and adolescents including advantages and limitations of each. (e.g. CBT, solution-focused, group, family systems, narrative).

Learning Objectives:

- To develop an awareness and understanding of the broad range of therapeutic models available for children and adolescents;
- To learn to evaluate the benefits and limitations of varying treatment models in individual circumstances.

Ruptures and Empathic Failures (Note - Seminar A and B):

(Technique)

Course Description:

During these two seminars and through readings and discussion of clinical material, candidates will gain an understanding of empathic ruptures or failures and to understand the process of reparation.

Learning Objectives:

- To learn of factors which may lead to a rupture or an empathic failure in the therapeutic process;
- To discuss the characteristics of, and how to recognize when, a rupture occurs;
- To discuss therapeutic reparative interventions.

Clinical Case Seminars: Series Four – Six

Course Description:

Candidates will present current clinical cases during this series of five seminars for the purposes of discussion and exploration of the therapeutic process, therapeutic action, transference, counter-transference and the safe and effective use of self.

Learning Objectives:

- To learn to apply psychoanalytic concepts to understand clinical material;
- To continue to develop and deepen candidates' understanding of transference and counter-transference;
- To learn to view clinical material within the context of a child or adolescent's particular cultural, social or familial environment;
- To pay attention to the safe and effective use of self.



Cultural Diversities

(Applied Theory)

Course Description:

During these two seminars, there will be consideration of race, ethnicity, and culture as manifest as part of the development and identity of children and adolescents. The seminars will also cover the formation of a child's cultural identity, explore ways to expand our clinical formulations to include the cultural dimension of experience.

Learning Objectives:

- To develop greater understanding and awareness of the how diversities manifest in psychotherapy.

Psychopharmacology

(Applied Theory)

Course Description:

During this seminar an overview of various types of medication will be presented and their intended effect on clinical presentation in children and adolescents.

Learning Objectives:

Candidates will:

- Learn when to refer to a medical professional for a psycho-pharmaceutical consult;
- Learn to be aware of cultural sensitivities with respect to the use of medication.

Formulation of Case Material

(Applied Theory)

Course Description:

During these four seminars, candidates will continue to develop skills to formulate an understanding of a presenting child or adolescent's inner world applying psychoanalytic concepts as they may fit each individual case. Discussions will centre around clinical material presented in class.

Learning Objectives:

- To learn to think psychoanalytically with respect to presented clinical information and issues;
- To learn to understand a clinical presentation using psychoanalytic theory and integrating contemporary developmental psychological concepts to contextualize individual developmental needs, health or psychopathology;
- To understand how predisposing, precipitating, perpetuating and protective factors within a social, cultural and familial context may inform, impact, influence or impair development in individual cases;
- To learn to develop a treatment plan incorporating recommendations as may be required.

Ethics and Ethical Dilemmas

(Applied Theory)

Course Description:

During these two seminars there will be discussion of ethics for the profession of psychotherapy, illustrated through the use of clinical vignettes.

Learning Objectives:

- Learning to recognize and to work through ethical dilemmas using illustrative clinical material;
- To develop awareness of the use of transference and counter-transference;
- To be sensitive to the cultural and familial differences

Work with Parents (Part Two)

(Applied Theory)

Course Description:



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

In these two seminars the focus will be on the approach of psychotherapy of parenting, the experience of the parent of the therapist and developing the reflective function in the parent. Readings and discussion of clinical material will be used to develop an understanding of the importance

Learning Objectives:

- Further develop approaches to working relationship with parents;
- Further develop understanding of working with parents of diverse cultures and parenting practices;
- Further develop understanding of transference and countertransference in working with the parents..



YEAR FOUR

SEMINARS A

The Phases of Psychotherapy: Beginning, Middle, Termination

(Applied Theory)

Course Description:

During these nine seminars and through readings and class discussion, candidates will explore significant aspects of the various phases of the psychoanalytic psychotherapy process.

Learning Objectives:

- To recognize different phases of a therapeutic relationship, bearing in mind the emergence, use and impact of transference and counter-transference;
- To learn ways in which therapeutic action may be effected within each stage.

Sibling Dynamics

(Applied Theory)

Course Description:

Candidates will gain an understanding of sibling issues and dynamics through assigned readings and discussions arising from the presentation of clinical material.

Learning Objectives:

- To understand the various issues that may arise among siblings;
- To gain an understanding of the ways in which birth order may impact presentation;
- To understand the meanings assigned sibling dynamics with reference to each child's cultural background;
- To be aware of any transference/counter-transferential issues that may arise.

DSM / Psychodynamic

(Theory)

Course Description:

During this seminar an overview will be presented of the Diagnostic Statistical Manual applying a psychodynamic perspective through discussion.

Learning Objectives:

- To review theoretical concepts and gain an understanding of various diagnostic presentations.
- To recognize the advantages of a diagnostic enterprise.
- To review the Psychodynamic Diagnostic Manual (PDM) and the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
- To review and the International Classification of Diseases (ICD) and how it relates to DSM-5.
- To discuss the basis of the PDM
- To apply PDM as a diagnostic system
- To utilize PDM to describe the intricacies of the patient's overall functioning and ways of engaging in the therapeutic process.
- To discuss the basis of the DSM-5
- To apply DSM-5 as a diagnostic system
- To relate DSM-5 to understanding the intricacies of the patient's overall functioning and assist in formulating an overall treatment plan.
- To review the history of DSM-5 and discuss current controversies regarding DSM-5.
- To compare PDM and DSM-5 and employ the two to enhance case conceptualization and treatment planning.



Professional Practices: Jurisprudence and Legal Issues

(Applied Theory)

Course Description:

With reference to the CRPO Jurisprudence Manual and illustrated by clinical vignettes candidates will learn about and participate in discussions addressing legal and child protective issues that may arise in clinical practice. Review of the duty to report child welfare.

Learning Objectives:

- To review the CRPO Jurisprudence Manual;
- To gain an understanding of legal issues impacting children, adolescents and their families.
- To learn when and how to report a suspected or known abuse of a client

Advance Theory

(Theory)

Course Description:

During these ten seminars each candidate will demonstrate their understanding of various psychoanalytic theories through respective presentations making reference to applicable readings or articles and using clinical material to illustrate their understanding.

Learning Objectives:

- To review psychoanalytic theory;
- To understand how to present psychoanalytic concepts using clinical material by means of illustration.

Competency Issues

(Applied Theory)

Course Description:

During these three seminars candidates will learn the guidelines for writing various types of professional reports. As well the seminars will discuss various legal issues that come within the practice of psychotherapy. The scope of practice is also covered.

Learning Objectives:

- To various professional reports
- To understand the legal issues that arise while practicing psychotherapy
- To know the scope of practice as a chil/adolescent psychotherapist

Psychotherapy Practices

(Applied Theory)

Course Description:

During these two seminars there will be discussion regarding the scope of practice. Candidates will be introduced to differing approaches to treating children and adolescents including advantages and limitations of each. (CBT, solution-focused, group, family systems, narrative therapy)

Learning Objectives:

- To develop an awareness and understanding of the broad range of therapeutic models available for children and adolescents)
- To learn to evaluate the benefits and limitations of varying treatment models in individual circumstances

SEMINARS B (YEAR FOUR)

Clinical Case Seminars: Series Seven – Ten

Course Description:



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

Candidates will present current clinical cases during this series of seven seminars for the purposes of discussion and exploration of the therapeutic process, therapeutic action, transference, counter-transference and the safe and effective use of self.

Learning Objectives:

- To learn to apply psychoanalytic concepts to understand clinical material;
- To continue to develop and deepen candidates' understanding of transference and counter-transference;
- To learn to view clinical material within the context of a child or adolescent's particular cultural, social or familial environment;
- To pay attention to the safe and effective use of self.



APPENDIX C- CLINICAL REQUIREMENTS

Requirements	Assessments Training	Case A	Case B	Case C	Case D	Additional client contact hours	Total Number of hours
Direct client contact hours	18 In total	50	100	50	50	182	450
Supervision hours	15	35	50	35	35	50 (min. hrs, not required to be weekly)	220
Reports	Three assessment reports – one for each child	one assessment and one progress report OR Combined Assessment & Treatment Report (see criteria in Section on Course of Study)	one assessment and one progress report OR Combined Assessment & Treatment Report (see criteria in Section on Course of Study)	one assessment and one progress report OR Combined Assessment & Treatment Report (see criteria in Section on Course of Study)	one assessment and one progress report OR Combined Assessment & Treatment Report (see criteria in Section on Course of Study)		At least seven assessments At least four progress reports or termination notes
Extra note		If Combined report submitted and minimum DCC/Supervision hrs not met then 2 nd Treatment report required. A final termination report is required if treatment for the child ends in between the reporting periods	If Combined report submitted and minimum DCC/Supervision hrs not met then 2 nd Treatment report required A final termination note is required if treatment for the child ends in between the reporting periods	If Combined report submitted and minimum DCC/Supervision hrs not met then 2 nd Treatment report required A final termination note is required if treatment for the child ends in between the reporting periods	If Combined report submitted and minimum DCC/Supervision hrs not met then 2 nd Treatment report required A final termination note is required if treatment for the child ends in between the reporting periods	For these additional hours, can choose to count supervision with an approved supervisor on (a) own work/agency case hours OR (b) ongoing treatment hours beyond the requirements from Cases A, B, C, or D	



APPENDIX D(i): Instructor Evaluation of Candidate

CANADIAN INSTITUTE OF CHILD & ADOLESCENT
PSYCHOANALYTIC PSYCHOTHERAPY (CICAPP)

COURSE/CANDIDATE EVALUATION

Student: _____ Dates: _____

Student Absences (Dates) _____

Teacher Name: _____ Course: _____

	VERY GOOD	GOOD	FAIR	POOR	COMMENTS
1. Candidate's understanding of the readings and/or material presented.					
2. Candidate's participation in discussion.					
3. Candidate's ability to apply theoretical concepts to clinical material.					
4. Candidate's level of thinking from psychoanalytic perspective.					
5. How did the candidate relate to the teacher.					
6. How did the candidate relate to other candidates.					
7. Recommendations for further development					
8. Any corrective measures needed.					



APPENDIX D (ii): Supervisor's Evaluation of Candidate

Supervisor's Evaluation of Candidates

Candidate:

Supervisor:

Case:

Supervision Hours to Date:

RETURN THIS FORM BY:

EMAIL: info@cicapp.ca

MAIL: ~~CICAPP ADMINISTRATION OFFICE (416) 690-2746, admin@cicapp.ca~~

NOTE: If you email the form, please also include a hard copy, signed by yourself and the candidate to be submitted with the case or assessment report.

Please make comments under ALL of the following headings.

Description of Child (e.g., ability to communicate a workable image of the child):

Role of being a Therapist (eg., adaptation to the cognitive development and pace of work the child is capable of):

Therapist at Work (e.g., description of behaviour, interactions, and aspects of child's inner world identified from clinical manifestations):

Management Issues (e.g. handling of family, school, and other agencies; establishment of treatment alliance):

Transference/Countertransference (e.g., identification and use of issues):



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

Use of Supervision (e.g., ability to synthesize and integrate into clinical work, transference issues arising within supervisory relationship):

Report (e.g., self-directed, supervisor-directed; ability to integrate theory and practice and to formulate):

Areas to Work on:

Additional Comments/Concerns:

Recommendations (e.g., aptitude for this kind of work, readiness to move on to next case or to graduate.
If **no**, why not?):

Signatures

Supervisor _____ Date

Candidate _____ Date

Sign & return the form along with the candidate's case or assessment report.



APPENDIX E (i): Candidate's Evaluation of Instructor

CANADIAN INSTITUTE OF CHILD & ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY COURSE/INSTRUCTOR EVALUATION



Course _____

Teacher _____

Semester _____

Year _____

	VERY GOOD	GOOD	FAIR	POOR	COMMENTS
5. Were the goals and objectives clearly presented?					
6. Was the material in the course outline covered?					
7. How prepared and organized was the instructor?					
4. Were the reading assignments relevant?					
9. How did the readings apply to clinical material?					
10. How did the instructor relate to candidates in general?					
11. Did the instructor facilitate learning?					
12. Did the instructor facilitate discussion?					
13. Were the discussions useful?					
14. To what degree was the instructor responsive to candidates' suggestions about ways of changing and improving classroom discussion?					
15. Overall rating					
16. 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 CICAPP Administration Office



APPENDIX E (ii): Candidate's Evaluation of Supervisor

Candidate's Evaluation of Supervisor

Candidate:

Supervisor:

Case:

Supervision Hours to Date:

RETURN THIS FORM TO: EMAIL info@cicapp.ca

MAIL: CICAPP ADMINISTRATION OFFICE

FAX: (416) 690-2746

NOTE: If you email the form, please also include a hard copy, signed by yourself and your supervisor along with your case or assessment report.

Creates an open learning environment

(Encourages inquiring attitude; facilitates learning; is open to candidate's ideas; is able to accept feedback and admit mistakes; tolerates candidate's mistakes).

Able to communicate clinical and theoretical ideas and suggestions

(Assists application of theory to clinical practice; offers practical suggestions and helpful interpretations; directs attention to relevant literature; provides feedback that stimulates thinking).

Responsive to candidate's needs

(Available, reliable and punctual; allows candidate's own style to develop; appropriate to candidate's training and experience; constructive without being overly critical; empathic to candidate's difficulties/doubts).

Uses his/her own experience to enhance supervision

(Gives helpful examples from own experience; uses supervisory relationship to illustrate aspects of the treatment process).

Additional Comments/Concerns:

Signatures

Candidate _____ Date

Supervisor _____ Date

Sign & return the form along your case or assessment report.

APPENDIX F: SUPERVISOR / CANDIDATE SEMI-ANNUAL REVIEW

Supervisor and Candidate Semi-Annual Review

Date:

Candidate:

Supervisor:

1. We have read and discussed the feedback from the SPC regarding the candidate's most recently submitted report.

2. We have formulated goals for the candidate's development over the next six months of supervision based on feedback from the SPC as well as our own discussion. These are:

3. We have reviewed the process of supervision and made the following changes:

4. We have reviewed the process of report writing and have made the following changes/goals:

Signed:

Candidate:

Supervisor:

APPENDICES G(i), (ii), (iii): GUIDELINES FOR CLINICAL REPORTS

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 further your understanding of how change occurs.

APPENDIX G (i): ASSESSMENT REPORT

Maximum, 15 pages, double-spaced, 12 pt. font –longer reports will be penalized or rejected. Candidates are required to review their reports in order to avoid errors in spelling, grammar and editing.

OUTLINE OF ASSESSMENT REPORT:

1. Identifying CICAPP data: COVER SHEET
2. Referral source and reason for referral: Presenting problems
3. Sources of Information
4. Theoretical Framework
5. Parent Interview and history
6. Child's developmental history
7. Current Assessment
8. A) Transference B) Counter transference Observations
9. Formulation
10. Treatment Recommendations
11. Feedback Process
12. References in APA format

Assessment Report Section Details

1. Identifying CICAPP Data (COVER SHEET)

- a. Indicate Treatment Case A,B,C,or D
- b. Pre-school, latency, adolescent
- c. Gender
- d. Age and grade
- e. Supervisor
- f. Number of supervision hours to date
- g. Date case began
- h. Date of report

2. Referral source and reason for referral: Presenting problem

Please make note if this is a Foundation case.

3. Sources of information:

- **Reports**, such as school, medical, psychiatric and assessment reports.

- Sources of information must be attributed to the authors of those reports with a brief summary of findings. Always reference when using information from these sources in the body of your report.
- **Contacts** with teachers, social workers, doctors, other family members

4. Parent interview and history:

- 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.
- **If this is a Foundation case and as a result information is missing in this section please make a note of this here.**

5. Child's Developmental history:

- Pregnancy (decision to have baby, course of pregnancy, parents' state of mind, 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

6. Current assessment:

- Describe the child's perceptions, beliefs, fears, and fantasies. Include **2-3 specific clinical examples** to illustrate your thinking and 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.–Distinguish normal, phase specific behaviour from pathology. Always position the child's difficulties within his/her developmental level and tasks.
- 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
- Use of humour
- Body language: tension levels, eye contact
- Approach to novel situations

- Coping strategies when stressed – how effective are they?

