

**UEMS Section/Board on
Child and Adolescent Psychiatry / Psychotherapy
(CAPP)
Working Group on Harmonization of CAPP-Training**

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Training Log-Book

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1. Foreword

The charter on training medical specialists in the EU defines the requirements for child and adolescent psychiatry/psychotherapy (CAPP) training. This charter was adopted by the UEMS specialists section on CAPP in October 1994. Within the framework of the general aspects of training in CAPP the charter includes information on the training program and asks for a training Log-Book (Article 2, point 4). This Log-Book should be understood as a guideline for CAPP training in Europe, which should have a minimum duration of 5 years postgraduate training (of which 4 years should be pure CAPP). After that an independent practice activity of CAPP should be possible.

The structure of the Log-Book should be derived from the daily practical approach to diagnosis and treatment of child psychiatric problems. Therefore, it is recommended that the mentioned issues and topics should be included in the CAPP training of each European country as a *golden standard*. Nevertheless, there may be some minor national variations depending on the possibilities and objectives of the individual country.

Hence, this document is an attempt to bring together the different focuses of CAPP in the different EU countries.

The fulfilling of the Log-Book contents should enable the medical trainee to become a competent CAPP at all levels of child and adolescent functioning; with a bio-psycho-social developmental model in mind. It seems to be of utmost importance to reach this goal, as a holistic approach to children and adolescents with psychiatric problems has proven to be best for their future development in society. Thus, the well trained CAPP will be the only professional who can overview, handle and (if necessary) adequately delegate and co-ordinate multilevel healthcare needed for the psychiatrically disturbed child and adolescent.

The best way to use this CAPP training Log-Book would be to develop it as a steady interactive link between CAPP trainer and CAPP trainee with up-to-date literature available (e.g. textbook, casebook, guidelinebook for disorders, multiaxial classification scheme, journals). Based on this procedure the CAPP training Log-Book could contribute to a successful national examination in CAPP.

Finally, following the lines of the CAPP training Log-Book would allow the trainee (*after* his national certification as CAPP) to go on with a *deeper training*, depending on his/her interests (e.g. psychotherapy, child neurology). Duration and contents of the latter have to be defined by the national bodies/associations.

2. European Board of Child and Adolescent Psychiatry/Psychotherapy (EBCAPP)

Statutes

1. Introduction

The U.E.M.S. Specialist Section 'Child and Adolescent Psychiatry/Psychotherapy' (CAPP) establishes the 'European Board of Child and Adolescent Psychiatry / Psychotherapy' (hereinafter called EBCAPP) as a part and working group of the U.E.M.S. Section. Members of the Board should be eminent representatives of national organizations representing the member countries of U.E.M.S. on a professional, scientific and university basis. In general (because of economic reasons) these representatives should be the same as the elected delegates from the national scientific and professional organizations of the CAPP Section.

2. Objectives

The objectives of the EBCAPP are to guarantee a specialty of high quality and to support the free movement of specialists.

- 2.1 EBCAPP shall recommend the standards required for specialist training in child and adolescent psychiatry/psychotherapy.
- 2.2 EBCAPP shall make proposals for the quality and the content of training and for the syllabus of specialization in CAPP.
- 2.3 EBCAPP shall recommend (i) minimum and (ii) desirable criteria to which the training centers shall (i) confirm and (ii) aspire.
- 2.4 EBCAPP shall assess the content and quality of training in the European countries which are full members of the U.E.M.S.
- 2.5 EBCAPP shall facilitate the exchange of CAPP trainees between training centers of the European countries to ensure better harmonization and quality of training.
- 2.6 EBCAPP shall recommend procedures to improve the free movement of child and adolescent psychiatrists throughout Europe.
- 2.7 EBCAPP shall recommend to National organizations which regulate CAPP training that, so long as their training schemes meet the minimum criteria and are verified by visitation (see 2.3), they institute a recognition of quality, called 'European Board Qualification'.

