**Doc. 300.1.2**

**Date: 21.1.2021**

**Higher Education Institution's Response**

- **Higher Education Institution:**
  **European University Cyprus**
- **Town: Nicosia**
- **Programme of study**
  **Name**

  **In Greek:**
  «Ψυχική Υγεία Παιδιού και Εφήβου (18 μήνες/90 ECTS, Μεταπτυχιακό)»
  **In English:**
  «Child and Adolescent Mental Health (18 months/90 ECTS, Master of Science)»
- **Language(s) of instruction: EN & GR**
- **Programme's status:** New

**The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the "Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws of 2015 to 2019" [N. 136 (I)/2015 to N. 35(I)/2019].**

## A. Guidelines on content and structure of the report

***The Department of Social and Behavioural Sciences of the European University Cyprus wishes to express its sincere gratitude to the External Evaluation Committee (EEC) for the evaluation of the postgraduate programme of study in Child and Adolescent Mental Health (M.Sc.).***

***The collegial spirit created by the members of the EEC during the evaluation processes created an atmosphere of knowledge sharing and synergy which allowed the members of the Department to support the programme to the best of their abilities. It is thus, with great pleasure that the Department of Social and Behavioural Sciences noted the positive feedback of the EEC and we appreciate its insightful recommendations, which provided us the opportunity to further improve the quality and ensure the future implementation of the programme.***

***In the following pages, we respond in detail to all recommendations for improvement suggested by the EEC and we provide all relevant information to explain the actions taken to ensure that the newly accredited programme is of high quality.***

## 1. Study programme and study programme's design and development

*(ESG 1.1, 1.2, 1.8, 1.9)*

***The EEC has raised the following issues. The responses for the issues raised are indicated below after the Findings section.***

**Comments by the EEC:**

**Findings:**

1. The fact that the admission criteria are very broad (direct access for graduates from a broad range of bachelor programs) may cause problems of student heterogeneity in previous knowledge. It is a strong recommendation of the committee to make up for that by offering (obligatory) preparatory courses to those students who have gaps in previous knowledge on essential domains. There are several possible ways of doing this. One possible way is to define a preparatory program, consisting of courses of which the content is required previous knowledge for entering in the CAMH program. Students who have insufficient prior knowledge in one or more domains can be obliged to first take the preparatory program. Depending on their specific prior education, exemption for one or more (or all) courses from this program can be granted. Another possible way is to specify the required previous knowledge for each course and offer (but not oblige) a set of courses or course materials that students can optionally take in order to be well prepared to start the bachelor. Any in-between possibilities can be considered too.

2. Given the broad admission criteria and the relevance of the content for prospective students with diverse types of bachelor degrees, it is to be expected that a student group with diverse disciplinary backgrounds will be attracted. This creates huge opportunities for interdisciplinary exchange and collaboration. The committee would like to encourage the team to maximally take advantage of this.

3. Looking at the course descriptions, there seems to be overlap between courses of the compulsory part, more specifically the courses MHC610 (developmental psychopathology), MHC630 (interventions in child and adolescent mental health) and MHC640 (family, social and cultural influences in child and adolescent mental well-being). The committee suggests to revise the course descriptions so that the unique objectives and content of each course are clear.

4. A recommendation specific to the course description of MHC630 (interventions in child and adolescent mental health care) is to rephrase the second learning outcome in terms of psycho-education rather than guidance to treatment.

5. The required level of English language proficiency seems to be slightly below international standards.

6. The committee suggests to add some sentences about career pathways after graduation in documentation on this program. Otherwise, prospective students may erroneously expect that they start a career as clinical psychologists or counsellors based on this degree. It is recommendable to clearly define the program as a non-applied degree.

7. Based on the conclusions the committee drew with respect to the public information on the bachelor's program, distance learning, we recommend that the future information that will be provided on the new master's program will be more detailed (e.g., course content, learning objectives, career pathways,...).

***Response by EUC:***

***We thank the EEC for these important recommendations, which we have attempted to take into account effectively, as indicated below:***

1. ***We now see and agree with the fact that the admission criteria are very broad (direct access for graduates from a broad range of bachelor programmes) and that this may cause problems of student heterogeneity in previous knowledge. To this end, we have decided to adopt the recommendation of the EEC and have designed preparatory /foundation courses for those students who have gaps in knowledge on essential domains of the programme. More specifically, candidates coming from academic backgrounds with no 'Statistics' and 'Child Development' courses, but fulfill all the other entry requirements, will be offered a "conditional acceptance". Following this, and after the evaluation of the application by the Department, they will have to take one or both of the short foundation courses developed titled "Foundations in Statistics" and "Foundation in Child Development" (please see Appendix 1: Syllabi of Preparatory/Foundations Courses), prior to entering the programme. Depending on their specific former education, exemption from one of the two can be offered. This pre-requisite will be included on the formal entry requirements of the programme. Correspondingly, the programme's specific admission criteria (as were presented in the initial application Document 200.1 p.11) have now been revised as follows:***

***SPECIFIC***

***A first degree or equivalent, in medicine, psychology, nursing, social work, education, law (criminal justice).***

***More specifically the M.Sc. Programme accepts:***

***An undergraduate degree with a Grade Point Average of 2.80 (or equivalent). Candidates who do not fulfill the required academic qualifications of a 2.80 G.P.A average, but can present a C.V with activities relevant to the programmes' context will be considered.***

***Candidates coming from academic backgrounds with no 'Statistics' and 'Child Development' courses, but fulfill all the other entry requirements, will be offered a "conditional acceptance". Following this, they will have to take two short foundation courses in the related fields. Depending on their specific former education, the Department may decide for an exemption from one of the two of these courses.***

2. ***We are delighted that the EEC picked up on this very special component of our programmme. Indeed by offering this degree to a range of academic backgrounds promotes the spirit of inter-disciplinarily and collegiality, which is necessary when working with children and adolescents. One of the learning outcomes of this programme is to***

   ***"Develop strategies to overcome barriers to inter-professional working and promote the wider social inclusion of vulnerable children, young people and their families who are at risk or 'in need".***

   ***Child and adolescent welfare often requires knowledge from other disciplines to develop, and implement comprehensive treatment/intervention plans. Collaborative decision-making and information sharing among the helping professions ensures that consideration is given to all of the factors affecting intervention and outcome and is a skill that is most effectively learned during pre-professional training. The programme allows for many opportunities for students of different academic backgrounds to work together on projects, assignments and research. Additionally, instructors will encourage and promote this by mixing groups of students themselves in activities geared towards the sharing of best practices of from each background/place of profession.***

3. ***As discussed with the EEC during the meeting, although the courses might contain similar material (MHC610-Developmental Psychopathology & MHC630-Interventions in Child and Adolescent Mental Health), the object of focus is different. MHC610 deals with <u>symptomatology</u>, MHC630 with <u>interventions</u> while MHC640 with <u>external risk factors</u>. Following the Committee's suggestions to avoid any overlapping between these courses, we revised the course descriptions of the syllabi of the MHC610 and the MHC630 courses, so that the unique objectives and content of each course are clear (please see Appendix 2: Revised Syllabi). The overlap is now minimal and exists only to bridge the courses together.***

4. ***The recommendation specific to the course description of MHC630 (Interventions in Child and Adolescent Mental Health) to rephrase the second learning outcome in terms of psycho-education rather than guidance to treatment has been completed as suggested by the Committee (please see Appendix 2- Revised Syllabi).***

5. ***The required level of English language proficiency is a University wide policy on masters programmes of study and they are compatible to the national expectation framework.***

   ***More specifically the required English language proficiency entry requirement is the following:***

   ***Proficiency in English. Applicants must submit proof of English proficiency. This must consist of at least one of the following:***

1. ***Proof that undergraduate instruction and coursework has been done in English***
2. ***The Test of English as a Foreign Language (TOEFL) examination with a minimum score of 550 (paper-based total) or 213 (Computer based total).***
3. ***IELTS with a score of 6.5 or English GCSE (GCE) O' Level with "C" or above.***

***In cases that the above English language requirements cannot be met for practical reasons, a student shall take the English Placement Test of the University. The minimum level for the student to be admitted to a post-graduate programme is ENL102-Advanced English.***

6. ***We agree with this suggestion of the Committee to*** **add some sentences about career pathways after graduation in documentation on this programme.** ***We have therefore added the relevant sentence "<u>This non-applied degree offers a deepening of knowledge in basic areas of child and adolescent mental health with multiple applications within the existing fields of the applicants</u>" in the description of the programs purpose and objectives as these were presented in the initial application in Document 200.1, p.8 first paragraph-see also in the following page the full description of the 'Program's purpose and objectives').***

7. ***Upon accreditation, all relevant components of the program e.g., course content, learning objectives, career pathways, curricula, syllabi, etc., will be made available to the public via our webpage as per the EEC's suggestion. More specifically the following information will appear or our webpage:***

***<u>Programme's purpose and objectives:</u>***

***The M.Sc. in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. This non-applied degree offers a deepening of knowledge in basic areas of child and adolescent mental health with multiple applications within the existing fields of the applicants. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. This course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.***

***Objectives:***

***The general objectives of the postgraduate programme in Child and Adolescent Mental Health are to:***

- ***Offer postgraduate studies in Child and Adolescent Mental Health in a programme of high academic standards.***
- ***Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health.***

- ***Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health***
- ***Prepare students for future Doctoral studies.***

***The programme aims to:***

- ***Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.***
- ***Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.***
- ***Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.***
- ***Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working***
- ***Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.***
- ***Provide skills, knowledge and awareness of child and adolescent psychological development.***

**Career Prospects**

***Graduates of the programme will have gained a deep understanding and knowledge of Child and Adolescent mental health to enable them to work effectively and collaboratively across professional agencies and boundaries. Since the programme covers a large target group of professionals, it is noted that the demand in curricula for Child and Adolescent Mental Health, will be high.***

***The employment prospects of the students include:***

***The labour market for graduates is among those who wish to pursue doctoral studies in academic institutions of Cyprus and abroad and those who want to be employed in the private and public sector and in non-profit organizations and other related services such as:***

- ***Schools and educational institutions***
- ***Juvenile prisons***
- ***Children's Clubs***
- ***Children's Hospitals***
- ***Law firms/courts of Justice***
- ***Welfare services***
- ***Special Education institutions/units***

***All syllabi of all the courses will appear as in the case with all the programmes of the University.***

***The profiles (educational background, research interests, research work, publications and contact details) of all the instructors are also currently available and are regularly updated.***

***Any further details of the programme can be requested by a call or by email.***

## 2. Teaching, learning and student assessment

***The EEC has raised the following issues. The responses for the issues raised are indicated below after the Findings section.***

**Comments by the EEC:**

**Findings:**

1. The program has a strong theoretical focus. However, given the focus on child and adolescent mental health, it is to be expected that many of the students will have a profound interest in clinical practice and will also go/return to clinical practice after obtaining the master's degree. For this group, it might be interesting to be allowed to do a master's thesis with a more pronounced clinical focus, e.g., a thesis in which a clinical intervention or a school prevention program is developed or evaluated.

2. Even in a program with a strong theoretical focus, it is important that graduates have enough training on skills development (communication, empathy,...). Maybe some optimisations in this respect are possible.

3. It seems that they are two types of opposite modalities (teleconferences to "deliver knowledge" and discussion sessions) while they can and should be more interrelated to guarantee students scaffolding and therefore learning. It may need specific coordination in order to guarantee that this approach is part of the whole program.

4. Marking will be done by one member of staff. It would be advisable that a small percentage could be double marked. It would have been good if some samples of feedback forms would have been presented, as well as an overview of quality of feedback and consistency among markers. Also it would be good to provide more information on assessment/marking criteria so that students get to know why they got the marks they got and how to improve in the future. Monitoring stats on grades/marks over years and among modules will be helpful to safeguard norm constancy in evaluation.

5. Some assessments using multiple choice questions are planned. It would be good to improve the psychometric quality of this type of exams, e.g. by using correction for guessing, performing item analysis etc. The staff might benefit from expertise and software that have already been developed in other schools (e.g. the Medical School).

6. In the general information for the accreditation of the program it is mentioned that continuous-formative assessment and feedback will be provided to the students regularly. However there is no evidence of how feedback to assignments in the courses is planned and provided. We suggest that if continuous formative assessment wants to be guaranteed it is necessary to plan and provide to the students when the feedback will be provided for each assignment and what is expected from the students to do with it in order that it becomes really formative. Given the small number of students expected, the committee strongly recommends to put more effort in the continuous assessment than in the final examination (even with a 50%-50% distribution).

7. Self-assessment activities defined in each study guide are mainly individual and there are some assignments that students can choose to perform individually or in groups. Also, group Consultation Meetings are planned. There are two areas of improvement here: 1) to include the assessment criteria in the study guides specifically for the assignments (what do students need to take into account? 2) to include details of the feedback for the assignments (when it will be provided and what it is expected from the students

***Response by EUC:***

***Some very valuable suggestions have been provided in this section also which we have attempted to take into account effectively, as indicated below:***

1. ***This comment finds us in complete alignment with the EEC. This has always been the intention of the programme; all students will be practicing/working within their existing fields, so the same goes for the thesis projects. Based on the professional ethics and legal regulations pertaining to psychology but all the other fields also, students will be able to undertake the relevant research. For example, a student with a psychology or social work background can undertake research with at-risk children, children on welfare or children placed under the protection of the government. Additionally, such students will be encouraged to design, run and test various intervention programmes on children or organizations (e.g., anti-bullying interventions; building resilience; building empathy; risk assessment, etc.).***

2. ***Absolutely, such skills are of primary importance to our programme and are entailed on the learning outcomes. Communication, empathy and listening are indirectly covered in many modules, but following the EEC's recommendation, a component has now been added to the course MHC630 (Interventions in Child and Adolescent Mental Health) which focuses directly on such skills (please see Appendix 2: Revised Syllabi, p.1 Learning outcome n.5 and Appendix 3a: Revised Study Guide MHC630 pp. 17-20). More specifically, we have know revised the Study Guide and Sylabus of the specific course adding a basic introduction and training in these skills, which of course are not equivalent to a comprehensive training in therapeutic skills.***

3. ***The two types of opposite modalities will be coordinated (based on the context and needs of each module) both by instructor and course coordinator (teleconferences to "deliver knowledge" and discussion sessions) to be interrelated so as to guarantee students scaffolding and therefore learning.***

   ***The members of the Department meet once a week (currently every Wednesday morning) to discuss weekly matters pertaining to the Department and the Programmes. In this meetings careful monitoring and coordination of the above modalities will be done depending on the needs of students and content of each course.***

   ***Additionally, in order to improve the learning experience for the students, EUC has established a Team of Pedagogical Planning, which is involved in all internal quality assurance related procedures and decisions related to the University's Distance Learning programmes of study which can be consulted. The Team aims to improve the***

***learning experience of distance learning students through its active and qualitative support of the University's distance learning programmes of study and is responsible for supporting Schools in:***

- ***monitoring and evaluating the existing distance learning programmes of study***
- ***the pedagogical planning of new distance learning programmes of study***
- ***the design and evaluation of educational material for distance learning programmes***
- ***the support and feedback processes to the students***
- ***the pedagogical use of technology, internet and digital information***
- ***the technical training and support of instructors***
- ***the interaction between staff and students.***

4. ***A few suggestions have been added by the EEC under this point. We divide them in subparts below:***

***<u>Double Marking</u>: We endorse the suggestion of the EEC for a percentage of the markings to be double marked. More specifically, 20% of all exams will be doubled marked for all the courses which we currently have more than one academic faculty with a profile that potentially enables him/her to teach the course. Such courses are: MHC654 Special Topics in Child and Adolescent Mental Health; MHC600 Child Development in Practice; MHC610 Developmental Psychopathology; MHC630 Interventions in Child and Adolescent Mental Health.***

***<u>Marking and Assessment Criteria</u>: As a University wide policy, all students at the onset of their studies are made aware of what is expected of them on each programme and more specifically on each course. An example of how this is done is the Course Outline of each module (please see Appendix 4: Course Outline Template). The course outlines contain information on***

- ***<u>Learning outcomes</u> – the guidelines for the knowledge, understanding and skills students are expected to develop by the end of the course***
- ***<u>Internal regulations on Academic Ethics and Students' Discipline.</u>***
- ***<u>Appeals procedure</u>***
- ***<u>Marking/assessment criteria</u> – these make clear what the assessor will be looking for in your work e.g., <u>Breakdown of Marking:</u> The balance between exams and assignments is 50% - 50%, as this is described on the Study Guides of the programme's courses submitted with the application for the accreditation of the programmes to the EEC. More specifically, the 50% for assignments is divided into individual assignments, group work assignments (following the EEC suggestion) and other small assigned activities (named Self-Assessment Interactive Exercises/Activities).***

  ***Self-Assessment Interactive Exercises/Activities sum up 10% (out of 50% of the total percentage of assignments) for each course and Self-Assessment Exercises/Activities adhere to the regulations of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CY.Q.A.A.) for assignments to aim to provide self-evaluation/assessment opportunities and structure to the***

***students. Through Self-Assessment Exercises/Activities students are provided the opportunity to self-regulate their learning.***

***Individual and Group Assignments carry 40% of the student's final mark. These assignments have much higher complexity (including technical, practical and cognitive challenges) and require much more effort and time from students to be completed.***

- ***<u>The Grading System</u> of the EUC is indicated and explained.***

***<u>Feedback to students:</u> Students receive feedback very early in their programme: this varies from comments made in a lecture, discussions in groups, feedback on practice exercises in class, answers to queries about coursework on a forum or in live Q&A sessions, conversations with other students on blackboard. As regards the marking of assessments with feedback the current EUC regulations are the following:***

- ***Assignments and mid-terms will be marked and retuned to students within 15 days of submission. If this cannot be met then the instructors contacts the class and lets them know when the feedback will be provided. The extra time should not exceed one week.***

- ***The Final exams grades are marked and submitted together with the entire grade book of a course after 48 hours of the exam. Students receive online their overall grades a week after the examination period is finished.***

***Furthermore, for all the courses, instructors have put in place well-designed assessments that will aid students to progress through their programme. The aim is to help the student's learning but also provide them with a tool to measure it by focusing their attention on task and content that reflect the learning outcomes of the course. The assessments under this also help instructors to see what the students have actually understood and on which aspects they still need some work. All assignments have Rubrics which are now included in the Study guides (see Table under item 7 of this section the for relevant pages)***

***<u>Monitoring Grades:</u> We are already monitoring statistics on grades/marks for all courses in our department via the Grade Submission form which executes statistical analysis of the grades on each course and we thus plan to continue this tactic.***

5. ***We have formally requested that the Software of the Medical School is provided for use at the Department of Social and Behavioural Sciences. The request has been approved by the members of the Department Council in its meeting on 20.1.21 and eventually by the Members of the School Council in its meeting held on the 21.1.21.***

6. ***As we have documented in pt. 4 above, <u>Feedback to students</u> begins very early in their course and varies and is specific to a lecture, discussions in groups, feedback on practice exercises in class, answers to queries about coursework on a forum or in live Q&A sessions, conversations with other students on blackboard. As regards the***

***marking of assessments with feedback the current EUC regulations are the following: Assignments and mid-terms will be marked and retuned to students within 15 days of submission. If this cannot be met, then the instructors contacts the class and lets them know when the feedback will be provided. The extra time should not exceed one week. The Final Exams grades are marked and submitted together with the entire grade book of a course after 48 hours of the exam. Students receive online their overall grades a week after the examination period is finished. Furthermore, for all the courses, instructors have put in place well-designed assessments that will aid students to progress through their programme. The aim is to help the student's learning but also provide them with a tool to measure it by focusing their attention on task and content that reflect the learning outcomes of the course. The assessments under this also help instructors to see what the students have actually understood and on which aspects they still need some work. All assignments have Rubrics and are now included in the Study guides (see below table item 7 in "Teaching, Learning and Student Assessment").***

***As regards the EECs comment on continuous assessment, we would like to confirm that this is indeed the case, as with continuous assessment students receive continuous and steady feedback they can rely on. More specifically, the balance between exams and assignments is 50% - 50%, as this is described on the Study Guides of the programme's courses submitted with the application for the accreditation of the programme to the EEC. More specifically, the 50% for assignments is divided into individual assignments, group work assignments (at least two; one in the middle and towards the end of semester) and other small assigned activities (named Self-Assessment Interactive Exercises/Activities) which are weekly and are specific to each topic. This continuous assessment and feedback modality made possible by the variety of activities/assessments provided weekly, helps prepare student adequately for their final examination at the end of each semester, which contains material they have had ample exposure and feedback on during the semester.***

7. ***In light of the suggestions of the EEC, assessment Rubrics have been added to the Study Guides. Please review the table below for the relevant pages in each study guide found in Appendix 3a-3g.***

| **Revised Study Guide** | **Rubric Page No.** |
|---|---|
| Appendix 3a Revised Study Guide MHC630 | 36 - 37 |
| Appendix 3b Revised Study Guide MHC610 | 21 & 42 |
| Appendix 3c Revised Study Guide MHC600 | 42 |
| Appendix 3d Revised Study Guide MHC640 | 37-38 |
| Appendix 3e Revised Study Guide MHC652 | 26 & 47 |
| Appendix 3f Revised Study Guide MHC654 | 24 |
| Appendix 3g Revised Study Guide MHC660 | 40-44 |

***Although the week of submission is indicated in the Study Guide, once the programme runs, clear dates and times will be documented also both on the study guides and on the blackboard platform.***

## 3.Teaching Staff

*(ESG 1.5)*

***The EEC has raised the following issues. The responses for the issues raised are indicated below after the Findings section.***

**Comments by the EEC:**

**Findings:**

1. The transference of Executive Training Center and the team of Pedagogical Planning of Distance Education into the design of the courses can be better monitored to guarantee the implementation of innovative methods into them.

**Comments by the EUC**

1. ***In order to improve the learning experience for the students, EUC has established the Team of Pedagogical Planning, which is involved in all internal quality assurance related procedures and decisions related to the University's Distance Learning programs of study. The Team aims to improve the learning experience of distance learning students through its active and qualitative support of the University's distance learning programs of study and is responsible for supporting Schools in:***

- ***monitoring and evaluating the existing distance learning programs of study***
- ***the pedagogical planning of new distance learning programs of study***
- ***the design and evaluation of educational material for distance learning programs***
- ***the support and feedback processes to the students***
- ***the pedagogical use of technology, internet and digital information***
- ***the technical training and support of instructors***
- ***the interaction between staff and students.***

***All trainings on distance learning are evaluated in a structured way by participants who provide feedback on all aspects of their training regarding online teaching (module delivery, design, assessment, etc.). This is part of the Faculty Professional Programme organized by the Office of the Vice-Rector of Academic Affairs.***

## 4. Students

***The EEC has raised the following issues. The responses for the issues raised are shown below after the Findings section.***

**Comments by the EEC:**

**Findings:**

1. Given the small number of expected students, we suggest to monitor students more closely, also in the process of continuous assessment, e.g. by requiring that a student retakes an assignment in case it does not meet the expected standards.

2. It will be good to collect data on what career paths graduates follow.

***Response by EUC:***

1. ***With a small number of accepted students, instructors will be able to monitor and ensure that all students are learning. Students have several assessment activities both formative and summative throughout the semester which are essential to measure the progress and performance of individual students, plan further steps for the improvement of teaching and learning and share information back to the Department Council. All assessment activities, are returned to students in a timely manner to help communicate their progress at various points in the semester and enables them to make any necessary adjustments. Likewise, the instructors can assess their teaching and focus of material accordingly. Small number of students not only enables us to monitor the total number of students, but also allows the instructors and the course coordinator to monitor and cater to students on an individual level.***

   ***As is the case currently, instructors have the academic freedom to assess whether the student can retake an assignment that has not met the expected standards.***

2. ***Collecting data of career paths of all the graduates of the EUC is a standard practice of the EUC executed by the Office of Student Affairs. This will be the case with the future graduates of the current course. In what follows, we provide a brief descriptions of the Office of Student Affairs responsibilities and how they go about in collecting the data from graduates.***

   ***The Office of Students Affairs is the pillar and sponsor of many programmes and activities that take place outside the classroom and which aim at enhancing student life at the University. Student life is an important aspect of University education as it can offer a unique opportunity to develop leadership and communication skills. The Office of Student Affairs tries to cultivate a feeling of shared responsibility whereby students can learn the importance of teamwork and become members of an international community. The aim of the Office of Student Affairs is to help students acquire skills and qualities that will help them cope and excel in life after graduation.***

***The European University Cyprus Career Center outsources an annual Employability Survey. The Career Center runs Employability surveys for the last 20 years. The data collection method is done by telephone interviews using a structure questionnaire comprised of 23 questions. The sample size is quite large given that the Career Center delivers to the research company the list of graduates for each academic year that consented upon graduation, to participate in surveys. Furthermore, the Research Firm is instructed to contact graduates from all degrees and standings so as to ensure that there is sample representation of all degrees and academic levels. Indicative for 2018 Employability Survey a total of 462 effective interviews were conducted amongst 615 EUC's alumni who have consented to participate in surveys. The response rate was 75%.***

***Once the results are compiled the European University Cyprus Career Center disseminates the findings both to the University Management and the different Schools and Departments, for further review and deliberation.***

## 5. Resources

*(ESG 1.6)*

***The EEC has raised the following issues. The responses for the issues raised are shown below after the Findings section.***

**Comments by the EEC:**

**Findings:**

1. Although simulation activities are part of the methods considered in the university's pedagogical model, we do not have evidence that they will be included in the programme.

2. Some caution must be exercised as to the recording of sessions, as in some sessions there will be discussions about sensitive issues.

**Comments by the EEC**

1. ***Indeed, simulation activities are proposed in our programme. As is customary for the M.Sc. programme in Clinical Psychology- we employ a group of actors to carry out real world clinical scenarios. Similarly the instructors of the programme and according to their background will design the scenarios which the actors will perform in an effort to provide an experience as close to the 'real thing' as possible. Students are also requested to role play the scenarios with the actors or amongst them. We have now added some examples of simulations in Study Guides (see Appendix 3b pp. 18, 19, 21, and 22; & Appendix 3f pp. 12, 14, 20, 32, and 38.***

2. ***This comment finds as in full agreement with the EEC. The members of the Department Council during their meeting on the 20.1.21 unanimously agreed that lectures of the particular programme will not be recorded if they fall under the scope of the following pillars:***

    a. ***Contain information regarding real clinical cases of children or adults;***
    b. ***Contain the training/exposure of students in experiential techniques;***
    c. ***Contain information shared by the students pertaining to personal experiences or other experiences e.g., (a case of a child at work) containing sensitive information;***
    d. ***When copyrighted material is shared***

**6. Additional for distance learning programmes**
*(ALL ESG)*

***No comments were indicated by the EEC***

## 7. Additional for doctoral programmes

*(ALL ESG)*

**N/A**

## 8. Additional for joint programmes

*(ALL ESG)*

**N/A**

## B. Conclusions and final remarks

***The EEC has raised the following concluding remarks. The responses for the issues raised are shown below after the Findings section***

Concluding Remarks by the EEC

The proposed program of study has notable strengths.

- The proposed program will no doubt be very appealing to a broad range of prospective students with diverse disciplinary backgrounds. It is unique in its kind and clearly responds to needs of the market.
- One strength of the program is the inclusion of a master's thesis (30 ECTS) as compulsory. Having a thesis as compulsory part of a master's program is deemed indispensable to meet international standards.
- The materials and tools that will be used are modern and will be regularly updated with videos integrated in the activities. In general, the pedagogical approach proposed will encourage students to take an active role and the activities are designed with this purpose.

Nevertheless, the committee would like to give some recommendations for further improvement.

- The fact that the admission criteria are very broad It is a strong recommendation of the committee to make up for that by offering (obligatory) preparatory courses to those students who have gaps in previous knowledge on essential domains. There are several possible ways of doing this. One possible way is to define a preparatory program, consisting of courses of which the content is
- The committee would like to encourage the team to maximally take advantage of the opportunities for interdisciplinary exchange and collaboration as a consequence of the student group with diverse disciplinary backgrounds. Course descriptions and learning outcomes of some courses need some revision to avoid overlap and be consistent with the (non-clinical) scope of the program.
- The required level of English language proficiency seems to be slightly below international standards.
- It will be good to add some sentences about career pathways after graduation in documentation on this program.
- It might be interesting to make it possible that students with clear interest in clinical practice be allowed to do a master's thesis with a more pronounced clinical focus, e.g. a thesis in which a clinical intervention is developed or evaluated.
- Even in a program with a strong theoretical focus, it is important that graduates have enough training on skills development (communication, empathy, cooperation...). Maybe some optimisations in this respect are possible.
- Some assessments using multiple -choice questions are planned. It would be good to improve the psychometric quality of this type of exams. The staff might benefit from expertise and software that has already been developed in other schools

***Response by EUC:***

***We would like to sincerely thank the EEC for the positive feedback and its constructive recommendations. As described in the previous sections of the report, the Department of Social and Behavioural Sciences made a focused effort to address each of the EEC's recommendations. As such, we believe that these actions enhance the quality of the M.Sc. in Child and Adolescent Mental Health. By making these changes, we believe that we are now able to offer a significantly improved programme of study which is in line with the European Qualifications Framework and which builds on our strengths and our readiness to implement the programme in an attractive student-friendly environment. We summarize in brief some the major adaptations described in more depth above:***

- ***"Foundations in Statistics" and "Foundation in Child Development" will be offered to candidates coming from academic backgrounds which do not contain courses in such fields, but fulfill all the other entry requirements.***

- ***The programme's instructors intend to maximally take advantage of the opportunities for interdisciplinary exchange and collaboration resulting from a student population with diverse disciplinary backgrounds; this was the rationale of accepting candidates from such a variety of backgrounds.***

- ***Course descriptions and learning outcomes of some of courses have been revised to accommodate the EEC suggestions. More specifically, changes have been made as regards to the following:***
  - ***The eradication of overlaps;***
  - ***Wording made consistent with the non-clinical scope of the programme;***
  - ***To include components on skills such as empathy, communication and cooperation.***

- ***We confirm that students with clear interest in clinical practice (and confirmed by previous academic background) will be allowed and encouraged to do a master's thesis with a more pronounced clinical focus, e.g. a thesis in which a clinical intervention is developed or evaluated.***

- ***Assessment Rubrics are now included in the Study Guides as have been examples of simulation activities.***

- ***A more clearer depiction of career pathways has been added to the description of the programme to better highlight its non-applied theoretical nature.***

- ***The EEC suggested that it would be good to improve the psychometric quality of multiple choice type of exams. The staff will indeed benefit from expertise and software that has already been developed in the School of Medicin. After the Approval by Members of the Department and School Council, a decision has been made so that the software is made available to the Department of Social and Behavioral Sciences.***

***In closing, we would like to say that the Department of Social and Behavioural Sciences found the EEC's candid discussions, a constructive learning process. We all believe that***

***this review was a positive experience and feel that we were provided with important input on how to move effectively forward. In addition, we have thoroughly reviewed the findings, strengths and areas of improvement clearly indicated by the EEC following its review and attempted to respond to each item specifically and succinctly, indicating our actions. By embracing the EEC's comments and suggestions, we are convinced that our programme will be able to more effectively ensure the learning outcomes of its students. In this regards, we are grateful to the EEC for their candid discussions regarding our programme, and the insightful comments and suggestions throughout their report.***

## C. Higher Education Institution academic representatives

| *Name* | *Position* | *Signature* |
|---|---|---|
| **Professor Marios Vryonides** | Dean of the School of Humanities, Social and Educational Sciences |  |
| **Dr. Panayiotis Parpottas** | Chairperson of the Department of Social and Behavioural Sciences |  |
| **Dr. Monica Shiakou** | Programme Coordinator |  |

**Date:** 21.1.2021

**APPENDIX 1**

## SYLLABI OF PREPARATORY/FOUNDATION COURSES

| | | | | | |
|---|---|---|---|---|---|
| Course Title | Foundation Course in Developmental Psychology | | | | |
| Course Code | N/A | | | | |
| Course Type | Compulsory Foundation | | | | |
| Level | Master (2nd Cycle) | | | | |
| Year / Semester | Before entering the programme | | | | |
| Teacher's Name | Eleonora Papaleontiou-Louca, PhD | | | | |
| ECTS | N/A | Lectures / week | Upto 6 Teleconferences | Laboratories / week | N/A |
| Course Purpose and Objectives | The basic aim of F.C. is to explore what it means to take a life-span perspective on development, examine the nature of development, and outline the basic methods of studying children / adolescents.It also aims to familiarize students with some of the most important theories of human development and understand their significance in the life-span development. | | | | |
| Learning Outcomes | Upon successful completion of this course students should be able to:<br>• Explain the importance of studying Developmental Psychology<br>• Identify factors that influence development and give specific examples.<br>• Explain how development occurs according to basic theories in the area of Developmental Psychology.<br>• Apply the characteristics of the Life-Span Development in Practice by giving examples from every day-life.<br>• Explain the distinctive features of a life span perspective on development<br>• Explain how research in life - span development is conducted and identify some ethical issues that might arise. | | | | |
| Prerequisites | None | | Co-requisites | None | |
| Course Content | **Course Contents:**<br>• Analysis of basic concepts in Developmental Psychology (such as: Lifelong, Multidimensional, Multidirectional, Plastic and depending on context.)<br>• Basic theoretical approaches (such as: Jean Piaget's theory of cognitive and moral development, Vygotsky's theory of cognitive development, Erik Erikson's theory of personality development and social development, Kohlberg's theory of moral development, Sigmund Freud's psychodynamic theory and Fowler's theory of spiritual development).<br>• Special methods used to study Child / Adolescent's development. | | | | |

| | |
|---|---|
| | • Various domains of development: physical, cognitive, social-emotional and moral /spiritual development<br><br>**Description:**<br><br>This Foundation Course (F.C.) in Developmental Psychology deals with some of the over-arching themes of child development, the main theoretical approaches and the special methods used to study development. The F.C. also refers to the different domains of development, including physical, cognitive, social-emotional and moral /spiritual development and the way children's development in one domain affects their development in the others.<br><br>It also explains the concept of life-span development and relevant concepts in Developmental Psychology, such as: Lifelong, Multidimensional, Multidirectional, Plastic and depending on context.<br><br>Finally, this F.C. briefly describes some of the main theories on human development, such as: Jean Piaget's theory of cognitive and moral development, Vygotsky's theory of cognitive development, Erik Erikson's theory of personality development and social development, Kohlberg's theory of moral development, Sigmund Freud's psychodynamic theory and Fowler's theory of spiritual development. |
| Teaching Methodology | Distance Learning |
| Bibliography | Santrock, W, J. (2017). *Lifespan development.* McGraw Higher Education.<br><br>Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). *Child and Adolescent Mental Health: Theory and Practice* (second edition). London: Hodder and Stroughton Limited.<br><br>Lefrancois G.R. *of Children* (9th ed.). Belmont, USA: Wadsworth/Thomson Learning.<br><br>Myers, D.: *PSYCHOLOGY.* Worth Publishers.<br><br>Gerrig, Richard, J., Zimbardo, Philip, G.: *PSYCHOLOGY AND LIFE.* Allyn and Bacon, Latest Edition. |
| Assessment | **Students will be given a few self- assessment activities.**<br><br>**Example of activity:**<br><br>In no more than 100 words explain how children's development in one domain affects their development in the other domains. Give 1-2 examples. |
| Language | English |

| | | | | | |
|---|---|---|---|---|---|
| Course Title | Foundations of Statistics in Social Sciences | | | | |
| Course Code | N/A | | | | |
| Course Type | Compulsory Foundation | | | | |
| Level | Master (2nd Cycle) | | | | |
| Year / Semester | Before entering the programme | | | | |
| Teacher's Name | Dr. Paris Vogazianos | | | | |
| ECTS | N/A | Lectures / week | Upto 6 Teleconferences | Laboratories / week | N/A |
| Course Purpose and Objectives | Objective:<br>• To develop an understanding of the significance of statistical applications in Social Sciences.<br>• To present basic statistical concepts and their use in descriptive and inferential statistics used in Social Sciences.<br>• To prepare students to execute statistical analysis of data that is obtained from quantitative research (e.g. correlational, experimental). | | | | |
| Learning Outcomes | Upon successful completion of this course students should be able to:<br>• Discuss the significance of statistical applications in Social Sciences<br>• Define the basic statistical concepts involved in descriptive and inferential statistics.<br>• Transform raw data into workable data files<br>• Recognize factors influencing required sample size<br>• Select appropriate parametric and non-parametric techniques for testing hypotheses<br>• Utilize a statistical software package for performing appropriate statistical test | | | | |
| Prerequisites | None | Co-requisites | None | | |
| Course Content | Description:<br>• Introduction: Role of statistics in Social Sciences. Possible sources of error in Social Sciences research. Types of data in psychological research.<br>• Tabulation of Data: Raw data, frequency and relative frequency. Bar chart, pie chart, histogram.<br>• Statistical Measures of Central Tendency, Dispersion and shape: Examples of measures of Central Tendency, Dispersion and Shape as applied in Social Sciences. | | | | |

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|---|---|
| | • Bivariate relationships. Scatterplots, Pearson Correlation Coefficient, Spearman Correlation Coefficient, Chi Squared test of Independence.<br>• One-sample Hypothesis tests. One sample t test and One-Sample Wilcoxon Signed Rank. Two-sample Hypotheses tests. Independent sample t test and Mann Whitney test. Comparison of three or more sample means. Analysis of Variance (ANOVA) and Kruskal Wallis test. Interaction of two independent factors. Parametric and non-parametric two-way Analysis of Variance.<br>• Linear Regression and Correlation: Fitting regression lines. The least squares regression line. The standard error of estimate. The coefficients of determination and correlation. Multiple linear Regression.<br>• Computing and data analysis using statistical software, computer lab component. |
| Teaching Methodology | Distance Learning |
| Bibliography | Sharon L. Weinberg , Sarah K. Abramowitz: DATA ANALYSIS FOR THE BEHAVIORAL SCIENCES USING SPSS (with electronic data) Cambridge University Press, Latest Edition<br><br>Richard J. Shavelson: STATISTICAL REASONING FOR THE BEHAVIORAL SCIENCES Allyn & Bacon, Latest Edition<br><br>Robert R. Pagano: UNDERSTANDING STATISTICS IN THE BEHAVIORAL SCIENCES (with CD-ROM and Infor Trac) Wadsworth, Latest Edition<br><br>Russell T. Hurlburt: COMPREHENDING BEHAVIORAL STATISTICS (with CD-ROM)<br><br>Joan Welkowitz, Robert, B. Ewen, Jacob Cohen: INTRODUCTORY STATISTICS FOR THE BEHAVIORAL SCIENCES Harcourt Brace, Latest edition<br><br>Alexander Haslam Craig McGarty: Research Methods and Statistics in Psychology, SAGE Foundations of Social Psychology, Latest Edition |
| Assessment | **Students will be given a few self- assessment activities**<br><br>Example of Activity: The students will be given the statistical results of a peer reviewed research (or an ongoing research with real data analysis) where all analysis will be in the form of Descriptive Statistics and Bivariate Inferential Statistics and will be asked to write a report describing and interpreting the results. |
| Language | English |

