

# **PSYC\*6000, Course Outline: Fall 2018**

## **General Information**

**Course Title: Developmental Psychopathology**

### **Course Description:**

This graduate level core course in clinical, applied developmental psychology covers research on child and adolescent psychopathology. This course will emphasize an empirically-based approach to understand the impact of and transaction between vulnerability and environmental factors on child development and to examine the continuity of normal and abnormal behavior. Over the course of the semester, we will examine dominant theoretical frameworks and models that have been applied to understanding the etiology of child and adolescent mental health difficulties and disorders. We will also review selected topics from the perspective of diagnosis, etiology and trajectories. To accomplish these goals, we will utilize a series of directed readings, in-class discussion, class presentations, and case studies. These collective approaches will also work to foster basic skills in case formulation and treatment planning. Diversity factors, including gender, racial/ethnic, cultural factors, and indigeneity, will be also discussed.

**Credit Weight:** 0.5

**Academic Department (or campus):** Main Campus

**Semester Offering:** Fall, 2018

**Class Schedule and Location:** Wednesday 11.30am – 2.20pm in 342 of the MacKinnon Building

## **Instructor Information**

Instructor Name: Stephen P. Lewis, PhD

Instructor Email: [stephen.lewis@uoguelph.ca](mailto:stephen.lewis@uoguelph.ca)

Office location and office hours: 3001, MacKinnon Extension; office hours by appointment

## **Course Content**

### **Competencies (Learning Outcomes):**

By the end of the term, students should be able to do the following at an intermediate level:

1. Demonstrate knowledge of human populations served and human development.

Competency 1 is subsumed within the broader competency of Assessment and Evaluation:

Demonstrates knowledge about and ability to assess, conceptualize, diagnose, and communicate the needs, challenges, and strengths of clients to inform practical plans of action. The skills required for assessment can and should be applied to many situations other than initial evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of non-clinical settings. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification or in the identification of strengths or competencies.

By the end of the term, students should be able to do the following at an intermediate level:

2. Engage in critical consumption and interpretation of the scientific literature and performs scientific review and critique (i.e., evaluate its significance, limitations, and contribution).

By the end of the term, students should be able to do the following at a basic level:

3. Formulate appropriate research questions and hypotheses.

Competencies 2 and 3 are subsumed within the broader competency of Research:

Demonstrates knowledge and application of all stages of research: Consumption and interpretation of scientific literature; planning and conduct of research; communication and dissemination. Psychologists should demonstrate competency in areas that include understanding and respect for the scientific underpinnings of the discipline, knowledge of methods so as to be good consumers of the products of scientific knowledge, and skills in the conduct of research to be able to carry out projects in range of settings and roles.

By the end of the term, students should be able to do the following at an intermediate level:

4. Demonstrate knowledge of theories and empirical data regarding relationships (e.g., interpersonal relationships, power relationships, therapeutic alliance, interface with social psychology, etc.).

Competency 4 is subsumed within the competency of Professionalism & Interpersonal Relationships:

Demonstrates knowledge and ability to establish, develop, and maintain effective interpersonal and professional relationships (e.g., with clients, supervisors, students, research participants, colleagues) with consideration to diversity. This is a core competency that underlies all other competencies. Psychologists normally do their work in the context of interpersonal relationships. They must therefore be able to establish and maintain a constructive working alliance with clients and other professionals (e.g., colleagues, learners).

**Lecture Content:**

| Date         | Class Content  |    |    |
|--------------|--|----|----|
| September 12 | Developmental Psychopathology: Foundational concepts                 |    |    |
| September 19 | Etiological and Contributing Factors                                 |    |    |
| September 26 | ADHD, Oppositional Defiant & Conduct Disorder                        | DF | TP |
| October 3    | Anxiety Disorders & Obsessive-Compulsive Disorder                    | DF | TP |
| October 10   | Mood Disorders   | DF |    |
| October 17   | Non-suicidal Self-injury, Borderline Personality Disorder, & Suicide |    |    |
| October 24   | Trauma and Post-traumatic Stress Disorder                            | DF | TP |
| October 31   | Eating Disorders   | DF | TP |
| November 7   | Autism Spectrum Disorders  | DF | TP |
| November 14  | Schizophrenia Spectrum Disorders                                     |    | TP |
| November 21  | Diversity Factors  |    |    |
| November 28  | Youth Mental Health: Looking Forward                                 |    |    |
|              | <i>DF = Discussion Facilitation</i>                                  |    |    |
|              | <i>TP = Treatment Presentation</i>                                   |    |    |

