

Course Outline

PSYD33H3S L01

Current Topics in Abnormal Psychology – Debates in Psychotherapy
Fall 2021

Course Meets: Mondays from 1-3pm via zoom

Zoom link: <https://utoronto.zoom.us/j/89377662907> passcode: 227153

Instructor: Dr. Shona Tritt, Ph.D., Clinical Psychologist
E-Mail: shona.tritt@mail.utoronto.ca
Webpage: <https://q.utoronto.ca/courses/228130>
Office Hours: Office hours will be held on Mondays from 8-10am on Zoom. Please read the “office hours” section below for details about my protocol for office hours.

Course Scope and Mission

This course will provide you with an overview - and enhance your understanding - of issues related to current controversies and hot topics in the field of psychotherapy. The course is structured as an undergraduate seminar, and a series of debates, intended to foster your abilities for critical thinking, engagement in academic debate, public speaking, formulating and expressing informed opinions, and academic writing.

Learning Outcomes

By the end of this course, students should be able to do the following:

1. Understand several major debates and hot topics in the field of psychotherapy.
2. Understand the methods that are used in the scientific study of clinical psychology.
3. Express one’s thoughts on major debates in clinical psychology in writing.
4. Respectfully and clearly communicate one’s thoughts on major debates in clinical psychology to others.
5. Write a study proposal.

In each class, we will survey and debate one topic that is a current controversy or hot topic in the field of psychotherapy. The debate topics are as follows:

- Should psychotherapy always come to an end?
- Is there a place for psychoanalysis in modern day treatments?
- Can therapy be effectively implemented virtually?
- Can mental illness be destigmatized?
- Does treatment modality matter?
- Is mental disorder best conceptualized as dimensions or categories?
- Is addiction best conceptualized as a brain disease?
- Should psychotherapy ever be performed while walking outdoors or only in a controlled, office-like setting?
- Is psychotherapy a science or an art?

Required & Suggested Readings

The required and suggested readings for this class come from primary journal or chapter sources. The readings for each class are provided at the end of the syllabus for each week. For your convenience, I have provided hyperlinks to quickly access each reading at the end of the syllabus for each week. However, you also have online access to these articles through the University of Toronto library and Scholar.google.com.

You are expected to read the **required** readings before coming to class each week so as to be prepared to debate the issues at hand. Although you will be provided with a brief summary of the

readings at the beginning of each class, you will find it much easier to participate in the class debates if you have had some time to formulate your opinions about the subject matter before class.

Course Webpage on Quercus

I will use Quercus to communicate with you and to post course materials such as the course syllabus, lecture slides, and etc. Quercus is also the place you go to log-on to submit your opinion papers. I recommend getting acquainted with Quercus and checking it on a regular basis throughout the semester for announcements and messages. You do not need to apply for Quercus access. If you are registered, you will automatically see this class when you log-on.

Email Policy

If you have questions or concerns, always check the course syllabus. If you don't find your answer there, please feel free to contact me at shona.tritt@mail.utoronto.ca. My policy is to respond to emails within 2 working days of receipt.

Office hours

I welcome you to visit me during online office hours, which are held on Mondays from 8am-10am. I am happy to use this time to address any of your questions or concerns, to offer feedback on your performance in the course, to discuss strategies for improvement, or to have a casual chat about psychology or about career prospects. However, I ask that you **please send me an email at least 24-hours before office hours to let me know that you would like to book an appointment, and give me a heads up about the issue(s) that you would like to address.** This will allow me to prepare for our appointment, when necessary, and it will also serve to prevent line-ups from forming during office hours as **I will book students into 15-minute uninterrupted time-slots.** Given that my office hours tend to get very busy and the 15-minute time-slots are often fully filled, I ask that you please let me know if you would like to cancel your appointment with me, giving as much notice as you can so that I can offer the time-slot to another student. **Office hours will take place on Zoom at this link: <https://utoronto.zoom.us/j/83705528007> (passcode: 227153)**

Evaluation and Grades

Grades are a measure of the performance of a student in individual courses. Each student shall be judged on the basis of how well he or she has command of the course materials.

	Marks	Due Dates
Participation	20%	Every class that a debate is hosted
Opinion papers	30%	Due before every class that a debate is hosted
Hosting a debate	20%	TBA
Final paper	30%	1pm on December 6 th

COURSE FORMAT AND EXPECTATIONS

Participation (20%)

As a special topics seminar, this class is structured primarily around class discussion. Thus, it is imperative that students actively participate. This will make learning more interactive and longer lasting. It will also allow you to enhance your communication and public speaking skills.

I expect you to participate in class debates – making at least one comment per class. Your grade will be based on how well you appear to grasp the course material, think critically about the material, and express your thoughts and opinions on a topic. It is therefore very important that you come to class prepared to debate and to articulate your thoughts. The best way to prepare is to read the required readings, formulating your opinions about the articles and about the debate in general, before coming to class. I suggest that you read about the debate of the week at the end of the course syllabus before reading the articles. This will help you to focus on what's important for our purposes while reading. Writing an opinion piece will also help you to formulate your opinions on the debate topic, fostering high-level participation in class.

With this course, I hope to inspire greater cognitive flexibility and openness to new ideas. In service of this goal, you will **not** be permitted to choose the side of the debate that you will be arguing in support of. The “for” and “against” positions will be determined at random during class immediately before the debate. This means that you will sometimes have to argue for a position that you do not personally endorse.

