

UNIVERSITY OF DHAKA



Syllabus of the Department of Clinical Psychology

for

MS Course

Sessions: 2015-2016 to 2019-2020

and

MPhil Course

Sessions: 2015-2016 and onward

MS and MPhil in Clinical Psychology

Department of Clinical Psychology

University of Dhaka

1. Philosophy of the program

- That Clinical Psychologists integrate academic knowledge, clinical skills, and research expertise from within the discipline of Psychology.
- That Clinical Psychologists solve problems by the application of fundamental psychological principles.
- That the program is generic, covering all types of patient and setting and a wide range of assessment and treatment techniques.
- That the program should focus directly upon the needs. of the psychiatric services.
- That the course be conceived as a joint enterprise between academic and service institutions, i. e., the University of Dhaka, the Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Medical College Hospital (DMCH), the National Institute of Mental Health (NIMH), Dhaka. Additionally, the course will maintain close working liaison with Psychiatry, Neurology, Medicine, Surgery, Cardiology, Oncology, endocrinology, gastroenterology, Pediatrics and other departments of major public and private hospitals in Bangladesh.
- That ultimately all aspects of course organization and content are driven by service and client need.

2. Aims

- To contribute to the psychological health of the nation
- To contribute to the development and efficiency of psychiatric services.
- To produce a generation of Clinical Psychologists for Bangladesh.
- To train those who will become Clinical Psychology supervisors and trainers.
- To train those who will be mental health researchers from bio-psychosocial perspectives.
- To be the trainer and supervisor of counselors, psychotherapists and mental health workers.
- To be the manager and director of clinical psychology, psychotherapy and counseling services in both health and non-health community settings.

3. Objectives

- To have a generic, thorough and intensive one and half years program
- To combine academic courses, a range of supervised clinical work, and research supervision - all in areas of service need.
- To foster a critical understanding of the empirical literature and fundamental theories.
- To achieve experience of a wide range of clients, problems and assessment and treatment methods.
- To create an understanding of the value of research in clinical practice and service development, and to be able to do such research.
- To produce Clinical Psychologists who achieve a high standard of professional conduct and understanding.
- To produce Clinical Psychologists who will be culture and gender sensitive.
- To produce Clinical Psychologists who will be capable to help government and non-government health sectors to adopt positive mental health policies and practices.

4. Basic Course Structure

This is an integrated course comprising MS (one and half years) and MPhil (two years) degree in Clinical Psychology, each consisting of three components, namely: theoretical, clinical, and research work. Students will gradually assume greater clinical responsibilities with increasing experience. It should be noted that the time devoted to clinical work includes supervision time and private study time in support of patient contacts.

Syllabus for MS in Clinical Psychology
University of Dhaka

One and half years MS program in the Department of Clinical Psychology will follow Letter Grading System. Students will take a total of 42 Credit for the MS Degree. The course distribution will be as follows:

| Units | No. of Credit | Marks |
|----------------|----------------------|--------------|
| Theory | 22 | 550 |
| Clinical Work* | 10 | 250 |
| Thesis | 6 | 150 |
| Seminar | 2 | 50 |
| Viva Voce | 2 | 50 |
| Total | 42 | 1050 |

*Clinical work involves Clinical Internship (CPSY 507) and Practice in Psychometrics (CPSY 508).

| Course No: | Course Title | Marks | Credit |
|-------------------|---|--------------|---------------|
| CPSY 501 | Introduction to Psychiatry | 100 | 4 |
| CPSY 502 | Fundamental Principles of Clinical Psychology | 50 | 2 |
| CPSY 503 | Psychology of Adult Mental Health Problems | 100 | 4 |
| CPSY 504 | Clinical Health Psychology | 100 | 4 |
| CPSY 505 | Clinical Research Methods and Statistics | 100 | 4 |
| CPSY 506 | Models of Therapy | 100 | 4 |
| CPSY 507 | Clinical Internship | 200 | 8 |
| CPSY 508 | Practice in Psychometrics | 50 | 2 |
| CPSY 509 | Seminar | 50 | 2 |
| CPSY 510 | Thesis | 150 | 6 |
| CPSY 511 | Viva Voce | 50 | 2 |
| CPSY 512 | Professional Issues | (Non-credit) | |
| CPSY 513 | Contemporary Approaches to Psychotherapy | (Non-credit) | |
| | Total | 1050 | 42 |

To obtain the M. S degree, the students are required to take a total of 42 credit. Each four-credit course will be of 100 marks comprising of 60 lecture-hours, and two-credit course will be of 50 marks comprising of 40 lecture-hours.

CPSY 501 Introduction to Psychiatry

Theory: 4 Credit, 100 Marks

Course objective:

This course will orient the students on psychiatry including classification, assessment, diagnosis, medical treatment (effects and side effects) of major psychiatric disorders with the aim to have better understanding on recent practices in psychiatry. This orientation will help students to better communicate with the key mental health professionals regarding psychiatric conditions of clients.

1. Classification of mental illness: DSM-5 and ICD 10

- History and development
- Guiding principles
- Strengths and weaknesses
- Organic mental disorders (especially dementias)
- Psychoactive substance use disorders
- Schizophrenias
- Delusional (paranoid) disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Sexual disorders
- Sleep disorders
- Impulse control disorders
- Adjustment disorders
- Personality disorders

2. Psychopharmacology

- Stimulants
- Depressants
- Hallucinogen
- Antipsychotic drugs
- Antidepressants
- Anti-anxiety drugs
- Mechanisms of action
- Clinical use, efficacy and side effects
- Advancement in Psychopharmacology
- Ethical issues

3. Psychiatric interview

- Presenting problems
- History and effects of symptoms
- History of treatment
- Family history

Personal history (early development, childhood, schooling, occupation, adolescence, sexual history, marital history, children, medical history, previous mental health, drug abuse, forensic, current life situation)

Personality

Presenting mental state

4. Neurological examination

The cranial nerves

Motor system

Sensory system

Investigations (interpretation of EEG, CT, PET, MRI report)

5. Introduction to Child Psychiatry

6. Introduction to Community Psychiatry

7. Diagnosis of mental illness

Suggested Readings:

American Psychiatric Association (1994) Diagnostic and Statistical Manual of Mental Disorders. Washington, DC: APA.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders, (DSM-5). American Psychiatric Association.

Block S & Chodoff P (eds.) (1991). Psychiatric Ethics. New York: Oxford University Press.

Casey, P. and Kelly, B. (2007). Fish's Clinical Psychopathology, 3rd edition, The Royal College of Psychiatrists.

Cowen, P. Harrison, P. & Burns, T. (2012). Shorter Oxford Textbook of Psychiatry 6th edition. Oxford University Press.

Kaplan, H. I. & Sadock, B. J. (2010). Pocket Hand Book of Clinical Psychiatry, 5th edition.

Kaplan, H. I. & Sadock, B. J. (1996). Concise Textbook of Clinical Psychiatry, 7th edition.

World Health Organization. International Statistical Classification of Disease and Related Health Problems, Tenth Revision (ICD-10) Geneva: World Health Organization; 1992.

CPSY 502 Fundamental Principles of Clinical Psychology

Theory: 2 Credit, 50 Marks

Course objective:

This course aims to educate the students on the basic principles of clinical psychology including the different approaches to clinical training and specialization along with issues relevant to clinical assessment, formulation and treatment. This course will enable the students to have better understand clinical psychology and its practices.

1. Foundations of Clinical Psychology

Historical background,
Current issues in clinical psychology
Functions of a clinical psychologist

2. Specialties in Clinical Psychology

Community psychology
Health psychology and Behavioral medicine
Neuropsychology
Forensic psychology
Pediatric and clinical Child psychology

3. Models of training in clinical Psychology

Scientist-Practitioner
Applied Scientist
Local Clinical Scientist
Evidence-based Practitioner
Clinical Scientist

4. Clinical assessment

Areas of Clinical assessment
Goals of assessment
Issues to consider in clinical assessment: *Rapport, Continuous assessment, Clinical Judgment, and other relevant aspects*
Assessment of Physical organism
 General physical examination,
 Neurological examination,
 Neuropsychological examination
Psychosocial Assessment
 Clinical Interview,
 Behavioral assessment
 Assessment of Intelligence
 Personality assessment
 Social Functioning
 Occupational assessment
Integration of assessment data
Advancement in clinical assessment (computerized assessment)

5. Functional analysis

Functional assessment

Process of functional analysis

Using Functional analysis in Therapy

6. Clinical interventions

Making a formulation

Being a scientific therapist: *Defining aims, continuous assessment, definition of techniques, progress through investigation*

Common principles of treatment: *Realistic expectations, Reinforcement, Feedback, Graded approaches, Modeling, Rehearsal, Changing dysfunctional beliefs, Generalizing treatment, Cognitive control (e. g. Thought stopping, Anger control), Crisis intervention*

Common treatment Problems: *Patent compliance, Cure vs. control, Prioritizing targets, Needing supervision, Discharge and Relapse*

Suggested Readings:

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: an introduction for students and practitioners*. New York: John Wiley & Sons.