**APPENDIX 2**

**REVISED SYLLABI**

| | | | | | |
|---|---|---|---|---|---|
| Course Title | Interventions in Child and Adolescent Mental Health | | | | |
| Course Code | MHC630 | | | | |
| Course Type | Compulsory | | | | |
| Level | Master (2nd Cycle) | | | | |
| Year / Semester | 1st Year/2nd Semester | | | | |
| Teacher's Name | Dr. Giorgos Georgiou | | | | |
| ECTS | 10 | Lectures / week | Up to 6 Teleconferences | Laboratories / week | N/A |
| Course Purpose and Objectives | The aim of the course is to introduce students to the basic therapeutic skills and interventions for children and adolescents. The aim is for the students to know the basic principles related to therapeutic interventions in this age group, what are the steps for managing crises, evaluation of the dysfunctional behavioral and how to guide a child to seek help choosing the most suitable intervention. The student at the end should be able to apply the knowledge that he/she gain to help children, parents and other professionals that work with children to take appropriate steps for proper referral where and where appropriate. This is not related with providing mental health services, but with the ability of an individual to recognize the need of seeking professional help. | | | | |
| Learning Outcomes | It is expected that upon completion of the course, students will be able to:<br>• Communicate and discuss research validated interventions that are effective in treating childhood and adolescent disorders<br>• Demonstrate enhanced knowledge and understanding of the theory behind interventions in child and adolescent mental health<br>• Help parents and carers in the search for the appropriate treatment<br>• Discuss the steps for referral of child and adolescent to appropriate professional<br>• Learn and apply basic communications skills like observing and active listening, which is not equivalent to a comprehensive training in therapeutic skills. | | | | |
| Prerequisites | MHC 600 & MHC 610 | Required | None | | |

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| Course Content | This is a comprehensive and in-depth course, covering the child and adolescent psychopathology, and the various types of psychological disorders. It includes the most current research findings that relate to etiology, course and treatment of child and adolescent psychological disorders. Neuropsychological dimensions and the influence of society and culture on child and adolescent psychopathology are also discussed.<br>• Introduction<br>• Child Therapy<br>• Challenges in therapy during different child developmental stages<br>• Historical and theoretical development of children psychotherapy<br>• Basic Therapeutic Skills Part – 1<br>• Basic Therapeutic Skills Part – 2<br>• Cognitive Behavioral Therapy in Children and adolescents<br>• Play-Therapy<br>• Parenting the strong willed child<br>• Ethical issues in child and adolescent therapy<br>• Presentation of group Assignments<br>• Revision<br>• Vacations/ Studying Week<br>• Vacations/ Studying Week<br>• Study Week & Final Exam |
| Teaching Methodology | Distance Learning |
| Bibliography | McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage.<br><br>Stallard, P. (2005). A clinician's guide to think good-feel good: Using CBT with children and young people. John Wiley & Sons.<br><br>Forehand, R., & Long, N. (2010). Parenting the Strong-Willed Child: The Clinically Proven Five-Week Program for Parents of Two-to Six-Year-Olds. 3rd Edition. Contemporary Books, Two Prudential Plaza, Suite 1200, Chicago, IL 60601-6790.<br><br>Specific peer reviewed articles may be introduced by the instructor based on the topic of each week |
| Assessment | Examinations 50%<br>Assignments/On-going Evaluation 50%<br>100% |
| Language | English |

| | | | | | |
|---|---|---|---|---|---|
| Course Title | Developmental Psychopathology | | | | |
| Course Code | MHC610 | | | | |
| Course Type | Compulsory | | | | |
| Level | Master (2nd Cycle) | | | | |
| Year / Semester | 1st Year/1st Semester | | | | |
| Teacher's Name | Dr. Constantina Demetriou | | | | |
| ECTS | 10 | Lectures / week | Up to 6 teleconferences | Laboratories / week | N/A |
| Course Purpose and Objectives | The aim of this course is to provide an in-depth knowledge of developmental psychopathology. In particular, it aims to provide a comprehensive understanding of child and adolescent psychopathology, based on the developmental perspective. Abnormal behaviour must be understood according to the deviation of the excepted development in every developmental phase of childhood and adolescence. Additionally, another goal of this course is to provide information on how several factors, such as biological and social, are related to the symptomatology of each disorder. Finally, culture, family, gender and its influence on how symptomatology is manifested are also examined. | | | | |
| Learning Outcomes | Upon succesful completion of this course students should be able to:<br>• Demonstrate enhanced knowledge and understanding of the basic approaches to developmental psychopathology.<br>• Analyze the developmental perspective of mental disorders who have their first onset during childhood and adolescence.<br>• Demonstrate a proficiency in recognizing the complexities of symptomatology in child and adolescent psychological disorders within the fundamental categories of psychological disorders.<br>• Develop a proficiency in conceptualizing the contributing factors of psychological, biological and social influences on the development of child and adolescent psychopathology.<br>• Reflect on the research on how all these symptoms can be recognised. | | | | |
| Prerequisites | None | | Co-requisites | None | |

| | |
|---|---|
| Course Content | This is a comprehensive course that covers the spectrum of developmental psychopathology. In particular, this course aims to analyse the mental disorders that have their first onset during childhood and adolescence. This aim is based on the development and evolution of these disorders. Additionally, this course aims to provide and argue about recent research findings related to etiology and course. Neuropsychological dimension and the influence of society and culture on child and adolescent psychopathology are also discussed. Finally, it covers the analysis of several factors affecting the appearance of an abnormal behaviour, and how these impact children and adolescent's development.<br><br>Topics that are going to be discussed are: definition, analysis and interpretation of developmental psychopathology, including child and adolescent mental disorder, understanding of theoretical framework of developmental psychopathology, understanding of the procedure of assessment and diagnosis, and in depth analysis of the following disorders: Attachment Disorder, Autism, ADHD, Oppositional Defiant Disorder, Conduct Disorder, Anxiety Disorders, Post-traumatic Stress Disorder, Depression during childhood and adolescence, Childhood onset Schizophrenia, Eating Disorders, Child Abuse. |
| Teaching Methodology | Distance learning |
| Bibliography | American Psychological Association (2013). *Diagnostic and statistical manual of mental health disorders (DSM-5).* USA: American Psychiatric Publishing.<br><br>Cicchetti, D. (2016). *Developmental psychopathology, 4 volume set* (3rd Edition). Canada: John Willey & Sons Inc.<br><br>Essau, C. A. (2015). *Child and adolescent psychopathology*. East Sussex: Routledge.<br><br>Kerig, P. K., & Ludlow, A. (2014). *Developmental Psychopathology: DSM-5 Update* (6th Edition). McGraw-Hill: McGraw-Hill Higher Education.<br><br>Klykylo, W., & Kay, J. (2012). *Clinical Child Psychiatry. 3rd Edition*. West Sussex: Wiley-Blackwell.<br><br>Lewis, M., & Rudolph, K. D. (2014). *Handbook of developmental psychopathology*, 3rd Edition. New York: Springer<br><br>Shatkin, J. P., & Karp, H. (2015). *Child and adolescent mental health: A practice, All-in-one guide*. New York: W. W. Norton and Company.<br><br>Wilmshurst, L., A. (2017). *Child and adolescent psychopathology: A casebook*, 4th Edition. London: Sage |

| | |
|---|---|
| Assessment | Examinations 50%<br>Assignments/On-going Evaluation 50%<br>100% |
| Language | English |



**FORM: 200.1.3**

# STUDY GUIDE

# COURSE: MHC630 - INTERVENTIONS IN CHILD AND ADOLESCENT MENTAL HEALTH

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC630** | **Interventions in Child and Adolescent Mental Health** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☒ | Elective ☐ | |
| **Number of Teleconferences** | Total: Up to 6 | Face to Face: - | Web based Teleconferences: Up to 6 |
| **Number of Assignments** | **4 self-assessment assignments (5 % each)**<br>**1 group assignments (30%)** | | |
| **Assessment** | Assignments | Final Examination | |
| | 50 % | 50 % | |
| **Number of ECTS Credits** | **10** | | |

| | |
|---|---|
| Study Guide drafted by: | Dr.Giorgos Georgiou |
| Editing and Final Approval of Study Guide by: | Dr.Monica Shiakou |

**CONTENTS**

# 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

## Programme Presentation

**The general objectives of the Psychology Programme are as follows:**

1. Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
2. Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
3. Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
4. Prepare students for future Doctoral studies

**The specific objectives of the Psychology Programme are as follows:**

1. Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
2. Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.
3. Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.
4. Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working
5. Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.
6. Provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

The Study Guide of the course Interventions in Child and Adolescent Mental Health is the result of the collective effort and collaboration of the Psychology Department members, which will reviewed and supplemented each year, based on changes made on the educational material. The module "Interventions in Children and Adolescents in Mental Health" is mandatory and will be offered in the second semester.

After the completion of this course students should be able to:

1. Communicate and discuss research validated interventions that are effective in treating childhood and adolescent disorders
2. Guide parents and carers in the search for the appropriate treatment

3. Discuss the steps for referral of child and adolescent to appropriate professional
4. Identify and carry out the basic steps for managing a crisis situation in the context involving children
5. Demonstrate enhanced knowledge and understanding of the theory behind interventions in child and adolescent mental health.

The Study Guide, is a necessary and useful tool for students, especially in those cases where the educational material is not provided using the methodology of open and distance education. In addition, it encourages the study and understanding of the topics taught in this specific module. Last, through Self-Evaluation Exercises, it encourages work at home, provides motivation for further study and contributes to the development of your critical thinking.

The Study Guide is structured by week and topic, and includes a summary and very brief introductory remarks, aims, expected learning outcomes, keywords, bibliography, recommended Student Engagement Time, Self-evaluation Exercises, Critical Thinking and Case Studies, with answers at the end, in order to better understanding the content, terms and concepts that each section deals with. The recommended weekly working time includes studying hours, attending to tele-meetings, searching for bibliography and reading material, preparing assessments, weekly exercises, etc. Although it is clear, it should be noted that the study guide does not replace the platform-based educational material that the student must read carefully in order to be able to meet the requirements of the program and successfully complete the course.

**Recommended student work time**
Approximately 5 hours (including the study of the Guide).

## TITLE: INTRODUCTION

**(1st Week)**

**Summary**
This section focused on basic elements of psychopathology and the behavioural problems of children and adolescents, emphasising on the risk and protective factors for the development of mental health problems. The main topic is child abnormal psychology, emphasising on the understanding of the underlying mechanism and the behavioural problems. Finally, students will be introduced to a number of therapeutic interventions.

**Introductory Remarks**
From their birth until death, people move through several developmental stages. Each stage is associated with several psychological and physiological changes; however, the developmental changes from infancy to adolescence are the most important. Childhood, for example, is associated with motor development and attachment to the significant other (e.g. mother). Childhood is also associated with language development and rational thinking, while adolescence is associated with an “identity crisis”. In general, different developmental stages can lead to different psychological changes. Difficulties at these stages may lead to several mental health problems causing dysfunctions in minors’ daily life. The above difficulties highlight the need of developing protocols and evidence-based interventions and prevention programs, with the aim of addressing these difficulties. In addition, parents are those that deal with their children difficulties every day, and the one’s that can help them overcome these problems. The aforementioned difficulties can lead to frustration and depressive mood.

Child abnormal psychology differs from adults, in both diagnosis and interventions. A main factor that lead to this difference is the underlying mechanisms of each mental health problem and the skills that children have developed in each developmental stage. Differences can be identified not only between adults and minors but also within children, based on their different developmental stage (age or cognitive development). Good evaluation and understanding of the mechanism that leads to the development of psychopathology will guide clinicians to choose the most appropriate intervention. Factors that affect the development of psychopathology are:

- Biological (genes etc)
- Social Environment (family)
- Temperament (personal characteristics)

Several adults’ interventions e.g. cognitive-behavioral therapy, are also adopted for children. At the same time, there are interventions developed only for children and adolescents e.g. play therapy. In addition, part of the therapeutic interventions in children and adolescents focuses on parent’s counseling e.g., how to cope and interact effectively with their children. According to Bandura's Social Learning Theory, proposing that children behave according to their parents 'behaviors, as well as Behaviourism, propose

that children's behavior is the result of parents' reinforcement (negative or positive), therefore the role of parents is crucial for overcoming children's difficulties and problems.

**Aims/Objectives**
A basic introduction to the therapeutic interventions and their relation with the child and adolescent abnormal psychology. Students are invited to critically think of the different therapeutic models, the role of the parent and therapist and to combine this information with their knowledge from previous courses like “Child Abnormal Psychology”. Finally, the aim is to evaluate whether a treatment is evidenced based.

**Learning Outcomes**
Upon completion of the study of this module, students should be able to:

- Have a theoretical knowledge of the concept of therapy in children and adolescents
- Understand the role of the parent during therapy
- Establish a link between psychopathology and the use of different therapeutic approaches
- Able to assess the use and effectiveness of a therapy model, according to research criteria

**Key Words**

| | | |
|---|---|---|
| Psychopathology | Treatment of Children and Adolescents | Parental Role |

**Annotated Bibliography**
**Basic Sources/Material**
Geldard, K., & Geldard, D. (2011). Counselling psychology in children. Pedio (pp. 7-21). In this chapter, authors present a general introduction to child psychology and therapy in school.

Wilmshurt (2009). Abnormal Child Psychology: a developmental perspective. New York: Routledge (pp. 3-27).
For the course, students will use the chapter: Introduction to child and adolescent Abnormal Psychology, that mentions the basic information for child abnormal psychology

**Self-Assessment Exercises/Activities**
**Exercise 1.1**
Think of the parents’ role in the effectiveness of children and adolescents therapy. Is it important? Limit your answer to 250 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours.

# TITLE: CHILD THERAPY

**(2nd Week)**

**Summary**
This section provides an overview of understanding the basic elements of children's therapy. It's aim is to provide answers to several questions such as: "What are the primary goals of therapy with children? What characteristics should a mental health professional have or develop? What aspects affect the quality of the relationship between the therapist and the child?"

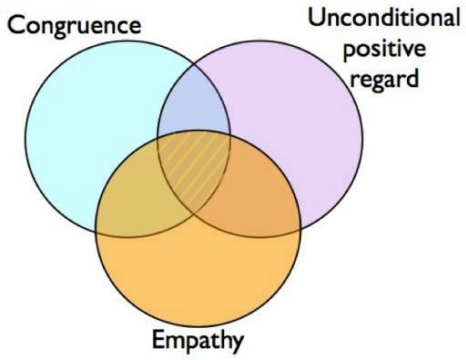
**Introductory Remarks**
The goals of therapy can be divided in four sections. The first refers to the fundamental goals of therapy. Those are general goals, such as the well-being of the child, improvement of self-confidence, etc. The second refers to the parent's goals based on the disruptive behaviors of the child, which concern them. In other words, "what motivated parents to seek therapy for their own child?". The third goal refers to the therapists' goal, based on his/her assumptions regarding the causes of child's problems. Finally, the final goal refers to the child's goals, which may not have been set from the first session but they emerge as the procedure goes on.

However, in order to engage and accomplish the goals of therapy, there is a need of developing a strong relationship between the therapist and the child. Carl Rogers was among the founders of the person-center approach in psychotherapy, which focused mainly in the relationship between the therapist and the individual. Based on his approach, the therapist should have some specific traits and characteristics: to be authentic on what he/she is saying, show empathy, and express unconditionally positive acceptance. Based on this theory, the quality of the relationship between the therapist and the child will affect the effectiveness of the therapy. Despite therapist's characteristics, the relationship between the therapist and the child should be: exclusive, inspire security, confidential and with a specific purpose.

At the same time, therapist should also develop some personal characteristic whcih will enhance the therapeutic process, like: to be consistent with himself and his/her beliefs, to be in touch with his inner child, to accept other people but also to keep and emotional

distance. Finally, yet importantly, s/he should be well informed regarding child's problems and difficulties.

Carl Rogers' model




**Aims/Objectives**

The main aim is to help students understand the basic characteristics that are fundamental for engaging children or adolescents in therapy. This chapter will focus mainly on the therapist, thus students should be able to identify what characteristics should a therapist develop in order to enhance the effectiveness of the therapy. Learning will be achieved through examples and cases. Finally, students should critically think of those skills and take into account the importance of the quality of the relationship between therapist and the child.

**Learning Outcomes**

After completing the study of this module, students should be able to:

- Understand the goals of therapy with children and adolescents
- Reflect on the complexity of the process
- Able to understand the importance of the relationship and those characteristics that enhance the relationship
- Combine and critically evaluate the objectives of therapy, taking into account that need of maintaining a balance between the goals that are set from the therapist, the parent and the child.

**Key Words**

| | | | |
|---|---|---|---|
| Therapeutic Relationship | Person-Center Approach | Therapeutic relationship | Acceptance |

**Annotated Bibliography**
**Basic Sources/Material**

McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage. (pages 87 - 118)
Student will use the chapter that focus on the developing of good therapeutic relationship and alliance between the therapist and the child/adolescent

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 27-55).. In this chapter authors present the goals of child therapy, the importance of the relationship between the therapist and the child and the basic characteristics that a therapist should have.

**Self-Assessment Exercises/Activities**
**Exercise 2.1**

Describe the main steps and characteristics that a therapist should take and develop in order to build a strong relationship with the child. Limit your answer in 300 words.
Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours.

# TITLE: CHALLENGES IN THERAPY DURING DIFFERENT CHILD DEVELOPMENTAL STAGES

**(3rd Week)**


## Summary

This section provides a more in depth discussion of children developmental stages and focus on several challenges that child faces during his/her development that affect psychotherapy. Each age is characterized by the acquisition of new abilities but is also associated with the development of various problems. In many cases parents, significant others and the therapist are the ones that have to deal with these problems.


## Introductory Remarks

The first stage of development is the **prenatal stage**, from conception to birth. At this stage, it is impossible to evaluate the child's behavior but we can evaluate mother's behavior and her environment, since both have a great influence in the development of the child. For example, alcohol consumption, exposure to stressful situations, or poor nutrition may affect the development of the fetus, which should be taken into account during evaluation. Psychological evaluation is important, since the results and the information of this procedure will guide the development and implementation of a treatment plan. Information that are gained through psychological evaluation can help mental health professionals to decide what the most appropriate intervention for the child due to their difficulties.

Second is the **infant stage (age 0 -2).** This is the first stage of child's emotional development. It affects child's behavior, learning ability as well as his/her performance and ability to adopt to his/her environment. We can identify three important aspects during this period. The environment in which the child grows up, the genetic predisposition, and finally the relationship between the child and his/her parents. Regarding the third aspect, child attachment with his/her parent can be either a protective or a risk factor. Next is the **preschool stage (from 2 to 6).** Similar to the previous stages there are developmental goals that the child has to achieve. In addition, engaging in playing activities is a key factor, both as a mechanism through which the child expresses his/her emotions and thoughts (Winnicott, 1971), but also as a method for discovering his/her own self and environment. During this stage child also develops friendships and relationships with peers, but also enhance his/her relationship with parents and relatives. **Early childhood (ages 7-12)** is the time when the child moves from a smaller, more personalized and highly protected environment such as home and kindergarten to a larger and more structured environment such as primary school. During this period, challenges involve issues of learning, socialization and anxiety. Finally, **adolescence (from 12 to 18)** is the time when the individual seeks autonomy. The adolescent tries to understand himself, and establish his new identity. This stage in each child can lead to different needs and problems that affect the treatment plan. Ericson's (1967) model describes how identity is constructed through the resolution of various conflicts that will gradually lead to the development of the 'adult self'. At the same time, mental health issues in childhood are different from those in adulthood. Adolescence is related with high risk of onset and

development of mental health issues like: depression, self-injury, suicidal behaviors, eating-problems, post-traumatic stress disorder, onset of psychotic episodes, substance use, etc. Developmental delays and problems can lead to several mental health problems. In the same time, each difficulty requires different interventions. Thus understanding how different developmental stages lead to different skills, strengths and difficulties is crucial for choosing the most appropriate intervention.

**Aims/Objectives**
To help students understand the importance of development and how each developmental stage affect both psychological evaluation and treatment planning. An in depth understanding of the developmental stages can help students identify which attitudes, cognitions and behaviors of the child are not typical based on their chronological age, under what circumstances those behaviors can lead to the referral of the child, and how they can affect the effectiveness of treatments. Last, the aim for students is to adopt a critically understanding of child's development not only through a theoretical but also through a mental health professional perspective.

**Learning Outcomes**
After completing the study of this module, the student should be able to:

- Has a theoretical knowledge of the developmental stages of the child, the difficulties and challenges that accompany each stage and how these stages affect treatment selection for mental health professionals.
- To reflect on the dynamic nature of development
- Critically evaluate and choose which therapeutic approach would be most effective for each developmental stage
- Able to understand that child needs are based on his/her personality but also based on his/her developmental stage

**Key Words**

| | | | |
|---|---|---|---|
| Adolescents | Development | Understand ourselves | Learning Ability |
| Preschool | Childhood | Transition | |

**Annotated Bibliography**
**Basic Sources/Material**
McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage. (pages 21 - 87)
Theses chapters refers to child's developmental stages, from infancy to adolescence.

Wilmshurt (2009). Abnormal Child Psychology Abnormal Child Psychology: a developmental perspective New York: Routledge. (pp. 65-107)
This chapter refers to the risk and protective factors for developing emotional and/or behavioral problems

**Self-Assessment Exercises/Activities**
**Exercise 3.1**

Describe the main challenges that a child phase in each development stage? Do not exceed 300 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours.

# TITLE: HISTORICAL AND THEORETICAL DEVELOPMENT OF CHILDREN PSYCHOTHERAPY

**(4th Week)**


## Summary

This section provides an overview of the historical background and the different therapy approaches for children and adolescents. In addition, it provides information regarding the "internal process" that occur during therapy and help the individual to understand himself and lead to behavioral and emotional change. The development of different approaches and the theoretical background of each will be presented in chronological order.


## Introductory Remarks

From the early years of the development of psychology until today, there have been four important periods. Through this time, significant ideas and theories regarding children psychology, counselling and therapeutic approaches were developed. The first period refers to the development of Sigmund Freud psychoanalysis - who referred to the concept of ID, ego, superego, unconscious processes, defence mechanisms, etc. Another psychologist that left her mark during that time, taking Freud's first ideas a step further was Klein. Klein introduced the concept of 'playing' as a substitute of free association. Another well-known psychiatrist focused on the therapeutic process was Winnicot, but also Adler who mentioned the interdependence between the child and the social environment. During the second period a variety of theoretical approaches regarding the development of the child were introduced, such as Maslow's Hierarchy of human needs, Ericson's Developmental stages, and Piaget's cognitive development stages. Piaget mentioned that children develop specific skills during specific developmental stages. Another well-known psychiatrist was Bowlby. Bowlby introduced the attachment theory, suggesting that emotional and behavioral child's development depends on the way he/she attached to his/her mother. Humanistic and existential therapeutic approaches were developed during the third period with the contribution of Carl Rogers. During this period, Axline, was the one that developed the basic principles that guides play therapy. During the same period, Perls introduced his own approach – Gestalt, stating that healing process should be focused on the experience of the individual at the present moment rather than the past (Gestalt). On the other hand, Elis was one of the founders of cognitive therapy. Today, there is a wide variety of approaches for child therapy, with play therapy being one of the most well-known.

Psychotherapy involves several stages. The goal is to engage the child to the therapeutic process, using several skills. In the first phase, there is an evaluation, where the psychologist collect information regarding child's difficulties and personal history. Then, the therapist develops a case conceptualization, and moves to the main body of therapy, where he/she should choose the appropriate tools and techniques that he/she will use during session. This process is developed through four stages: a) the initial contact with the child, b) the narrative – the time where the child state his/her story, c) ideas for solving the child's problem and d) the empowerment of the child to accomplish

his/her goal. At the same time, the therapist engage and guide children's parents. Finally, the therapist with the child review the whole procedure and if the child think that his/her goals have accomplished, then they can end therapy.

It is important to mention that therapy most of the time is a new experience for the child, something that a therapist should take into account. When the child has his/ her first contact with the therapist, he/she may experience quite tense emotions, since he/she may have to recall and speak about stressing events. In therapy, the child start to raise awareness on various issues that concern him/her and to deal in some cases with his own defence and resistance. Throughout the process, he/she recognizes strong negative emotions but also, in extreme cases, faces suicidal thoughts. In this case, the child with the help of the therapist may apply new behaviors and gradually change – both behavioral and emotionally. All this can be accomplish through time and through a continuous interaction with the therapist.

**Aims/Objectives**
Understand the development of child psychology and psychotherapy through a historical overview. At the same time, students are expected to understand the internal (thoughts and emotions) and external procedures (behaviors) of a therapist, the various internal processes that occur during therapy as well as the procedure and the steps through which the child and the therapist build their relationship.

**Learning Outcomes**
After completing the study of this module, the student should be able to:
- Enhance knowledge for the basic theories behind the therapeutic approaches
- Develop a critical perspective regarding therapeutic approaches, emphasising on their research-based efficacy
- Understand the processes involved during the therapeutic procedure.
- Have knowledge for the different stages of the therapeutic procedure, that the child should go through
- Understand the challenges and difficulties that a therapist may face during therapy.

**Key Words**

| | | | |
|---|---|---|---|
| Treatment | Psychological Theories | Behaviourism | Psychoanalysis |
| Existentialism | Play Therapy | Internal Processes | Therapeutic Change |

**Annotated Bibliography**
**Basic Sources/Material**

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 27-55)
In the current chapter authors, present several child abnormal psychology theories, their historical background and up-to-date therapeutic approaches. In addition, they provide

information regarding children and adolescents' therapeutic process, and the internal procedures that actually lead to the child therapeutic change.

**Self-Assessment Exercises/Activities**
**Exercise 4.1**

In your point of view, what theories had a major influence in the development of therapeutic interventions and counselling in children and adolescents? Use up to 350 words. Upload the assignment at the course platform.

**Recommended number of work hours for the student**
Approximately 20 hours.

## TITLE: BASIC THERAPEUTIC SKILLS (PART 1)

**(5th Week)**

**Summary**
At this section, students will be introduced to the basic therapeutic skills. Therapy is an internal process affecting every individual – both the therapist and the client, influenced by individual's temperament and personal characteristics. However, therapist's skills and personal traits can help the development and maintain of the relationship between the child and therapist, and motivates the child to engage in depth during the therapeutic procedure. Finally, in this course they will have the opportunity to apply these skills in a basic level, which is not equivalent to a comprehensive training in therapeutic skills.

**Introductory Remarks**
The first skill is the ability of the therapist **to observe.** Observation starts at the early stages of the therapy –the first time that the child arrives at the office with his/her parent. The therapist should observe child's interaction with both parents and the therapist, his/her behavior, the dynamics between each member, and anything else that take place during parents-child interaction. During that time, it is important for the therapist not to interfere or "step-in", but allow both the child and the parent to interact. This will help him/her to have a clearer picture of the interactions between the child and parents. The children should be encouraged to play with toys, explore the room, ask questions and generally be active in their own way with both objects and people in the room. A therapist should pay attention at child general appearance, behavior, mood, cognitive functions, skills, and interactions with others.

The second skill is **active listening**. Through observation and listening, the therapist can accomplish two basic goals. Collect all the necessary information and at the same time start building a relationship with the child. Active listening can be accomplished through 4 features. Body language, limited reactions, reflection and summary. Body language refers to the ability of our body to reflect what we are saying. Limited reactions highlights the importance of listening more and interfere less. Therefore, during the first meetings therapist intervenes as little as possible. Reflection is the process by which the therapist reflects child's emotions. During this process, the aim is to show empathy but also to repeat the information, with the aim of helping the child to evaluate his/her thoughts and feelings. Summary is the process where the therapist summarizes the information received from a series of statements made during the session. It is not a complete summary of what has been said, but rather a selection of the most important statements of the child. This gives the child the opportunity to evaluate and re-organize his/her thoughts.

The third important part of the process is to help the child to speak about his/her inner thoughts. This can be achieved through good observation and listening skills, use of appropriate and into-the-point question and statements. Questions can be divided into two categories. Open questions - those that give the opportunity to the child to elaborate

more. In contrast, close questions are those that can be limited to a yes or no answer. Based on child's abilities and developmental stage, the therapist choose which question type is more suitable at the moment. The therapist's statements during the therapy are also important and can help the child to be focused to the process. Finally, the various therapeutic materials like toys, tools, can be used for helping the child to understand his/her emotions and feelings and express them. Personal characteristic and therapist's behavior during the whole process can help and encourage the child.

Finally, the chapter will focus on how a therapist cope with resistance and transference. Children, similar to adults, tend to avoid psychological harm. It is important, in case of resistance, to help the child to become fully aware of his/her situation by explaining what does "resistance" means and when does it happens. However, flexibility, thus the ability of the therapist to go back to previous stages and discussions and challenge resistance, is important. In addition to resistance, another mechanism is transference - where child's feelings, desires, and expectations are redirected to the therapist. The goal in this case is for the child to recognize and deal with this mechanism, and for the therapist to help the child overcome this behavior.

For the abovementioned skills, video simulations of children and therapist interaction will be used aiming to introduce those basic skills. These videos will provide a virtual learning experience for students focusing on:

- Active listening
- Use of appropriate and into-the-point question and statements (examples of open and close questions
- Coping with resistance

**Aims/Objectives**

To understand the basic therapeutic skills a practitioner needs to have in order to be as effective as possible during therapy. At the same time, students should gain a knowledge of how therapists work and interact within the therapeutic relationship. Finally to learn and apply those skills in a basic level.

**Learning Outcomes**

Upon completion of the study of this module, the student should:

- Knowledge of the basic therapeutic skills
- Able to understand the ways in which those skills are implemented
- Understands the importance of the therapist's behavior
- Able to recognize when and why certain skills should be applied

**Key Words**

| | | | |
|---|---|---|---|
| Active listening | Resistance | Summary | Transference |
| Observation | Repeat | Narrative | |

**Annotated Bibliography**
**Basic Sources/Material**

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 109-145)
At this chapter authors present the basic therapeutic skills like observation, active listening, how to help the child to tell his story in detail, and how to deal with resistance and transference

McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage. (pages 87 - 118)
Material that focused on how therapists can build a therapeutic alliance and a good relationship with their clients – both children and adolescents

Video simulations of children and therapist interaction (produced by European University Cyprus)

**Self-Assessment Exercises/Activities**
**Exercise 5.1**

How observation, active listening and the therapist's statements can be used to address the child's resistance during treatment? Do not exceed 350 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: Basic Therapeutic Skills (Part 2)

**(6th Week)**

**Summary**
This module is the second part of the topic Basic Therapeutic Skills. As children grow up, they adopt behaviors that they observe from their environment and learn from significant others – e.g. family. In some cases, those behaviors are not appropriate, and may lead to emotional and/or behavioral problems. As long as the child remains in his/her dysfunctional beliefs and thoughts, his/her problems and difficulties increase. In this case, the aim is to address those dysfunctional and self-destructive beliefs so that the child or adolescent can change. Finally, again students will have the opportunity to apply these skills in a basic level, which is not equivalent to a comprehensive training in therapeutic skills.

**Introductory Remarks**
First, the person challenge gradually his/her own distorted beliefs. This procedure allows the child to replace those beliefs with others, more realistic and then move on to the next step. Challenge can be accomplished not through direct interventions and statements from the therapist but through questions that aimed to help the minor to evaluate and question his/her beliefs. The aim of the therapist is to guide the child to become more aware of his/her dysfunctional thoughts and behavior. This can be accomplished through:

- Reflection
- Guiding children and adolescents to evaluate the validity of their beliefs
- Explore the rationale behind child's belief
- Help the child to become more aware of his/her dysfunctional behaviors and beliefs
- Guide him/her to replace those dysfunctional beliefs with more realistic ones

Two additional techniques is **reframing** and **normalization**. Reframing is the procedure of repeating what the child is saying, by adding some new thoughts and ideas that may help him/her to reform his/her beliefs. For example, to give a new perspective to the child's story. Normalization is the procedure of helping the child to recognize that: first is normal to experience negative thoughts and emotions and that he/she is not the only one having those thoughts, emotions, and beliefs.

Once a change in child's beliefs is accomplished, then the therapist can evaluate the child's ability (in the current moment) to change behavior. This can be accomplished through investigating the advantages and disadvantages of child's choices, examining the risks involved in the case of changing his/her behavior, and recognizing the potential reactions of significant others to the child's change. Next, the therapist can introduced new and more functional forms of behavior. The aim is to help the child to recognize personal signs of anger, learning and implementing anger management skills etc. This can be accomplished with several techniques like role-playing, implementing new behaviors at home etc. The above steps are time consuming but should be repeated. It is a never-ending process requiring constant effort, from the child and the therapist. The last step is the closing of the therapy. If the therapist, after a valid evaluation, realizes

that, the child's problems have been resolved or the child accomplished his/her goal, then it is time to end the therapy. There is always a chance of relapse or facing a new problems. This should be evaluated, and then, after a discussion with the child, together they will decide whether to continue or not. Ending therapy is always a collaborative process, where the therapist allows new appointments if it is necessary.

For the abovementioned skills, video simulations of children and therapist interaction will be used aiming to introduce those basic skills. These videos will provide a virtual learning experience for students focusing on:

- Reframing
- Normalization

**Aims/Objectives**

The aim of this module is to introduce the second part of the basic therapeutic skills – focusing on promoting child /adolescent's change. Tutor will provide information regarding the steps and techniques that the therapist should follow for achieving a good therapeutic relationship and change. Additionally, the goal is for the students to understand how basic therapeutic skills can affect and lead to change, and why these skills consist the basic and more important tool of a therapist's work.

**Learning Outcomes**

Upon completion of the study of this module the student should be able to:

- Understand the importance and role of basic therapeutic skills and how they can lead to change
- Understand the connection of therapist behavior and skills with steps of change
- Understand of when and why certain skills should be applied

**Key Words**

| | | | |
|---|---|---|---|
| Reframe | Normalization | Change | End of Therapy |

**Annotated Bibliography**
**Basic Sources/Material**

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 145-163)..
In the current chapter the skills of reframing, normalizing, facilitating change and ending the therapeutic process presented in detail

McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage. (pages 87 - 118)
Material related to the methods that can be used from the therapist for building a good therapeutic alliance with children and adolescents

Video simulations of children and therapist interaction (produced by European University Cyprus)

**Self-Assessment Exercises/Activities**
**Exercise 6.1**

How can a therapist use reframing without forcing his/her thoughts and beliefs to the child/ adolescent? Use an example. Do not exceed 350 words. Upload the assignment at the course plataform

**Recommended number of work hours for the student**
Approximately 15 hours.

# TITLE: COGNITIVE – BEHAVIORAL THERAPY WITH CHILDREN AND ADOLESCENTS PART 1

**(7th Week)**


## Summary

This module focuses on Cognitive Behavioral Therapy (CBT) for children and adolescents. CBT is one of the most well-known approaches of psychotherapy that is used in a wide range of psychological problems, disorders and symptoms affecting children and adolescents. There are many studies evaluating the efficacy of this treatment, with results supporting the use of CBT as a valid and evidenced-based therapy. Of course, there is a need for more research focusing on the efficacy of the therapy in general but also in specific mental disorders..


## Introductory Remarks

CBT is built on three elements that characterize a person and affect his / her mental and emotional state. His thoughts, feelings and behavior. Thoughts (either negative or positive) influence our emotions based on their content and intensity. Those thoughts then influence our behaviors that reinforce or differentiate our way of thinking and how we feel. For example, the thought that “if I use the elevator, I will probably get stuck without any chance of escaping”, can lead to feelings of anxiety and fear. These negative feelings lead the person to avoid using the lift (behavior). This behavior reinforces the thought that “if I use the elevator I will probably get stuck without any chance of escaping - since I haven't done anything to evaluate it (if it’s true or not)”. This pattern is call the CBT triangle. CBT therapy is based on both Cognitive Theory (Beck and Elis) which propose that people’s emotional and behavioral problems are the result of their thoughts (e.g, negative thoughts about myself, the world and others leads to depression symptoms or anxiety) and Behavioral Theory (Skinner and Watson) who argue that people’s problems and difficulties are the result of learned behaviors.

The first step of CBT and every therapeutic approach is to evaluate the commitment and the readiness of the child to participate in a therapeutic procedure. The therapist together with the child focus on identifying the goals that the child would like to achieve during the treatment. At the same time, a treatment plan is formed based on the child background, difficulties and goals. However, in this plan, CBT therapists always follow the theoretical triangle of Thoughts - Feelings - Behaviors.

The main goal of the CBT is to change the negative mental state of the individual by helping him/her to change and reform their thoughts, beliefs and assumptions with more functional and realistic ones. This can be accomplished with several methods like Socratic Questioning - a method that used a form of dialogue in which the child is guided to discover, perceive and evaluate his or her own thoughts. The types of questions that used in this technique are: memory questions - evaluation of past events, translation questions - designed to assess how the child perceives these thoughts, application questions - help

the person to reflect and apply prior knowledge and assessment questions - help the person re-evaluate and formulate their thoughts based on new information.

**Aims/Objectives**
To present the model of CBT and how thoughts and emotions affects behavior and mental health. Another aim is for the students to understand the theoretical background and the stages through which changes occurs

**Learning Outcomes**
After completing the study of this module, the student should be able to:
- Have a clear knowledge of the theoretical model that guides CBT
- Understand the scientific basis of CBT
- Able to understand how mental problems can be understood through the theoretical model of CBT

**Key Words**

| | | | |
|---|---|---|---|
| Socratic Questioning | Thoughts | Emotions | Behaviors |
| Cognitive Therapy | Behavioral Therapy | Psychoeducation | Cognitive restructuring |

**Annotated Bibliography**
**Basic Sources/Material**

Stallard, P. (2005). A Physician's Guide to Thinking Well - Feel Good: Using CBT with Children and Young People. Of John Wiley & Sons.
The current book is the main guide for applying CBT in children and adolescents. It presents the theory, stages, and basic techniques used to change behavior and thoughts. Information and examples will be used from the first chapter “Cognitive behaviour therapy: theoretical origins, rationale and techniques.”

McKaughlin, C., & Holiday, Carol (2014). Treatment with children and young people. Wise. (pp. 118 - 130)
A chapter describing how thoughts are related to one's emotions and how therapeutic interventions use and affect both of them in order to achieve change.