I recognize that many of you may struggle with shyness and social anxiety at the prospect of speaking in class. If so, I encourage you to try to use this class as an opportunity to push yourselves to face this fear. According to the principles of habituation, you should get used to speaking in class with practice and your anxiety should diminish over time. Please feel free to speak with me, and with accessibility services, if you are struggling with significant anxiety about class participation. On a related note, I urge you to please make it easier for your classmates to speak up by being respectful of their opinions and by being supportive of each other.

I will keep a record of participation for each class in which a debate takes place. Your grade will be based upon the following criteria: Arriving on time (10%); speaking at least once per class (20%); demonstrating good understanding of the material (40%); displaying critical thinking and/or original insight (30%).

Please note that I assume that many of you will have to miss a class from time to time, I will therefore not penalize you for missing one class or for being late once. If this happens once, I will omit the lateness or not include the one missed class towards your participation grade. However, if you have already missed one class and do not show up (and you have not submitted appropriate documentation as specified in the “Missed Term Work due to Medical Illness or Emergency” section below), then you will be given a participation mark of 0% for that class.

Opinion papers (30%)

In order to facilitate participation and high-level discussion, I ask that you prepare a summary of your opinions about the debate topic as they relate to the required readings each week. This assignment is intended to get you thinking about the material, so that you will have something to contribute during class discussions. I suggest that you summarize the main points in the required readings, indicate how they relate to the debate topic of the week, and formulate your opinion about the debate topic.

Your responses will be graded. Your mark will be based upon your ability to: 1) show that you understand the required readings and their relation to the debate topic (40% of your mark), 2) write a clear, well-written, and well-structured response (35% of your mark), and 3) demonstrate critical thinking (25% of your mark).

- Papers should be turned in on Quercus (you will be able to access the submission cite by clicking on the “assignments” tab or from the module of the debate) before 1pm on the day of class (*they will not be accepted late*).

- If there is any uncertainty as to whether your paper has been properly submitted, please also email it to me before the deadline at shona.tritt@mail.utoronto.ca
- Papers should be a maximum of **500 words**. I will deduct marks if your paper is over the word limit. *I will deduct 1% per extra word*. In-text citations will count towards the word limit but out-of-text citations in a separate reference list will not.

The final grade that you receive on your opinion papers will be composed of the average of the 6 most highly graded opinion papers that you submit. This means that you are only required to submit 6 opinion papers but if you submit more, I will only include your 6 best papers when calculating your final mark.

*You should not submit an opinion paper the week that you are hosting a debate.

**Opinion papers should be submitted on Quercus before class begins on the day that they are due. They will not be accepted late.

The Writing Centre supports student learning at any stage in the writing process, from planning an outline to polishing a final draft. Their services include online resources, virtual drop-in hours, one-on-one consultations, and writing workshops. Information can be found at:

<http://ctl.utsc.utoronto.ca/twc/main>

The Centre for Teaching and Learning (CTL) is also available to support you in your writing, English language, and professional development needs. It offers online tutoring and consultations and has a variety of helpful online resources. For more information, please visit CTL's Academic Learning Support site at <http://uoft.me/AcademicLearningSupport>

Hosting a debate (20%)

Every student will be asked to host a debate in teams of 2-3 people. In the first class, I will provide you with a brief overview of all of the topics of debate and will then administer a questionnaire in which I will ask you to indicate your preferred topics. I will do my best to match as many people as possible with their preferred topic. Unfortunately, I cannot guarantee that everyone will get their first choice, but I'll do my best. Your team will be determined by me as I try to match as many people as possible with their preferred topic.

I would like you to host the debate in the following format:

- I would like you to start off with a presentation that introduces the debate, setting us up so that everyone understands the issues at hand.
 - o I would like you to present the historical and/or practical importance of the debate topic, as well as to summarize, briefly, the major themes or findings from the required and the suggested readings.
 - o You should not present detailed arguments in favor of one position or another because that's what your classmates are getting participation marks for, and you'll want to leave them time to debate.
 - o This presentation should take approximately 20-minutes.
 - o You may choose to use visual aids such as a powerpoint presentation, video demonstration, or handouts, for example.
- This presentation will be followed by hosting a class debate in which you will ask questions to the class related to their opinions on the issues at hand, and moderate the discussion.

- For this portion of the debate, half of the class will be randomly assigned to argue in favor of the position and the other half will be randomly assigned to argue against it.
 - Students will raise their hands in zoom when they have something to say. The hosts will call on students to speak – try to call on those who haven't yet had a chance to speak to ensure that everyone gets a turn.
 - You should actively moderate the class discussion by summarizing students arguments and turning our attention to relevant, unconsidered issues by asking follow-up questions.
 - If students have nothing more to say and I feel that an important point hasn't been raised, I may jump into the discussion.
- Once there are no further arguments to be made or questions to be asked, I would like the hosts to check-in with the class to inquire about their personal opinions about the debate topic. The hosts will then see if we can come to some kind of consensus or resolution about the debate.
 - At the end, I will pose some additional discussion points to encourage you to think about how the debate topic relates to current issues in psychotherapy, and to our understanding of clinical psychology and/or to the world.

Your mark for hosting a debate will be based on the following criteria: Demonstrating an in-depth understanding of the topic of debate (40%); putting together a coherent presentation that clearly outlines the issues at hand for the other students (40%); respectfully and effectively hosting the class discussion in a way that promotes critical thought (20%).

You may or may not get the same mark as your teammates in hosting the debate. If it seems as though one person is better prepared than another, the better-prepared individual will obtain a higher mark. I urge you to try to split the work – and presentation time -- into approximately equal proportions among team-members.