3. Composition of the Board

- 3.1. Full membership of EBCAPP is limited to the representatives elected by the national professional organizations and by the scientific societies of child and adolescent psychiatry/psychotherapy in the U.E.M.S. full member countries. The other European countries can be invited to participate in EBCAPP if they are associate members of the U.E.M.S. or accepted as observers by the U.E.M.S. Management Council.
- 3.2 The Permanent Working Group of Trainees (PWG) and the European Forum For All Psychiatric Trainees (EFPT) shall have the right to delegate an elected member to the EBCAPP. Both will have a consultative voice.
- 3.3 Observers have not right to vote.
- 3.4 Each national delegation shall have only one substantive vote.
- 3.5 The Board shall be administered by an elected Executive Committee: President, Vice-President, General Secretary and Treasurer. To be consistent, the General Secretary and The Treasurer of the Board should preferably be the same as in the specialist section.
- 3.6 The members of the Board and the Executive Committee will be elected for four years.
- 3.7 The meetings of the EBCAPP should take place in connection with the section meetings, in general at least once a year and preferably in connection with an important national or international scientific congress of child and adolescent psychiatry.
- 3.8 The Executive Committee will be responsible for communicating with the General Secretary of U.E.M.S., who will be informed of the activities of the European Board of Child and Adolescent Psychiatry/Psychotherapy.

3. Goals CAPP

Description of goals for specialist training in Child and Adolescent Psychiatry /Psychotherapy (CAPP)

General Goals

Specialty Profile

The specialty of CAPP requires in-depth knowledge and skills in recognizing, curing, alleviating and preventing mental illness or disorders in children and adolescents. The specialty also involves knowledge concerning the differences between psychopathologic symptoms in growing children and adolescents in contrast to adults.

The specialty of CAPP is interdisciplinary, integrating the field of medical knowledge with psychological, pedagogic and social knowledge. The specialty addresses inpatient and outpatient care, and investigates, diagnoses and treats the child & adolescent psychiatry conditions described by current international psychiatric classification systems. These conditions are associated with severe suffering or poor prognoses, i.e. risk for premature death, future disability, impeded personal growth and development, and risks for the security of others. The specialty involves working with children, adolescents and their families.

Specialists in CAPP

- investigate, diagnose and treat child & adolescent psychiatric conditions as described above
- participate in treating interpersonal relationship disturbances in families where no one has yet developed serious psychiatric symptoms
- advise on issues related to child rearing, and support adults in their parental roles
- carry out investigations for social services and the judicial system
- work with prevention by early identification of children at risk, based on knowledge concerning normal development in children and adolescents. Preventive activities are also implemented by collaborating with other community authorities serving children and adolescents.

Internal and External Collaboration

Internally, within the health services, child & adolescent psychiatrists collaborate mainly with the specialties of pediatrics and psychiatry. Externally, outside of the healthcare system, child & adolescent psychiatrists collaborate with child welfare services, school health services, habilitation, social services and the judicial system.

Knowledge, Skills and Professional Attitude

Specialists in child & adolescent psychiatry shall

A. *Have proficient knowledge of and diagnostic skills in*

- how the physical, emotional, intellectual and social development of the child is affected by constitution, disease states, health and social adjustment of the parents and factors related to the community situation
- psychopathology in children and adolescents
- psychotherapy of children, adolescents and their families
- psychopharmacological treatment strategies
- psychosocial and pedagogic treatment strategies

B. *Have proficient knowledge and experience in*

- the most common somatic diseases of children and adolescents, especially child & adolescent neurological conditions, and somatic symptoms which may be an expression of mental illness
- the most important general psychiatric disorders and abuse conditions of adult age and their treatment
- psychological examination methods
- the organization and resources of the school system, social services and habilitation
- the organization and resources of the judicial system and current legislation

C. *Be orientated in*

- the organization and methods of forensic psychiatry
- the impact of community planning on the health and development of children

Regarding professional attitude, specific requirements are placed on the communication skills and ethical awareness of specialists in CAPP. The most important single diagnostic tool in the psychiatric investigation is individual counseling. Therefore, residents shall develop the capacity to communicate in a positive way with children and adolescents of different ages and with parents in different situations. The ability to establish open and reliable contact with patients and staff can, to some extent, be learned theoretically, but mainly it must be developed through practical training under individual guidance from an experienced specialist. In psychiatric diagnoses of children, adolescents and parents, the investigator's psychological reaction to the patient has a substantial informational value - however on one condition: self-knowledge. Therefore, residents shall be given the

opportunity to acquire a deeper understanding of their own psychology via psychotherapy-like sessions.