Brammer, H. M., Shostrom, E. L & Abrego, P. J. (1989). *Therapeutic Psychology: Fundamentals of Counseling and Psychotherapy*. Englewood Cliffs, NJ: Prentice Hall.

Hersen, M & Bellack, A. S (eds.) (1988). *A Dictionary of Behavioral Assessment Techniques*. New York: Pergammon Press.

Lindsay, S. J. E. & Powell, G. E. (eds.), (2007). *The Handbook of Clinical Adult Psychology*. Third Edition. London: Routledge.

Lindsay, S. J. E. & Powell, G. E. (eds.), (1987). *The Handbook of Clinical Adult Psychology*. Second Edition. London: Routledge.

Marziller, J & Hall, J (1999). *What is Clinical Psychology?*. Oxford

Mollins, C. R & Trower, P (eds.) (1988). *Handbook of Social Skills Training: Clinical Applications and New Directions*. Oxford: Pergammon.

Oullette, R., *Management of Aggressive Behavior: A Comprehensive guide to Learning how to recognize, reduce, manage & control aggressive behavior*. Pref. Dimensions Pub.

Powell, G. E, Young, R. & Frosh, S. (1993) *Curriculum in Clinical Psychology*. Leicester: BPS (DCP) Publications.

Roth, A. & Fonagy, P. (1996). *What Works for Whom*. The Guilford Press.

Sturmey, P. (1996). *Functional Analysis in Clinical Psychology*. John Willey & Sons.

Trull, T. J. and Prinstein, M. J (2013) *Clinical Psychology*, Eighth Edition, Wadsworth Cengage Learning, Belmont.

CPSY 503 Psychology of Adult Mental Health Problems

Theory: 4 Credit, 100 Marks

Course objectives

This course aims to develop an understanding of the nature, causation and treatment of prevalent adult mental health problems. This course will equip the students with theoretical knowledge as well as practical understanding of clinical psychological assessment and intervention techniques specific to each of these problems.

1. Mental health problems across life span

Child and adolescent

Adult

Elderly

2. Panic disorder

Investigation

The symptoms

Natural courses

Causal factors

Assessment

Treatment

Psycho-education

Exposure

Cognitive therapy

3. Social Phobia

Investigation

Defining features

Casual factors

Assessment

Treatment

Specific intervention: self focus attention and safety behavior experiment

Behavioral experiment

4. Obsessive Compulsive and Related Disorders

Investigation

Defining features

Causes

Assessment

Treatment

Cognitive-Behavioral treatment

Exposure and response prevention for those with overt compulsion

Modeling

Thought-stopping and thought- control

Habituation/satiation

5. Other disorders of Fear and Anxiety

Generalized anxiety disorder (GAD)

Investigation

The symptoms

Causal factors

Assessment

Treatment

Cognitive therapy

Somatoform Disorder

Investigation

Treatment

6. Trauma and stressor related disorders

Post-Traumatic Stress Disorder (PTSD)

Investigation

Defining criteria

Causal factors

Psychosocial risk factors

Assessment

Treatment

Psychological Treatment

Exposure/reliving

Processing of the trauma memory

Restructuring Images

7. Crisis intervention

Suicide

Self-harm

Acute stress

8. Major Depressive Disorders

Investigation

Defining features of Major Depressive Disorders

Causal factors

Assessment

Treatment

Cognitive behavioral Therapy

Effectiveness of Cognitive behavioral Therapy

Interpersonal Therapy

9. Bipolar and Related Disorders

Investigation

Diagnostic Criteria

Causal factors

Assessment

The Symptom profile

Treatment

Cognitive Therapy
Medication management

10. Schizophrenia spectrum and other psychotic disorder

Investigation

Historical origins
Symptoms
Casual factors
Assessment (e. g. questionnaires, behavioral tests, ratings)
Assessing 'at-risk' mental states

Treatment

Family interventions
Rehabilitation
Social skill training
Cognitive Behavior Therapy
Medication management

11. Substance Related Disorders

Investigation

Dependence and addiction
Causal factors of substance related disorders
Assessment (e. g. questionnaires, behavioral tests, ratings)

Treatment

Treatment approaches: Social –behavioral, Cognitive
Relapse prevention
Self efficacy, Self-control training, Motivational interviewing, milieu therapy
Conditioning therapies
Group therapies
Pharmacological treatment

12. Problems during Elderly

Investigation

Normal Aging
Multi-dimensional changes
The assessment of cognitive abilities, mood and well being
Practical considerations for cognitive assessment

Treatment

Psychological treatment of the dementias
Challenging behavior
Interventions with family and care givers
Treatment of affective disorders

13. Sexual dysfunctions

Sexual anatomy and sexual response
Bio-psycho-social aspects of sexuality
Nature effects and causes of sexual problems

Male and female sexual dysfunction

Management of Sexual problems (assessment, formulation, homework assignments, helping with general relationship problems and co-morbid problems)

Suggested Readings:

- Bancroft, J. (1983). *Human Sexuality & Its Problems*. Churchill Livingstone.
- Basco, M. R. & Rush, A. J. (2007). *Cognitive-Behavioral Therapy for Bipolar Disorder*. New York: Guilford.
- Barlow, D. & Cerny, J. A. (1988). *The Psychological Treatment of Panic*. New York: Guilford.
- Beck, A. T., Wright, F. D., Newman, C. F., & Liese, B. S. (2011). *Cognitive therapy of substance abuse*. Guilford Press.
- Beck, A. T. & Freeman, A. (1990). *Cognitive Therapy of Personality Disorders*. New York: Guilford.
- Bentall, R. P. (1990). *Reconstructing Schizophrenia*. London: Routledge.
- Birchwood, M. & Tarrier, N. (1994). *Psychological Management of Schizophrenia*. Chichester: Wiley and Sons.
- Blackburn, M. & Davison, K. (1995). *Cognitive Therapy for Depression and Anxiety*. London: Blackwell Sciences.
- Carr, A. (1999). *Handbook of Child & Adolescent Clinical Psychology*. London: Routledge.
- Carr, A. & McNulty, M. (2006). *The Handbook of Adult Clinical Psychology: An Evidence-based Practice Approach*. London: Routledge.
- Chadwick, P., Birchwood, M., & Trower, P. (1996). *Cognitive Therapy for Delusions, Voices and Paranoia*. Chichester: John Wiley & sons.
- Champion, L & Power, M. (2000). *Adult Psychological Problems: An Introduction*. Psychology Press.
- Clark, D. A., & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.
- Colman, A. M. (ed) (1994) *Companion Encyclopedia of Psychology Volumes I and II*. London: Routledge.
- Davey, G. & Tallis, F. (eds.). (1994) *Worrying: Perspectives on Theory, Assessment and Treatment*. Chichester: John Wiley & sons.
- Deshpande, C. G. (1999) *Suicide and attempted suicide*. Pune: Uma Publications.
- Dobson, K. S. (1988). *Handbook of Cognitive Behavioral Therapies*. New York: Guilford.
- Fonagy, P. & Higgitt, A. (1984). *Personality theory and Clinical Practice*.
- Fowler, D., Garety, P., & Kuipers, E. (1995). *Cognitive behavior therapy for psychosis: Theory and practice*. Wiley.
- Glass, I. (ed) (1991). *Addiction Behavior*. London: Routledge.
- Goldberg, S. et al (eds.) *Attachment Theory: Social, Developmental and Clinical Perspectives*. London: The Analytic Press.
- Hawton, K. (1985). *Sex Therapy: A Practical Guide*. New York: Oxford University Press.
- Hawton, K. Salkovskis, P. M., Kirk, J. & Clark, D. M. (eds.) (1989) *Cognitive Behavior therapy for Psychiatric Problems*. New York: Oxford University Press.
- Herbert, M. (1998) *Clinical Child Psychology*. John Wiley & Sons.
- Jenike, M. A., Baer, L. & Minichiello (eds.) (1990) *Obsessive Compulsive Disorders: Theory and Management*. Chicago: Year Book Medical Publications.
- Kennedy, G. J., (1996) *Suicide and depression in later life*. Wiley.

- Kingdon, D. G. & Turkington, D. (2000) Cognitive behavior therapy of schizophrenia. Guilford Press.
- Kirana, P.S; Tripodi, F. Reisman, Y. PorsT, H. (editors). (203): The EFC and ESSM Syllabus of Clinical Sexology. Medix. Amsterdam, ISBN/EAN: 978-94-91487-10-1
- Lindsay, S. & Powell, G. (eds.), (2007). The Handbook of Clinical Adult Psychology. Third Edition. London: Routledge.
- Maris, R. W., Berman, A. L., Masltsberger, J. T., & Yufit, R. I. (eds.). (1992). Assessment and prediction of suicide. New York: Guilford Press.
- Masters, W. H., Johnson, V. E., & Kolodny, R. C. (1986). On sex and human loving. Little, Brown.
- Marlatt, G. A., & Donovan, D. M. (eds.). (1985). Relapse prevention: Maintenance strategies in the treatment of addictive behaviors. Guilford Press.
- Newman, C. F., Leahy, R. L., Beck, A. T., & Reilly-Harrington, N. A. (2005). Bipolar Disorder: A Cognitive Therapy Approach. Washington, DC:APA.
- Tallis, F. (1995). Obsessive Compulsive Disorder: A Cognitive and Neuropsychological Perspective. Chichester: John Wily & Sons.
- Volkmar, R. R. (1998). Autism & Pervasive Developmental Disorders. Cambridge University Press.
- Wells, A. (1997). Cognitive therapy of Anxiety disorders: A practical manual and conceptual guide. Chichester: Wiley.
- Williams, J. M. G. (1992). The Psychological Treatment of Depression. London: Routledge.
- Wenzel, A., Brown, G. K. & Beck, A. T. (2009). Cognitive Therapy for Suicidal Patients: Scientific and Clinical Applications. Washington, DC:APA.
- Witkiewitz, K. A., & Marlatt, G. A. (eds.). (2011). Therapist's guide to evidence-based relapse prevention. Academic Press. Woods, R. T. & Britton, P. G. (1985). Clinical Psychology with the Elderly. London: Croom Helm.
- Watts, F. N. & Bennet, D. H. (eds.) (1991). Theory and Practice of Psychiatric Rehabilitation. Chichester: Wiley & Sons.

