

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

**AACAP Psychodynamic Faculty Initiative Mentorship Award
(PsyFI)
Mentee Application**

Items marked with an * are optional

Please include:

1. Completed application form
2. Curriculum vitae
3. Letter of endorsement from the fellowship Program Director/Training Director showing support for the enhancement of psychodynamic psychiatry in their training program
4. Two additional letters of recommendation (optional)

BACKGROUND

Name of applicant: _____
First Middle Last

Current Address: _____
Street
City State Zip

Current Home/Cell Phone: _____ Current Work Phone: _____

Email Address: _____

Birth Date*: _____ Race/Ethnicity*: _____ Gender*: _____

Are you a member of the AACAP? yes no

(Note: AACAP membership is necessary for this award)

Academic Position: _____

Name of Training Program represented: _____

Name of Head of Program Director/ Training Director (if applicant is not the program director):

Name of Head of CAP program: _____

TRAINING PROGRAM INFORMATION

1. Tell us about your CAP training program in general:

- When was your program started: _____
- Number of full time faculty (paid): _____
- Part time faculty (paid): _____
- Voluntary CAP faculty: _____
- Number of fellows per year: _____

2. Tell us specifically how psychodynamic psychotherapy is currently taught in your program:

- Didactics (please describe didactics focused on psychodynamic psychotherapy):
 yes no
 - If yes, briefly describe (including number of sessions):

- Seminars: yes no
 - If yes, briefly describe:

- Do you have supervisors with specific skills in teaching psychodynamic psychotherapy?
 yes no
If yes, how many: _____

- Which disciplines are involved:
 - Psychology/PsyD
 - CAP ___ full time paid ___ part time paid
___ gratis (voluntary faculty)
 - SW
 - Other

If no, what do you do?

- In which programs/clinical sites are the fellow's psychodynamic psychotherapy cases seen?

- Number of cases expected in fellow's caseload?

Year 1: _____ Year 2: _____

- Average number of times these cases are seen?

- More than 1 once a week
 - 1 time per week
 - Once every other week
 - Other: Please describe:
-

- Do the fellows have the ability to see cases for more than a year? yes no

If not, why?

- Is there a psychoanalytic institute or psychodynamic psychotherapy training program easily accessible to the fellows? yes no

- Are you involved with this training site? yes no

3. On a scale of 1- (fulfills minimum RRC standards) - (ideal, gold standard) -5, what score would you give the training of psychodynamic psychotherapy in your program? _____

- What are the barriers to increased involvement in psychodynamic psychotherapy training in your program (check all that apply)?

- Buy in from leadership
 - Money/financial
 - Not enough supervisors in psychodynamic psychotherapy
 - Competition with other training topics, especially other psychotherapies
 - Psychodynamic psychotherapy not considered evidence based
 - Faculty do not have the time
 - Other:
-

4. Does your division?

- Mandate that their fellows have their own therapy?
- Have a group therapy experience for the fellows?
- Suggest therapy as a valuable addition to the training experience?
- Suggest specific types of therapy? If so, which?
- Facilitate the fellows having their own therapy?
(n.b. referral process, reduced fee, therapist agreements, free series of therapy sessions, etc.)
- Not address these issues?

ENDORSEMENT LETTER

4. Please have the training director and Division Chief (if separate person) provide a letter of support for your involvement in this award and for enhanced training for psychodynamic psychotherapy in your program.

Date of Application: _____

Signature: _____