During the specialist training program, residents shall:

- train their ability to make independent and wellfounded decisions concerning issues involving medical ethics
- acquire knowledge about general healthcare policy goals and priorities be given opportunities to participate in departmental activities related to organizational planning, financial management, and quality improvement
- acquire knowledge of and insight into the leadership role of the physician be encouraged to participate in research and development and to refine their capabilities for critically appraising the results from various methods and technologies
- increase their knowledge about the potential for preventing disease and injury, and participate in individual and general prevention activities develop their teaching skills by participating in the education and training of various categories of staff.

Supplementary Education and Training

Supplementary education and training in pediatrics and adult psychiatry shall provide proficient knowledge concerning the most common somatic diseases in children and the most common mental disorders and substance abuse problems in adults (see Specific Objectives).

Theoretical Education

The specialist training program shall be paralleled by theoretical studies and other complementary educational activities, e.g. courses, conferences, etc. In collaboration with their tutors, residents shall plan literature studies and select courses intended to promote the development of competence, providing knowledge and skills that may otherwise be difficult to acquire within the framework of specialist training.

Quality Assurance

The description of goals shall serve as a guide for physicians intending to specialize within the field. Furthermore, these goals shall serve as the foundation for individual specialist training programs, which shall be designed in collaboration between the resident and the tutor as quickly as possible following the resident's employment.

Specialty training shall be supervised, and it is the responsibility of the chief medical officer (head of the department/clinic, or equivalent) and the resident's tutor to plan the specialist training program with the resident so that specialist competency can be achieved within the stipulated time frame. Furthermore, it is the responsibility of the chief medical officer to ensure that the resident receives the supplementary education and training specified under the description of goals, and that complementary education/ training is provided when the

need for knowledge cannot be met within the normal framework of activities. The tutor shall ensure that supplementary training is designed to meet the requirements described by the specialty goals and objectives, and that good contact is regularly maintained with the supervisors of the educational units providing supplementary education and training.

The progress of residents shall be continuously assessed, and be checked against the individual's specialist training program; a suitable format for assessment would be regular, personal development meetings.

Specific Objectives

In CAPP

Specialists shall be able to investigate, diagnose and treat the following conditions

- deviations in normal psychomotor development, including specific developmental disorders
- problems of attachment and emotions in infants and toddlers
- intelligence-related disabilities
- autistic syndromes and Asperger-related conditions attention-deficit hyperactivity disorder, perception problems, impulsive and aggressive behavior, Tourette syndrome and other tic disorders
- obsessive compulsive disorders
- various types of emotional disturbances during childhood and adolescence
- anxiety disorders
- depression and other affective disorders
- suicidal behaviors
- eating disorders including anorexia nervosa and bulimia nervosa
- psychosomatic conditions
- psychoses and states of confusion manifesting during childhood-adolescence
- disruptive behavior disorders
- psychological aspects of criminal behavior in juveniles
- crisis reactions
- post-traumatic stress disorder (including immigrant and refugee problems)
- children identified because of child abuse and sexual abuse
- adolescents with antisocial behavior and substance abuse problems
- personality disorders in older teenagers

Specialists shall be knowledgeable about

- the etiology of mental disorders with analysis of the significance of biological, psychological and social factors
- epidemiology of mental illness and disorders of childhood and adolescence structure, chemistry, physiology and function of the central nervous system psychopharmacology
- developmental psychology (including current knowledge in cognitive psychology and neuropsychology)
- crisis theory
- various family relation theories
- current legislation and its application to health care, social services and care of the handicapped
- immigrant and refugee issues (development of cultural expertise)
- insurance issues
- administration and work management

Specialists shall have diagnostic skills in

- counseling methods and anamnesis
- assessing motor-neurological development
- describing mental status
- assessing function and resources of individual, family and network
- assessing risk for suicide
- using rating scales and structured interviews
- coordinating the work of the child psychiatry team