7. a) Transference Observations

Please describe the type of transference observations and provide clinical examples to demonstrate your understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Please describe the type of countertransference experienced by you and provide clinical examples to demonstrate your understanding of your countertransference in relation to:

- the child
- the parents
- the teacher/school if applicable

8.Theoretical Framework: Two Guiding Theoretical Concepts

The theoretical framework is an important aspect of the report. It is the lens through which you are seeing and understanding the child. 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.

Briefly describe 2 theoretical or developmental CONCEPTS (not theoretical models or fields of study), which helped you to understand the child. The concepts and their relevance should be no more than one page, double-spaced.

The child does not need to be referenced here as these concepts will be seen in your clinical material and formulation. It is essential that psychoanalytic terms be defined when introduced. Ideas should be attributed to their authors and source of all readings. Please add all references using the PepWeb or APA format at the end of the report.

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 range of ideas and ways of evaluating and interpreting children and the psychotherapeutic relationship

9. Formulation Formulation

*

The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);

- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

Not more than two pages.

*

10. Treatment Recommendations:

There must be a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case. Include other treatment interventions – or no treatment interventions if that is the case.

Example:

1. Child's name (pseudonym) is recommended for once or twice weekly psychotherapy to address issues related to:
 - a)
 - b)
2. Parents are recommended to attend parent consultation meetings with_____, and the time frame (i.e., monthly) to address_____.

11. Feedback Process

How did the parents react to your recommendations? How did the child react to your recommendations?

12. References

All sources are referenced in the PEP WEB or APA format.

APPENDIX G (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.

OUTLINE OF TREATMENT PROGRESS REPORT:

- Identifying CICAPP data (use COVER SHEET)
 - Referral source and reason for referral: Presenting problems
 - Updated Sources of information
 - Theoretical Framework
 - Work with the parents
 - Treatment Process
 - A) Transference Observations B) Countertransference Observations
 - Formulation
 - Treatment Recommendations
 - References in Pep Web or APA format
-

Treatment Report Section Details

1. Identifying CICAPP Data

- i. Indicate Treatment Case A,B,C,or D
- j. Pre-school, latency, adolescent
- k. Gender
- l. Age and grade
- m. Supervisor
- n. Number of supervision hours to date
- o. Date case began
- p. Date of report
- q. Number of DCC to date

2. Referral source and reason for referral: Presenting problem

3. Updated Sources of information: if applicable

- **Reports**, such as school, medical, psychiatric and assessment reports.
- Sources of information must be attributed to the authors of those reports with a brief summary of findings. Always reference when using information from these sources in the body of your report.
- **Contacts** with teachers, social workers, doctors, other family members

4. 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.

- Summarize how the parents have perceived and worked with you during this phase of the treatment.
- Describe any gains the parents have made in terms of understanding their child through their work with you.

5. Treatment Process:

Describe the current therapeutic work with the child since the last report. Make note of changes or impediments to change. **Use 2-3 clinical vignettes** to illustrate the treatment process you are referring to.

6. a) Transference Observations

Please describe the type of transference observations and provide clinical examples to demonstrate your understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Please describe the type of countertransference experienced by you and provide clinical examples to demonstrate your understanding of your countertransference in relation to:

- the child
- the parents
- the teacher/school if applicable

7. Theoretical Framework: Two Guiding Theoretical Concepts

You may continue to use the two theoretical concepts used in your Assessment report or you may chose to change theoretical concepts according to your new understanding of the child.

The theoretical framework is an important aspect of the report. It is the lens through which you are seeing and understanding the child. 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.

Briefly describe 2 theoretical or developmental CONCEPTS (not theoretical models or fields of study), which helped you to understand the child. The concepts and their relevance should be no more than one page, double-spaced.

The child does not need to be referenced here as these concepts will be seen in your clinical material and formulation. It is essential that psychoanalytic terms be defined when introduced. Ideas should be attributed to their authors and source of all readings. Please add all references- using the PepWeb or APA format at the end of the report.

8. Formulation

Always refer to earlier formulations and revise or expand according to new understanding. Do not 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.

Formulation

*

The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the

identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);
- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

Not more than two pages.

9. Treatment Recommendations:

There must be a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case. Include other treatment interventions – or no treatment interventions if that is the case.

Example:

1. Child's name, is recommended for once or twice weekly psychotherapy to address issues related to:
 - a)
 - b)
2. Parents are recommended to attend parent consultation meetings with_____, and the time frame (ie monthly) to address_____.

10. References

All references must be in PepWeb or APA format

APPENDIX G (iii): COMBINED ASSESSMENT and TREATMENT REPORT (08/2018)

This combined report is only permitted if following the assessment period (involving 6 direct contact hours), treatment has commenced involving a minimum of 10 Direct Client Contacts (following the 6 DCC for assessment period) have taken place before the reporting period. If there are less than 10 direct contact hours of treatment following the 6 direct contact hours for the assessment period DO NOT use this combined report. Only submit an assessment report.

- Maximum, 18 pages, double-spaced, 12 pt. font – please note longer reports may be returned for editing.
- Report should be written in Past Tense except when using quotes.

Identifying CICAPP Data: Report Date: _____

1. Candidate Name, Year Training Began
2. Assessment Case A,B,C, or D and Age Group: Preschool, Latency, Adolescent
3. First name of Child, Gender, Age, Grade, First Language
4. Date Case Began:
5. Supervisor's Name:
6. Number sessions for assessment: Child: 3 or 4 Parent: 2 or 3
7. Time frame of assessment: Day/Month to Day/Month
8. Treatment period: Day/Month to-Day/Month
9. Number of sessions for treatment period:
10. Number of supervision hours to date:

2. Referral source and Presenting problem:

3. Sources of information: Can be done in point form.

- Number of contacts with parents, child, teachers, social workers, doctors, other family members. For example: 2 parent consultations with mother and father, 4 assessment sessions with child, etc.

• Reports reviewed, such as school, medical, psychiatric and assessment reports. Include authors of reports.
Summary of report findings to be discussed in Section 6: Current Assessment.

4. Parent interview and history:

- Why have they brought their child now?
- History of current situation: When problems began? Parents' ideas about why it began? What makes it better? What makes it worse?

- Child's place and role in the family - Parental expectations, for instance hopes, fantasies, dreams, and fears related to the child.
- Parents' relationship to one another? Parent's relationship to their own parents and to their siblings.
- Attempt to understand how the parents' history, expectations, fears and fantasies have influenced their parenting and their relationship to this child.
- What are they hoping for and what are they afraid of with respect to the assessment or treatment?

**If this is a Foundation case please make note of this here and briefly explain number of attempts to contact parents and your understanding of why pertinent information is missing in this section.

5. Child's Developmental history:

- Pregnancy (decision to have this baby, course of pregnancy and delivery, parents' state of mind, 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.
- Early attachment history (note any significant separation history from caregivers, inconsistency in caregiving patterns, child's and parents' reactions to separations)
- Self-regulation
- Gender Identity
- Resilience / protective factors – self-esteem, I.Q., strengths, special relationships.
- Health -Illnesses / hospitalizations
- School history – cognitive development, learning style, learning disabilities
- Introduction to siblings and peer relationships
- Events that may have directly or indirectly impacted child's life – eg. Parents separation, loss of grandparent(s).

6. Current assessment:

Describe:

- Child's physical presentation including demeanor, body language tension levels, eye contact.
- Relationship Style: Note current attachment strategy with caregiver especially if there has been changes, manner of relating to others including siblings, grandparents, teachers and peers.
- Object relatedness: Describe the child's perceptions of self and others, beliefs, fears, and fantasies.
- Capacity for reflection: Insight, social judgment, reality testing

- Expression of affect: eg: assertiveness, anger, shame, self and mutual regulation, frustration tolerance.
- Empathy, guilt, and moral development
- Coping strategies when stressed
- Current developmental issues –physical, cognitive, social and sexual.
- Distinguish normal, phase specific behaviour from pathology. Always position the child's difficulties within his/her developmental level and tasks.
- What strengths does the child have?

Clinical Vignette 1, Clinical Vignette 2: Document the child's actions and interactions with you and your actions and interactions in dialogue form. Give an explanatory sentence or two about your understanding of each vignette to illustrate your thinking that will eventually link with your chosen theoretical concepts and your formulation to

7. Updated/Additional Information; since assessment period (point form)

Number of contacts with parents, child, teachers, social workers, doctors, other family members. For example: 2 parent consultations with mother and father, 20 psychotherapy sessions with child, 1 meeting with teacher, etc.

- Reports reviewed, such as school, medical, psychiatric and assessment reports. Include authors of reports. Summary of report findings to be discussed in Treatment Process.

8. Treatment Process: This covers the time period starting from post-assessment period and to the date your report is due. There must be at least 10 direct client contact hours of treatment following the assessment period.

- Describe the therapeutic work with the child following the assessment period. Make note of changes or impediments to change.
- Clinical Vignette 1, Clinical Vignette 2: Document the child's actions and interactions with you and your actions and interactions in dialogue form. Give an explanatory sentence or two about your understanding of each vignette to illustrate your thinking that will eventually link with your chosen theoretical concepts and your formulation to specific clinical events (play/emergent themes)

9. Work with the parents:

a) Feedback Process

- How did the parents react to your initial recommendations following the assessment?
- How did the child react to your recommendations following the assessment?

If this is a Foundation case, we understand that parents have already agreed to treatment

b) Update since assessment of any pertinent information relating to the child and / or family; changes, illnesses, births, divorce, deaths, traumas.

- Process: summarize how the parents have perceived and worked with you during this phase of the treatment.
- Clinical Issues: what are the parents struggling with?

- Describe any gains the parents have made in terms of understanding their child through their work with you.

10. a) Transference

Please describe your transference observations including the type of transference and provide a brief clinical example(s) to demonstrate your understanding of the transference as experienced by the:

- Child
- Parents
- Teacher/school if applicable

b) Counter Transference

Please describe your countertransference and provide brief clinical example(s) to demonstrate your understanding of your countertransference in relation to the:

- Child
- Parents
- Teacher/school if applicable

11. Theoretical Framework: Two Guiding Theoretical Concepts

– no longer than 1 page double spaced.

- The theoretical framework is an important aspect of the report. It is the lens through which you are seeing and understanding the child's inner world and their current issues.
- The theoretical framework is related to the formulation, in that it highlights very significant aspects of the child's development, experience, ways of relating and why they are experiencing difficulties now.
- The child is not referenced here as these concepts will be referred to in Section : Current Assessment and Section:Formulation.
- We encourage candidates to explore diverse concepts in order to expand and integrate their theoretical understanding but must be relevant to the case.
- Briefly describe 2 theoretical or developmental concepts (not theoretical models or fields of study), which helped you to understand the child.
- It is essential that psychoanalytic terms be defined when introduced. Ideas should be attributed to their authors- for example: Winnicott, D.W. (1971) in *Playing and Reality*, stated....
- If contrasting/contradictory ideas are used, you must acknowledge that they are, and explain your choice in Section : Formulation.

12. Formulation –

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 is brief, focused and concisely.

- The formulation is an encapsulation of your understanding about what you have written in the body

of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the

identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);
- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section

8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated

transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

13.Treatment Recommendations:

There must be a clear rationale as to why individual psychotherapy has been recommended. Include other treatment interventions if that is the case. Example:

Child's name, has been recommended for weekly/twice weekly psychotherapy to address issues related to:

a)

b)

Parents has been recommended to attend parent consultation meetings with_____, and the time frame (i.e. monthly)

to address_____.

14. References

- All readings and sources are referenced in the PEPWEB or APA format.

Reports will be read and each section will be evaluated as satisfactory or non satisfactory. If there are any Non-Satisfactory sections the report cannot be accepted and the candidate will be asked to resubmit all non-satisfactory sections.

APPENDIX G(iv) FINAL TERMINATION REPORT

Please ensure that your report is ordered in the following outline format. Candidates will be asked to resubmit their report if order is not followed.

Maximum, 5 pages, double-spaced, 12 pt. font –longer reports will be rejected. Covering the period from the last treatment report to termination date.

OUTLINE OF REPORT

1. Identifying CICAPP data: COVER SHEET
2. Referral source and reason for referral - Presenting problems
3. Sources of Information
4. Theoretical Framework
5. Reason for Termination
6. Work with the parents
7. Treatment Process and termination phase with the child
8. A) Transference Observations B) Countertransference Observations
9. Formulation
10. Further Recommendations
11. References in PepWeb or APA Format

FINAL TREATMENT REPORT SECTION DETAILS

1. **Identifying CICAPP Data (use COVER SHEET)**

- a) Indicate Treatment Case A, B, C or D
- b) Pre-school, latency, adolescent
- c) Gender
- d) Age and grade
- e) Supervisor
- f) Number of supervision hours to date
- g) Number of sessions/DCC to date
- h) Date case began
- i) Date of Report

2. **Referral source and reason for referral: Presenting problem**

3. **Update of Sources of information:** if applicable.

- **Reports**, such as school, medical, psychiatric and assessment reports Sources of information must be attributed to the authors of those reports with a brief summary of findings. Always reference when using information from these sources in the body of your report..
- **Contacts** with teachers, social workers, doctors, other family member

4. **Reason for Termination**

5. Work with the parents:

- Update since last report of any pertinent information relating to the child and / or family; changes, illnesses, births, deaths, traumas.
- Summarize how the parents have perceived and worked with you during the duration of the treatment.
- Describe any gains the parents have made in terms of understanding their child through their work with you.

6. Treatment Process including termination phase with the child:

Describe current work with the child leading up to and including termination. Describe how the child understood and dealt with the termination. **Use 2-3 clinical vignettes** to illustrate the work you are referring to.

7. a) Transference Observations

Please describe the type of transference observations and provide clinical examples to demonstrate your understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Please describe the type of countertransference experienced by you and provide clinical examples to demonstrate your understanding of your countertransference in relation to:

- the child
- the parents
- the teacher/school if applicable

8. Theoretical Framework: Two Guiding Theoretical Concepts

You may continue to use the two theoretical concepts used in your last Treatment Progress report or you may choose to change theoretical concepts according to your new understanding of the child.

The theoretical framework is an important aspect of the report. It is the lens through which you are seeing and understanding the child. 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.

Briefly describe 2 theoretical or developmental CONCEPTS (not theoretical models or fields of study), which helped you to understand the child. The concepts and their relevance should be no more than one page, double-spaced.

The child does not need to be referenced here as these the concepts will be seen in your clinical material and formulation. It is essential that psychoanalytic terms be defined when introduced. Ideas should be attributed to their authors and source of all readings. Please add all references- using of PepWeb or APA format at the end of the report

9. Formulation

Always refer to earlier formulations and revise or expand according to new understanding. Do not hesitate to completely rework earlier hypotheses if you think it is warranted.

The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);
- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

10. Further Recommendations

11. References

Include authors and source in PepWeb or APA format.

APPENDICES H (i): Clinical Reader's Review Guidelines for Assessment Reports
H (ii): Clinical Reader's Review Guidelines for Treatment Reports
H (iii) Clinical Reader's Review Guidelines for Combined Reports

APPENDIX H (i): READER'S REVIEW OUTLINE: ASSESSMENT REPORT

Feedback from readers is to review the candidate's ability to write a report based on the report guidelines and to assess the candidates understanding of the child and the therapeutic process.

The Review Outline is a means to standardize the feedback process and provide the candidates with a consistent assessment process.

Total Assessments of candidates are based on their classroom work, supervisor feedback and the treatment report review.

When filling out the Review Outline, please comment on each of the Section Details. This outline allows the reader to type right on the outline form.

OUTLINE OF ASSESSMENT REPORT:

1. Identifying CICAPP data: COVER SHEET
2. Referral source and reason for referral: Presenting problems
3. Sources of Information
4. Theoretical Framework
5. Parent Interview and history
6. Child's developmental history
7. Current Assessment
8. A) Transference B) Counter transference Observations
9. Formulation
10. Treatment Recommendations
11. Feedback Process
12. References in APA format

Has the candidate followed the outline? Is the report no longer that 15 pages, double-spaced, 12 pt. font –longer reports can be penalized or rejected.