Please note that tardiness to your own presentation is unacceptable as it will have a negative impact on the whole class. Starting your presentation late will therefore have a powerfully negative impact on your ability to do well, and this will be reflected in your mark.

You are welcome to work together using any means convenient to you and your group members. If you'd like, you are welcome to use the University of Toronto zoom account, which can be accessed at this link: <https://utoronto.zoom.us/>

If one individual must miss class on the day of their presentation, I will post an announcement to see if another team is willing/able to switch presentation dates. If this happens last-minute and no other team is willing/able to present on that day, then the other team-members will present without the missing student. If the missing student shows appropriate documentation (see "Missed Term Work due to Medical Illness or Emergency" section below), their grade will be re-weighted such that their participation will be worth 23% of their final grade, their opinion papers will be worth 33%, and their final paper will be worth 44% of their final grade.

A note about social loafing on group work:

This course assumes that you will have the maturity and the good faith to engage group work with a positive attitude, a respect for your colleagues, and a willingness to pull your weight. A failure to adopt one or more of those features can result in a compromised group situation, which may have deleterious effects on all group members. Consider some of the tips below to reduce the likelihood of social loafing.

1. Don't wait until the last minute to prepare. Quality, well-coordinated presentations take time and given that everyone has different demands on their time, you need to plan ahead and plan accordingly.
2. Everyone needs to have a say. When group members feel unheard or disrespected, they disengage and produce less than their potential. Ensure that everyone's voice is heard and is part of the process. This doesn't mean everyone gets their way, but rather that the process is fair and inclusive.
3. Discuss each other's interests and work to reasonably accommodate those interests (wherever possible). People tend to work harder and perform better when they are motivated to take something on, something incredibly useful and important to harness when relying on others for produce an elevated product.

However, despite very good intentions, there are cases where people refuse to reasonably pull their weight. In the event that this is happening and you have already made clear and reasonable efforts to address it, you should contact Dr. Tritt. Be prepared to produce documentation showing your group's attempts to coordinate and work with the individual (i.e., multiple meetings scheduled but not attended, failure to produce promised work on a fair timeline). Such cases will be dealt with on a one-by-one basis and various outcomes are possible, including meeting with Dr. Tritt, a mediation by Dr. Tritt with the entire group, a complete reassessment of group work to more accurately reflect the effort given, a mark penalty commensurate to the infraction, and/or expulsion from the group and the assignment of a comparable assignment to make up that part of the grade.

What happens if we have to miss a class? It's possible that we might have to miss a class (e.g., due to some unforeseen circumstance such as if I were to fall ill). If a class must be missed then the group that was scheduled to present at that class will be asked to film themselves giving the presentation (either all together or separately – whatever they would prefer) and I will then upload this presentation to Quercus. This will allow the group to host the debate virtually, posting and responding to discussion questions in an online discussion forum on Quercus. The class will have 1-week to participate in this discussion once the presentation has been posted. Grades will be allotted for participation and hosting the debate as usual. There will be no extensions for opinion papers.

Final paper (30%)

You will be asked to write a paper (6-7 pages, double-spaced). In this paper, I would like you to summarize one debate that was discussed in class and to propose a novel study that would help to resolve some aspect of the debate. The study that you propose does not have to be easy to run – i.e., feel free to imagine that you have millions of dollars in resources, several decades to work on it, and no need to consider ethical ramifications. Please make sure to state your expected findings and to explain precisely what each of the possible findings in the proposed study would mean in terms of resolving the aspect of the debate at hand. Though not required, you will likely want to do some additional research on your topic and on Clinical Psychology methods, beyond what was presented in class.

You will be expected to use APA style formatting. Additionally, I ask that you strive for coherent, logical, and carefully edited academic writing. Your paper should include the following sub-sections: introduction, overview of proposed study, study methods, possible results, and conclusion.

Your mark on the paper will be based upon your ability to 1) propose a novel study that could meaningfully inform a current debate in the field of clinical psychology (40% of mark), 2) write a clear, well-written, and well-structured paper, using APA style (40%), and 3) originality and level of critical thinking (20%).

Late Assignments: The final paper is due at the start of the final class (1pm). Late assignments will be accepted with a penalty of 10% for every day (after class begins counts as a day) that the assignment is late.

You should submit your paper on Quercus in the assignments tab before 1pm on the day of our last class.

The Writing Centre supports student learning at any stage in the writing process, from planning an outline to polishing a final draft. Their services include online resources, virtual drop-in hours, one-on-one consultations, and writing workshops. Information can be found at:

<http://ctl.utsc.utoronto.ca/twc/main>

The Centre for Teaching and Learning (CTL) is also available to support you in your writing, English language, and professional development needs. It offers online tutoring and consultations and has a variety of helpful online resources. For more information, please visit CTL's Academic Learning Support site at <http://uoft.me/AcademicLearningSupport>

Sharing/distributing test content & other course content

Please be aware that you are strictly prohibited from sharing or distributing the content of this course in any way. Lectures and course materials prepared by the instructor are considered by the University to be an instructor's intellectual property covered by the Copyright Act, RSC 1985, c C-42. Course materials such as PowerPoint slides and lecture recordings are made available to you for your own study purposes. These materials cannot be shared outside of the class or "published" in any way. Posting recordings or slides to other websites without the express permission of the instructor will constitute copyright infringement.

