



Master in Psychotherapy

Semestre 1

	CM (UE)	TD (UE)	ECTS
Modul Basics			10
1314/I/1/Basics/Foundations	16		6
Modul Diagnostics			10
1314/I/2/Diagnostics/Assessment (optionnel)	16		0
Modul Principles			5
1314/I/3/Principles/Techniques	16		5
Modul Disorders I			15
1314/I/4/Disorders I/1	16		5

Semestre 2

	CM (UE)	TD (UE)	ECTS
Modul Basics			10
1314/II/1/Basics/Conceptualisation	16		4
Modul Diagnostics			10
1314/II/2/Diagnostics/Assessment	16		6
1314/II/2/Diagnostics/Communication	16		4
Modul Disorder I			15
1314/II/4/Disorder I/Disorders I/2	17		5
Modul Supervision			20
1314/II/5/Supervision/Supervision I	40		5



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Semestre 3

	CM (UE)	TD (UE)	ECTS
Modul Disorder I			15
1415/III/4/Disorder I/3	16		5
Modul Disorder II			10
1415/III/6/Disorder II/1	16		5
Modul Disorder III			10
1415/III/7/Disorder III/ 1	16		5
Modul Supervision			20
1415/III/5/Supervision/Supervision II	40		5

Semestre 4

	CM (UE)	TD (UE)	ECTS
Modul Disorder II			10
1415/IV/6/Disorder II/Disorder II/2	16		5
Modul Supervision			20
1415/IV/5/Supervision/Supervision III	42		5
Modul Documentation			10
1415/IV/8/Documentation/Documentation I		30	5
Modul Self-Study			10
1415/IV/9/Self-Study/Mentoring, Journal Club I		30	5



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Semestre 5

	CM (UE)	TD (UE)	ECTS
Modul Disorder III			10
1516/V/7/Disorder III/Disorder III/2	48		5
Nachholkurse Covid19			5
Nachholkurs WS 29: Personality Disorders	16		5
Nachholkurs WS 30: Schema Therapy for Personality Disorders	16		0
Modul Supervision			20
1516/V/5/Supervision/Supervision IV	30		5
Modul Documentation			10
1516/V/8/Documentation/Documentation II		20	5
Modul Self-Study			10
1516/V/9/Self-study/Mentoring, Journal Club II	30		5

Semestre 6

	CM (UE)	TD (UE)	ECTS
Modul Master Thesis			20
1516/VI/12/Master Thesis	5		20

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Semestre 1

1314/I/1/Basics/Foundations

Module: Modul Basics (Semestre 1)

ECTS: 6

Objectif: Overview of the history of "abnormality"
Discuss methodological issues and the significance of research on the efficacy and effectiveness of psychological interventions in recent years.
Describe the problems of external validity in intervention research.
Explain the main paradigms in psychological interventions (psychoanalysis, client-centred approaches, humanistic approaches, cognitive-behavioural approaches) and discuss the research on the effectiveness of these approaches.
Discuss in detail the theoretical foundations of cognitive-behavioural treatment (CBT).
Explain how internal attribution can be a major factor in maintaining gains achieved during treatment/ intervention.
Describe the biological basis of human behaviour, including CNS anatomy, hormones and behaviour and psychoneuroendocrinology.

Description: This course gives an overview of the research areas that are fundamental to clinical psychological interventions. It discusses concepts of abnormality, past and current strategies in intervention research, the need for empirical validation of psychotherapeutic approaches, and the biological foundations of human behaviour. It gives an overview of the main paradigms in psychological interventions (psychoanalysis, client-centred approaches, humanistic approaches, cognitive-behavioural approaches) and puts this in the context of the current empirical evidence on their efficacy and effectiveness. The course also provides a detailed discussion of the theoretical foundations of cognitive-behavioural therapy (CBT).

Bibliographie:

Beck, J.S. (2011) Cognitive Behavior Therapy: Basics and Beyond, Second Edition. Guilford Press, New York.

Bennett-Levy, J., Butler, G., Fennell, M., Hackman, A., Mueller, M. & Westbrook, D. (2004) Oxford Guide to Behavioural Experiments in Cognitive Therapy. Oxford University Press, Oxford.

Birbaumer, N. & Schmidt, R.F. (2010). Biologische Psychologie. 7., vollst. überarb. u. ergänzte Auflage. Springer, Berlin/ Heidelberg.

Hunter, J.E. Schmidt, F.L. (1990). Methods of meta-analysis. London: Sage.

Kazdin, A.E. (Ed.)(1992). Methodological issues and strategies in clinical research. Washington D.C.: American Psychological Association.

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Kring, A.M., Davison, G.C., Neale, J.M., & Johnson, S.L. (2007). *Abnormal Psychology* (10th ed.). New York: Wiley.

Langue: Français, Anglais, Allemand

Obligatoire: Oui

Evaluation: Written exam

Remarque: Workshop 4:
Beck, J.S. (2011) *Cognitive Behavior Therapy: Basics and Beyond, Second Edition*. Guilford Press, New York.

Bennett-Levy, J., Butler, G., Fennell, M., Hackman, A., Mueller, M. & Westbrook, D. (2004) *Oxford Guide to Behavioural Experiments in Cognitive Therapy*. Oxford University Press, Oxford.

Optional and very useful for future disorder specific pathologies

Tarrier, N. (2006) *Case Formulation in Cognitive Behaviour Therapy: The Treatment of Challenging and Complex Cases*. Routledge, London.

