WELCOME TO PSY3011S CLINICAL PSYCHOLOGY II COURSE OUTLINE 2022

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PSY3011S TEAM CONTACTS

Course Convenor

Assoc. Prof. Debbie Kaminer

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Where needed, a telephonic consultation time can be arranged.

Course Secretary

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Teaching Assistant & Tutorial Convenor

Kim Rousseau

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Where needed, a telephonic or in-person consultation time can be arranged.

Lecturers

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WHO TO CONTACT FOR ASSISTANCE?

First, decide whether your query is specific to YOU or relevant to other PSY3011S students also.

- If it is relevant to **other students** also:
 - You can use the Q & A tool to post queries so everyone can benefit from the answer.
 - Please first check that the issue has not already been answered in the Q&A; if it has, we will not be answering it again.
 - If you have concerns about how the course is being delivered to students, but prefer not to contact the PSY3011S team directly, you can contact your class rep.
- If it relevant to you specifically:
 - Please rather follow one of the following routes so we can address the query with you directly

- All general course administration queries that are specific to you (for example, coursework mark queries, problems with extension applications, difficulties with uploading assignments to Vula, queries about completing MCQs etc.) should be emailed to the Teaching Assistant (Kim; rsskim004@myuct.ac.za).
- For tutorial issues that affect you specifically, please contact your tutor; if they cannot assist, then please email the Tutorial Convenor (Kim; rsskim004@myuct.ac.za). Your tutors can only assist with tutorials, not with lecture queries or essay assignment queries.
- If you have queries about the lecture content that you feel you can't
 post in the Comments box for that lecture module, you can email the
 lecturer directly.
- You can contact the Teaching Assistant (Kim; rsskim004@myuct.ac.z
 a) directly for any other queries that are specific to you.

For queries that are not specific to PSY3011S, please note that UCT has a call centre and referral system (called UCT_Cares) for any UCT-related queries. This includes financial aid, connectivity issues etc. Send an email to uctcares@uct.ac.za and the UCT Cares team will respond. You can also send a Whatsapp to DestinationUCT on 060 018 0288 where you can access answers to frequently asked questions (including about housing, funding and fees).

IMPORTANT DATES

Tuesday	
26 July	Tutorial sign-ups open at 13h30
26 – 29 July	Module 1: The context of mental health in South Africa (Debbie Kaminer)
Friday	Tutorial sign-ups close at 15h00
29 July	
2 – 5 August	Module 2: Community psychology (Lynn Aupiais)
1 – 5 August	Tutorial 1 in-person meetings on campus: Mental health promotion in schools
Tuesday	Public Holiday (no lectures/tutorials)
9 August	
10 – 12 August	Module 3: Evidence based interventions (Maxine Spedding)
Friday	Tutorial Assignment 1 due at 12 noon: Mental health
12 August	promotion in schools
16 – 19 August	Module 4: Cognitive behavioural interventions (Debbie
	Kaminer)
15 – 19 August	Tutorial 2 in-person meetings on campus: Preparation for Term 3 Essay

Tuesday	-
26 July	Tutorial sign-ups open at 13h30
$\frac{3}{23-26}$ August	Module 5: Psychodynamic psychotherapy (Maxine
20 20 1148450	Spedding)
30 August –	Module 6: Psychology in South Africa (Wahbie Long)
2 September	, G,
Friday	Term 3 Essay Assignment due at 12 noon
2 September	
3 - 11	UCT mid-semester break
September	
Monday	Term 3 (Modules $1-6$) MCQs due at 12 noon
12 September	
13 - 16	Module 7: Introduction to critical psycho-diagnostics
September	(Debbie Kaminer)
12 - 16	Tutorial 3 in-person meetings on campus: Disruptive Mood
September	Dysregulation Disorder
20 - 23	Module 8: Critical perspectives on Intellectual Disability
September	(Siyabulela Mkabile)
Friday	Tutorial Assignment 2 due at 12 noon: Disruptive Mood
23 September	Dysregulation Disorder
27 - 30	Module 9: Critical perspectives on depression (Siyabulela
September	Mkabile)
26 - 30	Tutorial 4 in-person meetings on campus: Attenuated
September	Psychosis Syndrome
4 – 7 October	Module 10: Critical perspectives childhood disorders (Lynn Aupiais)
Monday	Tutorial Assignment 3 due at 12 noon: Attenuated
10 October	Psychosis Syndrome
11 – 14 October	Module 11: Critical perspectives on traumatic stress
11 11 0000001	(Debbie Kaminer)
18 – 21 October	Module 12: Critical perspectives on eating disorders
	(Siyabulela Mkabile)
Wednesday	Term 4 (Modules 7 – 12) MCQs due at 12 noon
26 October	·

WHAT ARE THE AIMS OF THIS COURSE?