Asking for Increased Grades, Extra Credit Assignments, "rounding-up", or Other Extenuating Circumstances:

While I understand and empathize with the extreme pressures that students are under to achieve certain grades in order to meet their goals in life, please note that it would be unethical to offer extra credit assignments, increased grades, rounded-up grades, etc. to some students and not others. For this reason, I am not permitted by the University to manipulate certain individual student's grades, or to stray from the course syllabus in any way when allotting grades or extra credit opportunities. Please do not ask me to offer you any special opportunities or increased grades that are not offered to all students in the class and indicated in the course syllabus as I will not respond to such requests.

Psychology Department Missed Term Work Policy, FALL 2021

For missed term work due to illness, emergency, or other mitigating circumstances, please follow the procedures outlined below.

- The following reasons are not considered sufficient for missed term work: travel for leisure, weddings, personal commitments, work commitments, human error.
- Missed Final Exams are handled by the Registrar's Office and should be declared on eService: <http://www.utsc.utoronto.ca/registrar/missing-examination>
- 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.utsc.utoronto.ca/registrar/term-work>

Accommodations for Illness or Emergency:

For missed work due to ILLNESS OR EMERGENCY, complete the following **three-step** process:

1. Complete the **Request for Missed Term Work Accommodations Form** (<http://uoft.me/PSY-MTW>)
2. **Declare your absence** on **ACORN** (Profile & Settings > Absence Declaration)
3. **Email both the Request for Missed Term Work Accommodations Form AND a screenshot of your Self-Declared Absence on ACORN** to me on the course syllabus **WITHIN 2 BUSINESS DAYS** of the missed work.

Note: If you are unable to submit your documents within 2-business days, **you must still email your instructor within the 2-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: For this semester, we do not require any additional supporting documentation (e.g. medical notes) to support your missed term work accommodation request.

Accommodations for Academic Conflicts:

For missed term work due to an ACADEMIC CONFLICT (i.e. two midterms scheduled at the same time), please complete the following process:

1. Complete the **Request for Missed Term Work Accommodations Form** (<http://uoft.me/PSY-MTW>), choosing “Other” and explaining the conflict in the space provided.
2. Take screenshots of your course homepages that demonstrate the conflict.
3. Email the form and screenshots to your course instructor **at least two weeks (10 business days) before the date of the activity**, or as soon as possible if it was not possible to identify the conflict earlier.

Note: Multiple assignments due on the same day are not considered conflicts. Accommodations may only be possible in the case of quizzes and tests that are both scheduled during the same discrete period. Back-to-back tests/quizzes are not considered conflicts.

Note: Students are responsible for keeping their course timetables conflict-free. Students who choose to register in two synchronous courses with overlapping lecture/tutorial/lab schedules may not necessarily be accommodated.

Accommodations for Religious Conflicts:

For missed term work due to a RELIGIOUS CONFLICT, please complete the following process:

1. Complete the **Request for Missed Term Work Accommodations Form** (<http://uoft.me/PSY-MTW>), choosing “Other” and noting “Religious conflict” in the space provided.
2. Email the form to your course instructor **at least two weeks (10 business days) before the date of the activity**, or as soon as possible if it was not possible to identify the conflict earlier.

Accommodations for 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, please complete the following process:

1. Complete the **Time Zone Conflict Form** (<https://uoft.me/PSY-TimeZone>), and
2. Email the form to your course instructor **at least two weeks (10 business days) before the date of the activity**, or as soon as possible, if it was not possible to identify the conflict earlier.

Accommodations for Students Registered with AccessAbility Services:

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

- **Contact your AccessAbility consultant** and have them email your instructor detailing accommodations required.

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

- If your desired accommodation is **within the scope** of your Accommodation Letter (e.g. your letter includes “extensions of up to 7 days” and you need 3 days):
 1. Complete the **Request for Missed Term Work Accommodations Form**.

2. Email the form and your **Accommodation Letter** to your instructor, specifying how many days extension you are requesting.
- If your desired accommodation is **outside the scope** of your Accommodation Letter (e.g. your letter includes “extensions of up to 7 days” but you need more time than that):
 1. **Contact your AccessAbility consultant** and have them email your instructor detailing the accommodations required.

Accommodation Procedure:

After submitting your documentation, you will receive a response from your instructor or TA. This form does not guarantee that you will be accommodated. 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. **You are responsible for checking your official U of T email and Quercus course announcements daily**, as accommodations may be time-critical.

For missed assignments, **do not wait for an instructor response to resume work on your assignment**. Extension accommodations may be as short as one business day, depending on the nature of the illness/emergency. You should complete your assignment as soon as you are able and email it your instructor.

For an anticipated event (e.g. scheduled surgery or an illness with a prolonged recovery period), submit a [Verification of Illness Form](#) completed by your doctor, AND this form to your instructor if you would like to request accommodations in advance of the assignment deadline or midterm date. **Declare your future absence on ACORN (absences can be declared up to 14 days in the future)**.

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. **Please make it clear in your subject line that you are requesting a second accommodation**. For example, if you are given an extension but are still sick and need more time, or if you miss a make-up midterm, you must submit another request ‘Missed Term Work Accommodations’ form and declare your extended absence on ACORN. ***Note: In the case of a missed make-up test, an opportunity to write a second make-up test may not be provided.

Failure to adhere to any aspect of this policy may result in a denial of your request for accommodation.

Accessibility:

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 Accessibility Services Office as soon as possible. I will work with you and Accessibility Services to ensure you can achieve your learning goals in this course. Enquiries are confidential. The UTSC Accessibility Services staff (located in S302) are available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations (416) 287-7560 or ability@utsc.utoronto.ca.

