



STUDY GUIDE

Message from Patron and Focal Person

We are honored and proud to introduce the Cognitive behavior therapy (CBT) a short-term, goal-directed talking therapy that takes a hands-on practical approach to solving problems as an evidence based treatment intervention in treating mental illnesses in children and adolescents. CBT teaches children and teenagers specific skills and strategies that they can utilize in their daily lives to manage their thoughts feelings and behaviours.

For both anxiety and depression, substantial evidence supports the efficacy of problem-specific cognitive-behavioral interventions. Comparisons with wait-list, inactive control, and active control conditions suggest medium to large effects for symptom reduction in primary outcome domains.

From an evidence-based perspective, cognitive-behavioral therapy is currently the treatment of choice for anxiety and depressive disorders in children and adolescents.

Although it is sometimes assumed that childhood and adult lives are times of carefree bliss, as many as 20% of children and adults since have a diagnosable psychiatric disorder that causes distress and functional impairment.

Studies that follow children from birth to adulthood indicate that most adult mental health disorders begin in early childhood and adult lessons ensure high expression throughout the lifespan. The most common psychiatric disorders of childhood and adult lessons fall into the categories like Anxiety disorders, stress related disorders, mood disorder, obsessive compulsive disorder, disruptive behaviour disorders.

According to BG psych international, an estimated of 10 to 20% of children have one or more mental or behavioural problems,

At present very few mental health professionals are trained in CBT for Children and Adolescents due to a lack of training opportunities in the country. Our mission is to train mental health professionals in CBT through 1 year postgraduate diploma program to help their patients with the best evidence-based therapies not only in big hospitals but also in remote areas of the country. Our vision is to make this best evidence-based treatment available to the public by excelling in the field of Cognitive Behavior Therapies.

Prof Dr. Bashir Ahmad

Mrs Wafa Syed

TABLE OF CONTENTS

Faculty-----	
List of abbreviations-----	
Core Values-----	
Aims & objectives-----	
Learning Methodologies-----	
Program Structure-----	
Table of Specifications (TOS)-----	
Assessment-----	
Award Ceremony & Annual Review Process-----	
Course fee and other dues-----	
Admission Criteria-----	
Learning Resources-----	

FACULTY OF THE PROGRAM

FACULTY MEMBERS:

Professor Bashir Ahmad, MBBS, DPM, FCPS, Postgraduate Diploma in Cognitive Behavior Therapies, King's College London University, Postgraduate Certified Medical Educationist, Oxford Brookes University England.

Accredited CBT therapist-BABCP England, Specialist Associate Royal College of Psychiatrists England.

Mrs Wafa Syed, BS (Hons) Psychology, Postgraduate Diploma in Clinical Psychology, Postgraduate Certificate Course in Cognitive Behavior Therapy (Khyber Medical University), Child and Adolescent Mental Health Certificate course (The University of Faisalabad).

Consultant Clinical Psychologist Khyber Teaching Hospital.

LIST OF ABBREVIATIONS

CBT	Cognitive Behavior Therapy
Pg. Dip CBT	Postgraduate Diploma in Cognitive Behavior Therapies
OSPE	Objective Structured Practical Examination
E-LEARNING	Electronic Media -Learning
TOS	Table of specifications
SGD	Small Group Discussion
LGIS	Large Group Interactive Session
CH	Credit Hours
LO	Learning Objectives

OUR CORE VALUES

- Respect for cultural, religious, and traditional values
- Personal and Professional development
- Sustainability and continuous improvement of the CBT program

AIMS & OBJECTIVES OF THE COURSE

The course aims to equip practitioners with Cognitive Behaviour Therapy skills to incorporate into the treatment of children and adolescents' psychological disorders. By the end of the Cognitive Behavior Therapy course students would be able to:

- Learn how to make an assessment of children and adolescents' psychological disorders.
- Develop CBT Case Formulations and practical management plans
- Devise and implement individualized treatment programs for patients and evaluate their effects.
- Demonstrate appropriate application of CBT techniques.
- Utilize learning resources such as books and websites to enhance CBT learning and practice.

Learning Methodologies

INTERACTIVE LECTURES (LGIS)

Interactive lectures would be used to transfer a large amount of information in a shorter period. The lecturer introduces a topic and explains underlying concepts/phenomena using a variety of techniques including questions, pictures, exercises, and videos etc. students are actively involved in the learning process.



SMALL GROUP DISCUSSIONS

The small group discussion format is used to help students clarify a concept and acquire skills and attitudes under the supervision of a facilitator. Sessions are structured where students exchange opinions and apply prior knowledge gained from lectures, tutorials and self-learning.



SELF-DIRECTED LEARNING

In this format of information transfer, students take responsibility for their own learning through individual study, sharing and discussing with peers, and seeking information from learning resource center. lectures and resource persons within and outside the institute. Students can utilize the time within the institute scheduled hours of self-study.



