

**Current Topics in Clinical Psychology:
Psychology of Addiction
(PSYD33H3 S LEC01)**

Winter 2022 Course Syllabus

Instructor: Laura Heath, PhD Candidate, M.A, M.Sc

Class Time: Mondays 3pm – 5pm

Class Location: Online January: Zoom Link: <https://utoronto.zoom.us/j/83919704396>
Passcode: **ADDICTION**

In-Person after Jan 31: SW 403

Course Email: psyd33.winter2022@gmail.com

Virtual Office Hours: By appointment only: <https://calendly.com/l-heath>

Office Location: Zoom link will be sent to student via email prior to scheduled meeting time
Will provide details on Quercus if in-person meetings resume.

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.
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.

Helpful tip: Many journal articles are not “open access”, meaning they require a subscription to access. Fortunately, you can access them by logging into your University account. You can 1) go to www.onesearch.library.utoronto.ca and search for the article/book or 2) connect through UTORvpn. I recommend installing and connecting through UTORvpn, that way you should be able to click on the links provided below and quickly access any article. See instructions here: <https://onesearch.library.utoronto.ca/ic-faq-categories/utorvpn>

PSYD33H3 S LEC01 Winter 2022 Course Schedule

Week	Date	Topic	Readings
1	Jan 10	Introduction to course	Course Syllabus
2	Jan 17	Diagnostic criteria and beyond	<p>Required reading: 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. https://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9780890425596.dsm16</p> <p>Required reading: Holden, C. (2010). Behavioral addictions debut in proposed DSM-V. <i>Science</i>, 327, 935. https://www.science.org/doi/full/10.1126/science.327.5968.935</p> <p>Required reading: Naish, K. R., MacKillop, J., & 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. https://link.springer.com/article/10.1007/s40473-018-0169-2</p>
3	Jan 24	Theories of addiction – Brain disease model of addiction	<p>Required reading: Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. <i>New England Journal of Medicine</i>, 374(4), 363-371. https://www.nejm.org/doi/full/10.1056/nejmra1511480</p> <p>Recommended (not required): Lewis, M. (2017). Addiction and the brain: Development, not disease. <i>Neuroethics</i>, 10, 7-18. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486526</p>

4	Jan 31	Theories of addiction – Biopsychosocial model	<p>Sign-up for presentations</p> <p>Required reading: Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. <i>Science</i>, 196, 129-136. https://pubmed.ncbi.nlm.nih.gov/847460/</p> <p>Required reading: Skewes, M. C., & 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. https://www.sciencedirect.com/science/article/pii/B9780123983367000061?via%3Dihub</p>
5	Feb 7	Theories of addiction – Transtheoretical model	<p>ASSIGNMENT 1 DUE – PSYCHODIAGNOSTIC ASSESSMENT</p> <p>Required reading: Connors, G. J., DiClemente, C. C., Velasquez, M. M. & Donovan, D. M. (2013). <i>Substance abuse treatment and the stages of change</i> (2nd ed). Read: Ch.1 Background & Overview (p. 6-15); Ch. 2 The Stages of Change (p. 16-50); Ch.9 Relapse (p.229-249)</p>
6	Feb 14	Introduction to case conceptualization	<p>Required reading: 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. https://psycnet.apa.org/record/2015-08371-001</p> <p>Required reading: 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.</p>
7	Feb 21	Reading Week – No Class	
8	Feb 28	Public health policies Potential topics: harm reduction vs. abstinence policies (e.g., safe injection sites; opioid substitution programs); decriminalization	<p>STUDENT PRESENTATIONS</p> <p>Suggestions for presenters (a place to start): 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. https://doi.org/10.1016/S0306-4603(02)00294-0</p> <p>Marlatt, G. A., & Witkiwitz, K. (2010). Update on harm-reduction policy and intervention research. <i>Annual Review of Clinical Psychology</i>, 6, 591-606. https://doi.org/10.1146/annurev.clinpsy.121208.131438</p> <p>Hughes, C. E., & Stevens, A. (2012). A resounding success or a disastrous failure: Re-examining the</p>