**Course Assignments and Tests:**

| Assignment                 | Due Date        | Contribution to Final Grade (%) | Competencies Assessed |
|----------------------------|-----------------|---------------------------------|-----------------------|
| Weekly Questions           | Weekly          | 10%                             | 2, 3                  |
| Discussion Facilitation    | Varies by topic | 10%                             | 2, 4                  |
| Treatment Presentation     | Varies by topic | 25%                             | 1, 2, 3, 4            |
| Diagnostic Formulation     | November 9      | 20%                             | 1, 2, 3, 4            |
| Controversial Topics Paper | November 30     | 25%                             | 1, 2, 3               |

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**Assignment:** Weekly Questions**Competencies:** 2,3

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With the exception of Week 1, students will submit well formulated, thought provoking questions based on the required readings of that week. Specifically, students are required to submit 1 question per reading per week. When formulating questions, be sure to avoid obvious or fact-based questions (e.g., what is the prevalence of X in a particular geographic area); likewise, avoid vague questions that cannot be addressed or critically discussed. Questions will be used to spur in-class discussion (in line with the Discussion Facilitation assignment) while demonstrating you have critically engaged with the readings.

**Submission and Grading Details:**

- Due Weekly: Submissions must be received via Dropbox no later than 5:00PM on the date prior to class (i.e., Tuesday)
- Each question should be focused/concise and listed on one page (Word doc)
- Worth 10% total (graded weekly per reading as submitted or not)

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**Assignment:** Discussion Facilitation**Competencies:** 2,4

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Beginning in our 3<sup>rd</sup> week (September 26), students will take turns facilitating discussion of **one** of the readings from those assigned. The corresponding weeks for this are noted in the above table; relevant articles are denoted with an asterisk in the list of required readings. Though individual students will lead discussions, it is expected that *all* students will read *all* readings each week and that all will participate in the discussion itself. On our first day (before you leave class), please submit a rank-ordered list of weeks in which you wish to facilitate discussion. Given the range of topics, so you may not get your first choice. Bear in mind that becoming a clinical psychologist means having knowledge and expertise beyond a single area (you'll be sharing knowledge with each other); moreover, you may focus your paper on the topic of highest interest to you.

For this assignment, students will facilitate discussion of key issues and/or questions pertinent to the reading for that week. This is not simply an article summary. Indeed, you must limit the discussion of content to 5 minutes (everyone would have completed the reading by class time). In keeping with the fourth competency guiding this course, the overarching aim of the assignment is to lead the class in a thoughtful discussion. The more involvement generated, the better. To help, you may want to focus on 3-5 points of interest/pressing questions rooted in the reading. The ensuing discussion should be about 20-25 minutes (if you go over this, it is perfectly fine). Because you would have selected the key points/questions in advance, you should be prepared to address/answer. You may also find it helpful to employ any of the following strategies to encourage discussion: 1) having prepared questions to ask the class; 2) asking classmates a week in advance of your discussion facilitation to ponder a particular issue; 3) ask classmates to bring a question or comment based on the reading to class; 4) engage your

classmates in a brief activity or demonstration. These are just some ideas (feel free to bring your own!).

*NB: This is not intended to include an elaborate PowerPoint presentation (you don't even need to have slides). What is important is that you demonstrate familiarity and comprehension of the article you are working from and, importantly, you effectively engage the class in dialogue. Thus, others should be able to participate in discussion and think critically about the content you present.*

#### Grading Details:

- Discussion facilitation should be about 20-25 minutes in length (it's okay to exceed this)
- You do not need prepared slides or visual aids, nor do you need to do additional research
- Worth 10% of final grade with a grade computed out of 10 based on:
  - Brief summary/content from the reading (1 Point)
    - Not to exceed 5 minutes and should set the stage for the discussion
  - Quality of points or questions for discussion (4 Points)
    - Clarity, thought-provoking, quality
  - Facilitation of questions/discussion (5 Points):
    - Ability to lead the class in discussion and activities (if relevant); ability to respond to questions/comments from the audience

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**Assignment:** Diagnostic Formulation

**Competencies:** 1,2,3,4

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This assignment is intended to develop basic skills in clinical analysis with emphasis on diagnostic formulation; some focus on initial treatment planning will also comprise this assignment. Specifically, you will create a diagnostic formulation for a young client with sufficient details on possible etiological factors (stemming from the case information you are provided), symptom presentation and initial diagnostic work-up, and a preliminary treatment plan grounded in evidence with a rationale for its potential utility. The case will be posted on Courselink later in the term, once we have covered several diagnostic areas.