**Self-Assessment Exercises/Activities**
**Exercise 7.1**

Present and explain a child’s mental health problem (e.g. fear or anxiety) through Cognitive-Behavioral Theory. Do not exceed 350 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 20 hours.

## TITLE: COGNITIVE – BEHAVIORAL THERAPY WITH CHILDREN AND ADOLESCENTS PART 2

**(8th Week)**

**Summary**
Continue on CBT, emphasising on implementing and using CBT with clients

**Introductory Remarks**
CBT can be divided in three parts. The first is psychoeducation that aims to create a functional analysis of the individual and introduce them to the concept of CBT. For example to explain how thoughts affect our feeling and behaviors and then how this model can affect the majority of our behaviors, reactions and emotional state. At the second level, the child is introduced with the basic principles and skills that he or she can use to cope with his/her thoughts and behaviors. Specific techniques such as cognitive restructuring, thought assessment, programing, and recognition of emotions are essential tools that child will use to cope with their difficulties. The above techniques are introduced keeping in mind the child's developmental stage and age. For this reason, several materials and creative techniques can be used like dolls, toys, drawings, theatre, tools etc. The third level is the actual implementation of those techniques in child's everyday life. Topics such as anxiety, depression, general stressors, and post-traumatic stress require different psychoeducation, including separate functional analysis as well as techniques.

**Aims/Objectives**
To present the model and therapy of CBT empathising in some basic techniques that are used for changing dysfunctional thoughts and behaviors.

**Learning Outcomes**
After completing the study of this module the student should be able to:
- Have a clear knowledge of the theoretical model that guides CBT
- Understand the scientific basis of CBT
- Able to understand how mental problems can be understood through the theoretical model of CBT

**Key Words**

| | | | |
|---|---|---|---|
| Socratic Questions | Thoughts | Emotions | Behaviors |
| Cognitive Therapy | Behavioral Therapy | Psychoeducation | Cognitive restructuring |

**Annotated Bibliography**
**Basic Sources/Material**

Stallard, P. (2005). A Physician's Guide to Thinking Well - Feel Good: Using CBT with Children and Young People. Of John Wiley & Sons.

The current book is the main guide for applying CBT in children and adolescents. It presents the theory, stages, and basic techniques used to change behavior and thoughts. Information and examples will be used from the first chapter “Cognitive behaviour therapy: theoretical origins, rationale and techniques.”

McKaughlin, C., & Holiday, Carol (2014). Treatment with children and young people. Wise. (pp. 118 - 130)
This chapter describes how thoughts are related to our emotions and how therapeutic interventions affect both in order to achieve change.

**Self-Assessment Exercises/Activities**
**Exercise 8.1**

According to your opinion, which is the most important technique used in CBT? Do not exceed 250 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 20 hours

## TITLE: PLAY-THERAPY PART 1

**(9th Week)**

**Summary**
In this module, we will present a second therapeutic approach that is mainly used with minors: play therapy. Play therapy is a therapeutic approach that uses play and other creative techniques to help the child express their emotions, overcome their fears and change dysfunctional behaviors. There are several forms of play therapy but the most well-known and applied is the non-directional approach, which is based on Carl Rogers' person-centered theory. The goal of play therapy is to give the opportunity to the child to express his/her emotions and difficulties via playing and interaction with toys and the therapist.

**Introductory Remarks**
During play therapy, the child has the opportunity to explore the environment at his/her own time, and through playing to acknowledge past or present problems that affect his/her life. At the same time through the process of playing the child can develop skills that will help him/her to adopt better in social environment, to reduce his/her anger, regulate emotions, develop social skills and empathy, or – if this is the case - gradually manage the trauma.

However, play therapy in some cases can be also used as a diagnostic tool. Specifically, a psychologist through the process of observing a child while playing with toys, dolls, etc., can identify problematic or dysfunctional behaviors but also assess and build hypothesis regarding the causes or mechanisms that may lead to the dysfunctional behaviors. The toys that he/she chooses, the way he/she plays with them and the willingness of the child to interact and play with the therapist can also provide usefull information. Information that can be used to understand the mechanisms and rationality of behavior. However, only trained and certified therapists are able to use play therapy method as a diagnostic tool or assessment method, and always with caution.

Play therapy can be divided into two main categories. Non-directional and directional. Non-directional is the method in which children are encouraged to discover by themselves the solutions to their problems. It is a form of play therapy linked to psychodynamic therapy. It is mainly driven by the belief that if children are given the opportunity to talk and play freely under ideal therapeutic conditions, then they may be able to solve and manage their own difficulties and find their own solutions. The main representative of this approach is Virginia Axline who, by adopting the ideas and theories of Carl Rogers, developed this form of play therapy. Another method mainly used in non-directional play therapy is the use of sand tray.

**Aims/Objectives**
The aim is to present non directional play therapy and its basic methods. At the same time, research and scientific papers will be presented to provide a critical perspective on

the effectiveness of play therapy in relation to other forms of treatment for children and adolescents.

**Learning Outcomes**
After completing the study of this module, the student should be able to:

- Enhance knowledge on play therapy and how it works
- Have an in depth knowledge of the theoretical background that determines the therapist's attitude.
- Understand the basic methods used by this form of therapy
- Understand the scientific basis of play therapy and evaluate its effectiveness.

**Key Words**

| | | | |
|---|---|---|---|
| Games | Role - playing | Non-directional | Directional |
| Psychodynamics | Person-Center Therapy | | |

**Annotated Bibliography**
**Basic Sources/Material**

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 163-281)

This chapter focus on play therapy, the theory that underlies this approach but also the methods and techniques that are used such as dolls, role-playing games, drawing, etc.

**Self-Assessment Exercises/Activities**
**Exercise 9.1**

What are the main features of play therapy and how does it achieve change in children? Do not exceed 250 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours

# TITLE: PLAY-THERAPY PART 2

**(10th Week)**

**Summary**
In this module, we will present directional play therapy, which is based on CBT. The goal of directional play therapy is to give the opportunity to the child to express his/her emotions and difficulties under guiding playing and interaction with toys and the therapist.

**Introductory Remarks**
Directional play therapy is a more structure procedure with more guidance from the therapist. During this form of play therapy, children try to manage and cope with their emotional and behavioral difficulties during playing under the guidelines of the therapist. It often involves targeting specific behaviors. In this form of therapy, the therapist has a central role, as he/she can use various techniques and methods for helping the child to engage into the process. In most cases, the therapist has previously select the toys that the child uses. However, the child is still allowed to express and interact freely. Directional play therapy is quite similar to the cognitive-behavioral therapy presented in the previous section.

The effectiveness of directional play therapy is examined and presented to a lesser degree than non-directional. Specifically, LeBlanc and Ritchie (2001) meta-analysis' showed a sufficient effect size (.66) of non-directional play therapy compared to what most conventional forms of child psychotherapy have achieved (.71). Between non-directional and directional play therapy, the first seems to have a larger effect size (Rai et al., 2001). However, the results of directional therapy are comparable with the more general treatments in children.

As with the majority of children therapies, the role of the parent is fundamental. Parent training in non-directional play therapy has been shown to be associated with a significant reduction in mental distress or risk for behavioral problems in young children (Draper et al., 2009). Finally, besides games, play therapy is characterized by creativity. Therefore, various methods can be used such as role playing, drawing, theatre, sand tray and more.

**Aims/Objectives**
The aim is to present play therapy and its basic methods. To illustrate the difference between directional and non-directional play therapy and the theoretical background that defines it. At the same time, research and scientific papers will be presented to provide a critical perspective on the effectiveness of play therapy in relation to other forms of treatment for children and adolescents.

**Learning Outcomes**
After completing the study of this module, the student should be able to:

- Enhance knowledge on play therapy and how it works
- Have an in depth knowledge of the theoretical background that determines the therapist's attitude.
- Understand the basic methods used by this form of therapy
- Understand the scientific basis of play therapy and evaluate its effectiveness.

**Key Words**

| | | | |
|---|---|---|---|
| Games | Role - playing | Non-directional | Directional |
| Psychodynamics | Person Center Therapy | | |

**Annotated Bibliography**
**Basic Sources/Material**

Geldard, K., & Geldard, D. (2011). Counseling psychology in children. Pedio (pp. 163-281)

This chapter focus on play therapy, the theory that underlies this approach but also the methods and techniques that are used such as dolls, role-playing games, drawing, etc.

**Self-Assessment Exercises/Activities**
**Exercise 10.1**

What is the difference between non-directed and directed play therapy? Do not exceed 250 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours

## TITLE: PARENTING THE STRONG WILLED CHILD

**(11th Week)**

**Summary**
In this module tutor will present parents' psychoeducation with the aim of developing skills for addressing oppositional, defiant and antisocial behavior from children. Antisocial behavior is one of the main behavioral problems in young ages and it can be identified in all age groups. It is also one of the main reasons for families to visit mental health professionals. Treatment with children occurs one to two days per week and for a specific period. On the contrary, it is the parent who devotes most of his/her time with the child, and very often his/her behavior and reaction affect the behaviors of their children. As a result, several programs have been developed with the aim of training parents to address such behaviors.

**Introductory Remarks**
The first step is to understand child's behavior including questions like: how does it starts and why such behaviors are even more intense as the individual grows up. Although the attitude and behavior of parents are very important factors in the development of externalizing problems, it is not the only factor. In many cases such behavior maybe a result of comorbidity, e.g. ADHD. For this reason, it is important before applying any intervention to apply a good evaluation aimed to understand the underlying mechanism that leads to such dysfunctional behaviors.

This particular program teach five main skills:

- Attending
- Rewarding
- Ignoring
- Providing clear instructions
- The use of time-out

The ability of the parent to attend during his/her interaction with the child is related to his/her ability to actively listen to the child. A non-judgmental attitude is very important and gives a sense that the parent has his/her full attention with the child, without intervening but being ready to help in case that it is needed. In this context, the parent often repeats the behavior of the child. Overall, attending is associated with the parent's non-guiding but reinforcing behavior.

The second step is rewarding. Many parents use mainly punishment, that is, negative consequences to their child's behavior. However, in many cases they ignore the importance of rewarding desirable behaviors. A reward should meet some criteria to be successful. For example, it should be applied only during behaviors of the child that parents want to appear more often, and not in any case. In addition, it should offer a new reward to the child, who does not receive it regularly. If, for example, the child is rewarded with something that he/she will have anyway in some moment, then the reward loses its strength. Finally, it must be consistent.

Ignoring is the third important skill. Ignoring works as a consequence, not as a reinforcement of the child's behavior. Before a parent apply ignorance, he/she must first explain what he/she is going to do, and what is the purpose of this behavior. This should not be done during the time of ignoring but before. In addition, ignorance as well as rewards should have a clear and justified reason for applying. Thus, it should be explained to the child and have a reasonable duration. For example, parents should discuss and agree with the child that when he/she cries loudly because he/she is not getting what he/she wants, they will ignore this behavior not because they do not care about him/her but because such behavior is not welcomed.

The forth skill is to provide clear instructions. In many cases, parents do not give clear instructions to their children e.g. what to do and not do. In other cases, parents provide instructions with many details. Children cannot handle and understand all these information because of their developmental stage. It is therefore important to give simple and clear instructions, with as few words as possible. In this way, it becomes clear what to do and how to do it, thereby eliminating misconceptions. In addition, it is crucial for the parent to be sure that he/she has the full attention of the child – and that the child is actually listening.

The fifth and last skill is the time out. During time-out, the child, with the intervention of the parent, leaves the place where it is located and cries, transferred to a new place and asked to stay there for a while until it calms down. At the same time, the parent can sit next to him/her without intervening until the time is up. The child should not leave at any time and if this happens then the procedure should be repeated. As in previous cases, it should be explained to the child in advance, what will be done during time-out, and the reason for doing it. Time - out is not a punishment. It aims to remove the child from the tension, thereby reducing the amount of attention he receives and at the same time giving him/her the time to calm down and discuss what led him/her to tension and engagement in such behavior.

**Aims/Objectives**

The aim of this module is for students to understand the importance of the parent's behavior and attitude during therapy and in more general. At the same time, tutor will provide information on how parenting skills works and what is the purpose of applying such skills. The emphasis in this case is exclusively on the management of anti-social, disruptive and oppositional behavior.

**Learning Outcomes**
After completing the study of this module the student should:

- Enhance knowledge on the basic parenting skills for addressing disruptive behaviors
- Recognize the reasons why these skills need to be applied and how they can affect the child.
- Develop critical thinking about these skills and parenting in more general.

**Key Words**

| | | | |
|---|---|---|---|
| Attending | Listen | Clear Instructions | Reward |
| Consequences | Time out | Parent counselling | Disruptive Behavior |

**Annotated Bibliography**
**Basic Sources/Material**

Forehand, R., & Long, N. (2010). Parenting the Strong-Willed Child: The Clinically Proven Five-Week Program for Parents of Two to Six-Year-Olds. 3rd Edition. Contemporary Books, Two Prudential Plaza, Suite 1200, Chicago, IL 60601-6790.

This is the main guide and protocol for psychoeducation in parents with children exhibiting externalizing problems. Students will use chapter 1 “Understanding Your Strong-Willed Child's Behavior”.

**Self-Assessment Exercises/Activities**
**Exercise 11.1**

Is it a time-out a form of punishment? Justify your answer without exceeding 350 words. Upload the assignment at the course platform

**Recommended number of work hours for the student**
Approximately 15 hours

## TITLE: ETHICAL ISSUES IN THE TREATMENT OF CHILDREN AND ADOLESCENTS

**(12th Week)**

**Summary**
Ethical issues are very important in both research and applied psychology. All therapeutic approaches used and applied during therapy must be in accordance with the code of ethics. This code of ethic should be introduced to the client during the very first session. During that time the therapist should explain that the main purpose of the therapy is the well-being of the client (child or adolescent).

**Introductory Remarks**
One of the main issues of child and adolescent therapy is the issue confidentiality. Legalwise the parent have the right to ask and receive all the information that the therapist discussed with the child like questions and problems that rises etc. At the same time, any discussion of these topics with the parent without the child's approval can lead to negative consequences. Such are the feeling of betrayal and problems in the relationship between the child and the therapist. Research suggests that confidentiality is one of the main factors that attracts and keep adolescents in therapy. Therefore, it should be handled very carefully. In many cases the dilemma of the therapist is: who is the client - the parent or the child? The answer to this question is complicated. Therefore, these concerns should be discussed with the parents and try to build a good relationship with them. Therefore, the aim is for the therapist to develop a trusting relationship with both parent and the child, in which he/she will inform the parent about issues that concern – and the child is aware of this discussion, while in the same time respect the confidentiality of the child, and not share everything with them. Communicating and gathering information from significant others is also an issue of confidentiality. Thus, it is important to always have the permission of the parent, and wherever is necessary and feasible from the child, before asking information from others.

Another important issue is the case where the therapist should break confidentiality. This happens in cases where the therapist have evidence through his/her meetings with the child, that he/she is thinking of harming himself or others. In these cases, the therapist is obliged to inform the parent or guardian. However, even in this case, the therapist can inform the parents through a process where he/she respect the child - that is, discussing with him/her why he/she must break confidentiality.

Acceptance of the child as it is, the developing of a safe environment, the ability of managing crises, recording and storage of information, and even the response of the therapist are always applied under the principals of the code of ethics. Each country has its code of ethic, and in some cases, the code is a legal regulation. In Cyprus code of ethics is not a legal document but there are codes of ethics of the two main professional associations of psychologists that govern their members. Ethic should be taken seriously during therapy, not only during the presence of child but also in their absence.

**Aims/Objectives**
Identify the major ethical problems that occur during therapy or counselling with children and adolescents and how a therapist cope with them. In addition, the aim is to understand the code of ethics that governs psychologists in Cyprus.

**Learning Outcomes**
After completing the study of this module the student should:
- Have an in depth knowledge of code of ethics how it influence the work of a therapist.
- Know the codes of ethics used in Cyprus
- Develop a critical thinking about how the practitioner is required to manage and resolve ethical dilemmas.

**Key Words**

| | | | |
|---|---|---|---|
| Ethics | Code of Ethics | Confidentiality | Break Confidentiality |

**Annotated Bibliography**
**Basic Sources/Material**

McKaughlin, C., & Holiday, Carol (2014). Therapy with Children and Young People. Sage. (pp. 167-205)

Tutors will use the chapter that is focused on ethical issues concerning the therapeutic relationship between a child and a therapist from the beginning of therapeutic session to the end, but also later on. This chapter is also focused on the relationship of the psychologist with parents, school and significant others.

**Self-Assessment Exercises/Activities**
**Exercise 12.1**
During child therapy who is the client? The child or the parent? Do not exceed 350 words. Upload the assignment at the course platform.

**Recommended number of work hours for the student**
Approximately 15 hours

## TITLE: PRESENTATION OF GROUP ASSIGNMENTS

**(13th Week)**


### Summary

During this week, students will present their group - assignments. They will be divided into 3 groups of 5-6 students. Specifically, they will choose a therapeutic approach (CBT, play therapy, parent counselling) which they will present in detail giving an example of a case that could be referred for treatment. They should provide information regarding the theory, the skills they would apply and what would be the expected results. Regarding bibliography, they should use information that they taught during the course, but also articles and books that they will find by themselves. In addition, they should present the pros and cons of treatment and which cases they would choose to refer in this kind of treatment. The presentation will have a duration of 30 minutes followed by a discussion.


### Recommended number of work hours for the student

Approximately 30-35 hours.

Rubric for group assignment

| **Students' Names** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Registration number** | | | | | | | |
| **Instructor's Name** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Choose of a valid therapeutic approach (CBT, play therapy, parent counselling) | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 2. Present therapeutic approach in detail using up-to-date scientific papers and materials | Excellent presentation and number of sources. All information and references are directly relevant to the topic and are excellently used. | Sufficient presentation and number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number presentation and number of sources. Some of the references are relevant to the topic and are reasonably used. | Better presentation and more sources could have been used. | Poor presentation and limited number of sources used. | Insufficient | |
| 3. Present a valid case example, using the therapeutic approach they choose | Excellent understanding and match of the case example and the therapeutic approach | Very good understanding and match of the case example and the therapeutic approach | Good understanding and match of the case example and the therapeutic approach. | Sufficient understanding and match of the case example and the therapeutic approach. | Only limited understanding and match of the case example and the therapeutic approach. | Insufficient | |
| 4. Present the skills that are relevant to the therapeutic approach they choose | Accurate presentation of relevant skills | Very good presentation of relevant skills. | Mostly accurate presentation of relevant skills | Some mistakes in the presentation of relevant skills. | Major mistakes presenting relevant skills. | Insufficient | |
| 5. Discussion of the expected outcomes | Excellent | Very good | Good | Above average | Average | Insufficient | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6. Presenting valid strengths and limitations of the specific treatment | Excellent understanding of limitations and strengths of the specific treatment. . | Very good understanding of limitations and strengths of the specific treatment. | Good understanding of limitations and strengths of the specific treatment. | Presents little understanding of limitations and strengths of the specific treatment. | Limited attempt to understand limitations and makes only limited effort to mention strengths of the specific treatment. | Insufficient | |
| 7. Presenting the criteria that a child should meet in order to get referred to a therapist of this specific approach | Excellent understanding and presentation of the criteria. | Very good understanding and presentation of the criteria. | Good understanding and presentation of the criteria. | Sufficient understanding and presentation of the criteria. | Limited understanding. | Insufficient understanding | |
| **Final grade** | | | | | | | |

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not. Answers to questions regarding the module will be provided.

## TITLE: FINAL EXAM

**(14th week)**

**Recommended number of work hours for the student**

Approximately 30 hours.

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

### Title: Introduction

### (1st Week)

**Exercise 1.1**

Indicative answers

It is important for the parent to be actively involved in the therapy. His/her participation is crucial, in order to help his/her children to achieve their therapeutic goals. Working efficiently with the therapist can help the child achieving better results while difficulties and tense with the therapist or failure to enhance the therapeutic relationship can lead to frictions with the child

### Title: Child Therapy

### (2nd Week)

**Exercise 2.1**

Therapist's authenticity, empathy, and unconditional acceptance. The quality of the relationship between the professional and the child affect the effectiveness of the therapy. Therapist should provide a safe place to the child and the relationship must be authentic, confidential and non-intrusive. Therapist should also be well informed regarding child history and conduct a good evaluation.

### Title: Challenges in different child developmental stages

### (3rd Week)

**Exercise 3.1**

- **Nursery (from 0 -2)** - restrictions on speech, mobility, understanding and communication.
- **Preschool and young children (from 2-6)** - restrictions on expression, change of school, environment, gradual withdrawal from parent safety, transition to kindergarten, difficulties in adapting to new environments.

• **Early childhood (from 7-12)** - moving from a small, personalized and highly protected environment such as home and kindergarten to a larger and structured environment such as school. Rise of issues of learning, socialization and anxiety.

• **Adolescence (ages 12-18)** - identity crisis, hormonal and physical changes, psychological instability, sexual needs, anxiety about the future. Stages are related to the appearance of both internal and external problems.

## Title: Historical and theoretical development of children psychotherapy

## (4th Week)

### Exercise 4.1

All approaches and theories contribute to the development of therapeutic interventions fro children and adolescents. The second period, where theoretical approaches of child development were introduced, it is important since it enhance our understanding of the stages and difficulties that the child is going through.The third period of humanitarian and existential therapeutic approaches with the contribution of Carl Rogers was also significant. Specifically key therapeutic skills were developed for practitioners and play therapy. In addition, Gestalt, and Cognitive Theories came to contribute in the development of new forms of therapies- e.g. CBT for children and adolescents, systemic therapy, etc

## Title: Basic Therapeutic Skills Part - 1

## (5th Week)

### Exercise 5.1

**Observation** helps to understand child's resistance. It is the first step that helps the therapist to understand and evaluate resistance and think of ways to deal with. Breaking resistance will be accomplish through active listening, since it helps the child to feel safe and able to state his/her inner thoughts without judgment. It gradually enables the ability to step by step resolve resistance. Last, **therapist's statements** can help the child to overcome resistance in a helpful way. Without being critical and forcing the child to

change, statements guide child to understand the process, something that will gradually leads to a decrease in resistance.

**Title: Basic Therapeutic Skills Part - 2**

**(6th Week)**

**Exercise 6.1**

Reframing is a repetition of what the child state, including some thoughts of the psychologist. It can be given as an idea, as a thought and not as a fact. It can be link with some thoughts of the child without disrupting the child's whole story. Instead, it will add or modify some elements of the child's story. Ask for the child's opinion - That is, reframing is not given as an absolute statement but as an idea for discussion. Example: Your father used to shout at you because he does not love you. However, could he shout at you because he was tired from his work?

**Title: Cognitive Behavioral Therapy in Children and adolescents Part - 1**

**(7th Week)**

**Exercise 7.1**

CBT model emphasizes on how our thoughts, emotions and behaviors, influence each other. This process leads to dysfunctional behaviors and emotional difficulties.

- Thoughts - A child thinks that if he/she goes go to school, the other kids will not play with him/her and he/she will be left alone.
- Emotion - Feeling bad, distressed and frustrated
- Behavior - Crying and refusing to get in the car and go to school

**Title: Cognitive Behavioral Therapy in Children and adolescents Part - 2**

**(8th Week)**

**Exercise 8.1**

It is a personal opinion of the student – there is no indicative answer

**Title: Play Therapy Part -1**

**(9th Week)**

**Exercise 9.1**

The use of playing and games as a treatment and way of expression. In general, it helps the child through playing to identify their difficulties, challenge and change them

**Title: Play Therapy Part -2**

**(10th Week)**

**Exercise 10.1**

They differ mainly in the role of the therapist and the guidance that he/she provides.

- Non-directional is a method where children are encouraged to play and discover by themselves the solutions to their problems. They are given the opportunity to speak and play freely under ideal therapeutic conditions.
- On the contrary, directional play therapy is a process that involves more structure guidance from the therapist as children try to manage and cope with their emotional and behavioral difficulties. It often targets specific behaviors and guidance from the therapist who intervene.

**Title: Parenting the strong willed child**

**(11th Week)**

**Exercise 11.1**

Time out is not a punishment method as it does not punish but removes the attention and pleasure that the child feel from his/her behavior. At the same time, parent's behavior is important because the goal is for the child to understand when and why he/she will be placed in time out and then discuss what he/she could do to avoid it. Wrong handling of time out can turn it into a punishment – based on parents' decision

**Title: Ethical issues in child and adolescent therapy**

**(12th Week)**

**Exercise 12.1**

The client is always the child. However, the parent has the right to learn about the child's progress and development, and to participate if this is necessary. In the same time our priority is the child since is the one that sets the therapeutic goals and what he/she wants to achieve. Therefore, the child is always given priority and the parent of course involved as a member and ally. This does not change or reduce our obligation towards parents and the need to involve them in therapy.

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

## COURSE: MHC610- Developmental Psychopathology

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC610** | **Developmental Psychopathology** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☒ | Elective ☐ | |
| **Number of Teleconferences** | Total: 6 | Face to Face: - | Web based Teleconferences: 6 |
| **Number of Assignments** | **2 Self-assessments / Activities (10%)**<br>**2 Assignments (40%)** | | |
| **Assessment** | Assignments | Final Examination | |
| | 50 % | 50 % | |
| **Number of ECTS Credits** | **10** | | |

| | |
|---|---|
| Study Guide drafted by: | Dr. Constantina Demetriou |
| Editing and Final Approval of Study Guide by: | Dr. Monica Siakou |

**CONTENTS**

## 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

### Programme Presentation

- The MSc in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. The course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.

### General Objectives:

- To offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards;
- To equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health;
- To develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health;
- To prepare students for future Doctoral studies.

### Specific Objectives:

- To provide knowledge in health and social care and in the more specific field of Child and Adolescent Mental Health;
- To develop the student's ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations;
- To actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing;
- To provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working;
- To develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice;
- To provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

- The aim of this course is to provide an in-depth knowledge of developmental psychopathology. In particular, it aims to provide a comprehensive understanding of child and adolescent psychopathology, based on the developmental perspective. Abnormal behaviour must be understood according to the deviation of the excepted development in every developmental phase of childhood and adolescence. Additionally, another goal of this course is to analyse protective and risk factors of these disorders and how they are related to the symptomatology and the therapeutic approach that can be used for each one. Finally, culture, family, gender and its influence on how symptomatology is manifested are also examined.

Upon successful completion of this course students should be able to:

1. Demonstrate enhanced knowledge and understanding of the basic approaches to developmental psychopathology.
2. Analyze the developmental perspective of mental disorders who have their first onset during childhood and adolescence.
3. Demonstrate a proficiency in recognizing the complexities of symptomatology in child and adolescent psychological disorders within the fundamental categories of psychological disorders.
4. Develop a proficiency in conceptualizing the contributing factors of psychological, biological and social influences on the development of child and adolescent psychopathology.
5. Reflect on the research treatment outcomes in child and adolescent psychological disorders.
6. Assess the interplay between psychological and psychopharmacological interventions for the treatment of psychological disorders

### Recommended student work time

Approximately 5 hours (including the study of the Guide)

## DEVELOPMENTAL PSYCHOPATHOLOGY AND APPROACHES

**(1st Week)**


### Summary

To be able to understand whether a person shows psychopathological problems, we first need to be able to acknowledge their behavioural deviance from normal levels. We then evaluate these behaviours based on children developmental stage and function. Both, the abnormal behaviours and the developmental stage contribute to the study of developmental psychopathology. In general, the field of developmental psychopathology focuses on child's and adolescent's mental disorders.


### Introductory Remarks

In every developmental stage, the child develops several skills, such as cognitive and behavioural, that helps him/her function in everyday challenges, behaviours and communication. However, there are cases where these behaviours deviate from normal. In this cases, abnormal behaviours are examined based on the developmental stage of the child and the expecting abilities, as these will determine whether or not there is a presence of psychopathology and mental disorder. Therefore, we can say that the development of the child and his/her abnormal behaviours define what we call developmental psychopathology.

In that, developmental psychopathology analyses problematic behaviours in children and adolescents and aims to provide an in depth understanding of psychopathology across life span. Problematic behaviours must be established in regard to the normal behaviours of each developmental stage. Additionally, another aim of the study of developmental psychopathology is to analyse not only the presence of psychopathological symptomatology during childhood and adolescence, but also the develop of these symptoms throughout adulthood. It is been argued that psychopathology during adulthood has its first onset during early years of life.

Defining problematic behaviours helps us orient abnormal behaviours which are then used as symptomatology in mental disorders. Abnormal behaviour is considered to be any behavioural or psychological pattern of behaviour developing in a person, which must be associated with distress, deviant, discomfort, and danger. More specifically, problematic behaviour must cause discomfort to the person, it must reduce his/her ability to function in one or more areas of his/her life, cause him/her to violate social norms or/and put his/her life at risk.

To be able to understand an abnormal behaviour and see how it is manifests itself, we need to determine its setting on a theoretical basis. Specifically, we prefer to use the biopsychosocial model (where deviant behaviour is affected by biological, psychological and social factors), however, we need to be aware of all theoretical approaches including biological, cognitive, psychodynamic and behavioural models.

Starting with the biological model, abnormal behaviour occurs due to brain dysfunction, including brain abnormality, dysfunction in neurons and due to genetic factors. According to the cognitive model, these behaviours arise when there is a negative thought. Cognitive model argues that behaviour is the result of our thoughts. Additionally, psychodynamic approach believes that abnormal behaviour is the result of an unconscious struggle. Lastly, behavioural model argues on the fact that behaviour is developed according to a pre-planned set of learning principles.

By summing up the basic principle of each approach, we can argue on the fact that putting all together and developing the biopsychosocial approach, we can understand the abnormal behaviour in a comprehensive manner. This model illustrates that all biological, psychological and social factors interact in order to develop a behaviour. Specifically, it argues that a system can have independent data at many different points, but since each data becomes part of a set, it cannot be considered independent. Therefore, a particular factor contributing to a psychopathological condition cannot be considered outside the general context of behaviour.

## Aims/Objectives

The aim of this unit is to provide an understanding on what is developmental psychopathology. Additionally, it aims to give an in-depth analysis on the orientation of abnormal behaviour. Finally, this unit explains the four basic models of psychopathology which determine the motives and causes of a behaviour.

## Learning Outcomes

After studying this unit, you must be able to:

- Understand the field of developmental psychopathology.
- Understand the developmental perspective of the symptomatology of mental disorders in childhood and adolescence.
- Analyse the presence of abnormal behaviour.
- Describe and criticise theoretical approaches.
- Analyse the biopsychosocial model.

## Key Words

| | | | | |
|---|---|---|---|---|
| Abnormal behaviour | Dysfunction | Discomfort | Disability | Developmental Psychopathology |
| Danger | Biopsychosocial approach | Cognitive model | Psychodynamic approach | Behavioural approach |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 1: Toward the development of the science of developmental psychopathology.

This chapter provides a very good and in-depth understanding of the development of the science of developmental psychopathology. It explains the definition of abnormal behaviour. Furthermore, it refers to the main characteristics of abnormal behaviour which is important for someone in order to start understanding the essence of psychopathology.

### Supplementary Sources/Material

- Kring, A. M., & Johnson, S. L. (2017). Abnormal Psychology: The Science and Treatment of Psychological Disorder (14th Edition). Chapter 2: Current paradigms in psychopathology.

This chapter refers extensively to the various theoretical models explaining deviant behaviour. In addition, it presents scientific paradigms concerning the approaches of genetics, neuroscience, psychoanalysis and cognitive-behavioural therapy.

- Barlow, D. H., & Durand, V. M. (2017). Abnormal Psychology: An Integrative Approach (8th Edition). Chapter 2: An integrative approach to psychopathology.

This chapter refers extensively to the biopsychosocial model and explains its composition through a case study. It gives an excellent understanding by the use of case study.

## Self-Assessment Exercises/Activities

### Exercise 1.1

Present yourself in a different manner. Put in a power point presentation your milestones that characterize you as a person. The presentation must include approximately 10 slides.

### Exercise 1.2

Describe the basic characteristics of the science of developmental psychopathology. Explain what abnormal behaviour is and how these behaviours affect the child. Your answer must not exceed 500 words.

## Recommended number of work hours for the student

Approximately 15 hours

## DIAGNOSIS AND ASSESSMENT

**(2nd Week)**


### Summary

In order to be able to detect symptomatology for a mental disorder we have first to come up with a diagnosis. This can be approached through hypothetical diagnosis and assessment. Assessment is focused on the analysis and explanation of abnormal behaviours and can be made through several methods such as interviews, the use of questionnaires, etc. The information collected are then used to make a diagnosis. All the diagnoses are based on specific criteria formed by the Diagnostic and Statistical Manual of Mental Disorders (DSM).


### Introductory Remarks

The way in which different data is assessed and collected in order to come up with a diagnosis is of crucial in psychopathology. Diagnosis is based on specific criteria that categorize a number of abnormal behaviours. In order to make a find decision on a diagnosis, we first have to test hypothetical scenario, based on the clinical presentation of the child. If the hypothesis is not supported by the collected information, then we reject it and we restructure a new one. This procedure might take place several times until we will feel confident that we ended up with the correct diagnosis. Information collected are analysed based on the methods that we choose for assessing behaviours.

Hypothetical diagnosis is evaluated by various assessment methods. First, the observation method is an analytical approach of how a behaviour is externalised, but it cannot explain why a person behaves or acts this way. Then, the experimental method helps us prove the cause of the issue or the efficiency of a therapy. After, the quantitative research, which essentially involves the use of self-reference tools and questionnaires, gives the possibility to collect, in a short period of time, a wide range of information and to generalise results. In this case, we need to be aware that there is a risk of not obtaining a true answer, since we cannot know if a participant’s answers correspond to reality. Furthermore, the qualitative research, which refers to clinical interviewing, must be used by clinical psychologists, since it is one of the best ways to understand a behaviour in depth and determine different aspects of the psychological functions and the history of the patient. Finally, a case study focuses on analysing a person for a long period of time and aims at observing how a person behaves at different stages.

The information obtained from the evaluation included information on the identification, interpretation and formulation of the problem, or otherwise divergent behaviour. Specifically, a comprehensive evaluation includes individual history, medical history, family history, social history, psychiatric history, details of the present mental state and information on the patient's thinking and perception.

In order to confirm a diagnosis, specific criteria must be met. Criteria are specified by classification systems, such as DSM. There are two main types of classification system:

the categorical and the dimensional. The categorical system is based on the principle that mental disorders are distinct clinical entities that differ from one another. For this, it groups disorders based on diagnostic criteria, which are based on the severity of the symptoms and on their duration. This system is also the most widespread, used worldwide. The DSM, and today the DSM-5 is the classic example of the categorical classification system. The second grading system, the dimensional approach, argues that divergent behaviours do not only cause a problem when they exist, but should only be considered a symptom when distributed over a continuous spectrum, which determines to a greater degree they deviate from the standard. Specifically, this system places great emphasis on the severity of the symptoms, using the characterizations, mild, moderate and severe.

**Aims/Objectives**

The main objective of this unit is to provide in depth understanding of the classification of symptomatology, the way symptoms are assessed, and the importance of DSM. It also aims to analyse the procedure of confirming a diagnosis, according to the assessment methods used.

**Learning Outcomes**

After studying this unit, you must be able to:

- Analyse and assess hypothetical diagnosis.
- Understand the content of clinical interview.
- Distinguish the different assessment methods.
- Understand the two basic steps of assessment.
- Analyse the classification systems and distinguish categorical and dimensional approach.
- Understand and criticize DSM.

**Key Words**

| | | | | |
|---|---|---|---|---|
| Assessment | Historical information | Clinical interview | questionnaire | Hypothetical diagnosis |
| Diagnosis | Interpretation of a problem | Classification system - categorical | Classification system – dimensional | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 4: Developmental, quantitative and multicultural assessment of psychopathology.

This chapter provides detailed information on the assessment. It integrates several evidences around the impact of assessment into the diagnosis. It also provides a comparison between several methods.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

This manual is the taxonomic and diagnostic tool published by APA and serves as the principal authority for psychiatric diagnoses. DSM-5 is the standard reference that healthcare providers, including psychologists, use to point out the symptoms and the criteria needed in order to diagnose a mental disorder and behavioural condition.

- Kring, A. M., & Johnson, S. L. (2017). Abnormal Psychology: The Science and Treatment of Psychological Disorder (14th Edition). Chapter 3: Diagnosis and assessment.

This chapter describes in detail the assessment process and how it can be used to formulate a diagnostic hypothesis. It provides considerable information about what is included in the data collection conducted as part of the assessment. This chapter also explains what a diagnosis is and how we can reach a correct clinical decision of a mental disorder.

## Self-Assessment Exercises/Activities

### Exercise 2.1

Describe and compare the two classification systems. Incorporate in your answer the pros and cons for each one. Your answer must not exceed 500 words.

### Exercise 2.2

Develop an interview schedule, where you will have to write in order all the questions that you think must be asked in a clinical interview. These questions aims to provide a comprehensive assessment. Your answer must not exceed 300 words.

## Recommended number of work hours for the student

Approximately 15 hours

## REACTIVE ATTACHEMNT DISORDER

**(3rd Week)**


### Summary

Several evidences showed that attachment is a crucial component of child and adolescent mental health. There are two attachment styles, the secure and the insecure. The reactive attachment disorder is associated with insecure attachment and it refers to children who have no emotional bond with their parents.


### Introductory Remarks

From birth, babies are responding positively to human presence. By the age of two months they show a clear preference to human voice and they develop eye contact. Additionally, by the age of seven months infants begin to show preference for primary and secondary caregivers, and as they grow up, they show strong attachment to one specific caregiver.

Attachment is an enduring and deep emotional bond that connects the child with the caregiver. It occurs across time and space. It is characterized by specific behaviours in children, such as seeking proximity to the attachment figure when upset or threatened. It produces good communication, trust and security between the child and the caregiver. The attachment can take 2 basic forms. The first is the secure attachment, characterised by parental respond towards child's needs, warmth, and sensitivity, while the second type is insecure attachment which is characterised by rejective and inconsistent parenting.

When the child experience insecure attachment with his parents, he/she is more likely to develop reactive attachment disorder. This disorder is developed when there is a lack of a stable family environment, parental neglect or abuse. This is because these parental practices prevent the child from developing an emotional bond with his or her parents. According to the DSM-5 criteria, to diagnose this disorder the child must: (1) not respond to the warmth his or her caregiver offers, (2) find it difficult to respond socially and emotionally to others, (3) experience grief, fear and anger in normal interactions; and (4) have a history of neglect and deprivation. All of this should have started before the age of 5 and the child must be over 9 months old.

The causes of this disorder are mainly found in inadequate care in the first year of child's life. Specifically, any family factors impeding care, such as poor parental practices, parent psychopathology, poverty, domestic violence, and more, can be considered a cause.