Wells, A. (1997) *Cognitive Therapy of Anxiety Disorders: A Practice Manual and Conceptualisation Guide*. Wiley, Chichester

Professeur: VÖGELE Claus, ANTON Fernand, VAN DER MEULEN Marian

1314//2/Diagnostics/Assessment

Module: Modul Diagnostics (Semestre 1)

ECTS: 0

Objectif:

- Discussion of the medical tradition in diagnosis: classification, and its related advantages and disadvantages
- Outline of the DSM-IV-TR (Multiaxial system: 5 axes, main categories on axis 1) and a description of the main differences to the DSM-V
- Description of categorical versus dimensional approaches to assessment
- Reliability and validity of the DSM and ICD
- Cultural factors affecting the diagnosis based on the DSM and ICD

Course learning outcomes:

Description: This course gives an overview of issues related to clinical psychological assessment, in particular in the context of therapeutic interventions. These issues concern mainly the use of structured clinical interviews, their theoretical implications (i.e. categorization) and their role and functions in the therapeutic process. The two main categorization systems used in psychopathology are outlined (i.e. DSM and ICD), and recent developments are highlighted (e.g. change from DSM-IV-TR to DSM-V).
Bibliography:

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Internationale Klassifikation psychischer Störungen. ICD - 10. Klinisch - diagnostische Leitlinien. Herausgegeben von H. Dilling, W. Mombour und M.H. Schmidt. Bern, Göttingen, Toronto, Hans Huber, 1991.

Internationale Klassifikation psychischer Störungen. ICD - 10. Diagnostische Kriterien für Forschung und Praxis. 4. überarb. Auflage. Herausgegeben von H. Dilling, W. Mombour, M.H. Schmidt, Schulte - Markwort. Bern, Göttingen, Toronto, Hans Huber, 2006.

American Psychiatric Association. Diagnostisches und Statistisches Manual Psychischer Störungen. Text - Revision. Deutsche Bearbeitung und Einleitung von H. Sass, H.U. Wittchen, M. Zaudig und I. Houben. Göttingen, Bern, Toronto, Seattle, Hogrefe, 2003.

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Fisseni HJ. Lehrbuch der psychologischen Diagnostik. 3., überarbeitete und erweiterte Auflage. Hogrefe, Göttingen 2004.

Paulitsch K. Grundlagen der ICD - - Diagnostik. Facultas, Wien 2009

Langue: Français, Anglais, Allemand

Obligatoire: Non

Evaluation: Essay

Professeur: PULL Charles

1314/I/3/Principles/Techniques

Module: Modul Principles (Semestre 1)

ECTS: 5

Objectif:

- Familiarity with the basics of exposure-based techniques, cognitive techniques and mindfulness.
- Theoretical and practical foundations of relaxation techniques and hypnosis
- Description of and introduction to intervention settings including individual therapy, group therapy and couples therapy

Course learning outcomes:

Description: This course gives an overview and a detailed discussion of exposure-based techniques, cognitive techniques, mindfulness, relaxation and hypnosis. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. The course also introduces students to the main intervention settings in clinical psychological practice (i.e. individual therapy, group therapy and couple therapy), their prerequisites, specifications, indications and outcomes.

Bibliography:

Bodenmann Guy: Verhaltenstherapie mit Paaren – Ein bewältigungsorientierter Ansatz. 2.



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Auflage, Hans Huber: Bern 2012

Kampen, G. (2013). Entspannungsverfahren in Therapie und Prävention. 3. Aufl. Hogrefe.

Kanfer Frederick H., Reinecker Hans, Schmelzer Dieter: Selbstmanagementtherapie. Ein Lehrbuch für die klinische Praxis. 3. Auflage, Springer: Berlin, Heidelberg, New York 2000

Margraf Jürgen (Hrsg.): Lehrbuch der Verhaltenstherapie. 2. Auflage, Springer: Berlin, Heidelberg, New York 2000

Parfy Erwin, Schuch Bibiana, Lenz Gerhard (Hrsg.): Verhaltenstherapie – Moderne Ansätze für Theorie und Praxis. Facultas: Wien 2003

Revenstorf, D. (1993). Psychotherapeutische Verfahren III. Humanistische Therapien. Stuttgart: Kohlhammer.

Revenstorf, D. & Peter, B. (Hrsg.) (2008). Hypnose in Psychotherapie, Psychosomatik und Medizin: Manual für die Praxis. Springer. Heidelberg. New York. 2. Auflage.

Schlarb, A. A., Schweizer, C. C., Junker, S. (2013). Hypnotherapie. In: Senf/Broda/Wilms: Techniken der Psychotherapie.

Sulz Serge: Von der Strategie des Symptoms zur Strategie der Therapie – Gestaltung von Prozeß und Inhalt in der Therapie. CIP-Medien: München 2001

Tschuschke Volker (Hrsg.): Praxis der Gruppenpsychotherapie. Georg Thieme: Stuttgart, New York 2001

Vaitl, D. & Petermann, F. (2004). Entspannungsverfahren. Das Praxishandbuch. 3. Aufl. Weinheim: Beltz PVU.

Langue: Français, Anglais, Allemand

Obligatoire: Oui

Evaluation: Oral exam

Remarque: **Workshop 15: Intervention settings: Individual, groups, couples**

Bodenmann Guy: Verhaltenstherapie mit Paaren – Ein bewältigungsorientierter Ansatz. 2. Auflage, Hans Huber: Bern 2012

Kanfer Frederick H., Reinecker Hans, Schmelzer Dieter: Selbstmanagementtherapie. Ein Lehrbuch für die klinische Praxis. 3. Auflage, Springer: Berlin, Heidelberg, New York 2000

Margraf Jürgen (Hrsg.): Lehrbuch der Verhaltenstherapie. 2. Auflage, Springer: Berlin, Heidelberg, New York 2000

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Parfy Erwin, Schuch Bibiana, Lenz Gerhard (Hrsg.): Verhaltenstherapie – Moderne Ansätze für Theorie und Praxis. Facultas: Wien 2003

Sulz Serge: Von der Strategie des Symptoms zur Strategie der Therapie – Gestaltung von Prozeß und Inhalt in der Therapie. CIP-Medien: München 2001

Tschuschke Volker (Hrsg.): Praxis der Gruppenpsychotherapie. Georg Thieme: Stuttgart, New York 2001

Professeur: PULL Charles, BACH Michael, QUAST Walter

1314/I/4/Disorders I/1

Module: Modul Disorders I (Semestre 1)

ECTS: 5

Objectif:

- Familiarity with models and empirical research on specific mental disorders, i.e. anxiety disorders, obsessive-compulsive disorder and trauma- and stress-related disorders.
- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Course learning outcomes:

Description:

This course provides a detailed discussion of current aetiological models of and risk factors for anxiety disorders, obsessive-compulsive disorder and trauma- and stress-related disorders. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Bibliography:

Boos, A. (2005) Kognitive Verhaltenstherapie nach chronischer Traumatisierung: Ein Therapiemanual. Göttingen: Hogrefe.