Assessment Report Section Details

1. Identifying CICAPP Data (COVER SHEET)

- r. Indicate Treatment Case A,B,C or ,D
- s. Pre-school, latency, adolescent
- t. Gender
- u. Age and grade
- v. Supervisor
- w. Number of supervision hours to date
- x. Date case began
- y. Date of report

2. Referral source and reason for referral: Presenting problem

3. Sources of information:

Are sources of information attributed to the authors of those reports with a brief summary of findings. ie Reports and contact with teachers, parents,

4. Parent interview and history:

Has the candidate clearly described:

- Why the parents have brought their child now? History of current situation: when did it begin? What makes it better? What makes it worse? Parents' ideas about it? What have they tried?
- The parents' history, expectations, fears and fantasies have influenced their parenting and their relationship to this child. What are they hoping for and what are they afraid of with respect to the assessment or treatment?
- The 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?
- **If this is a Foundation case and as a result information is missing in this section please make a note of this here.**

5. Child's Developmental history: Has the candidate clearly described:

- Pregnancy (decision to have baby, course of pregnancy, parents' state of mind, 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

6. Current assessment: Has the candidate clearly described:

- The child's perceptions, beliefs, fears, and fantasies.
- Current developmental issues –physical, cognitive, social and sexual.–Distinguish normal, phase specific behaviour from pathology. Always position the child's difficulties within his/her developmental level and tasks.
- 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
- Use of humour
- Body language: tension levels, eye contact
- Approach to novel situations
- Coping strategies when stressed – how effective are they?
- Has the candidate: Included **2-3 specific clinical examples** to illustrate their thinking. What did you do, say and communicate AND what did the child do, say and communicate which led to your understanding?

7. a) Transference Observations

Does the candidate describe the type of transference observations and provide clinical examples to demonstrate their understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Does the candidate describe their counter transference observations and provide clinical examples to demonstrate their understanding of their countertransference in relation to:

- the child
- the parents
- the teacher/school if applicable

8.Theoretical Framework: Two Guiding Theoretical Concepts

Has the candidate been able to provide two theoretical or developmental concepts?
Are the psychoanalytic terms defined and attributed to their authors and source of all readings?.

As the reader do you get the sense that the concepts are described properly and understood by the candidate?

Please note:

- The candidate may choose to change theoretical concepts used in the assessment report according to their new understanding of the child.
- Readers may not agree with the theoretical concepts that the candidate used, however, readers are asked to not assess the theoretical concepts used but to assess the candidates understanding of the theoretical model they have chosen and how they have linked it to the work of the child.

The concepts and their relevance should be no more than one page, double-spaced

8. Formulation

Formulations are meant to be working hypotheses. The formulation is an encapsulation of the candidates thinking about what they have written in the body of the report. Candidates should not add new or incidental material in the formulation. The formulation is brief, focused and concise

Does the formulation contain only the most significant pieces of information that helps the reader to understand why this child is having this problem, at this time?

Has the candidate generally included the following information /guidelines?

- **The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.**

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the

identification of pathogenic factors, including:

- **Most salient features of the child's developmental history (predisposing factors);**
- **Current life circumstances (precipitating factors);**
- **Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.**

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated

transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

It should be no longer than two pages.

10. Treatment Recommendations:

Does the candidate provide a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case? If not, does the candidate include other treatment interventions – or no treatment interventions if that is the case?

11. Feedback Process

Does the candidate clearly describe how did the parents react to their recommendations? How did the child react to their recommendations?

12. References

All sources are referenced in the PepWeb or APA format.

13. ☐ **Assessment Report Accepted- Comments**

☐ **Report Not Accepted: Comments**

SPC COMMENTS:

APPENDIX H (ii): READER REVIEW: TREATMENT PROGRESS REPORT

Feedback from readers is to review the candidate's ability to write a report based on the report guidelines and to assess the candidates understanding of the child and the therapeutic process.

The Review Outline is a means to standardize the feedback process and provide the candidates with a consistent assessment process

Total Assessments of candidates are based on their classroom work, supervisor feedback and the treatment report review.

When filling out the Review Outline, please comment on each of the Section Details. This outline allows the reader to type right on the outline form.

OUTLINE OF TREATMENT PROGRESS REPORT:

- Identifying CICAPP data: COVER SHEET
- Referral source and reason for referral: Presenting problems
- Updated Sources of information
- Theoretical Framework
- Work with the parents
- Treatment Process
- A) Transference Observations B) Countertransference Observations
- Formulation
- Treatment Recommendations
- References in PepWeb or APA format

Has the candidate followed the outline? Is the report no longer than 15 pages, double-spaced, 12 pt. font –longer reports can be penalized or rejected.

Does the report cover the period from the end of the assessment to current date – or from last progress report?

Treatment Report Section Details

1. Identifying CICAPP Data (COVER SHEET)

1. Indicate Treatment Case A, B, C, or D.
2. Pre-school, latency, adolescent
3. Gender
4. Age and grade
5. Supervisor
6. Number of supervision hours to date
7. Date case began
8. Date of report

2. Referral source and reason for referral: Presenting problem

3. Updated Sources of information: if applicable

Are sources of information attributed to the authors of those reports with a brief summary of findings. ie Reports and contact with teachers, parents,

4. Work with the parents:

Does the reader get an understanding of how the parents have worked with this therapist? Any gains the parents have made? Is there a clear update of pertinent information or changes within the family since last report?

5. Treatment Process:

Does the candidate clearly describe the current therapeutic work with the child since the last report. Are there references of changes or impediments to change?

Does the candidate use 2-3 clinical vignettes to illustrate the treatment process?

As the reader, do you get a clear sense of the child and how the therapist and child work together?

6. a) Transference Observations

Does the candidate describe the type of transference observations and provide clinical examples to demonstrate their understanding of the transference as experienced by:

- the child
- the parents
- the teacher/school if applicable

b) Counter Transference Observations

Does the candidate describe their countertransference experienced and provide clinical examples to demonstrate their understanding countertransference in relation to:

- the child
- the parents
- the teacher/school if applicable

7.Theoretical Framework: Two Guiding Theoretical Concepts

Has the candidate been able to provide two theoretical or developmental concepts?

Are the psychoanalytic terms defined and attributed to their authors and source of all readings?.

As the reader do you get the sense that the concepts are described properly and understood by the candidate?

Please note:

- The candidate may choose to change theoretical concepts used in the assessment report according to their new understanding of the child.
- Readers may not agree with the theoretical concepts that the candidate used, however, readers are asked to not assess the theoretical concepts used but to assess the candidates understanding of the theoretical model they have chosen and how they have linked it to the work of the child.
- The concepts and their relevance should be no more than one page, double-spaced.

8, Formulation

Has the candidate generally included the following information /guidelines?

- The formulation is to provide a succinct conceptualization of the case (see below) and thereby guide a treatment plan.
- First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the identification of pathogenic factors, including:
 - Most salient features of the child's developmental history (predisposing factors);
 - Current life circumstances (precipitating factors);
 - Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

It should be no longer than two pages.

8. Treatment Recommendations:

Does the candidate provide a clear rationale as to why intensive individual psychotherapy is being recommended if this is the case? If not, does the candidate include other treatment interventions – or no treatment interventions if that is the case?

9. References

Are all references in PepWeb or APA format?

10. ☐ Report Accepted- Comments
- ☐ Report Not Accepted: Comments

SPC COMMENTS

APPENDIX H (iii): READER REVIEW: COMBINED ASSESSMENT & TREATMENT PROGRESS REPORT

The reader is asked to review the candidate's ability to write a report based on the report guidelines and to assess the candidate's understanding of the child and the therapeutic process.

Your feedback will be very important to the candidate's psychoanalytic thinking and conceptualizing their work.

Please comment on each of the Section Details in the provided space right on the outline form. Some sections will require a basic Yes/No or Complete-Not Complete. Other sections require a Satisfactory or Not Satisfactory. Please comment as you like. If 'not satisfactory' the candidate will be required to rewrite this section based on the reader's feedback.

- Is the report a maximum 18 pages, double-spaced, 12 pt. font:
- Is the report written in Past Tense:
- Does the report cover the period from the assessment to current date – Direct Client Contacts following and not including the assessment period there must be a minimum of 10 ?
- Are all sections completed and in order?

Assessment Report Section Details – Identifying data (below): Complete/ Not Complete

1. Identifying CICAPP Data: Report Date: _____

- Candidate Name, Year Training Began
- Case A,B,C,or D and Age Group: Preschool, Latency, Adolescent
- First name of Child, Gender, Age, Grade, First Language
- Date Case Began:
- Supervisor's Name:
- .Number sessions for assessment: Child: 3 or 4 Parent: 2 or 3
- Number of session for treatment:
- Time frame of assessment: Day/Month to Day/Month
- Time frame of treatment: Day/Month to Day/Month
- Number of supervision hours to date:

2. Referral source and reason for referral: Presenting problem

3. Sources of information:

Number and all contacts, and reports pertaining to the assessment. Information from all sources will be discussed in Section 4 and 5.

4. Parent interview and history: Has the candidate clearly described:

- Why have they brought their child now?
- History of current situation: When problems began? Parents' ideas about why it began? What makes it better? What makes it worse?
- Child's place and role in the family - Parental expectations, for instance hopes, fantasies, dreams, and fears related to the child.
- Parents' relationship to one another? Parent's relationship to their own parents and to their siblings.

- Attempt to understand how the parents' history, expectations, fears and fantasies have influenced their parenting and their relationship to this child.
 - What are they hoping for and what are they afraid of with respect to the assessment or treatment?
- **If this is a Foundation case please make note of this here and briefly explain number of attempts to contact parents and your understanding of why pertinent information is missing in this section.**

5. Child's Developmental history: Has the candidate clearly described:

- Pregnancy (decision to have this baby, course of pregnancy and delivery, parents' state of mind, 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.
- Early attachment history (note any significant separation history from caregivers, inconsistency in caregiving patterns, child's and parents' reactions to separations)
- Self-regulation
- Gender Identity
- Resilience / protective factors – self-esteem, I.Q., strengths, special relationships.
- Health -Illnesses / hospitalizations
- School history – cognitive development, learning style, learning disabilities
- Introduction to siblings and peer relationships
- Events that may have directly or indirectly impacted child's life – ie. Parents separation, loss of grandparent(s).

6. Current assessment: Has the candidate clearly described:

- Child's physical presentation including demeanor, body language tension levels, eye contact.
- Relationship Style: current attachment strategy with caregiver especially if there has been changes, manner of relating to others including siblings, grandparents, teachers and peers.
- Object relatedness: the child's perceptions of self and others, beliefs, fears, and fantasies.
- Capacity for reflection: Insight, social judgment, reality testing
- Expression of affect: eg: assertiveness, anger, shame, self and mutual regulation, frustration tolerance.
- Empathy, guilt, and moral development
- Coping strategies when stressed
- Current developmental issues –physical, cognitive, social and sexual.
- Distinguish normal, phase specific behaviour from pathology. Always position the child's difficulties within his/her developmental level and tasks.
- What strengths does the child have?
- Clinical Vignette 1, Clinical Vignette 2: Does the candidate document the child's actions and interactions with them and their actions and interactions in dialogue form? Does the candidate give an explanatory sentence or two about their understanding of each vignette that illustrates their thinking that will eventually link with the chosen theoretical concepts and formulation to specific clinical events (play/emergent themes)?

7. Updated/Additional information:

All Contacts and reports following assessment period.

8. Treatment Process:

Does the candidate clearly describe the current therapeutic work with the child?

Does the candidate use 2 clinical vignettes to illustrate the treatment process?

Give verbatim of child and therapist and a brief explanatory sentence or two about their understanding of each vignette that eventually links to their chosen theoretical concepts and formulation?

As the reader, do you get a clear sense of the child and how the therapist and child work together?

9. Work with the parents including the assessment and treatment period:

Does the reader get an understanding of how the parents have worked with this therapist?

a) Is there a clear indication of how the initial feedback with parents went?

Is there a clear update of pertinent information or changes within the family?

b) Are gains the parents have made documented. If no gains have been made is there an explanation of why not?

10. a) Transference Observations

Does the candidate describe the type of transference observations? Provide clinical examples and give an explanatory sentence or two to demonstrate their understanding of the transference as experienced by:

-the child

-the parents

-the teacher/school if applicable

b) Counter Transference Observations

Does the candidate describe the type of counter transference observations? Provide clinical examples and give an explanatory sentence or two to demonstrate their understanding of their countertransference in relation to:

-the child

-the parents

-the teacher/school if applicable

11. Theoretical Framework: Two Guiding Theoretical Concepts

– no longer than 1 page double spaced.

The theoretical framework is an important aspect of the report. It is the lens through which the candidate is seeing and understanding the child's inner world and their current issues.

The theoretical framework is related to the formulation, in that it highlights very significant aspects of the child's development, experience, ways of relating and why they are experiencing difficulties now.

The child is not referenced here as these concepts will be referred to in Current Assessment, Treatment Process and Formulation sections.

The concepts must be relevant to the case.

Readers: you may not agree with the theoretical concepts that the candidate used. However, readers are asked to not assess the theoretical concepts used but to assess the candidates understanding of the theoretical model they have chosen and how they have linked it to the work of the child within the formulation section.

Has the candidate been able to:

- o describe 2 theoretical or developmental concepts (not theoretical models or fields of study).
- o define the psychoanalytic terms and ideas should be attributed to their authors- for example: Winnicott, D.W. (1971) in *Playing and Reality*, stated....
- o If contrasting/contradictory ideas are used, has the candidate acknowledged that they are, and explained their choice in Section 9: Formulation.

12. Formulation

Has the candidate generally included the following information /guidelines?

- The formulation is to provide a succinct conceptualization of the case (see below) and thereby guide a treatment plan.
- The formulation is an encapsulation of your understanding about what you have written in the body of the report. No new or incidental material should be included in the formulation. It should provide a succinct conceptualization of the case and thereby guide a treatment plan.

First, the formulation should include the following (this introductory part should be no more than 2 paragraphs): A very brief and concise description of the child including a summary of the presenting problems, and the identification of pathogenic factors, including:

- Most salient features of the child's developmental history (predisposing factors);
- Current life circumstances (precipitating factors);
- Non-dynamic factors that may have contributed to the child's disorder such as genetic predisposition, IQ, physical illness, socio economic factors and cultural process.

Second, it must address the following:

The psychoanalytic or psychodynamic explanation using the theoretical concepts described in Section 8. Explain your understanding of the effects of external factors on your client's life. For example, how their parents/siblings and life experiences contributed to the presenting and ongoing concerns. The focus should be on the intrapsychic dynamics contributing to the presenting and ongoing concerns. The formulation should account for 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.

Finally, the formulation will indicate what therapeutic interventions will be required to manage the anticipated transferences and countertransferences, and resistance. Note that the psychoanalytic or psychodynamic understanding of the child should illuminate why this form of therapy is indicated and helpful in reducing symptoms or increasing functioning.

Not to be more than two pages

13. Treatment Recommendations:

Does the candidate provide a clear rationale as to why individual psychotherapy has been recommended? If not does the candidate include other treatment interventions if that is the case?

If this is a Foundation case, please note the parents have already agreed to treatment.

14. References

Are all references in Pep Web or APA format?

15. Please check one:

- ☐ Combined Assessment & treatment Report Accepted: Comments
- ☐ Report Requires Revisions:

SPC COMMENTS

APPENDIX I: SUPERVISION AGREEMENT FORM

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

SUPERVISION AGREEMENT

This is an agreement between _____ (supervisor) and _____ (supervisee) stipulating the terms and responsibilities of supervisor and candidate in clinical supervision in partial fulfillment of training requirements for the diploma of CICAPP Dipl.

Responsibility of Supervisor:

Supervisors are to submit a Supervisor Semi-Annual Review form following the SPC responses to reports.