Specialists shall have skills in

- how, e.g. somatic, social, psychotherapeutic and pedagogical treatment methods and habilitation measures are planned and coordinated in outpatient and inpatient settings and in collaboration with other caregivers and other involved parties
- giving information, advice and support to patients and their families
- psychotherapy (e.g. psychodynamic, behavior and/or cognitive) including crisis intervention, individual, group and family therapy, psychoeducational therapy, environment therapy and networking
- psychopharmacotherapy and other somatic treatment
- issuing certificates and reports
- consulting in CAPP for health services, social services and other involved parties
- assessing and handling issues of child custody and visitation rights, child abuse (including physical abuse, psychological neglect and sexual abuse)
- serving as an expert witness for the courts

Specialists shall have practical skills in

- assessment methods and activity monitoring
- search out, monitor and critically appraise scientific and hermeneutic research
- leadership of continuing education and teaching (mainly for personnel within the field itself)
- documentation

In Adult Psychiatry

During specialty education and training, residents shall participate in investigating, diagnosing and treating the following conditions in adults

- affective diseases
- psychotic conditions including schizophrenia
- anxiety conditions including phobias
- substance abuse
- adjustment disorders
- personality disorders
- somatoform disorders including conversion syndromes
- eating disorders
- mental retardation in adults
- neuropsychiatric disorders

Residents shall acquire knowledge of and practical experience in

- psychopharmacological treatment and other somatic treatment including ECT
- psychotherapeutic and psychosocial/sociopedagogic treatment methods in the field
- compulsory psychiatric care
- psychiatric rehabilitation in collaboration with those responsible in the municipality

In Pediatrics

During specialty education and training, residents shall acquire knowledge of and practical experience in

- psychomotor development disorders
- common neurologic diseases and disabling conditions, including seizure disorders
- common infectious diseases
- chronic conditions/diseases (e.g. diabetes mellitus, organ transplantations, cancer)
- pathological conditions related to the neonatal period
- counseling parents in crisis
- sudden infant death
- screening of children who visit well baby clinics/child health services, child & adolescent rehabilitation

4. EU Training Charter for CAPP

Article 1.

Central Monitoring Authority for CAPP at EU Level

1.1 Monitoring Authority

At EU level, the monitoring authority is the UEMS section of child and adolescent psychiatry/psychotherapy (CAPP). In UEMS member countries the specialty exists under various names: child and adolescent psychiatry/psychotherapy, child and adolescent psychiatry, child and adolescent neuropsychiatry, child psychiatry, child neuropsychiatry. All these different names are considered equivalent. At national level, the training of CAPP specialists is regulated by National Authorities which set standards in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP.

1.2 Recognition of teachers and training institutions

The National Authorities are responsible for selecting and approving training institutions and teachers at national level in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP. There must be an identified chief of training at each training institution.

1.3 Quality Assurance

The National Authorities are responsible for setting up at national level a program for quality assurance of training and of teachers and training institutions in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP.

1.4 Qualification and Recognition of Medical Specialists

The National Authorities are responsible for implementing at national level a system of qualification and recognition of medical specialists in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP.

1.5 Manpower Planning

The National Authorities in co-operation with national professional and/or scientific organizations in CAPP are responsible for developing a manpower planning policy at national level which aims at balancing demand and training for CAPP specialists in the EU/EFTA member state concerned. The National Authorities should be involved in the implementation of this policy.

Article 2.

General Aspects of Training of CAPP Specialists

2.1 Selection for and Access to the Training of CAPP Specialists

Teachers and training institutions or other responsible bodies select and appoint trainees who are suitable for CAPP in accordance with an established selection procedure. This selection procedure should be transparent, and application should only be open to persons who have completed basic medical training.

2.2 Duration of Training

A minimum duration of 5 years postgraduate training (of which 4 years should be pure CAPP) is required for independent practice of CAPP. Training should by preference take place in a full-time appointment. For part-time training an individually tailored program should be approved by the National Authorities.

2.3 Structure of Training

CAPP specialty training in fundamental knowledge and skills should include:

Specialty training (48 months):

- at least 24 months in child and adolescent psychiatric outpatient care
- at least 12 months in child and adolescent psychiatric inpatient/day care
- there must be a balance between experience with children and adolescents
- full time research work can be included within the specialty training; the research must be in child and adolescent psychiatry

Complementary specialty training (12 months):

- 12 months in adult/general psychiatry
- training in pediatrics or neurology is recommended but optional

2.4 Training Program, Training Log-Book

Theoretical and practical training will follow an established program approved by the National Authorities in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP.