This course aims to introduce you to various critical debates, issues and controversies that frame the field of clinical psychology, with a particular emphasis on the complexities and challenges of clinical psychology in the South African context.

The first half of the course will critically engage with mental health inter-

ventions in the South African context. Mental health needs, resources and policies in South Africa will be considered, the relevance of various mental health intervention models to the South African context will be debated, and the complexities of scientific evidence in the field of mental health interventions will be explored.

The second half of the course will focus on issues related to the **diagnosis** of mental disorders. In particular, the ways in which diagnostic categories are shaped by social, historical and political processes will be considered, with reference to issues of gender, class, race and culture.

This course aims to provide students with a critical lens on the assumptions and complexities embedded in psychological diagnosis and intervention. In addition to becoming familiar with theory, research and practice relevant to a critical approach to clinical psychology, you will be encouraged to weigh up different arguments on core topics and formulate your own opinions in response to these.

This is not a course that aims to give you the 'right' answers – rather, we aim to develop your capacity to ask critical questions about knowledge production in clinical psychology and about how clinical psychology should be practiced in our setting. So, if we are doing our jobs properly, you will probably end up with more questions than answers at the end of this course!

LECTURES

HOW LECTURES WILL BE DELIVERED

There are four lectures a week, from Tuesday to Friday at 12.00 pm (5th lecture period). Lectures will be delivered in person in the lecture venue (RW James LT3A), which can accommodate all students at once. Lectures will not be livestreamed. The lectures will be recorded via the lecture venue recording system and these recordings will be available on Vula (under the Lecture Videos tab on the left hand menu) within 24-48 hours. In the event of loadshedding on campus, alternative arrangements may be made – please check Vula announcements.

Please note that the lecture slides and lecture recordings are the intellectual property of the lecturers, and you are not allowed to distribute them to anyone who is not a member of the PSY3011S Vula site, or to upload them to any other site. Doing so can lead to internal disciplinary action and possible criminal prosecution.

WHAT WILL BE COVERED IN LECTURES

There are 12 modules in this course, listed below. To access the learning content for each module, use the Module tabs on the left-hand menu on the Vula site. Module tabs will open the Friday before each module starts.

DATE	TOPIC	LECTURER
Term 3	CRITICAL PERSPECTIVES	S: INTERVENTIONS

DATE		TOPIC	LECTURER
26 – 29 July	1	The context of mental health in	Debbie
		South Africa	Kaminer
2 – 5 August	2	Community psychology	Lynn Aupiais
10 – 12 August*	3	Evidence based interventions	Maxine
			Spedding
16 – 19 August	4	Cognitive behavioural	Debbie
		interventions	Kaminer
23 - 26 August	5	Psychodynamic psychotherapy	Maxine
			Spedding
30 August - 2	6	Psychology in South Africa	Wahbie Long
September			
UCT MID-SEMES	TER I	BREAK	
Term 4		CRITICAL PERSPECTIVES: DIAGNOSTICS	
13 - 16 September	7	Introduction to critical	Debbie
		psycho-diagnostics	Kaminer
20 - 23 September	8	Critical perspectives on	Siyabulela
		Intellectual Disability	Mkabile
27 - 30 September	9	Critical perspectives on	Siyabulela
		depression	Mkabile
4-7 October	10	Critical perspectives childhood	Lynn Aupiais
		disorders	
11 - 14 October	11	Critical perspectives on	Debbie
		traumatic stress	Kaminer
18 - 21 October	12	Critical perspectives on eating	Siyabulela
		disorders	Mkabile
* Note that 9 Augu	ust is a	a public holiday	

PRESCRIBED READINGS

There is no prescribed textbook for this course but there is a prescribed reading list for the lectures. PDFs of the readings will be available to you in each of the Module tabs. If you prefer to read ahead, there is also a "Prescribed Readings" tab in the left-hand panel on Vula where all the readings are available.