## Aims/Objectives

The basic objective of this unit is to understand the development of attachment and how it manifests during lifespan. Additionally, it aims to understand how insecure attachment impact reactive attachment disorder. Furthermore, another objective is to analyse and understand the disorder, the symptomatology and the causes.

## Learning Outcomes

After studying this unit, you must be able to:

- Understand the development of secure and insecure attachment.
- Analyse the negative impact of insecure attachment into the development of reactive attachment disorder.
- Assess the symptomatology of the reactive attachment disorder.
- Analyse the aetiology of the disorder.

## Key Words

| | | | | |
|---|---|---|---|---|
| Attachment | Secure attachment | Insecure attachment | Reactive attachment disorder | Parental practices |
| Multidimensional approach | Emotional bond | | | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 18: Attachment Disorders: Theory, research and treatment considerations.

In a very understandable manner, this chapter describes the clinical characteristics of reactive attachment disorder, the various symptomatology criteria and main epistemological facts which are analysed through research findings. It also refers to the aetiology and treatment of this disorder.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of reactive attachment disorder (pages 265-268).

- Wilmshurst, L. A. (2017). Child and Adolescent Psychopathology: A casebook. Chapter 24: Disconnected connections

This chapter describes a real-life case study of a child experiencing attachment difficulties and reactive attachment disorder. This gives a deeper understanding of assessment and interventions of childhood disorders. It also integrates theory into research-based evidences.

## Self-Assessment Exercises/Activities

### Exercise 3.1

In your opinion, what is the most crucial risk factor that can cause the development of reactive attachment disorder? Your answer must not exceed 200 words.

## Recommended number of work hours for the student

Approximately 15 hours

# AUTISM

**(4th Week)**


## Summary

Autism is a chronic developmental disorder that cause severe consequences in child's life. The diagnosis of autism spectrum disorder (ASD) is based on three main criteria: challenges with social skills, repetitive behaviour and speech and nonverbal communication. To help the child be functional, it is important to manage and improve his/her skills and behaviour.


## Introductory Remarks

Autism Spectrum Disorder (ASD) is a neurological and developmental disorder that begins in early childhood and is characterised by social and communicational deficits, limited interest and repetitive behaviour. According to DSM-5, the symptomatology of ASD is associated with the severity levels, which are depended upon the degree of support a child's needs.

According to the developmental perspective, a child with autism may show signs from very early stage. Specifically, behaviours such as not responding to stimuli, or not smiling, or not developing eye contact may be considered as early signs of autism occurring across infants and toddlers. Subsequently, childhood difficulties, such as language impairment, may be considered as signs during childhood. Therefore, it can be argued that there is an evolutionary course in the signs of autism.

Regarding DSM-5 criteria, a diagnosis of ASD is based on 1) persistent deficits in social communication and social interaction across multiple contexts, as manifested by deficits in social-emotional reciprocity, deficits in nonverbal communication, and deficits in developing, maintaining and understanding relationships; 2) restricted, repetitive patterns of behaviour, interests or activities as manifested by stereotyped or repetitive motor movements, insistence on sameness, highly restricted, fixated interests that are abnormal in intensity or focus, and hyperactivity; 3) symptoms must be present in the early developmental period.

This diagnosis is important to distinguish from other disorders with similar symptoms but which either externally differ or result from different causes. Additionally, these disturbances are not better explained by intellectual disability. Furthermore, differential diagnosis of schizophrenia, mental retardation and, in some cases, ADHD should be made.

The causes of autism should first be looked for in biological agents, as it was argued that ASD has a genetic cause. At the same time, research suggests that pregnancy period also plays an important role in the development of the baby's brain, and therefore in the development of ASD. For example, exposure to air pollution, excessing dieting, and more

can cause prenatal complications which are then considered to be major causes of the development of autism.

### Aims/Objectives

The objective of this unit is to describe the clinical presentation of ASD and analyse its characteristics. Specifically, it aims to analyse the developmental perspective of the signs of the disorder across early developmental stages and its causes. It also aims to incorporate the consequences of the symptomatology into the functioning of the child.

### Learning Outcomes

After studying this unit, you must be able to:

- Understand the development of the signs of autism.
- Understand the clinical presentation and the symptomatology.
- Analyse differential diagnosis.
- Criticise and assess the causes.

### Key Words

| | | | | |
|---|---|---|---|---|
| Autism spectrum disorder | Repetitive behaviours | Differential diagnosis | Prenatal implications | Brain dysfunction |

### Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 33: Autism Spectrum Disorder: Developmental approaches from infancy through early childhood.

This chapter describes in detail the developmental approaches of autism from infancy through early childhood. It provides a clear presentation of the signs and the symptomatology at each developmental stage. Additionally, it analyses in depth the association between risk factors and behavioural dysfunction and how child's life can be improved.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of autism spectrum disorder (50-59).

- Wilmshurst, L. A. (2017). Child and Adolescent Psychopathology: A casebook. Part B: Autism Spectrum Disorders and Intellectual disabilities.

This part of the book contains 4 case studies of children diagnosed with ASD. Assessing a real-life case helps students understand the clinical presentation of the child along with his/her impairment. Additionally, from the historical background of the child, the students are able to assess the causes, and from the presentation of the intervention students can understand their effectiveness and how symptoms can be minimized.

**Self-Assessment Exercises/Activities**

**Exercise 4.1**

Describe and analyse two risk factors that are highly related to autism. One of them must be biological factor and the other one must be environmental. Your answer must not exceed 400 words.

**Exercise 4.2**

Search and find a video presenting an autistic child. Additionally, describe how his/her symptomatology improved. Your answer must not exceed 200 words.

**Recommended number of work hours for the student**

Approximately 15 hours

## ATTENTION DEFICIT/HYPERACTIVITY DISORDER

**(5th Week)**


### Summary

Attention Deficit/Hyperactivity Disorder (ADHD) affects children and teens and can continue into adulthood. It is marked by an ongoing pattern of inattention, hyperactivity and impulsivity. The causes of ADHD are distributed into three categories: neurobiological, genetic and environmental factors.


### Introductory Remarks

ADHD is one of the most common disorders that occur during childhood, as it appears to affect approximately 10% of the specific population. Its main characteristic is that the child exhibits hyperactive and impulsive behaviours that are not compatible with their developmental stage. The symptoms usually begin in early childhood and decrease as the child grows up.

The developmental context plays an important role in the understanding of clinical presentation of the symptomatology because it distinguishes normal from abnormal behaviours. For example, it is normal for a preschool child to be vivid, but he should be able to reduce his mobility when needed. In contrast, a child with ADHD cannot function this way. Additionally, children with ADHD have difficulties with movement coordination and with gross and delicate mobility, something that other naughty children do not have.

According to DSM-5, ADHD characteristics are allocated into three types. The first type is the combination of the existence of both inattention and hyperactivity, that both occur with the same severity. The second type is the predominantly inattentive presentation where inattention symptoms are more severe compared to hyperactivity and impulsivity. And the last type is the predominantly hyperactive / impulsive presentation, which is mainly characterised by the severity of hyperactivity and impulsivity symptoms. In addition to these types, DSM-5 specifies that the age of onset must be up to 12 years old and symptoms must be present in two or more contexts.

The risk factors of ADHD are divided into three categories. The first category is referred to the genetic factors. These factors include heredity, chromosomes impairment. The second category is associated to the neuro-biological factors, such as brain abnormalities and dysfunction with the neurotransmitters, and last, the third category concerns environmental factors such as exposure to toxic factors during pregnancy.

### Aims/Objectives

This unit aims to distinguish normal behaviours from symptomatology of ADHD. Another goal of this unit is to analyse the evolutionary framework of symptomatology, to

distinguish the characteristics of the three types of ADHD and to analyse the risk factors of the presence of symptoms.

**Learning Outcomes**

After studying this unit, you must be able to:

- Analyse the clinical presentation of the symptomatology of ADHD.
- Distinguish ADHD symptomatology from normal naughty behaviours.
- Assess the development of the symptoms across several developmental stages.
- Analyse the risk factors of ADHD.

**Key Words**

| | | | |
|---|---|---|---|
| ADHD | Inattention | Hyperactivity | Impulsivity |
| Naughty behaviour | Prenatal factors | Neurobiological factors | Genetic factors |

**Annotated Bibliography**

For the educational needs of this unit, material from the sources below is used:

**Basic Sources/Material**

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 22: A developmental perspective on Attention Deficit/Hyperactivity Disorder.

This chapter describes in detail the developmental approaches of ADHD and provides a clear understanding of what is normal and what is abnormal behaviour at each developmental stage. It provides a clear presentation of the symptomatology and it analyses in depth the risk factors and the therapeutic interventions.

**Supplementary Sources/Material**

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of attention deficit and hyperactivity disorder (59-65).

- Chan, E., Fogler, J. M., & Hammerness, P. G. (2016). Treatment of attention deficit/hyperactivity disorder in adolescents: A systematic review. JAMA, 315(18), 1997-2008.

This article serves to analyse the therapeutic interventions applied to adolescents with ADHD. The student can draw conclusions about the effectiveness of interventions.

- Hinshaw, S., Arnold, E., & MTA Cooperative Group, (2018). ADHD, multimodal treatment and longitudinal outcome: evidence, paradox and challenge. *Willey Interdisciplinary Review: Cognitive Science, 6*(1), 39-52.

This article presents interesting findings about ADHD therapeutic intervention. It analyses its efficacy and presents challenges to treatments.

- National Institute of Health and Clinical Excellence (2018). Attention Deficit and Hyperactivity Disorder: diagnosis and management. London: British Psychological Society.

This article analyses the symptomatology of ADHD, the key features, and the challenges surrounding its diagnosis.

- Wilmshurst, L. A. (2017). Child and Adolescent Psychopathology: A casebook. Chapter 4: Colby Tyler: Attention problems or distracted by life?

This chapter present a child diagnosed with ADHD. From child's point of view, the students can understand symptomatology, how it affects their lives and what therapies where used in order to minimize the symptoms and improve their wellbeing.

**Self-Assessment Exercises/Activities**

**Exercise 5.1**

How should ADHD be differentiated from other child's and adolescent's mental disorders? Your answer must not exceed 200 words.

**Assignment**

Submission of 1st assignment. This assignment must be constructed individually and is titled as "Critical analysis the difference between abnormal behaviour and normal behaviour". The students are expected to submit the course's 1st assignment on the 5th week. This assignment will correspond to 20% of the overall grade.

**Recommended number of work hours for the student**

Approximately 30 hours

## School of Humanities, Social and Education Sciences
### Department of Social and Behavioural Sciences
### M. Sc. Child and Adolescent Mental Health

| **MHC610** | **Feedback sheet for 1st Assignment – Individual** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration Number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very Good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Use of APA 7th edition guidelines and format (5%) | | | | | | | |
| 2. Structure which flows logically throughout the paper. Clear cohesion between paragraphs. clear structure within paragraphs. Correct use of sources. Clear indication of conclusions. Use of examples. Work diligence. (20%) | | | | | | | |
| 3. Grammar, Punctuation, Spelling and word limit (5%) | | | | | | | |
| 4. Sufficient number of scientific sources. Use of relevant references and their proper application throughout the paper (i.e., citations, reference list, etc). Use of recent sources (30%) | | | | | | | |
| 5. Indication of understanding of topic. Extensive reports that adequately present the theoretical framework. There should be documentation and a critical approach to the reports. Arguments need to be developed. All parts of the work are adequately described. (40%) | | | | | | | |

**General Comments**

| | | | |
|---|---|---|---|
| | | | |
| **Examiner** | | | **Final Grade** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

## OPPOSITIONAL DEFIANT DISORDER

**(6th Week)**


### Summary

Oppositional Defiant Disorder (ODD) is included into the category of disruptive behaviour disorders. It occurs during childhood and it is characterised by problems in opposition and behaviours. Inconsistent parental care and practices were found to have the most significant impact in the development of such behaviours.


### Introductory Remarks

ODD appears in approximately 5% of children worldwide between the ages of 6 – 11 years old. It is mainly characterised by both emotional and behavioural regulation with emphasis in self-control. Factors that determine whether these behaviours require psychopathological evolution and assistance are the frequency, duration and intensity of aggressive behaviour.

Specifically, DSM-5 indicates that a pattern of irritable mood and defiant behaviour must be present for at least 6 months. Child must present a variety of symptoms that come from the following categories: angry/irritable mood, argumentative/defiant behaviour and vindictiveness. Due to the fact that such behaviours occur to some degree in typically developed children, the persistence and frequency of them should be considered.

Children with ODD are angry with no reason and lose their temper frequently. They fight with their parents all the time and they are being easily annoyed. One of the main characteristics of their clinical presentation is that although they refuse to follow rules, they are well controlled when they get what they want.

Such behaviours make parenting extremely difficult. In these respect, parent-child relationship is very unbalanced and is characterized by daily frustrations such as ignored guidelines, arguments and explosive outbursts. Previous studies indicated that behavioural disorders, such as ODD, are associated with problematic parental practices. In particular, family dysfunction, problems in communication, inconsistent parental care, poor supervision and some parental styles are considered to be strong predictors for the development of these disorders. Having said that, along with the family factors, there are studies argued that there is a significant association between socioeconomic factors, such as poverty, early school withdraw and crime, and appearance of this symptomatology.

Apart from these causes, developmental theories argue that children with ODD have troubles learning to become independent and thus overprotection is seen to be a significant risk factor. Additionally, negative symptoms of ODD are mirrored by negative reinforcement methods used by parents and teachers. Such behaviours allow the child to get attention and reaction from parents and others.

## Aims/Objectives

The main objective of this unit is for students to learn about ODD and understand the psychopathology behind behavioural problems. The term externalized behaviours is also introduced in this lecture. Parallel to this, it aims to examine the diagnostic criteria of ODD and to analyse how family factors contribute to the development of such behaviours.

## Learning Outcomes

After studying this unit, you must be able to:

- Assess the clinical presentation of symptoms of a child with ODD.
- Analyse the evolution of these behaviours across toddler years and childhood.
- Associate the development of the symptomatology with the diagnosis.
- Understand etiology and the risk factors.

## Key Words

| | | | | |
|---|---|---|---|---|
| ODD | Opposition | Temper tantrums | Negative reinforcement | Disruptive behaviour |
| Poor parental care | Behavioural disorders | Externalized behaviours | | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 24: Conduct Disorder.

This chapter describes in detail the developmental perspective of Conduct Disorder, including ODD. This chapter describes the clinical characteristics, the various symptomatology criteria and main epistemological facts which are analysed through research findings

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of ODD (462-466).

- Ezpeleta, L., Navarro, J. B., de la Osa, N., Penelo, E., & Domenech, J. M. (2019). First incidence, age of onset outcomes and risk factors of onset of DSM-5 oppositional defiant disorder: a cohort study of Spanish children from ages 3 to 9. *BMJ Open, 9*(3), e022493.

This article presents evidences on the incidence and the prevalence of ODD. It also analyses the risk factors including parenting and school environment.

- Gallarin, M., & Alonson-Arbiol, I. (2012). Parenting practices, parental attachment and aggressiveness in adolescence: a predictive model. Journal of Adolescence, 35, 1601-1610.

This article presents an interesting approach to the relationship with child and parent attachment and how it can act as a protective factor in the development of behavioural problems.

- Katzmann, J., Goertz-Dorten, A., Hautmann, C., & Doepfner, M. (2018). Social skills training and play group intervention for children with oppositional defiant disorder / conduct disorder: Mediating mechanisms in a head-to-head comparison. *Psychotherapy Research,* doi: 10.1080/10503307.2018.1425559

This article analyses in detail the effectiveness of two therapeutic interventions and how they affect and minimize the presence of the symptoms.

**Self-Assessment Exercises/Activities**

**Exercise 6.1**

Describe the clinical presentation of ODD and how the symptoms are changed from childhood to adolescence. Provide examples for each symptom. Your answer must not exceed 500 words.

**Exercise 6.2**

Analyse a theory explaining why ODD occurs. Your answer must not exceed 300 words.

**Recommended number of work hours for the student**

Approximately 15 hours

# CONDUCT DISORDER

**(7th Week)**


## Summary

Conduct disorder (CD) is included into the category of disruptive behaviour disorders. It mainly occurs during adolescence and it characterised by problems in the self-control of emotions and behaviours. Inconsistent parental care was found to have the most significant impact in the development of such behaviours. As the symptoms appear in several settings, an understanding of the impact of school and family environment is necessary.


## Introductory Remarks

Conduct disorder can have its onset early, before age 10, or in adolescence and is a serious behavioural and emotional desirder. Children who display early-onset conduct disorder are at greater risk for persistent difficulties, however, and they are also more likely to have troubled peer relationships and academic problems.

For Conduct Disorder the symptomatology, as stated in DSM5, must be present for at least 12 months and must include repetitive and persistent pattern of rule braking or activity which violates other people's basic rights. There are four broad categories of behaviour for CD: aggression, destruction of property, theft and serious violation of rules. All these behaviours should cause serious disruption to the child's social life and functioning. In sum, a child with CD displays disruptive and violent behaviours and s/he has also low self-esteem and tends to have temper-tantrums. Additionally, s/he is unable to understand how his/her behaviour can hurt others, thus, s/he does not feel guilty.

According to the developmental psychopathology approach, ODD is often a prelude to the CD. This is because in preschool years and during childhood, children have milder behaviours of disobedience and opposition, something that becomes more serious as they rich adolescence. During adolescence, disobedience turns into an offense.

In regard to the causes of CD, it is believed that a combination of biological, environmental, psychological and social factors gives a comprehensive understanding on how its symptomatology expressed. For example, CD is found to be associated with brain abnormalities that produce problems in regulating behaviours, control and emotion. Apart from these, environmental factors (such as dysfunctional family environment, traumatic experiences), psychological factors (such as moral awareness), and social factors (such as low socioeconomic status) play a crucial role in the development of psychopathological problems of children with CD.

## Aims/Objectives

The main objective of this unit is for students to learn about disruptive disorders and understand the psychopathology behind behavioural problems. Parallel to this, it aims to examine the diagnostic criteria of CD and to analyse the risk factors.

## Learning Outcomes

After studying this unit, you must be able to:

- Assess the clinical presentation of symptoms of a child or adolescent with CD.
- Analyse the evolution of these behaviours across developmental stages.
- Associate the development of the symptomatology with the diagnosis.
- Understand the risk factors.

## Key Words

| | | | | |
|---|---|---|---|---|
| Boundaries | CD | Disobedience | Violation | Disruptive behaviour |
| Delimitation effective discipline | | | | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 24: Conduct Disorder.

This chapter describes in detail the developmental perspective of Conduct Disorder. This chapter describes the clinical characteristics, the various symptomatology criteria and main epistemological facts which are analysed through research findings

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of CD (469-475).

- Gallarin, M., & Alonson-Arbiol, I. (2012). Parenting practices, parental attachment and aggressiveness in adolescence: a predictive model. Journal of Adolescence, 35, 1601-1610.

This article presents an interesting approach to the relationship with child and parent attachment and how it can act as a protective factor in the development of behavioural problems.

- Katzmann, J., Goertz-Dorten, A., Hautmann, C., & Doepfner, M. (2018). Social skills training and play group intervention for children with oppositional defiant disorder / conduct disorder: Mediating mechanisms in a head-to-head comparison. *Psychotherapy Research,* doi: 10.1080/10503307.2018.1425559

This article analyses in detail the effectiveness of two therapeutic interventions and how they affect and minimize the presence of the symptoms.

- Staniford, J. A., & Lister, M. (2020). An interpretative phenomenological analysis exploring how psychiatrists conceptualise conduct disorder and experience making the diagnosis. *Clinical Child Psychology and Psychiatry, 1*(14), 1-14.

This article analyses ways on how psychiatrists can make a diagnosis and argue about the difficulties of diagnosing symptomatology of CD.

**Self-Assessment Exercises/Activities**

**Exercise 7.1**

Describe the clinical presentation of CD and how the symptoms are presented during adolescence. Provide examples for each symptom. Your answer must not exceed 500 words.

**Recommended number of work hours for the student**

Approximately 15 hours

## ANXIETY DISORDERS

**(8th Week)**


### Summary

The main characteristics of anxiety disorders are chronic anxiety and intense fear. Anxiety disorders contains several types including specific phobia, panic disorder, generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, agoraphobia and selective mutism. There are a number of causes of anxiety that can be very stressful in different age groups.


### Introductory Remarks

Anxiety is a normal feeling experienced daily by children and adolescents, as it is normal for children to feel insecure when separated by the parents, and for adolescents to feel insecure when they are not socially accepted. To be able to see anxiety as a psychopathological symptom, it must have serious consequences on the personal and social life of a person and be associated with persistent fear and severe and chronic anxiety. The main feature of children with anxiety disorders is that they internalize their feelings, they suffer and usually express it with crying.

The main symptoms of anxiety disorders are oversensitivity, intense worry, social withdrawal and nervousness. These symptoms are divided into cognitive and behavioural. Furthermore, physical symptoms are often also present, such as fast heart rate, shortness of breath, oversensitive bowel, shakiness and dizziness.

There are many types of anxiety disorders. Firstly, we have the separation anxiety disorder which makes its appearance mainly in infants and is characterised by severe anxiety when a child is separated from his/her caregiver and he/she feels that something wrong will happen to them and s/he will never see this person again. Another anxiety disorder is selective mutism, where a person is unable to talk and communicate in various social circumstances which make him/her anxious. However, this occurs selectively, since such person can talk normally in environments where s/he feels safe, for example at his/her home. Then, we have specific phobias. A specific phobia is associated with irrational fear of objects or situations which, in fact, is not realistic. In this case, in the child's effort to face this phobia, s/he completely avoids any stimuli connected to the phobic stimulus. Next, there is social anxiety disorder where a child is afraid of how others will judge him/her and feels that s/he will be embarrassed or humiliated if s/he speaks in a social group. The next disorder which might coexist with social anxiety disorder is panic disorder. This disorder is accompanied by sudden panic attacks where the child goes numb, trembles and is afraid s/he will die. Furthermore, an anxiety disorder which can be associated to panic attacks is agoraphobia. In this case, the child experiences intense fear when found in a crowded place and feels s/he has no way out. Finally, we have generalised anxiety disorder, which is characterised by constant worry over insignificant

things, a worry which negatively affects, on the daily basis, the child's concentration and causes him/her fatigue.

After referring to the various types of anxiety disorders, we need to mention that they may coexist. This is known as comorbidity and can be a very frequent phenomenon. Comorbidity may exist between two types of anxiety disorders, but it may also coexist with other disorders such as depression. Apart from identifying comorbidity, a differential diagnosis must also be conducted to ensure that we rule out any other disorders which do not have constant anxiety as their main characteristic.

There can be many causes for an anxiety disorder, such as heredity, increased activity of the neural circuit of fear in the brain and social avoidance caused by a harmful stimulus and associated with an object the person is fearful of. Nevertheless, there also exist social factors, such as the excessive dependence on others, the incorrect imitation of examples, poverty, discrimination and victimisation, which are considered to be factors causing anxiety disorders.

## Aims/Objectives

The objective of this unit is for students to learn and understand when anxiety becomes pathological, and in turn how these feelings dysregulate his/her emotions and behaviours. Additionally, it aims at helping students understand the clinical picture of each anxiety disorder and their symptomatology. Furthermore, it aims at presenting research findings which prove the presence of these symptoms along with its causes.

## Learning Outcomes

After studying this unit, you must be able to:

- Distinguish normal anxiety from severe.
- Assess the clinical presentation of symptoms of children with anxiety disorders.
- Distinguish between the different types of anxiety disorders.
- Analyse the causes of anxiety disorders.
- Assess the consequences of these disorders.

## Key Words

| | | | | |
|---|---|---|---|---|
| Anxiety | Fear | Separation anxiety disorder | Selective mutism | Specific phobia |
| Panic disorder | Agoraphobia | Generalised anxiety disorder | Social anxiety disorder | Clinical picture |
| Comorbidity | Accompanying characteristics | Differential diagnosis | Aetiology | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 27: The developmental psychopathology of anxiety.

In a very understandable and simple manner, using recent research findings, this chapter describes the clinical characteristics of anxiety disorders, the various symptomatology criteria and main epistemological facts. Finally, it refers to the aetiology and treatment of anxiety disorders, both generally and specifically.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of all anxiety disorders (189-235).

- Demetriou, C, Ederer-Fick, E. M. & Essau, C. Anxiety in Children and Adolescents: Case analysis and early interventions (2013). In Barbara Gasteiger Klicpera (Ed.) Theory, concepts and applications of inclusive education (pp. 83-96). Vienna (Konzepte und Anwendungsfelder der inklusiven Pädagogik. Wien: Facultas-Verlag).

This chapter provides in depth analysis of the therapeutic interventions of anxiety disorders.

- Essau, C. A., Lewisohn, P. M., Lim, J. X., Ho, M. R., & Rohde, P. (2018). Incidence, recurrence and comorbidity of anxiety disorders in four major developmental stages. Journal of Affective Disorders, 228, 248-253.

This article presents the evolutionary course of anxiety disorders in four developmental stages.

- Wilmshurst, L. A. (2017). Child and Adolescent Psychopathology: A casebook. Chapter 4: Introduction to anxiety and compulsive disorders.

This chapter presents several case studies of children with several anxiety disorders and intense worry.

## Self-Assessment Exercises/Activities

### Exercise 8.1

Find two published case study of children diagnosed with anxiety disorder. Then explain what the difference between the clinical presentation of each case is. Your answer must not exceed 500 words.

## Recommended number of work hours for the student

Approximately 15 hours

## POSTTRAUMATIC STRESS DISORDER

**(9th Week)**

### Summary

Post-traumatic stress disorder in children and adolescents is caused after experiencing a very traumatic incident. This experience is the actual cause of the disorder. The child suffering from post-traumatic stress disorder (PTSD) often relive the traumatic experience and have flashbacks of the event.

### Introductory Remarks

According to DSM-5, PTSD belongs to the category of trauma and stressors related disorders. PTSD is characterised as a psychological state which can express itself in any person who had a direct experience or witnessed situations which either threatened his/her life or that of another person, or which traumatised him/her psychologically. Child's responses might be emotional (fear, shock, emotional numbness), mental (confusion, disorientation, difficulty to concentrate), physical (difficulty to sleep, changes in appetite, fatigue), interpersonal (lack of trust, irritation, conflict, isolation, judgmental attitude, tendency to control everything), they might involve detachment, the intrusive revival of the experience, or/and extreme attempts to escape the disturbing memories. The most important symptom is for a child to experience or witness a traumatic, physically threatening event or to learn that a traumatic event happened to a close friend or family member. The fact that the child relives the event does not let him/her move on, since s/he is constantly haunted by the traumatic past.

A traumatic event can be exposure to natural disaster, war or terrorism, victimization, serious accident, or even domestic violence. The trauma causes intense fear, feeling helpless, and physical reactions to stress. Sometimes there may be an emotional breakdown, and in fact, the child is blocking the trauma. The traumatic event then causes difficulties in social functioning and interpersonal relationships and can eventually cause other negative symptoms such as depression.

Effective family involvement is a key objective of understanding and helping the child. The parent-child relationship is crucial because the parent needs to take into account the child's reactions and be ready to participate in the rebuilding of the child's mental toughness.

### Aims/Objectives

The main objective of this unit is to present and analyse post-traumatic stress disorder. More specifically, it aims at creating a detailed picture of the clinical state and symptoms of this disorder, at explaining the risk and protective factors. Furthermore, for students to be able to understand this disorder, the unit presents the definition of trauma and stress, and how they affect the body.

## Learning Outcomes

After studying this unit, you must be able to:

- Understand the symptomatology of post-traumatic stress disorder in childhood and adolescence.
- Understand the developmental perspective of symptomatology.
- Analyse the consequences in child's wellbeing.
- Analyse their aetiology.

## Key Words

| | | | | |
|---|---|---|---|---|
| Mental resilience | Traumatic event | PTSD | Family therapy | Re-experience of the event |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 38: Posttraumatic stress disorder in children and adolescents.

This chapter talks in detail about the disorder of schizophrenia. It makes a good reference to PTSD risk and protective factors and to the analysis of treatment.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of post-traumatic stress disorder (271-280).

## Self-Assessment Exercises/Activities

### Exercise 9.1

What are the main effects of PTSD on child's life? To structure your answer, you should include recent published articles and provide evidences of the negative impact PTSD has on a personal, psychological, and social level. Your answer must not exceed 600 words.

## Recommended number of work hours for the student

Approximately 15 hours

## DEPRESSION DURING CHILDHOOD AND ADOLESCENCE

**(10th Week)**


### Summary

Depression occurs in children and adolescents, and its symptomatology is similar to the symptomatology of adults. Due to the fact that children find it difficult to express their feelings, it is difficult to identify symptoms. For this reason, depression sometimes is hidden behind emotional and behavioural problems, and problematic reactions. Depression in these age groups is characterised by irritable mood and loss of interest.


### Introductory Remarks

Depression during childhood and adolescence has been the subject of considerable controversy, as many researchers have argued that depressive disorders are rare in young children. In recent years, it has been recognized that depressive conditions, similar to those of adults, can also occur during childhood, and research has now suggested that children and adolescents with Major Depressive Disorder (MDD) are at increased risk for suicidal behaviour. substance abuse (including nicotine and alcohol), early pregnancy, exposure to adverse life events, and low school and psychosocial functioning.

A depressed child's clinical picture is divided into five dimensions. The first dimension concerns the mood which is characterised by prolonged feelings of sadness, guilt and shame. The second dimension concerns behaviour and is characterised by a child being socially isolating and being involved in aggressive acts. The third-dimension concerns perception and is characterised by low self-esteem. The fourth-dimension concerns thoughts and is characterised by intense self-criticism, pessimism and difficulty to concentrate. Finally, the last dimension concerns biological functions and includes difficulty to sleep and appetite changes. Not all children have all of these symptoms, but all children experience significant changes in their social activities, a loss of interest in school, and a sudden change in their appearance.

There are differences in the signs of depression at different stages of development. In infancy and toddler, depression occurs in the form of sad facial expression and lack of social play. In preschool years, the signs are withdrawal, self-injurious behaviour and sleep disturbance. Childhood presents with complaints of indeterminate physical abuses and phobic behaviours, and during adolescence youth experience mood swings, lack of activity, feeling sad and suicidal ideations. Diagnosis of depression, therefore, requires adjustment of the assessment according to the developmental level, because low self-esteem, hopelessness and recurring ideas of death are difficult to identify in young children due to their nature and quality of their cognitive functions.

The causes of depression in these age groups is multifactorial and includes family, biological and genetic factors. Additionally, there is also a link between stressful life events and depression, such as loss. Furthermore, events such as divorce, deprivation, death, suicide and lack of support signal the onset of depression.

## Aims/Objectives

This unit aims at presenting students with a detailed reference to the issue of depression during childhood and adolescence. It will help them distinguish between normal depression and depression as a disorder and will stimulate them into studying its causes. Furthermore, it aims at differentiating between the clinical pictures at each developmental stage.

## Learning Outcomes

After studying this unit, you must be able to:

- Assess the symptoms of a depressive child and adolescent.
- Identify the differences between the symptoms according to the developmental stage of the child.
- Analyse the multifactorial aetiopathogenesis of depression.

## Key Words

| | | | | |
|---|---|---|---|---|
| Major Depressive Disorder | Irritable mood | Behavioural problems | Low self-esteem | Suicidal ideation |
| Multifactorial aetiopathogenesis | Self-injurious behaviour | Sleep disturbances | | |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 25: Depression in children and adolescents.

This chapter analyses the evolution of the depressive disorder across different age groups. In addition, it lists theoretical models that attempt to explain depression in children and adolescents and introduces the multifactorial perspective of causes. It also examines the effectiveness of several interventions.

### Supplementary Sources/Material

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of depressive disorders (155-189).

- Ren, P., Qin, X., Zhang, Y., & Zhang, R. (2018). Is social support a cause or consequence of depression? A longitudinal study of adolescents. Frontiers in Psychology, https://doi.org/10.3389/fpsyg.2018.01634

This article analyses the relationship between social factors and depression. In addition, it presents the social consequences of adolescent's depression.

- Taubman, D. S., Parikh, S. V., Christensen, H., & Scott, J. (2019). Using school-based interventions for depression education and prevention. In Javed, F., & Fountoulakis, K. (Eds.) Advances in Psychiatry, 1-32. Cham: Springer

Very useful chapter, as it presents school interventions used to prevent and treat early depression. It provides basic guidance on the implementation of these interventions.

- Wilmshurst, L. A. (2017). Child and Adolescent Psychopathology: A casebook. Chapter 5: Introduction to problems of mood: depression and bipolar disorders.

This chapter presents several case studies of children and adolescents with depression.

**Self-Assessment Exercises/Activities**

**Exercise 10.1**

You need to find a recent article argues about the causes of depression in children and adolescents and describe its findings. Your answer must not exceed 200 words.

**Exercise 10.2**

Describe in a PowerPoint presentation the clinical presentation of children with major depressive disorder. Your presentation must not exceed 20 slides.

**Recommended number of work hours for the student**

Approximately 25 hours

## CHILDHOOD SCHIZOPHRENIA

**(11th Week)**


### Summary

Schizophrenia is part of psychotic disorders and is a mental disorder whose main characteristic is the dysfunction of thoughts and perception. Childhood schizophrenia is a multi-faceted clinical picture where the child demonstrates positive (delusions), negative (anhedonia) or mixed symptoms. It was found to be associated with family predisposition and inherited burden.


### Introductory Remarks

Findings from clinical, neuropsychological and neurobiological studies suggest that there is a fundamental continuum between childhood, adolescence and adulthood schizophrenia. The following terms have been used in the literature: Very Early Onset Schizophrenia, when the onset of psychotic symptoms is detected before 12 years, or Childhood Onset Schizophrenia, when the onset of psychotic symptoms is detected before 12 years, and Early Onset Schizophrenia - Early onset Schizophrenia when the onset of psychotic symptoms is detected before the age of 18 years.

According to DSM-5, criteria are the same for all age groups, including children, adolescents and adults. In order to diagnose a child with schizophrenia, he/she has to show 2 out of 5 basic symptoms. These are delusions, hallucinations, disorganised speech, grossly or catatonic behaviour, and negative symptoms such as diminished emotional expression or avolition.

Several events occur at a very early stage of life found to have a major impact on the course of the development and are considered to be developmental precursors. Additionally, there are developmental deficits in functionality, which are mainly related to speech, mobility and are considered as premorbid symptoms. Both developmental precursors and premorbid symptoms associated with onset of childhood schizophrenia include childbirth complications, mild neurological signs, speech developmental problems, transient symptoms of diffuse developmental problems, social dysfunction, attention deficit and hyperactivity disorder and lower IQ (around 80. Similar difficulties in childhood, i.e. speech retardation, reading difficulties and difficulties in spelling and poor premorbid adjustment observed in schizophrenia with onset during adolescence. Children with severe developmental deviations are considered “high risk cases” for developing schizophrenia at a young age.

The causes have not been clarified yet. However, in the research field, there is a tendency to support that schizophrenia is caused by genetic and biological factors. More specifically, it has been proven that certain chromosomes are linked to schizophrenia and that, at the same time, there is an observation that the amygdala and hippocampus are reduced in size, resulting in their dendrites losing their orientation and, consequently, their

axes being led to a different direction (which causes the disorganisation). Apart from these factors, there are also social factors, including family and stressful situations.

**Aims/Objectives**

The main objective of this unit is to understand the severity of having schizophrenia. This unit aims at giving students a detailed picture about what schizophrenia is and how a schizophrenic child behaves. In addition, it provides analysis of the symptomatology of both very early onset and early onset of childhood schizophrenia. it aims at presenting research and critical analysis of its aetiopathogenesis.

**Learning Outcomes**

After studying this unit, you must be able to:

- Assess the symptomatology of a childhood schizophrenia and understand its developmental pattern.
- Critically evaluate the signs and characteristics of this disorder.
- Analyse the aetiopathogenesis of childhood schizophrenia.

**Key Words**

| | | | |
|---|---|---|---|
| Schizophrenia | Delusions | Hallucinations | Disorganised speech |
| Negative symptoms | Catatonic behaviour | Amygdala | Remission |
| Disorganised thoughts | Remission | | |

**Annotated Bibliography**

For the educational needs of this unit, material from the sources below is used:

**Basic Sources/Material**

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 31: Developmental trajectories of disordered eating: genetic and biological risk during puberty.

This chapter makes a clear distinction between the several types of eating disorders. It provides evidences on the relationship between genetic and biological risk factors during puberty and the existence of eating disorders in adolescence.

**Supplementary Sources/Material**

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of eating disorder (329-355).

- Kountza, M., Garyfallos, G., Ploumpidis, D., Varsou, E., & Gkiouzepas, I. (2018). The psychiatric comorbidity of anorexia nervosa: A comparative study in a population of French and Greek anorexic patients. L'Encephale, 44(5), 429-434.

The article analyses what is happening in modern Greek society in terms of the presence of eating disorders. It analyses the symptomatology of anorexia nervosa, bulimia nervosa and binge eating disorder. A comparison between Greek and French cultures is made.

- Mandell, L., Toscano, E., Porcelli, S., Fabbri, C., & Serreti, A. (2016). Age of onset in schizophrenia spectrum disorders: Complex interactions between genetic and environmental factors. Psychiatry Investigation, 13(2), 247-249.

Very useful article that analyses the etiological factors of schizophrenia. At the same time, it analyses risk factors in regard to the age of onset.

**Self-Assessment Exercises/Activities**

**Exercise 11.1**

You need to find the case study of a child with an early onset schizophrenia and present the symptoms, tools and methods used to assess the case. Your presentation must not exceed 30 slides.

This activity will correspond to 5% of the overall grade.

**Exercise 11.2**

You must use the article provided above (Mandell et. al., 2018) and you have to criticize the interaction between genetic and environmental factors. Your answer should be based on enhancing academic performance.

This activity will correspond to 5% of the overall grade.

**Recommended number of work hours for the student**

Approximately 30 hours

## EATING DISORDERS

**(12th Week)**


### Summary

Eating disorders are mental disorders that have significant implications for one's physical health. They occur mainly during adolescence and consist of disorders of anorexia nervosa, bulimia nervosa and binge-eating disorder. The interaction of biological, psychological and environmental factors is considered to be a multifactorial aetiopathogenesis of these disorders.


### Introductory Remarks

Eating disorders are chronic mental disorders. Their main characteristic is a persistent eating disorder which has severe negative consequences on a person's physical health and psychosocial functioning. This problem is explained as a persistent disturbance of food intake or behaviour that is aimed at controlling weight. The age of onset is adolescence. They appear especially in girls, without saying that it cannot be found in boys.