A. Theoretic training

Training should include 720 hours of structured teaching over the 4 years of CAPP training. This must include

- regular clinical teaching integrated within normal clinical work (e.g. classification meetings, case conferences, journal clubs, approximately 120 hours a year, 3 hours a week), and
- formal seminars (not included in the normal clinical work, approximately 60 hours a year). Mandatory subjects for the seminars are the following:
 - Child development (physical, neurological, psychosocial development)
 - Clinical syndromes
 - Academic basis of treatment (e.g. individual and family psychotherapy, psychopharmacotherapy)
 - Family functioning
 - Developments in CAPP related fields (e.g. pediatrics, adult/general psychiatry, psychology)
 - Health administration, management and economics

B. Practical training

Training must include, alongside the normal clinical work

- clinical supervision which is an integral part of all practical training, and
- clinical co-operation with relevant institutions and professionals (e.g. Liaison work)

C. Psychotherapy training

Training must include training in psychotherapy for individuals, groups of families according to psychoanalytic/dynamic, behavioral/cognitive or systemic methods. The psychotherapy training should include theoretic seminars, supervised treatment techniques, and individual or group self-awareness.

The different stage of training and the activities of the trainee should be recorded in a training log-book.

2.5 Quality assurance

The National Authorities together with the teachers and training institutions must implement a policy of quality assurance of training. This may include visits to training institutions, assessments of the training, monitoring of the log-book and any examination of CAPP training.

2.6 Numerus Clausus

Any limitation on entry into specialist training is not to be recommended. Where there is a lack of CAPP specialists the National Authorities are requested to encourage the acquisition of sufficient numbers of specialists necessary to develop acceptable training schemes.

2.7 Training Abroad in the EU

Trainees should have the opportunity to be trained in recognized training institutions in other UEMS member countries during the training with the approval of their training program by the National Authorities of their country of origin. National Authorities can recognize training in non-EU countries if they so wish.

Article 3

Requirements for Training Institutions

3.1 Training institutions shall be recognized by the appropriate National Authorities.

3.2 Size of the Training Institutions

Training should take place in an institution or group of institutions which are of sufficient size to offer the trainee practice in the full range of CAPP with consultations and practical procedures that are sufficiently varied and quantitatively and qualitatively sufficient, including inpatient care and outpatient (ambulatory) training. Good practice involves a trainee working with a series of different trainees/institutions.

Allied specialties should be present to a sufficient extent to provide the trainee with the opportunity of developing his/her skills in a team approach to patient care.

Other institutions may be recognized by the National Authorities for periods of the training. Only those institutions which fulfill the standards set by the UEMS Section of CAPP may be recognized for the full period of training.

3.3 Quality Assurance of the Training Institution

The training must take place in settings which offer a high quality service. The training institution should have an internal system of medical audit or quality assurance. Furthermore, various hospital activities in the field of quality control such as ethical committees, and drugs and therapeutics committees should exist. Inspection visits of training institutions by the National Authorities should be conducted in a structured manner.

3.4 Teaching Infrastructure of the Training Institution

In the institution, the trainee should have space and opportunities for practical and theoretical study. Access to adequate national and international professional literature should be provided as well as space and equipment for practical training in psychotherapy and other clinical skills.

Article 4.

Requirements for Teachers

4.1 Qualification of the Teacher

The chief of training in any training institution should have been practicing CAPP for at least 5 years after specialist accreditation or should have completed a specific training program before recognition as such. There should be additional teaching staff. The teacher and the staff must be experienced in the broad range of CAPP practice.

4.2 Training Program

CAPP training for any individual trainee must be co-ordinated by an identified person or body. There should be a training program and a regular review for the trainee in accordance with the trainee's own qualities and the potential of the institution. It should comply with national rules and consider these requirements from the UEMS Section of CAPP.

4.3 Teacher/Trainee Ratio

The ratio between the number of qualified CAPP specialists in the teaching staff and the number of trainees should provide for close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

Article 5.

Requirements for Trainees

5.1 Experience

To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of in-patient and outpatients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity.

5.2 Language

The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

5.3 Log-Book

The trainee must keep his/her personal training log-book or equivalent up to date according to national rules and these requirements from the UEMS Section of CAPP.

