

# **PSYC\*6000, Course Outline: Fall 2020**

## **General Information**

**Course Title: Developmental Psychopathology**

### **Course Description:**

This core graduate level course in Clinical Child and Adolescent Psychology covers research on developmental psychopathology. Emphasized throughout the course are empirically informed and evidence-based approaches to understanding 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 critically examine dominant theoretical frameworks that have been applied to understanding the etiology of child and adolescent mental health difficulties and disorders. We will also critically review selected topics from the perspective of diagnosis, etiology, and trajectories. To accomplish these goals, we will utilize a series of directed readings, virtual discussions, virtual presentations, assignments, and case studies. These collective approaches will also work to foster basic skills in case formulation and treatment planning. Woven throughout the course are issues germane to social justice, diversity, and inclusion. To this end, the course will involve draw on some critical perspectives to foster critical thinking and reflection.

**Credit Weight:** 0.5

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

**Semester Offering:** Fall, 2020

**Class Schedule and Location:** Mondays from 8.30am – 11.20am via Zoom

## **Instructor Information**

Instructor Name: Stephen P. Lewis, PhD

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

Office hours: By appointment (please email to schedule)

## **Course Content**

### **Specific Learning Outcomes**

By the end of the term and upon successful completion of the course, students will be able to:

1. Identify and delineate major mental health difficulties and mental disorders in the field of developmental psychopathology.
2. Demonstrate knowledge and critical thinking pertaining to etiology, treatment, and prevention of mental health difficulties and mental disorders in the field of developmental psychopathology.
3. Demonstrate skills in case formulation, conceptualization, and preliminary evidence-informed treatment planning.
4. Identify and discuss the centrality of issues relevant to diversity and social justice in the context of case formulation, research, and treatment.
5. Identify, critically evaluate, and communicate about controversial issues in developmental psychopathology.
6. Present an integrated overview of evidence-informed treatment approaches relevant to specific mental disorders in the context of developmental psychopathology.
7. Facilitate discussion about key issues relevant to developmental psychology.
8. Demonstrate knowledge and skills in professionalism (e.g., punctuality, effective communication, collaboration) germane to the clinical psychology via group-based assignments and through interactions with other students and faculty.

### **Mapping of Learning Outcomes (LO) to CCAP Competencies**

<b>COMPETENCY: ASSESSMENT &amp; EVALUATION</b> 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.		
<b>Underlying Facet(s)</b>	<b>Level</b>	<b>LOs</b>
Demonstrate knowledge of human populations served and human development	Intermediate	1,2,3,7
<b>COMPETENCY: RESEARCH</b> <i>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</i>		

<b>COMPETENCY: ASSESSMENT &amp; EVALUATION</b>		
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<i>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.</i>		
<b>Underlying Facet(s)</b>	<b>Level</b>	<b>LOs</b>
Engage in critical consumption and interpretation of the scientific literature and performs scientific review and critique (i.e., evaluate its significance, limitations, and contribution).	Basic	2,3,4,5,6
Formulate appropriate research questions and hypotheses.	Basic	2,3,5
<b>COMPETENCY: PROFESSIONALISM AND INTERPERSONAL RELATIONSHIPS</b>		
<i>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).</i>		
<b>Underlying Facet(s)</b>	<b>Level</b>	<b>LOs</b>
Demonstrate knowledge of theories and empirical data regarding relationships (e.g., interpersonal relationships, power relationships, therapeutic alliance, interface with social psychology)	Intermediate	3,4,8
Demonstrates knowledge of others, including the macro- (e.g., work, national norms, etc.) and micro-environments (e.g., personal differences, family, culture, gender differences, etc.) in which people function	Basic	3,4,8

**Lecture Content:**

Date	Class Content		
September 14	Developmental Psychopathology: Foundational concepts		
September 21	Etiological and Contributing Factors		
September 28	ADHD, Oppositional Defiant, & Conduct Disorder	GDF	GTP
October 5	Anxiety Disorders & Obsessive-Compulsive Disorder	GDF	GTP
October 19	Mood Disorders	GDF	
October 26	Non-suicidal Self-injury & Suicide		