Boos, A. (2007) Traumatische Ereignisse bewältigen: Hilfen für Verhaltenstherapeuten und ihre Patienten. Göttingen: Hogrefe.

Ehring, T. & Ehlers, A. (2012) Trauma und Posttraumatische Belastungsstörung: Informationen für Betroffene und Angehörige. Göttingen: Hogrefe.

Foa, E., Hembree, E. & Rothbaum, B. (2007) Prolonged Exposure Therapy for PTSD: Therapist Guide: Emotional processing of traumatic experiences (Treatments That Work). Oxford: Oxford University Press.

Greenberg, G. (1999). The Pop-up Book of Phobias. New York: Melcher Media.

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- Kircanski, K., Peris, T.S., & Piacentini, J.C. (2011). Cognitive - Behavioral Therapy for Obsessive - Compulsive Disorder in Children and Adolescents. *Child Adolesc Psychiatric Clin N Am*, 20, 239–254.
- König, J., Resick, P., Karl, R., & Rosner, R. (2012). Posttraumatische Belastungsstörung. Ein Manual zur Cognitive Processing Therapy. Göttingen: Hogrefe.
- Maercker, A. (Hrsg.). (2009). Posttraumatische Belastungsstörung. Heidelberg: Springer.
- Margraf, J. & Schneider, S. (Hrsg.) (2009). Lehrbuch der Verhaltenstherapie. Band 1: Grundlagen, Diagnostik, Verfahren, Rahmenbedingungen. 3. Auflage. Berlin: Springer.
- Margraf, J. & Schneider, S. (Hrsg.) (2009). Lehrbuch der Verhaltenstherapie. Band 2: Störungen im Erwachsenenalter. 3. Auflage. Berlin: Springer.
- Meinischmidt, G., Margraf, J. & Schneider, S. (Hrsg.) (2011). Lehrbuch der Verhaltenstherapie. Band 4: Materialien für die Psychotherapie. Berlin: Springer.
- Margraf, J. & Schneider, S. (1990). Panik - Angstfälle und ihre Behandlung. 2. Auflage. Berlin: Springer.
- Marks, I.M. (1987). Fears, phobias and rituals. Panic, anxiety and their disorders. Oxford: Oxford University Press.
- McNally, R.J. (1994). Panic Disorder. A Critical Analysis. New York: Guilford Press.
- Morrison, J. (2000). Der zweite Blick. Psychische Störungen als Symptome somatischer Krankheiten. Bern: Huber.
- Pittenger, C., Bloch, M. H., & Williams, K. (2011). Glutamate abnormalities in obsessive-compulsive disorder: Neurobiology, pathophysiology, and treatment. *Pharmacology and Therapeutics*, 132(3), 314 - 332.
- Resick, P. A., Monson, C. M., & Chard, K. M. (2008). Cognitive processing therapy: Veteran/military version. Washington, DC: Department of Veterans' Affairs.
- Schauer, M., Elbert, T. & Neuner, F. (2005). Narrative exposure therapy: a short-term intervention for traumatic stress disorders after war, terror, or torture. Cambridge MA: Hogrefe & Huber.
- Schlup, B. & Schneider, S. (2007). Angststörungen: Panikstörung mit Agoraphobie bei einem Jugendlichen. Fallbuch zur Klinischen Psychologie und Psychotherapie. Stieglitz, Baumann & Perrez (Hrsg.) Verlag Hans Huber: Bern
- Schneider, S. (2004). Angststörungen bei Kindern und Jugendlichen: Grundlagen und Behandlung. Berlin: Springer.
- Schneider, S. & Margraf, J. (1998). Fortschritte der Psychotherapie: Agoraphobie und Panikstörung. Göttingen: Hogrefe.
- Taylor, S. (2011). Early versus late onset obsessive - compulsive disorder: Evidence for distinct subtypes. *Clinical Psychology Review*, 31(7), 1083 - 1100.



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Veale, D (2007). Cognitive–behavioural therapy for obsessive–compulsive disorder. *Advances in Psychiatric Treatment*, 13, 438–446.

Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.

Langue: Français, Anglais, Allemand

Obligatoire: Oui

Evaluation: Essay

Remarque: **Workshop 16: Anxiety Disorders:**

Craske, M.G., Liao, B., Brown, L. & Vervliet, B. (2012). Role of Inhibition in Exposure Therapy, *Journal of Experimental Psychopathology*, 3, 322-345.

Margraf, J. & Schneider, S. (Hrsg) (2009) *Lehrbuch der Verhaltenstherapie*. Band 2, (3. Aufl.), Heidelberg: Springer Medizin Verlag. Kapitel 1 (Panikstörung und Agoraphobie), 2 (Spezifische Phobien), 3 (Soziale Phobie), 5 (Generalisierte Angststörung)

Michael, T. & Tuschen-Caffier, B. (2009). Konfrontationsverfahren. In: J. Margraf & S. Schneider (Hrsg.). *Lehrbuch der Verhaltenstherapie*. Band 1, (3. Aufl., S. 515-530), Heidelberg: Springer Medizin Verlag.

Schneider, S., & Margraf, J. (1998). *Fortschritte der Psychotherapie: Agoraphobie und Panikstörung* (1. Auflage). Göttingen: Hogrefe.

Professeur: SCHNEIDER Silvia, REUTER Benedikt, MÜLLER-ENGELMANN Meike



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Semestre 2

1314/II/1/Basics/Conceptualisation

Module: Modul Basics (Semestre 2)

ECTS: 4

Course learning outcomes:

- Understanding the role of clinical formulations in treatment planning
- Enable trainees to perform a wide range of psychological assessments with an emphasis on functional behavioural analysis
- Ensuring that trainees can psychologically assess and formulate across a wide range of clinical settings and client groups

At the end of the module trainees will have knowledge pertaining to the assumptions, uses and limitations of different assessment methods and how these relate to the development and evaluation of clinical formulations.