Supervisors are expected 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 CICAPP teaches all major psychoanalytic theories and all are to be respectfully considered
2. Appropriate boundaries are to be maintained with the candidates. Supervisors will not discuss candidates, faculty members or other supervisors with candidates.
3. 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 will be directed to speak to the individual involved, their mentors, and if necessary, to the Director.
4. Supervisors will 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 will notify the Director.
5. In all likelihood, training cases will not be ready for termination at the conclusion of the training requirements. Supervisors are responsible for discussing with the candidates their responsibilities and treatment options so that clients/patients are not abandoned.
6. Supervisors will carefully consider the CICAPP Report Writing Guidelines and Minutes of the Student Progress Committee meetings in order to evaluate the reports of supervisees. Supervisors are obliged to suggest how the reports need to be changed to meet acceptable standards should they deem the reports submitted for review as unacceptable by the SPC standards.
7. Supervisors are responsible for the management of cases – including the appropriateness of referrals the contracts with caregivers, teachers and others, the inclusion and evaluation of assessments and reports by other professionals, the duty to report in cases of suspected abused, and all obligations and considerations in custody and access matters.
8. Supervisors will attempt to ensure that candidates inform their clients/patients of their candidate status and that they will be sharing their personal information. Candidates have to inform their clients/patients of the right to access his/her supervisor's name and contact information. It is the regulated supervisor's responsibility to check with their College's standards o whether they are obligated to provide contact information.
9. Should supervisors refer training cases to candidates, they must never suggest or imply that candidates should have him/her as the supervisor.
10. Supervisors will raise questions or complaints regarding a Student Progress Committee evaluation of a candidate's report directly with the member of the SPC who wrote the evaluation.
11. Supervisor will assess the experience and qualifications of the candidates and 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.
12. Candidates may take 6 weeks on their 65-hours 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.
 13. Problems between a candidate and supervisor which arise after the trial period will first be addressed between the candidate and the supervisor. Failing a resolution, the Director will be notified. The Director, in consultation with the Board and/or the Student Progress Committee, will resolve the matter.

Responsibility of Candidate:

Candidates are to submit a Candidate Semi-Annual Review form following the SPC responses to reports

1. Candidates are responsible for the quality and the timely submission of their semi-annual reports.
2. Candidates are responsible for attending regular supervision, and must meet the minimum number of assessment and supervision sessions stipulated in the Training Guide prior to submitting a report. (i.e. 4 to 5 supervision sessions, and a maximum of 6 to 8 sessions with the client and/or parents).
3. Candidates will submit their written evaluations of Supervisors at the time that candidates' reports are submitted – May 1st and November 1st.
4. 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 will be directed to speak to the individual involved, their mentors, and if necessary, to the Director.
5. Candidates must inform Supervisors of their intention to stop, withdraw, or take vacation time off a treatment case. Candidates must discuss the effects of the break in continuity on the client/patient with his/her supervisor. Should the client/patient take time off treatment (i.e. for vacation), regular supervision will continue unless both supervisor and candidate have agreed to alternate arrangements.
6. Candidates may take 6 weeks on their 50-hours case and 4 weeks on their 35-hour case to assess the fit between themselves and their selected supervisors. During this period, candidates may withdraw from supervision and select another supervisor.
7. Problems between a candidate and supervisor, which arise after the trial period, will first be addressed between the candidate and the supervisor. Failing a resolution, the Director will be notified. The Director, in consultation with the Board and/or the Student Progress Committee, will resolve the matter.

Supervision Payments

Please refer to Page 5 of this Guide, and/or to the CICAPP Fee Policy for complete details on the supervision fee process.

Cancelled or Missed Appointments:

To maximize the effectiveness of supervision, we should make the sessions a priority and should not cancel sessions except in cases of emergency.

Confidentiality:

Confidentiality is respected at all times. No information will be communicated directly or indirectly to a third party without informed and written consent by both the Supervisor and Candidate.

Exceptions to confidentiality include the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or police of a client's/patient's intention to harm him/herself
- Release a client's file under direction of a court order

- Inform Children's Aid Society if there is a suspicion of a child being at risk or in need of protection due to neglect or physical, sexual or emotional abuse
- Report a health professional who has sexually abused a client

Privacy of Personal Health Information:

Personal Health Information Act 2004

Supervisors will advise Candidates on appropriate record keeping procedures to ensure that all health information is kept private and secure. It is the Candidate's responsibility to collect, use, store and share client's/patient's health information according to the policies required by law.

If a client/patient should make a request for information, it is the Candidates' responsibility to provide their client/patients with access. Clients have the right to:

- See and ask for a copy of their health information
- Ask to make corrections to inaccurate or incomplete health information
- Be informed if their health information is lost or stolen

However, access to health records can be denied if the Candidate, in consultation with his/her supervisor, believes that it would be damaging for the client/patient to see it

In case of absence

Supervisors are obligated to have an alternate supervisor in place while they are on vacation or unavailable for consultation.

Signature of Supervisor: _____

Date: _____

Signature of Candidate: _____

Date: _____

APPENDIX J(i): CONSENT TO TREATMENT FORM - template to use

CICAPP/THERAPIST'S LETTERHEAD

TREATMENT CONSENT FORM

Your therapist wants your informed consent for the services to be provided. This means that you understand the services I hope to provide to you, the cost involved, and what I do with the personal information that I obtain about you. If you have a question on any of this, please ask.

CONSENT FOR TREATMENT

Requests for services will begin with a consultation/assessment usually taking one to four sessions depending on the situation. Feedback will be provided with suggestions given as to the course of treatment in terms of type (i.e., individual, couple or family therapy), length, and general approach. Referrals to other professionals may be made. Any changes in the type of treatment service to be provided in the future will be discussed with you in advance.

Upsetting feelings may be stirred up and you are encouraged to advise the therapist if these should arise. If you have any concerns it is the therapist's preference that you direct these to her/him first so that the matter may be discussed. I am a candidate of the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy.

Sessions and the information discussed in them are confidential. That is, the contents of a session, or even whether or not you attend, will not be revealed to outside sources unless you have given written permission to do so, or as required by law. Instances in which confidential information may be disclosed are as follows:

1. If you are in, or appear to be in imminent danger of doing serious harm to yourself or another person, the therapist is legally mandated to intervene (e.g., to call a member of your family, the police and/or the potential victim).
2. If the therapist has a reasonable suspicion based on your report that you or anyone else may be a victim of physical, sexual and/or emotional abuse by anyone, the appropriate children's aid society and/or police will be informed.
3. If there is a court order or summons presented to the therapist for court attendance and/or for a production of your records.
4. If you reveal that you have been abused by another helping service professional (e.g., physician, psychologist, nurse, chiropractor, dentist, etc.), the therapist is required to report the information to that professional's regulating body (e.g., College of Physicians and Surgeons, etc.)

As part of ongoing consultation, training and education the therapist may discuss the particulars of your situation with other professionals while at all times leaving out any information that would allow the other person to know your identity. In addition, legislation allows the therapist to provide the professional Colleges (Psychology, Social Work, Psychotherapy, where applicable), upon their request, information about any clients, without that client's consent. The therapist will advise you of any such request. Finally, the Professional Colleges conduct random Quality Assurance and it is possible that files will be shown to them if they initiate this process.

WHAT TO DO IN A PSYCHOLOGY EMERGENCY

Sometimes clients experience an emotional crisis that requires immediate attention. You may call the office first to see if the therapist can answer your call or if an emergency appointment can be arranged. You should be aware that the

therapist may not be immediately available. Your call will be returned as soon as possible. Often the therapist can accommodate an appointment on short notice. If you feel you cannot wait, or if it is outside office hours, you should contact your family physician or go to the Emergency Department of your nearest hospital.

CONSENT FOR THE COST OF SERVICES

Therapy. The fee is \$_____ per hour. The services of a Registered Psychologist, Social Worker or Psychotherapist are GST and PST exempt. Fee flexibility is available on an as needed basis.

The therapy hour involves fifty minutes of direct contact, with the remaining ten minutes being used for consolidating notes and treatment planning at the end of session. There is usually no charge for: (i) treatment planning outside the session; (ii) brief telephone contacts (5 min. or less) with you, family members where appropriate, and other professionals; and (iii) other brief and incidental involvements of the therapist's time. However, where tasks and consultation require more time, fees may be charged. Administrative fees will be charged for requests for file notes (for time and duplication costs), reviewing files/notes and writing reports. All billing outside the direct contact time will be discussed prior to it occurring.

Payment for therapy is normally expected at each session (check, VISA, debit). In this way, the account remains manageable and therapy becomes a naturally budgeted expense. Receipts will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

Cancellation Policy. Payment is expected for any missed session, unless the appointment is cancelled at least 24 business day hours (for day appointment) and 48 business day hours (for appointments starting before 9 a.m. or after 4 pm) in advance. If you arrive late for an appointment, you will be charged the full session fee. If another client is not waiting and the therapist is able to take the time, the hour may be extended so that you receive the full 50 minutes. Overdue accounts will be charged interest rates of 1.5% monthly. Clients will be charged a \$15.00 penalty fee for NSF checks.

If payment becomes a concern, please discuss it with your therapist, to avoid service charges for late payment or more active efforts to secure overdue statements.

CONSENT FOR PERSONAL INFORMATION

In addition to indicating your informed consent to participate and to receive services, your signature below indicates you have understood that in providing psychotherapy services, the therapist will collect some personal information about you (e.g., reasons for seeking services, address, phone number, family information, etc.).

Your signature indicates you have reviewed the above information and understand how it applies to you. You have been given a chance to ask any questions you have about the confidentiality and they have been answered to your satisfaction.

You understand that, as explained above, there are some rare exceptions to confidentiality.

You agree to the therapist collecting, using and disclosing personal information about you as set out above in this consent form and in her Privacy Policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ (DOB) _____

ADDRESS: _____

PHONE: _____

APPENDIX J(ii) – PARENT CONSENT FORM FOR INFANT & TODDLER OBSERVATION

PARENTS' CONSENT FORM

I hereby give permission to _____, candidate of the Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy (CICAPP) to observe my child _____, for one hour a week for _____ weeks for the purpose of learning about child development.

Signed: _____

Date: _____

APPENDIX K: ACKNOWLEDGEMENT OF JURISPRUDENCE

Acknowledgment of Jurisprudence

I, _____, have read and have agreed to comply with the legislations, and to practice within my scope of competency. I understand that as a candidate of the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP), I am required to be a member of a professional association that will ensure continuing maintenance of professional standards of practice.

Candidate name

Date

APPENDIX L: POLICE CHECK STATUS FORM

Police Check Status Form

I, _____ declare that to the best of my knowledge there has not been any changes to my Police Check status from the Police check on file with CICAPP.

Candidate's signature

Date

APPENDIX M: CODE OF ETHICS

CODE OF ETHICS AND STANDARDS OF PROFESSIONAL CONDUCT for the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP)

Overview:

The following principles of moral and professional behaviour have been developed to guide Members of CICAPP for establishing standard practices of responsible behaviour in specific professional situations. Members include candidates, faculty, guest faculty and supervisors. These principles also apply to interactions with colleagues and society.

The overall principle of professional psychotherapy practice concerns maintenance of the integrity of the profession and the therapeutic relationship. A Member should strive at all times to conduct himself/herself in a manner that is respectful of clients, faculty, supervisors, colleagues and society.

The following guidelines cannot cover all specific areas of potential misconduct. The Ethics and Complaint Committee will examine all cases of alleged misconduct on an individual basis. A Member who fails to maintain the standards of ethical practice may be subject to a disciplinary hearing, in which case the most serious penalty is revocation of membership in CICAPP.

Members who belong to other professions are, of course, subject to the Laws of those Professional Societies. The ethical principles outlined here, though they may differ from those Societies, will take precedence in cases of alleged misconduct brought to the Committee.

1. Guiding Principles:

1.1 Respect for the Dignity of Others:

Members of CICAPP are expected to treat clients and their families, fellow candidates, faculty, supervisors, colleagues and society with respect and care.

1.2 Integrity in Relationships:

Psychotherapist/psychotherapist candidates should deal honestly and forthrightly with clients, fellow candidates, supervisors and colleagues. Each Member should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

1.3 Responsible Caring:

- 1.3.1 **Exploitation:** The sensitivity of the psychotherapist-client relationship requires that psychotherapists scrupulously avoid any and all forms of exploitation of clients and their families, limiting the intrusion of self-interest as much as possible. The faculty-candidate relationship requires avoidance of any and all forms of exploitation as does the supervisor-supervisee relationship.
- 1.3.2 **Physical boundaries:** With children and adolescents, where play is a significant modality for treatment, psychotherapists/psychotherapist candidates should be respectful and vigilant about keeping appropriate physical boundaries.
- 1.3.3 **Conflict of interest:** Psychotherapists/psychotherapist candidates should attempt to avoid conflict of interest situations as such situations may interfere with their determinations regarding what might be in the best interests of all parties.

- 1.3.4 Scope of Practice: Psychotherapists/psychotherapist candidates should be aware of the limits of their competence, and avail themselves of appropriate resources when necessary.
- 1.3.5 Psychotherapists/psychotherapist candidates should work in accordance with:
- a) Child and Family Services Act
 - b) The Personal Health Information Protection Act
 - c) Health Care Consent Act: Consent to Treatment
 - d) Children's Law Reform Act
- 1.3.6 Responsibility to Society: Members within the Canadian Association of Child Psychoanalytic Therapists or other Member Associations are bound by the present ethical code in order to protect the public. Candidate psychotherapists are also bound by the code of ethics and standards of the regulatory body of which they are members. Candidate psychotherapists have the same responsibility as any other citizen or resident of Canada and should act in accordance with its laws.

2. Specific Principles:

2.1 Confidentiality:

Confidentiality is a strict cornerstone of the therapeutic process. Except in cases where specifically required to by Law, the candidate must make every effort to protect the private, personal communications that are received in therapy. Candidates' reports should disguise clients' information. In supervision it is understood that the supervisor will maintain the same parameters of client confidentiality. This would also apply to any psychotherapist who finds him/herself in the position of receiving confidential or identifying communication of a person known to them; in such a situation it is his/her responsibility to protect confidentiality by breaking off the communication. It is the responsibility of Members to co-operate fully with the Ethics Committee, and to keep matters before the Committee confidential.

2.2.1 Seminar leaders: Seminar leaders and candidates shall refrain from using clinical examples or material whose subject may be identifiable to any of the members of the class. Candidates shall inform the seminar leader if they recognize the subject of a case report and excuse themselves from the class.

2.2.2 Supervisors: Supervisors shall not engage in any behaviour vis à vis candidates which could reasonably be seen as exploitative of the supervisee or supervisory relationship.

2.2.3 Readers of case reports: Readers of case reports shall excuse themselves from participation in reading any reports where the subject is known to them in any social way, directly or indirectly. If a reader has or has had a therapeutic relationship with the candidate, the reader will either excuse himself/herself from this role, or will arrange to seek the candidate's agreement that s/he acts as a reader.

3. Implementing Procedures:

3.1 Jurisdiction of CICAPP:

CICAPP undertakes to respond to ethical or other complaints and inquiries regarding its members and itself, using the written Code of Ethics as a basis for addressing these complaints and inquiries.

3.2 CICAPP Procedures in General:

These "Ethics Procedures" contain the basic rules for the CICAPP's application and interpretation of the above Guiding Principles. Under its constitution, the CICAPP exercises discretion in deciding whether and how to address ethical concerns. In some cases the Ethics and Complaint Committee may determine that it does not have sufficient resources or ability to respond adequately. The Ethics and Complaint Committee may refer the complainant to the appropriate

professional or governmental regulatory agency. The Ethics and Complaint Committee may subsequently respond according to the findings and conclusions of the body which has evaluated the complaint.

3.3 General Rules

- 3.3.1 **Inquiries Distinguished from Formal Complaints:** Requests for CICAPP consideration of ethical concerns fall into two general categories. An inquiry seeks the interpretation of one or more Principles, without making a formal allegation that the Principles have been breached. A Complaint challenges the professional action or inaction of a CICAPP Member (such as faculty, guest faculty, supervisor, or candidate). A Complaint will follow the Complaint Procedure Plan (See **APPENDIX O**)
- 3.3.2 **Filing an Inquiry:** An inquiry should be directed, in writing, to the Director who will bring the concerns to the Executive Board
- 3.3.3 **Filing a Formal Complaint:** A Complaint will follow the Complaint Procedure Plan (See **APPENDIX O**) A complaint must be addressed in writing, by registered mail or courier delivery service, to the Board of Directors, signed by the person(s) responsible for its initiation. A complaint must contain a clear account of the nature of the complaint, including the name of the accused person(s), a detailed description of what is alleged to have happened and why the complainant considers it a breach of the Principles of Ethics. A complaint must be accompanied by the following signed statement:

"I have read the Code of Ethics for the CICAPP. I agree to the use of the procedures described in these documents in the investigation of the charge I have made against Dr./Mr./Ms./Mrs. _____ and request that appropriate action be taken. I hereby give permission for a copy of my complaint to be given to Dr./Mr./Ms./Mrs. _____ and to such other persons as you and the Board of Directors may deem necessary."