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, but are not limited to:

- 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.
- Making up sources or facts.
- Obtaining or providing unauthorized assistance on any assignment.

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

Note:

You may see advertisements for services offering grammar help, essay editing and proof-reading. Be very careful. If these services take a draft of your work and significantly change the content and/or language, you may be committing an academic offence (unauthorized assistance) under the Code of Behaviour on Academic Matters.

It is much better and safer to take your draft to the Writing Centre as early as you can. They will give you guidance you can trust. Students for whom English is not their first language should go to the English Language Development Centre.

If you decide to use these services in spite of this caution, you must keep a draft of your work and any notes you made before you got help and be prepared to give it to your instructor on request.

Weekly Schedule

Session/ Date	Topic	Readings
Session # 1: Sept. 13	Overview of the course	<p>In this class, I will provide an overview of the course.</p> <p>I will also briefly outline the debates that will be covered throughout the course.</p> <p>Finally, I will administer a questionnaire, asking you to indicate your preferences for hosting a topic of debate. I will then do my best to match people with topics that interest them.</p> <p><i>There are no required or suggested readings for this lecture.</i></p>
Session # 2: Sept. 20	Intro to scholarly discourse. Question and answer period about the upcoming debates and paper.	<p>In this class, I will provide guidelines for how to write an academic paper, and how to engage in the debates that will be hosted.</p> <p>We will also have guest lectures from librarian Sarah Guay (who will provide tips for doing literature searches) and from Dr. Sarah King (who will provide tips on learning to effectively read scholarly articles).</p> <p>Please prepare any questions that you might have about how to successfully host a debate, how to participate effectively, and how to go about writing the final paper.</p> <p>Suggested readings:</p> <p><u>University of Toronto Library: Essential Research Skills</u>; <u>University of Toronto Scarborough: The Writing Centre: The Writing Process</u></p>
Session # 3: Sept. 27	<p>Should psychotherapy always come to an end?</p> <p>Helping a client to meet their treatment goals is the aim of psychotherapy. Once a client and therapist collaboratively agree that the treatment goals have been met, it is therefore commonly thought that the therapeutic work should be phased out in a planned and thoughtful manner. Indeed, the APA ethics standard 10.10 relating to “Terminating Therapy” specifies that Psychologists should “terminate therapy when it becomes</p>	<p>Required reading:</p> <p>Jakobsons, L.J., Brown, J. S., Gordon, K. H., & Joiner, T. E. (2007). <u>When are clients ready to terminate?</u> <i>Cognitive and Behavioral Practice</i>, 14, 218–230.</p> <p>Suggested readings:</p> <p>Knekt, P., Virtala, E., Härkänen, T., Vaarama, M., Lehtonen, J., & Lindfors, O. (2016). <u>The outcome of short- and long-term psychotherapy 10 years after</u></p>

	<p>reasonably clear that the client/patient no longer needs the service....” This is thought to be an ethical practice so that the client can learn to function well independently from the therapist. On the other hand, many psychologists note that some clients enjoy the therapeutic process and find it to be a useful means of continuously progressing in their development. Given that mental health tends to exist along a spectrum, rather than as a categorical distinction, some might argue that it makes more sense to allow clients to continuously progress in developing their abilities to understand themselves and learn to develop mastery over their psyches. Should psychotherapy come to an “end” or should there be a place for psychotherapy to be an ongoing practice? I look forward to hearing your thoughts.</p>	<p>start of treatment. <i>Psychological medicine</i>, 46, 1175-1188.</p> <p>Lindfors, Ol., Knekt, P., Heinonen, E., Härkänen, T., & Virtala, E. (2014). The effectiveness of short- and long-term psychotherapy on personality functioning during a 5-year follow-up. <i>Journal of affective disorders</i>, 173, 31-38.</p>
<p>Session # 4: Oct. 4</p>	<p>Is there a place for psychoanalysis in modern day treatments?</p> <p>In the late 19th century, Sigmund Freud, arguably the most famous psychologist in history, developed an all-encompassing theory of the mind and a method of helping people change known as psychoanalysis. Psychoanalysis is based on the assumption that unconscious conflicts lie at the root of psychological issues, and that people can be cured with insight – that is to say, by making people aware of their previously unconscious thoughts and motivations. Psychoanalysis is one of the most influential approaches in the field of psychology. However, it’s current status is a contentious issue. Psychoanalysis has been criticized extensively based on its poor empirical validation, among other issues. Indeed, many have argued that many psychoanalytic ideas are so vague that they cannot even be tested. Additionally, many elements of the theory have been tested and have been found to be inaccurate. Many, if not most, modern day psychologists consequently believe that psychoanalysis is a treatment of the past and is only relevant insofar as it is historically relevant. Nevertheless, many psychoanalytically informed theorists and researchers have revised and developed some of the original psychoanalytic ideas and believe that these more modern “psychodynamic” treatments are incredibly useful, and may even be more useful than short term, evidence-based treatment such as CBT. What do you think? Is there a place for psychoanalysis in modern day treatments? I look forward to hearing</p>	<p>Required readings:</p> <p>Fonagy, P., Lemma, A., Salkovskis, P., & Wolpert, L. (2012). Psychoanalysis: does it have a valuable place in modern mental health services? <i>BMJ: British Medical Journal</i>, 344, 18-19.</p> <p>Paris, J. (2017). Is Psychoanalysis Still Relevant to Psychiatry?. <i>Canadian journal of psychiatry</i>, 62, 308-312.</p> <p>Suggested reading:</p> <p>Fonagy, P. (2003). Psychoanalysis today. <i>World Psychiatry</i>, 2, 73-80.</p> <p>Holmes, J. (2021). Friston's free energy principle: new life for psychoanalysis?. <i>BJ Psych Bulletin</i>, 1-4.</p> <p>Leichsenring, F. & Rabung, S. (2008). Effectiveness of Long-term Psychodynamic Psychotherapy: A Meta-analysis. <i>JAMA : the journal of the American Medical Association</i>, 300, 1551-1565.</p>