Please note that all readings are copyrighted, and you do not have permission to distribute them to anyone who is not a member of the PSY3011S Vula site.

TERM 3: MENTAL HEALTH INTERVENTIONS IN THE SOUTH AFRICAN CONTEXT

MODULE READINGS

TERM 3: MENTAL HEALTH INTERVENTIONS IN THE SOUTH AFRICAN CONTEXT

The context of
mental health in
South Africa

- 1) Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources, and constraints in South Africa: A national survey. *Health Policy and Planning*, 34(9), 706-719.
- 2) Baker, N., & Naidu, K. (2021). The challenges faced by mental health care users in a primary care setting: A qualitative study. *Community Mental Health Journal*, 57(2), 285-293.

Evidence based interventions

- 1) Cook, S., Schwartz, A. & Kaslow, N. (2017). Evidence-based psychotherapy: Advantages and challenges. *Neorotherapeutics*, 14, 537-545.
- 2) Baker, T.B., McFall, R. M., & Shoham, V. (2008). Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest*, 9(2), 67-103.
- 3) Shedler, J. (2018). Where is the evidence for "evidence-based" therapy? *Psychiatric Clinics of North America*, 41, 319-329.

Psychodynamic psychotherapy

- 1) Berg, A. (2014). Psychoanalysis and primary health care. *Psycho-analytic Psychotherapy in South Africa*, 22(1), 92-105.
- 2) Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98-109.

Cognitive behavioural interventions

- 1) Gaudiano, B. (2008). Cognitive behavioural therapies: Achievements and challenges. *Evidence Based Mental Health*, 11(1), 5-7.
- 2) Woods-Jaeger, B. A., Kava, C. M., Akiba, C. F., Lucid, L., & Dorsey, S. (2017). The art and skill of delivering culturally responsive trauma-focused cognitive behavioral therapy in Tanzania and Kenya. Psychological Trauma: Theory, Research, Practice, and Policy, 9(2), 230-238.

Community psychology

- 1) Visser, M. (2007). The social ecological model as theoretical framework in community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community psychology: Analysis, context and action* (pp. 102-116). Cape Town, South Africa: UCT Press.
- 2) Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving towards social justice and social action. *American Journal of Community Psychology*, 29(5), 747-778.

TERM 3: MENTAL HEALTH INTERVENTIONS IN THE SOUTH AFRICAN CONTEXT

Psychology in South Africa To be announced (check lecture module on Vula)

TERM 4: CRITICAL APPROACHES TO DIAGNOSIS OF MENTAL DISORDERS

Introduction to critical psychodiagnostics

1) Karter, J. M., & Kamens, S. R. (2019). Toward conceptual competence in psychiatric diagnosis: An ecological model for critiques of the DSM. In S. Steingard (Ed.), *Critical psychiatry: Controversies and clinical implications* (pp. 17-69). Springer.

Critical
perspectives on
depressive
disorders

1) Horwitz, A.V. (2015). The DSM-5 and the continuing transformation of normal sadness into depressive disorder. *Emotion Review*, 7(3), 209-215.

2) Ussher, J.M. (2010). Are we medicalizing women's misery? A critical review of women's higher rates of reported depression. *Feminism and Psychology*, 20(1), 9-35.

Critical perspectives on childhood disorders 1) De Vries, P. (2016). Thinking globally to meet local needs: Autism spectrum disorders in Africa and other low-resource environments. *Current Opinion-Neurology*, 29(2),130-136.

2) Guler, J., de Vries, P., Seris, N., Shabalala, N., & Franz, L. (2017). The importance of context in early autism intervention: A qualitative South African study. *Autism*, 22(8), 1-13.

3) Kofler, M. J., Raiker, J. S., Sarver, D. E., Wells, E. R., & Elia, F. S. (2016). Is hyperactivity ubiquitous in ADHD or dependent on environmental demands? Evidence from meta-analysis. *Clinical Psychology Review*, 46, 12-24.

Critical
perspectives on
personality
disorders

1) Leising, D., Rogers, K., & Ostner, Julia. (2009). The undisordered personality: Normative assumptions underlying personality disorder diagnoses. *Review of General Psychology*, 13(3), 230-241.

2) Paris, J. (1998). Personality disorders in sociocultural perspective. *Journal of Personality Disorders*, 12(4), 289-301.

Critical perspectives on eating disorders

1) Hepworth, J. (1999). The social construction of anorexia nervosa (Chapter 3, Early social, cultural and feminist theories of anorexia nervosa, pp. 45-65). London, England: Sage.

2) Burns, M. (2004). Eating like an ox: Femininity and dualistic constructions of bulimia and anorexia. *Feminism and Psychology*, 14(2), 269-295.

TERM 3: MENTAL HEALTH	INTERVENTIONS	IN THE SO	OUTH
AFRICAN CONTEXT			

Critical 1) Eagle, G., & Kaminer, D. (2013). Continuous traumatic stress: Expanding the lexicon of traumatic stress. Peace perspectives on trauma-related and Conflict: Journal of Peace Psychology, 19(2), 85-99. disorders 2) Robson, B., Chang, L., & Kaminer, D. (2019). Representation of low- and middle-income countries in traumatic stress journals 2006-2015. South African Journal of Psychology, 49(4), 562-574. Critical 1) Schalock. (2011). The evolving understanding of the perspectives on construct of intellectual disability. Journal of Intellectual intellectual & Developmental Disability, 36(4), 227–237. disability. 2) Bertelli, M. O., Rossi, M., Scuticchio, D., & Bianco, A. (2015). Diagnosing psychiatric disorders in people with intellectual disabilities: Issues and achievements. Advancesin Mental Health and Intellectual Disabilities, 9(5), 230-242.

psychiatric disorders among people with intellectual disabilities: An analysis of the literature. *Journal of Applied Research in Intellectual Disabilities*, 19. 330 - 345.

3) Whitaker, & Read, S. (2006). The prevalence of

HOW TO PLAN YOUR LEARNING ON THIS COURSE

For each module, you must complete **four learning activities**. The Vula Modules tabs will take you through each step. The steps for each module are as follows:

ASSESSMENTS AND WEIGHTINGS

The final mark will be based on the following:

12 multiple choice quizzes of 3 questions each (a brief multiple-choice quiz at the end of each	
section of teaching)	7.5% collectively
3 tutorial assignments	7.5% each (22.5 % collectively)
Term 3 essay (essay assignment based on Term 3 work)	20%
Final exam (in-person)	50%

All assessment tasks that are included in the final mark will be moderated by the course convenor. To obtain **DP** for this course and be allowed to write the exam, you must **submit** all **4** assignments, **complete** all **12** short quizzes, and attend all **4** tut **meetings**. There is no SRPP requirement for this course.

MULTIPLE CHOICE QUIZZES (MCQs)

In place of a class test, there is a short MCQ for **each** of the 12 modules. Each MCQ has three questions, so there are 36 questions in total for the semester. You need to submit **ALL** of the 12 MCQs to get your DP. You can complete them at your own pace, but you must complete the MCQs for the Term 3 modules by the beginning of Term 4 (**deadline: 12th September at 12.00 midday**) and you must complete the MCQs for the Term 4 modules by the end of Term 4 (**deadline: 26th October at 12.00 midday**). The MCQs aim to assess whether you have correctly understood the lecture material, and you can refer to your lecture slides/notes when you are taking the MCQs. Your score for each MCQ will be released on submission, but the correct answers will only be released at the end of the semester.

TUTORIALS

TUTORIAL PROGRAMME

There are four in-person tutorial meetings on campus for this course (two in the third term and two in the fourth term). These will run in the weeks of 1st-5th August, 15th-19th August, 12th-16th September and 26th-30th September. The tuts meetings will help you prepare for your tut assignments and the essay assignment.

In-person tutorial attendance is **compulsory for DP**. It is your responsibility to ensure that you sign the tutorial attendance register at each tutorial meeting. If you miss a tutorial, you need to use the extension system (https://forms.gl e/49c5YhW9f5bjYqWT8) to upload supporting documentation for why you missed the tutorial. If your reason for not attending is not considered legitimate, you will be marked as absent, and will not get DP for the course.

Tutorial sign-ups will open on Tuesday 26th July at 1.30 pm and you must sign up by 3.00 pm on Friday 29th July. If you do not sign up for a tutorial by this date, you will be allocated to a tutorial slot.

There are three tutorial assignments for this course (due at 12 noon on Friday 12th August, Friday 23rd September and Monday 10th October 2022). Each assignment consists of a two-page response paper. There is prescribed reading material for each tutorial assignment, however, you are expected to show evidence of having read some literature on the topic IN ADDITION to the prescribed reading material. Information about each tutorial assignment topic, readings, hand-in dates, formatting requirements and submission instructions

are provided in the Tutorial Assignment tabs on the left-hand menu, which will be available from the first day of semester.

You will have a tutorial meeting to help you prepare for each of the three tutorial assignments. You will also have a tutorial meeting to help you prepare for the essay assignment.

INSTRUCTIONS FOR ALL TUTORIAL ASSIGNMENTS

Assignment length

The tutorial assignments are **two-page response papers**, with a reference list on the third page. You need to stick to the page limit. This means you need to express your arguments in a concise and well-organised manner. PLEASE NOTE THAT IF YOUR ASSIGNMENT IS CONSIDERABLY LESS THAN TWO PAGES, IT WILL NOT MEET THE DP REQUIREMENT.

Use of readings

Your response paper should reference the prescribed readings but you are also expected to show evidence of having read some academic literature on the topic IN ADDITION to the prescribed reading material. While you may include some of the prescribed lecture readings that are relevant to the topic, aim to include at least two additional academic references that you have found yourself by searching the relevant academic databases. Academic references mean journal articles or books. Please use Google Scholar or electronic databases accessed through the UCT library website (e.g. EBSCOHOST, PSYCHINFO or PUBMED) to find relevant journal articles. There may also be some relevant e-books available through the library website. You cannot use lecture slides/transcripts or websites as a reference.

Formatting and referencing requirements

- Your paper must use 12-point Times New Roman font, with one and a half line spacing and normal margins.
- You must use the APA style guide 7 referencing format (available on the Vula site)
- You must submit your assignment electronic as an MS Word file on Vula by 12 noon
- A plagiarism declaration should be included with the assignment (your paper will not be marked if there is not a plagiarism declaration as part of your assignment document submission)
- $\bullet\,$ Marks will be deducted if you do not comply with these instructions.
- Please see the reference guide on Vula on the tutorial assignment 1 tab
- There is also a marking guide on the tutorial assignment 1 tab

Plagiarism and plagiarism declaration

When you are using information from articles, books etc., you must USE YOUR OWN WORDS. You may NOT copy whole sentences or paragraphs from other sources, even if you put the reference in brackets. This is a form of plagiarism, because you are still using someone else's words. The only time you may use someone else's words is when you use quotation marks ("xxx") to clearly indicate that you are not using your own words. If you are unsure about these plagiarism rules, please contact your tutor or the course convenor.

There are documents on the tutorial assignment 1 tab that cover the Psychology Department Plagiarism Policy, outline the Plagiarism Guide for Students, and the Collusion Guideline.

TUTORIAL ASSIGNMENT 1: Mental Health Promotion in Schools

Meetings for tutorial 1 run in the week of 1–5 August. Once you have signed up for a tutorial group, note the day and time of your tutorial so that you know when in this week to attend your tut.

Associated Assessment: Tutorial Assignment 1

This assignment is due on Friday 12 August at 12h00 noon.

Topic: Discuss the benefits and challenges of universal mental health promotion programs in schools, and consider whether this approach would be suitable for schools in South Africa.

Reading and resources

- 1. Watch this video: https://www.youtube.com/watch?v=QL pN4JtJKc
- 2. Read O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology*, 53(7), 647-662.
- Read Osborn, T. L., Rodriguez, M., Wasil, A. R., Venturo-Conerly, K. E., Gan, J., Alemu, R. G., ... & Weisz, J. R. (2020). Single-session digital intervention for adolescent depression, anxiety, and well-being: Outcomes of a randomized controlled trial with Kenyan adolescents. *Journal of Consulting and Clinical Psychology*, 88(7), 657.

These readings are available on the tutorial assignment 1 tab.

You should structure your assignment as follows:

- 1. Start with a brief introduction into what the topic is / what the problem is that needs to be addressed, and describe how the paper will be structured (no more than a quarter of a page)
- 2. A paragraph defining 'mental health promotion' and 'universal' approaches to mental health prevention and promotion.

- 3. Discuss the possible advantages of a universal mental health promotion approach. Give at least two examples of universal school-based interventions that have been found to be effective (don't just give the name of the intervention, give some brief info about where it was done, what it included, and how it was shown to be effective). The examples can be from South Africa or any other country.
- 4. Discuss some of the possible limitations or challenges of universal mental health promotion programs.
- 5. In a paragraph, give **your opinion** as to whether universal mental health programs should be used in South African schools, motivating your position.
- 6. A brief conclusion paragraph.

TUTORIAL ASSIGNMENT 2: Disruptive Mood Dysregulation Disorder

Meetings for tutorial 3 run in the week of 12–16 September. Once you have signed up for a tutorial group, note the day and time of your tutorial so that you know when in this week to attend your tut.

Associated Assessment: Tutorial Assignment 2

This assignment is due on Friday 23 September at 12h00 noon.

Topic: Disruptive Mood Dysregulation Disorder (DMDD) was introduced for the first time in DSM 5. Describe this disorder, explain why it was included in the DSM, and discuss the arguments against its inclusion. Do you think this disorder should remain in the next DSM? Motivate your answer.

(Note: In your response, you should not list the diagnostic criteria for this disorder – assume the reader already knows these. However you may refer to specific criteria when you are discussing arguments for and against this diagnosis).

Reading and resources

- 1. Watch this video: https://www.youtube.com/watch?v=UPzdAhTxGIc
- 2. Read the DSM-5 DMDD Diagnostic Criteria: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. American Psychiatric Association.
- 3. Read Baweja, R., Mayes, S. D., Hameed, U., & Waxmonsky, J. G. (2016). Disruptive mood dysregulation disorder: current insights. *Neuropsychiatric Disease and Treatment*, 12, 2115–2124.
- Read Lochman, J., Evans, S., Burke, J., Roberts, M., Fite, P., Reed, G., et al. (2015). An empirically based alternative to DSM-5's disruptive mood dysregulation disorder for ICD-11. World Psychiatry, 14, 30-33.

These readings are available on the tutorial assignment 2 tab.

You should structure your assignment as follows:

- 1. Start with a brief introduction into what the topic is / a problem statement and describe how the paper will be structured
- 2. Provide some brief background on what led up to DMDD being included in the DSM $5\,$
- 3. Discuss the advantages of including this disorder in the DSM 5
- 4. Discuss **criticisms** of this disorder and possible **disadvantages** of it being included in DSM
- 5. Briefly summarise/conclude, with a decision on whether the benefits of this including this disorder outweigh the possible risks or harms of including it.

TUTORIAL ASSIGNMENT 3: Attenuated Psychosis Syndrome

Meetings for tutorial 4 run in the week of 26–30 September. Once you have signed up for a tutorial group, note the day and time of your tutorial so that you know when in this week to attend your tut.

Associated Assessment: Tutorial Assignment 3

This assignment is due on Monday 10 October at 12h00 noon.

Topic: A great deal of controversy surrounds the concept of Attenuated Psychosis Syndrome, which has been proposed for inclusion in the next edition of the DSM. In your view, is there place for such a diagnostic category in the DSM? Motivate your answer, drawing on relevant literature.

(Note: In your response, you should not list the diagnostic criteria for this disorder – assume the reader already knows these. However you may refer to specific criteria when you are discussing arguments for and against this diagnosis).

Reading and resources

- 1. Read the DSM-5 APS Diagnostic Criteria: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. American Psychiatric Association.
- 2. Read Corcoran, C. M., Mittal, V. A., & Woods, S. W. (2021). Attenuated Psychosis Syndrome should be moved to the main section in DSM-5-TR. *JAMA Psychiatry*, 78(8), 821-822.
- 3. Read Malhi, G. S., & Bell, E. (2019). Make news: Attenuated psychosis syndrome—a premature speculation? Australian & New Zealand Journal of Psychiatry, 53(10), 1028-1032.

These readings are available on the tutorial assignment 3 tab.

You should structure your assignment as follows:

- 1. Start with a brief introduction into what the topic is / a problem statement and describe how the paper will be structured
- 2. Discuss the arguments for having a diagnosis of Attenuated Psychosis Syndrome in the next ${\rm DSM}$
- 3. Discuss the criticisms of including this diagnosis as a DSM disorder
- 4. Briefly summarise/conclude, with a decision on whether or not this disorder should go into the next DSM

TERM 3 ESSAY ASSIGNMENT

There is one essay assignment for this course, based on Term 3 work. This is due on Friday 2nd September at 12h00 noon.

The essay assignment aims to extend your thinking about issues covered in the third term lectures and assess your ability to independently search for and synthesise relevant literature and to develop critical arguments. There are no 'right' or 'wrong' answers, but you do need to support your arguments and conclusions with relevant literature.

Information about the essay assignment is available on the Essay Assignment tab on the Vula site.

Topic: Review and evaluate the evidence base for psychological treatments of adult depression in the African context.

Your essay should be 5 pages. Guidelines on preparing this essay will be provided in the second tutorial meeting.

PLEASE NOTE THAT IF YOUR ASSIGNMENT IS CONSIDERABLY LESS THAN FIVE PAGES, IT WILL NOT MEET THE DP REQUIREMENT.

For this essay, we expect you to show a good understanding of issues that have been covered in the lectures this term and apply them to answering the essay topic. Your 2nd tutorial meeting (in the week of 15-19 August) will focus on giving advise and tips for preparing this essay. You should start planning your essay well in advance of the due date.

Your assignment should include:

- 1) An introduction paragraph that provides a clear outline of the <u>aims</u> and <u>structure</u> (organisation) of the paper.
- 2) A description of the prevalence of depression in Africa and some of the challenges of delivering treatment for depression in the African context.

- 3) A review of the evidence base for treatment of depression in African countries. What interventions have been found to be effective, and where? Describe these interventions and comment on the mode of delivery (eg individual or group; professional or non-professional counsellors; primary health settings or community settings etc.). You can include South African studies but you must also include studies from other African countries.
- 4) A discussion of the quality of the existing evidence base. How strong is it, what are some of the limitations of the existing evidence, and how can these be improved in future? Here you will need to show an understanding of what 'evidence-based' means and of all the issues covered in the lectures on Evidence Based Interventions.
- 5) In a paragraph, reflect on what has been the most interesting learning or understanding that you personally have gained from doing this essay. Has it shifted your ideas about something, led to some new insights, or raised some new questions or concerns that you hadn't thought about before?
- 6) A brief final paragraph that sums up the main findings and conclusions of your review.

Referencing:

We expect you to make appropriate use of references. We want to see that you are able to independently source relevant references and that you have taken a deep dive into this topic by reading widely to inform your understanding.

Your essay should include at least eight academic references that you have found yourself (you can use prescribed readings from the lectures but then you must still include another 8 references that you have found yourself). Academic references are academic books or journal articles. Lecture notes and websites should not be used as references. Please search for readings on academic sites like Google Scholar and PsychINFO (PsychINFO can be accessed through the UCT library online databases). Evidence that you have read widely for this essay will improve your mark.

There will be mark deductions for the following:

- 1. Going over the 5-page limit. The cover page, plagiarism declaration and references should not be included when counting the number of pages.
- 2. Not submitting a long enough essay. If your essay is shorter than 5 pages, you risk losing marks for not answering the essay question thoroughly. This essay counts 20% of your course mark, so you should put in the appropriate amount of effort. In addition, if your essay is considerably less than 5 pages, it will not meet the DP requirement.
- 2. Using incorrect formatting (the required format is 12 point Times New Roman font and one and a half line spacing, with normal margins).

3. Not using correct APA referencing format (APA style guide 7, as per the referencing guide available on the Vula site).

Formatting and referencing requirements:

- Your paper must use 12-point Times New Roman font, with one and a half line spacing and normal margins.
- You must use the APA style guide 7 referencing format (available on the Vula site).
- A plagiarism declaration should be included with the assignment (your paper will not be marked if there is not a plagiarism declaration as part of your assignment document submission)
- Marks will be deducted if you do not comply with these instructions.
- Please see the reference guide on Vula on the Essay Assignment tab.

Plagiarism and plagiarism declaration

When you are using information from articles, books etc., you must USE YOUR OWN WORDS. You may NOT copy whole sentences or paragraphs from other sources, even if you put the reference in brackets. This is a form of plagiarism, because you are still using someone else's words. The only time you may use someone else's words is when you use quotation marks ("xxx") to clearly indicate that you are not using your own words. If you are unsure about these plagiarism rules, please contact your tutor or the course convenor.

There are documents on the Essay Assignment tab that cover the Psychology Department Plagiarism Policy, outline the Plagiarism Guide for Students, and the Collusion Guideline.

A plagiarism declaration should be included with each assignment – without this, the assignment will not be marked. Do **not** submit the declaration as a separate document, include it with your assignment.

HOW CAN YOU APPLY FOR AN EXTENSION?

We have tried to space out the hand-in dates for this course as much as possible, bearing in mind our own marking deadlines which are set by the faculty and cannot be shifted. But we recognise that there may be things beyond your control that impact on your ability to meet course deadlines. You can apply for extensions on health, religious or compassionate (e.g., family bereavement) grounds. Workload or having other hand-in deadlines are not grounds for an extension. Should you require an extension for an assignment, you must submit your application **no later than seven days** after the original hand-in deadline.

Extension requests should be submitted electronically and must be accompanied by a motivation and relevant supporting documents. To submit an extension

request, please fill in the following form: https://forms.gle/49c5YhW9f5bjYqWT8

If you have any difficulty using this electronic application system, please contact the PSY3011S Teaching Assistant, Kim Rousseau (rsskim04@myuct.ac.za).

Please note that late submissions for which you do not have an extension will be penalised at 5% per day, starting from 12h01pm on the submission deadline date. If you are granted an extension but submit after the extension date, you will be penalised at 5% per day after 12h01pm after the extension date.

PLAGIARISM

By third year we expect you to be well-aware of plagiarism rules and consequences. Ignorance of these is not an acceptable excuse. Plagiarism will be treated just as seriously during the period of physically distanced learning as it would during normal teaching. Plagiarism is not permitted in any assignment, and should it occur it will result in severe penalties. **Please read the relevant plagiarism guidelines and penalty information** on Vula – Course Information – Plagiarism.

In sum, when you are using information from articles, books, web resources etc., you must USE YOUR OWN WORDS. You may NOT copy whole sentences or paragraphs from other sources, even if you then put the reference in brackets. This is a form of plagiarism, because you are using someone else's words. The only time you may use someone else's words is when you use quotation marks ("xxx") to clearly indicate that you are not using your own words, and give a proper citation in APA style to indicate from where you have quoted (including page number). Turnitin will pick up any copying and pasting from websites, any copying from each other, and any copying from students in previous years or at other universities.

Please note that copying and pasting from lecture transcripts is also a form of plagiarism.

If you are unsure about the plagiarism rules, please speak to your tutor or the course convenor.

All assignments must have a plagiarism declaration attached, and your name signed or typed in the signature space to indicate that you have read and agree with the declaration. A copy of the plagiarism declaration is available on Vula – Course Information – Plagiarism.

Please submit the plagiarism declaration AS PART of the assignment – i.e., as the first page of your assignment document. DO NOT upload it separately onto Vula, as Vula will then only "see" the plagiarism declaration and it will look as if you did not hand in your assignment.

TAKING CARE OF YOUR MENTAL HEALTH

UCT has a number of services to support students who are struggling with mental health issues. Please reach out to these if you need to:

1) UCT Student Wellness Service (SWS):

http://www.dsa.uct.ac.za/student-wellness/counseling-services/overview If you do not have internet access, you can call on 021-6501017.

2) UCT Student Careline

This is a free, confidential 24 hour phone counselling service for all UCT students.

To speak to a trained counsellor, call $0800\ 24\ 25\ 26$ (free from a Telkom line) or SMS to 31393 for a "UCT student call-me-back" service.

3) ICAS on-the-go app:

This app can be downloaded free from the Google Play or Apple App store. It allows you to chat with a counsellor via secure live text, 24/7. Use this UCT company code when you sign up: UNI003