Date	Class Content		
November 2	Trauma and Post-traumatic Stress Disorder	GDF	GTP
November 9	Eating Disorders	GDF	GTP
November 16	Autism Spectrum Disorders	GDF	GTP
November 23	Schizophrenia Spectrum Disorders		GTP
November 30	Critical Issues		
December 4	Critical Issues Continued		
GDF = Discussion Facilitation			
GTP = Group (Treatment) Presentation			

### Course Assignments and Tests:

Assignment	Due Date	Contribution to Final Grade	Learning Outcomes Assessed
Weekly Questions	Weekly	10%	1, 2, 4
Group Discussion Facilitation	Varies by topic	15%	2, 7, 8
Diagnostic Formulation	November 13	25%	1, 2, 4
Group Treatment Presentation	Varies by topic	25%	2, 4, 6, 8
Controversial Topics Paper	December 4	25%	2, 5

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**Assignment:** Weekly Questions

**Learning Outcomes:** 1, 2, 4

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With the exception of Week 1, students will submit well formulated, thought provoking questions based on the required readings for that week. Specifically, students are required to submit 1 question per reading per week; this ought to be done individually. When developing questions, be sure to avoid obvious or fact-based questions; 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., Sunday). This allows time to consolidate questions for class.
- Each question should be focused/concise and listed on one page (Word doc); please clearly indicate to which reading your question pertains.
- Worth 10% total (graded weekly per reading as submitted or not)

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**Assignment:** Discussion Facilitation

**Learning Outcomes:** 2, 7, 8

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Beginning in our third week (September 28), **groups of two students** will take turns facilitating discussion of an assigned reading. 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 two 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 (September 14), please form your two-person group and submit a rank-ordered list of the weeks during which your group would like to facilitate discussion (please list ALL weeks).** Given the range of topics and number of groups, you may not get your first choice. Bear in mind that becoming a clinical psychologist means having knowledge across multiple areas; further, if your topic is not your top interest, you may focus your individual papers on a topic of high interest to you.

For this assignment, each group will facilitate discussion of key issues and/or questions pertinent to a 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 learning outcomes and competencies underlying this course, the overarching aim of the assignment is to lead the class in a thoughtful discussion and thus generate involvement from your fellow students. To help, you may want to focus on select points of interest or pressing questions rooted in the reading. The ensuing discussion should be about 25-30 minutes (exceeding this is perfectly fine). Because you would have selected the key points/questions you'd address in advance of class, you should be prepared to address/answer them. To facilitate discussion, you may find it helpful to employ any of the following strategies: 1) having prepared questions to ask the class; 2) using break-out rooms in Zoom; 3) asking classmates to ponder particular issues in advance; or 3) engaging your classmates in a brief activity or demonstration (e.g., watching clip, doing an online activity). These are just suggestions; your ideas are always welcome!

*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 25-30 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 beyond the required reading you present.
- Worth 15% of final grade with a grade computed out of 15 based on:
  - Brief summary/content from the reading (2 Point)
    - Not to exceed 5 minutes and should set the stage for the discussion
  - Quality of points or questions for discussion (6 Points)
    - Clarity, thought-provoking, quality
  - Facilitation of questions/discussion (7 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

**Learning Outcomes:** 1, 2, 4

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This individual assignment is intended to help 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. Consideration to diversity is also required (see below). The case will be posted on Courselink later in the term, once we have covered several diagnostic areas.

**Submission and Grading Details:**

- Due: November 13, at 11:59PM.
- 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 25% of final grade with a grade computed out of 25 based on:
  - Symptom presentation and diagnostic workup (9 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. You must also cite any relevant literature to support your suggestions.
  - Examination of case through a sociocultural and diversity lens (4 Points):
    - Thoughtful discussion of diversity in relation to the case (key considerations/issues and why they are relevant)
  - Overall quality of your submission (4 Points):
    - Clarity, organization, sensitivity in style, written quality.

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**Assignment:** Treatment Presentation

**Learning Outcomes:** 2, 4, 6, 8

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**For this group assignment you will work with the same classmate you did for the Discussion Facilitation.** Treatment 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 of class, please submit a rank-ordered list of weeks in which your group wishes to present. There is only one presentation per week, so you may not get your first choice. As noted earlier, 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.