	your thoughts.	
Oct. 11	No class – winter break!	
Session # 5: Oct. 18	<p>Can therapy be effectively implemented virtually?</p> <p>The COVID-19 pandemic caused a massive shift towards the virtual - as opposed to in-person - delivery of psychotherapy. In just a matter of weeks, approximately 80% of therapists in North America made a transition to implement virtual therapy into their practice, as opposed to just about 30% of therapists prior to the pandemic (Sammons et al., 2020). Many believe that this is a good thing as virtual service delivery has made therapy more accessible to those who live in remote areas with limited access to mental health professionals. Additionally, many therapists and clients alike find virtual therapy to be both comfortable and convenient. However, some have expressed concerns. For instance, the virtual format makes it difficult to guarantee client confidentiality. Dealing with a crisis situation can also be complex given the lack of control over the circumstances and where the client physically is at a time of crisis. Unforeseen boundary issues have also been raised by the nature of virtual work, and the accessibility of the format. Perhaps the most commonly expressed reason for skepticism is uncertainty about whether a strong therapeutic alliance can effectively be built in an online format. The debate is still out on the extent to which virtual therapy is as effective as in-person therapy. I look forward to hearing your thoughts.</p>	<p>Required readings:</p> <p>Simpson, S., Richardson, L., Pietrabissa, G., Castelnuovo, G., & Reid, C. (2021). Videotherapy and therapeutic alliance in the age of COVID-19. <i>Clinical psychology and psychotherapy</i>, 28, 409-421.</p> <p>Suggested readings:</p> <p>Drum, K. B. & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. <i>Psychological research - Frontiers in Psychology</i>, 45, 309-315.</p> <p>Reese, R. J., et al. (2016). The effects of telepsychology format on empathic accuracy and the therapeutic alliance: An analogue counselling session. <i>Counselling and Psychotherapy Research</i>, December, 16, 256–265.</p> <p>Varker, T., et al. (2019). Efficacy of Synchronous Telepsychology Interventions for People With Anxiety, Depression, Posttraumatic Stress Disorder, and Adjustment Disorder: A Rapid Evidence Assessment. <i>Psychological services</i>, 16, 621-635.</p>
Session # 6: Oct. 25	<p>Can mental illness be destigmatized?</p> <p>Mental illness is stigmatized in nearly every culture. Stigma leads individuals to be less likely to seek mental health care and support from others, and may lead individuals to feel devalued by society, potentially exacerbating their mental health issues. Efforts have been made in recent years to raise awareness and acceptance of mental health, yet stigma remains. This is perhaps not surprising insofar as fighting stigma about any issue tends to be complex and challenging. For instance, even when members of society come to understand that it is not ethical or appropriate to stigmatize members of certain groups, they will</p>	<p>Required Readings:</p> <p>Corrigan, P. W. (2006). Mental Health Stigma as Social Attribution: Implications for Research Methods and Attitude Change. <i>Clinical Psychology Science and Practice</i>, 7, 48-67.</p> <p>Haslam, N. & Kvaale, E. (2015). Biogenetic Explanations of Mental Disorder: The Mixed-Blessings Model. <i>Current Directions in Psychological Science</i>, 24, 399-404.</p> <p>Suggested readings:</p> <p>Angermeyer, M. C., et al. (2011). Biogenetic</p>

	<p>often then try to suppress stereotypes, which tends to lead to a rebound effect that can paradoxically worsen negative associations and discrimination (see Monteith et al., 1999). Fighting the stigma of mental illness may be particularly complex because of beliefs about the controllability of mental illness (Corrigan, 2000). Those who believe that mental health is controllable tend to feel more shame and guilt when they struggle with their mental health, and to judge others more for their mental health, as compared to those who believe that mental health is not controllable. Biological explanations for mental health issues tend to lead to a reduced sense of their controllability, and therefore, efforts have been made to portray mental health as being biologically-based (like physical health) in the hopes of reducing stigma. However, numerous studies have suggested that biogenetic causal attributions of mental illness are not associated with more tolerant attitudes – in fact, they may lead to stronger rejection of those who suffer from mental illness (Angermeyer et al., 2011). Thus, the increasing focus on the biological basis of mental health has not successfully reduced the stigma associated with it. As you can see, mental health stigma is an exceedingly complex issue, which has led many to feel discouraged in the fight against it. Please draw from the required/suggested readings, in addition to other studies & theories that you have learned about, to debate the extent to which (and why) you believe that mental health stigma can be reduced.</p>	<p>explanations and public acceptance of mental illness: systematic review of population studies. <i>The British Journal of Psychiatry</i>, 199, 367–372.</p> <p>Maunder, R. D & White, F. A. (2019). Intergroup contact and mental health stigma: A comparative effectiveness meta-analysis. <i>Clinical psychology review</i>, 72, 101749-101749.</p> <p>Monteith, M. J., Sherman, J. W., & Devine, P. G. (1998). Suppression as a stereotype control strategy. <i>Personality and social psychology review</i>, 2, 63-82.</p>
<p>Session # 7: Nov. 1</p>	<p>Mid-term paper-writing review class</p>	<p>Instead of having a debate this class, every student will come to class prepared to talk about their ideas about what they will write about in their final paper. Please prepare to talk about your idea for a 5-10 minutes each and we will discuss as a class.</p>
<p>Session # 8: Nov. 8</p>	<p>Does treatment modality matter?</p> <p>Psychologists have been debating about which treatment modalities are most effective since the origin of the field - and the practice of - psychotherapy. Cognitive behavioural therapies have fallen into favor over the last several decades, becoming the most commonly used treatment in North America, because so many believe that these therapies are more effective and evidence-based than other treatment modalities. Cognitive behavioural therapy came into favour because early meta-analytic research supported the conclusion that it was more</p>	<p>Required Readings:</p> <p>Baardseth, T. P., et al. (2013). Cognitive-behavioral therapy versus other therapies: Redux. <i>Clinical Psychology Review</i>, 33, 395–405.</p> <p>Tolin, D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. <i>Clinical Psychology Review</i>, 30, 710–720.</p> <p>Suggested Readings:</p>