E-LEARNING

E-learning is a mode of information transfer by which learning occurs through the utilization of electronic media, typically the internet.



SUPERVISION

All students are required to attend one-hour weekly supervision with a designated supervisor. Supervision is a mandatory component of the CBT program where students discuss the progress of their patients and received feedback and guidance from peers and supervisors. This occurs in a small group where local students physically attend while out stationed students join online. Students would receive weekly supervision with a designated supervisor in a group of 4.



DIRECT PATIENT CONTACT

Students are expected to treat at least 6 patients using CBT under supervision during the 12months period. In a typical case of moderate depression, one patient would require at least 8- 12 CBT sessions. Each session is 45-60 minutes long and conducted one to one on weekly basis. In some cases, twice-a-week sessions are also permitted while in exceptional circumstances certain sessions could be conducted online such as during covid restrictions.



RULES AND REGULATIONS

Physical presence and attendance in all the six contact sessions are mandatory. For whatever reason, if the whole contact session or one full is missed, the student would have to repeat that contact session with the next batch and their result would therefore be delayed.

Attendance in weekly supervision classes is also mandatory. Willful absenteeism in a supervision class would result in a penalty in the form of additional course assignments.

All course assignments need to be completed within the scheduled time. The course requirement is to complete a total of four Theory assignments: two formative and two summative. In addition, students are required to appear in the Objective Structured Practical Examination (OSPE) examination at the end of the training program. Only those students would be declared successful and get certified by the university who complete all parts of assignments and practical examinations in a timely manner.

PROGRAM STRUCTURE

The Course begins with a 3-day introductory workshop followed by further workshops (contact sessions) three days each spaced at 3-month intervals. Students are expected to treat at least 6 patients using CBT under supervision during the 12months period. Students would receive weekly supervision with a designated supervisor in a group of 4.

Reading and completion of written assignments will be undertaken in addition to the teaching days outlined below. Many students find it useful to set aside six to seven hours a week for self-reading.

Further details of the teaching program and teaching methods are given in the Table of Specifications (TOS).

Contact sessions: **144 Credit Hours**

Direct contact with patient: **75 Credit Hours**

Supervision: **45 Credit hours**

Watching training videos: **16 Credit Hours**

Guided self-reading: **60 Credit Hours**

Total = 340 Credit Hours (CH)

TABLE OF SPECIFICATIONS (TOS)

FIRST CONTACT SESSION: FUNDAMENTAL COURSE

Serial No	Topics	Learning objectives (LO)	Learning Outcomes (LO)
1.	Psychotherapies for treating psychological disorders among children and adolescents	Demonstrate theoretical knowledge of various forms of psychotherapies in comparison of CBT	Enable the students to understand various forms of psychotherapies and how CBT is more efficient and structured
2.	Training objectives	Enlist the objectives of the training program	Students would be able to understand the format of the training program & the course assignments.
3.	Basic concepts and skills	Demonstrate theoretical concepts of CBT	Students will be enabled to understand the CBT theoretical concepts
	Rationale of using CBT In youth	To know the use and impact of CBT as an empirical intervention.	
4.	Psychometric tools for assessment of disorders in children and adolescents CDI, Spence Children Anxiety Scale	To know the level of severity and possible co-morbidities.	Students will be better able to make an effective treatment plan.
5.	Detailed assessment skills In children and adolescents	To learn General principles of assessment.	
6.	The Coping CAT program for Anxious Youth 12-16 sessions	Managing youth's anxiety with co-morbid depression, social skills deficits and inattentive symptoms	Students will be able to be skilled in Empirically supported treatments (ESTs)

7.	Psycho-education	Adaptive functions of anxiety and depression. Rationale of each level of intervention. Explain the idea of skills learning. Discuss contingent reinforcement.	
8.	Behavioral Methods in Practice	To learn about assessment, goal setting, techniques, rewards and implementation.	Students will be able to learn how to assess the setting, maladaptive target behaviors and consequences and accordingly will implement treatment plan.
Skills Training (FEAR)			
9.	Using Play	Principles of Cognitive (Cognitive Restructuring) and behavioural (graded Exposure). Identification of anxious cognitions through play and introduction of Flex activities.	Students would be able to build rapport with children and engage them in different playful activities and discovering their cognitions the same time
10.	Relaxation	To learn about the somatic cues of anxiety.	Students would be able to make a youth patients how to relax their bodies after the somatic trigger for their anxiety.
11.	Coping thoughts	Challenging of the Anxious thoughts and generation of the coping thoughts. Identification of the anxious and coping self-talk.	Students will be able to their role models for example to generate a coping thought to fight their fears.
12.	Case formulation		
13.	Exposure tasks	Behavioural component of therapy	The student will be able to structure behaviour tasks for

		Positive reinforcement is the potent motivation in this step.	children to overcome their phobias.
14. 2	How to follow through CBT sessions	To learn skills to give to youth session wise	Students will be able to work session wise with the patients to get them skilled.
15.	Supervision	Demonstrate Participation in a supervision class	Students would be able to understand the importance of supervision in learning CBT
16.	Live and recorded CBT session	Demonstrate how to structure a CBT session	Students would be able to structure a CBT session
Second contact session			
17.	The C.A.T. model for Adolescents.		
18.	Journaling Amount of information worthy enough to share with parents of the adolescent patient	Adolescent will get more aware of their thoughts and feelings by using journaling as a tool. Rapport building and confidentiality concerns.	Students will be able to structure an assessment session with both the adolescent and parents initially and then with the adolescent alone and to address the safety and confidentiality concerns more effectively.
19.	Rapport building	To establish therapeutic alliance ad ensure confidentiality	
20.	Modified play activities with adolescents		.