Treatment 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 the focus a bit, depending on the topic (e.g., if there are several disorders in a category you can place emphasis on just one or two). Thus, presentations should be focused and grounded in evidence, with emphasis on psychological treatment. Beyond this, however, you should address the evidence for psychopharmacological treatment(s) relevant to your area of focus. Some topics will necessitate greater mention of such approaches than others. Finally, consideration must also be given to social justice and diversity. In doing so, you must draw on relevant literature to inform this content. There is flexibility in how you could do this; and, this may vary somewhat by topic. However, you are expected to discuss these considerations in the context of your presentation. Examples of how to do this include but are certainly not limited to: how diversity and social justice considerations can affect diagnosis (and thus treatment), their impact on the conceptualizations of the disorder(s) you are discussing (and thus treatment), treatment access, treatment delivery, and the extant evidence base for treatment.

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/criteria). Presentations should be informed by the assigned readings as well as readings your group identifies when preparing your slides. Thus, you must draw on outside references. A reference list of all sources used must be shared and submitted via Dropbox. I will post all lists online so you can consolidate them into a corpus of readings to draw on in the future. Presentations should also lead to discussion with the class (i.e., a post-presentation Q & A).

#### **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 not exceed 45-minutes (excluding the Q & A)
- Please submit your slides and reference list via Dropbox on your presentation day (this 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 (8 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)
- Discussion of social justice and diversity issues (4 Points):
  - Clear and thoughtful consideration to how such issues can factor into and/or impact treatment as well as mention of relevant recommendations, commensurate with the issues raised
- Facilitation of questions/discussion (3 Points):
  - Ability to respond to questions, engage in discussion post-presentation
- Overall quality of your slides (3 Points):
  - Clarity, organization, visual quality
- Overall presentation quality (3 Points):
  - Flow, preparedness, clarity, adherence to 45-minute limit, etc.
  - Therapeutic, service, and diagnostic

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**Assignment:** Controversial Topics Paper

**Learning Outcomes:** 2,5

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This individual assignment involves writing a paper focused on a specific yet current controversial or provocative topic within the research and clinical literature on developmental psychopathology. Hence, you have much freedom when it comes to your topic. Nevertheless, 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: December 4, 11:59PM
- 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/against 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-style title page & 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 online via the UoG library.

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

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

\* = Designated for discussion facilitation

<b>Week 1.</b> Developmental Psychopathology: Foundational Concepts	<b>September 14</b>
<p>Lewis, M. (2014). <i>Toward the development of the science of developmental psychopathology</i>. In M. Lewis &amp; K. D. Rudolph (Eds) <i>Handbook of Developmental Psychopathology</i>, Springer Science, New York, pp. 3-23.</p>	
<b>Week 2.</b> Contributing factors and frameworks	<b>September 21</b>
<p>Clakins, S. D., Propper, C., &amp; Mills-Koonce, W. R. (2013). A biopsychosocial perspective on parenting and developmental psychopathology. <i>Development and Psychopathology</i>, 25, 1399-1414.</p>	

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.

Jones, S. C., & Neblett, E. W. (2017). Future directions in research on racism-related stress and racial-ethnic protective factors for Black youth. *Journal of Clinical Child & Adolescent Psychology*, 46(5), 754-766.

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

**September 28**

\*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 5**

\*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.

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**Week 5. Mood Disorders**

**October 19**

\*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.

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**Week 6. Self-injury & Suicide****October 26**

- Lewis, S. P., & Heath, N. L. (2015). Nonsuicidal self-injury among youth. *The Journal of Pediatrics, 166*(3), 526-530.
- 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.
- 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.
- Barker, B., Goodman, A., & DeBeck, K. (2017). Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health, 108*(2), e208-e210.

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**Week 7. Trauma & Post-traumatic Stress Disorder****November 2**

- \*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****November 9**

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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 16**

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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 23**

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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. Critical Issues****November 30**

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- 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.
- Hatzenbuehler, M. L. (2017). Advancing research on structural stigma and sexual orientation disparities in mental health among youth. *Journal of Clinical Child & Adolescent Psychology*, 46(3), 463-475.
- 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.
- Nelson, S. E., & Wilson, K. (2017). The mental health of Indigenous peoples in Canada: A critical review of research. *Social Science & Medicine*, 176, 93-112.
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**Week 12.** Critical Issues Continued

**December 4**

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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.
- 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. 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, please 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:

**[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 December 4, 2020  
For regulations and procedures for Dropping Courses, see the Schedule of Dates in the [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.