	<p>effective than other treatment modalities, at least to some extent (e.g., Shapiro & Shapiro, 1982; Smith & Glass, 1977). However, more recently, several meta-analyses have failed to find support for the idea that cognitive behavioural therapies are more effective than other treatments (e.g., Baardseth et al., 2013). These more recent meta-analyses have led some psychologists to argue that factors common to all treatment modalities such as, for instance, the therapeutic alliance, are what best predict treatment response in psychotherapy. Does treatment modality matter? I look forward to hearing your thoughts.</p>	<p>Cuijpers, P. et al. (2019). The Role of Common Factors in Psychotherapy Outcomes. <i>Annual Review of Clinical Psychology</i>, 15, 207-231.</p> <p>David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioural therapy is the current gold standard of psychotherapy. <i>Frontiers in Psychiatry</i>, 9, 4.</p> <p>Wampold, B. E. (1997). A Meta-Analysis of Outcome Studies Comparing Bona Fide Psychotherapies: Empirically, "All Must Have Prizes". <i>Psychological bulletin</i>, 122, 203–215.</p>
<p>Session # 9: Nov. 15</p>	<p>Is mental disorder best conceptualized as dimensions or categories?</p> <p>Canada currently uses a categorical system to diagnose psychopathology – the Diagnostic & Statistical Manual – V (APA). Such a categorical system offers a clear means of diagnosis in which clinicians and researchers search for the presence or absence of sets of symptoms to determine whether individuals meet criteria for certain disorders. Proponents of this system argue that diagnostic categories are highly practical, making it easy to communicate about psychopathology, and to make decisions about interventions. While the system is clear and straightforward, there are significant downsides to a categorical approach to diagnosis. For instance, individuals with the same diagnosis can have a remarkably different symptom presentation. For this reason, many clinicians do not find DSM categories to be particularly useful in informing treatment. Instead, many have argued that a hierarchical dimensional model to psychiatric classification would be more in tune with what we know about the nature of psychopathology. Those individuals believe that by cataloguing psychopathology in terms of dimensions as opposed to categories, issues of arbitrary boundaries between disorders, within-disorder heterogeneity, comorbidity, and the unreliability of traditional diagnoses would be addressed. Do you believe that mental disorder is best conceptualized as dimensions or categories? I look forward to hearing your thoughts.</p>	<p>Required Readings:</p> <p>Galatzer-Levy, I. R., & Bryant, R. A. (2013). 636,120 ways to have posttraumatic stress disorder. <i>Perspectives on Psychological Science</i>, 8, 651-662.</p> <p>Kotov, R., Krueger, R. F., & Watson, D. (2018). A paradigm shift in psychiatric classification: the Hierarchical Taxonomy Of Psychopathology (HiTOP). <i>World Psychiatry</i>, 17, 24.</p> <p>Suggested Readings:</p> <p>Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., & Reed, G. M. (2017). Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health’s Research Domain Criteria (RDoC). <i>Psychological Science in the Public Interest</i>, 18, 72-145.</p>
<p>Session # 10: Nov. 22</p>	<p>Is addiction best conceptualized as a brain disease?</p> <p>Over the last two decades, much research has explored the idea that addiction is a disease of the</p>	<p>Required Readings:</p> <p>Satel, S. & Lilienfeld, S. O. (2014). Addiction and the brain-disease fallacy. <i>Frontiers in Psychiatry</i>, 4, 1-11.</p>