- 3.3.4 **Ethics and Complaint Committee:** The Board of Directors will put in place an ad hoc Ethics and Complaint Committee that will review ethical inquiries or complaints and, if deemed necessary, will issue recommendations to the CICAPP Executive Board.
- 3.3.5 **Conflict of Interest:** Any CICAPP member with a conflict of interest – family, professional, or economic – vis à vis an ethics inquiry or complaint shall promptly disclose the conflict (in writing) to the Executive Board and decline to participate in the Ethics Committee's review of action on the matter.
- 3.3.6 **Notification of Professional Association or Appropriate Legal Authorities:** In cases where the nature of the complaint warrants, or where mandated by law, the Ethics Committee, in consultation with the CICAPP Executive Board, and with legal counsel where deemed necessary, shall notify the appropriate professional colleges, associations or legal authorities.
- 3.3.7 **Notification of Membership:** The CICAPP shall notify its membership promptly (within 30 days) if on ethical grounds, it expels or suspends any member or if a member resigns while an ethics-based or other complaint was pending against the member. This information, including the member's name, shall be communicated by mail to CICAPP members.
- 3.3.8 **Confidentiality:** All complaints that allege wrongdoing by any Member shall be processed by the CICAPP in confidence. Confidentiality shall be determined by the CICAPP in light of the requirements of these Procedures.
- 3.3.9 **Expedition:** All communications and actions covered by these Procedures shall be undertaken with reasonable expedition, under the circumstances. The Ethics and Complaint Committee shall follow the specific time limits as stated in the Complaint Procedure Plan. in light of the facts of a particular inquiry or complaint.

3.4 Procedures for Handling a Complaint (See APPENDIX O)

3.4.1 Receipt and Acknowledgement: Upon receiving a complaint meeting the criteria specified above, the CICAPP Administrator will forward the original complaint to the Director, who will consult with the Executive Board. The Board will:

- a) Acknowledge receipt of the complaint to the complainant in writing.
- b) Strike up an ad hoc Ethics Committee to discuss the complaint.
- c) Inform the named member in writing, including the name of the complainant and the nature of the complaint.

3.4.2 Ethics Committee Process: In considering the complaint, the Ethics Committee will act as follows:

- a) Conduct an initial assessment of the complaint. All records and identifying information will be held in strictest confidence. Correspondence with the subject should be secure and in writing.
- b) If the decision is that the complaint does not merit further investigation, the Committee will make that recommendation to the Executive Board, which will then review and communicate this decision to the complainant and the named member in writing.
- c) If the complaint is judged to warrant further investigation, the named member shall be provided a reasonable opportunity to respond.
- d) Relevant facts shall be gathered as expeditiously and cost-effectively as possible, within authorized budgetary limits. Specific questions or matters may be delegated to one or more fact-finders or subcommittees. The committee may, with the approval of the Executive Board, seek legal counsel if this is deemed to be necessary. In situations where the elements of the case are beyond the scope of the Committee and the Board to investigate, the complainant may be informed that other agencies might better serve this purpose.
- e) Upon the recommendations from the Ethic Committee, the Executive Board will meet to consider the assembled information to assess whether a hearing with the named member is required, or whether a decision can be rendered at this point.
- f) If the Executive Board determines that a hearing is warranted, the named member and the complainant will be informed in writing. At least 30 days notice of a hearing must be given. The purpose of the hearing is to discuss the concerns of the Ethics Committee with the named member and to assist the Executive Board in coming to conclusions as to the disposition of the complaint. The hearing panel will comprise at least three members. At least one member of the Ethics Committee and one member from the Executive Board should sit on the panel. The hearing panel will designate one member to chair the proceedings. In the event that a member of the panel has a conflict of interest, the Chair of the Ethics Committee shall designate an alternate. A hearing may require more than one sitting.
- g) If the member resigns after the initiation of the complaint process, the process will proceed to its completion.

3.4 Ethics Committee Action on a Complaint

3.5.1 Ethics Committee Recommendations: Once the hearing panel has satisfied itself that all reasonable effort has been made to obtain the facts regarding the case, it will deliberate the merits of the allegations. The following actions may be recommended to the Executive Board following these deliberations:

- a) Exoneration of the Member: The member is found not to have engaged in any unethical conduct. All records relating to the case shall be destroyed within 30 days of this finding.
- b) Dismissal of Complaint without Prejudice: The decision allows for subsequent examination of the Complaint when a decision cannot be made because of insufficient evidence.
- c) A Caution: The Member may be Cautioned when there is sufficient concern by the Committee about the Member's behaviour.

d) Suspension: The Member is temporarily suspended from the CICAPP for a specified period of time, pending resolution of any concerns that led to the complaint. It is the obligation of the Ethic Committee to re-examine annually all current cases of Suspension.

e) Permanent Expulsion from the CICAPP: In the event of an Expulsion, a letter shall be sent to all Members and Candidates, the CAPCT, and KIDFIX Foundation, announcing that “the hearing panel convened by CICAPP has recommended that X be excluded from membership and participation in the Institute. The Executive Board of Directors has decided to accept this recommendation.”

3.5.2 Appeals: The Complainant or the Member may appeal any Disposition by the Executive, or/and Finding by the hearing panel. An appeal must be made in writing, directly to the Executive Board, which may dismiss the appeal as lacking merit, or take appropriate action to investigate the issue further. The Executive shall inform the Ethics Committee of any appeals, and of its decisions regarding them.

**APPENDIX N – STATEMENT OF STUDENT RIGHTS & RESPONSIBILITIES –
MINISTRY OF ADVANCED EDUCATION AND SKILLS DEVELOPMENT, PRIVATE
CAREER COLLEGES ACT 2005**

Please refer to the following website for complete details:

<http://tcu.gov.on.ca/pepg/audiences/pcc/statement.pdf>

APPENDIX O

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

Candidate Complaint Procedure

General Guidelines:

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (heretofore "CICAPP") is committed to the fair treatment of its candidates and its employees/faculty/supervisors and to an open and collaborative approach when dealing with candidate concerns. We will try to resolve complaints informally wherever possible while keeping in mind that formal resolution processes may be required to satisfactorily resolve the issue.

- All complaints must be in writing. Anonymous complaints will not be considered.
- Lodging a complaint will have no adverse consequences on the status of the complainant in their course or program of study.
- Candidate complaint policies and procedures apply to individual or group complaints.

Records of Complaints will be maintained at the location where they originated for the duration of the involved candidate's training.

Complaint Procedure:

Step 1

The candidate will request a meeting with the party involved to discuss the complaint verbally.

If not resolved at this level, the candidate will proceed to Step 2.

Step 2

The candidate will submit their complaint in writing to the Director, with a copy sent to the Administrator, using the following contact information:

Florence Loh
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy
427 Vaughan Road, Toronto, ON, M6C 2P1
Phone: 416 690-5464
admin@cicapp.ca

The Director or his/her designate will arrange a meeting with the candidate within 7 days of receipt of the written complaint.

The candidate will have an opportunity to make an oral presentation of the complaint at this meeting and to have another person present or have another person make the oral presentation on his/her behalf. This meeting will be summarized in written minutes.

The Director or his/her designate will provide a written response to the candidate, outlining the discussion and any proposed and/or agreed upon solution(s) within 7 days of the meeting.

This response may include a decision statement, together with the reasons on which the decision is based and minutes of meetings held.

If not resolved at this level, the candidate will proceed to Step 3.

Step 3

The candidate will submit a written appeal the Board of Directors, with a copy sent to the Administrator, using the contact information:

Suzanne Pearen
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy
427 Vaughan Road, Toronto, ON, M6C 2P1
Phone: 416 690-5464
admin@cicapp.ca

The Board will set up an Ethics and Complaint Committee consisting of no less than 3 senior members from the CICAPP community, and arrange a meeting with the candidate within 14 days of receipt of the written appeal (which should include the Director's response with recommended solutions and the candidate's objections or comments regarding these solutions.)

The candidate will have an opportunity to make an oral presentation of the appeal at this meeting and to have another person present or have another person make the oral presentation on his/her behalf. This meeting will be summarized in written minutes.

The Committee will provide a written response to the candidate, outlining the discussion and any proposed and/or agreed upon solution(s) within 14 days of the meeting. This response will include a decision statement, together with the reasons on which the decision is based and minutes of meetings held.

If not resolved at this level, the candidate may submit a candidate complaint to the:

Superintendent of Private Career Colleges
Ministry of Advanced Education and Skills Development
77 Wellesley Street West, Box 977
Toronto, Ontario M7A 1N3

A candidate complaint form for submission to the Superintendent can be found at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/MinistryDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=022-58-1399E>

APPENDIX P

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

Candidate Expulsion Policy

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (heretofore "CICAPP") is committed to taking all reasonable steps to ensure candidates have the opportunity to successfully complete their studies. The CICAPP maintains a professional environment and all candidates and staff are treated fairly and equitably. Candidates who do not support the academic and ethical standards of the CICAPP may be suspended or expelled for inadequate performance and unacceptable actions.

The CICAPP will attempt to resolve situations amicably. However Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will not tolerate actions that risk the integrity, safety or well being of candidates, faculty/supervisors, administrator, visitors, or guests of the CICAPP. Verbal and written warnings will be issued when deemed necessary. Further actions, including suspension and expulsion, will be applied at the CICAPP's discretion.

The following outlines the conditions under which a candidate may be expelled with cause:

1. **Academic Dishonesty** - Candidates may be subject to immediate expulsion at the discretion of the Campus Director for academic dishonesty. Academic dishonesty is any word, action or deed performed alone, or with others for the direct or indirect intention of providing an unfair advantage or benefit to self or other candidate(s), including:
 - a) cheating
 - b) plagiarism
 - c) unapproved collaboration
 - d) alteration of records
 - e) bribery
 - f) lying
 - g) misrepresentations
 - h) use of aids which have not been expressly permitted
 - i) theft or solicitation of another candidate's assignments or papers, unadministered tests, or other academic work and/or material
 - j) intentionally helping or attempting to help another candidate to commit any act of academic dishonesty
2. **Outstanding Fees** - Failure to pay tuition or other fees due to the CICAPP is considered to be theft, and candidates may be expelled if fees are not paid after the CICAPP has provided written warning. A candidate is expected to be in full compliance with the Payment Schedule and Procedure.
3. **Misconduct** - The CICAPP expects mature and professional behaviour on the part of its candidates both on Campus and while attending CICAPP related activities off campus including respect for peers and the learning environment; keeping the campus clean and the

work areas tidy; not engaging in malicious actions towards the CICAPP, faculty members/supervisors, administrator, candidates or property; and not engaging in any action that is disruptive, unethical, unlawful or contrary to the best interest of the CICAPP and the training environment. The following acts of misconduct will not be tolerated:

- a) Acts of dishonesty, including but not limited to:
 - I. Giving false information to any official, Instructor, or the Administrator
 - II. Forgery, alteration, or misuse of any CICAPP document, record, or instrument of identification
 - III. Computer piracy - Copying software, copyright infringement, and unauthorized computer entry
 - b) Disruption of teaching, administration, disciplinary proceedings, and other CICAPP activities.
 - c) Physical abuse, verbal abuse, threats, intimidation, harassment, including but not limited to, sexual harassment, coercion and/or other conduct which threatens or endangers the health or safety of any person.
 - d) Attempted or actual theft of and/or damage to property of the CICAPP, a staff member, other candidates, or public property.
 - e) Unauthorized possession, duplication, or use of keys to any CICAPP premises, or unauthorized entry to or use of CICAPP property.
 - f) Use, possession, or distribution of controlled substances (e.g. drugs and alcohol), except as permitted by law.
 - g) Illegal or unauthorized possession of any weapon(s) on CICAPP premises or CICAPP-sponsored activities.
 - h) Conduct which is disorderly, lewd, or indecent; breach of peace; or aiding, abetting, encouraging, or inducing another person to violate the Candidate Code of Conduct.
 - i) The use of profane language, rowdiness, fighting, or other disturbances on CICAPP property or at CICAPP-sponsored activities.
4. **Significant Omissions or Errors in Admissions Documentation** - Candidates who knowingly or in error misrepresent their applications are subject to immediate expulsion.
 5. **Academic Failure** - Candidates who fail to achieve the required academic standing in their programs may be expelled from the program. The CICAPP may at its discretion offer alternatives to a candidate depending on their program of study.
 6. **Attendance** - Candidates who are absent from class for more than five consecutive days for any reason may be subject to expulsion.
 7. **Harassment or Discrimination** - Candidates participating in harassing or discriminatory activities are subject to suspension pending investigation. Expulsion is mandatory for any candidate who is deemed by the investigation to have engaged in harassing or discriminatory activities.
 8. **Misuse of CICAPP Property** - Candidates, who damage, misuse, steal or otherwise use the property in a way that is prohibited may be expelled and will be required to make restitution.
 9. **Endangerment of Staff or Candidates** - Candidates who by action or neglect in any way endanger the safety of themselves or others may be expelled.
 10. **Endangerment of Vulnerable Population** – Candidates who by action or neglect in any way endanger the safety of members of vulnerable populations may be suspended and/or expelled.

Notification

Candidates who are expelled for any reason will be notified in writing, either hand delivered or by registered mail. The CICAPP is not responsible for non-delivery by registered mail if the candidate has not provided a valid home address where the candidate currently resides. The notification will contain a description of the basis for expulsion and the effective date.

Appeal Procedure

Expelled candidates who dispute the facts of the expulsion must appeal the decision within five days of the notification. Candidates must provide sufficient proof to support the dispute. A review decision will be made within five business days of receipt of the appeal paperwork and the candidate will be notified accordingly. Candidates who file an appeal and are unsuccessful are considered withdrawn from the CICAPP.

Fees

A candidate who is expelled by the CICAPP will be considered withdrawn from their program on the effective date of the expulsion. The CICAPP will officially withdraw the candidate and the candidate's account will be resolved as per the refund policy outlined in the Private Career CICAPPs Act, 2005 and its regulations.

APPENDIX Q – Sexual Violence and Harassment Policy

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

Career College Sexual Violence Policy

1. Sexual Violence Policy

- (a) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy is committed to providing its candidates with an educational environment free from sexual violence and treating its candidates who report incidents of sexual violence with dignity and respect.**
- (b) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy has adopted this Sexual Violence Policy, which defines sexual violence and outlines its training, reporting, investigative and disciplinary responses to complaints of sexual violence made by its candidates that have occurred on its campus, or at one of its events and involve its candidates.**
- (c) The person accused of engaging in sexual violence will be referred to as the “Respondent” and the person making the allegation as the “Complainant”.**

2. Definition of Sexual Violence

- (a) Sexual violence means any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation.**

3. Training, Reporting and Responding to Sexual Violence

- (a) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will include a copy of the Sexual Violence Policy in every contract made between it and its candidates, and provide a copy of the Sexual Violence Policy to all Board of Directors, Administrators, faculty members, supervisors, guests and community partners, and train them about the policy and its processes of reporting, investigating and responding to complaints of sexual violence involving its candidates.**

Any community partner participating in offering candidate clinical opportunities on their premises must provide an undertaking in writing that it is in compliance with all applicable legislation, including the Ontario Human Rights Code and the Occupational Health and Safety Act and will provide candidates access to those

- policies should they encounter issues relating to sexual violence in the workplace.
- (b) The Sexual Violence Policy shall be published on its website. Board of Directors, Administrators, faculty members, supervisors, guests and community partners of Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will report incidents of or complaints of sexual violence to: Florence Loh (Director) at Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (416 690-5464) upon becoming aware of them.
 - (c) Candidates who have been affected by sexual violence or who need information about support services should contact: Florence Loh (Director) at Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (416 690-5464).
 - (d) Subject to Section 4 below, to the extent it is possible, the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will attempt to keep all personal information of persons involved in the investigation confidential except in those circumstances where it believes an individual is at imminent risk of self-harm, or of harming another, or there are reasonable grounds to believe that others on its campus or the broader community are at risk. This will be done by:
 - (i) ensuring that all complaints/reports and information gathered as a result of the complaint/reports will be only available to those who need to know for purposes of investigation, implementing safety measures and other circumstances that arise from any given case; and
 - (ii) ensuring that the documentation is kept in a separate file from that of the Complainant/Candidate or the Respondent.
 - (e) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy recognizes the right of the Complainant not to report an incident of or make a complaint about sexual violence or not request an investigation and not to participate in any investigation that may occur.
 - (f) Notwithstanding (e) above, in certain circumstances, the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy may be required by law or its internal policies to initiate an internal investigation and/or inform police without the complainant's consent if it believes the safety of members of its campus or the broader community is at risk.
 - (g) In all cases, including (f) above, the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will appropriately accommodate the needs of its candidates who are affected by sexual violence. Candidates seeking accommodation should contact Florence Loh at 416 690-5464.
 - (h) In this regard, the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy will assist candidates who have experienced sexual violence in obtaining counselling and medical care, and provide them with information about sexual violence supports and services available in the community as set out in Appendix 1 attached hereto. Candidates are not required to file a formal complaint in order to access supports and services.

