

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

WWW.AACAP.ORG

**AACAP Psychodynamic Faculty Training and Mentorship Initiative  
(PFTMI)  
Mentor Form**

Name of mentor applicant: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Current Home/Cell Phone: \_\_\_\_\_ Current Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of the AACAP?  yes  no  
(Note: AACAP membership is necessary to mentor for the award)

Current Position: \_\_\_\_\_

**TRAINING PROGRAM INFORMATION**

If you are currently involved in training in a Child Psychiatry Program, please fill out the following Training Program Information:

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: \_\_\_\_\_

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):

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○ Seminars:  yes  no

○ If yes, briefly describe:

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○ 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?

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

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○ 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:

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

If not, why?

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- 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:
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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?

Describe briefly your own training in psychodynamic psychotherapy (you may use a separate paper)

Describe how you use and have used psychodynamics in your practice (you may use a separate paper)

Describe your experiences teaching psychodynamics and your main areas of interest, knowledge, skill or research. This will assist us in matching mentors and mentees. (you may use a separate paper)

Our need for mentors is limited (at most 6 per year). If you are not matched with a mentee this year, can we keep your application on file for future matching with a mentee?  yes  no

One goal of this initiative is to create a community within AACAP that supports members in maintaining psychodynamics as a core skill of child and adolescent psychiatrists. Would you like to hear about future projects in the initiative?  yes  no

Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_