	<p>brain – that it is best explained by neurobiological differences in neuro-circuitry rather than a choice to abuse substances. The disease model of addiction is relatively well-accepted in North America. Indeed, the 12-step program, which promotes the idea that addiction is a disease that cannot be “cured”, is the most widely known and widely available rehabilitation program in North America. Many believe that the notion that addiction is a brain disease has helped dramatically to reduce the stigma associated with addiction, based on the idea that it is rooted in neurobiology rather than moral failing and a lack of willpower. On the other hand, several notable researchers in recent years, including Professor Marc Lewis, have argued that there are cracks in the foundation of the evidence-base for the disease model of addiction. The disease model assumes that neurobiological differences represent “disease”. However, because nearly any experience changes the brain, some argue that it is nonsensical to make inferences about disease based on findings of brain differences. Satel & Lilifeld (2014) argue that the disease model is not only scientifically inaccurate but also does harm in that “biogenetic explanations” may lead to pessimism, loss of feelings of agency, and stereotyping. What do you think? Is addiction best described as a disease? I look forward to hearing your thoughts.</p>	<p>Volkow, N. D., Koob, G. F., & McLelland, A. T. (2016). Neurobiologic Advances from the Brain Disease Model of Addiction. <i>The New England Journal of Medicine</i>, 374, 363-371.</p> <p>Suggested reading:</p> <p>Pukish King, M. & Tucker, J. A. (2000). Behavior Change Patterns and Strategies Distinguishing Moderation Drinking and Abstinence During the Natural Resolution of Alcohol Problems Without Treatment. <i>Psychology of Addictive Behaviors</i>, 14, 48–55.</p> <p>Marc Lewis in Scientific American: https://blogs.scientificamerican.com/observations/why-the-disease-definition-of-addiction-does-far-more-harm-than-good/</p> <p>Recommended podcast: Is addiction a disease? Two experts weigh in on the issue. Debate with George Koob & Marc Lewis, CBC radio, 9 July 2016</p>
<p>Session # 11: Nov. 29</p>	<p>Should psychotherapy ever be performed while walking outdoors or only in a controlled, office-like setting?</p> <p>An impressive research-base has accumulated suggesting that exercise has immense therapeutic benefits. In this context, there has been increasing interest in the practice of “walk & talk” therapy – psychotherapy conducted while walking outdoors. This new practice appears to have some potential value. For instance, clients may find it easier to open-up while walking side-by-side as opposed to face-to-face while seated in an office. Exercise such as walking is associated with neurobiological and cardiovascular benefits that may reduce states of anxiety & depression, making it easier to address difficult topics that can be challenging to discuss. Walking may also facilitate creativity & flexibility of thought, which can aid in the therapy process. Some individuals, particularly those who struggle with ADHD, may also find it easier to focus for an hour while engaged in movement as</p>	<p>Required readings:</p> <p>Jordan, M. & Marshall, H. (2010). Taking counselling and psychotherapy outside: Destruction or enrichment of the therapeutic frame? <i>European Journal of Psychotherapy and Counselling</i>, 12, 345-359.</p> <p>Schuch, F. B., Vancampfort, D., Richards, J., Rosenbaum, S., Ward, P. B., & Stubbs, B. (2016). Exercise as a treatment for depression: a meta-analysis adjusting for publication bias. <i>Journal of psychiatric research</i>, 77, 42-51.</p> <p>Suggested readings:</p> <p>Callaghan, P. (2004). Exercise: a neglected intervention in mental health care? <i>Journal of Psychiatric and Mental Health Nursing</i>, 11, 476–483.</p>

	<p>opposed to sitting. On the other hand, some therapists have concerns about moving the therapy process into untraditional spaces – particularly uncontrolled spaces such as the outdoors. Boundaries are fundamental to the therapeutic process and there are innumerable potential boundary violations that can occur when walking outdoors such as, for instance, bumping into people that are known to either the therapist or client. Additionally, confidentiality cannot be assumed when outdoors, and clients may not feel entirely comfortable expressing emotion without the guarantee of confidentiality and without the possibility of eyes from others on them. What do you think? I look forward to hearing your thoughts.</p>	<p>Revell, S. & McLeod, J. (2016). Experiences of therapists who integrate walk and talk into their professional practice. <i>Counselling and Psychotherapy Research</i>, 16, 35–43.</p> <p>Revell, S. & McLeod, J. (2017). Therapists' experience of walk and talk therapy: A descriptive phenomenological study. <i>European Journal of Psychotherapy & Counselling</i>, 19, 267-289.</p>
<p>Session # 12: Dec. 6</p>	<p>Is psychotherapy a science or an art?</p> <p>Both the American and Canadian Psychological Associations promote the use of strictly evidence-based practice when performing the act of psychotherapy. In so doing, these National Psychological Associations make it clear that psychotherapy is to be practiced in accordance with the scientific method, and is fundamentally an act of science rather than art. However, several perplexing research findings have suggested that psychotherapy may actually be more of an art than a science. Firstly, to the extent that psychotherapy is a science that makes use of evidence-based practices, the methods should matter, yet, research continues to suggest that treatment modality doesn't necessarily predict outcomes in therapy (Huibers & Cuijpers, 2015). Secondly, studies have found that training and experience are not necessarily positively related to outcomes in psychotherapy (see Garb, 1989). If evidence-based treatments are grounded in the scientific method, then shouldn't certain treatments work better than others for specific issues? Moreover, if evidence-based practices are scientific, then shouldn't those who have been performing the method for longer get better at performing it? For these reasons, some have argued that the act of psychotherapy is more of a creative process (an art) than an empirically-derived set of steps (a science). What do you think? I look forward to hearing your thoughts.</p>	<p>Required Readings:</p> <p>Garb, H. N. (1989). Clinical judgment, clinical training, and professional experience. <i>Psychological Bulletin</i>, 105, 387-396.</p> <p>Huibers, M. & Cuijpers, P. (2015). Common (Nonspecific) Factors in Psychotherapy. In R. Cautin & S. Lilienfeld (Eds.), <i>The Encyclopedia of Clinical Psychology</i> (pp.1-6). Wiley Blackwell.</p> <p>Suggested Reading:</p> <p>Joyce, A. S. et al. (2006). Psychotherapy Research at the Start of the 21st Century: The Persistence of the Art Versus Science Controversy. <i>The Canadian Journal of Psychiatry</i>, 51, 797 – 809.</p>