

Psychotherapy Supervised Clinical Training Requirements

The log should be completed annually by residents to track progress and completion of psychotherapy requirements. Email confirmation from supervisors of completion of requirements is acceptable and can be appended to this form. The form should be reviewed 1-2x per year with your coach and submitted at the end of each academic year to postgradoffice.psych@utoronto.ca for your resident file. For any questions with regards to psychotherapy requirements, please contact the psychotherapy site coordinator at the site where you are being supervised.

Name: _____

PGY: _____

IP = In progress; C = Completed

1. ONE-ON-ONE MODALITIES

a) Long-term Psychodynamic Psychotherapy (1 to 2 cases, 100 hours)

	# IP	# C
Adult Cases		

Total # of Clinical Hours*: _____

Supervisor Name/Signature: _____

Date: _____

b) Cognitive Behavioural Therapy (2 adult cases)

	# IP	# C		# IP	# C
Weekly Supervised Cases			Depression Cases		
Anxiety Cases					

of Completed CBT Cases*: _____

Supervisor Name/Signature: _____

Date: _____

c) Other Short-Term One-on-One Modalities (minimum of 2 cases, 1 of which must be IPT, second case can be in any structured modality, including CBT and it can also be a child case)

	# IP	# C
IPT Case(s)		

Completed IPT Cases*: _____

Supervisor Name/Signature: _____

Date: _____

	CCRT/Brief Psychodynamic	Supportive	CBASP	Crisis Counselling
Other Modalities				

Completed 1-on-1 Cases*: _____

Supervisor Name/Signature: _____

Date: _____

2. MULTI-PERSON MODALITIES

a) Group Therapy (2 groups - e.g. outpatient, inpatient, or day-hospital, minimum 6-8 sessions per group or 16 sessions in total)

Group:	# IP	# C	Please indicate:
# of Weekly Supervised Groups:			Interpersonal <input type="checkbox"/> Supportive <input type="checkbox"/> CBT <input type="checkbox"/> DBT <input type="checkbox"/> Psychoed <input type="checkbox"/>

Completed Multi-Person Cases*: _____

Supervisor Name/Signature: _____

Date: _____

b) Couples/Family: (1-3 cases - 8 sessions total and a minimum 2 sessions per family/couple)

	# IP	# C
# of Weekly Supervised Couple/Family Treatments		

Supervisor Name/Signature: _____

Date: _____

3. OTHER REQUIREMENTS

a) DBT (2 observed DBT group sessions)

	# IP	# C
DBT Sessions Observed		

Supervisor Name/Signature: _____

Date: _____

b) Motivational Interviewing (during PGY 1/4 Addiction Psychiatry rotation: MI skills observed in 2 encounters, with at least 1 meeting all MITI global measures ≥ 4)

	# IP	# C
MI Sessions Observed		

Supervisor Name/Signature: _____

Date: _____

Psychotherapy EPAs are available for viewing below:

COD6-A Psychotherapy Modality: https://www.psychiatry.utoronto.ca/sites/default/files/cod6a_pschotherapy_modality.pdf

COD6-C Integrating Psychotherapy Skills: https://www.psychiatry.utoronto.ca/sites/default/files/cod6c_integrating_pschotherapy_skills.pdf