

# PSYC\*6000, Course Outline: Fall 2022

## 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, 2022

**Class Schedule and Location:** Mondays from 8.30am – 11.20am MCKN 308

## Instructor Information

Instructor Name: Stephanie G. Craig, PhD

Instructor Email: [stephanie.g.craig@uoguelph.ca](mailto:stephanie.g.craig@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

**COMPETENCY: 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.*

<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

**COMPETENCY: PROFESSIONALISM AND 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).*

<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 12	Developmental Psychopathology: Foundational Concepts		
September 19	Contributing factors and frameworks		
September 26	Intersectionality of culture, gender, and economic diversity		
October 3	Trauma and PTSD	DF	GTP
October 17	ADHD	DF	GTP
October 24	ODD and Conduct Disorder	DF	GTP
October 31	Anxiety and OCD	DF	GTP
November 7	Mood Disorders	DF	GTP
November 14	Self-Harm and Suicide	DF	GTP
November 21	Eating Disorders	DF	GTP
November 28	Autism Spectrum Disorders		
December 5	Schizophrenia Spectrum Disorders	DF	GTP
<i>GDF = Diagnostic Formulation</i>			
<i>GTP = Group (Treatment) Presentation</i>			

**Course Assignments and Tests:**

Assignment	Due Date	Contribution to Final Grade	Learning Outcomes Assessed
Weekly Questions	Weekly	10%	1, 2, 4
Group Treatment Presentation	Varies by topic	25%	2, 4, 6, 8
Diagnostic Formulation	Varies	25%	1, 2, 4
Controversial Topics Paper	December 4	40%	2, 5

**Assignment:** Weekly Questions**Learning Outcomes:** 1, 2, 4

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 (Worddoc); 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:** Presentation

**Learning Outcomes:** 1, 2, 4, 6, 8

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**On our first day (September 12), please form your two-person group and submit a rankordered list of the weeks during which your group would like to facilitate discussion (please list ALL weeks).** Groups of two students will present on the week's topic. Presentations will begin during our 4<sup>th</sup> week of class (October 3). On our first day of class, please submit a rank-ordered list of weeks in which your group wishes to present. 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.

Presentations should briefly review assessment considerations, and 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 both diagnosis and treatment. 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 has a broad understanding of the topic from that week's readings (i.e., DSM-V 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. 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 one hour (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

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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. You will create a diagnostic formulation of a child or adolescent character or personality in the media (i.e., a character from a TV show, movie, or other form of media) with sufficient details on possible etiological factors (stemming from the information in the show, you may need to embellish if some details are missing), 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).

You will give a short presentation on this diagnostic formulation and treatment plan during class. Note, you will not have to present on both your diagnostic formulation and class presentation on the same day. Presentations are to take the form of a case presentation.

### Submission and Grading Details:

- Date: Varies
- Max 15 mins long not including discussion
- Please upload presentation to Dropbox (on Courselink) following your presentation.
- 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 presentation.

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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 5, 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 pagecount).
- Please upload to Dropbox (on Courselink) as a Word document only (no PDFs).
- Worth 25% of final grade with a grade computed out of 40 based on:
  - Selection of a relevant, recent, and focused controversial topic (5 Points):
    - Selecting a sufficiently focused topic, reflective of a current controversy
    - Argumentation for/against topic (i.e., what makes it controversial) (15 Points):
      - Clarity, comprehensiveness, cohesion of arguments based on extant literature
  - Presentation and of your own views regarding the topic (15 Points):
    - Discussion of your perspective with grounding in evidence
    - Recommendations to resolve the controversy/advance understanding (5 Points):
      - Quality of evidence-informed suggestions, including types of research needed, to resolve/clarify the controversy or address the issue at-hand
  - Overall quality of your submission (5 Points):
    - Clarity, organization, written quality, APA-style title page & reference list

### Course Resources

#### **Required Texts:**

There is no required text. However, the following texts are drawn from heavily in your readings. They are available online via the UoG library (with chapters that can be downloaded). They are both highly recommended text in developmental psychopathology and ones 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.

Butcher, J. N., & Kendall, P. C. (Eds.). (2018). *APA handbook of psychopathology: Child and adolescent psychopathology*. American Psychological Association. <https://doi-org.subzero.lib.uoguelph.ca/10.1037/0000065-000>



## 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

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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.

Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual Research Review: A Meta-Analysis of the Worldwide Prevalence of Mental Disorders in Children and Adolescents. *Journal of Child Psychology and Psychiatry*, 56(3), 345–365

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### **Week 2.** Contributing factors and frameworks **September 19**

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Caspi A, Houts RM, Belsky DW, Goldman-Mellor SJ, Harrington H, Israel S, Meier MH, Ramrakha S, Shalev I, Poulton R, Moffitt TE. (2013) The p Factor: One General Psychopathology Factor in the Structure of Psychiatric Disorders? *Clin Psychol Sci*. 2(2), 119-137.

Cicchetti, D. (2018). A multilevel developmental approach to the prevention of psychopathology in children and adolescents. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology.*, Vol. 2. (pp. 37–53). Washington, DC: American Psychological Association.

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

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### **Week 3.** Intersectionality of culture, gender, and economic diversity **September 26**

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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.

- 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.
- 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.
- 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.

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**Week 4.** Trauma & Post-traumatic Stress Disorder

**October 3**

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- 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.
- Cicchetti, D. (2016) Socioemotional, Personality, and Biological Development: Illustrations from a Multilevel Developmental Psychopathology Perspective on Child Maltreatment. *Annual Review of Psychology*. 67.187-211
- Schmid, M., Petermann, F., & Fegert, J. M. (2013). Developmental trauma disorder: pros and cons of including formal criteria in the psychiatric diagnostic systems. *BMC psychiatry*, 13(1), 1-12.
- 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), 269283.

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**Week 5.** ADHD

**October 17**

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- Lebowitz, M. S. (2016). Stigmatization of ADHD: a developmental review. *Journal of Attention Disorders*, 20(3), 199-205.
- Rooney, M., & Pfiffner, L. J. (2018). Attention-deficit/hyperactivity disorder. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 417–445). American Psychological Association.
- Slobodin, O., & Masalha, R. (2020). Challenges in ADHD care for ethnic minority children: a review of the current literature. *Transcultural psychiatry*, 57(3), 468-483.

Additional readings

- \*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.

Craig, S. G., Davies, G., Schibuk, L., Weiss, M. D., & Hechtman, L. (2015). Long-term effects of stimulant treatment for ADHD: What can we tell our patients?. *Current Developmental Disorders Reports*, 2(1), 1-9.

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**Week 6. Oppositional Defiant & Conduct Disorder**

**October 24**

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Burke, J. D., & Romano-Verthelyi, A. M. (2018). Oppositional defiant disorder. In *Developmental pathways to disruptive, impulse-control and conduct disorders* (pp. 21-52). Academic Press.

McCloskey, M. S., & Drabick, D. A. G. (2018). Understanding the development and management of antisocial disorders in adolescents. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 391–415). American Psychological Association.

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 7. Anxiety Disorders & Obsessive-Compulsive Disorder**

**October 31**

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Kendall, P. C., Swan, A. J., Carper, M. M., & Hoff, A. L. (2018). Anxiety disorders among children and adolescents. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 213–230). American Psychological Association. <https://doi-org.subzero.lib.uoguelph.ca/10.1037/0000065-011>

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.

Schwartz, C., Barican, J. L., Yung, D., Zheng, Y., & Waddell, C. (2019). Six decades of preventing and treating childhood anxiety disorders: a systematic review and meta-analysis to inform policy and practice. *Evidence-based mental health*, 22(3), 103-110.

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**Week 8. Mood Disorders**

**November 7**

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Fristad, M. A., & Black, S. R. (2018). Mood disorders in childhood and adolescence. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 253–277). American Psychological Association. <https://doi-org.subzero.lib.uoguelph.ca/10.1037/0000065-013>

- 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.
- Bruno, A., Celebre, L., Torre, G., Pandolfo, G., Mento, C., Cedro, C., ... & Muscatello, M. R. A. (2019). Focus on Disruptive Mood Dysregulation Disorder: A review of the literature. *Psychiatry research, 279*, 323-330.
- Ewing, E. S. K., Diamond, G., & Levy, S. (2015). Attachment-based family therapy for depressed and suicidal adolescents: theory, clinical model and empirical support. *Attachment & human development, 17*(2), 136-156.

#### Additional reading interest

- Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2022). The serotonin theory of depression: a systematic umbrella review of the evidence. *Molecular Psychiatry, 1-14*.
- 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 9. Self-injury & Suicide**

**November 14**

- 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 metaanalysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(2), 971-107.
- 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 10 Eating Disorders**

**November 21**

- 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.

Couturier, J., Isserlin, L., Norris, M., Spettigue, W., Brouwers, M., Kimber, M., ... & Pilon, D. (2020). Canadian practice guidelines for the treatment of children and adolescents with eating disorders. *Journal of Eating Disorders*, 8(1), 1-80.

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**Week 11.** Autism Spectrum Disorders and Neurodevelopmental Disorders

**November 28**

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**\*\*\*VIRTUAL CLASS\*\***

**Guest speaker:** Dr. Megan Ames, University of Victoria

<https://autisticadvocacy.org/about-asan/identity-first-language/>

Lerner, M. D., Mazefsky, C. A., White, S. W., & McPartland, J. C. (2018). Autism spectrum disorder. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 447–471). American Psychological Association

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.

Davis, A. S., Hoover, K. L., & Mion, A. M. (2018). Understanding and treating children and adolescents with neurodevelopmental disorders. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 279–315). American Psychological Association

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**Week 12.** Schizophrenia Spectrum Disorders and Substance Use

**December 5**

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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.

Becker, S. J., & Fisher, J. H. (2018). Substance use disorders in adolescents. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 317–341). American Psychological Association.

## **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**

### **Disclaimer:**

Please note that the ongoing COVID-19 pandemic may necessitate a revision of the format of course offerings, changes in classroom protocols, and academic schedules. Any such changes will be announced via CourseLink and/or class email. This includes on-campus scheduling during the semester, mid-terms and final examination schedules. All University-wide decisions will be posted on the COVID-19 website (<https://news.uoguelph.ca/2019-novel-coronavirus-information/>) and circulated by email.

### **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](#).

## **Illness**

Medical notes will not normally be required for singular instances of academic consideration, although students may be required to provide supporting documentation for multiple missed assessments or when involving a large part of a course (e.g., final exam or major assignment).

## **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 2, 2022. For regulations and procedures for Dropping Courses, see the [Schedule of Dates in the Academic Calendar](#).

Instructors must provide [meaningful and constructive feedback, at minimum 20% of the final course grade, prior to the 40th class day](#). For courses which are of shorter duration, 20% of the final grade must be provided two-thirds of the way through the course.

[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.