#### Submission and Grading Details:

- Due: November 9, at 5:00PM.
- Max of 8 pages (double-spaced) with a title page (not included in the page count).
- Please upload to Dropbox (on Courselink) as a Word document only (no PDFs).
- Worth 20% of final grade with a grade computed out of 20 based on:
  - Symptom presentation and diagnostic workup (8 Points):
    - Clear symptom and diagnostic formulation that outlines the major presenting symptoms you observe as well as those relevant to any potential comorbid diagnoses that you would want to rule in/out (and an indication of why these may be relevant based on the case information). Attention should also be paid to other difficulties in the case. Sensitivity to framing is important when discussing the case.

- Etiology (4 Points):
  - Clear, coherent coverage of background information presented in the case that might have contributed to or which impact the client's symptoms/difficulties.
- Provisional treatment plan (4 Points):
  - Overall quality of initial (evidence-informed) treatment suggestions for the PRIMARY diagnoses only (i.e., top 2-3) with a brief rationale for its utility
- Overall quality of your submission (4 Points):
  - Clarity, organization, sensitivity in style, written quality

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**Assignment:** Treatment Presentation

**Competencies:** 1,2,3,4

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Presentations begin during our 3<sup>rd</sup> week of class (September 26). If you are facilitating discussion during that week, you will not be expected to also present. On our first day (before you leave class), please submit a rank-ordered list of weeks in which you wish to present. There is only one presentation per week, so you may not get your first choice. Bear in mind that you becoming a clinical psychologist means having knowledge and expertise beyond a single area; you may focus your paper on topics of highest interest to you.

Presentations should focus on what is currently known with respect to treatment of the disorder(s) pertinent to that week (you may need to narrow focus a bit, depending on the topic). Thus, presentations should be highly focused and grounded in evidence, with emphasis on psychological treatment. However, where relevant, you should address the psychopharmacological treatment(s). Some topics will necessitate greater mention of such treatment approaches.

As you prepare, you can assume your audience knows the relevant DSM criteria (we'll cover this in class anyway) and has a broad understanding of the topic from that week's readings (i.e., no need to recap basic content). Presentations will be informed by the assigned readings as well as additional readings you identify when preparing your slides. A reference list of all sources used must be shared, which I will consolidate into a corpus of readings for our class that you can take with you after the semester. Presentations should lead to discussion with the class (post-presentation).

Submission and Grading Details: 25% of final grade

- Due: Varies by topic (TBD within first week of class)
- Presentations must use PowerPoint or Keynote
- Presentations must be no longer than 30-minutes (you will be asked to stop at 30 minutes)

- Please submit your reference list via Dropbox on your presentation day (can be done after class)
- Please submit your slides via Dropbox on your presentation day (can be done after class)
- Worth 25% of final grade with a grade computed out of 25 based on:
  - Presentation of the current evidence regarding treatment (10 Points):
    - Clear, comprehensive coverage of what is currently known
    - Must include some content on pharmacological treatment (some topics may necessitate greater discussion of pharmacology than others).
  - Critique of knowledgebase (4 Points):
    - Indication of current gaps in treatment knowledge and recommendations for addressing such gaps (when relevant)
  - Facilitation of questions/discussion (3 Points):
    - Ability to respond to questions, engage in discussion post-presentation
  - Overall quality of your slides (4 Points):
    - Clarity, organization, visual quality
  - Overall presentation quality (4 Points):
    - Flow, preparedness, clarity, etc.