CPSY 504 Clinical Health Psychology

Theory: 4 Credit, 100 Marks

Objectives

This course aims to teach the students on contemporary issues in clinical health psychology. The students will gather knowledge on the ways clinical psychologists can contribute in medical settings by providing psychological services to medically ill and by incorporating psychological principles in health policy.

1. Introduction

- An overview of psychology and health
- Health related behavior and health promotion
- Illness, hospitalization and its effects on children, adults and elderly
- Future direction for health psychology?

2. Psychobiological Systems

- Importance of Biological Systems
- Neurological system and behavior
- Somatic phenomena affecting personal or other systems
- Somatic problems that signal distress in personal or other systems
- Psycho-physiological disorder
- Somatic treatments that affect problems in other systems
- Preventive possibilities

3. Stress and Coping

- Concepts and models
- Health consequences of stress
- Assessment of stress
- Coping strategies
- Management of stress

4. Sleep disorders

- Defining sleep
- Theories of Sleep
- Bio-psycho-social determinants of sleep
- Sleep disorders in DSM-V
- Theories of insomnia
- Measures of insomnia
- Treatment approaches
 - Pharmacological
 - Psychological

5. Cardiovascular problems

- Types of problem (angina, hypertension, myocardial infarction, cardiac arrhythmias)
- Assessment of Cardiovascular problems
- Psychological intervention in heart diseases
 - Prevention through health education

Anxiety management in the acute phase
Rehabilitation and secondary prevention
Management of Type-A behavior pattern
Education, Self-appraisal of cognition, Cognitive restructuring, Anxiety management, Anger Control, Relaxation techniques

6. Chronic pain

Dimensions of pain
Theories
Assessment
Cognitive-behavioral pain management
Contingency management, Multi-method, Cognitive methods, Cognitive stress management, Relaxation and bio-feedback

7. Diabetes

Symptoms, types and causes of diabetes
Clinical issues in diabetes mellitus
Psychological management of diabetes and its related problems

8. Problems of Eating and weight

Types of eating disorders
Obesity
Bulimia nervosa
Anorexia
Assessment areas
Treatment of obesity
Self monitoring, target setting, stimulus control, altering eating style and food intake, increasing energy output, improving body image, reducing negative thinking.
Treatment of anorexia
Management of weight and anorexic attitudes, relationship with therapist, body image modification, family interactions, challenging attitudes and beliefs.
Treatment of bulimia
Self-monitoring, modification of food intake, exposure, reducing vomiting, coping with urges, managing preoccupations, offering mutual support and advice.

9. STD and HIV/AIDS

Psychological aspects
Behavioral dimension
Psychological intervention in management and treatment of STD and AIDS

10. Psychosocial aspects of disaster management

Types of disaster
Victims of natural disaster
Victims of rape, acid burns, trafficking, accidents, abuse
Phases of Disaster
Psychological Impact of disaster
Disaster and its aftermaths

Assessment of psychological needs.
Implication for a coordinated health system approach.

11. Policies and practices in integrating Psychology into Health

Suggested Readings:

- Baum, A. Newman, S. Weinman, J. West, R & McManus, C. (1997). Cambridge Handbook of Psychology, Health & Medicine. Cambridge
- Broome, A (ed) (1989). Health Psychology: Process and Applications. London: Chapman
- Davis, M., Eshelman, E. R and McKay, M. (2000). The Relaxation and Stress Reduction Workbook. New harbinger Publications, Inc.
- Deelman, B. G. Saan, R. J & Van Zomeren, A. M (eds.) (1990). Traumatic Brain Injury: Clinical, Social and Rehabilitation Aspects. Netherland: Swets & Zeitlinger.
- Edelmann, R. J. (1995). Health Psychology. Chichester: John Wiley & Sons.
- Everly, G. S. and Lating, J. M (Ed) (2002). A Clinical Guide to the Treatment of the Human Stress Response. New York: Kluwer Academic/Plenum
- Feuerstein, M. Labbe, E. E & Kuczmierczyk, A. R. (1986). Health Psychology: A Psychobiological Perspective.
- Fontana, D. (1989). Managing Stress. The British psychological Society and Routledge Ltd.
- Kolb, B & Whishaw, I. Q. (1996). Fundamentals of Human Neuropsychology. New York: Freeman and Company
- Lazak, M. D. (1995). Neuropsychological Assessment. Oxford University Press.
- Lindsay, S. & Powell, G. (eds.), (2007). The Handbook of Clinical Adult Psychology. Third Edition. London: Routledge.
- Margolin, D. L., Cognitive Neuropsychology in Clinical Practice. Oxford University Press.
- Molzman, A. D & Turk, D. C (eds.) (1986). Pain Management: a Handbook of Psychological Approaches. New York: Pergammon
- Pains, G. D. (2002). Principles of Human Neuropsychology. New York: Freeman and Company
- Pearce, S & Wardle, J (eds.) (1989). The Practice of Behavioral Medicine. Oxford: Oxford University Press.
- Sarafino, E. P (1998). Health Psychology: Biopsychosocial Interactions. New York: John Wiley & Sons, INC.
- Taylor, Shelley E (2012). Health psychology. Eighth edition. McGraw-Hill.

CPSY 505: Clinical Research Methods and Advanced Statistics

Theory: 4 Credit, 100 Marks

Course objective:

This course aims to upgrade research knowledge and skills with particular emphasis on clinical psychology research among the students so that they can design, conduct and publish clinical psychology research independently.

1. Theoretical perspective of Research in Clinical Psychology

Research, research cycle and research process

Philosophical aspect of research: *Empiricism, rationalism, inductivism, deductivism, ontology, epistemology, methodology*

Foundation of Qualitative methods

Phenomenological approach

Social constructionist approach

Foundation of Quantitative methods

Positivism

2. Groundwork for research

Research question, topics and literature review

Defining and controlling variables

Practical issues in research (time, resource, funding,)

3. Classifying research

Outcome research

Epidemiology and survey research

Research in service planning and evaluation

Small –N research

Patient series research

4. Research Design

Non-experimental designs

Descriptive designs

Correlational designs

Experimental designs

Nonrandomized/quasi-experimental designs (pretest- posttest, nonequivalent control group, time series)

Randomized designs (group design, block design, factorial design)

5. Sampling

Sampling in quantitative research

Sampling in qualitative research

6. Measurement in Clinical Research

General aspects of measurement

Theories of measurement

- Classical test theory
- Generalizability theory
- Item response theory
- Types of Measure
 - Methods of Self-Report measurement
 - Methods of Observational measurement
 - Methods of Physiological measurement
- Construction of a measures
 - Process of developing a psychometric tools
 - Factor analysis
 - Psychometric properties of measure
 - Norms Development
 - Adaptation of measures

7. Analysis, Interpretation and Dissemination

- Quantitative Data Analysis
 - Conceptual and analytical understanding
 - Scale of measurement
 - Foundation of hypothesis testing
 - Descriptive statistics
 - Non-parametric tests
 - Chi-Square test
 - Parametric tests:
 - t-test
 - F-test
 - Correlation
 - Regression
- Qualitative Data Analysis
 - Content analysis
 - Discourse analysis

8. Use of software in Clinical Psychological research

- Qualitative data analysis (NVivo)
- Quantitative data analysis (SPSS)
- Others supportive software (End Note, G*Power)

9. Writing a research proposal and research report

10. Ethical issues in clinical psychology Research

Suggested Readings:

- American Psychological Association. (2012). APA style guide to electronic references.
- American Psychological Association. (2009). Publication manual of the American psychological association. Sixth edition. American Psychological Association (APA).
- Auerbach, C. F. & Silverstein, L. B. (2003). Qualitative Data An Introduction to Coding and Analysis. New York University Press.

- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: an introduction for students and practitioners*. New York: John Wiley & Sons.
- Barlow, D. H & Hersen, M (eds.) (1984). *Single-case Experimental Designs: Strategies for Studying Behavior Change*. New York: Pergamon.
- Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide through Qualitative Analysis*. Sage Publication.
- Collican, H. (2006) *Research Methods and Statistics in Psychology*, 2nd edition. Hodder and Stoughton.
- Cook, T. D. & Campbell D. T. (1979) *Quasi Experimental Design and Analysis Issues for Field Setting*. Boston: Houghton Mifflin Company.
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles: Sage.
- Craig, J. R., & Metz, L. P. (1986) *Methods of Psychological Research*. Monferey, California: Brooks/Cole Publishing Company.
- Creswell, J. W. (2007). *Qualitative Inquiry & Research Design*, 2nd Edition. Sage Publication.
- Fischer, C. T. (2006). *Qualitative Research Methods for Psychologists. Introduction through Empirical Studies*, Academic press.
- Field, A. (2006). *Discovering statistics using SPSS*, 2nd edition. Sage Publication Ltd.
- Greene, J. and D'Oliveira, M. (2005). *Learning to Use Statistical test in psychology*, 3rd edition. Open University Press McGraw-Hill Education
- Hays, W. L. (1977). *statistics for the Social Science*. New York: Holt Reinhart and Winston. Inc.
- Higgins, R. (1996). *Approaches to Research: A Handbook for those writing a thesis*. London: Jesica Kingsley Publishers.
- Krippendorff, K. (2004), *Content Analysis an introduction to its methodology*, 2nd Edition. Sage Publication.
- Mills, M. B., & Huberman, A. M. (1994) *Qualitative Data Analysis* (2nd edition). London/New Delhi: Sage Publications.
- Miles, J. & Shevlin, M. (2001). *Applying Regression & Correlation*. Sage Publication, London
- Pallant, J. (2013), *SPSS Survival Manual, A. Step by step guide to data analysis using IBM SPSS*, 5th edition, Allen & UNWIN. London
- Parry, G., & Watts, F. N. (1996). *Behavioral and Mental health Research: A Handbook of Skills and Methods*. Earlbaum, UK: Taylor & Francis.
- Siegel, S. (1996). *Nonparametric Statistics for the Behavioral sciences*. New York: McGraw-Hill Book Co.
- Shaughnessy, J. J., Zechmeister, E. B., Zechmeister, J. S. (2000). *Research Methods in Clinical Psychology*. New York.
- Suffian, A. J. M., (1998). *Methods and Techniques of social Research*. Dhaka: University Press Limited.
- Tabachnick, B. G., & Fidell, L. S. (1989). *Using Multivariate statistics*. New York: Harper & Row Publications.

CPSY 506 Models of Therapy

Theory: 4 Credit, 100 Marks

Course Objective:

This course aims to help the students conceptualize the development of psychopathology from different theoretical approaches along with the understanding of treatment principles specific to those approaches. Students will learn to relate theories into different techniques of specific models of therapy.

1. Introduction to the therapeutic approaches

Historical overview

Major schools of therapy

2. Biologically Based Therapy

3. Psychodynamic Therapy

4. Behavioral Approaches

Postulates of behavior therapy

Classical and operant conditioning strategies

Other techniques of behavior therapy

Evaluation of behavior therapy

5. Cognitive Approaches to Therapy

Cognitive Therapy

Rational –Emotive Behavior Therapy

Stress inoculation Therapy

Personal Construct Therapy

Social Cognitive Therapy

6. Cognitive-Behavioral Therapy (CBT)

Basic characteristics and techniques of CBT

Evaluation of cognitive-behavior therapy

7. Proliferation of CBT based Therapies

Dialectical Behavior therapy

Acceptance and Commitment Therapy

8. Humanistic – experiential Theory and Therapy

Person- Centered Therapy

Existential Therapy

Gestalt Therapy

Transactional Analysis

9. Other approaches to therapy

Systemic approaches to therapy

Medistic therapy

Psychodrama

10. Integrating different approaches into therapy

Integrative approaches
Eclectic approach
Multimodal therapy

11. Modalities of therapeutic interventions

Individual Therapy
Group Therapy
Couple Therapy
Family Therapy

Suggested Readings:

- Crowe, M. J. & Ridley, J. (1990). *Therapy with Couples*. Oxford: Blackwell.
- Gurman, A. & Kniskern, D (eds.) (1991). *Handbook of Family Therapy*. Vol. 1 & 2. New York: Brunner Mazel.
- Jacobson, N. & Gurman, A. (1986). *Clinical Handbook of Marital therapy*. New York: Guilford.
- Jacobson N. S. S. & Gurman, A. S., (2002). *Clinical Handbook of Couple therapy*. New York: Guilford.
- Kaplan, H. I. & Sadock, B. J. (1996). *Concise Textbook of Clinical Psychiatry*, 7th edition.
- Luoma, J. B., Hayes, S. C. & Walser, R. D. (2007). *Learning ACT: An Acceptance & and Commitment Therapy Skills-Training Manual for Therapies*. USA: New Harbinger.
- Masters, J. C., Burish, T. G. Hollon, S. D. & Rimm, D. C. *Behavior Therapy: Techniques and Empirical Findings*. Harcourt Brace
- Pervin, L. A. & John O. P. (1997). *Personality: Theory and Research*. Seventh Edition, John Wiley & Sons Inc.
- Richard Nelson-Jones (2015). *Nelson-Jones' Theory and Practice of Counseling and Psychotherapy Sixth Edition*, SAGE Publications Ltd
- Trull, T. J. and Prinstein, M. J (2013). *Clinical Psychology*, Eighth Edition, Wadsworth Cengage Learning, Belmont.

CPSY 507 Clinical Internship

Practical: 8 Credit, 200 Marks

Course objective:

This practical course aims to equip the students in therapeutic skills needed for assessing and treating mental health problems. They will get in-depth exposure in dealing with a variety of client population. It will also give them opportunity to learn professional communication, conduct and collaboration through working in a multidisciplinary team.

1. General Adult Mental Health Placement

Minimum of 800 hours internship at the following approved placements:

- Bangabandhu Sheikh Mujib Medical University (BSMMU)
- National Institute of Mental Health (NIMH)
- Dhaka Medical College Hospital (DMCH)
- Dhaka Community Hospital (DCH)
- Other BMDC approved clinical placements (should also be approved by the department and Bangladesh Clinical Psychology Society)

The full age range must be seen from 18 to over 65 years.

At least one case should be seen in each of the following categories (which are not mutually exclusive):

- Obsessional disorder
- Depression
- Fear or generalized anxiety
- Schizophrenia
- Acute psychotic state
- Substance misuse
- Senile dementia
- Long term, chronic disorder
- A problem requiring long term institutional care
- A health problem (e. g. pain, blood pressure, sleep)

The following techniques should have been used:

- Assessment interviews
- Psychometric assessment
- Behavioral approach
- Cognitive-behavioral approach
- Cognitive therapy approach
- One other psychotherapeutic approach (e. g. rational emotive, personal construct, person-centered, psychodynamic)

Other Requirements

- Satisfactory case load
- Careful record keeping (clinical record, supervision record)
- Professional behavior/conduct
- Satisfactory placement report

Complete records of clinical activities must be submitted according to the prescribed formats (see Appendix 1 & Appendix 2)

2. Clinical Supervision

Throughout the MS studies each student will be assigned to a clinical supervisor by the Dept. of Clinical Psychology to guide him/her in regular clinical work in the placements. All works carried out at the placement must be supervised by the clinical supervisor designated by the department. Two forms of supervision is offered by the department which are as follows

Individual supervision:

One to one discussion on clinical work carried out by the student. Such discussion will include reporting of works carried out, discussing difficulties and solutions, deciding next plan of action, finding out scope for improvement, and any other professional issues that warrant a discussion.

Group supervision:

Discussion on clinical work carried out by the students in a group of peers led by the designated group supervisor. The focus of discussion may include, overview of clinical work, professional issues, general therapeutic principles and strategies, common difficulties, group development and other pertinent issues raised by the students

Complete records of clinical supervision must be submitted according to the prescribed format (see Appendix 3)

3. Case Presentation

Students will present clinical case through which they will demonstrate

- Skill of case presentation
- Conceptualization of case
- Awareness and understanding of relevant clinical and professional issues
- Receive support from professional colleagues

Students shall regularly attend clinical meetings at the department to master the skills of case presentation by giving presentations themselves and observing others doing so.

4. Case Report

Three case reports must be submitted following the prescribed guideline (see Appendix 7)

5. Practical viva

Student's clinical understanding and capacity to conduct clinical interview and formulation will be assessed.

CPSY 508 Practice in Psychometrics

Practical: 2 Credit, 50 Marks

As a requirement for the MS in Clinical Psychology, each student will have to acquire and demonstrate comprehensive psychometric assessment skills on different psychological issues including diagnosable psychological disorders (e. g., anxiety, depression, obsessions and compulsions, social skill deficit, and stress related disorders), associated problems (e. g., risk of suicide, and marital adjustment), psychological abilities and aptitudes (e. g., memory, and intelligence) personality and other psychological aspects relevant to mental health and well being.

A student has to prepare and submit a minimum of four complete assessment reports including one on intelligence and one on personality. The remaining two reports can be from any other areas of psychological assessment using scientifically validated tools. The assigned teacher for this course will provide training on assessment and facilitate the development of skills and monitor the students' performance. Assessment reports must be submitted in consultation with the course teacher.

