COMBINED ASSESSMENT and TREATMENT REPORT (revised 2020)

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).

1. 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 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.

Reminders:

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

The report should be written in past tense.