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**Assignment:** Controversial Topics Paper

**Competencies:** 1,2,3

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This assignment involves writing a paper focused on a specific but current controversial or provocative topic within the research and clinical literature on developmental psychopathology. Hence, you have much freedom when it comes to your precise topic. However, you will want to ensure that your topic has sufficient evidence from which to draw prior to commencement of writing. In your paper, you need to outline the controversy and then critically review relevant but *current* research literature commensurate with your topic (i.e., it must be an issue pertinent to the last 5 years or so). Beyond just addressing what is known (or not known) about your topic, please also weigh-in with your perspective but do so in an empirically-informed manner. That is, your views must be justified on the basis of evidence. The final part of the paper should address what should be done to resolve the controversy at hand (e.g., are particular kinds of studies needed, why are these studies needed specifically, what will they specifically address?).

Submission and Grading Details:

- Due: November 30, 5:00PM
- Max of 10 pages (double-spaced) with a title page (not included in the page count).
- References should be included (with a reference list (not included in the page count)).
- Please upload to Dropbox (on Courselink) as a Word document only (no PDFs).
- Worth 25% of final grade with a grade computed out of 25 based on:
  - Selection of a relevant, recent, and focused controversial topic (2 Points):
    - Selecting a sufficiently focused topic, reflective of a current controversy

- Argumentation for and against the topic (i.e., what makes it controversial) (10 Points):
  - Clarity, comprehensiveness, cohesion of arguments based on extant literature
- Presentation and of your own views regarding the topic (4 Points):
  - Discussion of your perspective with grounding in evidence
- Recommendations to resolve the controversy/advance understanding (4 Points):
  - Quality of evidence-informed suggestions, including types of researched needed, to resolve/clarify the controversy or address the issue at-hand
- Overall quality of your submission (4 Points):
  - Clarity, organization, written quality, APA reference list

## **Course Resources**

### **Required Texts:**

There is no required text. However, the following text is drawn from heavily in your readings. It is available online via the UoG library (with chapters that can be downloaded). It is a highly recommended text in developmental psychopathology and one that will likely have utility throughout your training.

Lewis, M., & Rudolph, K. D. (Eds.). (2014). *Handbook of developmental psychopathology*. Springer Science & Business Media: New York.

### **Recommended Texts:**

Again, this is not required but it is recommended as part of your overall training in the CCAP program. And, being familiar the diagnostic criteria is central to some of the assignments in our course. Note that, like above, you can access this via the UoG library.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

### **Required Readings (partitioned by week of term)**

\* = *Designated for discussion facilitation*

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**Week 1.** Developmental Psychopathology: Foundational Concepts

**September 12**

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Lewis, M. (2014). *Toward the development of the science of developmental psychopathology*. In M. Lewis & K. D. Rudolph (Eds) *Handbook of Developmental Psychopathology*, Springer Science, New York, pp. 3-23.



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**Week 2.** Etiology: Neurobiology, genetics, risk factors**September 19**

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Clakins, S. D., Propper, C., & Mills-Koonce, W. R. (2013). A biopsychosocial perspective on parenting and developmental psychopathology. *Development and Psychopathology, 25*, 1399-1414.

Bates, Schermerhorn, & Petersen. (2014). *Temperament concepts in developmental psychopathology*. In M. Lewis & K. D. Rudolph (eds.) *Handbook of Developmental Psychopathology*, pp. 311-329. Springer Science, New York: NY.

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**Week 3.** ADHD, Oppositional Defiant & Conduct Disorder**September 26**

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\*Campbell, S., Halperin, J., & Sonuga-Barke, J. S. (2014). *A developmental perspective on Attention-Deficit/Hyperactivity Disorder (ADHD)*, In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 22, pp. 427-448. Springer Science & Business Media; New York.

Langberg, J. M., & Becker, S. P. (2012). Does Long-Term Medication Use Improve the Academic Outcomes of Youth with Attention-Deficit/Hyperactivity Disorder? *Clinical Child And Family Psychology Review, 15*(3), 215-233.

Hawes, D. J. Price, M. J., & Dadds, M. R. (2014). Callous-unemotional traits and the treatment of conduct problems in childhood and adolescence: A comprehensive review. *Clinical Child and Family Psychology Review, 17*(3), 248-267.

