



ASSESSMENT REPORT (revised 2020)

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. Parent Interview and history
5. Child's developmental history
6. Current Assessment
7. A) Transference B) Counter transference Observations
8. Theoretical Framework
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).



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- 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 a 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.

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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.

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.

Reminders:

Candidates review your reports to avoid errors in spelling, grammar and editing.

The report should be written in past tense.