CPSY 509 Seminar

Practical: 2 Credit, 50 Marks

As a requirement for the MS in Clinical Psychology, each student will have to demonstrate his/her comprehensive theoretical knowledge and ability of linking theory into clinical practice through a seminar on a clinical case. A student has to prepare a presentation on a clinical case dealt by him in consultation with his/her clinical supervisor. The seminar examination committee will ask the student to present the case before an assorted audience. The presented case should be selected from the three case reports submitted as part of clinical requirements (see Appendix 7). The seminar examination committee may review the specific care report as an aid to evaluate the quality of presentation. A student will be judged on the basis of his/her – (i) presentation quality (ii) conceptual clarity (iii) quality of response to the questions, and comments by the members of the audience in respect of theoretical, methodological or professional issues.

CPSY 510 Thesis

6 Credit, 150 Marks

As a requirement for the MS in Clinical Psychology, each student will have to conduct a research in his or her chosen area to link the theoretical aspects of research in the practical field. Throughout the MS studies each student will be assigned to a faculty member of the Dept. of Clinical Psychology to act as his/her research supervisor. A student has to prepare a thesis in consultation with his/her research supervisor and submit it to the Department. A student will be judged on the basis of his/her – (i) conceptualization of basic principles of research (ii) Data analysis and display of data (iii) and scientific report writing. Evaluation of the thesis will be done according to the existing rules of the university with two external examiners.

Thesis should be prepared and submitted according to the guideline prescribed by the department (see Appendix 10).

CPSY 511 Viva-voce

2 Credit, 50 Marks

CPSY 512 Professional issues

Theory: Non Credit

Course objective:

This non-credit course is aimed at personalized professional development of the students. They will gain a broader understanding of the professional issues relevant to mental health profession as a whole and specific to clinical psychology discipline. Content of this course may focus primarily on issues relevant to Bangladesh context however these will be discussed with a global perspective.

1. Mental Health services in Bangladesh

2. The profession of Clinical Psychology

3. Personal and professional practice

Personal and interpersonal presentation

Case load management: *Administration, record keeping, workload management, seeking advice, referral*

Broad spectrum basic skills: *Assessment, formulation, intervention, team work, teaching, consultant role, research and evaluation*

Professional skills: *Chairing committees, leadership, negotiation, resource management, budgeting*

Personal development: *Self-motivation, stress, burnout, self-appraisal and career planning, clinical supervisor, further training*

4. Ethical issues

Code of conduct

Relevant legislation

5. Service issues

Equity of access

Quality assurance

Information systems and record keeping

Cost effectiveness

Future development

List reading materials for this course will be supplied in the class.

CPSY 513 Contemporary Approaches to Psychotherapy

Theory: Non Credit

In this course the student will receive exposure on contemporary psychotherapy approaches in the form of lecture, advanced workshop, study group, practical training and observation.

Syllabus for MPhil in Clinical Psychology

University of Dhaka

Year - I

| <u>Paper</u> | <u>Course Title</u> | <u>Marks</u> |
|--------------|--|-------------------|
| 1. CPSY 601 | A. Child and Adolescent Mental Health Problems B. Advanced Clinical Health Psychology | 100 |
| 2. CPSY 602 | A. Issues related to Practice in Clinical Psychology B. Advanced Research Methods | 100 |
| 3. Viva Voce | | 100 |
| | | <hr/> |
| | | Total: 300 |

Year - II

Thesis

The student must carry out a research and submit a thesis based on the research as part of requirement (see Appendix 10).

Admission requirement for MPhil in Clinical Psychology Program

1. MS in Clinical Psychology.
2. At least 6 months of post MS supervised internship/clinical placement work with clear demonstration of professional sense of responsibility, sincerity and genuineness. Case log signed by supervisor should be submitted.
3. Experience of successfully moderating group therapeutic intervention of the following categories.
 - a. General group therapy (for at least 3 months)
 - b. Social skills training (a complete training program)
 - c. Any one of the short length homogenous group therapy (relaxation, psycho-education, etc.)
4. Availability and acceptance of thesis supervisor on the specific research topic.

1. Child Development

Review of normal development

Meaning of development
Stages in the life span
Sections of developmental milestones

Theories of child development

Bowlby
Erikson
Freud
Piaget

Problems of normal development

Developmental delay
Language problems
Socialization problems
Sleeping and eating problems
Elimination and temper problems

2. Child and Adolescent difficulties and disorders

Autism

Characteristic features, differential diagnosis, etiology and pathogenesis, assessment, intervention, prognosis

Conduct disorders

Defining features, prevalence and correlates, risk mechanisms, assessment, treatment

Attention-Deficit Hyperactivity Disorder (ADHD)

Diagnosis, prevalence, etiology, assessment, management/treatment

Emotional disorders

Fears, Habits, Bereavement, Divorce and parental separation

Childhood Depression

Psycho physiological disorders

Definition, types, prevalence, etiology, treatment

Tics disorder

Definition and classification, prevalence, clinical description, etiology, assessment, treatment

Obsessive-compulsive disorder

Definition and classification, etiology, assessment, treatment

Self injurious behavior

Epidemiology, background characteristics, precipitating factors and motivation, assessment, management, prognosis, preventive measures

Eating disorders

Anorexia and Bulimia Nervosa, Definition, clinical features, etiology, assessment, treatment

Physical abuse and neglect

Definition, prevalence, etiology, signs and symptoms, effects, assessment, management, prevention

Emotional abuse

Definition, prevalence, etiology, signs and symptoms, effects, assessment, management, prevention

Sexual abuse

Definition, prevalence, etiology, signs and symptoms, effects, assessment, management, prevention

Substance misuse

Application of assessment principles

Application of treatment principles

Special ethical and service issues

3. Children with Low Intelligence

Definition of children with Low Intelligence.

Classification and characteristic of children with Low Intelligence.

Causes and prevention.

History of the treatment and services for the persons with low intelligence.

Management of children with low intelligence.

4. Children with specific learning difficulties

Historical overview of learning disabilities.

Definition, classification and characteristics of children with learning disability.

Causes of learning disability

Identification and assessment of children with learning disability.

Major approach for teaching students with learning disability.

Application of treatment principles

Special ethical and service issues

5. Interpersonal problems

Assessment structure:

Long term social outcomes

Short term social outcomes

Social behavior

Social-cognitive skills and processes

Methods of assessment

Interviews

Questionnaires

Self-recording

Information from others

Treatments

Overt-behavioral social-skills training

Training social-perception skills

Social-problem-solving skills training

Affect control: anxiety and anger reduction

6. Sexual variations

Conventional syndromes (e. g., DSM classification)

Patients' concerns vs. syndromes

Theories

Assessment measures

Treatment

Modifying arousal patterns

Overcoming social and relationship difficulties

Management of gender identity

7. Couple therapy

Theoretical aspects of couple therapy

Assessment issues

Presenting problems

Attribution and distortions

Affect in marriage

Marital satisfaction

Behavioral assessment

Questionnaires

Treatment issues

8. Family therapy

Behavioral, Systemic, Psycho-educational, Structural and strategic

9. Psychological issues of environmental and external stressors

Victims of natural disaster

Victims of rape, acid burns, trafficking, accidents, abuse

10. Psychosocial Rehabilitation

1. Brain injury

Basic concepts:

Neuroanatomy

Neurophysiology

Major functional areas and the effect of lesions on:

Temporal lobes

Parietal lobes

Occipital lobes

Frontal lobes

Sub-cortical structures

Disorders of:

Movement

Language

Agnosia

Memory

Intellect

Emotion

Process of assessment (The notes, observations, interview, and psychometric tests)

Rehabilitation:

Motor problems

Cognitive problems

Behavior problems

Emotional problems

Dysexecutive syndrome

2. Health anxiety

Illness phobia

Hypochondriasis

Blood-injury fear or phobia

Medical avoidance

Fainting

Dental anxiety

3. Respiratory Disease

Definitions

Asthma

Chronic bronchitis
Hyperventilation
Treatment
Asthma
Bronchitis and emphysema
Hyperventilation

4. Coping with illness

Trait approaches
Process approaches
Measurement of coping
Determinants of coping (situational, individual differences, social support).
Coping and health
Coping skills training

5. Palliative Care

Investigation
Assessment areas
Treatment
Management

6. Public health aspects

Communicable and non-communicable disease
Role of psychologists in public health
Integrating psychological knowledge in health policy

A. Issues Related to Practice in Clinical Psychology

1. General Mental Health Placement with Special Focus on Child and Adolescent Mental Health

The full age range from childhood to 65 years

At least one case should be seen in each of the following categories (which are not mutually exclusive)

- self injury
- sexual dysfunction or deviation
- personality disorder
- marital or relationship
- interpersonal or social skills
- eating or weight
- childhood autism or psychosis
- childhood conduct disorder
- learning disability, child
- learning disability, adult
- brain injury
- a health problem (e. g. asthma, chronic illness)

The following techniques should have been used

- interviews
- direct observation or functional analysis
- psychometric assessment
- behavioral or cognitive-behavioral approach
- a cognitive approach
- a family or systemic approach, child
- a family or systemic approach, adult
- one other psychotherapeutic approach.