4. Investigating Reports of Sexual Violence

- (a) Under this Sexual Violence Policy, any candidate of the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy may file a report of an incident or a complaint to Florence Loh in writing.
- (b) Upon receipt of a report of an incident or a complaint of alleged sexual violence being made, Florence Loh will respond promptly and determine whether an investigation should proceed in consultation with the Board of Director, and if the

Complainant wishes to participate in an investigation;

- (i) determine who should conduct the investigation having regard to the seriousness of the allegation and the parties involved;**
- (ii) determine whether the incident should be referred immediately to the police;**
- (c) In such cases or where civil proceedings are commenced in respect of allegations of sexual violence, Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy may conduct its own independent investigation and make its own determination in accordance with its own policies and procedures; and**
- (d) determine what interim measures ought to be put in place pending the investigation process such as removal of the Respondent or seeking alternate methods of providing necessary course studies.**
- (e) Once an investigation is initiated, the following will occur:**
 - (i) the Complainant and the Respondent will be advised that they may ask another person to be present throughout the investigation;**
 - (ii) interviewing the Complainant to ensure a complete understanding of the allegation and gathering additional information that may not have been included in the written complaint such as the date and time of the incident, the persons involved, the names of any person who witnessed the incident and a complete description of what occurred;**
 - (iii) informing and interviewing the Respondent of the complaint, providing details of the allegations and giving the Respondent an opportunity to respond to those allegations and to provide any witnesses the Respondent feels are essential to the investigation;**
 - (iv) interviewing any person involved or who has, or may have, knowledge of the incident and any identified witnesses;**
 - (v) providing reasonable updates to the Complainant and the Respondent about the status of the investigation; and**
 - (vi) following the investigation, Florence Loh will:**
 - (A) review all of the evidence collected during the investigation;**
 - (B) determine whether sexual violence occurred; and if so**
 - (C) determine what disciplinary action, if any, should be taken as set out in Section 5 below.**

5. Disciplinary Measures

- (a) If it is determined by Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy that the Respondent did engage in sexual violence, immediate disciplinary or corrective action will be taken. This may include:**
 - (b) disciplinary action up to and including termination of contract with faculty member or supervisor; or**
 - (c) expulsion of a candidate; and /or**
 - (d) the placement of certain restrictions on the Respondent's ability to access certain premises or facilities; and/or**
 - (e) any other actions that may be appropriate in the circumstances.**

6. Appeal

- (a) Should the Complainant or the Respondent not agree with the decision resulting from the investigation, he or she may appeal the decision to Florence Loh within 14 days by**

submitting a letter addressed to Florence Loh at Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy, 427 Vaughan Road, Toronto, ON, M6C 2P1 or by email to admin@cicapp.ca advising of the person's intent to appeal the decision.

7. Making False Statements

- (a) It is a violation of this Sexual Violence Policy for anyone to knowingly make a false complaint of sexual violence or to provide false information about a complaint.
- (b) Individuals who violate this Sexual Violence Policy are subject to disciplinary and/or corrective action up to and including termination of contract with faculty member or supervisor, or expulsion of a candidate.

8. Reprisal

- (a) It is a violation of this Sexual Violence Policy to retaliate or threaten to retaliate against a complainant who has brought forward a complaint of sexual violence, provided information related to a complaint, or otherwise been involved in the complaint investigation process.
- (b) Individuals who violate the Sexual Violence Policy are subject to disciplinary and/or corrective action, up to and including termination of contract with faculty member or supervisor, or expulsion of a candidate.

9. Review

- (a) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy shall ensure that candidate input is considered in the development of its Sexual Violence Policy and every time it is reviewed or amended.
- (b) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy shall review its Sexual Violence Policy 3 years after it is first implemented and amend it where appropriate. The review date will be June 30, 2021.

10. Collection of Candidate Data

- (a) The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy shall collect and be prepared to provide upon request by the Superintendent of Private Career Colleges such data and information as required according to Subsections 32.3 (8), (9) and (10) of Schedule 5 of the Private Career Colleges Act, 2005 as amended.

Appendix 1

- (b) The following represents a list of Provincial Rape Crisis Centers that could be provided as resources:
 - (c) Canadian Association of Sexual Assault Centres, Ontario Provincial
 - (d)
 - (e) English
 - (f) Assaulted Women's Helpline Toll Free: 1-866-863-0511
 - (g) #SAFE (#7233) on Bell, Rogers, Fido or Telus mobile TTY: 416-364-8762
 - (h) www.awhl.org
 - (i) Français
 - (j) Fem'aide
 - (k) Telephone Toll-Free: 1-877-336-2433
 - (l) ATS: 1 866 860-7082
 - (m) www.femaide.ca
- Sexual Assault/Domestic Violence Treatment Centres**
- (n) 35 [hospital-based centres that provide](#) 24/7 emergency care to women. To locate the Sexual Assault/Domestic Violence Treatment Centre nearest you, follow [this link](#).
 - (o) Alliston, Barrie, Collingwood, Midland and Orillia
 - (p) Huronia Transition Homes operates La Maison Rosewood Shelter (Midland) & Athena's Sexual Assault Counselling and Advocacy Centre
 - (q) 24-Hour Crisis Line:
 - (r) Barrie: 705-737-2008 or 1-800-987-0799
 - (s) Midland: 705-526-4211 or 1-800-461-175
 - (t) Office: 705-526-3221
 - (u) www.huroniatransitionhomes.ca
 - (v) Belleville
 - (w) Sexual Assault Centre for Quinte and District Toll-Free: 1-877-544-6424
 - (x) Office: 613-967-6300
 - (y) www.sacqd.com
 - (z) Bracebridge
 - (aa) Muskoka/Parry Sound Sexual Assault Services
 - (bb) Parry Sound District Office:
 - (cc) Office: (705) 774-9083 or 1-877-851-6662
 - (dd) Muskoka District Office:
 - (ee) Office: (705) 646-2122 or 1-877-406-1268
 - (ff) www.daphnewymn.com
 - (gg) Brantford
 - (hh) Sexual Assault Centre of

- Brantford Crisis: 519-751-3471
- (ii) Office: 519-751-1164
 - (jj) sexualassaultcentre@sacbrant.ca
 - (kk) <http://sacbrant.ca/>
 - (ll)
 - (mm) Brockville
 - (nn) Assault Response & Care Centre
 - (oo) Office: (613) 345-3881 or 1-800-567-7415
 - (pp) arcc@bgh-on.ca
 - (qq) www.arc-c.ca
 - (rr)
 - (ss) Chatham
 - (tt) Chatham-Kent Sexual Assault Crisis
Centre 24-Hour Crisis Line: 519-354-8688
Office/TTY: 519-354-8908
 - (uu) <http://cksacc.org/>
 - (vv) Cornwall
 - (ww) Sexual Assault Support Services for
Women Office: 613-932-1755
 - (xx) <http://sassforwomen.ca/>
 - (yy) Iethinisten:ha Women's Shelter
Akwasasne Family Violence
Program 24-Hour Crisis: 1-800-
480-4208
 - (zz) Phone: 613-937-4322
 - (aaa) www.akwasasne.ca/iethinistenha-women's-shelter
 - (bbb) Durham Region
 - (ccc) Durham Rape Crisis Centre
Crisis: 905-668-9200
 - (ddd) Office: 905-444-9672
 - (eee) info@drcc.ca
 - (fff) www.drcc.ca
 - (ggg) Eganville
 - (hhh) Women's Sexual Assault Centre of Renfrew
County 24-Hour Crisis: 1-800-663-3060
 - (iii) Office: 613-735-5551
 - (jjj) www.wsac.ca
 - (kkk) Guelph
 - (lll) Guelph-Wellington Women in Crisis
Crisis: 519-836-5710
 - (mmm) 1-800-265-7233
 - (nnn) Office: 519-823-5806
 - (ooo) www.qwwomenincrisis.org
 - (ppp) Hamilton
 - (qqq) Sexual Assault Centre (Hamilton
and Area) Crisis: (905) 525-4162

(rrr) Office (905) 525-4573

(sss) TTY: 905-525-4592

(ttt) www.sacha.ca

(uuu) Kenora

(vvv) Kenora Sexual Assault Centre

(www) Crisis: (807) 468-7233 or 1-800-565-6161

(xxx) Office: (807) 468-7958

(yyy) www.kenorasexualassaultcentre.com

(zzz) Kingston

(aaaa) Sexual Assault Centre Kingston

(bbbb) Crisis: 613-544-6424 or 1-877-544-6424

(cccc) Office: 613-545-0762

(dddd) sack@sackington.com

(eeee) www.sackington.com

(ffff) Kitchener-Waterloo

(gggg) Sexual Assault Support Centre of Waterloo

Region Crisis: 519.741.8633

(hhhh) Office: 519.571.0121

(iiii) info@sascwr.org

(jjjj) www.kwsasc.org

(kkkk)

(llll) London

(mmmm) Sexual Assault

Centre London Crisis: 519-

438-2272

(nnnn) Office 519-439-0844

(oooo) TTY: 519-439-0690

(pppp) saci@saci.ca

(qqqq) www.saci.ca

(rrrr) London Abused Women's

Centre Office: 519-432-2204

(ssss) E-Mail: info@lawc.on.ca

(tttt) <http://lawc.on.ca/>

(uuuu) Peel Region

(vvvv) Hope 24/7 (formerly the Sexual Assault/Rape Crisis

Centre of Peel) Crisis: 1-800-810-0180

(www) Office: (905) 792-0821

(xxxx) <http://hope247.ca/>

(yyyy) Newmarket

(zzzz) Women's Support Network of

York Region Crisis: 1-800-263-6734

or 905-895-6734

(aaaaa) Office: (905) 895-3646

(bbbbb) www.womenssupportnetwork.ca

(ccccc) North Bay

(ddddd) **Amelia Rising Women's Sexual Assault Centre of Nipissing/centre
d'agressions sexuelles de Nipissing**

(eeeeee) **Crisis: 705-476-3355**

(fffff) **Office: 705-840-2403**

(ggggg) **TTY: (705) 840-5877**

(hhhhh) **info@ameliarising.ca**

(iiii) **www.ameliarising.ca**

(jjjj) **Oakville**

(kkkkk) **Sexual Assault & Violence Intervention
Services of Halton Crisis: 905-875-1555 or 1-877-268-
8416**

(lllll) **Office: 905-825-3622**

(mmmmm) **www.savisofhalton.org**

(nnnnn)

(ooooo)

(ppppp) **Orangeville**

(qqqqq) **Family Transition Place**

(rrrrr) **Crisis: 1-800-265-9178**

(sssss) **Office: 519-942-4122**

(ttttt) **www.familytransitionplace.ca**

(uuuuu) **Ottawa**

(vvvvv) **Sexual Assault Support
Centre Crisis: 613-234-2266**

(wwwww) **Phone: 613-725-2160**

(xxxxx) **TTY: 613-725-1657**

(yyyyy) **info@sascottawa.com**

(zzzzz) **<http://sascottawa.com>**

(aaaaa) **Ottawa Rape
Crisis Centre Crisis: 613-
562-2333**

(bbbbb) **Office: 613-562-2334**

(ccccc) **<http://orcc.net/>**

(ddddd) **Peterborough &
Kawartha Sexual
Assault Centre**

(eeeeee) **Crisis: (705) 741- 0260 or 1-866-298-7778**

(ffffff) **Office/TTY: (705) 741-0260**

(ggggg) **www.kawarthasexualassaultcentre.com**

(hhhhh)

(iiii) **YWCA Peterborough
Haliburton Crisis: 1-800-461-
7656**

(jjjjj) **Office: 705.743.3526 x 130**

(kkkkk) **www.ywcapeterborough.org**

(lllll)

(mmmmm) **Sault Ste Marie**

(nnnnn) **Women in Crisis (Algoma) Inc.**

(ooooo) **Crisis: 705-759-1230 or 1-877-759-1230**

(pppppp) www.womenincrisis.ca

(qqqqqq) Sarnia-Lambton
(rrrrrr) Sexual Assault Survivors Centre Sarnia-Lambton Crisis: 519 337-3320 or 1-888-231-0536

(sssss) Office: (519) 337-3154
(ttttt) www.sexualassaultsarnia.on.ca

(uuuuuu) Simcoe
(vvvvvv) Haldimand & Norfolk
Women's Service Crisis: 1-800-265-8076

(wwwww) TTY: 1-800-815-6419
(xxxxxx) Office: 519-426-8048
(yyyyyy) hnws@hnws.on.ca
(zzzzzz) www.hnws.on.ca

(aaaaaaa) St. Catherines
(bbbbbbb) Niagara Region Sexual
Assault Centre Crisis: (905) 682-4584
(ccccc) Office: (905) 682-7258
(ddddd) carsa@sexualassaultniagara.org
(eeeeeee) <http://sexualassaultniagara.org/>

(ffffff) Thunder Bay
(ggggggg) Thunder Bay Sexual Assault and Sexual Abuse Crisis and Counselling
Centre
(hhhhhhh) Office: (807) 345-0894 or 1-866-311-5927
(iiiiiii) tbcounselling@tbsasa.org
(jjjjjjj) www.tbsasa.org

(kkkkkkk) Timmins
(lllllll) Timmins and Area Women in
Crisis Crisis: 1-877-268-8380 (sexual
assault) Crisis: 1-855-827-7233
(shelter)
(mmmmmmm) Office: (705) 268-8381
(nnnnnnn) info@tawc.ca
(ooooooo) <http://www.tawc.ca/>

(ppppppp) Toronto
(qqqqqqq) Oasis Centre
des Femmes Téléphone:
416-591-6565
(rrrrrrr) Courriel: services@oasisfemmes.org
(sssssss) <http://oasisfemmes.org/>
(ttttttt)
(uuuuuuu) Toronto Rape Crisis Centre: Multicultural
Women Against Rape Crisis: 416-597-8808
(vvvvvvv) Office: 416-597-1171
(wwwwwww) info@trccmwar.ca

(xxxxxxx) crisis@trccmwar.ca
(yyyyyyy) www.trccmwar.ca

(zzzzzzz) Windsor
(aaaaaaaa) Sexual Assault Crisis Centre of
Essex County Crisis: 519-253-9667

(bbbbbbbb) www.saccwindsor.net

(ccccccc)

(ddddddd) Woodstock
(eeeeeee) Domestic Abuse Services Oxford
(ffffff) Crisis: 519 539-4811 or 1-800-265-1938

(gggggggg) info@daso.ca

(hhhhhhh) www.daso.ca

(iiiiiii)

APPENDIX R Payment and Refund Policy

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

Candidate Payment and Refund Policy

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (heretofore "CICAPP") is committed to taking all reasonable steps to ensure candidates have the opportunity to successfully complete their studies. Payment of all fees including annual tuition and supervision fees are subject to following the Candidate Payment and Refund Policy as stated below.