5. Training Log-Book of CAPP

5.1 Basic Structure

5.1.1 Institutions

5.1.2 Diagnostic Training Issues

5.1.2.1 Theory and Practice

5.1.2.1.1 Sensorymotor level

(e.g. psychiatric neurobiology, neurodynamics, child neurology)

5.1.2.1.2 Cognitive level

(e.g. neuropsychology, neurodynamics)

5.1.2.1.3 Emotional level

(e.g. psychopathology, psychodynamics/neurodynamics)

5.1.2.1.4 Social level

(e.g. social psychiatry, sociodynamics)

5.1.3 Therapeutic Training issues

5.1.3.1 Theory and Practice

5.1.3.1.1 Psychotherapy

(e.g. psychodynamic, cognitive-behavioral, systemic)

5.1.3.1.2 Neuropharmacotherapy

(e.g. pharmacology, drug handling)

5.1.3.1.3 Functional Training

(e.g. sensory motor, cognitive, social)

5.1.3.1.4 Self-help Groups

(e.g. parent organizations of ADHD and autism)

5.1.4 Forensic CAPP

5.1.5 Research

5.1.6 Documentation

5.1.7 Forms

5.2 Detailed Contents (Recommended)

5.2.1 Institutions

5.2.1.1	Child and Adolescent Psychiatry and Psychotherapy	4 years
	<ul style="list-style-type: none"> • Department • Practitioner 	
5.2.1.2	Adult Psychiatry and Psychotherapy	1 year
5.2.1.3	Pediatrics/Neurology	optional
5.2.1.4	Special meetings of trainee and trainer	every month

5.2.2 Diagnostic Training Issues

5.2.2.1	Standardized diagnostics	Seminar 10 h
5.2.2.2	<ul style="list-style-type: none"> • History taking/Clinical assessment (Patient and Family) • Semi-structured/Structured interviews • Video-observation • Milieu-observation 	60 cases 5 cases 3 cases 3 cases
	→ Supervised and documented	
5.2.2.3	Psychodiagnostic assessment	
	<ul style="list-style-type: none"> • General Development • Developmental Psychopathology • Personality Traits 	10 cases 10 cases 10 cases
5.2.2.4	Neuropsychological assessment	10 cases
	<ul style="list-style-type: none"> • General cognitive abilities • Special performance 	
5.2.2.5	Somatic assessment	
	<ul style="list-style-type: none"> • Neuroanatomy/Neurochemistry/Neurogenetics • Neuroimaging/Psychophysiology • EEG-Evaluation • Neurological/Neuropsychiatric examination 	Seminar 10 h Seminar 10 h cases/seminars 60 cases

5.2.3 Therapeutic Training Issues

5.2.3.1. Psychotherapy

- Theoretical perspectives Seminar 100 h
- Balint Group 70 h
- Self-awareness (Group and Single) 140 h
- Practical Treatments
 - Cognitive-Behavior Therapy 6 cases
 - or
 - Psychodynamic Therapy 3 cases
 - Family Therapy 4 cases
 - or
 - Grouptherapy 2 cases
- supervised and documented
- Case-seminar 100 h
- Relaxation Techniques 16 h

5.2.3.2 Neuropharmacotherapy

- Psychopharmacology + Drug treatment Seminar 40 h
- Practical treatments 10 cases
(at least three groups of drugs)

5.2.3.3 Functional training

- (e.g. sensorymotor training) Seminar 40 h

5.2.3.4 Self-Help-Groups

Seminar 10 h

5.2.3.5 Counseling and Mental Health Prevention

open

5.2.3.6 Integrated Therapy

- At least three cases each of 40 cases
 - Crises Intervention (including suicide attempts)
 - Consultation
 - Depressive disorders
 - Anxiety disorders
 - Externalizing disorders
 - Eating disorders
 - Psychoses
 - Personality disorders
 - Tic-disorders/OCD
 - Pervasive Developmental Disorders
- supervised and documented
- Case conferences Seminar 40 h/year
(totally 10 own cases)

5.2.4 Forensic CAPP

- Theory
- Practice

Seminar 10 h
10 cases

5.2.5 Research

- Journal Club/Projects

Seminar 40 h/year

5.2.6 Documentation (including all own cases)

Seminar 40h/year

5.2.7 Forms (to be developed)