A key aim of this unit is to integrate teaching of theory and skills required to competently undertake psychological assessment and develop formulations.

Description: The successful outcome of therapy depends on the therapist's ability to work collaboratively with clients to create rounded assessments and formulations as a solid basis for therapeutic work. This course describes how assessment and formulation should evolve throughout the process. Special emphasis is given to functional behavioural analysis as this has been described as the core of the diagnostic-therapeutic process. Case (or clinical) formulations offer a hypothesis about the cause and nature of the presenting problems and are considered an alternative approach to the more categorical approach of psychiatric diagnosis. In clinical practice, formulations are used to communicate a hypothesis and provide a framework to developing the most suitable treatment approach. It is most commonly used by clinical psychologists and psychiatrists and is deemed to be a core component of these professions.

Langue: Français

Obligatoire: Oui

Evaluation: Written exam

Remarque: Reading list:

Bond, Frank W.; Bruch, Michael (1998). Beyond diagnosis: case formulation approaches in CBT. New York: Wiley.

Butler, G. (1998). Clinical formulation. In A.S.Bellack & M. E. Hersen (Eds.), Comprehensive Clinical Psychology (pp. 1-23). New York: Pergammon Press

Knafla, I. & Ehlert. U. (2001). Verhaltensanalyse. Psychotherapeut, 46, 145–153.

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Kring, A.M., Davison, G.C., Neale, J.M., & Johnson, S.L. (2007). *Abnormal Psychology* (10th ed.). New York: Wiley.

1314/II/2/Diagnostics/Assessment

Module: Modul Diagnostics (Semestre 2)

ECTS: 6

Course learning outcomes:

- Discussion of the medical tradition in diagnosis: classification, and its related advantages and disadvantages
- Outline of the DSM-IV-TR (Multiaxial system: 5 axes, main categories on axis 1) and a description of the main differences to the DSM-V
- Description of categorical versus dimensional approaches to assessment
- Reliability and validity of the DSM and ICD
- Cultural factors affecting the diagnosis based on the DSM and ICD

Description: This course gives an overview of issues related to clinical psychological assessment, in particular in the context of therapeutic interventions. These issues concern mainly the use of structured clinical interviews, their theoretical implications (i.e. categorization) and their role and functions in the therapeutic process. The two main categorization systems used in psychopathology are outlined (i.e. DSM and ICD), and recent developments are highlighted (e.g. change from DSM-IV-TR to DSM-V).

Langue: Français

Obligatoire: Oui

Evaluation: Oral exam

1314/II/2/Diagnostics/Communication

Module: Modul Diagnostics (Semestre 2)

ECTS: 4

Course learning outcomes:

- Theoretical basis and training in basic and advanced communication skills
- Familiarization with motivational interviewing
- Identification, evaluation and management of suicidal ideation

Description: The initial contact (e.g. first session) between therapist and client often determines the quality of the therapeutic relationship over the course of treatment. It is, therefore, of crucial importance to create an atmosphere of trust and understanding, based on the problems and the goals of the client. Techniques that have been found very useful in this respect include communication skills and more advanced cognitive techniques, e.g. motivational interviewing, i.e. a collaborative, person centered form of guiding to elicit and strengthen motivation for change. A particularly challenging situation arises if a client faces an acute crisis with suicidal ideation. This course

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familiarizes you with the theoretical background and the skills to establish a good therapeutic relationship, and to identify, evaluate and manage suicidal risk.

Langue: Français, Allemand

Obligatoire: Oui

Evaluation: Oral exam

Remarque: Reading list:

American psychiatric association (2003). Practice guidelines for the assessment and treatment of patients with suicidal behaviours. *Am J Psychiatry*, 160(Suppl.), 1-60.

Drum, D.J. & Burton, A. (2012). Campus suicide prevention: bridging paradigms and forging partnerships. *Harv Rev Psychiatry*, 20, 209-221.

Frank, M. & Frank, B. (2000). Das Erstgespräch in der Verhaltenstherapie. In J. Margraf (Hrsg.), *Lehrbuch der Verhaltenstherapie, Bd. 1: Grundlagen – Diagnostik – Verfahren – Rahmenbedingungen* (2. Aufl.). Berlin: Springer.

Harris, R. (2012). *Passez à l'ACT. Pratique de la thérapie d'acceptation et d'engagement*. Editions De Boeck.

Hettema, J., Steele, J. & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.

Hoffmann, N. (2000). Therapeutische Beziehung und Gesprächsführung. In J. Margraf (Hrsg.), *Lehrbuch der Verhaltenstherapie, Bd. 1: Grundlagen – Diagnostik – Verfahren – Rahmenbedingungen* (2. Aufl.). Berlin: Springer.

Miller, W. R. & Rollnick, S. (2009). *Motivierende Gesprächsführung* (3. Aufl.). Freiburg: Lambertus.

Murphy, S., Irving, C.B., Adams, C.E. & Driver, R. (2012). Crisis intervention for people with severe mental illnesses. *Schizophrenia Bulletin*, 38(4), 676-677.

Sachse, R. (2006). *Therapeutische Beziehungsgestaltung*. Göttingen: Hogrefe.

Willutzki, U. & Koban, C. (2011). The elaboration of positive goal perspectives (EPOS): An intervention module to enhance motivation. In W. M. Cox & E. Klinger (Eds.), *Handbook of Motivational Counseling: Goal-based approaches to assessment and intervention with addiction and other problems*. New York, NY: Wiley

1314/II/4/Disorder I/Disorders I/2

Module: Modul Disorder I (Semestre 2)

ECTS: 5

Course learning outcomes:

- Familiarity with models and empirical research on specific mental disorders, i.e. Depressive Disorders, Somatic Symptom and Related Disorders and Feeding and Eating Disorders.