Details of payment of fees for CICAPP:

1. Application fees of \$300 are required with submission of application to CICAPP. These do not apply to Fees associated with the training program.
2. **Annual tuition fees** consist of \$3500 for local learners and \$3900 for distance learners.
3. Upon acceptance to CICAPP along with the signed Candidate Contract \$500 in cheque or money order must be sent to the Administration office as tuition deposit.
4. The balance of the tuition must be submitted prior to January of that academic year. These may be paid in full or in 2 installments of postdated cheques for September 1st and January 1st.
5. **Supervision fees** are capped at \$110 per supervision hour (HST when applicable). Beginning in 2020, Students will pay CICAPP annually \$5000 for prepaid supervision fees in each of Year 2, Year 3, Year 4, Year 5 and Year 6. The supervision fees may be paid in full or in 2 installments of postdated cheques for September 1st and January 1st.
6. Supervision fees process: candidates must submit a copy of their supervision invoice to CICAPP for payment to supervisors. CICAPP will track payment of supervision fees to supervisors for each candidate using the prepaid supervision fees.
7. Any surplus funds remaining in a candidate's supervision fee account at the completion of their studies will be reimbursed to the candidate.
8. Should there be circumstances where the candidate is not able to meet a payment he/she must be in written contact with the Director prior to due date of that payment. The Director will consider the circumstances and possibly renegotiate a payment plan. At the Director's discretion he/she may consult with the Board of Directors for input on final decisions concerning the candidate's financial obligations. If no acceptable payments are agreed upon and /or not followed through the candidate will be expelled according to the Expulsion Policies
9. All cheques are made to CICAPP. Sent to CICAPP at 427 Vaughan Road, Toronto, ON, M6C 2P1

Fee Refund Policy as Prescribed under s. 25 to 33 of O.Reg. 415/06

Full refunds

25. (1) A private career college shall refund all of the fees paid by a student under a contract for the provision of a vocational program in the following circumstances

1. The contract is rescinded by a person within two days of receiving a copy of the contract in accordance with section 36 of the Act.

2. The private career college discontinues the vocational program before the student completes the program, subject to subsection (2).

3. The private career college charges or collects the fees,

i. before the registration was issued for the college under the Act or before the vocational program was approved by the Superintendent, or

ii. before entering into a contract for the provision of the vocational program with the student, unless the fee is collected under subsection 44 (3).

4. The private career college expels the student from the college in a manner or for reasons that are contrary to the college's expulsion policy.

5. The private career college employs an instructor who is not qualified to teach all or part of the program under section 41.

6. The contract is rendered void under subsection 18 (2) or under section 22.

7. If a private career college fails to, or does not accurately, provide in the itemized list provided to the Superintendent under section 43 a fee item corresponding to a fee paid by a student for the provision of a vocational program, the college shall pay the student,

i. in the case of an item not provided by the college, the full amount of the fee for the item, and

ii. in the case of a fee in excess of the amount of the fee provided for the item, the difference between the amount of the fee for the item provided to the Superintendent and the fee collected.

(2) A full refund is not payable in the circumstances described in paragraph 2 of subsection (1) if the discontinuance of the vocational program coincides with the private career college ceasing to operate.

(3) A refund is not payable under paragraphs 1 to 6 of subsection (1) unless the student gives the private career college a written demand for the refund.

(4) A refund under subsection (1) is payable by the private career college within 30 days of the day the student delivers to the college,

(a) in the case of a rescission under section 36 of the Act, notice of the rescission; or

(b) in the case of a refund under paragraphs 2 to 6 of subsection (1), a written demand for the refund.

Partial refund where student does not commence program

26. (1) If a student is admitted to a vocational program, pays fees to the private career college in respect of the program and subsequently does not commence the program, the college shall refund part of the fees paid by the student in the following circumstances:

1. The student gives the college notice that he or she is withdrawing from the program before the day the vocational program commences.

2. In the case of a student who is admitted to a vocational program on the condition that the student meet specified admission requirements before the day the program commences, the student fails to meet the requirements before that day.

3. The student does not attend the program during the first 14 days that follow the day the program commenced and the college gives written notice to the student that it is cancelling the contract no later than 45 days after the day the program has commenced.

(2) The amount of a refund under subsection (1) shall be an amount that is equal to the full amount paid by the student for the vocational program, less an amount equal to the lesser of 20 per cent of the full amount of the fee and \$500.

(3) A refund under subsection (1) is payable,

(a) in the case of a refund under paragraph 1 of subsection (1), within 30 days of the day the student gives notice of withdrawing from the program;

(b) in the case of a refund under paragraph 2 of subsection (1), within 30 days of the day the vocational program commences; and

(c) in the case of a refund under paragraph 3 of subsection (1), within 45 days of the day the vocational program commences.

(4) For the purposes of paragraph 3 of subsection (1), it is a condition of a contract for the provision of a vocational program that the private career college may cancel the contract within 45 days of the day the vocational program commences if the person who entered the contract with the college fails to attend the program during the 14 days that follow the day the vocational program commences.

(5) A private career college that wishes to cancel a contract in accordance with subsection (4) shall give written notice of the cancellation to the other party to the contract within 45 days of the day the vocational program commences.

Partial refunds: withdrawals and expulsions after program commenced

27. (1) A private career college shall give a student who commences a vocational program a refund of part of the fees paid in respect of the program if, at a time during the program determined under subsection (3),

(a) the student withdraws from the program after the program has commenced; or

(b) the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy.

(2) This section does not apply to vocational programs described in sections 28 and 29.

(3) A private career college shall pay a partial refund under this section only if the withdrawal or expulsion from the vocational program occurs at a time during the program determined in accordance with the following rules:

1. In the case of a vocational program that is less than 12 months in duration, the withdrawal or expulsion occurs during the first half of the program.

2. In the case of a vocational program that is 12 months or more in duration,

i. for the first 12 months in the duration of the program and for every subsequent full 12 months in the program, the withdrawal or expulsion occurs during the first six months of that 12-month period, and

ii. for any period in the duration of the vocational program remaining after the last 12-month period referred to in subparagraph i has elapsed, the withdrawal or expulsion occurs in the first half of the period.

(4) If the student withdraws or is expelled from a vocational program within the first half of a period referred to in subsection (3), the amount of the refund that the private career college shall pay the student shall be equal to the full amount of the fees paid in respect of the program less,

(a) an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500; and

(b) the portion of the fees in respect of the portion of the period that had elapsed at the time of the withdrawal or expulsion.

(5) If the student withdraws or is expelled from a vocational program during the second half of a period referred to in subsection (3), the private career college is not required to pay the student any refund in respect of that period.

(6) A private career college shall refund the full amount of fees paid in respect of a period that had not yet commenced at the time of the withdrawal or expulsion.

Partial refunds: distance education programs

28. (1) This section applies to a vocational program that is offered by mail, on the internet or by other similar means.

(2) A private career college shall give a student who commences a vocational program referred to in subsection (1) a refund of part of the fees paid in respect of the program if,

(a) the student withdraws from the program or the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy; and

(b) at the time of the withdrawal or expulsion, the student has not submitted to the private career college all examinations that are required in order to complete the program.

(3) The amount of the refund that a private career college shall give a student under subsection (1) shall be determined in accordance with the following rules:

1. Determine the total number of segments in the vocational program for which an evaluation is required.

2. Of the total number of program segments determined under paragraph 1, determine the number of segments in respect of which an evaluation has been returned to the student.

3. The amount of the refund that the private career college shall pay the student shall be equal to the full amount of the fees paid in respect of the program less,

i. an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500, and

ii. the portion of the fees in respect of the number of segments determined under paragraph 2.

(4) A private career college is not required to give a student any refund if the student, at the time of withdrawal or expulsion, has been evaluated in respect of more than half of the total number of segments in the program.

Partial refunds: non-continuous programs

29. (1) This section applies to a vocational program approved by the Superintendent to be provided through a fixed number of hours of instruction over an indeterminate period of time.

(2) A private career college shall give a student who commences a vocational program referred to in subsection (1) a refund of part of the fees paid in respect of the program if, before completing the required number of hours of instruction,

(a) the student has given the college notice that he or she is withdrawing from the program; or

(b) the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy.

(3) The amount of the refund that a private career college shall give a student under subsection (1) shall be equal to the full amount of the fees paid in respect of the program less,

(a) an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500; and

(b) a portion of the fees in respect of the program that is proportional to the number of hours of instruction that have elapsed at the time of the withdrawal or expulsion.

(4) A private career college is not required to give a student any refund if the student, at the time of withdrawal or expulsion, has completed more than half of the required number of hours of instruction in a program.

No retention of refund

30. A private career college shall not retain, by way of deduction or set-off, any refund of fees payable to a student under sections 25 to 29 in order to recover an amount owed by the student in respect of any service or program other than a vocational program offered by the private career college.

Treatment of books and equipment

31. In calculating a refund under sections 25 to 29, a private career college may retain the retail cost of books or equipment that the private career college supplied to the student if the student,

(a) fails to return the books or equipment to the private career college within 10 days of the student's withdrawal or expulsion from the program, or

(b) returns the books or equipment to the private career college within the 10-day period referred to clause (a), but fails to return it unopened or in the same state it was in when supplied.

Refund for international students

32. A notice to a private career college that is provided by or on behalf of an international student or of a prospective international student and that states that the student has not been issued a temporary resident visa as a member of the student class under the Immigration and Refugee Protection Act (Canada) is deemed to be,

(a) notice of a rescission of the contract for the purposes of section 36 of the Act if the notice is given within two days of receiving a copy of the contract; and

(b) notice that the student is withdrawing from the program for the purposes of paragraph 1 of subsection 26 (1) or clause 29 (2) (a) if the notice is received on or before half of the duration of the program has elapsed.

Currency

33. Any refund of fees that a private career college is required to pay under the Act shall be paid in Canadian dollars. ee Refund Policy as Prescribed under s. 25 to 33 of O.Reg. 415/06

APPENDIX S - Vocational Student Enrolment Contract

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

ENROLMENT CONTRACT

This Enrolment Contract is subject to the *Private Career Colleges Act, 2005* and the regulations made under the Act.

The undersigned person hereby enrolls as a student of Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy. as of _____ for the **following** program:

Name of Student:		
Name of Program:		
Commencing on:	Expected Completion Date:	
Credential to be Awarded Upon Successful Completion of the Program:		
<u>Mailing Address</u> : Street number and name:		
City:	Province:	Postal Code:
Phone:	Alternative Phone:	
<u>Permanent Address</u> : Street number and name:		
City:	Province:	Postal Code:
Country:		
Phone:	Email Address:	
International Student:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language of Instruction:	<input checked="" type="checkbox"/> English	<input type="checkbox"/> Other, specify
Location of Practicum (if any):		
Additional Training Location (if any)		

Class Schedule:

Class _____
Schedule: _____
(days of the week and time)

Admission Requirements:

- ☐ Ontario Secondary School Diploma or Equivalent **or**
- ☐ At least 18 years of age and pass a Superintendent qualifying test
- AND**
- ☐ Degree in Humanities, Social Sciences, and/or Medicine

Fees

Tuition fees	CAN\$
Book fees	CAN\$
Expendable supplies	CAN\$
Uniform and equipment	CAN\$
Major equipment	CAN\$
Field trips	CAN\$
Professional / Exam fees	CAN\$
Other compulsory fees	CAN\$
International student fees	CAN\$
Optional fees (specify)	CAN\$
Total fees	CAN\$

Acknowledgement and Certification

I, _____, acknowledge that I have received a copy of:

- ☐ The Statement of Students' Rights and Responsibilities Issued by the Superintendent of Private Career Colleges
- ☐ The College's Fee Refund Policy
- ☐ The Consent to Use of Personal Information
- ☐ The Payment Schedule
- ☐ The College's Student Complaint Procedure
- ☐ The College's Policy Relating to the Expulsion of Students
- ☐ The College's Sexual Violence Policy

I certify that I have read and understood this Enrolment Contract.

(Signature of Student)

(Date)

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy. does not guarantee employment for any student who successfully completes a vocational program offered by The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy.

It is understood that fees are payable in accordance with the fees specified in this Enrolment Contract and all payments of fees shall become due forthwith upon a statement of accounting being rendered. The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy reserves the right to cancel this Enrolment Contract if the undersigned student does not attend classes during the first 14 days after the program begins. **For information regarding cancellation of this Enrolment Contract and refunds of fees paid, see sections 25 to 33 of O. Reg. 415/06 made under the *Private Career Colleges Act, 2005*.**

The undersigned student is entitled to a copy of the signed contract immediately after it is signed.

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees specified in this Enrolment Contract in accordance with the terms of this Enrolment Contract.

(Signature of Student)

(Date)

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy agrees to supply the **Diploma Program for Child & Adolescent Psychoanalytic Psychotherapy** program to the above-named student upon the terms herein mentioned.

The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy may cancel this Enrolment Contract if the above-named student does not meet the admission requirements of the **Diploma Program for Child & Adolescent Psychoanalytic Psychotherapy** program before the program begins.

The above-named student is entitled to a copy of the signed contract immediately after it is signed.

(Signature of Admission Officer, Registrar, Agent)

(Date)

Consent to Use of Personal Information

Private career colleges (PCCs) must be registered under the Private Career Colleges Act, 2005, which is administered by the Superintendent of Private Career Colleges. The Act protects students by requiring PCCs to follow specific rules on, for example, fee refunds, training completions if the PCC closes, qualifications of instructors, access to transcripts and advertising. It also requires PCCs to publish and meet certain performance objectives that may be required by the Superintendent for their vocational programs. This information may be used by other students when they are deciding where to obtain their training. The consent set out below will help the Superintendent to ensure that current and future students receive the protection provided by the Act.

I, _____, allow The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy to give my name, address, telephone number, e-mail address and other contact information to the Superintendent of Private Career Colleges for the purposes checked below:

- ☐ To advise me of my rights under the Private Career Colleges Act, 2005 including my rights to a refund of fees, access to transcripts and a formal student complaint procedure; and
- ☐ To determine whether The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy has met the performance objectives required by the Superintendent for its vocational programs

I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time for future uses of my personal information by writing to The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy at 427 Vaughan Road, Toronto, ON, M6C 2P1.

I understand that if I refuse or withdraw my consent the Superintendent may not be able to contact me to inform me of my rights under the Act or collect information to help potential students make informed decisions about their educational choices.

(Name of Student)

(Signature of Student)

(Date)

Payment Schedule

For programs approved for student loan purposes, the Payment Schedule may be completed at the time of the receipt of the Canada-Ontario Integrated Student Loans Certificate of Loan/Grant Approval and Eligibility. It must be attached to the original contract.

1. Payments prior to signing contract (if any) CAN\$ _____

2. Payments after signing contract

Date

Amount due

Total payments (1 + 2) CAN\$ _____

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees indicated above in accordance with the terms of this Enrolment Contract.

(Name of Student)

(Signature of Student)

(Date)

Fee Refund Policy as Prescribed under s. 25 to 33 of O.Reg. 415/06

Full refunds

25. (1) A private career college shall refund all of the fees paid by a student under a contract for the provision of a vocational program in the following circumstances:

1. The contract is rescinded by a person within two days of receiving a copy of the contract in accordance with section 36 of the Act.
2. The private career college discontinues the vocational program before the student completes the program, subject to subsection (2).
3. The private career college charges or collects the fees,
 - i. before the registration was issued for the college under the Act or before the vocational program was approved by the Superintendent, or
 - ii. before entering into a contract for the provision of the vocational program with the student, unless the fee is collected under subsection 44 (3).
4. The private career college expels the student from the college in a manner or for reasons that are contrary to the college's expulsion policy.
5. The private career college employs an instructor who is not qualified to teach all or part of the program under section 41.
6. The contract is rendered void under subsection 18 (2) or under section 22.
7. If a private career college fails to, or does not accurately, provide in the itemized list provided to the Superintendent under section 43 a fee item corresponding to a fee paid by a student for the provision of a vocational program, the college shall pay the student,
 - i. in the case of an item not provided by the college, the full amount of the fee for the item, and
 - ii. in the case of a fee in excess of the amount of the fee provided for the item, the difference between the amount of the fee for the item provided to the Superintendent and the fee collected.