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**Week 4.** Anxiety Disorders & Obsessive-Compulsive Disorder**October 3**

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\*Vasey, M. W., Bosmans, G., & Ollendick, T. H. (2014). *The developmental psychopathology of anxiety*. In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 27, pp. 543-560. Springer Science & Business Media; New York.

Higa-McMillan, C.K., Francis, S., Rith-Najarian, L., & Chorpita, B. (2016). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child and Adolescent Psychology, 45*(2), 91-113.

Muris, P., & Ollendick, T. H. (2015). Children who are anxious in silence: A review on selective mutism, the new anxiety disorder in DSM-5. *Clinical Child and Family Psychology Review, 18*, 151-169.

Kraper, C., Soto, T., & Carter, A. (2014). *Obsessions and compulsions: The developmental and familial context*. In: M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 28, pp. 561-579. Springer Science & Business Media; New York.

\*Garber, J., & Rao, U. (2014). *Depression in children and adolescents*. In: M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 25, pp. 489-520. Springer Science & Business Media; New York.

Zhou, X., Hetrick, S. E., Cuijpers, P., Qin, B., Barth, J., Whittington, C. J., & Zhang, Y. (2015). Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World Psychiatry, 14*(2), 207-222.

Pavuluri, M. N., Birmaher, B., & Naylor, M. W. (2005). Pediatric bipolar disorder: a review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry, 44*(9), 846-871.

Fristad, M. A., & MacPherson, H. A. (2014). Evidence-based psychosocial treatments for child and adolescent bipolar spectrum disorders. *Journal of Clinical Child & Adolescent Psychology, 43*(3), 339-355.

Holland, K. M., Vivolo-Kantor, A. M., Logan, J. E., & Leemis, R. W. (2017). Antecedents of suicide among youth aged 11–15: A multistate mixed methods analysis. *Journal of Youth and Adolescence, 46*(7), 1598-1610.

Lewis, S. P., & Heath, N. L. (2015). Nonsuicidal self-injury among youth. *The Journal of Pediatrics, 166*(3), 526-530.

Ougrin, D., Tranah, T., Stahl, D., Moran, P., & Asarnow, J. R. (2015). Therapeutic interventions for suicide attempts and self-harm in adolescents: systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(2), 97-107.

Winsper, C., Lereya, S. T., Marwaha, S., Thompson, A., Eyden, J., & Singh, S. P. (2016). The aetiological and psychopathological validity of borderline personality disorder in youth: a systematic review and meta-analysis. *Clinical Psychology Review, 44*, 13-24.

\*Keller, S. T., & Feeny, S. M. (2014). *Posttraumatic Stress Disorder in children and adolescents*. In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 38, pp. 743-759. Springer Science & Business Media; New York.

Carrion, V., Wong, S., & Kletter, H. (2013). Update on Neuroimaging and Cognitive Functioning in Maltreatment-Related Pediatric PTSD: Treatment Implications. *Journal of Family Violence, 28*(1), 53-61.

Leenarts, L., Diehle, J., Doreleijers, T., Jansma, E., & Lindauer, R. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review. *European Child & Adolescent Psychiatry, 22*(5), 269-283.

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**Week 8. Eating Disorders****October 31**

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\*Klump, K. (2014). *Developmental trajectories of disordered eating: Genetic and biological risk during puberty*. In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 31, pp. 543-560. Springer Science & Business Media; New York.

Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 44(5), 707-721.

Lock, J., La Via, M. C. (2015). Practice Parameter for the assessment and treatment of children and adolescents with eating disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54, 412-425.

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**Week 9. Autism Spectrum Disorders****November 7**

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\*Tager-Flusberg, H. (2014). *Autism spectrum disorder: Developmental approaches from infancy through early childhood*. In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 33, pp. 651-662. Springer Science & Business Media; New York.

Haney, J. L (2016). Autism, females, and the DSM-5: Gender bias in autism diagnosis. *Social Work in Mental Health*, 14(4), 396-407.

Taylor, L. J., Whitehouse, A. L. (2016). Autism Spectrum Disorder, Language Disorder, and Social (Pragmatic) Communication Disorder: Overlaps, Distinguishing Features, and Clinical Implications. *Australian Psychologist*, 51, 287-295.

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**Week 10. Schizophrenia Spectrum Disorders****November 14**

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Kasai, K. (2013). Toward an interdisciplinary science of adolescence: Insights from schizophrenia research. *Neuroscience Research*, 75(2), 89-93.