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- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Description: This course provides a detailed discussion of current aetiological models of and risk factors for Depressive Disorders, Somatic Symptom and Related Disorders and Feeding and Eating Disorders. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role-play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Langue: Français

Obligatoire: Oui

Evaluation: Written exam

Remarque: Reading list:
Bryant-Waugh, R. & Lask, B. (2008). Essstörungen bei Kindern und Jugendlichen. Bern: Huber.

Hauzinger, M. (2013). Kognitive Verhaltenstherapie bei Depressionen: Mit Online-Materialien. Weinheim: Beltz.

Hilbert, A. & Tuschen-Caffier, B. (2010). Essanfalle und Adipositas. Ein Manual zur kognitivbehavioralen Therapie der Binge-Eating-Storung. Gottingen: Hogrefe

Jacobi, C., Thiel, A. & Paul, T. (2008). Kognitive Verhaltenstherapie bei Anorexia und Bulimia

Nervosa. Weinheim: Beltz.

Meermann, R. & Vandereycken, W. (1987). Therapie der Magersucht und Bulimia nervosa. Ein klinischer Leitfaden fur den Praktiker. Berlin: de Gruyter.

Munsch, S. (2003). Binge Eating. Kognitive Verhaltenstherapie bei Essanfallen. Weinheim:

Beltz.

Pudel, V. & Westenhofer, J. (2006). Ernahrungspsychologie. Gottingen: Hogrefe.

Pull, Ch. & Pull-Erpelding, M-C. (2012). Ich bin traurig. Gemeinsam gegen die Depression. Luxembourg: Edition Saint-Paul.

Rief, W. & Hiller, W. (2011). Somatisierungsstorung. Reihe: Fortschritte der Psychotherapie, Band 1 (2. aktualisierte Auflage). Gottingen: Hogrefe.

Vocks, S. Legenbauer, T. (2010). Korperbildtherapie bei Anorexia und Bulimia Nervosa.

Gottingen: Hogrefe.

Waadt, S., Laessle, R.G. & Pirke, K.M. (1992). Bulimie. Ursachen und Therapie. Berlin:

Springer.

Weissman, M.M., Markowitz, J.C., Klerman, G.L. (2000). Comprehensive Guide to Interpersonal Psychotherapy. New York, Basic Books.

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Wunderer, E. & Schnebel, A. (2008). Interdisziplinäre Essstörungstherapie. Weinheim: Beltz.
Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.

1314/II/5/Supervision/Supervision I

Module: Modul Supervision (Semestre 2)

ECTS: 5

Course learning outcomes:

- Advanced clinical skills in diagnosis, assessment, indication and therapeutic interventions.
- Personal development of clinical skills and capacity.
- Develop adequate repertoire of clinical knowledge and skills.
- Enhance self-reflection skills, professional resilience and professional identity.
- Evaluate adequacy of supervisee's competence.
- Develop long-term commitment and self-educational strategies to promote effective and evidence-based practice .

Description: Supervision is an integral part of any clinical training. It provides supervisees with corrective feedback on their performance, teaching, and collaborative goal setting. The objectives of supervision are "normative" (e.g., case management and quality control issues), "restorative" (e.g., encouraging emotional experiencing and processing), and "formative" (e.g., maintaining and facilitating the supervisees' competence, capability and general effectiveness).

Langue: Français

Obligatoire: Oui

Evaluation: By supervisors per semester.

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Semestre 3

1415/III/4/Disorder I/3

Module: Modul Disorder I (Semestre 3)

ECTS: 5

Course learning outcomes:

- Familiarity with models and empirical research on specific mental disorders, i.e. Substance-Related and Addictive Disorders, Schizophrenia Spectrum and Other Psychotic Disorders, and Dissociative Disorders.
- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Description: This course provides a detailed discussion of current aetiological models of and risk factors for Substance-Related and Addictive Disorders, Schizophrenia Spectrum and Other Psychotic Disorders, and Dissociative Disorders. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Bibliography:

Fiedler, P. (2013). Dissoziative Störungen. Reihe: Fortschritte der Psychotherapie – Band 17. Göttingen: Hogrefe.

Hahlweg, K. & Dose, M. (1998). Schizophrenie. Reihe: Fortschritte der Psychotherapie – Band 2. Göttingen: Hogrefe.

Kröger, C.B. & Lohmann, B. (2007). Tabakkonsum und Tabakabhängigkeit Reihe: Fortschritte der Psychotherapie – Band 31. Göttingen: Hogrefe

Lindenmeyer, J. (2005). Alkoholabhängigkeit. Reihe: Fortschritte der Psychotherapie – Band 6. Göttingen: Hogrefe.

Moggi, F. & Donati, R. (2004). Psychische Störungen und Sucht: Doppeldiagnosen. Reihe: Fortschritte der Psychotherapie – Band 21. Göttingen: Hogrefe.

Shaffer, H. J., LaPlante, D. A., LaBrie, R. A. , Kidman, R. C., Donato, A. N., & Stanton, M. V. (2004). Toward a syndrome model of addiction: Multiple expressions, common etiology. *Harvard Review of Psychiatry*, 12, 367 – 374.

Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Master in Psychotherapy

Evaluation: Essay

Professeur: RITZEN Mark, ALBS Birgit

1415/III/6/Disorder II/1

Module: Modul Disorder II (Semestre 3)

ECTS: 5

Course learning outcomes:

- Familiarity with models and empirical research on specific mental disorders, i.e. Sleep-Wake Disorders, Sexual Dysfunction and Neurocognitive Disorders.
- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Description:

This course provides a detailed discussion of current aetiological models of and risk factors for Sleep-Wake Disorders, Sexual Dysfunction and Neurocognitive Disorders. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role-play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Bibliography:

Gromus, B. (2002). Sexualstörungen der Frau. Reihe: Fortschritte der Psychotherapie – Band 16. Göttingen: Hogrefe.