Other Requirements

- Satisfactory case load
- Careful record keeping (clinical record, supervision record)
- Professional behavior/conduct
- Satisfactory placement report

Complete records of clinical activities must be submitted according to the prescribed formats (see Appendix 1 & Appendix 2)

2. Clinical supervision

All works carried out at the placement must be supervised by the clinical supervisor designated by the department. Two forms of supervision is offered by the department which are as follows

Individual supervision:

One to one discussion on clinical work carried out by the student. Such discussion will include reporting of works carried out, discussing difficulties and solutions, deciding next plan of action, finding out scope for improvement, and any other professional issues that warrant a discussion.

Group supervision:

Discussion on clinical work carried out by the students in a group of peers led by the designated group supervisor. The focus of discussion may include, overview of clinical work, professional issues, general therapeutic principles and strategies, common difficulties, group development and other pertinent issues raised by the students

Complete records of clinical supervision must be submitted according to the prescribed format (see Appendix 3)

3. Case Presentation

Students will present clinical case through which they will demonstrate

- Skill of case presentation
- Conceptualization of case
- Awareness and understanding of relevant clinical and professional issues
- Receive support from professional colleagues

Students shall regularly attend clinical meetings at the department to master the skills of case presentation by giving presentations themselves and observing others doing so.

4. Case Report

Three case reports must be submitted following the prescribed guideline (see Appendix 7).

1. Approaches to research

Introduction

Spectrum of research approaches

2. Strategies for single case design

Single case experimental design

Introduction

General procedure

Assessment strategies

Basic A-B-A withdrawal design

Extension of the A-B-A design, uses in drug evaluation, and interaction design strategies

Multiple baseline designs

Alternative treatment design

Changing –Criterion Design

Statistical analysis for single-case experimental designs

Naturalistic Case study Design

conducting a single case study using single case methodology

Narrative case study design

Systematic Case study design

Time series Design

3. Advance knowledge and skills in designing & conducting qualitative research

Introduction

Steps in analysis

Display of qualitative data

Making good sense: drawing and verifying conclusion

4. Advance knowledge and skills in designing & conducting quantitative research

Introduction

Processing data

Analysis of data-

Univariate, bivariate and multivariate analysis, Logistic regression

5. Research critique (see Appendix - 11, Section E)

6. Planning conducting and writing a research/dissertation/thesis report

7. Publication Manual of APA

Specialist topics

Guest lecturers from experts in different fields

MPhil in Clinical Psychology

Suggested Readings:

- Lindsay SJE & Powell GE (eds.), (2007). *The Handbook of Clinical Adult Psychology*. Third Edition. London: Routledge.
- Marziller, J & Hall, J (1999). *What is Clinical Psychology?* Oxford
- Trull, TJ (2005). *Clinical Psychology* Thomson-Wadsworth, Belmont.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: APA.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, (DSM-5)*. American Psychiatric Association.
- Bancroft, J. (2009). *Human sexuality and its problems*. Elsevier Health Sciences.
- Barker, C., Pistrang, N., & Elliot, R. (1994) *Research Methods in Clinical and counseling Psychology*. New York: John Willey & Sons.
- Barlow D & Cerny JA (1988) *The Psychological Treatment of Panic*. New York: Guilford.
- Barlow DH & Hersen M (eds.) (1984). *Single-case Experimental Designs: Strategies for Studying Behavior Change*. New York: Pergammon.
- Baum, A. Newman, S. Weinman, J. West, R & McManus, C. *Cambridge Handbook of Psychology, Health & Medicine*. Cambridge
- Beck AT (1990). *Cognitive Therapy of Personality Disorders*. New York: Guilford.
- Bentall RP (ed) (1990) *Reconstructing Schizophrenia*. London: Routledge
- Block S & Chodoff P (eds.) (1991). *Psychiatric Ethics*. New York: Oxford University Press.
- Blackburn, M & Davison, K. *Cognitive Therapy for Depression and Anxiety*. Blackwell
- Brammer HM Shostrom EL & Abrego PJ (1989) *Therapeutic Psychology: Fundamentals of Counseling and Psychotherapy*. Englewood Cliffs, NJ: Prentice Hall.
- Brswell, L & Bloomquist, M L ()*Cognitive_ Behavioral Therapy with ADHD children: Child. Family & School Intervention*. Guilford Publication
- Brewin CR (1988). *Cognitive Foundations of Clinical Psychology*. Hove: Lawrence Erlbaum.
- Broome A (ed) (1989) *Health Psychology: Process and Applications*. London: Chapman.
- Carr, A. (1999) *Handbook of Child & Adolescent Clinical Psychology*. Routledge
- Colman AM (ed) (1994) *Companion Encyclopedia of Psychology Volumes I and II*. London: Routledge
- Cook, T. D. & Campbell D. T. (1979) *Quasi Experimental Design and Analysis Issues for Field Setting*. Boston: Houghton Mifflin Company.
- Craig, J. R., & Metz, L. P. (1986) *Methods of Psychological Research*. Monferey, California: Brooks/Cole Publishing Company.
- Crowe MJ & Ridley J (1990). *Therapy with Couples*. Oxford: Blackwell.
- Davey G & Tallis F (eds.). *Worrying: Perspectives on Theory, Assessment and Treatment*. Chichester: John Wily & sons.

- Deelman BG, Saan RJ & Van Zomeren AM (eds.) (1990). Traumatic Brain Injury: Clinical, Social and Rehabilitation Aspects. Netherland: Swets & Zeitlinger.
- Dobson KS (1988). Handbook of Cognitive Behavioral Therapies. New York: Guilford.
- Dunn, G. (2000) Statistics in Psychiatry. London: Arnold.
- Edelmann RJ (1995) Health Psychology. Chichester: John Wiley & Sons.
- Fonagy, P., & Higgitt, A. (1984). Personality theory and clinical practice
- Glass, I. (ed) (1991) Addiction Behavior. London: Routledge
- Goldberg, S. et al (eds.) Attachment Theory: Social, Developmental and Clinical Perspectives. The Analytic Press.
- Gelder, M. Grath, D., Mayou, R. S. & Cowen, P. (1996) Oxford Textbook of Psychiatry. Oxford University Press.
- Gurman A & Kniskern D (eds.) (1991) Handbook of Family Therapy. Vol. 1 & 2. New York: Brunner Mazel.
- Hawton, K. (1985) Sex Therapy: A Practical Guide. OUP
- Hays, W. L. (1977) statistics for the Social Science. New York: Holt Reinhart and Winston. Inc.
- Hawton K, Salkovskis PM, Kirk J & Clark DM (eds.) (1989) Cognitive Behavior therapy for Psychiatric Problems. OUP
- Herbert, M., (1998) Clinical Child Psychology. John Willey & Sons.
- Hersen M & Bellack AS (eds.) (1988) A Dictionary of Behavioral Assessment Techniques. New York: Pergammon Press.
- Higgins, R. (1996) Approaches to Research: A Handbook for those writing a dissertation. London: Jesica Kingsley Publishers.
- Jacobson, N. S. & Gurman, A. S. (eds.). (1986) Clinical Handbook of Marital therapy. New York: Guilford.
- Gurman, A. S., & Jacobson, N. S. (eds.). (2002). Clinical handbook of couple therapy. Third Edition. Guilford Press.
- Jenike MA, Baer L & Minichiello (eds.) (1990) Obsessive Compulsive Disorders: Theory and Management. Chicago: Year Book Medical Publications.
- Kolb B & Whishaw IQ (1990) Fundamentals of Human Neuropsychology. New York: Freeman and Company
- Kaplan, H. I. & Sadock, B. J. Concise Textbook of Clinical Psychiatry. William & Wilkins
- Kraijer, D. Autism & Autistic-like Conditions in Mental Retardation. Sweets & Aeitlings.
- Langer, K G. Psychotherapeutic Interventions for Adults with Brain Injury or Stroke: A Clinician's Treatment Resource. Intl. Univ.
- Lazak, M. D. Neuropsychological Assessment Oxford University Press
- Lindsay SJE & Powell GE (eds.) (1989) An Introduction to Clinical Child Psychology. Aldershot: Gower Publishing.
- Margolin, D. L., (1992) Cognitive Neuropsychology in clinical Practice. OUP.
- Masters, J. C., Burish, T. G. Hollon, S. D. & Rimm, D. C. Behavior Therapy: Techniques and Empirical Findings. Harcourt Brace