			<p>interpretation of evidence on the Portuguese decriminalisation of illicit drugs. <i>Drug and Alcohol Review</i>, 31(1), 101-113.</p> <p>https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1465-3362.2011.00383.x</p>
9	Mar 7	Treatment – Cognitive Behavioural Therapy	<p>ASSIGNMENT 2 DUE – CASE CONCEPTUALIZATION</p> <p>STUDENT PRESENTATIONS Suggestions for presenters (a place to start): 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 Studies on Alcohol and Drugs</i>, 70(4), 516-527. https://pubmed.ncbi.nlm.nih.gov/19515291/</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. https://search.library.utoronto.ca/details?8110327</p>
10	Mar 14	Treatment – Other behavioural interventions: (Contingency Management; Motivational Enhancement Therapy; Motivational Interviewing; Mindfulness-Based Relapse Prevention)	<p>STUDENT PRESENTATIONS Suggestions for presenters (a place to start): Prendergast, M., Podus, D., Finney, J., Greenwell, L., & Roll, J. (2006). Contingency management for treatment of substance use disorders: A meta-analysis. <i>Addiction</i>, 101, 1546-1560. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1360-0443.2006.01581.x</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. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x</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). https://www.ncbi.nlm.nih.gov/books/NBK64964/</p> <p>Witkiewitz, K., Marlatt, G. A., Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and</p>

			<p>substance use disorders. <i>Journal of Cognitive Psychotherapy</i>, 19(3), 211-228. https://connect.springerpub.com/content/sgrjcp/19/3/211</p>
11	Mar 21	Treatment – Pharmacological interventions	<p>STUDENT PRESENTATIONS Suggestions for presenters (a place to start): 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	Mar 28	Treatment – Group treatment (CBT; Alcoholics Anonymous; SMART Recovery)	<p>STUDENT PRESENTATIONS Suggestions for presenters (a place to start): 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. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1530-0277.1998.tb03912.x</p> <p>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.</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. https://doi.org/10.1037/adb0000237</p>
13	Apr 4	Treatment – Novel Approaches (rTMS and Pharmacotherapeutics)	<p>OPTIONAL ASSIGNMENT 3 DUE – TREATMENT PLAN</p> <p>STUDENT PRESENTATIONS Suggestions for presenters (a place to start): 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. https://doi.org/10.1111/ajad.12674</p> <p>Bogenschutz, M. P., & Johnson, M. W. (2016). Classic hallucinogens in the treatment of addictions. <i>Progress in Neuro-Psychopharmacology and Biological Psychiatry</i>, 64, 250-258. https://doi.org/10.1016/j.pnpbp.2015.03.002</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

Assignment 1 - Psychodiagnostic Assessment (15%)

Assignment 2 - Case Conceptualization (20%)

Presentation (35%)

Reflection Questions (18%)

Participation (12%)

***Optional* – Can be decided by April 4**

Add Assignment 3 - Treatment Plan (15%);

-5% weight from Assignment 1 (10%), Assignment 2 (15%), and Presentation (30%)

Throughout the course, students will prepare and submit a psychodiagnostic assessment, case conceptualization, and *optional* 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 (7th Edition)*.

Psychodiagnostic Assessment (15%) – DUE FEBRUARY 7

The student will write up a psychodiagnostic report for their “client” for a substance use or other addictive disorder. The student will indicate which diagnostic criteria the client 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 (20%) – DUE MARCH 7

“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.42ⁱ). 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.

Optional Treatment Plan (15%) – DUE APRIL 4

The student can submit a written treatment plan to outline a recommended course of intervention that follows from the previous assignments. 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 an alternative treatment). Students must demonstrate knowledge of the scientific evidence base for their proposed treatment, as well as describe the key aspects of the intervention. This report should be no longer than 5 pages, double spaced (references excluded). If the student chooses to submit the *optional* Treatment Plan, the Psychodiagnostic Assessment, Case Conceptualization, and Presentation will be reweighted, so that 5% from each will be redistributed to make up 15% for the Treatment Plan.

Presentation (35%)

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 per pair 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 (in PDF format) should be sent to the instructor before class. 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 January 31.

Reflection Papers (2% each week; select 9 weeks for a total of 18%)

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, plus no reflection paper for the week of your presentation, for a total of 9 reflection papers. Papers should be approximately 1 page, double-spaced and are due each **Monday by 9:00am EST before class**, as indicated on Quercus. Your reflections will often provide the basis for in-class discussion.

Participation (12%)

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.

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.winter2022@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, for up to 5 days, after which time late assignments will not be accepted. If you provide legitimate documentation for your late assignment (see policies on *Missed Term Work* below), you must contact the instructor (via psyd33.winter2022@gmail.com) **within two business days** of the missed assignment deadline 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 (April 8, 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.winter2022@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 a description of your question (e.g., "Question about case conceptualization assignment"). It is helpful if you use your University of Toronto email, as well as write your name 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/l-heath>. 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. We may switch to in-person meetings later in the semester, as appropriate.

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 (for online lectures only). 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 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., <https://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. 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>

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

Psychology Department Missed Term Work Policy, WINTER 2022

For missed term work (assignments and term tests) 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.uts.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.uts.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](#)
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 the email address provided by your instructor 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](#), 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 will not 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](#), 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 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.

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