Bossong, M. G., & Niesink, R. M. (2010). Adolescent brain maturation, the endogenous cannabinoid system and the neurobiology of cannabis-induced schizophrenia. *Progress in Neurobiology*, 92(3), 370-385.

McClellan, J., & Stock, S. (2013). Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(9), 976-990.

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**Week 11. Diversity factors****November 21**

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Liang, J., Matheson, B. E., & Douglas, J. M. (2016). Mental health diagnostic considerations in racial/ethnic minority youth. *Journal of Child and Family Studies*, 25, 1926-1940.

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465-487.

Kirmayer, L. J., Sheiner, E., & Geoffroy, D. (2016). Mental health promotion for Indigenous youth. In *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents*, pp. 111-140. Elsevier; New York.

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**Week 12.** Youth Mental Health: Looking Forward

**November 28**

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Sonuga-Barke, (2014). Editorial: “What’s up, DoC? – can identifying core dimensions of early functioning help us understand, and then reduce, developmental risk for mental disorders? *Journal of Child Psychology and Psychiatry*, 55(8), 849-851.

Luthat, S. S., Lyman, E. L., & Crossman, E. J. (2014). *Resilience and Positive Psychology*. In M. Lewis & K. D. Rudolph (eds). *Handbook of Developmental Psychopathology*, Chapter 7, pp. 125-140. Springer Science & Business Media; New York.

Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. *The Canadian Journal of Psychiatry*, 56(2), 84-91.

## **Course Policies**

### **Grading Policies**

Specific values for all assignments (including grading rubrics) are provided above, within the description for each assignment.

### **Late Policies**

All assignments must be submitted by the specified deadline. For presentations, you must notify me in advance if you cannot present that day; documentation, in line with UoG policy (see below), must be provided for such instances. For written assignments, there is a late penalty of 10% per calendar day for late submissions. After 5 calendar days, the grade is zero. If you are unable to submit a written assignment by the specified deadline, it is your responsibility to contact me in advance and to provide appropriate documentation in line with UoG policy (see below).

### **[Graduate Grade interpretation](#)**

### **Course Policy regarding use of electronic devices and recording of lectures:**

Electronic recording of classes is expressly forbidden without consent of the instructor. When recordings are permitted they are solely for the use of the authorized student and may not be reproduced, or transmitted to others, without the express written consent of the instructor.

## **University Policies**

### **Academic Consideration**

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor in writing, with your name, id#, and e-mail contact. See the academic calendar for information on regulations and procedures for

Academic Consideration:

[Academic Consideration, Appeals and Petitions](#)

[Grounds for Academic Consideration](#)

### **Academic Misconduct**

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community, faculty, staff, and students to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring.

University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection. Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

The Academic Misconduct Policy is detailed in the [Graduate Calendar](#):

### **Accessibility**

The University of Guelph is committed to creating a barrier-free environment. Providing services for students is a shared responsibility among students, faculty and administrators. This relationship is based on respect of individual rights, the dignity of the individual and the University community's shared commitment to an open and supportive learning environment. Students requiring service or accommodation, whether due to an identified, ongoing disability or a short-term disability should contact [Student Accessibility Services](#) as soon as possible.

For more information, contact SAS at 519-824-4120 ext. 54335 or email [accessibility@uoguelph.ca](mailto:accessibility@uoguelph.ca) or the [Student Accessibility Services Website](#)

## **Course Evaluation Information**

Please refer to the [Course and Instructor Evaluation Website](#) .

### **Drop date**

The last date to drop one-semester courses, without academic penalty, is November 2, 2018  
For regulations and procedures for Dropping Courses, see the [Schedule of Dates in the Academic Calendar](#) and [Current Graduate Calendar](#)

## **Additional Course Information**

Course instructors are allowed to use software to help in detecting plagiarism or unauthorized copying of student assignments. Plagiarism is one of the most common types of academic misconduct on our campus. Plagiarism involves students using the work, ideas and/or the exact wording of other people or sources without giving proper credit to others for the work, ideas and/or words in their papers. Students can unintentionally commit misconduct because they do not know how to reference outside sources properly or because they don't check their work carefully enough before handing it in. Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.