From a developmental perspective, adolescence itself is considered to be a high-risk factor for eating disorders. This is because, during adolescents, youth are experiencing several psychological reactions, changes in the structure of interpersonal relationships and stress. Eating disorders occupy an intersecting position between childhood and adulthood, between physical and mental, between individual and social crossroads.

According to DSM-5, there are 3 main eating disorders. The first one is anorexia nervosa. This disorder is characterized by very low weight for their body type, as a result of excessive preoccupation about his/her image and diet. S/he has a distorted perception of his/her body, since s/he is afraid of putting on weight. The second one is bulimia nervosa. A youth experiences recurring binge eating episodes, but, because these are accompanied by guilt, s/he uses inappropriate compensatory behaviours in order to avoid gaining weight. The person feels ashamed and tries to hide his/her behaviour from others (either binge eating or causing himself/herself to vomit) and limits his/her social life. In the case of binge eating, the main characteristic is compulsive binge eating. Recurrent episode of binge eating is characterized by eating a large amount of food, in a discrete period, compared to normal eating and by lack of control. This episode is also associated by eating rapidly and feeling uncomfortably full.

Anorexia nervosa is mainly caused by psychological and environmental factors. Psychological factors refer to obsessive-compulsive tendencies in a person's character which make him/her susceptible to hard diets. In regard to bulimia nervosa, the most common cause is a person failing to follow a restrictive diet, and as a result, s/he reacts by eating excessively. Finally, the causes of binge eating disorder are not quite clear. Psychological factors concern early bond relationships, the difficulties and dysfunctions in the family, interpersonal relations, and emotional neglect. Social factors concern the

value of the slim body. At the same time, parents using food to reward, pacify or entice their children, affect their attitude towards food and its symbolic value. Additional to all the above causes, culture and media were found to be related with the present of eating disorders.

**Aims/Objectives**

This unit aims at presenting eating disorders. It analyses anorexia nervosa, bulimia nervosa and binge eating disorder in-depth. It analyses the epidemiology and aetiopathogenesis of these three disorders. It also focuses on scientific findings and recent bibliography concerning these disorders.

**Learning Outcomes**

After studying this unit, you must be able to:

- Understand the symptoms and clinical picture of anorexia, bulimia and binge eating.
- Understand the severity of these symptomatology.
- Understand when there is comorbidity.
- Analyse their aetiopathogenesis.
- Critically evaluate the impact of western culture.
- Understand the relationship between eating disorders and adolescence as a developmental stage.

**Key Words**

| | | | |
|---|---|---|---|
| Anorexia nervosa | Bulimia nervosa | Bing eating disorder | Binge eating episode |
| Compensatory behaviour | Schizoid | Schizotypal | Antisocial |
| Borderline | Hospitalization | Western culture | Impulses |

**Annotated Bibliography**

For the educational needs of this unit, material from the sources below is used:

**Basic Sources/Material**

- Kring, A. M., & Johnson, S. L. (2017). Abnormal Psychology: The Science and Treatment of Psychological Disorder (14th Edition). Chapter 15: Personality disorders.

This chapter analyses in a very efficient way the main characteristics of each personality disorder. Here, you will find examples and scientific findings about its epidemiology, causes and therapies.

**Supplementary Sources/Material**

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of eating disorders (329-355).

- Thomas, M., & Drake, M. (2012). Cognitive Behaviour Therapy: Case Studies. London: Sage Publications. Chapter 13: Client Presenting with Dependent Personality Disorder.

This chapter presents a case study of a person with Dependent Personality Disorder.

**Self-Assessment Exercises/Activities**

**Exercise 12.1**

Analyse the impact of family in the development of eating disorders. In your answer consider family as either protective or risk factor. Your answer must not exceed 400 words.

**Exercise 12.2**

Find a published case study of an adolescent with eating disorder and describe symptomatology, clinical presentation and accompanying features. Your answer must not exceed 300 words.

**Assignment**

Submission of 2nd assignment. This is a group assignment and must be formed in power point as presentation. This assignment is titled as “Analyse the role of Western culture in the emergence of psychopathology in children and adolescents”. This assignment should be based on a critical analysis of social factors regarding the causality of various disorders in children and adolescents. The students are expected to submit the course’s 2nd assignment on the 12th week. This assignment will correspond to 20% of the overall grade.

**Recommended number of work hours for the student**

Approximately 30 hours

## School of Humanities, Social and Education Sciences
### Department of Social and Behavioural Sciences
### M. Sc. Child and Adolescent Mental Health

| **MHC610** | **Feedback sheet for 2nd Assignment – Group** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration Number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very Good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 6. Use of APA 7th edition guidelines and format (5%) | | | | | | | |
| 7. Structure which flows logically throughout the presentation. Slides must have a logical continuity. Creativity, not heavy content in each slide, important points should be emphasized. Work diligence (20%) | | | | | | | |
| 8. Grammar, Punctuation, Spelling and word limit (5%) | | | | | | | |
| 9. Sufficient number of scientific sources. Use of relevant references and their proper application throughout the presentation (i.e., citations, reference list, etc). Use of recent sources (30%) | | | | | | | |
| 10. Indication of understanding of topic. Extensive reports that adequately present the theoretical framework. There should be documentation and a critical approach to the reports. Arguments need to be developed. All parts of the work are adequately described. (40%) | | | | | | | |

**General Comments**

| | | | |
|---|---|---|---|
| **Examiner** | | | **Final Grade** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

## SUBSTANCE RELATED DISORDERS DURING ADOLESCENCE

**(13th Week)**


### Summary

Substance-related disorders encompass several classes of drugs. This lecture will focus on substance use disorder. Adolescence is an unbalanced developmental period of highest risk for the onset of problematic alcohol and drug use; thus, a significant number of adolescents are facing difficulties with drug and alcohol use.


### Introductory Remarks

Substance related disorders are divided into two groups: substance use disorders (SUD) and substance induced disorders. Substance related disorders are also known as Substance Use Disorder (SUD) and include a variety of risk and unhealthy behaviours such as alcohol or drugs. It is quite common during adolescence because teenagers are facing difficulties in controlling their life's domains. The diagnosis of SUD is based on a pathological pattern of emotions and behaviours that are related to use of a substance such as alcohol, cannabis, tobacco, hallucinogens, inhalants, opioids, etc.

According to DSM5, the individual takes a substance in large amounts and over a long period of time. S/he expresses huge difficulty to cut down or regulate substance use even if s/he makes several efforts to decrease or discontinue use. Additional to these criteria, social impairment is also a criterion, as these individuals fail to fulfil role obligations at school or home, and face interpersonal problems caused by the effects of the substance. Social withdraw is also common in people with SUD. Another cluster of criteria is associated with risky use. The individual continues substance use despite knowledge of having a psychological or physical problem that is caused by the substance. Finally, tolerance to the substance is another criterion. SUD occurs in a range of severity, from mild to severe (based on the number of symptoms that are present).

Risk factors of such disorders can be divided into heritable, environmental and phenotypic factors. Firstly, heritable factors are referred to family history of alcohol or drug addiction. Secondly, environmental factors include family dysfunction, violence, child maltreatment, peer influences and traumatic experiences. For example, kids without family and social support are more vulnerable compared to those who seek support and supervision. Lastly, phenotypic factor is an observable characteristic in a person that is determined by genes and environmental factors. In order to understand this association, psychological dysregulation must also be considered. In fact, cognitive, behavioural and emotional dysfunctions found to predict adolescent SUD.

It is also important to mention that adolescents who have been diagnosed with SUD usually have another psychiatric disorder, such as depression. Adolescents are more likely to abuse drugs if they are not feeling well and secured, if they feel anxious and if they experience environmental stressors that are out of their control.

## Aims/Objectives

This unit aims at presenting substance use disorder. It analyses the risky behaviours of drug and alcohol abuse. It provides several arguments of the risk factors of developing such behaviours, but it also gives emphasis to the adolescents' impairments and risks after being diagnosed with SUD.

## Learning Outcomes

After studying this unit, you must be able to:

- Understand the symptoms and clinical picture of SUD.
- Understand the severity of these symptomatology.
- Understand the risk factors of developing SUD during adolescence.
- Understand the outcomes of such behaviors in adolescents' lives.

## Key Words

| | | | |
|---|---|---|---|
| Substance related disorders | Substance use disorders | Tolerance | Addictive behaviours |

## Annotated Bibliography

For the educational needs of this unit, material from the sources below is used:

### Basic Sources/Material

- Lewis, M., & Rudolph, K. D. (2014). Handbook of Developmental Psychopathology (3rd Edition). Chapter 30: The epidemiology and etiology of adolescent substance use in developmental perspective

This chapter presents the epidemiology and etiology of substance use disorder in adolescents. Additionally, it analyses the developmental perspective of substance use and presents evidences of the impact of such a risk behaviour in adolescents' lives.

### Supplementary Sources/Material

- Aarons, G. A., Brown, S. A., Hough, R. L., Garland, A. F., & Wood, P. A. (2001). Prevalence of adolescent substance use disorders across five sectors of care. *Journal of the American Academy of Child and Adolescent psychiatry, 40*(4), 419-426.

In this article, you will find epidemiological data and prevalence rates of SUD among adolescents who received services in public sectors such as alcohol and drug, juvenile justice, mental health, school-based services and child welfare.

- American Psychological Association (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. Washington DC: APA Publications.

DSM-5 provides the criteria and symptoms of substance-related disorders (481-589).

- Wilens, T. E., Buederman, J., Abrantes, A. M., & Spencer, T. J. (2014). Clinical characteristics of psychiatrically referred adolescent outpatient with substance use disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(7), 941-947.

This article examines the developmental relationship between psychopathology and substance use disorder in adolescents. It also explains the clinical characteristics of these youths and provides emphasis on the fact that youth with SUD are at high risk to develop severe dysfunction in a number of domains.

**Self-Assessment Exercises/Activities**

**Exercise 13.1**

How common is an adolescent to be diagnosed with SUD? What problems such risky behaviours can cause in his/her life? Your answer must not exceed 400 words.

**Assignment**

Submission of 2nd assignment. This is a group assignment and must be formed in power point as presentation. This assignment is titled as “Analyse the role of Western culture in the emergence of psychopathology in children and adolescents”. This assignment should be based on a critical analysis of social factors regarding the causality of various disorders in children and adolescents. The students are expected to submit the course’s 2nd assignment on the 13th week. This assignment will correspond to 20% of the overall grade.

**Recommended number of work hours for the student**

Approximately 30 hours

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not.

## FINAL EXAM

**(14th week)**

**Recommended number of work hours for the student**

Approximately 40 hours.

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

### Developmental Psychopathology and Approaches

### (1st Week)

**Exercise 1.1**

In this exercise, the student will have to present themselves in a different manner. They need to be creative, and through the power point, they have to present their education, their qualifications and interests. The power point presentation must consider maximum of 15 slides.

**Exercise 1.2**

In this exercise, the student will have to define psychopathology and then developmental psychopathology. It is important to include in the answer the evolutionary course of a psychopathological behaviour and how it can affect the person's wellbeing later in life. Next, student will have to write about the pathological behaviour and define abnormal behaviours. Finally, the student must describe the 4 Ds. It is not enough just to present them, student have to give examples of actual behaviours in order to clearly specify the link between abnormal behaviour, symptom and mental disorder.

### Diagnosis and Assessment

### (2nd Week)

**Exercise 2.1**

This answer should be divided into 4 parts. In the first part, an introduction to what is a classification system should be presented. The second part should describe the categorical classification system by outlining its structure, its taxonomy to the symptoms and by critically evaluate its pros and cons. The third part should describe the dimensional classification system, by referring to the same axes as the section before. Last, in the fourth part, the student will have to compare the two systems.

**Exercise 2.2**

This answer should include an interview, listing all the questions to be asked during the assessment process. Here the student will have to ask questions aimed at a detailed description of the nature of the problem, the interpretation of the problem, factors that have brought the problem to the surface, and factors that contribute to the persistence of the problem. Student will also have to refer to questions aimed at a comprehensive history of the child.

## Reactive Attachment Disorder

## (3rd Week)

### Exercise 3.1

The student will have to describe and argue about either a risk factor or a cause of reactive attachment disorder. S/he has to include in the answer how this factor contributes to the development of the disorder. It is important as well to show a critical appraisal including arguments and evidences.

## Autism

## (4th Week)

### Exercise 4.1

This answer should have to include an analysis of two causes of autism. Specifically, the student will have to base his/her answer on recent research evidences. One of the causes must be biological and the other one must be environmental.

### Exercise 4.2

The student will have to upload a published open access video with a child diagnosed with autism spectrum disorder. In addition, s/he has to describe the clinical presentation. The answer must be focused on child's behaviours.

## Attention Deficit/Hyperactivity Disorder

## (5th Week)

### Exercise 5.1

The student will have to analysis the differential diagnosis of ADHD. Specifically, the student will have to explain how symptoms of ADHD are differed from symptoms of autism, ODD and CD. Additionally, the student will have to argue about the cause of the symptom as a key element of differential diagnosis.

### Submission of the 1st assignment.

This assignment is personal and must be submitted in writing by the end of the 5th week. This assignment will be assessed based on its structure, bibliographical review and the valid content of the sources the student used, the development of a critical approach and the documentation of the references. Furthermore, the correct use of the language, the written speech used and the proofreading of the assignment will also be assessed. No

indicative answer is provided for this assignment, since it corresponds to 20% of the overall grade of the course.

## Oppositional Defiant Disorder

## (6th Week)

### Exercise 6.1

The student will have to include a comprehensive picture of the symptomatology of ODD by using specific behavioural paradigms. Additionally, s/he will have to describe the development of psychopathology across infancy, toddler years, preschool years, childhood and adolescence.

### Exercise 6.2

The student will have to search for recent sources that argue about the family factors which affect the development of ODD. Specifically, the student will have to describe and analysis the way family factors are correlated with behavioural problems.

## Conduct Disorder

## (7th Week)

### Exercise 7.1

The student will have to include a comprehensive picture of the symptomatology of CD by using specific behavioural paradigms. Through this description the student has to argue whether or not ODD can be seen as the onset of conduct disorder, by focusing on psychopathology of children with CD. A main focus should be given into adolescence period of life.

## Anxiety Disorders

## (8th Week)

### Exercise 8.1

For this answer, the student will have to find two case studies of children diagnosed with any anxiety disorder. In addition, s/he will have to describe the clinical presentation of each child and compare the symptomatology. This can be made through arguments about specific behaviours. The case studies must refer to different anxiety disorder.

## Posttraumatic Stress Disorder

## (9th Week)

### Exercise 9.1

This answer should focus on the impact of the symptoms of PTSD on child's life. In particular, the student should find published articles that present research findings on this topic. The student will have to analyse how a symptom adversely affects a child's functioning, whether this effect is causing negative consequences.

## Depression during Childhood and Adolescence

## (10th Week)

### Exercise 10.1

The student will have to find a recent published article which assess the risk factors of depression during childhood and adolescence. S/he will have to analyse the findings of the paper by arguing about the way these causes contribute to the development of the depression in these age groups.

### Exercise 10.2

This exercise must be done on PowerPoint. It is a presentation, so it should be something simple, nice and creative, without the student overfilling the slides. The presentation must additionally include a title, table of contents and bibliography in the end. The presentation will concern the clinical presentation of a child or an adolescent with MDD. In the presentation, research evidences on the epidemiology of this disorder can be included.

## Childhood Schizophrenia

## (11th Week)

### Exercise 11.1

Exercise in the form of a presentation. It corresponds to 5% of the overall grade and, for this reason, no answer will be provided.

### Exercise 11.2

Exercise in the form of a brief essay. It corresponds to 5% of the overall grade and, for this reason, no answer will be provided.

## Eating Disorders

## (12th Week)

### Exercise 12.1

This answer should include an analysis of the role of family into the development of eating disorders. Specifically, the student will have to argue about parent-child relationship, and how family can be seen as both protective and risk factor.

### Exercise 12.2

In this answer, firstly, the student will have to describe the symptomatology of either anorexia nervosa or bulimia nervosa and provide examples of specific behaviours. Secondly, the student will have to explain how symptoms negatively affect adolescent's functioning. Lastly, the accompanying features of this disorder should also be mentioned.

### Submission of the 2nd assignment.

This assignment is personal and must be submitted in writing by the end of the 12th week. This assignment will be assessed based on its structure, bibliographical review and the valid content of the sources the student used, the development of a critical approach and the documentation of the references. Furthermore, the correct use of the language, the written speech used and the proofreading of the assignment will also be assessed. No indicative answer is provided for this assignment, since it corresponds to 20% of the overall grade of the course.

## Substance Related Disorders During Adolescence

## (13th Week)

### Exercise 13.1

This answer should include a presentation of prevalence rates of SUD in adolescents across several countries. Additionally, a critical argument should be developed including the problems SUD produce in adolescents' lives. Lastly, the student must refer to the presence of other disorders as an outcome of drug and alcohol abuse.

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

## COURSE: MCH600- CHILD DEVELOPMENT IN PRACTICE

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC600** | **Child Development in Practice** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☒ | Elective ☐ | |
| **Number of Teleconferences** | Total: 6 | Face to Face: - | Web based Teleconferences: 6 |
| **Number of Assignments** | Assignments | Final Examination | |
| | 13 self-assessment exercises from which 2 will be graded 10% (5 % each)<br>1 assignment (20%)<br>1 project (either a group project or independent work) (20%)<br>TOTAL 50 % | 50 % | |
| **Number of ECTS Credits** | 10 | | |

| | |
|---|---|
| Study Guide drafted by: | Dr. Eleonora Papaleontiou - Louca |
| Editing and Final Approval of Study Guide by: | Dr. Monica Shiakou |

**CONTENTS**

## 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

### Programme Presentation

The MSc in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. The course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.

It also offers a comprehensive outline of the developmental course of human beings from the moment of conception to adolescence. In particular, the developmental characteristics of different age groups are presented in all areas of development, cognitive, linguistic, social, emotional, moral, spiritual and physical. In this way it helps students understand the multidimensional nature of human development and the complex grid of factors influencing it.

**Objectives:**

The general objectives of the Postgraduate Program in Child and Adolescent Mental Health are to:

- Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
- Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
- Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
- Prepare students for future Doctoral studies

**The programme aims to:**

- Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
- Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.
- Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.
- Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working

- Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.
- Provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

This Study Guide of the course titled "**Child Development in Practice** (MHC600)" is the result of a systematic study and assessment of the relevant bibliography and is reviewed and complemented yearly based on the changes made to the educational material posted on the platform. The course of "Child Development in Practice" is offered in the 1st year of studies and is a compulsory course.

This course aims to familiarize students with the principles of development (cognitive, linguistic, emotional, social, moral and spiritual) among infants, children and adolescents, as well as with the factors that influence it (e.g., biological, environmental, social-cultural), and thus provide insight to the work with children More specifically, the course objectives regard students' acquaintance with the theoretical basis of developmental psychology and its research methods, the critical reflection upon important theories of development (e.g., Freud, Erikson, Watson, Pavlov, Skinner, Bandura, Piaget, Kohlberg, Vygotsky). Knowledge will be based on current empirical findings and the consequences for practice will be discussed. The course deals with the ways of how students can use developmental psychological knowledge in understanding cases of children or families.

Upon the completion of this course, students should be able to:

1. Apply developmental psychological knowledge to practice situations with children and adolescents
2. Understand the scientific basis of developmental psychology and reflect on the knowledge by identifying its application in work with children and adolescents
3. Assess how environmental effects might impact upon child's development differently in relation to the child's age
4. Consider how current research findings in child development can inform policy decisions to promote the mental health of children and adolescents.
5. Demonstrate enhanced knowledge and understanding of the major domains of development

The Study Guide, a necessary and useful tool for students, especially where the educational material is not written using the methodology of open and distance learning, encourages and also facilitates the study and understanding of the topics addressed in the module. Moreover, through the self-assessment exercises, it incites and encourages work at home, offers motivation for further study and contributes to the development of your critical thinking. The Study Guide is structured per week and per topic and includes a summary and some very brief introductory remarks, the aim and learning outcomes, key words – basic concepts, annotated bibliography, recommended number of work hours for the student, exercises of self-assessment, critical thinking and case studies, with indicative answers at the end, aiming at a more meaningful understanding of the content, the definitions and the concepts of each section. In addition to the time dedicated to study, the recommended number of work hours per week includes the attendance of the (tele) meetings and Group Consultation Meetings, bibliography search, the drafting of assignments, weekly exercises, etc. It should be noted that the Study Guide does not in any way substitute the educational material posted on the platform, which students must read carefully and assimilate, in order to be able to satisfy the requirements of the programme and successfully complete the module.

**Recommended student work time**
Approximately 5 hours (including the study of the Guide)

## TITLE: INTRODUCTION TO THE LIFE-SPAN PESPECTIVE

**(1st Week)**

**Summary**
Have you ever wondered why people turn out the way they do; have you ever asked yourself this central question? What leads one individual to commit brutal acts of violence and another to become a humanitarian?

**Introductory Remarks**
The concept of development as life long process of adaptation is known as life-span development. The life span approach_emphasizes developmental change throughout adulthood as well as childhood. The belief that development occurs throughout life is central to the life-span perspective on human development. This perspective has other characteristics also: development is

- Lifelong
- Multidimensional
- Multidirectional
- Plastic
- Depends on history and context

**Aims/Objectives**
The aim of this first module is to explore what it means to take a life-span perspective on development, examine the nature of development, and outline how science helps us understand it.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Apply the characteristics of the Life-Span Development in Practice by giving examples from every day-life.
- Discus the distinctive features of a life span perspective on development
- Identify the most important periods and issues in development
- Explain how research in life life span development is conducted

**Key Words**

| | | | | |
|---|---|---|---|---|
| Development | Life-span perspective | Age | Periods of development | Nature of development |

**Annotated Bibliography**

- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  The first chapter explores what it means to take a life-span perspective on development, examine the nature of development, and outline how science helps us understand it.

- **Supplementary Source/Material**
  https://testbanku.eu/Test-Bank-for-Life-Span-Development-16th-Edition-By-Santrock
  In the above web link, you can find a Test Bank for Life Span Development 16th Edition by Santrock, which includes multiple choice questions and answers that will provide a valuable aid in studying and preparing for the final examination. There are questions to cover all the material of the course, therefore the link can be used throughout the semester and on a weekly basis.

**Self-Assessment Exercises/Activities**
**Exercise 1.1**

In no more than 100 words, explain how **one** of the following characteristics of development is applied in practice, giving related examples.
Lifelong
Multidimensional
Multidirectional
Plastic
Depends on history and context

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: THEORIES OF DEVELOPMENT

**(2nd Week)**

**Summary**
No single theory has been able to account for all aspects of development. Each theory contributes an important piece to the life-span development puzzle and together they let us see the total landscape of life-span development in all its richness.

**Introductory Remarks**
The term development refers to how individuals develop, adapt and change in the course of their lifetime, through physical, cognitive, social-emotional and moral /spiritual development. This chapter presents the five widely accepted main theories on human development: Jean Piaget's theory of cognitive and moral development, Vygotsky's theory of cognitive development, Erik Erikson's theory of personality development and social development, Kohlberg's theory of moral development, Sigmund Freud's psychodynamic theory and Fowler's theory of spiritual development.

**Aims/Objectives**
The aim of this lesson is to familiarise students with the five widely accepted and most important theories of human development and understand their significance in the life-span development.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Critically discuss the controversial issues in Life-span theories
- Understand the evolution of Developmental Psychology over time and the factors that led to it
- Understand the main principles of the leading development theories
- Explain how development occurs according to the classical theoreticians in the area of Developmental Psychology.

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Theories of social learning | Cognitive theory | Sociocultural theory | Psychodynamic theories | Development | Eclectic theoretical orientation |

**Annotated Bibliography**

- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education.
  The second half of the first chapter presents the five most important and widely accepted theories of human development.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

**Self-Assessment Exercises/Activities**

**Exercise 2.1 (Answer one of the following questions:) This exercise will be graded with 5% of the total grade.**

a. In no more than 100 words, describe which of the life-span theories do you think best explains your own development and why? You can discuss this with fellow class- mates on the wiki of the course platform.

b. In less than 100 words, identify and discuss one controversial issue in the theories of Life-Span development.

**Recommended number of work hours for the student**
Approximately 15 hours (including the graded exercise)

## TITLE: PRENATAL DEVELOPMENT AND BIRTH

**(3rd Week)**

**Summary**
The first step in the development of a human being is that moment of conception, when two single cells—one from a male and the other from a female—join together to form a new cell called a zygote. This event sets in motion powerful genetic forces that will influence the individual over the entire lifespan.

**Introductory Remarks**
Ordinarily, a woman produces one ovum (egg cell) per month from one of her two ovaries. The ovum is released from an ovary roughly midway between two menstrual periods. If it is not fertilized, the ovum travels from the ovary down the fallopian tube toward the uterus, where it gradually disintegrates and is expelled as part of the next menstrual flow. If a couple has intercourse during the crucial few days when the ovum is in the fallopian tube, one of the millions of sperm ejaculated as part of each male orgasm may travel the full distance through the woman's vagina, cervix, and uterus into the fallopian tube and penetrate the ovum. A child is conceived. The zygote then continues on its journey down the fallopian tube and eventually implants itself in the wall of the uterus. However, many events and hazards will influence how this egg will develop and gradually become an infant.

**Aims/Objectives**
The aim of this module is to critically view the developments from conception though birth

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Describe prenatal development and the
- Critically discuss controversial issues in conception /birth (such as the beginning of new life, abortion, etc.)
- Discuss the birth process
- Identify teratogens and hazards to pre-natal development.
- Explain the changes that take place in the postpartum period.

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| Embryo | Conception | Stages of birth | Development | Hazards | Post-partum period | Teratogens |

**Annotated Bibliography**
- **Basic Sources/Material**
  Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
The 3rd chapter chronicles the remarkable developments from conception though birth.

**Self-Assessment Exercises/Activities**
**Exercise 3.1**
In more 100 words, discuss a controversial issue in conception, prenatal development or birth.

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: PHYSICAL DEVELOPMENT IN INFANCY

**(4th Week)**

**Summary**
It is very important for an infant to get a healthy start. When they do, it is likely that their first 2 years of life will be a time of amazing development.

**Introductory Remarks**
Infants (birth to age 1) and toddlers (ages 1 to 2) grow quickly; bodily changes are rapid and profound. Physical development refers to biological changes that children undergo as they age. Important aspects that determine the progress of physical development in infancy and toddlerhood include physical and brain changes; development of reflexes, motor skills, sensations, perceptions, and learning skills; and health issues.

**Aims/Objectives**
The current module will focus on the biological domain of the infant's physical development, exploring physical growth, motor development and sensory and perceptual development.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Critically discuss the comparison of breast-feeding and bottle-feeding in infants.
- Discuss physical growth and development in infancy
- Describe the infants' motor development
- Summarize the course of sensory and perceptual development in infancy

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| Reflexes | Sensation | Perception | Sleep | Brain development | Breast-feeding vs. bottle - feeding | Motor skills |

**Annotated Bibliography**
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 4 focuses on the biological domain of the infant's physical development, exploring physical growth, motor development and sensory and perceptual development.
  Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

**Self-Assessment Exercises/Activities**

**Exercise 4.1**

Marianne has landed a part-time job as a nanny for Jack, 2-month-old boy. What can Marianne expect to see in terms of the child's sensory and motor development as she observes and interacts with Jack over the next six months? Your answer should not exceed 200 words.

**Recommended number of work hours for the student**

Approximately 10 hours.

## TITLE: COGNTIVE DEVELOPMENT IN INFANCY

**(5th Week)**

**Summary**
Infants are born ready to learn. They learn through cuddling with a caregiver, listening to language, trying out sounds, stretching on the floor, reaching for objects, tasting foods, and exploring their environments in countless ways every day. Their brains go through amazing changes during the first two years of life.

**Introductory Remarks**
Infants' thinking skills grow as they interact with the world and people around them. Early experiences matter. Consistent, nurturing experiences help infants make sense of the world. Those experiences literally build brain architecture. As infants develop, they begin to understand and predict how things work: they open and close a cabinet door repeatedly, they fill and dump a cup of water in the water table, and they bang a spoon on a high chair to hear the sound.

**Aims/Objectives**
The aim of the current module will describe and critically discuss Piaget's theory of infant development but also learning, remembering and conceptualization by infants, individual differences and language development.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Give examples from everyday life that support (or not) Piaget's theory of infant development
- Summarize and evaluate Piaget's theory of infant development
- Describe how infants learn, remember and conceptualize
- Discuss infant assessment measures and the predication of intelligence
- Describe the nature of language and how it develops in infancy

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| Piaget | Primary/secondary circular reaction | Assimilation | Accommodation | Schemas | Langue | Memory |

**Annotated Bibliography**

- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 5 describes Piaget's theory of infant development but also learning, remembering and conceptualization by infants; individual differences; and language development.
  Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

**Self-Assessment Exercises/Activities**
**Exercise 5.1**
To what extend do biological and environmental influences interact to produce language? Critically answer this question. Your answer should not exceed 100 words.

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: SOCIOEMOTIONAL DEVELOPMENT IN INFANCY

**(6th Week)**


### Summary
Emotional well-being during the early years has a powerful impact on social relationships. Children who are emotionally healthy, are better able to establish and maintain positive relationships with adults as well as with peers. Social-emotional development is essential to a young child's sense of well-being.


### Introductory Remarks
Through early relationships and with nurturing, responsive interactions, infants learn ways of being in relationships, how to get their needs and wants met, and how to identify and regulate emotions. Because these skills develop together, this area of development, is referred to as social-emotional development.

Their first relationships help shape who they are, who they become, and their understanding of the world. The important people in young children's lives help lay the foundation for a range of social-emotional skills such as:

- Self-regulation
- Empathy
- Turn-taking and sharing
- Positive relationships with adults and peers

### Aims/Objectives
The aim of the current module is to explore emotional and personality development, social understanding and attachment and the social contexts of the family and care.

### Learning Outcomes
On completion of the study of this section, you should be able to:

- Discuss the development of emotions ad personality in infancy
- Describe social orientation/understanding and the development of attachment in infancy
- Explain how social contexts influence the infants' development

### Key Words

| | | | | |
|---|---|---|---|---|
| Emotion | Temperament | Strange Situation | Parental Caregiving Styles | Attachment patterns |

### Annotated Bibliography

- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 6 explores the emotional and personality development, social understanding and attachment and the social contexts of the family and care.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

- **Supplementary Sources/Material**
  The article by Alessandra Simonelli and Micol Parolin titled “Strange Situation” (2016) available at: https://link.springer.com/content/pdf/10.1007/978-3-319-28099-8_2043-1.pdf describes the experiment itself and its coding system.

**Self-Assessment Exercises/Activities**
**Exercise 6.1 (This exercise will be graded with 5% of the total grade)**

Which might be the long-term consequences from a non-secure attachment between mother-infant?

**Recommended number of work hours for the student**
Approximately 15 hours (including the graded exercise)

## TITLE: PHYSICAL AND COGNITIVE DEVELOPMENT IN EARLY CHILDHOOD

**(7th Week)**

**Summary**
In general, physical development at this age certainly continues without the same fast pace, and does not experience the dramatic changes of infancy. The children's creativity and imagination at this age are soaring, their use of language is constantly refined and they think and reason in a way that would have been impossible a few months ago.

**Introductory Remarks**
Early childhood is one of the most exciting periods of a child's life. In a sense, it is a period of anticipation and preparation for the commencement of formal schooling through which the processes of transferring the cognitive tools of society to the next generation begin.

**Aims/Objectives**
In this module, we examine the many changes that children undergo in physical and motor development as well as how their thinking and language skills change. Students are expected to critically present the Cognitive Development theory of Piaget.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Identify the limitations and critically discuss Piaget's Cognitive theory of Development.
- Identify physical changes in early childhood
- Describe three views of the cognitive changes that occur in early childhood
- Summarize how language develops in early childhood

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Body growth | Egocentricism | Preoperational stage | Zone of proximal development | Motor development | Piaget's Theory & Criticism |

**Annotated Bibliography**
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  In Chapter 7, the many changes that children undergo in physical and motor development as well as how their thinking and language skills change will be examined.

  Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

- **Supplementary Sources/Material**
  Valerie Carson, Stephen Hunter, Nicholas Kuzik, Sandra A. Wiebe, John C. Spence, Alinda Friedman, Mark S. Tremblay, Linda Slater, Trina Hinkley. (2016) Systematic review of physical activity and cognitive development in early childhood. Journal of Science and Medicine in Sport, 19(7), pp 573-578 available at: https://www.sciencedirect.com/science/article/pii/S1440244015001462.
  This articles aim was to comprehensively review all observational and experimental studies examining the relationship between physical activity and cognitive development during early childhood (birth to 5 years).

**Self-Assessment Exercises/Activities**
**Exercise 7.1**
In less than 100 words, Criticize Piaget's theory of Cognitive Development.

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: SOCIOEMOTIONAL DEVELOPMENT IN EARLY CHILDHOOD

**(8th Week)**

**Summary**
Many changes characterize young children's socioemotional development in early childhood. Their developing minds and social experiences produce remarkable advances in the development of their self, emotional maturity, moral understanding and gender awareness.

**Introductory Remarks**
In early childhood, children's emotional lives and personalities develop in significant ways, and their small worlds widen. In addition to the continuing influence of family relationships, peers take on a more significant role in children's development, and play fills the days of many young children's lives.

**Aims/Objectives**
The aim of this module is to describe emotional development and the development of the self in early childhood.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Identify cases in everyday life, where young children exhibit behavior that shows: a. spirituality and b. empathy.
- Discuss emotional and personality development in early childhood
- Explain how families can influence young children's development
- Describe the roles of peers, play and television in young children's development

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Self-understanding | Moral & Spiritual development | Gender identity | Parenting | Empathy | Play |

**Annotated Bibliography**

- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 8 describes emotional development and the development of the self in early childhood and explores the influence of various factors on this development.

  Roehlkepartain, E. C., Benson P. L., King P. E., & Wagener L. M. (2006). The handbook of spiritual development in childhood and adolescence. ISBN: 9780761930785. CA, US: SAGE Publications, Inc.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

- **Supplementary Sources/Material**
  The marshmallow test is one of the most famous pieces of social-science research https://www.youtube.com/watch?v=QX_oy9614HQ. It illustrates delayed gratification in children

**Self-Assessment Exercises/Activities**

**Exercise 8.1**

Locate on the Internet a case of neglect or long-term upbringing of a child outside the social context, similar to Victor, the wild boy of the Averyon. Study it and take notes regarding the child's living conditions (e.g., years of isolation or confinement, possibility of communicating with the outside world), the effects on the child's development, and the progress of the case after expert intervention. You can share your findings and comments with your classmates on the course platform.

**Recommended number of work hours for the student**

Approximately 10 hours.

Description: "The Science of Psychology vs The People"

This work aims to explore the views, perceptions and knowledge of ordinary people (non-psychologists) on issues that may be considered "taboo" in the Cypriot and Greek society. For this activity, the instructor will randomly separate you into groups. You can find your group on the course platform. Each group will be given a "taboo" question. Each team member should carry out an interview (based on the group's question) by a non-psychologist, thus investigating their views/knowledge around the subject. Then each team will have to combine the data of each interview and present a complete work consisting of the replies of all team members. As students of psychology, you will then approach the "taboo" question as scientists. In other words, you will have to present the scientific knowledge on the subject of your question and compare/contrast this with the respondents' opinions. Each team will deliver electronically one (1) essay.

## TITLE: PHYSICAL AND COGNITIVE DEVELOPMENT IN MIDDLE AND LATE CHILDHOOD

**(9th Week)**

**Summary**
During the middle and late childhood years, children grow taller, heavier and stronger. They become more adapt at using their physical abilities and they develop new cognitive skills.

**Introductory Remarks**
Continued change characterize children's bodies during middle and late childhood and their motor skills improve. As children move through elementary school years, they gain greater control over their bodies and can sit and attend for longer periods. Regular exercise is on key to making these years a time of healthy growth and development. Children at this age also enter a new stage of cognitive development achieving new milestones.

**Aims/Objectives**
The aim of this module is to describe the physical and cognitive development in middle and late childhood.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Describe physical changes and health in middle and late childhood
- Identify differences in boys' and girls' motor skills and critically interpret those differences.
- Identify children with different type of disabilities and issues in educating them
- Explain cognitive changes in middle and late childhood
- Discuss language development in middle and late childhood.

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| Intelligence | Learning difficulties | Mental age | Motor development | Brain development | Concrete operational stage | Education |

**Annotated Bibliography**
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 9 describes the physical and cognitive development in middle and late childhood.

  Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

## Self-Assessment Exercises/Activities

### Exercise 9.1.a

In no more than 200 words, describe what characterizes Piaget's stages of concrete operational thought, and discuss the criticism his theory has received.

### Exercise 9.1.b

Identify differences in middle age boys' and girls' motor skills and critically interpret those differences.

### Recommended number of work hours for the student

Approximately 10 hours.

## TITLE: SOCIOEMOTIONAL AND SPIRITUAL DEVELOPMENT IN MIDDLE AND LATE CHILDHOOD

**(10th Week)**


### Summary
The years of middle and late childhood bring many changes to children's social and emotional lives. Transformations in their relationships with parents and peers occur, and schooling takes on a more academic flavor. The development of their self-conceptions, moral reason and moral behavior is also significant.


### Introductory Remarks
In middle and late childhood, children not only recognize differences between inner and outer states but also are more likely to include subjective inner states in their definition of self. Social comparison is also increasingly seen among primary school years. Children At this stage are more likely to distinguish themselves from others in comparative rather than in absolute terms.

### Aims/Objectives
The aim of this module is to describe the socioemotional development in middle and late childhood.

### Learning Outcomes
On completion of the study of this section, you should be able to:
- Discuss emotional and personality development in middle and late childhood
- Explain the difference between self-concept, self-esteem and self-presentation and give examples of these terms from everyday life cases.
- Describe developmental changes in parent-child relationships, parent as managers and societal changes in families
- Identify changes in peer relationships and late childhood
- Characterize contemporary approaches to student learning and sociocultural achievement.

### Key Words
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Self - concept | gender | Self esteem | Self-efficacy | Morality – Spirituality | School | Peers | Bullying |

### Annotated Bibliography
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 10 describes socioemotional development in middle and late childhood.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

**Self-Assessment Exercises/Activities**
**Exercise 10.1**
Briefly describe three activities (e.g., games, fairytales, worksheets) that enhance social behavior of children of middle childhood.

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: PHYSICAL AND COGNITIVE DEVELOPMENT IN ADOLESCENCE

**(11th Week)**

**Summary**
In adolescence, the person's life becomes more and more complicated. Many teenagers struggle daily to respond to the personal and social requirements that meet the challenges of their age.

**Introductory Remarks**
Adolescents are facing dramatic biological changes, new experiences and new developmental tasks. Relationships with parents take a different form. Moments with peers become more intimate, and dating occurs for the first time. As do sexual exploration and possibly intercourse. The adolescent thoughts are more abstract and idealistic. Biological changes trigger a heightened interest in body image. Adolescent has both a continuity and discontinuity with childhood.

**Aims/Objectives**
The aim of the current module is to examine some general characteristics of adolescence followed by a coverage of major physical and health issues of adolescence. Additionally the significant cognitive changes that characterize adolescence and various aspects of schools are described.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Discuss the nature of adolescence
- Refer to a personal experience they had as adolescents, critically discuss the way parents treated them and suggest alternative parental reactions.
- Describe the changes involved in puberty as well as changes in the brain and sexuality during adolescence
- Critically discuss adolescent problems related to health, substance use and abuse and eating disorders and try to give possible explanations for these behaviors.
- Explain cognitive changes in adolescence and give examples of metacognitive thinking.
- Summarize some key aspects of how schools influence adolescent development.

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| Puberty | Hormones – Sexuality | Body image | Formal operational stage | Health | School | Meta-Cognitive Thinking |

**Annotated Bibliography**
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education

Chapter 11 examines some general characteristics of adolescence followed by a coverage of major physical and health issues of adolescence.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

Louca-Papaleontiou, E. (2008). Metacognition and Theory of Mind. U.K.: Cambridge Scholars Press.

- **Supplementary Sources/Material**
  The article titled "Adolescence: health risks and solutions, provided by the WHO (2018) and available at: https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions describes the global risk of adolescence nowadays and provides some behaviors which might be used to manage them.

**Self-Assessment Exercises/Activities**
**Exercise 11.1**
The use of illicit substances is a common practice for adolescents. On the Wiki found on the course platform, describe some of the reasons that may be the case, while discussing it with your classmates.

**Recommended number of work hours for the student**
Approximately 10 hours.

## TITLE: SOCIOEMOTIONAL AND SPIRITUAL DEVELOPMENT IN ADOLESCENCE

**(12th Week)**


### Summary
Who am I? What am I all about? What am I going to do with my life? How can I make it on my own? These questions reveal the search of an identity in the adolescent years. These questions reflect the search for an identity.


### Introductory Remarks
Significant changes characterize socioemotional development in adolescence. These changes include increased efforts to understand one's self and searching for an identity. Changes also occur in the societal contexts of adolescent lives, with transformations occurring in relationships with families and peers in cultural context. Adolescents also may develop socioemotional problems, such as delinquency and depression**.** By far the most comprehensive and provocative theory of identity development is Erik Eriskson's, however contemporary research provides information in how identity develops and how social contexts influence that development. Elkind's and Fowler's Stages in Faith Development are also examined and discussed.

### Aims/Objectives
The aim of this module is to describe the socioemotional development in adolescence as well as issue surrounding the search of self. The transformations occurring in relationships with families peers and in cultural contexts will be discussed.

### Learning Outcomes
On completion of the study of this section, you should be able to:
- Critically discuss changes in self, identity and religious/spiritual development in adolescence
- Critically discuss changes that take place in adolescents' relationship with parents
- Characterize the changes that occur in peer relations during adolescence
- Identify adolescent problems in socioemotional development and suggest ways for helping them.

### Key Words
| | | | | | |
|---|---|---|---|---|---|
| Self | Identity | Friendships | Delinquency | Family relationships/conflict | Spiritual Development |

### Annotated Bibliography
- **Basic Sources/Material**
  Santrock, W, J. (2017). Lifespan development. McGraw Higher Education
  Chapter 12 describes the significant changes in socioemotional development that characterize adolescence.

Roehlkepartain, E. C., Benson P. L., King P. E., & Wagener L. M. (2006). The handbook of spiritual development in childhood and adolescence. ISBN: 9780761930785. CA, US: SAGE Publications, Inc.

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). Child and Adolescent Mental Health: Theory and Practice (second edition). London: Hodder and Stroughton Limited.

**Self-Assessment Exercises/Activities**
**Exercise 12.1**
In no more than 100 words, describe what juvenile delinquency is and what causes it.

**Recommended number of work hours for the student**
Approximately 20 hours (Including the Assignment)

**Instructions for assignment**

Description: Literature Review

During the 12th week, students are invited to submit a literature review assignment (group assignment if they wish, up to 3 people). The subject of study can be chosen by the student or group, and it must be within the scope of the course. It is expected, that the students will consult the instructor upon their chosen subject before proceeding with their assignment. The students should aim at critically reading scientific articles and textbooks that will give a complete picture around the chosen subject within the field of Development Psychology I. The assignment carries 20% of the total grade. It should not exceed 1000 words and must follow the APA guidelines. The presentation of the work should be double-spaced with 12pt. Times New Roman Letters. Points will be deducted from tasks that do not fulfill these criteria. The cover must include the title of your work or theme, name and registration, the date of submission, the lesson code and the name of the instructor
**Work must be submitted through Turnitin with a similarity rate below 18%**

**Assignments must be submitted by the deadline provided by the instructor; otherwise, one (1%) mark will be deducted for each day after this. You can submit your work ONLY ONE WEEK after the deadline. Beyond this point, assignments will not be graded.**

## TITLE: SPECIAL TOPIC
## IDENTIFICATION AND REASONS OF UNDESIRABLE STUDENT BEHAVIOUR IN THE CLASSROOM

**(13th Week)**

**Summary**
The identification of undesirable behaviour is a contentious process, as there are no commonly accepted criteria based on which a behaviour can be considered undesirable. Not all teachers perceive problems in the same way.

**Introductory Remarks**
According to Matsangouras (2006), the forms of undesirable behaviour of students in the classroom can be examined from the perspective of the following categories of problems:

1. Problems relating to the lesson. This category includes forms of behaviour that distract the student from participating in the lesson. Some typical examples are:
    a) Does not pay attention to the lesson and is often disoriented
    b) Does not begin to work on or complete his/her exercises.
    c) Does not follow the teacher's instructions.
    d) Does not bring the books, notebooks and any material considered necessary.
2. Behaviour problems in the classroom. This category includes forms of behaviour that prevent the smooth functioning of the classroom. Some common examples are when the student:
    a) Does not ask permission to speak but "breaks in"
    b) Talks to the person sitting next to him/her
    d) Bothers/disturbs his/her classmates with noises, teasing, grimaces, etc.
    d) Is the classroom clown
    e) Does not cooperate with his/her classmates during teamwork
    f) Comes late to class
    g) Leaves his/her desk with no reason or leaves the classroom.
3. Problems of interpersonal relationships between classmates, both inside and outside the classroom. This category includes antisocial forms of behaviour in the school setting and around it. Some common examples are when the student:
    a) Is engaged in verbal quarrels
    b) Uses verbal and/or physical violence.

The causes of problematic behaviour can be of organic origin, i.e. pathological factors or of environmental nature, i.e. social factors. Organic causes may be associated with hyperactivity, low IQ, emotional disorders, etc. Environmental causes may be due to a disordered family environment (family problems, domestic violence, difficult parent-child relationship, etc), but also to an inflexible school environment (students of different intellectual ability, social origin, cultural level, interests, etc.) (see Papathemelis, 2005, Miller 2002).
This chapter presents three main criteria which objectively determine the differentiation between normal and pathological child and adolescent behaviour:

1. Statistical criteria

2. The systems approach
3. Functional criteria

**Aims/Objectives**
The aim of this chapter is to sensitize students about behaviour problems in the classroom and the school setting and encourage them suggesting ways of coping with them.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Adopt a definition of the term “behaviour problem”
- Clarify the relevant concepts
- Understand the criteria that determine behaviour problems
- Realise the usefulness of associating theory with practice in the school setting.

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Behaviour problems | Classroom | Determining criteria | Statistical criteria | Functional criteria | Systems approach |

**Annotated Bibliography**
- **Basic Sources/Material**
  Santrock, J.S. (2018). Educational Psychology Ebook. McGraw-Hill Higher Education.
  Chapter 14 discusses the challenging task of managing a classroom.

**P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson.**

**Self-Assessment Exercises/Activities**
**Exercise 13.1**
State in brief, behaviour problems usually occurring in the classroom and some possible causes.

**Recommend number of work hours for the student**
Approximately 10 hours.

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not. There will be also time to answer to questions and clarify issues needed.

Approximately 5 hours

**TITLE:**
**FINAL EXAM**

**(14th week)**

**Recommended number of work hours for the student**
Approximately 50 hours.

**Assignments**
Approximately 50 hours

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

### Title: Introduction to the Life Span Perspective
### (1st Week)

**Exercise 1.1**

Indicative answer **–** In psychology, when we talk about plasticity we're referring to "brain plasticity", which refers to the ability for nerve cells to change through new experiences. The process of changing nerve cells is learning, and it was once believed that the only kind of change that could take place after childhood was related to strength in nerve cell connection, not the ability for the cells to actually change. Most psychologists now believe that nerve cells actually can continue to change and function well into adulthood, and it seems that the old theory is rather wrong.

### Title: Theories of Development
### (2nd Week)

**Exercise 2.1**

This answer, is based on each individual's point of view after consulting the literature.

**Exercise 2.1b.**

Indicative answer –

A highly debated issue in life-span development is continuity versus discontinuity in development. At the heart of the continuity versus discontinuity debate lies the question of whether development is solely and evenly continuous, or whether it is marked by age-specific periods. Developmentalists who advocate the continuous model describe development as a relatively smooth process, without sharp or distinct stages, through which an individual must pass. Meanwhile, supporters of the discontinuous model describe development as a series of discrete stages, each of which is characterized by at least one task that an individual must accomplish before progressing to the next stage.

### Title: Prenatal Development and Birth
### (3rd Week)

**Exercise 3.1**

Indicative answer –

The exact extent to which genes, as opposed to an individual's environment, determine or influence psychological development is hotly debated; this controversy is known as the "nature-vs.-nurture debate." Today, the majority of experts believe that both nature and nurture influence behavior and development and an individual's genetic makeup at the very least serves as a crucial baseline (which may then be mediated by the environment). Asking how much heredity or environment influence a particular trait is not the right approach. And there is not a simple way to this. Instead, many researchers today are interested in seeing how genes modulate environmental influences and vice versa.

## Title: Physical Development in Infancy
## (4th Week)

**Exercise 4.1**

No indicative answers are provided for this exercise, as it is marked with 5% of the overall course grade.

## Title: Cognitive Development in Infancy
## (5th Week)

**Exercise 5.1**

Indicative answer- today language researchers believe that children everywhere arrive in the words with special social and linguistic capacities that make language acquisition no just likely, but inevitable for virtually all children. How much of the language is biologically determined and how much depends on interaction with others, is a subject of debate among linguists and psychologist. However, all agree that both biological capacity and relevant experience are necessary.

## Title: Socioemotional Development in Infancy
## (6th Week)

**Exercise 6.1**

Indicative answer –

Some of the long-term consequences of insecure attachment in infants include: avoidant children might unconsciously carry anger and anxiety and build defenses against the awareness or expression of certain emotions. These infants /people often show offset aggression and more reactivity than other groups. Thus, avoidant children end up being more distant or hostile to their peers.

Amphibious children have difficulty regulating the expression of negative emotions to the extent that they interfere with their normal functioning. Thus, amphibious children tend to be "clumsy", more dependent on the teacher and less able to play freely on their own or with peers.

## Title: Physical and Cognitive Development in Early Childhood
## (7th Week)

**Exercise 7.1**

Indicative answer – One critique of Piaget's theory is directed to the theory's focus on developmental stages, rather than a continuous process. Another is that thought always precedes language. Furthermore, Piaget's theory is criticized for its emphasis of biological maturation, leaving out the impact of culture or social setting. He also underestimated young children's cognition and used misleading questions in his experiments. Finally, Piaget's theory was based largely on observation and clinical interviews and he constructed the whole theory on his observations alone (without having his interviews

being observed by another psychologist or observer – the answers might have been interpreted differently if someone else also looked at them).

## Title: Socioemotional Development in Early Childhood (8th Week)

**Exercise 8.1**

Natascha Maria Kampusch, at the age of 10, was abducted by a man who isolated her for 8 years in an improvised prison. During this time, Natascha had no contact with the outside world, except with her abductor. However, she had access to books and audiovisual material provided by the kidnapper. The man, who kidnapped her, abused her systematically and provided her with minimal food so that she would remain weak and not be able to escape. When she managed to escape, Natascha weighed 48 kg, had no cognitive deficiencies (had an impressively rich vocabulary), but was characterized by serious emotional difficulties (e.g., felt that she lost significant opportunities in life, showed empathy for her abductor and grief for his death, she became the owner of the house in which she was imprisoned and cared for). Later, Natascha became a supporter of PETA, as well as battered women in Africa and Mexico, and wrote a book about her captive experience.

## Title: Physical and Cognitive Development in Middle and Late Childhood (9th Week)

**Exercise 9.1**

No indicative answers are provided for this exercise, as it is marked with 5% of the overall course grade.

**Exercise 9.1b**

The extend to which sex-related differences in motor skills result basically from innate biological differences and the extent to which cultural norms, expectations and experiences are involved, is not very clear. E.g. girls retain more adipose (fat) than boys from early childhood on, but also motors skills are much influenced by stereotypies and environmental factors reflected in social expectations (e.g. ‘masculine’ sports).

## Title: Socioemotional Development in Middle and Late Childhood (10th Week)

**Exercise 10.1**

Indicative Example

Children of early childhood and middle age can be involved in the activity. A child lays on a measure paper and the other members of the group-with the help of the teacher-design the outline to form the child body on the paper. Children color the body and add details, while discussing and making the "profile" of this imaginary classmate (e.g., sex, hobbies, friends, etc.). The teacher then presents scenarios for negative incidents in the group

(e.g., bullying, disease, etc.) and asks the children to say ideas to help their imaginary classmate. This activity develops solidarity

**Title: Physical and Cognitive Development in Adolescence**
**(11th Week)**

**Exercise 11.1**
Indicative answer – Some adolescents use illicit drugs for the pleasurable experience substances supposedly offer, or in and to escape the pressure of everyday life and others just do it for the thrill of doing something illegal.

**Title: Socioemotional development in Adolescence**
**(12th Week)**

**Exercise 12.1**
Indicative answer – a juvenile delinquent is an adolescent who brakes the law or engages in conduct that is considered illegal. Identity, heredity, community influences and family experiences have been proposed as causes of juvenile delinquency.

**Title: Special Topic: Identification and Reasons of Undesirable Student Behaviour in the Classroom**
**(13th Week)**

**Exercise 13.1**
Some indicative answers: Does not pay attention to the lesson, talks with other children, does not do the homework, does not follow the teacher's instructions, bothers/disturbs his/her classmates with noises, teasing, grimaces, etc. The causes can be environmental or organic.

# School of Humanities, Social and Education Sciences

## Department of Social and Behavioural Sciences

## M.Sc. Child and Adolescent Mental Health

## RUBRIC FOR ASSIGNMENT EVALUATION:

| **MHC600** | **Feedback sheet for Assignment** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 2. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |
| 3. Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 4. Sufficient number of scientific sources, use of relevant References and Quotations and their proper application throughout the paper (i.e., citations and reference list) | Excellent number of sources. All references are directly relevant to the topic and are excellently used. | Sufficient number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number of sources. Some of the references are relevant to the topic and are reasonably used. | More sources could have been used. Much of the references may not be directly relevant to the topic and could have been used more properly. | Limited number of sources used. References are not directly relevant to the topic and not properly used. | Insufficient number of sources. References answer a totally different question to the topic and are inappropriately used. | |
| 5. Originality of the topic | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 6. Cohesive integration of relevant Literature review (e.g., creative use of | All the material is directly relevant to the title. | Almost all the material is directly | Some of the material is moderately | Important aspects of the material may | The material is not directly relevant to the | The review does not follows the | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| materials, logical and coherent arguments, main points supported by examples, etc.) | Evidence of extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | relevant to the title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | clear and relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | not be directly relevant to the title. The review is not inclusive and does not develops thoroughly. | title. Little evidence of relevant knowledge. | given instructions or the material deviates from the title. | |
| 7. Understanding of methodological issues (i.e., enough information provided concerning participants, detailed procedure, clear design, efficient presentation of instruments and Ethical issues reported) | Excellent understanding and presentation of all methodological issues. | Very good understanding and presentation of most methodological issues. | Good understanding and presentation of methodological issues but few omissions observed. | Moderately sufficient understanding and presentation of methodological issues. Several omissions observed. | Only limited understanding of methodological issues with important number omissions observed. | Insufficient understanding and presentation of methodological issues. | |
| 8. Accurate implementation of analysis and interpretation of results findings in discussion, ability to draw reasoned conclusions (based on current research findings and literature) and evidence of critical thinking. | Accurate interpretation of results. Excellent communication of results in the discussion which develops excellently throughout the section. Uses evidence to support arguments and conclusions and critical thinking is excellently used | Very good interpretation and communication of results in the discussion and evidence to support arguments is well used. Critical thinking is well used. | Mostly accurate analysis and/or interpretation of results. Results are moderately well communicated in discussion. Some evidence is used to support arguments. Makes some attempt for critical thinking | Some mistakes in interpretation of results. Although there is some evidence of communication of results, the discussion is not inclusive and does not develop thoroughly. Limited attempt for critical thinking. | Major mistakes in analysis and/or interpretation of results. Little evidence of appropriate communication of results in discussion. Assertions without critical concern for evidence. | Insufficient analysis and interpretation of results. Unclear communication of results, inappropriate discussion and absence of critical thinking. | |
| 9. Understanding the Study's limitations and practical implication of results | Excellent understanding of limitations and links between theory, practice, research and their interplay. | Very good understanding of limitations and appropriate links between theory, practice, research and their interplay. | Good understanding of limitations and some appropriate links between theory, practice, research and their interplay. | Presents little concern for the study's limitations and justification of links between theory, practice, research and their interplay. | Limited attempt to understand limitations and makes only limited or inadequately appropriate links between theory, practice, research and their interplay. May present own views of the material without any attempt to properly justify it. | No evidence of the study's limitations and inadequate links between theory, practice, research and their interplay. | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 10. Proposal of new, related studies based on literature and research findings so far. | Excellent proposal of new, related studies based on literature and research findings so far. | Very good suggestions for new, related studies based on literature and research findings so far. | Good suggestions for new, related studies based on literature and research findings so far. | Sufficient suggestions for new, related studies based on literature and research findings so far. | Not very relevant suggestions for new, related studies based on literature and research findings so far. | Failure / lack of any suggestions for further investigations for the topic under study. | |

## General Comments

| | | | |
|---|---|---|---|
| | | | |
| **Examiner** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

# COURSE: FAMILY, SOCIETAL AND CULTURAL INFLUENCES IN CHILD AND ADOLESCENT MENTAL WELL-BEING

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC640** | **Family, Societal and Cultural Influences in Mental Well Being** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☒ | Elective ☐ | |
| **Number of Teleconferences** | Total: Up to 6 | Face to Face: - | Web based Teleconferences: Up to 6 |
| **Number of Assignments** | 2 self-assessment assignments (10%)<br>2 group assignments (40%) | | |
| **Assessment** | Assignments | Final Examination | |
| | 50 % | 50 % | |
| **Number of ECTS Credits** | **10** | | |

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| Study Guide drafted by: | Dr. Monica Siakou |
| Editing and Final Approval of Study Guide by: | Dr.Monica Shiakou |

**CONTENTS**

# 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

## Programme Presentation

**The general objectives of the Psychology Programme are as follows:**

1. Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
2. Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
3. Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
4. Prepare students for future Doctoral studies

**The specific objectives of the Psychology Programme are as follows:**

1. Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
2. Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.
3. Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.
4. Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working
5. Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.
6. Provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

This Study Guide of the course titled "**Family, Societal and Cultural Influences in Mental Well-Being**" (**PSY**) is the result of a systematic study and assessment if the relevant bibliography and is reviewed and complemented yearly based on the changes made to the educational material posted on the platform. The course of "**Family, Societal and Cultural Influences in Mental Well Being**" is offered in the 1st year of studies and is compulsory. This course will present a comprehensive in depth analysis of the influences on child and adolescent mental health, describing major risk factors that play an etiology in their emotional wellbeing. This investigation will enable those professionals working with children and adolescent to identify risk factors for the development of mental health problems and to ensure early intervention for children and adolescent at risk. More specifically, the module focuses on cultural, social and family influences on child and adolescent mental wellbeing from both a national and global perspective. The module will address a number of issues related to child and adolescent mental wellbeing and society including health promotion.

On completion of the course, students are expected to be able to:

1. Demonstrate enhanced knowledge and critical understanding of the factors that influence mental health and well-being in childhood and adolescence
2. Critically analyze the influence of culture and diversity on child and adolescent mental health
3. Critically evaluate the behavior genetics research behind the child and adolescent mental health
4. Demonstrate enhanced knowledge, skill and application of how familial relationships and experiences can effect child and adolescent metal well being
5. Identify and discuss the factors that contribute to poor mental health in childhood and adolescence
6. Identify at risk children and adolescent.
7. Develop a range of skills and questions for analyzing various texts relating to childhood and adolescents

The Study Guide, a necessary and useful tool for students, especially where the educational material is not written using the methodology of open and distance learning, encourages and also facilitates the study and understanding of the topics addressed in the module. Moreover, through the self-assessment exercises, it incites and encourages work at home, offers motivation for further study and contributes to the development of your critical thinking.
The Study Guide is structured per week and per topic and includes a summary and some very brief introductory remarks, the aim and learning outcomes, key words – basic concepts, annotated bibliography, recommended number of work hours for the student, exercises of self-assessment, critical thinking and case studies, with indicative answers at the end, aiming at a more meaningful understanding of the content, the definitions and the concepts of each section. In addition to the time dedicated to study, the recommended number of work hours per week includes the attendance of the (tele) meetings and Group Consultation Meetings, bibliography search, the drafting of assignments, weekly exercises, etc. Although it goes out without saying, it should be noted that the Study Guide does not in any way substitute the educational material posted on the platform, which students must read carefully and assimilate, in order to be able to satisfy the requirements of the Programme and successfully complete the module.

**Recommended student work time**
Approximately 5 hours (including the study of the Guide).

## TITLE: DEFINING MENTAL HEALTH AND WELL-BEING

**(1st Week)**

**Summary**
Childhood and adolescence are critical stages of life for mental health and well-being. This is when young people develop skills in self-control, social interaction and learning.
Negative experiences – at home due to family conflict or at school due to bullying, for example – have a damaging effect on the development of these core cognitive and emotional skills. The socioeconomic conditions in which children grow up can also have an impact on their choices and opportunities in adolescence and adulthood.

**Introductory Remarks**
Exposure to risk factors in early life can significantly affect mental well-being years and even decades later. The consequences of such exposure can be seen in high and increasing rates of mental health and behavioural problems at the population level.
Mental health is used positively to indicate a state of psychological well-being, negatively to indicate its opposite (as in "mental health problems") or euphemistically to indicate facilities used by, or imposed upon, people with mental health problems (as in 'mental health services'). The definition of perception of mental health can also vary across countries with different values, cultures and social background.

**Aims/Objectives**
The aim of this chapter is to inform students about the definition of mental health and well –being, as well as the different uses of the phrase "mental health"

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Understand the different uses of the phrase "mental health"
- Discuss the reasons for the use of "mental health" in preference to other terms
- Understand the stigmatization around mental health issues

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Mental health | Stigma | Psychological well being | Mental illness | Definitions | Connotations |

**Annotated Bibliography**

- **Basic Sources/Material**

Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

The first chapter has an introductory purpose, presents the different uses of the phrase mental health, and discusses reasons for the use of "mental health" in preference to other terms, such as "mental illness".

Dorgra, N, PArkin, A, Gale, F & Frake C. (2002). A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-line Professionals.

Chapter 1 begins by considering the definition of mental health and the stigmatization around mental health issues.

**Recommended Readings**

> Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. World psychiatry: official journal of the World Psychiatric Association (WPA), 14(2), 231–233. doi:10.1002/wps.20231

Being aware of the fact that differences across countries in values, cultures and social background may hinder the achievement of a general consensus on the concept of mental health, the authors of this paper aimed at elaborating an inclusive definition, avoiding as much as possible restrictive and culture-bound statements.

**Self-Assessment Exercises/Activities**
**Exercise 1.1**
In no more than 200 words discuss if you think you could do more to destigmatize mental health, and how you think you might be able to do this.

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: CHILD AND ADOLESCENT MENTAL HEALTH GLOBALLY

**(2nd Week)**

**Summary**
Global mental health has never been more current. The true global burden of mental illness has only recently been understood. Mental health disorders account for 32.4% of years lived with disability (YLDs) and 13.0% of disability-adjusted life-years (DALYs), making these disorders by far the largest contributor to the global burden of disease in terms of YLDs, and on a par with cardiovascular diseases in terms of DALYs.

**Introductory Remarks**
Mental health disorders are very common. The occurrence of mental health disorders in children and adolescents is almost 15% globally and 50% of mental health disorders begin by the age of 14 and 75% by the age of 24 child and adolescent mental health has become a global priority.

**Aims/Objectives**
The aim of this lesson is to familiarise students with three central topics related to child and adolescent mental health which are service development, globally relevant innovative research and the need for coordinated policy to tackle stigma and achieve parity of esteem between mental and physical illness highlighting the fact that most of the problems in these 3 areas are universal.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Understand and discuss the global burden of mental health in children and adolescents
- Recognize the global occurrence of mental health disorders in children and adolescent
- Identify the global priority topics related to child and adolescent mental health

**Key Words**

| | | | | |
|---|---|---|---|---|
| Globally | Prevalence | Services | Stigma | Priority |

**Annotated Bibliography**

- **Basic Sources/Material**

Bruha, L., Spyridou, V., Forth, G., & Ougrin, D. (2018). Global child and adolescent mental health: challenges and advances. London Journal of Primary Care, 10(4), 108–109. doi:10.1080/17571472.2018.1484332

**T**he article presents a collection of the articles on global child and adolescent mental health in London Journal of Primary Care is both timely and illuminating (Yuan Dahlan, Sakano). It is based on the materials of a Global Child and Adolescent Mental Health conference at King's College London which was convened in June 2018 to celebrate the 30th anniversary of the MSc in Child and Adolescent Mental Health, the first postgraduate course of its kind in the world.

WHO (2016) Adolescent Mental Well Being. http://www.euro.who.int/__data/assets/pdf_file/0020/303482/HBSC-No.7_factsheet_Well-being.pdf

This fact sheet presents highlights from the international report of the 2013/2014 Health Behaviour in School-aged Children (HBSC) survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America

**Self-Assessment Exercises/Activities**
**Exercise 2.1**

After having read the below article, outline (a) the findings of the WHO project on existing services and resources for adolescents who confront issues of mental health and (b) the urgent needs that need to be addressed concerning child and adolescent mental health according to ATLAS. Your answer should not exceed 300 words.

World Health Organization. (2005). Atlas: child and adolescent mental health resources: global concerns: implications for the future. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/43307/9241563044_eng.pdf?sequence=1&isAllowed=y

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: WHAT CAUSES MENTAL HEALTH PROBLEMS IN CHILDHOOD AND ADOLESCENCE

**(3rd Week)**

**Summary**
There is no easy answer to the question of what cases mental health problems in young people. The answer requires understanding of all the factors that can play a part in causing mental health problems.

**Introductory Remarks**
Very few child and adolescent mental health problems are caused by a single factor; most are multifactorial in origin and the impact of each factor varies from problem to problem and young person to young person and from child to child. Traditionally, there are three main areas that need consideration-biological, psychological and environmental, which must be considered to be interacting with one another constantly.

**Aims/Objectives**
The aim of the course is for students to understand the complex and multifactorial origin of the factors that influence child and adolescent mental health.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Identify the various causes of mental health problems in childhood and adolescence
- Understand the distinction between biological and environmental factors of development
- Understand the contribution of each group of factors to the development of mental health problems
- Understand how individual and environmental factors interact in the development of mental health problems

**Key Words**

| | | | | |
|---|---|---|---|---|
| Multifactorial | Interaction of factors in development | Biological factors | Environmental factors | Psychological factors |

**Annotated Bibliography**

- **Basic Sources/Material**

Dorgra, N, Parkin, A, Gale, F & Frake C. (2002). A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-line Professionals.

Chapter 6 presents the multifactorial origins of the factors that play a part in the development of child and adolescent mental health.

- **Supplementary Sources**

Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

The chapter titled “Causes and Consequences of Health Problems” discusses the factors that influence mental health.

**Self-Assessment Exercises/Activities**
**Exercise 3.1**

The below exercise is evaluated with 5% of the overall grade

Shucksmith J, Spratt J, Philip K and McNaughton R. (2009). A critical review of the literature on children and young people’s use of the factors that influence mental health. NHS Health Scotland: Glasgow http://www.healthscotland.com/documents/3678.aspx

This study was commissioned in order to examine what children and young people themselves perceive to be important in affecting their mental health for good or ill and was undertaken in the form of a systematic review of both published peer-reviewed and ‘grey’ literature. After reading this review, make a summary of the main findings of the research at hand, indicating the categories (biological, psychological and environmental) of the contributing variables mentioned by the participants. Your answer should not exceed 250 words.

**Recommended number of work hours for the student**
Approximately 15 hours.

# TITLE: DEFINING CHILDHOOD ADVERSITY

**(4th Week)**

**Summary**
Numbers of studies across multiple disciplines have uncovered a common finding: exposure to childhood adversity is a powerful predictor of poor mental health throughout the life course

**Introductory Remarks**
In a broader manner, “childhood adversity” has been used to describe a number of experiences that can cause serious or chronic stress during childhood. These adverse experiences can vary from exposure to threatening or traumatic conditions in the environment (e.g., sexual or physical abuse, natural disasters) to a lack of healthy environmental inputs (e.g., poverty, neglect). However, by studying the literature, it becomes apparent that researchers may not be aligned in how they define childhood adversity. Without a shared understanding of what childhood adversity is (and is not), it becomes difficult to compare findings across studies.

**Aims/Objectives**
The aim of the lesson is to attempt to define childhood adversity and while bringing forward some challenges to this field of research that must be considered. For example, what is childhood adversity and how do we measure it? To enable students to better assess the current (and future) findings this lesson will enable them to better define, capture, and refine what we really mean when we talk about childhood adversity.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Discuss why exposure of childhood adverse experiences can he a predictor to mental health problems throughout the lifespan
- Explain the term “childhood adversity”
- Assess the difficulties that might arise in the absence of a shared definition of “childhood adversity”
- Identify adverse experiences in childhood

**Key Words**

| | | |
|---|---|---|
| Adverse experiences | Measurement | Definition |

**Annotated Bibliography**

- **Basic Sources/Material**

  Psychological Association, Division 53, 45(3), 361–382. doi:10.1080/15374416.2015.1110823 can be retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4837019/

This article provides recommendations for future research on the pathways and identification of protective factors that buffer children from developmental disruptions following exposure to adversity. In particular, it stresses the use of a consistent definition of childhood adversity.

Kalmakis, K.A & Chandler G.E. (2014). Adverse childhood experiences: towards a clear conceptual meaning. Journal of Advanced Nursing 70(7), 1489–1501. doi: 10.1111/jan.12329 can be retrieved from https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.12329

The aim of the report was to provide an analysis of the concept of adverse childhood experiences

**Self-Assessment Exercises/Activities**
**Exercise 4.1**
Andriana was an 11 year old whose mother had been diagnosed with breast cancer several months earlier. Adriana's family had told her than her mother was « poorly » but has sought to protect her from the details of the extensive treatments her mother had to go through. This was now complete and Adrianas mother was getting better. Previously, Andriana had been getting on well at school and had an active social life, but over the past two months she had been increasigly reluctant to go to school and leave the house. This cumulated with a complete school refusal at the move to high school and several episodes of acute anxiety when Andriana's father tried to get her to go to school.

In no more than 300 words consider what this might be related to.

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: THE MASS MEDIA AND METAL HEALTH

**(5th Week)**

**Summary**

The mass media refer to outlets of information and entertainment such as radio, television, cinema newspapers. The role of the mass media in maintaining negative images of people with mental health problems and especially children and youth has been the focus of substantial criticism.

**Introductory Remarks**
The educational role of the mass media about mental health problems is significant, and the mass media are the main source of information for the lay people. It is thus relevant to examine the role played by the mass media in maintaining and amplifying negative images of people with mental health problems. People with mental health problems are vulnerable when distressed and lack credibility because of their defined loss of reason. This makes them easy targets for negative stories and storylines.

**Aims/Objectives**
The aim of this lesson is to examine the role of the mass media in reinforcing and maintaining prejudice against people with mental health problems.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Discuss the role of the media in reinforcing prejudice against people with mental health problems
- Identify within the media the ways used reinforce and maintain prejudice against people with mental health problems

**Key Words**

| | | | | |
|---|---|---|---|---|
| Mass media | Prejudice | Negative images | Stereotypes | Public attitudes |

**Annotated Bibliography**

- **Basic Sources/Material**

Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

In part 3 of the book the role of the mass media in reinforcing and maintaining prejudice against people with mental health problem is discusses while presenting some recent counter examples from radio programmes and the cinema.

**Self-Assessment Exercises/Activities**
**Exercise 5.1**

The below exercise is evaluated with 5% of the overall grade

By doing an online search of the recent mass media news/articles on children and adolescent and issues relating to their mental health, choose one such story and critically evaluate the ways in which the media presented the case and the effects that these ways might have on mental health in general. Do not exceed 350 words.

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: SOCIALIZATION AND PEER RELATIONSHIPS

**(6th Week)**

**Summary**
Peer influences on children have a great impact on how they learn the give and take of human relationships. Children are unique individuals, yet socialization adds a commonality to their experiences

**Introductory Remarks**
Children learn early on how others perceive them and how their emotions and behavior affect those around them. Many peer group relationships take on enduring and stable qualities, e.g., the characteristics of a group, where in children find social acceptance as well as rejection. Childhood peer relationships are significantly associated with problems regarding emotion, behavior, and adjustment. Specifically, children with good peer- relations are mentally healthy and adapt well, whereas children who do not have good peer- relations are more prone to problems in those areas.

**Aims/Objectives**
The aim of this chapter is document that importance of peer relationships on children's development and mental health.

**Learning Outcomes**
- Discuss the effect of peers on child and adolescent well being
- Explain how friendships can be considered a protective factor in relation to mental health

**Key Words**

| | | | | |
|---|---|---|---|---|
| Peer relationships | Group relations | Influence | Mental health | Psychological adjustment |

**Annotated Bibliography**
**Basic Sources/Material**

- Helton, L. R., & Smith, M. K. (2014). Mental Health Practice with Children and Youth : A Strengths and Well-Being Model. Hoboken: Routledge. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=685152&site=eds-live

Chapter 4 discusses the role of friendships, peer to childhood development, and discusses the effects of bullying and violence on children and adolescent mental health.

- Shin, K. M., Cho, S. M., Shin, Y. M., & Park, K. S. (2016). Effects of Early Childhood Peer Relationships on Adolescent Mental Health: A 6- to 8-Year Follow-Up Study in South Korea. Psychiatry investigation, *13*(4), 383–388. doi:10.4306/pi.2016.13.4.383 retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4965647/

The present study examines the relationship between the effects of early peer relationships and adolescent psychological adjustment.

- Victor, S.E., Hipwell, A.E., Stepp, S.D. et al. (2019) Parent and peer relationships as longitudinal predictors of adolescent non-suicidal self-injury onset. Child Adolesc Psychiatry Ment Health **13,** doi:10.1186/s13034-018-0261-0


This study investigated the effects of parent and peer relationships as predictors of adolescents non-suicidal self -injury onset.

P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson.

**Self-Assessment Exercises/Activities**
**Exercise 6.1**
Describe in which ways friendships can have a protective role in the well- being of children and adolescents. Your answer should not exceed 200 words.

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: MENTAL HEALTH AND SCHOOL: SCHOOL VIOLENCE I

**(7th Week)**

**Summary**
Exposure to violence at school is a significant problem for children and adolescents
Exposure to youth violence and school violence can lead to a wide array of negative health behaviors and outcomes, including alcohol and drug use and suicide. Depression, anxiety, and many other psychological problems, including fear, can result from school violence

**Introductory Remarks**
School Violence is considered is a public health, human rights, and social problem. School violence is "any behavior that violates a school's educational mission or climate of respect or jeopardizes the intent of the school to be free of aggression against persons or property, drugs, weapons, disruptions, and disorder" (Center for the Prevention of School Violence [CPSV], 2000, p. 2). It exists along a continuum that begins on one end with behaviors such as put downs and trash talking and culminates on the other end with multiple murder incidents. School violence undermines children's right to education and adversely affects their development.

**Aims/Objectives**
The aim of the current module is to introduce students to the phenomenon of school violence, to its occurrence and gradually to its adverse effect on child and adolescent mental health. This module will be divided into 2 sections (I and II). This current section will discuss the definitions and effects of school violence on child and adolescent mental health and which factors contribute to this phenomenon.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Discuss the effect of school violence on mental health
- Identify the characteristics of school violence
- Distinguish the different types of school violence
- Assess how differences in ethnicity, gender and religion affect the school experiences of students
- Identify intervention programs and protocols and discuss their application

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| School Violence | Bullying | Mental health | Victim | Perpetrator | Bystander |

**Annotated Bibliography**

- **Basic Sources/Material**

Helton, L. R., & Smith, M. K. (2014). Mental Health Practice with Children and Youth : A Strengths and Well-Being Model. Hoboken: Routledge. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=685152&site=eds-live

Chapter 4 discusses the role of friendships and peer to childhood development and discusses the effects of bullying and violence on children and adolescent mental health.

Henry, S. (2002). What is school violence? An integrated definition. Annals of the American Academy of Political and Social Science, 556, 16-29

In the analysis of school violence, there is a tendency for commentators to define the scope of the problem narrowly. Typically, they focus on interpersonal violence: between students or by students toward their teachers. In this article, it is argued that not only does the complexity of this issue defy such a simplistic framing but also dealing with the problem at that level does not go far enough. It fails to address the wider context of school violence, the wider forms of violence in schools, and the important interactive and causal effects arising from the confluence of these forces. What is demanded is an integrated, multilevel definition of the problem that will lead to a multilevel causal analysis and a comprehensive policy response that takes account of the full range of constitutive elements. In this article, the first stage of such an approach is outlined with regard to defining the nature and scope of the problem.

Smith, P.K., Cowie, H., Olafsson, R.F., Liefooghe, A.P.D., Almeida, A., Araki, H., et al. (2002). Definitions of bullying: A comparison of terms used, and age and gender differences, in a fourteen-country international comparison. Child Development, 73, 1119–1133

To investigate the meanings given to various terms a set of 25 stick-figure cartoons was devised, covering a range of social situations between peers

- **Recommended Sources**

UNESCO. (2016). Global guidance on addressing school related gender based violence.
UNESCO. (2016). Out in the open: Education sector responses to violence based on sexual orientation or gender identity/expression.
UNICEF. (2014). Hidden in plain sight: A statistical analysis of violence against children.

The above three reports by UNESCO and UNICEF aim to provide an overview of the most up-to-date available data on the nature, extent and impact of school violence and bullying and initiatives to address the problem.

Olweus, D. (1999a). Norway. In P.K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), The nature of school bullying: A cross-national perspective (pp. 28–48). London: Routledge.
Olweus, D. (1999b). Sweden. In P.K. Smith, Y. Morita, J. Junger-Tas, D. Olweus,R. Catalano, & P. Slee (Eds.), The nature of school bullying: A cross-national perspective (pp. 7–27). London: Routledge.

**Self-Assessment Exercises/Activities**
**Exercise 7.1**

In no more than 150 words, and after reading the required reading for this class, provide a definition of school violence.

**Recommended number of work hours for the student**
Approximately 15 hours.

## TITLE: TITLE: MENTAL HEALTH AND SCHOOL: SCHOOL VIOLENCE II

**(8th Week)**

**Summary**
Exposure to violence at school is a significant problem for children and adolescents
Exposure to youth violence and school violence can lead to a wide array of negative health behaviors and outcomes, including alcohol and drug use and suicide. Depression, anxiety, and many other psychological problems, including fear, can result from school violence

**Introductory Remarks**
School Violence is considered is a public health, human rights, and social problem. School violence is "any behavior that violates a school's educational mission or climate of respect or jeopardizes the intent of the school to be free of aggression against persons or property, drugs, weapons, disruptions, and disorder" (Center for the Prevention of School Violence [CPSV], 2000, p. 2). It exists along a continuum that begins on one end with behaviors such as put-downs, trash talking, and culminates on the other end with multiple murder incidents. School violence undermines children's right to education and adversely affects their development.

**Aims/Objectives**
The aim of the current module is to introduce students to the phenomenon of school violence, to its occurrence and gradually to its adverse effect on child and adolescent mental health.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Discuss the effect of school violence on mental health
- Identify the characteristics of school violence
- Distinguish the different types of school violence
- Assess how differences in ethnicity, gender and religion affect the school experiences of students
- Identify intervention programs and protocols and discuss their application

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| School Violence | Bullying | Mental health | Victim | Perpetrator | Bystander |

**Annotated Bibliography**

- **Basic Sources/Material**

Flannery, D.L, Wester K.L &, Singer M.I (2004). Impact of exposure to violence in school on child and adolescent mental health and behavior. Journal of Community Psychology 32(5):559-573 .DOI: 10.1002/jcop.2001 retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.1002/jcop.20019

This study examined the relationship between exposure to violence at school and child reports of psychological trauma symptoms and violent behavior. The sample consisted of children in grades 3 through 12 in 17 public schools from two different states.

> Bhang, S.Y., Lee, M.S., & Lee, C.-S. (2016).PM353. School Violence and Depressive Symptom in Children of Multicultural Families in South Korea. International Journal of Neuropsychopharmacology, 19(Suppl 1), 29. http://doi.org/10.1093/ijnp/pyw041.353

The aim of study was to evaluate the effect of school violence on depressive symptom in children of multicultural families in South Korea

**Self-Assessment Exercises/Activities**
**Exercise 8.1**
Research the literature on school violence and briefly describe some of the global recommandations in tackling this. Do not exceed 300 words.

**Recommended number of work hours for the student**
Approximately 15 hours (25 hours for assignment)

During the 8th week, the first assignment marked with 20% of the overall course grade will be handed in.

* The 1st assignment will be submitted in week 8 and carries 20% of the overall grade

**Instructions for 1st Assignment**
Description: "The Science of Mental Health Vs The People"

This work aims to explore the views, perceptions and knowledge of ordinary people on issues that may be considered “taboo" or carry stigmatization, in the Cypriot and Greek society. For this activity, the instructor will randomly separate you into groups. You can find your group on the course platform. Each group will be given a question surrounding mental health in children and adolescents. Each team member should conduct an interview (based on the group's question) with a member of the society, thus investigating their views/knowledge around the subject. Then each team will have to combine the data of each interview and present a complete work consisting of the replies of all team members you will then approach the given question as scientists. In other words, you will have to present the scientific knowledge on the subject of your question and compare/contrast this with the respondents’ opinions. Each team will deliver electronically one (1) essay of 1000 words.

Assignments must be submitted by the deadline provided by the instructor; otherwise, one (1%) mark will be deducted for each day after this. You can submit your work ONLY ONE WEEK after the deadline. Beyond this point, assignments will not be graded.

The Rubric for this assignment can be found at the end of the Study Guide.

## TITLE: CHILD, LEARNING AND MENTAL HEALTH

**(9th Week)**

**Summary**
Being a child in today's world is in some respects far more challenging than years before. Many children find themselves having to navigate an ever-increasing and demanding education system. Every child is unique, in a sense. No child is the same as another child, but all students would benefit from programmes adapted to their unique individual needs. This is, however, impossible, since schools are unable to respond. The school system functions quite well for the large majority of students, but some students do not easily fit in this pattern.

**Introductory Remarks**
Teachers and educators have become increasingly aware that the teacher-student relationships vital to the children's success and matriculation in the classroom. The classic study conducted by Rosenthal and Jacobsen(1968) gave new meaning to the term self-fulfilling prophecy and initiated a movement that has made teachers, school administrators, and parents more sensitive to teacher child interaction.

**Aims/Objectives**
The aim of the current lesson is to discuss the effects of teaching and teacher-child relationships of child and adolescent mental health.

**Learning Outcomes**
On completion of the study of this section, you should be able to:

- Explain the contribution of the self-fulfilling prophecy in the context of teaching children
- Discuss the learning opportunities that promote child mental well being
- Describe the teacher –student relationship that promotes mental well being

**Key Words**

| | | |
|---|---|---|
| Self- fulfilling prophecy | Diverse teaching techniques | Teacher-child experiences |

**Annotated Bibliography**

- **Basic Sources/Material**

- Helton, L. R., & Smith, M. K. (2014). Mental Health Practice with Children and Youth : A Strengths and Well-Being Model. Hoboken: Routledge. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=685152&site=eds-live

In Chapter 5 the challenges of teaching are discussed outlining the effects on child development

- Linda Darling-Hammond, Lisa Flook, Channa Cook-Harvey, Brigid Barron & David Osher (2019) Implications for educational practice of the science of learning and development, Applied Developmental Science, DOI: 10.1080/10888691.2018.1537791 retrieved from https://www.tandfonline.com/doi/full/10.1080/10888691.2018.1537791

This article draws out the implications for school and classroom practices of an emerging consensus about the science of learning and development, outlined in a recent synthesis of the research.

**Self-Assessment Exercises/Activities**
**Exercise 9.1**

By studying the literature given for this module, outline some examples where teachers and their methods of teaching might not have a positive effect of child development. Your answer must not exceed 250 words.

**Recommended number of work hours for the student**
Approximately 15 hours

## TITLE: CHILD AND FAMILY DEVELOPMENT: FAMILY STRUCTURE

**(10th Week)**

**Summary**
Family relationships can have a substantial impact on mental health, behavior and even physical health. Numerous studies have shown that social relationships, particularly family relationships, can have both long- and short-term effects on one's mental health.

**Introductory Remarks**
Since the 1970s, cohabitation, divorce, and separation rates have become and remained high in Western societies. These social processes have given rise to increasing heterogeneity in the types of families, which children live in while growing up, and to increasing instability in family composition. Today, a large proportion of children experience stressful life events, such as divorce, separation, and other forms of family breakdown, before they reach adulthood. As a result, the social institution of a normative family with two biological parents is being progressively challenged, and many individuals spend some portion of their childhood living in non-traditional family forms—including one-parent families, blended families, and stepfamilies.

**Aims/Objectives**
To introduce students to the effects of family relationships and their effects on mental health

**Learning Outcomes**
On completion of the section of this study, you should be able to:

- Understand the structure, organization and functioning of different kinds of family structures.
- Discuss the unique stresses associated with families of varying composition
- Identify and assess the effects of family transitions on child and adolescent mental health

**Key Words**

| | | | | |
|---|---|---|---|---|
| Definitions | Types of families | Family experiences | Family transitions | Family relationships |

**Annotated Bibliography**

- **Basic Sources/Material**

Dorgra, N, PArkin, A, Gale, F & Frake C. (2002). A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-line Professionals.

Part 2 of the book is designed to cover all aspects of child, adolescent and family development and their relationship and impact on mental health.

Behere, A. P., Basnet, P., & Campbell, P. (2017). Effects of Family Structure on Mental Health of Children: A Preliminary Study. Indian journal of psychological medicine, 39(4), 457–463. doi:10.4103/0253-7176.211767.

The aim of the current research was to find any association between family structure and rates of hospitalization as an indicator for behavior problems in children.

Perales, F., Johnson, S.E., Baxter, J. et al. (2017). Family structure and childhood mental disorders: new findings from Australia. Soc Psychiatry Psychiatr Epidemiol 52, 423. https://doi.org/10.1007/s00127-016-1328-y. Retrieved from https://link.springer.com/article/10.1007/s00127-016-1328-y#citeas

This report provides new evidence of the relationships between family structure and childhood mental disorders in an under-researched context, Australia.

P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson.

**Self-Assessment Exercises/Activities**
**Exercise 10.1**

Case study: Sarah is 12 years old and her teachers have become worried as she has become increasingly withdrawn at school. At home, her mother and stepfather have recently had their first child. Sarah has hinted that the atmosphere at home is often quite tense.

What lifestyle issues can you identify and how might they be affecting Sarah and the family? Your answer should not exceed 250 words.

**Recommended number of work hours for the student**
Approximately 15 hours

# TITLE: TITLE: CHILD AND FAMILY DEVELOPMENT: ATTACHMENT THEORY

**(11th Week)**

**Summary**
Attachment theory highlights that consistent benign care in infancy predicts good mental health. The opposite of this assumption is that disruptions to optimal care will lead to immediate and long-term distress and dysfunction.

## Introductory Remarks

Attachment theory provides one of the most comprehensive frameworks for understanding social and emotional development. Bowlby (1969, 1973) postulated that the quality of parent–child relationships sets the foundation for later personality development and that a secure attachment relationship maps onto healthy adaptation, whereas insecure attachments signal a risk for difficulties in later functioning and potential clinical symptoms.
Advances in research since the development of the attachment theory over half a century ago have demonstrated that the quality of parent–child attachment is one of the key environmental determinants or correlates of children's well-being.

## Aims/Objectives

To introduce students to the features and origins of attachment theory and to explore the relevance of the theory for public policy and mental health practice.

## Learning Outcomes

On completion of the study of this section, you should be able to:

- Discuss the relevance of attachment to mental health
- Understand the implications of disruptions to optimal care in child development
- Explain the features and origins of attachment theory

## Key Words

| | | | | |
|---|---|---|---|---|
| Emotional regulation | Attachment theory | Parenting | Parent- child relationship | Quality of relationships |

## Annotated Bibliography

- **Basic Sources/Material**

  Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

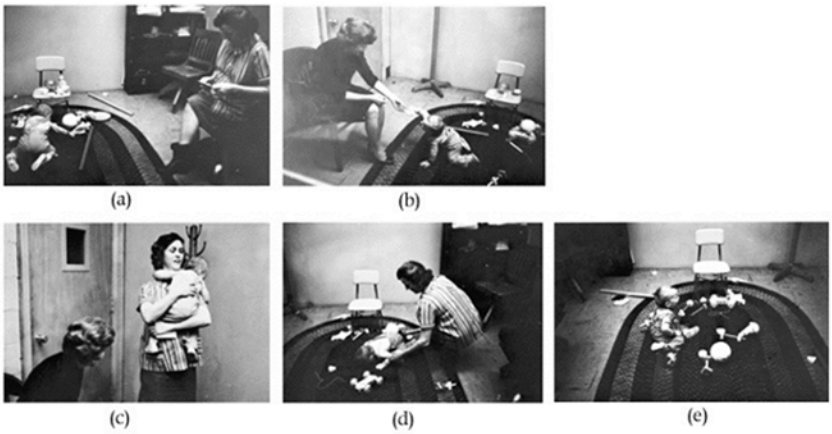
In part 2 of the book, the origins of attachment theory are discusses and the relevance of the theory for public policy and mental health practice is explored.

Brumariu, L. E. (2015).Parent–Child Attachment and Emotion Regulation. New Directions for Child and Adolescent Development. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1002/cad.20098

This article discusses conceptual and empirical links between attachment and emotion regulation in middle childhood, highlights progress and challenges in the literature, and outlines future inquiries.

P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson**.**

**Self-Assessment Exercises/Activities**
**Exercise 11.1**




The above images (a – e) are indicative of the “Strange Situation” Experiment. Based on the images, describe the stages of the experimental process. Do not exceed 150 words.

**Recommended number of work hours for the student**
Approximately 15 hours

## TITLE: UNDERSTADING ETHNICITY AND CHILD AND ADOLESCENT MENTAL HEALTH I (12th Week)

**Summary**
Society has to make choices for children, and these are manifested in the medical, social, and political spheres. It is therefore important to specify what children and their parents need, so that this may be reflected in the choices society makes, to help them grow in the most optimal and harmonious way possible.

**Introductory Remarks**
This is more essential whenever children are in a situation in which they might be vulnerable. An example is transcultural circumstances, for example: being born and growing up in a country different from the one in which their parents grew up, sometimes with a change of language and always with different representations of children and their parents, as well as different expectations. Awareness of these processes all over the world has resulted in more and more clinical work been undertaken from a transcultural perspective with respect to the children of migrants and those who, for whatever reason, experience different family structures, languages, or societies: children of mixed marriages, children adopted from a different country than that in which their adopting parents live (Harf and coll., 2013), children brought up far from home, children from traveling communities, etc.

**Aims/Objectives**
The aim of this chapter is to discuss the implications of understanding racial and cultural differences in mental health.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Adopt a definition of race
- Discuss the association between race and mental health
- Discuss the range of inequalities presented in societies and affect ethnic minorities

**Key Words**

| | | | | |
|---|---|---|---|---|
| Race | Culture | Inequalities | Minorities | Social class |

**Annotated Bibliography**
- **Basic Sources/Material**

Raynaud J.P, Hodes M & Shur-Fen Gau. S Lanham. (2014) From Research to Practice in Child and Adolescent Mental Health. USA: Rowman & Littlefield. ISBN: 1442233079 (E-Book)

Chapter 9 discusses the importance of studying the multicultural context in relation to mental health

Roe, J (2018). Ethnicity and children's mental health: making the case for access to urban parks. The Lancet- Planetary Health, 2, 234-235 retrieved from https://www.thelancet.com/action/showPdf?pii=S2542-5196%2818%2930122-0

This article discusses the various inequalities found in modern societies in relation to ethnicity.

**Supplementary Bibliography**

- Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

  The chapter title “Race” discusses the implications of understanding racial differences in mental health

P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson.

**Self-Assessment Exercises/Activities**
**Exercise 12.1**
Discuss in no more than 300 words why refugee children might be at a higher risk of developing mental health problems.

**Recommended number of work hours for the student**
Approximately 15 hours (25 hours for assignment)

******During the 12th week, the second assignment marked with 20% of the overall course grade will be handed in.

**Instructions for assignment**
Description: Literature Review

During the 12th week, students are invited to submit a literature review assignment.The subject of study can be chosen by the student or group, and it must be within the scope of the course. It is expected, that the students will consult the instructor upon their chosen subject before proceeding with their assignment. The students should aim at critically reading scientific articles and textbooks that will give a complete picture around the chosen subject within the field of Development Psychology I. The assignment carries 20% of the total grade. It should not exceed 1000 words and must follow the APA guidelines. The presentation of the work should be double-spaced with 12pt. Times New Roman Letters. Points will be deducted from tasks that do not fulfill these criteria. The cover must include the title of your work or theme, name and registration, the date of submission, the lesson code and the name of the instructor.

Work must be submitted through Turnitin with a similarity rate below 18%

Assignments must be submitted by the deadline provided by the instructor; otherwise, one (1%) mark will be deducted for each day after this. You can submit your work ONLY ONE WEEK after the deadline. Beyond this point, assignments will not be graded.

The Rubric of the Assignment can be found at the end of the study guide.

## TITLE: UNDERSTADING ETHNICITY AND CHILD AND ADOLESCENT MENTAL HEALTH II (13th Week)

**Summary**
Society has to make choices for children, and these are manifested in the medical, social, and political spheres. It is therefore important to specify what children and their parents need, so that this may be reflected in the choices society makes, to help them grow in the most optimal and harmonious way possible.

**Introductory Remarks**
The term “social class” has been used in a variety of ways in social science and remains contested. There is little doubt that al societies contain some people at the top who are rich and powerful and those at the bottom who are poor and powerless. The debates about social class then revolve around the ways of defining and measuring differences in the strata that exist between these extreme.

**Aims/Objectives**
The aim of this chapter is to discuss the relationship between social class and mental health problems along with difficulties in interpreting the meaning of the relationship.

**Learning Outcomes**
On completion of the study of this section, you should be able to:
- Adopt a definition of social class
- Discuss the association between social class and mental health

**Key Words**

| | | | | |
|---|---|---|---|---|
| Race | Culture | Inequalities | Minorities | Social class |

**Annotated Bibliography**
**Basic Sources/Material**
- Pilgrim, D. (2014). Key Concepts in Mental Health. Sage

The chapter title “Social Class” discuss the relationship between social class and mental health problems along with difficulties in interpreting the meaning of the relationship.

P.S.: The bibliographical references contained in the Summary are set out in the basic and supplementary material of the specific lesson.

**Self-Assessment Exercises/Activities**
**Exercise 13.1**
In no more than 300 words discuss how social class can affect families and as a result child and adolescent mental health.

**Recommended number of work hours for the student**
Approximately 15 hours.

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not.

**TITLE: FINAL EXAM**

**(14th week)**

**Recommended number of work hours for the student**

Approximately 27 hours.

# INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

## Title: Defining Mental Health and Well-Being

## (1st Week)

### Exercise 1.1

Indicative answers: Negative attitudes towards the topic of mental health problems and those who experience mental health problems are already present in young people with beliefs that little can be done to address the problems of stigmatization : one can start in attempting to address this at all levels – individuals, communities and institutions (clinical and non)

## Title: Child and Adolescent Mental Health Globally

## (2nd Week)

### Exercise 2.1

Answers can be found within the reading provided.

## Title: What causes Mental Health Problems in Children and Adolescents?

## (3rd Week)

### Exercise 3.1

No indicative answers are provided for this exercise as it is marked with 5% of the overall course grade.

## Title: Defining Childhood Adversity

## (4th Week)

### Exercise 4.1

Indicative answer: Adriana has been exposed to an adverse experience. The fear of losing her mother is considered a traumatic experience.

## Title: The Mass Media and Mental Health

## (5th Week)

### Exercise 5.1

No indicative answers are provided for this exercise as it is marked with 5% of the overall course grade.

## Title: Socialization and Peer Relationships

## (6th Week)

### Exercise 6.1

Indicative answer: peers provide an opportunity to share concerns and consider alternative ways of managing stress and difficulties, provide opportunities to have fun and feel accepted.

## Title: Mental Health and School: School Violence I

## (7th Week)

### Exercise 7.1

School violence is "any behavior that violates a school's educational mission or climate of respect or jeopardizes the intent of the school to be free of aggression against persons or property, drugs, weapons, disruptions, and disorder" (Center for the Prevention of School Violence [CPSV], 2000, p. 2). It exists along a continuum that begins on one end with behaviors such as put downs and trash talking and culminates on the other end with multiple murder incidents.

## Title: Mental Health and School: School Violence II

**(8th Week)**

**Exercise 8.1**

Indicative answers: All interventions and protocols must be multileveled.

No indicative answers are provided for the "The Science of Mental Health Vs The People"as this is a graded assigned.

**Title: Child, Learning and Mental Health**

**(9th Week)**

**Exercise 9.1**

Indicative answers : you answer must include examples of how the self –fulfilling prophecy works, e.g., Children perceived to be less verbally adept may not be asked questions or expected to volunteer answers during a discussion of assigned readings

**Title: Child and Family Development: Family Structure**

**(10th Week)**

**Exercise 10.1**

Indicative answers: The family is going through a transition and families need to be equipped with strategies to deal with this and make the transition a successful one.

**Title: Child and Family Development: Attachment Pattern**

**(11th Week)**

**Exercise 11.1**

(a) The mother and infant enter an unknown room. The mother sits and lets the infant explore the place
(b) An unknown person enters the room and chats with the mother first and then talks to the infant. Mother leaves, leaving the infant alone with the unknown
(c) The mother returns, talks to the infant and sooths it
(d) The unknown person leaves the room
(e) The mother leaves the room again, leaving the infant only

**Title: Understanding Ethnicity and Child and Adolescent Mental Health I**

**(12th Week)**

**Exercise 12.1**

Indicative answer: (a) related to the reasons that these children were forced to live their homes e.g., witnessing or experiencing violence and other atrocities, bereavement and loss etc (b) related to settling in a new community e.g., isolation, racism etc

No indicative answers are provided for the "Literature Review" activity, as this is a graded assignment.

**Title: Understanding Ethnicity and Child and Adolescent Mental Health II**

**(13th Week)**

**Exercise 13.1**

Indicative answer: social class, determined by education, income, and occupation levels, impacts families and shapes lives and opportunities. Poor families have fewer material resources and opportunities, and often live in neighborhoods and school districts that are less desirable.

| **MHC640 ( Assignment 1 & 2)** | **Feedback sheet for Assignment** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 2. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |
| 3. Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 4. Sufficient number of scientific sources, use of relevant References and Quotations and their proper application throughout the paper (i.e., citations and reference list) | Excellent number of sources. All references are directly relevant to the topic and are excellently used. | Sufficient number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number of sources. Some of the references are relevant to the topic and are reasonably used. | More sources could have been used. Much of the references may not be directly relevant to the topic and could have been used more properly. | Limited number of sources used. References are not directly relevant to the topic and not properly used. | Insufficient number of sources. References answer a totally different question to the topic and are inappropriately used. | |
| 5. Cohesive integration of relevant Literature review (e.g., creative use of materials, logical and coherent arguments, main points supported by examples, etc.) | All the material is directly relevant to the title. Evidence of extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | Almost all the material is directly relevant to the title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | Some of the material is moderately clear and relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | Important aspects of the material may not be directly relevant to the title. The review is not inclusive and does not develops thoroughly. | The material is not directly relevant to the title. Little evidence of relevant knowledge. | The review does not follows the given instructions or the material deviates from the title. | |
| 6. Understanding of methodological issues (i.e., enough information provided concerning participants, detailed procedure, clear design, | Excellent understanding and presentation of all methodological issues. | Very good understanding and presentation of most | Good understanding and presentation of methodological issues but few | Moderately sufficient understanding and presentation of methodological | Only limited understanding of methodological issues with important | Insufficient understanding and presentation of | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| efficient presentation of instruments and Ethical issues reported) of the studies included | | methodological issues. | omissions observed. | issues. Several omissions observed. | number omissions observed. | methodological issues. | |
| 7. Summarizing findings of related studies based on literature search and research findings to conclude on research question of the assignment | Excellent proposal of new, related studies based on literature and research findings so far. | Very good suggestions for new, related studies based on literature and research findings so far. | Good suggestions for new, related studies based on literature and research findings so far. | Sufficient suggestions for new, related studies based on literature and research findings so far. | Not very relevant suggestions for new, related studies based on literature and research findings so far. | Failure / lack of any suggestions for further investigations for the topic under study. | |

## General Comments

| | | | |
|---|---|---|---|
| | | | |
| **Examiner** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

## COURSE: MHC652- Child Protection: Working with Risk & Resilience

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **MSc Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC652** | **Child Protection: Working with Risk & Resilience** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☐ | Elective ☒ | |
| **Number of Teleconferences** | Total: Up to 6 | Face to Face: - | Web based Teleconferences: Up to 6 |
| **Number of Assignments** | **2 Self-assessments / Activities (10%)** **2 Assignments (40%)** | | |
| **Assessment** | Assignments | Final Examination | |
| | 50 % | 50 % | |
| **Number of ECTS Credits** | 10 | | |

| | |
|---|---|
| Study Guide drafted by: | Dr. Eleni Athanasiou |
| Editing and Final Approval of Study Guide by: | Dr. Monica Shiakou |

**CONTENTS**

## 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

**Programme Presentation**

- **Short description & objectives**

### 1. Program's purpose and objectives:

The MSc in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. The course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.

### Objectives:

The general objectives of the Postgraduate Program in Child and Adolescent Mental Health are to:

1. Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
2. Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
3. Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
4. Prepare students for future Doctoral studies

The programme aims to:

1. Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
2. Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.

3. Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.

4. Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working

5. Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.

6. Provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

- **Short description & objectives**

The main purpose of this course is to explore adverse experiences in childhood, their causes and effects, in order to enable learners to familiarize themselves with ways of working with children and young people that can enhance resilience and lead to rewarding adult lives.

This course will present the main adverse childhood experiences, their respective causes and effects on children and young people. It will equip learners with ways of working to prevent such instances and/or intervene in order to reduce vulnerability and risk whilst enhancing resilience and emotional intelligence. It will familiarize students with children's rights and the legal framework available for their protection. Additionally, it will explore implications for alternative care settings as well as good practice examples in Europe and beyond.

Upon successful completion of this course, students should be able to:

1. Critically discuss the causes and effects of adverse childhood experiences such as child abuse and/or neglect.

2. Communicate and discuss factors that enable individuals to overcome adverse childhoods and move on to rewarding lives in adulthood based on research-based knowledge.

3. Apply ways of working with children and young people that minimize risk and enhance resilience.

4. Understand and utilize children's rights and the legal framework that establishes and protects these.

5. Critically assess all implications in relation to alternative care settings for children and young people, i.e. adoption, fostering and residential care.

6. Utilise the theory of emotional intelligence when designing interventions with children and young people in prevention.

The Study Guide, a necessary and useful tool for students, especially where the educational material is not written using the methodology of open and distance learning, encourages and also facilitates the study and understanding of the topics addressed in the module. Moreover, through the self-assessment exercises, it incites and encourages work at home, offers motivation for further study and contributes to the development of your critical thinking.

The Study Guide is structured per week and per topic and includes a summary and some very brief introductory remarks, the aim and learning outcomes, key words – basic concepts, annotated bibliography, recommended number of work hours for the student, exercises of self-assessment, critical thinking and case studies, with indicative answers at the end, aiming at a more meaningful understanding of the content, the definitions and the concepts of each section. In addition to the time dedicated to study, the recommended number of work hours per week includes the attendance of the (tele) meetings and Group Consultation Meetings, bibliography search, the drafting of assignments, weekly exercises, etc. Although it goes out without saying, it should be noted that the Study Guide does not in any way substitute the educational material posted on the platform, which students must read carefully and assimilate, in order to be able to satisfy the requirements of the Programme and successfully complete the module.

**Recommended student work time**

Approximately 5 hours (including the study of the Guide)

## TITLE: Introduction to Child Protection: Working with Risk & Resilience

**(1st Week)**

### Summary

This first week is an introduction to child protection. The concepts of risk and resilience will be mentioned but more time is devoted to them in the weeks to follow to present and analyse them in detail. Children and adolescents are seen as vulnerable members of society that require protection. Cultural, legal and socio-economic circumstances, as well prevalent beliefs, customs and attitudes affect how childhood is viewed and what interventions and services are on offer. Protection is especially needed when the biological family is incapable of safeguarding and protecting them. It is in such instances that the State has a statutory responsibility to intervene to ensure their safety, health and wellbeing.

### Introductory Remarks

Physical, sexual, and emotional abuse and/or neglect of children are associated with substantially increased risk for concurrent and subsequent psychopathology and are among the common problems encountered by professionals in various settings. Furthermore, young people who have been involved in the child protection system are at increased risk for mental health events and diagnoses.

According to UNICEF (2006) “Building a protective environment for children that will help prevent and respond to violence, abuse and exploitation involves eight essential components: -strengthening government commitment and capacity to fulfil children’s right to protection; -promoting the establishment and enforcement of adequate legislation; -addressing harmful attitudes, customs and practices; -encouraging open discussion of child protection issues that includes media and civil society partners; -developing children’s life skills, knowledge and participation; -building capacity of families and communities; -providing essential services for prevention, recovery and reintegration, including basic health, education and protection; and -establishing and implementing ongoing and effective monitoring, reporting and oversight.”

### Aims/Objectives

The main aim this week is to contribute to the students’ knowledge and understanding regarding child protection and established links to children’s mental health. Students will be encouraged to critically assess the reality for children in their country of origin, as well as demonstrate an in-depth understanding of the situation in other countries.

## Learning Outcomes

Critically discuss the causes and effects of adverse childhood experiences such as child abuse and/or neglect.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Child protection | Risk | Resilience | Child abuse | Neglect | Prevention |

## Annotated Bibliography

### Basic Sources/Material

Arditti, J. A. (Ed.) (2014) Family Problems: Stress, Risk and Resilience. Oxford: Wiley Blackwell.

Represents the most up-to-date family problem research while addressing such contemporary issues as parental incarceration, same sex marriage, health care disparities, and welfare reform.

Zeanah, C. H., & Humphreys, K. L. (2018). Child Abuse and Neglect. Journal of the American Academy of Child and Adolescent Psychiatry, 57(9), 637–644. doi:10.1016/j.jaac.2018.06.007.

The authors suggest that the more clinicians understand the different cultures of the legal and child protective services systems will help them advocate more effectively for maltreated children's bests interests so that the complexity of their problems is matched by the comprehensiveness of our efforts to minimize their suffering, enhance their development, and promote their competence.

### Supplementary Sources/Material

- What is Child Protection?

https://www.unicef.org/protection/files/What_is_Child_Protection.pdf

This site gives information about child protection and contains useful resources.

- Maclean, M.J., Sims, S.A., and O'Donnell, M. (2019). Role of pre-existing adversity and child maltreatment on mental health outcomes for children involved in child protection: population-based data linkage studyBMJ Open 2019;9:e029675. doi: 10.1136/bmjopen-2019-029675.

The findings emphasise the importance of services and supports to improve mental health outcomes in this vulnerable population. Adversities in childhood along with genetic or environmental vulnerabilities resulting from maternal mental health issues also contribute to young people's mental health outcomes, suggesting a role for broader social supports and early intervention services in addition to targeted mental health programmes.

**Self-Assessment Exercises/Activities**

**Exercise 1.1**

Write a short report (Max. 2 pages long) that contains a critical reflection on your understanding of child protection and the reality for children in your country of origin. Does culture play an important role in such matters? Upload this on the course platform to inform your fellow students.

**Exercise 1.2**

Read and comment on other students' reports on the situation in their own countries. (Minimum two comments on others' reports to be posted online.)

Exercises 1.1 and 1.2 will be marked 10% (5% for each exercise).

**Exercise 1.3**

This is a simulation exercise. You will be divided in groups. The instructor will upload different scenarios describing families that illustrate how multiple protective factors support and strengthen families who are experiencing stress. You will be required to discuss with the members of your group and identify the protective elements included in each scenario. Following that, you will present these and justify your selections to your fellow students.

**Recommended number of work hours for the student 25**

## TITLE: Children's Rights and the legal framework

**(2nd Week)**

### Summary

When working with children and young people in any and every setting, it is imperative to uphold their rights and protect them. In addition, raising their own awareness about their rights is an empowering practice. As is raising professionals' and the public's awareness. Such practices can significantly contribute to their overall welfare and protection.

### Introductory Remarks

According to the law (in all countries where the UN Convention on the Rights of the Child is upheld), the best interest of the child is paramount and should prevail in all decisions made regarding a child's safety and/or wellbeing. However, children's rights continue to be violated all over Europe. Moreover, children are not always recognised as full bearers of human rights. Some progress has been made, partly as a result of the UN Convention on the Rights of the Child (1999). The Council of Europe has also contributed to the protection of children through the case law of the European Court of Human Rights and the European Committee on Social Rights and through the adoption of important standards relating to adoption, child exploitation, juvenile justice or children in institutions.

(For more info see: https://www.coe.int/en/web/commissioner/thematic-work/children-rights )

### Aims/Objectives

This class aims to raise the students' awareness of children's rights and their importance across all work settings. Adopting a rights' perspective when working with children and adolescents is empowering and protective. It is thus, highly significant for students to be able to critically analyse existing policies and programmes through this lens, as well as utilise this knowledge in direct practice and/or when designing interventions.

### Learning Outcomes

Understand and utilize children's rights and the legal framework that establishes and protects these.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Children's Rights | Legal framework | Child protection | Empowerment | The child's best interests | |

## Annotated Bibliography

### Basic Sources/Material

-Council of Europe Commissioner for Human Rights

https://www.coe.int/en/web/commissioner/thematic-work/children-rights

This link directs you to the page of the Commissioner for Human Rights and more specifically the Children's rights section that includes information on the role of the Commissioner, the agenda, EU stats, country specific information, and many other relevant resources.

-European Network of Ombudspersons for Children (ENOC)

http://enoc.eu/

This link presents the EU Network of Ombudspersons for Children, its role and contribution to various projects. Here you can also find various helpful resources. ENOC is a not-for-profit association of independent children's rights institutions (ICRIs). Its mandate is to facilitate the promotion and protection of the rights of children, as formulated in the UN Convention on the Rights of the Child.

- Using children's rights in mental health policy and practice

http://www.crae.org.uk/media/125976/mentalhealth-briefing-final-digital-version-.pdf

This briefing explores the ways in which a children's rights approach to tackling mental health issues among children can help to address this growing problem.

### Supplementary Sources/Material

## Self-Assessment Exercises/Activities

### Exercise 2.1

Discuss children's rights and their importance for protection. Are children's rights promoted and respected in your country of origin? Identify any cultural or other obstacles. (Max. length two pages)

**Exercise 2.2**

Critically reflect on your own and other professionals' practice with children and/or adolescents applying a rights' perspective. If not in direct practice, choose a relevant policy document or existing programme to critically reflect on. (Max. length 2 pages)

**Exercise 2.3**

This is a simulation exercise. You will be divided in groups. Your instructor will upload different scenarios. You will discuss these with the rest of the group and decide which articles of the CRC Convention are violated in each scenario. You will then present and justify your findings to your fellow students.

**Recommended number of work hours for the student 15**

**TITLE: Interdisciplinary and interagency working to protect children**

**(3rd Week)**

## Summary

Multi-agency working is key to effective safeguarding and child protection (Sidebotham et al, 2016). Children and their families will access a range of services throughout a child's life. It is vital that practitioners from all disciplines work together to gain a full overview of a child's situation and have a coordinated approach to support and/or any other recommended action.

## Introductory Remarks

Coordinated responses seem to improve outcomes for children and families with an array of needs, facing complex situations. Not one professional or one service alone can offer a holistic response. Interagency and multidisciplinary working have long been essential policy objectives internationally. However, in practice they have proven hard to establish and perfect. They often appear as important shortcomings at official reports based on serious case reviews following the death of a child and/or young person.

## Aims/Objectives

Students by the end of this session should be able to demonstrate a critical understanding of multidisciplinary and interagency working across all levels involving all sectors of service provision (the public, the private, and the third sector). At times when the public purse is shrinking and the public sector is struggling to cover an increased demand for services, it is vital to collaborate with organisations in the private sector as well as NGOs.

## Learning Outcomes

Communicate and discuss factors that enable individuals to overcome adverse childhoods and move on to rewarding lives in adulthood based on research-based knowledge.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Interdisciplinary working | Interagency working | Child protection | Holistic approach | | |

## Annotated Bibliography

### Basic Sources/Material

Athanasiou, H. (2017). Working Together to Protect Children; A Case Study of Policy Implementation in Greece. London: LSE https://etheses.lse.ac.uk/

This is an exploratory case study focused on multi-disciplinary and interagency working in child protection. It identifies what works and usual obstacles to collaboration whilst suggesting ways of overcoming these.

Sidebotham, P. et al (2016). Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: final report. London: Department for Education (DfE).

As well as identifying themes and trends from the 293 Serious Case Reviews under consideration, this report looks at the context of learning from SCRs over the last 10 years.

### Supplementary Sources/Material

### Self-Assessment Exercises/Activities

**Exercise 3.1**

Describe the challenges of collaboration for different professionals found in the relevant literature and suggest ways of overcoming these. (Max. length 1 page)

**Exercise 3.2**

Describe the challenges of collaboration between various agencies found in the relevant literature and suggest ways of overcoming these. (Max. length 1 page)

**Exercise 3.3**

This is a simulation exercise. You will be divided in groups, the instructor will upload a scenario, and each member will receive a different brief in terms of the capacity with which you will be attending the interdisciplinary meeting, your agenda, etc. You will be asked to discuss with the rest of the group and try to reach a decision about a specific child/family. Following this experience, you will share what you felt made interdisciplinary working hard and what ways you used to overcome the difficulties.

**Recommended number of work hours for the student 15**

**TITLE: Adverse Childhood Experiences: Theory and Research**

**(4th Week)**

## Summary

Childhood adversity is a common societal problem that plays an important role in shaping risk for mental health problems across the lifespan.

Common forms of adversity include experiences involving harm or threat of harm to the child, such as physical or sexual abuse, domestic violence, or exposure to violence in the community, and experiences that involve deprivation and social disadvantage, such as neglect, the absence or limited availability of a caregiver, poverty and insecure access to food. These types of adverse experiences are common not only in the United States, but in many countries worldwide (Kessler et al., 2010).

## Introductory Remarks

Children who experience adversity are more likely to develop mental health problems than children who have never encountered adversity. Common forms of psychopathology in children exposed to adversity include anxiety, depression, aggressive behaviour, post-traumatic stress disorder and substance use problems (Alisic et al., 2014; Carliner et al., 2016; McLaughlin, et al., 2012; McLaughlin, et al., 2013)

(https://www.apa.org/science/about/psa/2017/04/adverse-childhood )

## Aims/Objectives

This week students learn the concepts of social capital, privilege and Adverse Childhood Experiences (ACEs) and link these to common mental health issues. Research indicates that there are significant relationships between ACEs, psychosocial resources, stressors and wellbeing. The aim is to gain a holistic understanding of the new concepts and be able to apply these in direct practice and/or when designing interventions.

## Learning Outcomes

Critically discuss the causes and effects of adverse childhood experiences such as child abuse and/or neglect.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Adverse Childhood Experiences (ACEs) | Social capital | Privilege | Attachment theory | | |

## Annotated Bibliography

### Basic Sources/Material

Arditti, J. A. (Ed.) (2014) Family Problems: Stress, Risk and Resilience. Oxford: Wiley Blackwell.