Kockott, G. & Fahrner, E.-M. (2000). Sexualstörungen des Mannes. Reihe: Fortschritte der Psychotherapie – Band 9. Göttingen: Hogrefe.

Lepow, B. (2007). Parkinson. Reihe: Fortschritte der Psychotherapie – Band 29. Göttingen: Hogrefe.

Spiegelhalder, K., Backhaus, J. & Riemann, D. (2011). Schlafstörungen. Reihe: Fortschritte der Psychotherapie – Band 7. Göttingen: Hogrefe.

Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Essay

Professeur: SCHLARB Angelika, VELTEN Julia, ALBS Birgit

Master in Psychotherapy

1415/III/7/Disorder III/ 1

Module: Modul Disorder III (Semestre 3)

ECTS: 5

Course learning outcomes:

- Familiarity with models and empirical research on chronic physical conditions with frequent mental co-morbidity, i.e. Cardiovascular and Respiratory Disorders, and Obesity and Diabetes mellitus.
- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Description: This course provides a detailed discussion of current aetiological models of and risk factors for chronic physical conditions with frequent mental co-morbidity, i.e. Cardiovascular and Respiratory Disorders, and Obesity and Diabetes mellitus. In addition, this course offers an introduction into the area of end of life care and spirituality with respect to psychotherapy. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role-play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Bibliography:

Vögele, C. (2009). Klinische Psychologie: Körperliche Erkrankungen. Weinheim: Verlagsgruppe Beltz - Psychologie Verlags Union.

Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Essay

Professeur: VÖGELE Claus, LEGENBAUER Tanja, MURKEN Sebastian

1415/III/5/Supervision/Supervision II

Module: Modul Supervision (Semestre 3)

ECTS: 5

Course learning outcomes:

- Advanced clinical skills in diagnosis, assessment, indication and therapeutic interventions.
- Personal development of clinical skills and capacity.
- Develop adequate repertoire of clinical knowledge and skills.
- Enhance self-reflection skills, professional resilience and professional identity.
- Evaluate adequacy of supervisee's competence.



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- Develop long-term commitment and self-educational strategies to promote effective and evidence-based practice.

Description:

Supervision is an integral part of any clinical training. It provides supervisees with corrective feedback on their performance, teaching, and collaborative goal setting. The objectives of supervision are "normative" (e.g., case management and quality control issues), "restorative" (e.g., encouraging emotional experiencing and processing), and "formative" (e.g., maintaining and facilitating the supervisees' competence, capability and general effectiveness).

Bibliography:

O'Donovan, A., Halford, W.K. & Walters, B. (2011). Towards Best Practice Supervision of Clinical Psychology Trainees. *Australian Psychologist*, 46, 101–112.

Langue:

Français, Allemand, Anglais

Obligatoire:

Oui

Evaluation:

By supervisors per semester.

Professeur:

RITZEN Mark, PRÜM Delphine

Master in Psychotherapy

Semestre 4

1415/IV/6/Disorder II/Disorder II/2

Module: Modul Disorder II (Semestre 4)

ECTS: 5

Course learning outcomes:

- Familiarity with models and empirical research on specific mental disorders, i.e. Paraphilic Disorders, Personality Disorders and Gender Dysphoria.
- Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.
- Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.

Description: This course provides a detailed discussion of current aetiological models of and risk factors for Paraphilic Disorders, Personality Disorders and Gender Dysphoria. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role-play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Essay

Remarque: Reading list:

Kreukels, B.P.C., Steensma, T.D. & De Vries, A.L.C. (Eds.) (2014). Gender Dysphoria and Disorders of Sex Development: Progress in Care and Knowledge. Springer.

Levine, S., Risen, C.B. & Althof, S.E. (Eds.) (2010). Handbook of Clinical Sexuality for Mental Health Professionals (2 nd ed.). Routledge.

Sachse, R. (2013). Persönlichkeitsstörungen: Leitfaden für die Psychologische Psychotherapie (2., überarbeitete und erweiterte Auflage). Göttingen: Hogrefe.

Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe

1415/IV/5/Supervision/Supervision III

Module: Modul Supervision (Semestre 4)

ECTS: 5

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Course learning outcomes:	<ul style="list-style-type: none">• Advanced clinical skills in diagnosis, assessment, indication and therapeutic interventions.• Personal development of clinical skills and capacity.• Develop adequate repertoire of clinical knowledge and skills.• Enhance self-reflection skills, professional resilience and professional identity.• Evaluate adequacy of supervisee's competence.• Develop long-term commitment and self-educational strategies to promote effective and evidence-based practice .
Description:	Supervision is an integral part of any clinical training. It provides supervisees with corrective feedback on their performance, teaching, and collaborative goal setting. The objectives of supervision are "normative" (e.g., case management and quality control issues), "restorative" (e.g., encouraging emotional experiencing and processing), and "formative" (e.g., maintaining and facilitating the supervisees' competence, capability and general effectiveness).
Langue:	Français, Allemand, Anglais
Obligatoire:	Oui
Evaluation:	By supervisors per semester.

1415/IV/8/Documentation/Documentation I

Module:	Modul Documentation (Semestre 4)
ECTS:	5
Course learning outcomes:	<p>The 10 case documentations (reports) required allow for demonstrating the ability to report clearly on clinical work, describing the decision-making processes that was followed and the way in which these informed both the design of the intervention and its subsequent adaptation in the light of the client's response.</p> <p>While it is important to demonstrate that a particular conceptual framework guided the intervention work, the detailed presentation of that framework need not be part of the report.</p> <p>Evidence of knowledge of the framework is expected to be implied by the decision making process described.</p>
Description:	<p>The work clinical psychologists/psychotherapists undertake is underpinned by their ability to apply models and theories, used in a reflective and an iterative way. Most clinical work can be seen as a process – assessment leads to hypotheses about how best to intervene, and monitoring the way the intervention unfolds gives feedback about how well these hypotheses fit the clinical picture. A sense of openness to this feedback and a capacity to reflect on one's own practice (often through supervision) is also central. All of this represents clinical competence, and case reports are a chance to demonstrate this as a clinician. As such, this course uses them as one of the indicators of students' capacity to function as a clinical psychologist/psychotherapist.</p> <p>The case documentations offer an opportunity to discuss in detail a whole treatment - from planning to implementation, and hopefully to follow-up, highlighting the decisions made and steps taken.</p>



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The aim is to give evidence of students' clinical reasoning and it is particularly important to highlight the thinking process and the considerations which have led to specific choices at specific times.

