

PSYC*6000, Course Outline: Fall 2024

General Information

Due to the ongoing COVID-19 pandemic some courses are being offered virtually and some face to face. **This course is offered using the Face-to-Face format only (i.e., no hybrid delivery). The course has a set day, time, and location of class.**

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 “typical” development and psychological difficulties. Over the semester, we will critically examine dominant theoretical frameworks used to understand 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, in-class discussions, presentations, written 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 diversity, intersectionality, and social justice. To this end, the course we will draw on a range of perspectives to foster critical thinking and reflection.

Credit Weight: 0.5

Academic Department (or campus): Main Campus

Semester Offering: Fall 2024

Class Schedule and Location: Wednesdays from 8.30am – 11.20am

Instructor Information

Instructor Name: Stephen P. Lewis, PhD

Instructor Email: stephen.lewis@uoguelph.ca

Office Hours: By appointment (please email to schedule)

Course Content

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, intersectionality, 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 health difficulties and 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

COMPETENCY: ASSESSMENT & 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 identification of strengths/competencies.		
Underlying Facet(s)	Level	LOs
Demonstrate knowledge of human populations served and human development	Intermediate	1,2,3,7
COMPETENCY: RESEARCH		
<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 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>		
Underlying Facet(s)	Level	LOs

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		
<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>		
Underlying Facet(s)	Level	LOs
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 macro- (e.g., work, national norms) and micro-environments (e.g., personal differences, family, culture, gender) in which people function	Basic	3,4,8

Lecture Content:

Date	Class Content		
September 11	Developmental Psychopathology: Foundational concepts		
September 18	Contributing Factors		
September 25	Intersectionality of culture, gender, and economic diversity		
October 2	ADHD, Oppositional Defiant, & Conduct Disorder	GDF	GTP
October 9	Anxiety Disorders & Obsessive-Compulsive Disorder	GDF	GTP
October 16	Mood Disorders	GDF	GTP
October 23	Non-suicidal Self-injury & Suicide		
October 30	Trauma and Post-traumatic Stress Disorder	GDF	GTP
November 6	Clinical Analysis – Assignment due Friday Nov 8		
November 13	Eating Disorders – Guest Lecture: Dr. Therese Kenny		
November 20	Autism Spectrum Disorders	GDF	GTP
November 27	Schizophrenia Spectrum Disorders + Course Wrap-up		
<i>GDF = Group Discussion Facilitation</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 Discussion Facilitation	Varies by topic	15%	2, 7, 8
Diagnostic Formulation	November 10	20%	1, 2, 4
Group Treatment Presentation	Varies by topic	25%	2, 4, 6, 8
Controversial Topics Paper	December 4	30%	2, 5

Assignment: Weekly Questions

Learning Outcomes: 1, 2, 4

With the exception of Week's 1 and 9, students will submit well formulated and thought-provoking questions based on the required readings for that week. Specifically, students must submit 1 question per reading for a given week. This ought to be done individually (i.e., not in groups). 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 discussions, and thus foster critical engagement with course content.

Submission and Grading Details:

- **Submissions must be received via Dropbox no later than 12:00PM on the date prior to class (i.e., Tuesday).** 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)

Assignment: Discussion Facilitation

Learning Outcomes: 2, 7, 8

Beginning in our 4th week (October 2), **groups of two students** will take turns facilitating discussion of an assigned reading. Specific readings for this assignment are denoted with an asterisk in the list of required readings. Though two students will lead these discussions, it is expected that all students complete the readings and take part in the class discussion.

On our first day (September 11), 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 so reading outside one's main interest is expected. Further, if your assigned topic is not your top interest, you may focus your individual papers on a topic of greater interest.

For this assignment, groups will facilitate discussion of key issues and/or questions pertinent to the denoted reading. This is not simply an article summary (everyone would have read the article already). Indeed, you must limit the discussion of content to ~5 minutes. In keeping with the learning outcomes and competencies of our course, the overarching aim of the assignment is to lead the class in a thoughtful discussion, thereby generating involvement from fellow students. To narrow the focus within the reading, you may wish to emphasise 3-5 points of interest or pressing questions rooted in the reading (this is just a suggestion, of course). 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 for this assignment, you should be prepared to address/answer them. To help with the discussion facilitation itself, you may find the following strategies useful: 1) having prepared discussion questions; 2) asking classmates to reflect on a question/issue leading up to your discussion facilitation; 3) asking classmates to bring a question or comment based on the reading to class; 4) engaging classmates in a brief activity/demonstration. These are just some ideas -- there are many others (feel free to use your own approach!).

NB: Though you may certainly use slides/visuals, this assignment is not intended to be an elaborate or formal PowerPoint presentation (you may even choose to not use slides if preferred). What is important is that you demonstrate familiarity with, and comprehension of, the reading you are working from while effectively engaging the class in dialogue. Accordingly, others should be able to participate.

Grading Details:

- Discussion facilitation should be about 25-30 minutes in length (it's okay to exceed this)
- You are not required to have prepared slides or visual aids (but can if you like).
- You need to do additional research beyond the required reading (but can if you like).
- Worth 15% of final grade with a grade computed out of 15 based on:
 - Brief summary of content from the reading (2 Points)
 - Not to exceed 5 minutes and should set the stage for the discussion
 - Quality of points or questions for discussion (6 Points)
 - Clarity of questions/points (e.g., thought-provoking, novel)
 - Facilitation of questions/discussion (7 Points):
 - Ability to lead the class in discussion and/or activities (if relevant); ability to respond to questions/comments from the class

Assignment: Diagnostic Formulation

Learning Outcomes: 1, 2, 4

This individual assignment is designed to help develop basic skills in clinical analysis with emphasis on diagnostic formulation and some discussion of treatment planning. In particular, you will be: developing a diagnostic formulation for a young client with sufficient details on possible etiological factors (stemming from the case information provided); addressing symptom presentation with an initial diagnostic work-up; and offering a preliminary treatment plan grounded in evidence with a rationale for its potential utility. Consideration to intersectionality and diversity is also required as is attention to strengths-based considerations (see below). The case will be posted on Courselink later in the term -- once we have covered some initial content.

Submission and Grading Details:

- Due: November 10, at 11:59PM.
- Class on November 6 is intended to offer additional time to work on this assignment.
- This is an **individual assignment**; you should not be collaborating/working in groups.
- 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 (no PDFs).
- Worth 20% of final grade with a grade computed out of 20 based on:
 - Symptom presentation and diagnostic workup (6 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 (3 Points):
 - Clear, coherent coverage of background information presented in the case that you believe might have contributed to (or which impacts) the client's symptoms/difficulties.
 - Provisional treatment plan (3 Points):
 - Overall quality of initial (evidence-informed) treatment suggestions for the **PRIMARY diagnoses** (i.e., top 2-3) with a brief rationale for its utility. You must also cite any relevant literature to support your suggestions.
 - Consideration of Strengths (2 Points):
 - Clear identification of strengths-based considerations and how/why these may be important in the context of the case treatment plan.
 - Examination of case through an intersectional lens (3 Points):
 - Thoughtful discussion of diversity and intersectionality in relation to the case (key considerations/issues and why they are relevant)
 - Overall quality of your submission (3 Points):
 - Clarity, organization, sensitivity in style/framing, writing quality.

Assignment: Treatment Presentation

Learning Outcomes: 2, 4, 6, 8

For this group assignment you will work with the same classmate you did for the Discussion Facilitation. Treatment Presentations begin during our 4th week of class (October 2). No group will be asked to their discussion facilitation and treatment presentation during the same week. 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 the treatment of the disorder(s) pertinent to that week. Depending on the topic assigned, you may need to narrow the focus a bit (e.g., if there are several disorders in a category you can place emphasis on just one or two). Presentations should be focused and grounded in evidence, with

emphasis on psychological treatment. Beyond this, please also address the evidence for psychopharmacological treatment(s) relevant to your area of focus. Some topics will necessitate greater mention of specific approaches than others. Finally, consideration must also be given to intersectionality and diversity. In doing so, you must again draw on relevant literature. There is flexibility in how you can do this and this is likely to vary by topic. 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 and has a broad understanding of the topic from that week's readings (i.e., no need to recap basic content/criteria). Presentations can, in part, be informed by the assigned readings but you will need to consult external readings. A reference list of all sources used must be shared and submitted via Dropbox. I will post these resource lists on Courselink so everyone can access them and thus have a set of readings for each topic 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)
 - Addressing intersectionality and diversity (4 Points):
 - Clear and thoughtful consideration to how such considerations 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.

This individual 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, there is much freedom when it comes to your topic. Nevertheless, you will want to ensure that your topic has sufficient evidence prior to commencement of writing. In your paper, you need to outline the controversy and then critically review relevant and *current* research literature commensurate with your topic (i.e., it must be an issue pertinent to the last 5 years or so). Beyond 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 and based on evidence. The final part of the paper should address what should be done to resolve the controversy (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 30% of final grade with a grade computed out of 30 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) (12 Points):
 - Clarity, comprehensiveness, cohesion of arguments based on extant literature
 - Presentation and of your own views regarding the topic (6 Points):
 - Discussion of your perspective with grounding in evidence
 - Recommendations to resolve the controversy/advance understanding (6 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, writing quality, APA-style title page & reference list

Course Resources

Required Texts:

Please note there is no required text to purchase. However, the following texts are drawn from heavily in our required readings for our class. Each is available online via the UoG library, with individual chapters available for download. Although not required, these are highly recommended texts in the field and will likely be very useful resources 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.

Recommended Texts:

As above, this is not a required text. However, the DSM-5 is recommended as part of your overall training in the CCAP program. Familiarity with diagnostic criteria will be an asset for course assignments and in-class discussions. As above, you can access the DSM-5 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

Week 1. Developmental Psychopathology: Foundational Concepts	September 11
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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

Week 2. Contributing factors, lived experience, and frameworks	September 18
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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.

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.

Fusar-Poli, P., Estradé, A., Esposito, C. M., Rosfort, R., Basadonne, I., Mancini, M., et al. (2024). The lived experience of mental disorders in adolescents: a bottom-up review co-designed, co-conducted and co-written by experts by experience and academics. *World Psychiatry*, 23(2), 191-208.

- 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.
- 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.

- *Rooney, M., & Piffner, 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.
- 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.
- 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.
- 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 (for interest):

- 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.

- *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.
- 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.
- 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.

- *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.
- 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.
- 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.
- Goldstein, B. I., Birmaher, B., Carlson, G. A., DelBello, M. P., Findling, R. L., Fristad, M., et al. (2017). The International Society for Bipolar Disorders Task Force report on pediatric bipolar disorder: Knowledge to date and directions for future research. *Bipolar Disorders*, *19*(7), 524-543.

Additional Readings (for interest):

- 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.
- 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.
- 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.

Week 7. Self-injury & Suicide**October 23**

- 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.
- Kothgassner, O. D., Robinson, K., Goreis, A., Ougrin, D., & Plener, P. L. (2020). Does treatment method matter? A meta-analysis of the past 20 years of research on therapeutic interventions for self-harm and suicidal ideation in adolescents. *Borderline personality disorder and emotion dysregulation, 7*, 1-16.
- 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.

Additional Readings (for interest):

- Lewis, S. P., & Hasking, P. A. (2021). Self-injury recovery: A person-centered framework. *Journal of Clinical Psychology, 77*(4), 884-895.
- **FYI - We will draw from the above reading within the content covered during our class***
- Hooley, J. M., & Franklin, J. C. (2018). Why do people hurt themselves? A new conceptual model of nonsuicidal self-injury. *Clinical Psychological Science, 6*(3), 428-451.
- Glenn, C. R., Franklin, J. C., & Nock, M. K. (2015). Evidence-based psychosocial treatments for self-injurious thoughts and behaviors in youth. *Journal of Clinical Child & Adolescent Psychology, 44*(1), 1-29.

Week 8. Trauma & Post-traumatic Stress Disorder**October 30**

- *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.
- 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.
- 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

Week 9. No readings (yes, you read that correctly!)**November 6**

Special Guest Lecture (via Zoom): Dr. Therese Kenny

- Fitzsimmons-Craft, E. E., Karam, A. M., & Wilfley, D. E. (2018). Eating disorders in children and adolescents. In J. N. Butcher & P. C. Kendall (Eds.), *APA handbook of psychopathology: Child and adolescent psychopathology* (pp. 343–368). American Psychological Association
- Coelho, J. S., Suen, J., Marshall, S., Burns, A., Lam, P. Y., & Geller, J. (2021). Parental experiences with their child's eating disorder treatment journey. *Journal of Eating Disorders, 9*, 1-14.
- Couturier, J., Pellegrini, D., Miller, C., Agar, P., Webb, C., Anderson, K., et al. (2021). Adapting and adopting highly specialized pediatric eating disorder treatment to virtual care: a protocol for an implementation study in the COVID-19 context. *Implementation Science Communications, 2*, 1-10.
- Kenny, T. E., & Lewis, S. P. (2023). More than an outcome: a person-centered, ecological framework for eating disorder recovery. *Journal of Eating Disorders, 11*(1), 45.

Additional Readings (for interest):

- 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.

A useful resource: <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.

Additional Reading (for interest)

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.

Week 12. Schizophrenia Spectrum Disorders + Wrap-up

November 27

- Knorr, J. (2017). *Childhood-Onset Schizophrenia Spectrum Disorders*. In the *Handbook of DSM-5 Disorders in Children and Adolescents* (pp. 107–122). Springer International Publishing.
- Kasai, K. (2013). Toward an interdisciplinary science of adolescence: Insights from schizophrenia research. *Neuroscience Research*, 75(2), 89-93.
- Bagot, K. S., Milin, R., & Kaminer, Y. (2015). Adolescent initiation of cannabis use and early-onset psychosis. *Substance Abuse*, 36(4), 524-533.
- 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.

Additional Reading (for interest)

Bosson, 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.

Course Policies

Grading Policies

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

Late Policies

Assignments must be submitted by the specified deadline. 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 present or submit a written assignment by the specified deadline, please contact me in advance. In line with UoG policy, appropriate documentation should be provided for missed deadlines.

[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

[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 or the [Student Accessibility Services Website](#)

Student Feedback Questionnaire

These questionnaires (formerly course evaluations) will be available to students during the last 2 weeks of the semester. Students will receive an email directly from the Student Feedback Administration system which will include a direct link to the questionnaire for this course. During this time, when a student goes to login to Courselink, a reminder will pop-up when a task is available to complete. [Student Feedback Questionnaire](#)

Drop date

The last date to drop one-semester courses, without academic penalty, is Friday November 29, 2024. For regulations and procedures for Dropping Courses, see [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.