



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

PROGRAM INFORMATION

TRAINING PROGRAM IN CHILD & ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY

GENERAL INFORMATION

- 30 seminars per year 2 seminars per evening (360 total classroom hours over 4 years);
- All training held at CICAPP Office location, 427 Vaughan Road, Toronto, M6C 2P1
- Next Year 1 class begins in September 2024 and will be held on Wednesday evenings; 2 seminars, A: 6:30-8:00 pm & B: 8:15-9:45pm;
- Fees:
 - Tuition: \$4000 per Year 1 – 4; \$300 per Year 5 and Year 6
 - Supervision: \$5000 per year beginning in Year 2 onwards
- Must be in personal psychotherapy or analysis with an approved analytic therapist upon entrance to program and must stay in therapy for the majority of the training;
- Must have malpractice insurance coverage upon beginning clinical work;
- Must arrange for Candidate Membership in CAPCT (Canadian Association of Psychoanalytic Child Therapists) at start of program, which includes subscription to PEPweb psychoanalytic library database. CICAPP will assist with this process.

Admissions Procedure:

- University degree (BA Honours) in humanities, social sciences, medicine AND some work experience in care and treatment of children
- Application form, transcripts from University degree(s)
- 3 letters of reference: one from current supervisor or employer
- Two interviews by Intake Committee members
- Evidence of ability to develop insight into own psychological functioning
- Criminal check upon acceptance to program
- APPLICATION DEADLINE IS **JUNE 30th**

CICAPP CURRICULUM AND CLINICAL REQUIREMENTS

YEAR 1

- History & Psychoanalytic Overview:
Freud, Developmental Ego psychology (incl. Anna Freud, Hartmann, Spitz, Mahler, etc.), Klein/Bion, British Object Relations (incl. Rank, Winnicott, Bowlby, Fairbairn, Guntrip, etc.), Self-Psychology, Relational and Intersubjectivity



- Infant Development
- Attachment theory
- Toddler and Preschooler Development (includes gender development)
- Adult Development: parent role
- Psychoanalytic Concepts: Comparative
- Evidence base psychodynamic psychotherapy
- Infant Observation
- Toddler Observation

YEAR 2

- Latency Development and Adolescent Development
- Cognitive Neuroscience; cognitive development – Erikson, Piaget
- Psychostructural diagnosis and Psychopathology of preschooler , latency and adolescent
- Use of Play – theories and use of play-techniques
- Work with Parents (part 1)
- Therapeutic Relationship and Therapeutic Action ; - recognizing and working with transference and countertransference
- Empathy Workshop
- Assessment of Preschooler ,Latency Adolescent and of Family History
- Clinical Case Seminars
- Formulation

YEAR 3

- Different Diagnoses: Trauma ,Anxieties ,Eating Disorders ,OCD ,ADHD, Learning Disabilities ,Depression ,Phobias ,Conduct Disorder, Pathological narcissism, Psychosis ,Asperger's Syndrome-
- Issues: Adoption, Divorce ,Substance abuse ,Gender issues
- Work with Parents (part 2)
- Clinical Case Management and Practical Issues
- Professional Practices (ethics, keeping notes, when to refer, confidentiality)
- Ruptures & Empathic Failures
- Cultural Diversities
- Psychopharmacology
- Clinical cases

YEAR 4

- The Phases of Psychotherapy; Beginning, Middle, Termination
- DSM/Psychodynamic
- Specialty Topics: impact of siblings, sexual abuse, etc.
- Competency issues: Professional report writing – CAS, court, etc.
- Clinical Cases



CLINICAL REQUIREMENTS

- Direct Client Contact (DCC): actual session with child and/or parents
- **450** direct client contact under supervision for total of **~200 hours**

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 direct client contacts for total of **18 DCC**
- total supervision hours is **15**; minimum of 4 per assessment
- Different supervisor for each assessment

Clinical Cases: 4

- including 3 different age groups(early childhood:2-6 yrs, school age : 7- 12 yrs, adolescent 12-19yrs)
- at least one case must be seen twice per week
- different supervisor for each case

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

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

EVALUATION

- The Student Progress Committee is responsible for overseeing progress
- Teachers complete evaluation on participation; ability to understand the readings and demonstrate developing ability to link theories and concepts to clinical material
- Yearly cumulative exam for Years 1, 2, 3 and 4 held each May
- Assessment and case reports; reviewed by supervisor and then SPC
- Evaluation forms completed by supervisors
- Annual progress review



- Permission required for starting clinical work by end of first year and when starting new cases.

GRADUATION AND COLLEGE OF REGISTERED PSYCHOTHERAPISTS:

- Graduate only when all program requirements are met
- SPC may review progress and require additional work
- Can apply to CRPO, status as a Qualifying RP and must continue with supervision and accumulate additional direct client contact hours until meet their requirements for full RP status.

FOR MORE INFORMATION CONTACT:

Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

www.cicapp.ca

info@cicapp.ca

416.690.5464

Canadian Association for Psychoanalytic Child Therapists

www.capct.ca

College of Registered Psychotherapists of Ontario

www.crpo.ca



Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy

APPLICATION FOR ADMISSION

I. **PERSONAL DATA**

LEGAL NAME:

RESIDENTIAL ADDRESS:

PERMANENT ADDRESS: (check if the same as residential) ☐

**Note: all correspondence will be sent to permanent address*

RESIDENTIAL PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

GENDER: ☐ F ☐ M Other:

CURRENT EMPLOYER:

YOUR CITIZENSHIP:

If you are **not** a Canadian citizen, do you have Landed Immigrant Status:

☐ YES

☐ NO

SOCIAL INSURANCE NUMBER:

(required for CRA T2202 education & tuition credits certificate)



II. **EDUCATION**

Please list colleges, universities, or other schools attended, and the degree or diplomas obtained.
Include Dates:

III. **WORK EXPERIENCE**

Please list, with details specified below, your last three employers, beginning with your current or most recent position.

A) **NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

B) **NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)



C) NAME OF EMPLOYER

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

Additional Comments:

- IV. Please prepare (on separate pages) a personal account of why you wish to pursue this training, how it relates to your past and future career and life goals. The account should include a history of your professional involvement with children, and the reasons you feel able to undertake the training program in your present life circumstances.
- V. Please send, along with the completed Application....
- a) Your academic transcripts *
 - b) Three confidential letters of recommendation, at least two (2) of which must be from recent supervisors or administrators well acquainted with your work *
 - c) A cheque or money order for **\$250.00** made payable to the "Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy" or "CICAPP". This is also payable by e-transfer to info@cicapp.ca or by credit card online at www.cicapp.ca
Please note: The application fee is **not** refundable.

Mail to: Suzanne Pearen, Administration Manager
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP)
Business Office: 17 Saddletree Trail, Brampton, ON L6X 4M5
Telephone: 416-690-5464

- * If these documents cannot accompany the application form, please ensure that the materials follow as soon as possible after the application form. Your file must be complete prior to admission interviews.



VI. APPLICANT CERTIFICATION

I hereby certify that all of the information I provided on this application form for the CICPAP Training Program in Psychotherapy is true and accurate to the best of my knowledge.

Signature

Date