Any clinical intervention, whatever its outcome, in which students have been involved throughout the whole process from assessment to follow up, should provide appropriate material for this kind of report. We would expect the documented cases to have been carried out under supervision (provided by, for example, students' clinical supervisor), and these reports, therefore, to be discussed with the respective supervisor.

Normally the report will contain the following sections, though the structure may vary, depending on the clinical case:

- Background to the case and the referral
- Initial ideas and hypotheses concerning the case, and assessment procedures implemented to confirm these hypotheses
- Conclusions based on the assessment, and initial formulation of the clinical problem
- A detailed report of the intervention. If relevant, modifications to the initial treatment plan should also be described, for example, how initial hypotheses were reframed or formulations revised.
- Brief report of outcome
- Reflection on the case as a whole

Normally the background information would be kept to a minimum and clinical thinking both during and after the intervention would be given the most weight. Case reports should not exceed 3000 words.

Where possible, informed consent on writing up the case report should be obtained from the client, while ensuring confidentiality in the report (exchange real names for invented ones, do not identify the location/services where the intervention took place).

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Evaluation will focus on the clarity of reporting of clinical experience, the level of clinical thinking (both prospective and retrospective) reflected in the report, and the appropriateness and sophistication of the clinical interventions described (including the capacity to respond to unexpected consequences of clinical decisions).

10 case reports in total will have to be submitted, preferably evenly distributed over the 4th and 5th semester.

Remarque: Reading list:
Hergenröther, D. (2014). Fallberichte aus der Psychotherapie: 47 Beispiele für eine erfolgreiche Falldokumentation im Antragsverfahren. Stuttgart: Thieme.

Wiger, D.E. (2012). The Psychotherapy Documentation Primer. New Jersey: Wiley.

Master in Psychotherapy

1415/IV/9/Self-Study/Mentoring, Journal Club I

Module: Modul Self-Study (Semestre 4)

ECTS: 5

Course learning outcomes:

- Familiarity with using e-learning systems for literature searches
- Competency to read and appropriately interpret results from scientific primary literature, including primary reports on intervention trials, meta-analyses, case reports and other suitable formats
- Ability to form an informed opinion on the suitability of intervention approaches based on the latest scientific literature.

Description: As clinical practice becomes busier, and time for reading and reflection becomes ever more precious, the ability to effectively peruse the scientific literature and, in the future, to become familiar with a knowledge of best practice from modern e-learning systems will be essential skills to keep up-to-date with cutting edge developments in clinical psychology and psychotherapy.

This course provides students with the opportunity to engage in theoretical self-study to cover in-depth current research developments in psychotherapy with the support of an e-learning system, and to guide the formulation of a thesis. The normal format will involve meetings organized by the students themselves, to discuss current research relevant to the area of clinical psychological interventions and psychotherapy.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Joint written report.

Remarque: Reading list:
Greenhalgh, T. (2014). How to read a paper: the basics of evidence-based medicine (5 th ed.). Chichester: Wiley-Blackwell.

And any relevant primary literature identified.

Professeur: VÖGELE Claus

Master in Psychotherapy

Semestre 5

1516/V/7/Disorder III/Disorder III/2

Module:	Modul Disorder III (Semestre 5)
ECTS:	5
Course learning outcomes:	<p>Familiarity with psychopharmacological treatments, their empirical underpinnings in terms of efficacy and potential indications.</p> <p>Familiarity with models and empirical research on chronic physical conditions with frequent mental co-morbidity, i.e. HIV/Aids, cancer and chronic pain.</p> <p>Advanced knowledge of aetiological factors, epidemiology, and empirical research on clinical interventions.</p> <p>Clinical skills in diagnosis, assessment, indication and therapeutic interventions of these disorders.</p>
Description:	<p>This course provides a detailed discussion of current aetiological models of and risk factors for chronic physical conditions with frequent mental co-morbidity, i.e. HIV/Aids, cancer and chronic pain. In addition, this course offers an introduction into the use of psychopharmacological treatments. Theory and practice are combined to provide a comprehensive learning experience from which to further progress towards an advanced understanding and mastery of therapeutic skills. Role-play and video material complement the presentation of up-to-date research results, facilitating the development of advanced skills in clinical practice.</p> <p>Reading list:</p> <p>Benkert, Hautzinger & Graf-Morgenstern (2012). Psychopharmakologischer Leitfaden für Psychologen und Psychotherapeuten (2. überarb. Auflage). Springer.</p> <p>Muse, M. & Moore, B.A. (Eds.) (2012). Handbook of clinical psychopharmacology for psychologists. Wiley.</p> <p>Vögele, C. (2009). Klinische Psychologie: Körperliche Erkrankungen. Weinheim: Verlagsgruppe Beltz - Psychologie Verlags Union.</p> <p>Allgemeine Empfehlung: Abonnement: Fortschritte der Psychotherapie. Göttingen: Hogrefe.</p>
Langue:	Français, Allemand, Anglais
Obligatoire:	Oui
Evaluation:	Oral examination
Professeur:	CLOOS Jean-Marc, BILLIEUX Joel Adrian, VANDENBROUCKE Sophie

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Nachholkurs WS 29: Personality Disorders

Module:	Nachholkurse Covid19 (Semestre 5)
ECTS:	5
Langue:	Français
Obligatoire:	Oui

Nachholkurs WS 30: Schema Therapy for Personality Disorders

Module:	Nachholkurse Covid19 (Semestre 5)
ECTS:	0
Langue:	Français
Obligatoire:	Oui