- Mills, M. B., & Huberman, A. M. (1994) *Qualitative Data Analysis* (2nd edition). London: Sage Publications.
- Mollins CR & Trower P (eds.) (1988) *Handbook of Social Skills Training: Clinical Applications and New Directions*. Oxford: Pergammon.
- Molzman AD & Turk DC (eds.) (1986). *Pain Management: a Handbook of Psychological Approaches*. New York: Pergammon
- Oullette, R., *Management of Aggressive Behavior: A Comprehensive guide to Learning how to recognize, reduce, manage & control aggressive behavior*. Pref. Dimensions Pub.
- Parry, G., & Watts, F. N. (1996) *Behavioral and Mental health Research: A Handbook of Skills and Methods*. Earlbaum, UK: Taylor & Francis.
- Pearce S. Wardle J (eds.) (1989) *The Practice of Behavioral Medicine*. Oxford: Oxford University Press.
- Pilling S (1991) *Rehabilitation and Community Care*. London: Routledge.
- Powell GE, Young R & Frosh S (1993) *Curriculum in Clinical Psychology*. Leicester: BPS (DCP) Publications.
- Roth, A. & Foangy, P. (1996) *What Works for Whom*. The Guilford Press.
- Sarafino EP (1990) *Health Psychology: Biopsychosocial Interactions*. New York/New Delhi: McGraw Hill.
- Siegel, S. (1996) *Nonparametric Statistics for the Behavioral sciences*. New York: McGraw-Hill Book Co.
- Shaughnessy, J. J., Zechmeister, E. B., Zechmeister, J. S. (2000) *Research Methods in Clinical Psychology*. New York.
- Sturney, P. (1996) *Functional Analysis in Clinical Psychology*. John Willey & Sons.
- Suffian, A. J. M., (1998) *Methods and Techniques of social Research*. Dhaka: University Press Limited.
- Tabachnick, B. G., & Fidell, L. S. (1989) *Using Multivariate statistics*. New York: Harper & Row Publications.
- Volkmar, R. R. *Autism & Pervasive Developmental Disorders*. Cambridge
- Watts FN & Bennet DH (eds.) (1991) *Theory and Practice of Psychiatric Rehabilitation*. Chichester: Wiley.
- Williams JMG (1992) *The Psychological Treatment of Depression*. London: Routledge.
- Woods RT & Britton PG (1985) *Clinical Psychology with the Elderly*. London: Croom Helm.

**** List of new books, journals and other teaching materials will be supplied in the class.**

**Appendices for
MS and MPhil in Clinical Psychology**

A copy of this record must be retained by the student for the purpose of examination, supervision and clinical audit.

This record should be initialed by clinical supervisor at periodic intervals and should always be initialed at the end of treatment.

Please write clearly according to the prescribed format provided below. This is a permanent record. This record must be briefly filled in to summarize each contact with the patient.

This record contains two parts. Part I is a record of patient details. Part II is the treatment record itself, for which continuation sheets should be used as necessary.

**CONFIDENTIAL
PSYCHOLOGY TREATMENT RECORD**

Part I. Patient Details

Surname : Sex: Number:

Forenames :

Referred by :

Date of Birth : Age: Marital status:

Address :

Part II. Treatment Record

Patient Name:

| Date | Nature of Contact * | Summary note | Sup. Initial |
|------|---------------------|--------------|--------------|
| | | | |

* 1. face to face contact, 2. telephone call, 3. correspondence, 4. meetings with family or other relevant persons, and 5. meetings with other professionals.

Please write clearly. It is a permanent record and contains two parts. Part I is a list of all your clinical patients. Part II is a list of all other relevant clinical work that you do apart from direct clinical work with individual patients. This may include running or participating in a group, preparing handouts or information sheets to give to patients, giving lectures to other health staff, assisting with clinical research projects on your unit, attending ward rounds, and so forth.

This log will be used for examination purposes and also for clinical audit.

**CONFIDENTIAL
LOG OF CLINICAL EXPERIENCE**

Part I. Log of individual patients (Please use continuation sheets as necessary).

| Name | Sex | Age | Problems | No of Session | Treatment |
|------|-----|-----|----------|---------------|-----------|
| | | | | | |

Part II. Other clinical work (use continuation sheet as necessary).

| Date(s) | Summary of work |
|---------|-----------------|
| | |

Supervision session must be reported according to the prescribed format (provided below). A copy of this record must be retained by you for the purpose of examination, supervision and clinical audit.

CONFIDENTIAL

SUPERVISION SESSION REPORT

| | | |
|----------------------------|------------------------------|-----------------------------------|
| Name of trainee: | Batch: | Date: |
| Supervisor: | | Current caseload (A+B): |
| A. Ongoing case: | B. Follow up case: | C. Upcoming case: |

| | Adult | Child |
|---|-------|-------|
| Number of sessions conducted after last supervision | | |
| Number of DNA sessions after last supervision | | |
| Number of cases for which supervision is demanded | | |
| Number of cases supervised | | |

Placement wise current caseload:

| Placement | Case load |
|----------------|--------------|
| i) | :: |
| ii) | :: |
| iii) | :: |
| iv) | :: |

Participation in other clinical activities after last supervision (Put '√' for yes 'X' for no)

- Case Observation (N =)
- Group therapy
- Social skills training group
- Case presentation (self)
- Clinical Meeting (Dept. Thursday)
- Journal Club
- Group Supervision
- Others (Specify)

New assignment(s):

Comments on last assignment(s):

General comments from supervisor:

Total supervision time: Supervisor's Signature:

CONFIDENTIAL
SUPERVISOR'S REPORT

Student:

Supervisor:

Name of placement:

Dates of placement: to:

Please comment on each of the following areas:

1. Professional behavior

Has the student been reliable, and trustworthy? Has he respected the patient and followed the code of conduct? Has the student formed good working relationships with colleagues? With patients?

2. Work load

Has the student carried an appropriate work load? and managed it efficiently? Has he kept adequate records of his work?

3. Supervision

Have they attended regularly for supervision? Have they listened and responded to help and advice? Have they been open and honest in reporting difficulties and problems? Have they been prompt in seeking advice? Have they been able to take away general advice and apply it to the specific patient?

4. Knowledge

Have they displayed knowledge of the current literature? Have they read carefully about the problems they treat? Are they able to apply knowledge to the particular patient?

5. Assessment

Does the student assess problems carefully and thoroughly? Is he/she able to make a Psychological formulation of the problem? Does he/she integrate academic knowledge into this formulation? Does he/she reformulate as necessary as treatment progresses?

6. Treatment

Is treatment planned properly? and carried out diligently? Is treatment terminated carefully and sensitively?

7. Independence

Does the student show the level of independent thought and action appropriate to his/her level of training? Is there evidence of creative and innovative problem solving and thinking?

8. List the student's strengths:

9. List the areas that need attention:

PLACEMENT CONTRACT

Supervisee:

Supervisor:

Name of placement:

Dates of placement: to:

The supervisee agrees:

- To behave at all times in a professional manner according to the code of conduct
- To attend reliably for supervision as required
- To keep an accurate and up to date record of all clinical work on the Treatment Records and Log of Clinical Experience
- To report accurately and promptly patient progress, especially any problems that arise in treatment which require advice and supervision.

The supervisor agrees:

- To undertake the tasks of supervision
- To be available to the supervisee should advice be required
- To refer patients to the supervisee, or to arrange for such referrals to be made
- At regular intervals, at least every two weeks, to scan and initial the supervisee's Treatment Records.
- To complete the supervisor's report at the end of the placement.

The University agrees:

- To provide academic teaching in the areas relevant to referrals
- To undertake, centrally, skills training in psychological techniques and assessments
- To have central, regular, group supervision of the student's clinical work.
- To visit the placement periodically to monitor progress
- To make a special visit should problems arise
- To be available to answer both supervisee's and supervisor's questions about placements.

Signed By:

Supervisee:

date:

Supervisor:

date:

Coordinator:

date:

All student admitted on to the M. S. in Clinical Psychology are required to sign a code of conduct (provided below).

Student must sign and submit the document to the department before initiation of their clinical work.

CODE OF CONDUCT

Clinical Psychologists agree to practice according to a code of conduct covering professional behavior and the conduct of treatment and research.

Clinical Psychologists, both qualified and in training:

1. will conduct them in a manner so as not to bring themselves or their profession or their professional colleagues into disrepute
2. will not claim competencies that they do not possess.
3. will recognize the boundaries of their own competence and seek supervision or advice accordingly
4. will recognize when they themselves cannot help a patient and if appropriate, make a referral to those with the relevant expertise
5. work within the boundaries of knowledge and not undertake work that has no scientific credibility
6. will not make unjustifiable claims for the efficacy of their methods
7. will endeavor to keep up to date with new knowledge and competencies throughout their career
8. will not take any physical, sexual or emotional advantage of their patients
9. will not take any advantage whatsoever of the trust and confidence placed in them by patients and colleagues
10. will keep all patient identified material safe and secure
11. will treat all patient material as confidential to the therapeutic team
12. will only break confidence in exceptional circumstances when, in their best judgment, the physical or emotional safety of either the patient or the public is at risk. An attempt should be made to discuss the situation with a disinterested, experienced colleague before breaking confidence.

13. will not practice under conditions where their judgment is liable to be impaired by virtue of drugs, alcohol, illness or emotional state or any other reason, and will seek help or advice as appropriate
14. will conduct research in an ethical manner, obtaining informed consent and voluntary participation, and not acting so as to deceive the patient, debriefing them at the earliest possible stage about the true nature of the study
15. will notice and report any person who appears to be breaking this code of conduct, so that the situation may be reviewed and properly dealt with.
16. will act at all times as an example to clinical psychologists of more junior standing, and be prepared to help, advise and supervise

I agree to follow this code of conduct:

Name:

Signature:

Date:

Witnessed by the Coordinator:

Coordinator's signature:

Date:

The students are required to submit three case reports using the following guidelines.