21.	Cognitive restructuring		
CBT with Aggressive children			
22.	Assessment of aggression In children Behavioral Rating scales Peer ratings		
23.	Evaluation of social-cognitive /affective characteristics Social cognitive products Schematic propositions Appraisal of internal arousal		

24.	Anger management Problem solving	Focus upon the perceptions and thoughts of aggressive children as they encounter threats and frustrations.	
25.	Social-cognitive model of aggression		
26.	Behavioural activation		

INTERNAL ASSESSMENT

After the 6 months period and completion of the fundamental course, candidates would submit.

one case report of 3000 words

one essay of 3000 words

Theory paper I: MCQ's (50)

Theory paper II: SEQ's (10)

Practical examination: OSPE (10 stations)

Stations:

Observed and interactive stations

This station would be observed by the internal or external examiners through the task or viva.

Unobserved stations

These are static stations in which students will have to answer the provided response sheet.

Rest Stations

These are stations where no task is given and during this time student can organise his thoughts for the next stations.

Fourth contact session

27.	Social skills deficits		
28.	Social anxiety disorder		
29.	Stress disorders		
44.	Role plays		

FINAL ASSESSMENT

After completion of the course candidates would submit.

Result of internal Assessment: Marks 100

Foundation Module case report of 3000 words: Marks 50

Specialist Module essay of 3000 words: Marks 50

Foundation Module recording: Marks 50

Specialist Module: Marks 50

Theory paper I foundation Module : 50 MCQ's & 10 SEQs: Marks 100

Theory paper II Specialist Module: 50 MCQs & 10 SEQ's :Marks 100

Practical examination: OSPE (10 stations): Marks 100

Total Marks : 600

Stations:

Observed and interactive stations

This station would be observed by the internal or external examiners through the task or viva.

Unobserved stations

These are static stations in which students will have to answer the provided response sheet.

Rest Stations

These are stations where no task is given and during this time student can organise his thoughts for the next stations.

AWARD CEREMONY

Upon completion of the course and passing both the theory and practical part of the examination students would be awarded a postgraduate diploma in Cognitive Behavior Therapy (PgDip CBT) by Gandhara University Peshawar.

ANNUAL REVIEW PROCESS

Course syllabus and evaluation process would be reviewed annually for improvement and sustainability.

COURSE FEE AND OTHER DUES

The fee policy would be as per the University fee policy

The suggested Tuition fee for the entire course would be Rs. 100000.00 (Hundred thousand)

Enrolment and Certification fee would be payable as per the University policy.

ADMISSION CRITERIA

Admission policy as per Gandhara University prospectus

Places are available for a maximum of 20 students who are expected to be:

1. Psychiatric trainees having at least one-year post-FCPS part 1 experience of working in the psychiatry department of a recognized Teaching Hospital.
2. Psychiatry Registrars/MCPS/DPM, trainees with at least two years' experience of working in the psychiatry department of a recognized Teaching Hospital.
3. Clinical psychologists have a postgraduate diploma in clinical psychology with at least one-year clinical experience of working in the psychiatry department of a recognized Hospital.
4. Qualified consultant psychiatrists of all grades.

In addition, all applicants are expected to:

- a. Have some knowledge of cognitive behavioral therapies. They do not need to have extensive practical experience of CBT; however, preference is given to candidates who can demonstrate some knowledge and experience of CBT approaches.
- b. Be competent in general clinical skills, such as forming a therapeutic relationship and communicating effectively. The Course provides specialized training in CBT and does not focus on developing the basics of good clinical practice; therefore, a foundation of basic clinical competencies is an important prerequisite.
- c. Should demonstrate commitment to developing CBT skills for use in clinical practice.
- d. Have access to treatment settings with regular clinical and CBT supervision where cognitive behavioral therapy skills can be practiced and refined on a regular basis.

Exceptions to these criteria are at the discretion of the course organizers.

LEARNING RESOURCES

- 1. Child and adolescent Psychiatry third edition** by Robert Goodman and Stephen Scott
- 2. Dr. Phillip C. Kendall's Coping Cat Manual**
- 3. IACAPAP textbook of Child and Adolescent mental health**

Postgraduate diploma in Cognitive Behavior Therapy treating children and adolescents