1516/V/5/Supervision/Supervision IV

Module:	Modul Supervision (Semestre 5)
ECTS:	5

Course learning outcomes:	<ul style="list-style-type: none">• Advanced clinical skills in diagnosis, assessment, indication and therapeutic interventions.• Personal development of clinical skills and capacity.• Develop adequate repertoire of clinical knowledge and skills.• Enhance self-reflection skills, professional resilience and professional identity.• Evaluate adequacy of supervisee's competence.• Develop long-term commitment and self-educational strategies to promote effective and evidence-based practice.
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Description:	Supervision is an integral part of any clinical training. It provides supervisees with corrective feedback on their performance, teaching, and collaborative goal setting. The objectives of supervision are "normative" (e.g., case management and quality control issues), "restorative" (e.g., encouraging emotional experiencing and processing), and "formative" (e.g., maintaining and facilitating the supervisees' competence, capability and general effectiveness).
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Bibliography:

O'Donovan, A., Halford, W.K. & Walters, B. (2011). Towards Best Practice Supervision of Clinical Psychology Trainees. *Australian Psychologist*, 46, 101–112.

Langue:	Français, Allemand, Anglais
Obligatoire:	Oui

Master in Psychotherapy

Evaluation: By supervisors per semester.

Professeur: LEONHARD Dirk, GOUDSMIT Elmer

1516/V/8/Documentation/Documentation II

Module: Modul Documentation (Semestre 5)

ECTS: 5

Course learning outcomes: The 10 case documentations (reports) required allow for demonstrating the ability to report clearly on clinical work, describing the decision-making processes that was followed and the way in which these informed both the design of the intervention and its subsequent adaptation in the light of the client's response.

While it is important to demonstrate that a particular conceptual framework guided the intervention work, the detailed presentation of that framework need not be part of the report.

Evidence of knowledge of the framework is expected to be implied by the decision making process described.

Description:

The work clinical psychologists/psychotherapists undertake is underpinned by their ability to apply models and theories, used in a reflective and an iterative way. Most clinical work can be seen as a process – assessment leads to hypotheses about how best to intervene, and monitoring the way the intervention unfolds gives feedback about how well these hypotheses fit the clinical picture. A sense of openness to this feedback and a capacity to reflect on one's own practice (often through supervision) is also central. All of this represents clinical competence, and case reports are a chance to demonstrate this as a clinician. As such, this course uses them as one of the indicators of students' capacity to function as a clinical psychologist/psychotherapist.

The case documentations offer an opportunity to discuss in detail a whole treatment - from planning to implementation, and hopefully to follow-up, highlighting the decisions made and steps taken.

The aim is to give evidence of students' clinical reasoning and it is particularly important to highlight the thinking process and the considerations which have led to specific choices at specific times.

Any clinical intervention, whatever its outcome, in which students have been involved throughout the whole process from assessment to follow up, should provide appropriate material for this kind of report. We would expect the documented cases to have been carried out under supervision (provided by, for example, students' clinical supervisor), and these reports, therefore, to be discussed with the respective supervisor.

Normally the report will contain the following sections, though the structure may vary, depending on the clinical case:

- Background to the case and the referral
- Initial ideas and hypotheses concerning the case, and assessment procedures implemented to confirm these hypotheses



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- Conclusions based on the assessment, and initial formulation of the clinical problem
- A detailed report of the intervention. If relevant, modifications to the initial treatment plan should also be described, for example, how initial hypotheses were reframed or formulations revised.
- Brief report of outcome
- Reflection on the case as a whole

Normally the background information would be kept to a minimum and clinical thinking both during and after the intervention would be given the most weight. Case reports should not exceed 3000 words.

Where possible, informed consent on writing up the case report should be obtained from the client, while ensuring confidentiality in the report (exchange real names for invented ones, do not identify the location/services where the intervention took place).

Reading list:

Hergenröther, D. (2014). Fallberichte aus der Psychotherapie: 47 Beispiele für eine erfolgreiche Falldokumentation im Antragsverfahren. Stuttgart: Thieme.

Wiger, D.E. (2012). The Psychotherapy Documentation Primer. New Jersey: Wiley.

Langue: Français, Allemand, Anglais

Obligatoire: Oui

Evaluation: Evaluation will focus on the clarity of reporting of clinical experience, the level of clinical thinking (both prospective and retrospective) reflected in the report, and the appropriateness and sophistication of the clinical interventions described (including the capacity to respond to unexpected consequences of clinical decisions).

10 case reports in total will have to be submitted, preferably evenly distributed over the 4th and 5th semester.

Professeur: LEONHARD Dirk, ERPELDING Lara

1516/V/9/Self-study/Mentoring, Journal Club II

Module: Modul Self-Study (Semestre 5)

ECTS: 5

Course learning outcomes:

- Familiarity with using e-learning systems for literature searches
- Competency to read and appropriately interpret results from scientific primary literature, including primary reports on intervention trials, meta-analyses, case reports and other suitable formats
- Ability to form an informed opinion on the suitability of intervention approaches based on the latest scientific literature.

Description: As clinical practice becomes busier, and time for reading and reflection becomes ever more precious, the ability to effectively peruse the scientific literature and, in the future, to become familiar with a knowledge of best practice from modern e-learning systems will be essential skills to keep up-to-date with cutting edge developments in clinical psychology and psychotherapy.



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This course provides students with the opportunity to engage in theoretical self-study to cover in-depth current research developments in psychotherapy with the support of an e-learning system, and to guide the formulation of a thesis. The normal format will involve meetings organized by the students themselves, to discuss current research relevant to the area of clinical psychological interventions and psychotherapy.

Reading list:

Greenhalgh, T. (2014). How to read a paper: the basics of evidence-based medicine (5 th ed.). Chichester: Wiley-Blackwell.

And any relevant primary literature identified.

Langue:	Anglais
Obligatoire:	Oui
Evaluation:	Joint written report.
Professeur:	VÖGELE Claus



Master in Psychotherapy

Semestre 6

1516/VI/12/Master Thesis

Module:	Modul Master Thesis (Semestre 6)
ECTS:	20
Langue:	Anglais
Obligatoire:	Oui