(2) A full refund is not payable in the circumstances described in paragraph 2 of subsection (1) if the discontinuance of the vocational program coincides with the private career college ceasing to operate.

(3) A refund is not payable under paragraphs 1 to 6 of subsection (1) unless the student gives the private career college a written demand for the refund.

(4) A refund under subsection (1) is payable by the private career college within 30 days of the day the student delivers to the college,

- (a) in the case of a rescission under section 36 of the Act, notice of the rescission; or
- (b) in the case of a refund under paragraphs 2 to 6 of subsection (1), a written demand for the refund.

Partial refund where student does not commence program

26. (1) If a student is admitted to a vocational program, pays fees to the private career college in respect of the program and subsequently does not commence the program, the college shall refund part of the fees paid by the student in the following circumstances:

1. The student gives the college notice that he or she is withdrawing from the program before the day the vocational program commences.
2. In the case of a student who is admitted to a vocational program on the condition that the student meet specified admission requirements before the day the program commences, the student fails to meet the requirements before that day.
3. The student does not attend the program during the first 14 days that follow the day the program commenced and the college gives written notice to the student that it is cancelling the contract no later than 45 days after the day the program has commenced.

(2) The amount of a refund under subsection (1) shall be an amount that is equal to the full amount paid by the student for the vocational program, less an amount equal to the lesser of 20 per cent of the full amount of the fee and \$500.

(3) A refund under subsection (1) is payable,

- (a) in the case of a refund under paragraph 1 of subsection (1), within 30 days of the day the student gives notice of withdrawing from the program;
- (b) in the case of a refund under paragraph 2 of subsection (1), within 30 days of the day the vocational program commences; and
- (c) in the case of a refund under paragraph 3 of subsection (1), within 45 days of the day the vocational program commences.

(4) For the purposes of paragraph 3 of subsection (1), it is a condition of a contract for the provision of a vocational program that the private career college may cancel the contract within 45 days of the day the vocational program commences if the person who entered the contract with the college fails to attend the program during the 14 days that follow the day the vocational program commences.

(5) A private career college that wishes to cancel a contract in accordance with subsection (4) shall give written notice of the cancellation to the other party to the contract within 45 days of the day the vocational program commences.

Partial refunds: withdrawals and expulsions after program commenced

27. (1) A private career college shall give a student who commences a vocational program a refund of part of the fees paid in respect of the program if, at a time during the program determined under subsection (3),

- (a) the student withdraws from the program after the program has commenced; or

(b) the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy.

(2) This section does not apply to vocational programs described in sections 28 and 29.

(3) A private career college shall pay a partial refund under this section only if the withdrawal or expulsion from the vocational program occurs at a time during the program determined in accordance with the following rules:

1. In the case of a vocational program that is less than 12 months in duration, the withdrawal or expulsion occurs during the first half of the program.

2. In the case of a vocational program that is 12 months or more in duration,

i. for the first 12 months in the duration of the program and for every subsequent full 12 months in the program, the withdrawal or expulsion occurs during the first six months of that 12-month period, and

ii. for any period in the duration of the vocational program remaining after the last 12-month period referred to in subparagraph i has elapsed, the withdrawal or expulsion occurs in the first half of the period.

(4) If the student withdraws or is expelled from a vocational program within the first half of a period referred to in subsection (3), the amount of the refund that the private career college shall pay the student shall be equal to the full amount of the fees paid in respect of the program less,

(a) an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500; and

(b) the portion of the fees in respect of the portion of the period that had elapsed at the time of the withdrawal or expulsion.

(5) If the student withdraws or is expelled from a vocational program during the second half of a period referred to in subsection (3), the private career college is not required to pay the student any refund in respect of that period.

(6) A private career college shall refund the full amount of fees paid in respect of a period that had not yet commenced at the time of the withdrawal or expulsion.

Partial refunds: distance education programs

28. (1) This section applies to a vocational program that is offered by mail, on the internet or by other similar means.

(2) A private career college shall give a student who commences a vocational program referred to in subsection (1) a refund of part of the fees paid in respect of the program if,

(a) the student withdraws from the program or the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy; and

(b) at the time of the withdrawal or expulsion, the student has not submitted to the private career college all examinations that are required in order to complete the program.

(3) The amount of the refund that a private career college shall give a student under subsection (1) shall be determined in accordance with the following rules:

1. Determine the total number of segments in the vocational program for which an evaluation is required.
2. Of the total number of program segments determined under paragraph 1, determine the number of segments in respect of which an evaluation has been returned to the student.
3. The amount of the refund that the private career college shall pay the student shall be equal to the full amount of the fees paid in respect of the program less,
 - i. an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500, and
 - ii. the portion of the fees in respect of the number of segments determined under paragraph 2.

(4) A private career college is not required to give a student any refund if the student, at the time of withdrawal or expulsion, has been evaluated in respect of more than half of the total number of segments in the program.

Partial refunds: non-continuous programs

29. (1) This section applies to a vocational program approved by the Superintendent to be provided through a fixed number of hours of instruction over an indeterminate period of time.

(2) A private career college shall give a student who commences a vocational program referred to in subsection (1) a refund of part of the fees paid in respect of the program if, before completing the required number of hours of instruction,

(a) the student has given the college notice that he or she is withdrawing from the program;
or

(b) the student is expelled from the program in circumstances where the expulsion is permitted under the private career college's expulsion policy.

(3) The amount of the refund that a private career college shall give a student under subsection (1) shall be equal to the full amount of the fees paid in respect of the program less,

(a) an amount that is equal to the lesser of 20 per cent of the full amount of the fees in respect of the program and \$500; and

(b) a portion of the fees in respect of the program that is proportional to the number of hours of instruction that have elapsed at the time of the withdrawal or expulsion.

(4) A private career college is not required to give a student any refund if the student, at the time of withdrawal or expulsion, has completed more than half of the required number of hours of instruction in a program.

No retention of refund

30. A private career college shall not retain, by way of deduction or set-off, any refund of fees payable to a student under sections 25 to 29 in order to recover an amount owed by the student in respect of any service or program other than a vocational program offered by the private career college.

Treatment of books and equipment

31. In calculating a refund under sections 25 to 29, a private career college may retain the retail cost of books or equipment that the private career college supplied to the student if the student,

(a) fails to return the books or equipment to the private career college within 10 days of the student's withdrawal or expulsion from the program, or

(b) returns the books or equipment to the private career college within the 10-day period referred to clause (a), but fails to return it unopened or in the same state it was in when supplied.

Refund for international students

32. A notice to a private career college that is provided by or on behalf of an international student or of a prospective international student and that states that the student has not been issued a temporary resident visa as a member of the student class under the Immigration and Refugee Protection Act (Canada) is deemed to be,

(a) notice of a rescission of the contract for the purposes of section 36 of the Act if the notice is given within two days of receiving a copy of the contract; and

(b) notice that the student is withdrawing from the program for the purposes of paragraph 1 of subsection 26 (1) or clause 29 (2) (a) if the notice is received on or before half of the duration of the program has elapsed.

Currency

33. Any refund of fees that a private career college is required to pay under the Act shall be paid in Canadian dollars.

APPENDIX T - Non-Vocational Candidate Enrolment Contract

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy

427 Vaughan Road, Toronto, Ontario, M6C 2P1

Phone: 416 690-5464

admin@cicapp.ca

ENROLMENT CONTRACT for Non-Vocational training ***(This Program does not require approval under the Private Career Colleges Act, 2005)***

The undersigned person hereby enrolls as a student of Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy as of _____ for the following program:

Name of Student:		
Name of Program:		
Commencing on:	Expected Completion Date:	
Address: Street number and name:		
City:	Province:	Postal Code:
Phone:	Alternative Phone:	
Email address:		

Class Schedule:

Class _____
Schedule: _____
(days of the week and time)

Fees:

Tuition fees	CAN\$
Book fees	CAN\$
Other fees (specify)	CAN\$
Total fees	CAN\$

The undersigned student hereby undertakes and agrees to pay, or see to payment of, the fees specified in this Enrolment Contract in accordance with the terms of this Enrolment Contract.

(Signature of Student)

(Date)

(Signature of Admission Officer)

(Date)

APPENDIX U: POLICY ON GRADING

**Canadian Institute for Child and Adolescent
Psychoanalytic Psychotherapy**
427 Vaughan Road, Toronto, Ontario, M6C 2P1
Phone: 416 690-5464
admin@cicapp.ca

POLICY ON GRADING

1. General

First year candidates write infant and toddler observation papers and complete the final year end exam.

Candidates in years two, three and four complete clinical presentation seminars and the final year end exam.

2. Exam Format and Grading

Exams are to be held at the end of the academic year (administered in early May) to evaluate candidates' understanding of the syllabus material taught over the preceding year.

An appointed exam invigilator will ensure the integrity of the exam environment in accordance with the exam regulations.

The exam is to be comprised of 70 multiple-choice questions. The duration of the exam is three hours.

In order to meet the pass criteria, candidates must achieve a passing score of 70% to proceed to the next academic year.

Requests for accommodations (e.g. extra time to write the exam, option to complete orally, etc.) are to be submitted and approved by the CICAPP Director, substantiated by a professional note (e.g. physician, therapist etc.).

Distance learners will have to appoint an individual to oversee their exam/function as an exam invigilator. This individual (who cannot be a family member or friend) will have to be approved by the Director. This appointed individual will be provided with the exam at the appointed time.

3. Failure to submit clinical case reports

All case reports for clinical work are expected to be completed according the deadlines and will be graded on a pass/fail as outlined in the syllabus.

Students who require an extension of deadline for clinical case seminar presentations may request this directly to the course instructor. Any request for deadline extension is at the discretion of the instructor.

Students who require an extension of deadline for submission for clinical case reports to the Student Progress Committee (SPC) may request this directly to the Chair of the SPC. Any request for deadline extension is at the discretion of the SPC.

Failure of students to present clinical case seminar material as scheduled without notifying instructors of any extenuating circumstances will result in a grade of "Incomplete".

Failure of students to submit clinical case reports by the deadlines (May 1 / November 1) without notifying the SPC of any extenuating circumstances will result in a grade of "Incomplete".

If a candidate fails to attend an exam as a result of sickness, a medical note is required to substantiate the absence and the candidate can take the exam at a later date.

If a candidate fails to attend an exam and cannot substantiate their absence, the candidate will need to proceed through the appeals process.

4. Repeat Year End Examination Process

Candidates are offered three attempts only to pass the year-end exam. If a passing grade (70%) is not achieved, then the candidate cannot proceed to the next academic year and will be excused from the program.

A new exam will be compiled on each repeat examination.

Repeat exams will be held a month apart following the initial May exam (e.g. beginning of June and then July, if a third attempt is required).

Candidates who fail an exam will receive remedial work (e.g. extra supervision, a study plan/learning goals inclusive of additional academic articles etc.), which will be provided and evaluated by the student progress committee (SPC).

5. Repeat of failed subjects

In the event that a student does not meet the required standard in their submitted assignment or clinical case report, the student will have the opportunity to revise and resubmit their work in order to demonstrate proficiency in the required material. The instructor/SPC will work with the student as needed to facilitate the resubmission of the material. The maximum number of times a student may resubmit an assignment or clinical report is two times. The material must be submitted and evaluated within the current academic year.

In the event that a student does not meet the standards of proficiency and has exceeded the allotted resubmission opportunities, they will receive an "Incomplete" on that course module or case report and will have to demonstrate proficiency in the material at the discretion of the Student Progress Committee and at the student's own additional expense. Failure to successfully complete all units of the program in its entirety will delay or prevent graduation.

6. Appeal Process

In the event that a student is dissatisfied with their evaluation received on a course assignment, and they have not been able to successfully resolve the issue directly with the instructor, they may bring their concerns to the CICAPP Student Progress Committee (SPC). The student must provide their request for SPC review in writing within a reasonable timeframe of the course module completion and within the current academic year.

The SPC will review all student issues and respond in a timely manner to all inquiries. All decisions by the SPC are final.

APPENDIX V: POLICY ON ATTENDANCE

**Canadian Institute for Child and Adolescent
Psychoanalytic Psychotherapy**
427 Vaughan Road, Toronto, Ontario, M6C 2P1
Phone: 416 690-5464
admin@cicapp.ca

POLICY ON ATTENDANCE

1. General

Students are expected to attend all classes. It is the responsibility of the student to let the course instructor know if they are unable to attend a session and to make arrangements with the instructor to ensure they are up to date on readings and lectures, and complete makeup assignments as required.

2. Planned and Unplanned Absence

A minimum of 80% attendance is required. A maximum of 3 sessions can be missed per academic year. Any extenuating circumstances will be considered on an individual basis.

3. Leave of Absence

In the event a student needs to temporarily withdraw from the program, due to a medical situation, parental/maternity leave or family emergency, a request for a leave of absence must be submitted to the program coordinator in writing.

If the Leave of Absence is approved, the student will have the option to rejoin the program in a subsequent academic year. This option must be exercised within 3 years of the start date of the leave of absence.

Due to the structure of the program, all leave of absence timeframes must run a full academic year; no mid-year re-entry options can be considered.

4. Year End Exam

If a candidate fails to attend an exam as a result of sickness, a medical note is required to substantiate the absence and the candidate can take the exam at a later date (please refer to *Grading Policies* for details on the repeat exam process).

If a candidate fails to attend an exam and cannot substantiate their absence, the candidate will need to proceed through the appeals process.

APPENDIX W: POLICY ON ADVANCE STANDING

**Canadian Institute for Child and Adolescent
Psychoanalytic Psychotherapy**
427 Vaughan Road, Toronto, Ontario, M6C 2P1
Phone: 416 690-5464
admin@cicapp.ca

POLICY ON ADVANCED STANDING

1. Admissions Criteria

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

Admission Processes: 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 (\$300) must accompany the above. After all of the application materials have been approved, interviews for the applicant will be scheduled. Applicants will be interviewed (individually) 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.

Each candidate will be considered individually based on experience, coursework and other relevant background.

2. Transfer of Credits

No transfer of credits from other institutions will be considered for advance standing or course exemption. All students must successfully complete the program as outlined in its entirety to be considered for graduation.

3. Experiential Learning

Students with demonstrated volunteer and/or relevant work experience will receive preferential consideration during the admissions process. However, no course credit will be given for prior work or volunteer experience.

APPENDIX X: POLICY ON STUDENT ACCESS TO FACULTY OUTSIDE THE CLASSROOM

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POLICY ON STUDENT ACCESS TO FACULTY OUTSIDE THE CLASSROOM

1. Instructor Scheduling

Instructors are identified in the CICAPP Psychoanalytic Psychotherapy Program syllabus for each academic year. The syllabus is provided in advance of each academic term to all students in hard copy, by email, and is also available for students to access online.

2. Instructor Contact Information

Instructor contact information is located online in the members-only section at www.cicapp.ca in the membership section (phone number and email).

Students may also contact the CICAPP administration office at any time by phone or email to request contact information for instructors.

Students may contact their instructors at any time in order to advise of any issue pertaining to their participation in the course.

3. Instructor Availability

Students may contact their instructor to arrange a mutually convenient time outside of class to meet or speak via telephone or videochat regarding a student's issue pertaining to their participation in the course. Instructors will follow up within a reasonable amount of time to address any student concern presented related to the course.

If a student has an issue with instructor responsiveness or further queries about the matter, s/he may also bring this to the attention of the CICAPP Student Progress Committee (SPC) to address.

APPENDIX Y : DIRECT CLIENT CONTACT HOURS TRACKING SHEET

This tracking form **MUST** be submitted for each reporting period – Nov 1st and May 1st

Candidate Name:		Year began Training	
Reporting period			

DDC to date	# of Supervisions to date	Supervisor	Reports Accepted
Assessment 1 (6 DCC, 4 supervisions)			
Assessment 2 (6 DCC, 4 supervisions)			
Assessment 3 (6 DCC, 4 supervisions)			
CASE A (50 DCC, 35 supervisions)			
CASE B (100 DCC, 50 supervisions)			
CASE C (50 DCC, 35 supervisions)			
CASE D (50 DCC, 35 supervisions)			
Additional DCC under supervision (182 DCC, 50 supervisions)			
TOTAL			
SIGNATURES:	CANDIDATE:	CHAIR OF SPC:	DIRECTOR: