

**Current Topics in Clinical Psychology:  
Psychology of Addiction  
(PSYD33H3 F LEC03)**

Fall 2020 Course Syllabus

**Instructor:** Laura Heath, M.Sc., M.A.

**Class Time:** Thursdays 9am – 11am

**Class Location:** Zoom Link: <https://utoronto.zoom.us/j/95994035069> Passcode: 857716

**Course Email:** [psyd33.fall2020@gmail.com](mailto:psyd33.fall2020@gmail.com)

**Virtual Office Hours:** By appointment only: <https://calendly.com/psyd33-fall2020/>

**Office Location:** Zoom link will be sent to student via email prior to scheduled meeting time

**Prerequisites:** PSYB32H3 and [PSYB07H3 or STAB22H3 or STAB23H3] and [0.5 credit at the C-level in PSY courses]

**Exclusion:** PSY440H

**Recommended:** PSYC62H3

**Course Description:** This course will provide an overview of the psychological assessment, theories, public policies, and intervention related to substance use and other addictive behaviours. Topics to be discussed will include definitions and diagnostic criteria, models of addiction, public policies, and treatment approaches to addictive disorders. The course will employ a seminar style of teaching in which students are expected to actively participate in their own learning.

**Course Goals:** Through this course, participants will gain a broad understanding of the current issues and evidence in the psychopathology of addictive behaviours, develop critical thinking skills, and gain experience in the application of clinical psychology by way of diagnosis, case formulation, and treatment planning.

**Learning Objectives:** At the conclusion of this course, participants will be able to:

1. Describe the diagnostic criteria for substance use and other addictive disorders
2. Demonstrate knowledge of multiple perspectives and theoretical models of addiction
3. Critically evaluate information, ideas, and assumptions about the psychology of addiction from a variety of perspectives, including the scientific literature and mainstream media
4. Demonstrate knowledge of multiple treatment approaches to addictive behaviours
5. Give presentations to disseminate knowledge, foster understanding, and generate discussion on relevant clinical and research topics
6. Generate scientific and clinical writing that demonstrates critical understanding and reflection of the relevant topics through integration of various perspectives and scientific knowledge

**Learning Resources:** There is no required textbook for this course. Required readings are provided in the “class schedule” table included in the syllabus. It is expected that students read each week’s required articles before class and come to the lecture prepared for discussion.

**PSYD33H3 F LEC03 Fall 2020**  
**Course Schedule**

<b>Week</b>	<b>Date</b>	<b>Topic</b>	<b>Readings</b>
1	Sept 10	Introduction to course	Course Syllabus
2	Sept 17	Diagnostic criteria and beyond	<p><b>Required reading:</b> American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author. Read: 1) substance use disorders; 2) substance-induced disorders; 3) all subsections of two substances of your choosing; and 4) non-substance related disorders. <a href="https://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9780890425596.dsm16">https://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9780890425596.dsm16</a></p> <p><b>Required reading:</b> Holden, C. (2010). Behavioral addictions debut in proposed DSM-V. <i>Science</i>, 327, 935. <a href="https://science.sciencemag.org/content/327/5968/935.full">https://science.sciencemag.org/content/327/5968/935.full</a></p> <p><b>Required reading:</b> Naish, K. R., MacKillop, J., &amp; Balodis, I. M. (2018). The concept of food addiction: A review of the current evidence. <i>Current Behavioral Neuroscience Reports</i>, 5(4), 281-294. <a href="https://link.springer.com/article/10.1007%2Fs40473-018-0169-2">https://link.springer.com/article/10.1007%2Fs40473-018-0169-2</a></p>
3	Sept 24	Theories of addiction – Brain disease model of addiction	<p><b>Required reading:</b> Volkow, N. D., Koob, G. F., &amp; McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. <i>New England Journal of Medicine</i>, 374(4), 363-371. <a href="https://www.nejm.org/doi/full/10.1056/nejmra1511480">https://www.nejm.org/doi/full/10.1056/nejmra1511480</a></p> <p><b>Recommended (not required):</b> Lewis, M. (2017). Addiction and the brain: Development, not disease. <i>Neuroethics</i>, 10, 7-18. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486526">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486526</a></p>
4	Oct 1	Theories of addiction – Biopsychosocial model	<p><b>Required reading:</b> Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. <i>Science</i>, 196, 129-136. <a href="https://pubmed.ncbi.nlm.nih.gov/847460/">https://pubmed.ncbi.nlm.nih.gov/847460/</a></p> <p><b>Required reading:</b> Skewes, M. C., &amp; Gonzalez, V. M. (2013). Biopsychosocial model of addiction. In P. M. Miller (Ed.), <i>Principles of addiction: Comprehensive addictive behaviors and disorders, Volume 1</i> (pp. 61-70). Academic Press.</p>

			<a href="https://www.sciencedirect.com/science/article/pii/B9780123983367000061?via%3Dihub">https://www.sciencedirect.com/science/article/pii/B9780123983367000061?via%3Dihub</a>
5	Oct 8	Theories of addiction – Transtheoretical model	<b>ASSIGNMENT 1 DUE – PSYCHODIAGNOSTIC ASSESSMENT</b>  <b>Required reading:</b> Connors, G. J., DiClemente, C. C., Velasquez, M. M. & Donovan, D. M. (2013). <i>Substance abuse treatment and the stages of change</i> (2 <sup>nd</sup> ed). Read: Ch.1 Background & Overview (p. 6-15); Ch. 2 The Stages of Change (p. 16-50); Ch.9 Relapse (p.229-249)
6	Oct 15	Reading Week – No Class	
7	Oct 22	Introduction to case conceptualization	<b>Required reading:</b> Liese, B. S., & Esterline, K. M. (2015). Concept mapping: A supervision strategy for introducing case conceptualization skills to novice therapists. <i>Psychotherapy</i> , 52(2), 190-194. <a href="https://psycnet.apa.org/record/2015-08371-001">https://psycnet.apa.org/record/2015-08371-001</a>  <b>Required reading:</b> Persons, J. B., & Tompkins, M. A. (2007). Cognitive-behavioral case formulation. In T. D. Eells (Ed.), <i>Handbook of psychotherapy case formulation</i> (pp. 290-316). Guilford Press.
8	Oct 29	Public health policies  Potential topics: harm reduction vs. abstinence policies (e.g., safe injection sites; opioid substitution programs); decriminalization	<b>STUDENT PRESENTATIONS</b> <b>Suggestions for presenters (a place to start):</b> Marlatt, G. A., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. <i>Addictive Behaviors</i> , 27(6), 867-886. <a href="https://doi.org/10.1016/S0306-4603(02)00294-0">https://doi.org/10.1016/S0306-4603(02)00294-0</a>  Marlatt, G. A., & Witkiwitz, K. (2010). Update on harm-reduction policy and intervention research. <i>Annual Review of Clinical Psychology</i> , 6, 591-606. <a href="https://doi.org/10.1146/annurev.clinpsy.121208.131438">https://doi.org/10.1146/annurev.clinpsy.121208.131438</a>  Hughes, C. E., & Stevens, A. (2012). A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs. <i>Drug and Alcohol Review</i> , 31(1), 101-113. <a href="https://doi.org/10.1111/j.1465-3362.2011.00383.x">https://doi.org/10.1111/j.1465-3362.2011.00383.x</a>
9	Nov 5	Treatment – Cognitive Behavioural Therapy	<b>STUDENT PRESENTATIONS</b> <b>Suggestions for presenters (a place to start):</b> Magill, M., & Ray, L. A. (2009). Cognitive-behavioral treatment with adult alcohol and illicit drug users: A meta-analysis of randomized controlled trials. <i>Journal of</i>

			<p><i>Studies on Alcohol and Drugs</i>, 70(4), 516-527. <a href="https://pubmed.ncbi.nlm.nih.gov/19515291/">https://pubmed.ncbi.nlm.nih.gov/19515291/</a></p> <p>Mitcheson et al. (2010). Introduction to CBT for substance use problems. In <i>Applied cognitive and behavioural approaches to the treatment of addiction: A practical treatment guide</i> (pp. 1-20). Wiley-Blackwell. <a href="https://search.library.utoronto.ca/details?8110327">https://search.library.utoronto.ca/details?8110327</a></p>
10	Nov 12	Treatment – Other behavioural interventions: (Contingency Management; Motivational Enhancement Therapy; Motivational Interviewing; Mindfulness-Based Relapse Prevention)	<p><b>ASSIGNMENT 2 DUE – CASE CONCEPTUALIZATION</b></p> <p><b>STUDENT PRESENTATIONS</b> <b>Suggestions for presenters (a place to start):</b> Prendergast, M., Podus, D., Finney, J., Greenwell, L., &amp; Roll, J. (2006). Contingency management for treatment of substance use disorders: A meta-analysis. <i>Addiction</i>, 101, 1546-1560. <a href="https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1360-0443.2006.01581.x">https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1360-0443.2006.01581.x</a></p> <p>Project MATCH Research Group (1998). Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. <i>Alcoholism: Clinical and Experimental Research</i>, 22(6), 1300-1311. <a href="https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x">https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x</a></p> <p>Center for Substance Abuse Treatment. (1999). Motivational interviewing as a counseling style. In <i>Enhancing Motivation for Change in Substance Abuse Treatment</i>. (Ch.3) Substance Abuse and Mental Health Services Administration (US). <a href="https://www.ncbi.nlm.nih.gov/books/NBK64964/">https://www.ncbi.nlm.nih.gov/books/NBK64964/</a></p> <p>Witkiewitz, K., Marlatt, G. A., Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and substance use disorders. <i>Journal of Cognitive Psychotherapy</i>, 19(3), 211-228. <a href="https://connect.springerpub.com/content/sgrijcp/19/3/211">https://connect.springerpub.com/content/sgrijcp/19/3/211</a></p>
11	Nov 19	Treatment – Pharmacological interventions	<p><b>STUDENT PRESENTATIONS</b> <b>Suggestions for presenters (a place to start):</b> Van den Brink, W. (2012). Evidence-based pharmacological treatment of substance use disorders and pathological gambling. <i>Current Drug Abuse Reviews</i>, 5, 3-31.</p>

12	Nov 26	Treatment – Group treatment (CBT; Alcoholics Anonymous; SMART Recovery)	<p><b>STUDENT PRESENTATIONS</b>  <b>Suggestions for presenters (a place to start):</b>  Project MATCH Research Group (1998). Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. <i>Alcoholism: Clinical and Experimental Research</i>, 22(6), 1300-1311. <a href="https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x">https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x</a></p> <p><a href="#">NIAAA (1994). Twelve step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. Project MATCH Monograph Series, Volume 1. NIH Publication No. 94-3722. Rockville, MD: National Institutes of Health.</a></p> <p>Beck et al. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. <i>Psychology of Addictive Behaviors</i>, 31(1), 1-20. <a href="https://doi.org/10.1037/adb0000237">https://doi.org/10.1037/adb0000237</a></p>
13	Dec 3	Treatment – Novel Approaches (rTMS and Pharmacotherape utics)	<p><b>ASSIGNMENT 3 DUE – TREATMENT PLAN</b></p> <p><b>STUDENT PRESENTATIONS</b>  <b>Suggestions for presenters (a place to start):</b>  Coles, A. S., Kozak, K., George, T. P. (2018). A review of brain stimulation methods to treat substance use disorders. <i>The American Journal on Addictions</i>, 27(2), 71-91. <a href="https://doi.org/10.1111/ajad.12674">https://doi.org/10.1111/ajad.12674</a></p> <p>Bogenschutz, M. P., &amp; Johnson, M. W. (2016). Classic hallucinogens in the treatment of addictions. <i>Progress in Neuro-Psychopharmacology and Biological Psychiatry</i>, 64, 250-258. <a href="https://doi.org/10.1016/j.pnpbp.2015.03.002">https://doi.org/10.1016/j.pnpbp.2015.03.002</a></p>

*Please note that this outline is subject to change depending on the needs of the class (we may need additional time to cover a topic). Any changes to the syllabus will be announced in class and on Quercus at least one week before.*

## Course Evaluation

**Psychodiagnostic Assessment (10%)**

**Case Conceptualization (15%)**

**Treatment Plan (15%)**

**Presentation (30%)**

**Reflection Questions (20%)**

**Participation (10%)**

Throughout the course, students will prepare and submit a psychodiagnostic assessment, case conceptualization, and treatment plan that replicate the typical components of a clinical psychology assessment report. Students can choose a character in film, television, or popular culture about whom to write these assignments. The assignments will be due throughout the course as we learn about the content relevant to each task. Students are encouraged to be creative and it is expected that there will be some “artistic license” to fill in the blanks of their character to provide a comprehensive report. All written assignments should be formatted according to the *Publication Manual of the American Psychological Association (6<sup>th</sup> Edition)*.

### **Psychodiagnostic Assessment (10%) – DUE OCTOBER 8**

The student can choose any character in film, television, or popular culture to write up a psychodiagnostic report for a substance use or other addictive disorder. The student will indicate which diagnostic criteria the character has endorsed to meet criteria for the proposed diagnosis. Further information will be provided in class and on Quercus. It is anticipated that this report will be approximately 2 pages, double spaced.

### **Case Conceptualization (15%) – DUE NOVEMBER 12**

“Case conceptualization aims to describe a person’s presenting problems and use theory to make explanatory inferences about causes and maintaining factors that can inform interventions” (Kuyken et al. 2009, p.42<sup>1</sup>). Students must submit a case formulation outlining their diagnostic impressions using standard categories such as, but not limited to, Presenting Problems, Anchoring Disorder, Predisposing Factors (e.g., Family History, Childhood Adversity), Precipitating Factors (e.g., Triggers), Perpetuating Factors (e.g., Core Beliefs, Automatic Thoughts, Feelings, Behaviours), Protective Factors, Treatment History, Stage of Change. This report should be no longer than 5 pages, double spaced.

### **Treatment Plan (15%) – DUE DECEMBER 3**

Students will submit a written treatment plan to outline a recommended course of intervention that follows from the previous case conceptualization assignment. Students can select any of the treatment approaches discussed in class, or they may choose to select a treatment not discussed in class (it is recommended that they confer with the instructor if choosing a treatment outside of class material). Students must demonstrate knowledge of the scientific evidence base for their proposed treatment, as well as describe the key aspects of the intervention. A section should also be written about anticipated barriers to treatment. This report should be no longer than 5 pages, double spaced (references excluded).

---

<sup>1</sup> Kuyken, W., Padesky, C. A., & Dudley, R. (2009). *Collaborative case conceptualization: Working effectively with clients in cognitive-behavioral therapy*. Guilford Press.

### **Presentation (30%)**

Student presentations will take place over the last 6 lectures of the course. Presentations will be delivered in pairs, with each pair presenting on a chosen topic for 50 minutes total, with 30-40 minutes devoted to presentation time (about 15-20 minutes per student) and 10-20 minutes allotted for discussion. With the exception of presenters on Week 8, who will discuss public health policies related to addiction, students will be presenting on various treatment approaches to addiction. Depending on the week, students will have a degree of flexibility regarding what they would like to present for that week's topic. For example, students presenting on Week 11 (pharmacological interventions) may choose to present on one pharmacological intervention (e.g., methadone), or a class of pharmacological interventions (e.g., nicotine replacement therapy). It is also the students' responsibility to decide with their partner how they would like to allocate responsibilities within the presentation. Each student will be graded separately. Generally, it will be important to include a background/introduction to the topic, methods or treatment techniques, and research evidence speaking to the efficacy and/or effectiveness of the intervention.

At the end of the 30-40-minute presentation, the presenters will lead the class in a discussion for approximately 10-20 minutes. Presenters will be asked to prepare a set of 2-3 discussion questions in advance to provoke group exploration of the chosen topic. Presenters should assign 1 reading to their fellow students ahead of time. **These readings should be provided to the class at least one week in advance** so that all students have a chance to prepare. **Presentation slides and discussion questions should be sent to the instructor the day before the presentation, Wednesday by 11:59PM EST** so the instructor has a back-up in case of any technical issues on the day of the presentation. Grades will be based on the students' ability to select and describe relevant theoretical, clinical, and research material, and the facilitation of thought-provoking and relevant discussion on the chosen topic. Sign-ups for time slots will take place in class on October 1.

**Students who are not able to attend synchronous (live) lectures** will be asked to pre-record their presentation and prepare discussion questions so that the class can view the presentation and have a discussion, moderated by the instructor, during the live seminar. Pre-recorded presentations and discussion questions are due two days before the live seminar on the week of the presentation, **Tuesday by 9:00am EST**. This is to provide enough time for any troubleshooting and to ensure consideration of time zone restrictions.

### **Reflection Papers (2% each week; select 10 weeks for a total of 20%)**

Every week before class, students are required to submit a reflection paper related to that week's readings. The paper can consist of discussion questions for class, critique of an article's study methodology or interpretation of findings, or broader reflection of the topic (e.g., applications in mental health, cultural considerations, ethical issues, new frontiers or hypotheses). Students will be graded on their demonstration of critical thinking of the week's readings; this cannot just be a study summary. Students are only required to reflect on one reading per week and they can miss one week, for a total of 10 reflection papers. Papers should be approximately 1 page, double-spaced and are due each **Wednesday by 9:00am EST before each seminar**, as indicated on Quercus. Your reflections will often provide the basis for in-class discussion.

### **Participation (10%)**

In line with a seminar-style course, students will be graded throughout the semester on their overall engagement in the discussion part of each lecture. Students are highly encouraged to ask questions, seek clarifications, synthesize information, and contribute meaningfully to the discussion as much as possible! You do not need to try to speak up every single class so that you get the marks; it is more about contributing when you have something thoughtful to say. Students are also expected to demonstrate respectful, active listening when peers are contributing to the discussion. Part of your participation grade will reflect your ability to explain and incorporate others' thoughts as well as your own. Active discussion that fosters critical thinking is a cornerstone of academia! Take advantage of this seminar-style course to learn and engage with your peers.

**Students who are not able to attend synchronous (live) lectures** will be required to contribute to the discussion of that week's seminar by submitting a written response to the following two questions: 1) What was the most interesting thing you heard during the discussion? 2) What two things might you have added to the discussion? Your response will be due on Quercus by the next **Tuesday, 9:00am EST** following the class that you missed.

### **How to Succeed in this Course**

Engagement and participation are essential to the learning process. If you read the assigned articles carefully, provide thoughtful reflection papers, contribute to discussions, and invest time in your writing, you are likely to do well. It is important to keep up with your reading – I expect you to complete all of the assigned reading.

Please do not hesitate to **schedule an appointment with me** if you are experiencing difficulty with the course, want to check in about your presentation or assignments, or have any concerns. Do not wait until the end of the course to reach out, as I cannot help you effectively at the last minute.

### **Policies for this Course Regarding Grading and Late Assignments**

**Grading:** Any complaint about grading on any course evaluation should be made in writing to the instructor (via [psyd33.fall2020@gmail.com](mailto:psyd33.fall2020@gmail.com)) within one week of receiving the graded material and should detail the point of contention.

**Late Coursework:** If you do not have legitimate documentation for a late assignment, 10% of the total value of the assignment will be deducted for each late day. If you provide legitimate documentation for your late assignment (see policies on *Missed Term Work* below), you must contact the instructor (via [psyd33.fall2020@gmail.com](mailto:psyd33.fall2020@gmail.com)) within one week of the missed assignment deadline (or as soon as is reasonably possible) to discuss a new deadline for your late assignment(s). Please take note of the last day for submission of term assignments in this course (December 7, as set by the Registrar). If you wish to submit work to be graded beyond the last day for submission of term assignments, you must contact the Registrar's office to submit a petition (this is beyond the instructor's control).



## General Course Policies and Guidelines

**Equity, Diversity, and Inclusion:** The University of Toronto is committed to equity, human rights and respect for diversity. All members of the learning environment in this course should strive to create an atmosphere of mutual respect where all members of our community can express themselves, engage with each other, and respect one another's differences. U of T does not condone discrimination or harassment against any persons or communities.

**Sharing Personal Information:** The relationship with your peers and instructors is academic in nature and does not constitute a therapeutic relationship. Information that the instructor may share regarding clinical experience is for teaching purposes only.

Most people have experienced a mental health issue or know someone who has experienced a mental health issue at some point in their lives. With this in mind, please understand that this classroom setting is not the best environment to share your personal experiences or to offer specific information about someone you know. Please aim to maintain professional boundaries during the course, as well as be sensitive and courteous to others. If you are in need of mental health support, see the **Mental Health Resources** section of the syllabus below.

**Quercus:** All course-related materials and announcements will be posted to Quercus. All assignments should be submitted through Quercus. It is each student's responsibility to check the course website frequently and monitor their University of Toronto email address regularly.

**Emails:** Please use the course email ([psyd33.fall2020@gmail.com](mailto:psyd33.fall2020@gmail.com)) for all questions. I will try to answer your emails **within 3 business days** unless you receive an automatic reply that suggests otherwise. Please keep your emails professional, concise, and clear; start with an informative title that includes the course name and a description of your question (e.g., "PSYD33 – question about case conceptualization assignment"). It is helpful if you use your University of Toronto email, as well as write your name and student ID so I know who you are. For more information about writing academic emails, you may find this resource helpful: <https://goo.gl/ik1iw7>

**Virtual Office Hours:** Office hours will be by appointment only, using the following link: <https://calendly.com/psyd33-fall2020/>. You will receive a Zoom link when you book your Calendly appointment. Please check your email to confirm ahead of time and cancel the booking if you cannot attend.

**Course Materials & Audio/Video Recording:** For reasons of privacy as well as protection of copyright, unauthorized video or audio recording in classrooms is prohibited. This is outlined in the Provost's guidelines on *Appropriate Use of Information and Communication Technology*.

This course, including your participation, will be recorded on video and will be available to students in the course for viewing remotely and after each session. Course videos and materials belong to your instructor, the University, and/or other sources depending on the specific facts of each situation and are protected by copyright. Do not download, copy, or share any course or student materials or videos without the explicit permission of the instructor.

For questions about the recording and use of videos in which you appear, please contact your instructor.

**Syllabus Changes:** I may make minor changes to the course syllabus based on pacing and needs of the class, or other unexpected events. These will not impair your ability to succeed in the class and I will notify you of any changes in class and through a Quercus announcement at least one week before. Any major grading/content changes will be contingent on class vote.

**Mental Health Resources:** If you feel that you need to seek help for yourself or someone you care about, you may wish to contact the Toronto Distress Centre (416-408-4357), Good2Talk (866-925-5454), or UTSC Health and Wellness Centre. For a list of other crisis resources, see <https://www.camh.ca/en/health-info/crisis-resources>

ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, gambling, or other mental health issues by connecting them with services in their area. You can contact them 24/7 at 1-866-531-2600.

The UTSC Health and Wellness Centre is currently providing virtual same day counselling, nursing, and doctor appointments by contacting 416-287-7065. If you do not reach someone live, please leave a message and a team member will return your call as soon as possible. Or email [health-services@utsc.utoronto.ca](mailto:health-services@utsc.utoronto.ca) to request an appointment.

## Academic Integrity

Academic integrity is essential to the pursuit of learning and scholarship in a university, and to ensuring that a degree from the University of Toronto is a strong signal of each student's individual academic achievement. As a result, the University treats cases of cheating and plagiarism very seriously. The University of Toronto's Code of Behaviour on Academic Matters (<http://www.governingcouncil.utoronto.ca/policies/behaveac.htm>) outlines the behaviours that constitute academic dishonesty and the processes for addressing academic offences.

Potential offences in papers and assignments include using someone else's ideas or words without appropriate acknowledgement, submitting your own work in more than one course without the permission of the instructor in all relevant courses, making up sources or facts, obtaining or providing unauthorized assistance on any assignment.

On tests and exams cheating includes using or possessing unauthorized aids, looking at someone else's answers during an exam or test, misrepresenting your identity, or falsifying or altering any documentation required by the University, including (but not limited to) doctor's notes.

**All suspected cases of academic dishonesty will be investigated by following procedures outline in the Code of Behaviour on Academic Matters.** If students have questions or concerns about what constitutes appropriate academic behaviour or appropriate research and citation methods, they are expected to seek out additional information on academic integrity from their instructors or from other institutional resources (e.g., <http://www.academicintegrity.utoronto.ca/>).

## Student Resources

**AccessABILITY Services:** The University provides academic accommodations for students with disabilities in accordance with the terms of the Ontario Human Rights Code. This occurs through a collaborative process that acknowledges a collective obligation to develop an accessible learning environment that both meets the needs of students and preserves the essential academic requirements of the University's courses and programs.

Students with diverse learning styles and needs are welcome in this course. In particular, if you have a disability/health consideration that may require accommodations, please feel free to approach me and/or the AccessAbility Services Office as soon as possible. AccessAbility Services staff (located in Rm AA142, Arts and Administration Building) are available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations. Call 416-287-7560 or email [ability@utsc.utoronto.ca](mailto:ability@utsc.utoronto.ca). The sooner you let us know your needs the quicker we can assist you in achieving your learning goals.

**Writing Centre:** The UTSC Writing Centre works with students at all stages of assignment development: from brainstorming and developing an outline to constructing introductions, body paragraphs and conclusions, to citation, referencing, editing and proofreading. They offer individual consultations as well as writing groups, workshops and clinics. Please see the website for more details: <https://www.utsc.utoronto.ca/twc/one-one-tutoring>

## Accommodation

**Religious Observances:** The University provides reasonable accommodation of the needs of students who observe religious holy days other than those already accommodated by ordinary scheduling and statutory holidays. Students have a responsibility to alert members of the teaching staff in a timely fashion to upcoming religious observances and anticipated absences and instructors will make every reasonable effort to avoid scheduling tests, examinations or other compulsory activities at these times.

Please reach out to me as early as possible to communicate any anticipated absences related to religious observances, and to discuss any possible related implications for course work.

**Time Zone Conflicts:** If you are physically in a different time zone and a quiz or midterm is scheduled outside of 7:00am to midnight in your local time, you may use the following form to request special arrangements. Note that the form is only for term work. [Final exam conflicts](#) are handled by the Registrar's Office.

The form must be submitted **at least ten (10) business days before the activity.**

Form: <https://uoft.me/PSY-TimeZone>

**Submit via email to:** Keely Hicks, Departmental Assistant, [keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)

## Missed Term Work due to Medical Illness or Other Emergency

All students citing a documented reason for missed term work must submit their request for accommodations **within three (3) business days** of the deadline for the missed work.

**Submit via email to:** Keely Hicks, Departmental Assistant, [keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)

Students must submit **BOTH** of the following:

- (1.) A completed **Request for Missed Term Work Accommodations form** (<http://uoft.me/PSY-MTW>), and
- (2.) **Appropriate documentation** to verify your illness or emergency, as described below.

### **Appropriate documentation:**

For missed **ASSIGNMENTS** or **TERM TESTS** due to **FLU-LIKE SYMPTOMS or SELF-ISOLATION REQUIREMENTS:**

- Email the Request for Missed Term Work Accommodations form ([uoft.me/PSY-MTW](http://uoft.me/PSY-MTW)) to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)), and
- **Declare** your absence on **ACORN** (Profile & Settings > Absence Declaration)

For missed **ASSIGNMENTS** due to **OTHER ILLNESS:**

- Email the Request for Missed Term Work Accommodations form ([uoft.me/PSY-MTW](http://uoft.me/PSY-MTW)) to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)), along with the Self-Declaration of Student Illness Form ([uoft.me/PSY-self-declare-form](http://uoft.me/PSY-self-declare-form)).

For missed **TERM TESTS** due to **OTHER ILLNESS:**

- Email the Request for Missed Term Work Accommodations form ([uoft.me/PSY-MTW](http://uoft.me/PSY-MTW)) to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)), along with a scan/photo of the **original** copy of the official UTSC Verification of Illness Form ([uoft.me/UTSC-Verification-Of-Illness-Form](http://uoft.me/UTSC-Verification-Of-Illness-Form)) or an **original** copy of the record of visitation to a hospital ER.
- Forms are to be completed in full, clearly indicating the start date, anticipated end date, and severity of illness. The physician's registration # and business stamp are required.
- *Note: If an end date of "ongoing" is specified, the medical note will be assumed to cover a period of **two weeks**. If no end date / an "unknown" end date is specified, the note will be assumed to cover a period of **three business days** (starting from illness start date.)*

For missed **TERM TESTS** due to **ACCESSABILITY REASONS:**

- Meet with your **AccessAbility consultant** and have them email Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) detailing accommodations required.

For missed **ASSIGNMENTS** due to **ACCESSABILITY REASONS:**

- If your desired accommodation is **within the scope** of your Accommodation Letter (ex. your letter includes "extensions of up to 7 days" and you need 1-7 more days), email the Request for Missed Term Work Accommodations form ([uoft.me/PSY-MTW](http://uoft.me/PSY-MTW)) to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)), and attach a **copy of your letter**. Specify how many days extension you are requesting in your email.
- If your desired accommodation is **outside the scope** of your Accommodation Letter (ex. your letter includes "extensions of up to 7 days" but you need more time than that) you

will need to meet with your **AccessAbility consultant** and have them email Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) detailing the accommodations required.

For missed **ASSIGNMENTS** or **TERM TESTS** in **OTHER CIRCUMSTANCES**:

Email the Request for Missed Term Work Accommodations form (<http://uoft.me/PSY-MTW>) to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)), along with:

- For the **death of a family member/friend**, provide a copy of the death certificate.
- For U of T varsity-level or professional **athletic commitments**, an email from your coach or varsity administrator should be sent directly to Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) **well in advance** of the missed work, detailing the dates and nature of the commitment.
- For **religious accommodations**, please email Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) **well in advance** of the missed work.
- For circumstances **outside of these guidelines**, please email Keely ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) **on or before the date of the test / assignment deadline** to describe your circumstances and determine appropriate documentation.

Documents covering the following situations are NOT acceptable: medical prescriptions, personal travel, weddings, personal/work commitments.

As stated above, your documents must be submitted **within three (3) business days** of the deadline for the missed work.

**After submitting your documentation:**

Within approximately one to five business days, you will receive a response from your instructor detailing the accommodations to be made (if any).

**You are responsible for checking your official U of T email and Quercus course announcements daily, as accommodations may be time-critical.**

You should continue to work on your assignments to the best of your ability, as extension accommodations may be as short as one business day, depending on the nature of the illness/emergency.

If an accommodation has been granted but you are unable to meet the conditions of the accommodation (ex. you need a longer extension, or you missed a make-up test), you will need to repeat the missed term work procedure and submit additional forms to request further accommodation. Note that in the case of a missed make-up test, an opportunity to write a second make-up test may not be provided.

Completion of this form does NOT guarantee that accommodations will be made. The course instructor reserves the right to decide what accommodations (if any) will be made. Failure to adhere to any aspect of this policy may result in a denial of your request for accommodation.

### **Missed Accommodations**

If an accommodation is granted but a continued illness/emergency prevents you from meeting the requirements of your accommodation, you must repeat the missed term work procedure to request additional accommodations.

(E.g.) If you miss a make-up midterm, you would need to submit another Request for Missed Term Work Accommodations form. If your original medical note / documentation included the date of the make-up midterm, then only the Request form is required. If the date of the make-up midterm fell outside of the dates indicated on your original medical note/other documentation, then a new medical note/other appropriate documentation must also be submitted.

### **Importance of Three Business Day window:**

If you are unable to submit your documents within the three business day window, **you must email Keely** ([keely.hicks@utoronto.ca](mailto:keely.hicks@utoronto.ca)) **within the three business day window** to explain the nature of the delay, and when you will be able to provide your documents. Exceptions to the documentation deadline will only be made under exceptional circumstances.

### **NOTE: Assignments due at end of term**

Instructors cannot accept term work any later than five business days after the last day of class. Beyond this date, you would need to file a petition with the Registrar's Office (<https://www.utscc.utoronto.ca/registrar/term-work>).

### **NOTE: Final Exams**

This policy applies only to missed assignments and term tests. Missed final exams are handled by the Registrar's Office (<http://www.utscc.utoronto.ca/registrar/missing-examination>).

## **Grade Scale**

NUMERICAL MARKS	LETTER GRADE	GRADE POINT VALUE
90 - 100%	A+	4.0
85 - 89%	A	4.0
80 - 84%	A-	3.7
77 - 79%	B+	3.3
73 - 76%	B	3.0
70 - 72%	B-	2.7
67 - 69%	C+	2.3
63 - 66%	C	2.0
60 - 62%	C-	1.7
57 - 59%	D+	1.3
53 - 56%	D	1.0
50 - 52%	D-	0.7
0 - 49%	F	0.0

Here is the link for the weekly zoom lecture: <https://utoronto.zoom.us/j/95994035069>  
Don't forget the **Passcode (857716)**. You will be added to the waiting room and I will let you in.

### Join Zoom Meeting

<https://utoronto.zoom.us/j/95994035069>

**Meeting ID: 959 9403 5069**

**Passcode: 857716**

Topic: PSYD33 LEC03

Time: Sep 10, 2020 09:00 Eastern Time (US and Canada)

Every week on Thu, until Dec 3, 2020, 13 occurrence(s)

Sep 10, 2020 09:00

Sep 17, 2020 09:00

Sep 24, 2020 09:00

Oct 1, 2020 09:00

Oct 8, 2020 09:00

~~Oct 15, 2020 09:00~~

Oct 22, 2020 09:00

Oct 29, 2020 09:00

Nov 5, 2020 09:00

Nov 12, 2020 09:00

Nov 19, 2020 09:00

Nov 26, 2020 09:00

Dec 3, 2020 09:00

Please download and import the following iCalendar (.ics) files to your calendar system.

Weekly: [https://utoronto.zoom.us/meeting/tJEkfu2orT4qHN1FqJenWk28y4ZATMa-](https://utoronto.zoom.us/meeting/tJEkfu2orT4qHN1FqJenWk28y4ZATMa-SMno/ics?icsToken=98tyKuCtpzIuGteQsB-ORowMHYr4LPTztiVfgo0Mug7PBi5kaVGuL7Z4E4ZSEZXj)

[SMno/ics?icsToken=98tyKuCtpzIuGteQsB-](https://utoronto.zoom.us/meeting/tJEkfu2orT4qHN1FqJenWk28y4ZATMa-SMno/ics?icsToken=98tyKuCtpzIuGteQsB-ORowMHYr4LPTztiVfgo0Mug7PBi5kaVGuL7Z4E4ZSEZXj)

[ORowMHYr4LPTztiVfgo0Mug7PBi5kaVGuL7Z4E4ZSEZXj](https://utoronto.zoom.us/meeting/tJEkfu2orT4qHN1FqJenWk28y4ZATMa-SMno/ics?icsToken=98tyKuCtpzIuGteQsB-ORowMHYr4LPTztiVfgo0Mug7PBi5kaVGuL7Z4E4ZSEZXj)

One tap mobile

+15873281099,,95994035069#,,,,,0#,,857716# Canada

+16132093054,,95994035069#,,,,,0#,,857716# Canada

Dial by your location

+1 587 328 1099 Canada

+1 613 209 3054 Canada

+1 647 374 4685 Canada

+1 647 558 0588 Canada

+1 778 907 2071 Canada

+1 438 809 7799 Canada

Meeting ID: 959 9403 5069

Passcode: 857716

Find your local number: <https://utoronto.zoom.us/u/abt1SYbwR6>



Join by SIP  
[95994035069@zoomcrc.com](mailto:95994035069@zoomcrc.com)

Join by H.323  
162.255.37.11 (US West)  
162.255.36.11 (US East)  
69.174.57.160 (Canada)  
Meeting ID: 959 9403 5069  
Passcode: 857716

Join by Skype for Business  
<https://utoronto.zoom.us/skype/95994035069>