A case history is a short document of no more than four typed pages which summarizes the clinical work with an individual patient. It will include:

1. A description of the patient
2. The presenting symptoms
3. A brief review of the relevant literature
4. A summary of the assessment interview(s)
5. A formulation of the problem in psychological terms
6. A description of the treatment(s) used
7. A description of outcome
8. Other material thought to be relevant
9. References cited

Special note on case history requirements for **MS** and **MPhil**:

- MS : Three cases of any type.
- MPhil Year 1 : Two child case and one adult case.
- MPhil Year 2 : Two cases from specialized placement and one other case.

Clinical Skills Training

Clinical Skills Training for MS students:

As mandatory requirement, all students, at the beginning of their MS studies, will undergo an elaborately designed series of workshops on clinical skills training. These workshops will equip students with skills and confidence to deal with clients in different mental health settings. The training will encompass the following key areas of clinical psychology:

- Introduction to basic concepts and skills of counseling & psychotherapy
- Clinical interviewing skills e. g. rapport building, empathy, active listening, paraphrasing, summarizing.
- Psychometric and clinical assessment
- Formulation
- Setting goals of treatment
- Choosing the right psychological intervention
- Ending therapeutic relationship
- Special skills required to work with children, family, couples or any dyad.
- Ethical & professional issues: adherence to code of conduct, maintaining confidentiality, supervised training

Clinical Skills Training for MPhil students:

As mandatory requirement, MPhil students will receive advanced clinical training at Year - I. The content will mainly focus on skills necessary to work with child and adolescent clients. However, additional emphasis will be given on family and marital problems.

MPhil students will also receive clinical training relevant to specialized placement issues such as, substance dependence and trauma.

Clinical Training on Specialized topics:

Students from MS and MPhil course will attend workshops and training on specialized clinical topics by experts on the fields.

REQUIREMENTS FOR THE RESEARCH PROPOSAL

This is to be completed and submitted during the enrolment to MPhil course. It may be a "paper study" or a proposal for the research study to be carried out in MPhil Part II.

A typical research proposal might contain:

1. **Title:** Giving the main thrust of the study
2. **Synopsis/Abstract:** Giving the skeleton of the study
3. **Brief introduction:** Motivating the study and justifying the service need
4. **Aims or questions:** Defining what the study is to find out
5. **Outline of design:** Explaining the choice of design
6. **Measures:** Justifying the measures chosen
7. **Analysis:** An outline of statistical methods to be used.
8. **Ethical consideration:** Including risks and consent
9. **Time scale:** A realistic plan for the study
10. **Resources:** Equipment, materials and funds required
11. **References**

The thesis must be prepared in English following the APA formatting guideline 6th edition. It should be typed in double spaced on one side of the paper (A4 sized). The left margin should not fall below 1.2 inch, while the other margins can be 1 inch. A standard 12 size font should be used for writing.

The thesis should have the following contents in the same order of presentation

1. **Title page**
2. **Declarations**
3. **Abstract (add 3-6 keywords at the bottom of abstract)**
4. **Table of contents**
5. **List of Tables**
6. **List of Figures**
7. **Acknowledgements**
8. **Dedication**
9. **Introduction**
10. **Method**
11. **Results**
12. **Discussion**
13. **Conclusion**
14. **References**
15. **Appendices (where applicable)**

Special Notes:

MS Thesis:

- Word limit for MS thesis is 12, 000-20, 000 words.
- The title page should contain the statement: *'Submitted in partial fulfillment of the requirements for the Masters Degree in Clinical Psychology awarded by the University of Dhaka.'*

MPhil Thesis:

- This is a requirement for MPhil Year II, but it may well have been started in MPhil Year I. The research thesis must be on a topic of clinical or service need and must be related directly to the work of the clinical psychologist.
- Length of the thesis should fall between 20,000-40,000 words
- The title page should contain the statement: *'Submitted in partial fulfillment of the requirements for the Degree of MPhil in Clinical Psychology awarded by the University of Dhaka.'*

Requirements to be Fulfilled in MPhil Year- I

A. Major focus of clinical placements in MPhil Year- I

The major focus of clinical placement will be Child Mental Health, which should be spread over variety of child problems, e. g. :

- a. Child psychiatric problems
- b. Child health problems
- c. Learning disability
- d. Underprivileged and street children
- e. Emotional, behavioral and learning problems of normal children at schools
- f. Abused and neglected children in broken homes, dysfunctional family environment, or in a regimented institution.

Each student will have to submit 2 child case reports, in addition to log of clinical works, placement reports and reports on other direct or indirect clinical experiences.

B. Minor focus of clinical placement in M Phil Year- I

- It is assumed that a student has completed his/her Adult Mental Health placement during MS in clinical psychology, i. e., in the first year as a student clinical psychologist. During the second year of clinical training, i. e., in MPhil Year- I, each student will have to have minor focus of clinical placements on some of his/her remaining work in Adult Mental Health, which might range from – cases of Personality Disorder (PD), Drug addiction, Hypochondriasis or Health Anxiety, Post-Traumatic Stress Disorder (PTSD), Chronic Diseases like Diabetes, Cardiovascular Diseases, Cancer etc.
- Each student will have to submit one case report on Adult Mental Health in MPhil Year- I, which must be a more complex case compared to his/her Adult Mental Health placement work of MS Class.
- Each student will have to present 2 child cases in clinical seminars.

C. Adaptation of psychometric tools in MPhil Year- I

- Each student will have to adapt an internationally standard psychometric scale or any part of a standardized test in the context of Bangladesh.
- Each student will have to submit a report of the adapted version of the tools with its psychometric properties to the Department of Clinical Psychology at the end of MPhil Year- I

D. Requirement for specialized placement in MPhil Year- I

Each student has to develop a specialist placement proposal and organize a seminar before the teachers and students of the Dept. of Clinical Psychology.

E. REQUIREMENTS FOR THE RESEARCH CRITIQUE

This is to be completed in Year I and the paper to be criticized will be supplied by the coordinator.

The critique should cover:

- **The area:** Is it valuable? why?
- **Abstract:** Is it understandable? accurate?
- **Introduction:** Up to date? clear? relevant to the paper that follows
- **Aims:** Do they follow from the introduction? Are they clear and unambiguous?
- **Designs:** it appropriate to the aims? Can it answer the questions the study is addressing
- **Subjects:** Are they described and defined? Is the sampling satisfactory? Is there any issue of drop out? Is the response rate good?
- **Measures:** Are they appropriate to the aims? Are they reliable and valid? Are they decried properly? Do you understand the scoring?
- **Analysis:** Clearly explained? Appropriate to the nature of the data? Fully reported? Is the data fully explored?
- **Discussion:** Covers the issues? Insightful? Relevant?
- **Conclusion:** Follow from the data? logical?

Requirements to be Fulfilled in MPhil Year- II

F. Major focus of clinical placement in MPhil Year- II, the Specialist Placement

- The Specialist Placement will be one of the major areas of clinical placement done by a student in his/her final year of three- years clinical training, where a student will get opportunity to grow as a clinical leader or consultant in his/her chosen area of clinical interests. Each student will have to develop a written specialist placement plan in consultation with a nominated faculty member or Specialist Placement Supervision Committee. After the approval of the Specialist Placement plan, the student will have to implement the plan under a designated clinical supervisor, within the MPhil Year- II.

- At the end of the Specialist Placement, each student will have to submit a Specialist Placement Report, at least two case reports demonstrating two different intervention technologies, along with log of clinical work, and other direct or indirect clinical experiences.
- One of the major targets of Specialist Placement is to develop in a student-
 - a. giving away clinical skills – i. e., to train other professionals – e. g., nurses, social workers, counselors, mental health workers;
 - b. to offer consultation to other professionals – e. g., Physicians, Psychiatrists, Neurologists, Surgeons, Lawyers, Social workers, or Director/Manager of a service project etc;
 - c. to conduct some community work through popular presentation of clinical psychology themes, concepts, skills and technologies, by involving a chosen community – results of which should lead to increase in early detection and referral of clients in a designated centre, clinic or service facility;
 - d. to develop organizational and professional skills and knowledge so that a student can emerge as a leader in his/her chosen field of Specialist Placement in the context of Bangladesh.

G. Requirement of two Assessment Reports using standard Psychological Tests during MPhil Year II.

- Each Student will have to develop skills of conducting psychological tests on both child and adult cases, and will have to demonstrate his/her competence in writing assessment reports. Under the supervision of a designated supervisor, each student will have to conduct psychological tests on at least one child case, and one adult case and then submit these two assessment reports professionally to the Department for evaluation.
- Each student in his/her MPhil Year II has to conduct skills training to MS class students, has to serve as a co-supervisor of at least two junior students, and has to conduct at least two workshops with the members of other professionals, patient groups, family members of the patients, NGO or GO workers.

Note: Each student will have to fulfill all the above requirements (A - G) in his/her MPhil Year I & II, failing which, his/her Viva or defense of thesis will remain withheld