Represents the most up-to-date family problem research while addressing such contemporary issues as parental incarceration, same sex marriage, health care disparities, and welfare reform.

Shiakou, M. (2011). Representations of Attachment Patterns in the Family Drawings of Maltreated and Non-maltreated Children. Child Abuse Review. Published online in Wiley Online Library (wileyonlinelibrary.com). doi:10.1002/car.1184.

All maltreated children scored in the clinical range. The family drawings of maltreated children significantly evidenced a greater distress − represented by an insecure attachment pattern – than the drawings of non-maltreated children represented by a secure attachment style.

Waite, R. and Ryan, R.A. (2020). Adverse Childhood Experiences. What students and Health Professionals Need to Know. New York: Routledge.

The authors present ACEs from a life course, health development perspective.

### Supplementary Sources/Material

Scully, C., McLaughlin, J. and Fitzgerald, A. (2019). The relationship between adverse childhood experiences, family functioning, and mental health problems among children and adolescents: a systematic review. Journal of Family Therapy. doi:10.1111/1467-6427.12263.

The literature suggests a strong association between ACEs, child and adolescent MH problems, and Family Functioning, and some overlap between these variables is evident. This systematic review highlights the importance of family-focused care and the value of asking children about their experience of adverse childhood experiences in clinical practice.

Miller, A. (Latest edition). Prisoners of childhood: The drama of the gifted child and the search for the true self (R. Ward, Trans.). Basic Books.

The examples [the author] presents make us aware of the child's unarticulated suffering and of the tragedy of parents who are unavailable to their children—the same parents who, when they were children, were available to fill their parents' needs.

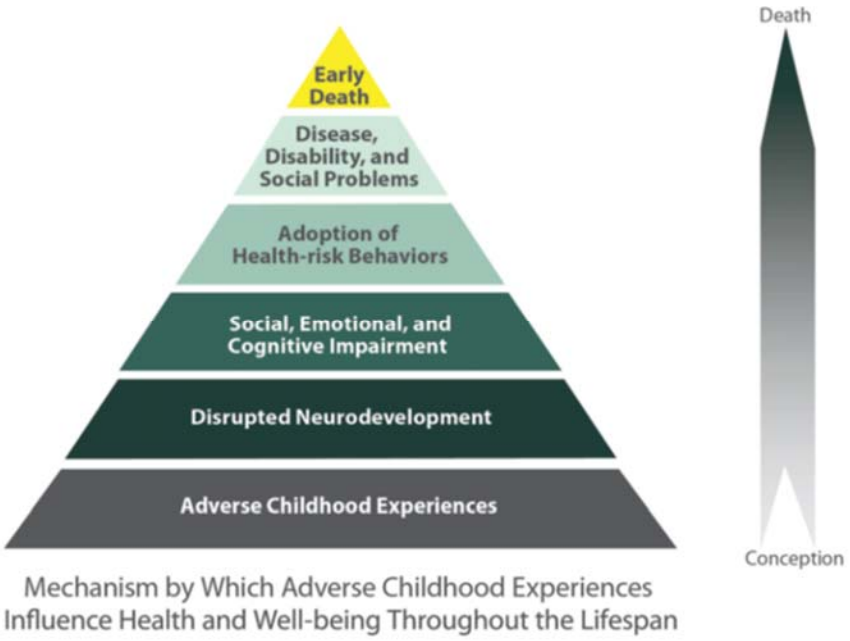
**Self-Assessment Exercises/Activities**

**Exercise 4.1**

Explain the ACEs theory to someone in your environment. Invite feedback and check understanding.

**Exercise 4.2**

How do ACEs affect health and wellbeing through the lifespan? Explain each part of the following diagram. (Max. 2 pages long)



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

**Recommended number of work hours for the student 20**

**TITLE: Overcoming Adverse Childhood Experiences: Evidence-based practice**

**(5th Week)**

## Summary

Exposure to childhood adversity is a potent risk factor for the onset of psychopathology. Knowledge about the developmental processes that are altered by adverse childhood experiences, and the degree to which these mechanisms are general or specific, is crucial to developing empirically informed interventions to alleviate the long-term consequences of adverse early environments on children's development.

(https://www.apa.org/science/about/psa/2017/04/adverse-childhood )

## Introductory Remarks

Millions of adults across Europe and north America live with a legacy of ACEs according to recent findings. Research indicates that there are significant relationships between ACEs, psychosocial, resources, stressors and wellbeing. Furthermore, adverse childhood experiences are costly… Recent research for Europe estimated the costs at 581 billion dollars (Bellis et al, 2019). Finally, on a positive note, adverse experiences of childhood may be reversed with the help of new positive experiences (Grandall et al, 2019).

## Aims/Objectives

The aim this week is to look at ways to enhance children and young people's physical and mental health and wellbeing despite adverse childhood experiences.

## Learning Outcomes

Communicate and discuss factors that enable individuals to overcome adverse childhoods and move on to rewarding lives in adulthood grounded on research-based knowledge.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Adverse Childhood Experiences | Evidence-based practice | Positive experiences | Stressors | Resources | |

## Annotated Bibliography

**Basic Sources/Material**

Crandall, A., Miller, J. R., Cheung, A., Kirsten Novilla, L., Glade, R., Lelinneth, M., Novilla, B., Magnusson, B.M., Leavitt, B. L., Barnes, M. D., and Hanson, C. L. (2019). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. Child Abuse and Neglect, Vol.96.

The findings suggest that counter-ACEs protect against poor adult health and lead to better adult wellness. When ACEs scores are moderate, counter-ACEs largely neutralize the negative effects of ACEs on adult health.

Waite, R. and Ryan, R.A. (2020). Adverse Childhood Experiences. What students and Health Professionals Need to Know. New York: Routledge.

The authors present ACEs from a life course, health development perspective.

**Supplementary Sources/Material**

Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D. and Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. The Lancet Public Health 4(10): e517-e528. ISSN 2468-2667, https://doi.org/10.1016/S2468-2667(19)30145-8.

These findings suggest that a 10% reduction in ACE prevalence could equate to annual savings of 3 million DALYs or $105 billion. Programmes to prevent ACEs and moderate their effects are available. Rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems.

Bethell, C., Jones, J., and Gombojav, N. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Sate-wide sample. JAMA Pediatr. Doi:10.1001/jamapediatris.2019.3007.

The proactive promotion of Positive Childhood Experiences for children may reduce risk for adult Depression and/or Poor Mental Health and promote adult relational health. Joint assessment of PCEs and ACEs may better target needs and interventions and enable a focus on building strengths to promote well-being. Findings support prioritizing possibilities to foster safe, stable nurturing relationships for children that consider the health outcomes of positive experiences.

Vanistendael, S. and Lecomte, J. (Latest Edition). Le bonheur est toujours possible: construire la resilience. Paris: Bayard.

The authors discuss how to build the capacity to overcome adverse experiences, and strengthen aptitudes for happiness currently presented in the relevant literature as resilience. Since a key for success appears to be positive self-esteem, the authors are in search of ways to improve low or damaged self-esteem.

**Self-Assessment Exercises/Activities**

**Exercise 5.1**

Interview or review the biography of a person who has overcome ACEs. What are the main protective factors you can identify? Highlight both stressors and resources. (Max. length 2 pages)

**Exercise 5.2**

Having studied this week's material, what are the main points that you consider applicable to your professional practice? If not in direct practice, think of the role of a professional working with children and/or adolescents (e.g. a teacher, a coach, a nurse, psychologist, a social worker, etc.). What main pointers would you recommend to them in order to better equip children and/or young people to overcome adverse childhood experiences? (Max. 1 page long)

**Exercise 5.3**

This is a simulation exercise. The instructor will divide you in groups. You will be given scenarios presenting children and families facing various ACEs. As a group, you will identify the ACEs and discuss the possible impact of these on the child. You will then come up with suggestions to counteract these.

**Recommended number of work hours for the student 20**

## TITLE: Risk and Resilience: Theory and Research

**(6th Week)**

### Summary

Risk and resilience are essential concepts when working with children and/ or adolescents in any and every setting. In modern societies, there is a tendency for calculated risk taking. In addition, adolescence is characterised as a period during which taking risks is a typical part of growing up, exploring limits and testing abilities. Risky behaviour can include unprotected sex, alcohol and other drug use, dangerous driving, illegal activities, truancy and fighting, etc. Open conversations, rules, role modelling and monitoring are ways to keep risk-taking teenagers safe.

### Introductory Remarks

Resilience is usually defined as the ability to cope and/or adapt. An ability to recover from or adjust easily to misfortune or change. There is also evidence that by supporting and strengthening positive relationships and experiences, preserving significant bonds and creating safe relationships with professionals, carers, etc. can help build resilience. According to research, “resilient children are better prepared and equipped to -resist stress and adversities; -manage change and uncertainty; -and to bounce back/recover faster and in a more thorough way after traumatic experiences or episodes” (Newman and Blackburn, 2002: 12). In addition, resilience has been defined as the ability to know -where, how, and when to activate your strengths in order to make things better for you, -how to access help in that process. (Brigid, 2003)

### The goal is thus to model continuous and consistent relationships

### Aims/Objectives

This week students explore theory and research related to risk and resilience. The aim is to achieve in-depth understanding and an ability to critically apply the aforementioned concepts as necessary. Students will also establish vital evidence-based links of risk and resilience to children and adolescents’ mental health.

### Learning Outcomes

Apply ways of working with children and young people that minimize risk and enhance resilience.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Risk | Resilience | Mental health | Positive deviance | | |

## Annotated Bibliography

### Basic Sources/Material

Corey, K. L.M. (Ed.) (2018) Risk and Resilience in Human Development: A Special Issue of Research in Human Development. Taylor & Francis.

The three empirical papers in this issue represent strong contributions to the growing corpus of research on risk and resilience in human development.

Newman, T. and Blackburn, S. (2002). Transitions in the Lives of Children and Young People: Resilience Factors. Interchange 78.

This report draws upon an extensive review of the international literature on resilience to describe effective strategies in health, education, and social work for helping children to cope with periods of transition through promoting resilience.

### Supplementary Sources/Material

Brigid, D. (2003). The Value of Resilience as a Concept for Practice in Residential Settings. Scottish Journal of Residential Child Care 2(1): 6-15.

Davydov, D.M., Stewart, R., Ritchie, K. and Chaudieu, I. (2010). Resilience and mental health. Clinical Psychology Review 30(5): 479-495.

The authors attempt to reorganize current knowledge around a unitary concept in order to clarify and indicate potential intervention points for increasing resilience and positive mental health.

Southwick, S.M., Litz, B.T., Charney, D., and Friedman, M.J. (2011). Resilience and mental health: Challenges across the lifespan. Cambridge University Press.

The authors discuss resilience and mental health as well as the challenges that may appear across the lifespan.

### Self-Assessment Exercises/Activities

### Exercise 6.1

Explain the concepts of risk and resilience to someone in your own environment. Request feedback and critically evaluate your understanding and your performance.

**Exercise 6.2**

Identify research evidence and describe essential links between resilience and children and adolescents' mental health. (Max. 2 pages long)

**Recommended number of work hours for the student 15**

## TITLE: Risk and Resilience: Evidence-based practice

**(7th Week)**

### Summary

Over time, practitioners, policymakers, funders, and researchers determined that promoting positive asset building and considering young people, as resources were critical strategies. As a result, the youth development field began examining the role of resiliency — the protective factors in a young person's environment — and how these factors could influence one's ability to overcome adversity. Those factors included, but were not limited to, family support and monitoring; caring adults; positive peer groups; strong sense of self, self-esteem, and future aspirations; and engagement in school and community activities.

### Introductory Remarks

Policies and programs for youth that focus solely on preventing specific high-risk behaviour have showed little appreciable success (Scales & Leffert, 1999; Rapp & Goscha, 2006; McCaskey, 2008). They have remained focused on the negative behaviours of youth in high needs communities rather than on the potential resiliency and protective factors research clearly identifies as essential for navigating successfully the critical developmental challenges and milestones towards becoming healthy adults (Alvord & Grados, 2005).

### Aims/Objectives

The aim of this week is to introduce evidence-based practices that minimise risk and/or enhance resilience. A strength-based or assets-based approach is a way to work on understanding the variables that contribute to building resilience and students by the end of this week should be able to apply these in practice.

### Learning Outcomes

Apply ways of working with children and young people that minimize risk and enhance resilience.

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Risk | Resilience | Evidence-based practice | Deficit cycle | Strength-based approach | |

**Annotated Bibliography**

**Basic Sources/Material**

Alvord, M. K. & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. Professional Psychology: Research and Practice, Vol. 36 (3) 238-245.

The authors briefly review the literature and identify protective factors related to or fostering resilience in children. After discussing individual and family intervention strategies currently in use, they present a practical, proactive, resilience-based model that clinicians may use in a group intervention setting.

Corey, K. L.M. (Ed.) (2018) Risk and Resilience in Human Development: A Special Issue of Research in Human Development. Taylor & Francis.

The three empirical papers in this issue represent strong contributions to the growing corpus of research on risk and resilience in human development.

**Supplementary Sources/Material**

-American Psychological Association: The Road to Resilience

https://www.apa.org/helpcenter/road-resilience

This is a simple guide to understand resilience. It includes strategies to build it.

- A Strengths-Based Perspective

https://www.esd.ca/Programs/Resiliency/Documents/RSL_STRENGTH_BASED_PERSPECTIVE.pdf

This paper explores the recent paradigm shift in mental health, social work, and other helping professions towards embracing a strength-based approach and its implications for the crucial role of care provision and educational practice with children and youth.

**Self-Assessment Exercises/Activities**

**Exercise 7.1**

**Assessed coursework**

Deadline for submission of the first main essay for this course.

"The problem is the problem; the person is not the problem" is a central point to understand from a strengths perspective. Discuss utilising the course material.

Total: 15%

Length 2.000 words

Bibliography: APA style.

European University Cyprus

# School of Humanities, Social and Education Sciences

## Department of Social and Behavioural Sciences

## M.Sc. Child and Adolescent Mental Health

| **PSY MHC652 Child Protection: Working with Risk & Resilience** | **Feedback sheet for Assignment** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 2. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |
| 3. Format, Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 4. Sufficient number of scientific sources, use of relevant References and their proper application | Excellent number of sources. All references are directly relevant to the topic and | Sufficient number of sources. Almost all references are directly | Good number of sources. Some of the references are relevant to the topic and are | More sources could have been used. Much of the references may not be | Limited number of sources used. References are not directly | Insufficient number of sources. References answer a totally | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | throughout the paper (i.e., citations and reference list) | are excellently used. | relevant to the topic and sufficiently used. | reasonably used. | directly relevant to the topic and could have been used more properly. | relevant to the topic and not properly used. | different question to the topic and are inappropriately used. | |
| 5. | Originality of approach | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 6. | Cohesive integration of relevant literature (e.g., choice of materials, creative use, logical and coherent arguments, main points supported by examples, etc.) | All the material is directly relevant to the title. Evidence of extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | Almost all the material is directly relevant to the title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | Some of the material is moderately clear and relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | Important aspects of the material may not be directly relevant to the title. The review is not inclusive and does not develops thoroughly. | The material is not directly relevant to the title. Little evidence of relevant knowledge. | The review does not follows the given instructions or the material deviates from the title. | |
| 7. | Communication of research findings in discussion, ability to draw reasoned conclusions (based on current research findings and literature) and evidence of critical thinking | Excellent communication of results in the discussion which develops excellently throughout the section. Uses evidence to support arguments and conclusions and critical thinking is excellently used. | Very good communication of results in the discussion and evidence to support arguments is well used. Critical thinking is well used. | Results are moderately well communicated in discussion. Some evidence is used to support arguments. Makes some attempt for critical thinking. | Although there is some evidence of communication of results, the discussion is not inclusive and does not develop thoroughly. Limited attempt for critical thinking. | Little evidence of appropriate communication of results in discussion. Assertions without critical concern for evidence. | Unclear communication of results, inappropriate discussion and absence of critical thinking. | |
| 8. | Understanding the Study's limitations and practical implication of results | Excellent understanding of limitations and links between theory, practice, research and their interplay. | Very good understanding of limitations and appropriate links between theory, practice, research and their interplay. | Good understanding of limitations and some appropriate links between theory, practice, research and their interplay. | Presents little concern for the study's limitations and justification of links between theory, practice, research and their interplay. | Limited attempt to understand limitations and makes only limited or inadequately appropriate links between theory, practice, research and their interplay. May present own views of the material without any attempt to properly justify it. | No evidence of the study's limitations and inadequate links between theory, practice, research and their interplay. | |

## General Comments

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|---|---|---|---|
| **Examiner** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

**Recommended number of work hours for the student 25**

## TITLE: Emotional intelligence: Theory and Research

**(8th Week)**

### Summary

What is emotional intelligence EQ and why do some consider it more important than IQ? This week is the introduction of the theory of emotional intelligence. The material provided includes relevant research findings that highlight the significance of emotional intelligence and the consequences when it is underdeveloped. Research has suggested that emotional intelligence is linked to everything from decision-making to academic achievement.

### Introductory Remarks

As Goleman reminds us, emotion is a word rooted in the Latin verb “motere” that is to move, and the prefix e- that suggests moving away, thus proving an inherent capacity of emotions to lead to actions. Emotional intelligence contains amongst others: the ability to motivate oneself, persist in the face of frustrations, control impulse, delay gratification, regulate moods, keep distress from disabling one’s ability to think, empathise and hope. In order to better understand the concept, it breaks down into four main categories. The four main sets of skills are self-awareness, self-regulation, social awareness, and relationship management.

### Aims/Objectives

The aim this week is that students gain in-depth understanding of emotional intelligence and its significance when working with children and/or adolescents. Students by the end of the week should be able to demonstrate an ability to understand the theory and relevant research findings as well as their significance for day-to-day practice.

### Learning Outcomes

Utilise the theory of emotional intelligence when designing interventions with children and young people in prevention.

### Key Words

| | | | | | |
|---|---|---|---|---|---|
| Emotional intelligence | Empathy | Self-awareness. | Self-regulation. | Motivation. | Social skills |

## Annotated Bibliography

### Basic Sources/Material

Goleman, D. (Latest edition) Emotional Intelligence: Why it can matter more than IQ. London: Bloomsbury.

Goleman argues that our view of human intelligence is too narrow and that our emotions play a far greater role in thought, decision-making and individual success than is commonly acknowledged.

### Supplementary Sources/Material

### Self-Assessment Exercises/Activities

### Exercise 8.1

Aristotle's challenge. "Anyone can become angry-that is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way-this is not easy" (Aristotle, The Nicomachean Ethics). Reflect on the aforementioned quote and explain its meaning and significance. Establish links to the theory of emotional intelligence. (Max. length 2 pages)

### Exercise 8.2

Search the university's e-journal database in order to identify and summarise three relevant research papers that demonstrate the significance of emotional intelligence for children and/or young people. (Maximum 3 paragraphs, 350 words/per paper). Upload your summaries and read the ones posted by the rest of the students.

### Recommended number of work hours for the student 15

## TITLE: Emotional Intelligence: Evidence-based practice

**(9th Week)**

### Summary

Research evidence suggests that emotional intelligence can be strengthened and supported in everyone. Such findings have practice implications. People with high IQs usually to do well in school, often have higher earnings, and tend to enjoy better general health. However, nowadays specialists admit it is not the only determinate of success in life.

### Introductory Remarks

According to existing research evidence, “strong emotional memories and the patterns of thought and reaction that they trigger, can change with time” (Goleman, 1996: 207). The relearning, re-education of the emotional brain means, “people can recover from even the direst emotional imprinting” (ibid: 208). Some strategies for teaching emotional intelligence may include offering character education, modelling positive behaviours, encouraging people to think about how others are feeling, and finding ways to be more empathetic toward others.

### Aims/Objectives

This week students identify research evidence in support of a plethora of interventions that enhance emotional intelligence. By the end of the week, they should be able to consider such examples not only when working with children and/or adolescents, but also when designing interventions.

### Learning Outcomes

Utilise the theory of emotional intelligence when designing interventions with children and young people in prevention.

### Key Words

| | | | | | |
|---|---|---|---|---|---|
| Emotional intelligence | Evidence-based practice | Empathy | Trauma | PTSD | Emotional relearning |

## Annotated Bibliography

### Basic Sources/Material

Goleman, D. (Latest edition) Emotional Intelligence: Why it can matter more than IQ. London: Bloomsbury.

Goleman shows precisely how emotional intelligence can be nurtured and strengthened is us all.

### Supplementary Sources/Material

Bar-On, R., Maree, K., Maree, J. G., and Elias, M. J. (2007). Educating People to be Emotionally Intelligent. Greenwood Publishing Group.

Emotional intelligence can be developed by most individuals to increase performance in many areas of life and this book presents a body of evidence that indicates EI skills may improve physical health, as well as mental health.

### Self-Assessment Exercises/Activities

#### Exercise 9.1

Search the university's e-journal database in order to identify and summarise three relevant research papers that demonstrate the results of specific interventions aimed at nurturing the emotional intelligence of children and/or young people. (Maximum 3 paragraphs, 350 words/per paper)

#### Exercise 9.2

Upload your summaries on the course platform to encourage peer learning by reading and commenting on each other's posts.

#### Exercise 9.3

This is a simulation exercise. You will be divided in groups, the instructor will upload scenarios and you will be asked based on your readings to suggest practical ways that professionals working with the children could use to nurture their emotional intelligence.

**Recommended number of work hours for the student 15**

**TITLE: Best practices when working with parents and schools**

**(10th Week)**

## Summary

Families and schools are the first environments where children spend the majority of their time and all interactions and relationships formed within these contexts can affect their emotional intelligence.

## Introductory Remarks

Evidence suggests the children's emotional intelligence can be linked to differing parenting styles and practices. The family and the school are settings within which appropriately designed interventions can increase positive outcomes and minimise harm caused by any adverse childhood experiences.

## Aims/Objectives

The aim of the week is to delve deep into various good practice examples when professionals are working with parents and/or the school. Additionally, to critically analyse relevant research evidence and apply this as suitable when interacting, and/or working with children and/or adolescents in any and every setting.

## Learning Outcomes

- Communicate and discuss factors that enable individuals to overcome adverse childhoods and move on to rewarding lives in adulthood based on research-based knowledge.
- Apply ways of working with children and young people that minimize risk and enhance resilience.
- Utilise the theory of emotional intelligence when designing interventions with children and young people in prevention.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| family | school | Best practices | Prevention | Parenting styles | Strengths-based approach |

## Annotated Bibliography

### Basic Sources/Material

Alegre, A. (2011). Parenting Styles and Children's Emotional Intelligence: What do We Know? The Family Journal, 19(1): 56–62.

Parental responsiveness, parental emotion-related coaching, and parental positive demandingness are related to children's higher emotional intelligence, while parental negative demandingness is related to children's lower emotional intelligence. Additionally, social—emotional intervention programs used in schools have succeeded in improving children's emotional skills. Implications for practitioners are discussed.

Wisner, B.L., Jones, B. and Gwin, D. (2010). School-based Meditation Practices for Adolescents: A Resource for Strengthening Self-Regulation, Emotional Coping, and Self-Esteem. Children & Schools 32(3): 150-159.

This article defines meditation and meditative practices, reviews the literature showing the benefits and challenges of offering meditation to adolescents in a school-based setting, and describes the relevance of these practices for adolescents. It also discusses implications for school social workers, teachers, and school administrators and reflects on the current research and future efforts toward building the research base for the promising practice of meditation in schools.

### Supplementary Sources/Material

-Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders in Adolescences


| Risk Factors | Domains | Protective Factors |
|---|---|---|
| • Female gender<br>• Early puberty<br>• Difficult temperament: inflexibility, low positive | Individual | • Positive physical development<br>• Academic achievement/intellectual development |

| | | |
|---|---|---|
| mood, withdrawal, poor concentration<br>• Low self-esteem, perceived incompetence, negative explanatory and inferential style<br>• Anxiety<br>• Low-level depressive symptoms and dysthymia<br>• Insecure attachment<br>• Poor social skills: communication and problem-solving skills<br>• Extreme need for approval and social support<br>• Low self-esteem<br>• Shyness<br>• Emotional problems in childhood<br>• Conduct disorder<br>• Favorable attitudes toward drugs<br>• Rebelliousness<br>• Early substance use<br>• Antisocial behavior<br>• Head injury<br>• Marijuana use<br>• Childhood exposure to lead or mercury (neurotoxins) | | • High self-esteem<br>• Emotional self-regulation<br>• Good coping skills and problem-solving skills<br>• Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture |
| • Parental depression<br>• Parent-child conflict<br>• Poor parenting | Family | • Family provides structure, limits, rules, monitoring, and predictability<br>• Supportive relationships with family members |

| | | |
|---|---|---|
| • Negative family environment (may include substance abuse in parents)<br>• Child abuse/maltreatment<br>• Single-parent family (for girls only)<br>• Divorce<br>• Marital conflict<br>• Family conflict<br>• Parent with anxiety<br>• Parental/marital conflict<br>• Family conflict (interactions between parents and children and among children)<br>• Parental drug/alcohol use<br>• Parental unemployment<br>• Substance use among parents<br>• Lack of adult supervision<br>• Poor attachment with parents<br>• Family dysfunction<br>• Family member with schizophrenia<br>• Poor parental supervision<br>• Parental depression<br>• Sexual abuse | | • Clear expectations for behavior and values |
| • Peer rejection<br>• Stressful events<br>• Poor academic achievement<br>• Poverty<br>• Community-level stressful or traumatic events<br>• School-level stressful or traumatic events | School, Neighborhood, and Community | • Presence of mentors and support for development of skills and interests<br>• Opportunities for engagement within school and community<br>• Positive norms<br>• Clear expectations for behavior<br>• Physical and psychological safety |

| | | |
|---|---|---|
| • Community violence<br>• School violence<br>• Poverty<br>• Traumatic event<br>• School failure<br>• Low commitment to school<br>• Not college bound<br>• Aggression toward peers<br>• Associating with drug-using peers<br>• Societal/community norms favor alcohol and drug use<br>• Urban setting<br>• Poverty<br>• Associating with deviant peers<br>• Loss of close relationship or friends | | |

Adapted from O'Connell, M. E., Boat, T., & Warner, K. E.. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press; and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. Retrieved from http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

-Risky behaviour in teenagers: how to handle it

https://raisingchildren.net.au/teens/behaviour/behaviour-questions-issues/risky-behaviour

This site presents risky behaviours in teenagers and ways of handling these. It includes a video during which teenagers discuss such issues.

**Self-Assessment Exercises/Activities**

**Exercise 10.1**

Explain to a new parent or parent-to-be in your environment the links between parenting styles and children's emotional intelligence. Request their feedback and reflect on your understanding and performance.

**Exercise 10.2**

Reflect on ways to enhance protective factors listed in the diagram above when working in a school and/or with families. (Max. 2 pages)

**Exercise 10.3**

This is a simulation exercise. You will be divided in groups, the instructor will upload a scenario and you will need to discuss it and based on your readings agree on ways to enhance protective factors. You will then share your suggestions with the other groups.

**Recommended number of work hours for the student 15**

**TITLE: Best practices in alternative care settings: Residential care**

**(11th Week)**

## Summary

An estimated eight million children worldwide live in residential institutions and so-called orphanages. One million of these children are believed to live in the European region. More than 80% of these children are not orphans and have at least one living parent. Around the world, children are placed in institutional care because their parents face extreme poverty; because the children have physical and intellectual disabilities; or because they are from socially excluded groups.

## Introductory Remarks

Over 80 years of research from across the world, has demonstrated that children are likely to suffer significant harm in institutions, where they are often deprived of appropriate parental care. These experiences may result in life-long physical and psychological harm. Studies highlight issues for children in relation to their ability to form secure attachments conducive to healthy development, due to inadequate emotional and physical contact, limited stimulation and interaction as is the case in many, if not all, institutional settings.

## Aims/Objectives

The aim this week is to understand the limitations of institutional care and its adverse effects on children and adolescents. Furthermore, to critically analyse various practices around the world and identify existing evidence of positive instances that have achieved better outcomes for children and young people.

## Learning Outcomes

Critically assess all implications in relation to alternative care settings for children and young people, i.e. adoption, fostering and residential care.

## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Residential care | Deinstitutionalisation | Best practices | Children's rights | EU standards for residential care | Attachment theory |

## Annotated Bibliography

### Basic Sources/Material

Dozier M., Zeanah, C.H., Wallin, A.R., Shauffer, C. (2012). Institutional Care for Young Children: Review of Literature and Policy Implications. Soc Issues Policy Rev. 5; 6(1):1-25.

This article discusses why institutional care is at odds with children's needs, and reviews the empirical evidence regarding the effects of institutional care on young children's development. Finally, it suggests alternatives to institutional care, and makes recommendations for changes.

### Supplementary Sources/Material

Brigid, D. (2003). The Value of Resilience as a Concept for Practice in Residential Settings. Scottish Journal of Residential Child Care 2(1): 6-15.

The author argues that if staff are armed with the evidence base that the concept of resilience presents, they are in a stronger position to make the case for the time and resources to incorporate such approaches into the heart of their work with young people.

Hermenau K., Goessmann K., Rygaard N.P., Landolt M.A., and Hecker T. (2017). Fostering Child Development by Improving Care Quality: A Systematic Review of the Effectiveness of Structural Interventions and Caregiver Trainings in Institutional Care. Trauma Violence Abuse. 18(5):544-561. doi: 10.1177/1524838016641918.

This systematic review sheds light on obstacles and possibilities for the improvement in institutional care.

- Council of Europe/Children’s Rights/Alternative Care

https://www.coe.int/en/web/children/alternative-care

The council of Europe presents pertinent issues and makes recommendations regarding the care of children outside the home. The site also contains various resources.

- Ending institutionalisation and strengthening family and community based care for children in Europe and beyond.

https://www.openingdoors.eu/wp-content/uploads/2018/07/UNICEF_DI_EU_Messaging-FINAL-13.06.18.pdf

This document was developed by UNICEF with funding support from the Oak Foundation, and in broad consultation and partnership with a range of civil society groups, NGOs and networks which are engaged in advocacy, monitoring, and programme guidance around transitioning from institutional care to community- and family-based care. The effort's aim is ambitious, but simple: Influence policymakers in the European Union to strengthen their commitment to assisting governments' transition from institutional care to community-based care in the next Multi-Annual Financial Framework (2021-2027).

**Self-Assessment Exercises/Activities**

**Exercise 11.1**

What research evidence is there to support the EU initiative to end institutionalisation of children mentioned above? Reflect on this and form a personal opinion. (Max. 2 pages long)

**Exercise 11.2**

Going back to Week 2 and Children's rights. Reflect and draw appropriate links to children and/or adolescents in residential care. (Max. 1 page long)

**Recommended number of work hours for the student 15**

**TITLE: Best practices in alternative care settings: Foster care and Adoption**

**(12th Week)**

## Summary

Foster care and adoption are the alternatives to residential care when children or adolescents are unable to live with their biological family. Although there is evidence that suggests these settings can provide better experiences, some concerns remain mainly in relation to poorer outcomes observed when children in care are compared to the general population.

## Introductory Remarks

According to the Psychiatric Times (US):

-almost 50% of children in foster care ages 2 to 14 were diagnosed with a clinically significant mental health issues; -42% of adolescents in foster care have at least one mental health disorder; -a number of adolescents experience two or three disorders. To put that into perspective, that is more than double the one in five rate professionals expect to see in the typical population, based on figures reported by the Child Mind Institute (For more info see https://childmind.org/2015-childrens-mental-health-report/ ).

.According to the NCSL (National Conference of State Legislatures, US), contributing factors for mental illness among these children include a history of exposure to complex trauma, lack of stability, difficult family relationships, and inconsistent access to mental health services. Because children in foster care are more likely to be exposed to these risk factors, they are understandably at a greater risk for developing mental health issues than their peers in the general population. (For more info see: http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx ).

## Aims/Objectives

This week students learn about fostering and adoption. The main aim is to understand established links to mental health issues and identify evidence-based practices that can improve looked after children and young people's outcomes.

## Learning Outcomes

Critically assess all implications in relation to alternative care settings for children and young people, i.e. adoption, fostering and residential care.

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## Key Words

| | | | | | |
|---|---|---|---|---|---|
| Alternative care settings | Foster care | Adoption | Best practices | Looked after children | |

## Annotated Bibliography

### Basic Sources/Material

Richardson, J., & Lelliott, P. (2003). Mental health of looked after children. Advances in Psychiatric Treatment, 9(4): 249-256. doi:10.1192/apt.9.4.249.

This paper discusses the available research and highlights the problems that looked after children face. The new policy initiatives are listed, along with a number of obstacles to be overcome if the care of these young people is to be improved.

Keller, Th. E., Salazar, A. M., Courtney, M.E. (2010). Prevalence and timing of diagnosable mental health, alcohol, and substance use problems among older adolescents in the child welfare system. Children and Youth Services Review, 32(4): 626-634.

This study reports the prevalence of PTSD, major depression, alcohol abuse/dependence and substance abuse/dependence diagnoses assessed with a structured clinical interview protocol in a population-based, multi-state, age cohort of older adolescents about to exit child welfare systems.

### Supplementary Sources/Material

Anthony, R. E., Paine, A. L., & Shelton, K. H. (2019). Adverse Childhood Experiences of Children Adopted from Care: The Importance of Adoptive Parental Warmth for Future Child Adjustment. International journal of environmental research and public health, 16(12), 2212. doi:10.3390/ijerph16122212.

This study profiles the experiences and characteristics of a national sample of adopted children and highlights the potential importance of parent warmth as a factor that ameliorates the impact of ACEs on poor child outcomes.

- The Adoptive Difference: New Evidence on How Adopted Children Perform in School

https://ifstudies.org/blog/the-adoptive-difference-new-evidence-on-how-adopted-children-perform-in-school

There is little question that adopted children are better off than they would be in long-term foster or institutional care. Simultaneously, the survey data reveal the complex challenges adopted children face in overcoming the effects of early stress, deprivation, and the loss of the biological family. It is essential that current and potential adoptive parents be aware of the challenges they may face, as well as the eventual benefits that will accrue to them and the child as a result of the love and resources they provide and the struggles they endure.

## Self-Assessment Exercises/Activities

### Exercise 12.1

Search the university's e-journal database in order to identify and summarise three relevant research papers that demonstrate the results of specific interventions aimed at improving outcomes of children and/or young people in care. (Maximum 3 paragraphs, 350 words/per paper)

### Exercise 12.2

Upload this on the course platform to provide a peer learning opportunity for your fellow students. Read a least two of their posts and upload a short comment per post.

## Recommended number of work hours for the student 15

## TITLE: Children and Young People's Participation

**(13th Week)**

### Summary

When working with children and young people in any and every setting, it is important by law to uphold their rights in general and invite their meaningful participation in all matters the affect their health and wellbeing.

### Introductory Remarks

Children have the right to be heard and have a say in all decisions affecting them, be that at home, in the community, at school or in individual legal and administrative matters. Working in a collaborative way promotes the opportunity for children and young people to be co-producers of services and support rather than solely consumers of those services. Programs and interventions are strengthened when they involve and engage youth as equal partners, eventually providing benefits for both for the program and the involved youth.

### Aims/Objectives

During this week, students will build their understanding on the significance of youth participation. They are expected to analyse the quality of the participation and apply high standards in direct practice as well as when designing and/or evaluating policies and interventions.

### Learning Outcomes

1. Critically discuss the causes and effects of adverse childhood experiences such as child abuse and/or neglect.

2. Communicate and discuss factors that enable individuals to overcome adverse childhoods and move on to rewarding lives in adulthood based on research-based knowledge.

3. Apply ways of working with children and young people that minimize risk and enhance resilience.

4. Understand and utilize children's rights and the legal framework that establishes and protects these.

5. Critically assess all implications in relation to alternative care settings for children and young people, i.e. adoption, fostering and residential care.

6. Utilise the theory of emotional intelligence when designing interventions with children and young people in prevention.

**Key Words**

| | | | | | |
|---|---|---|---|---|---|
| Child protection | Children's rights | Collaborative working | Adverse Childhood experiences | Risk and Resilience | Emotional Intelligence |

**Annotated Bibliography**

**Basic Sources/Material**

- Council of Europe/Children's Rights/Child Participation

https://www.coe.int/en/web/children/participation

The Council's webpage on participation that includes amongst other useful resources an assessment toolkit to measure participation.

-Council of Europe/ Challenges to Children's Rights Today: What do Children Think?

https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680643ded

A desktop study on children's views and priorities to inform the next Council of Europe Strategy for the Rights of the Child.

**Supplementary Sources/Material**

-WHO/ Adolescent Mental Health in the European Region

http://www.euro.who.int/__data/assets/pdf_file/0005/383891/adolescent-mh-fs-eng.pdf?ua=1

WHO Regional Office for Europe: Factsheet for World Mental Health Day 2018 that contains statistics concerning adolescents' mental health.

-Positive Youth Development

https://youth.gov/youth-topics/positive-youth-development

The site presents positive youth development and offers access to useful resources.

**Self-Assessment Exercises/Activities**

**Assessed Activities**

**Exercise 13.1**

Deadline for submission of the second main essay for this course.

Positive Experiences + Positive Relationships + Positive Environments = Positive Youth Development. Discuss utilising the course material.

Total: 15%

Length 2.000 words

Bibliography: APA style.

European University Cyprus

## School of Humanities, Social and Education Sciences

### Department of Social and Behavioural Sciences

### M.Sc. Child and Adolescent Mental Health

| **PSY MHC652 Child Protection: Working with Risk & Resilience** | **Feedback sheet for Assignment** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 9. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 10. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11. Format, Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 12. Sufficient number of scientific sources, use of relevant References and their proper application throughout the paper (i.e., citations and reference list) | Excellent number of sources. All references are directly relevant to the topic and are excellently used. | Sufficient number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number of sources. Some of the references are relevant to the topic and are reasonably used. | More sources could have been used. Much of the references may not be directly relevant to the topic and could have been used more properly. | Limited number of sources used. References are not directly relevant to the topic and not properly used. | Insufficient number of sources. References answer a totally different question to the topic and are inappropriately used. | |
| 13. Originality of approach | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 14. Cohesive integration of relevant literature (e.g., choice of material, creative use, logical and coherent arguments, main points supported by examples, etc.) | All the material is directly relevant to the title. Evidence of extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | Almost all the material is directly relevant to the title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | Some of the material is moderately clear and relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | Important aspects of the material may not be directly relevant to the title. The review is not inclusive and does not develops thoroughly. | The material is not directly relevant to the title. Little evidence of relevant knowledge. | The review does not follows the given instructions or the material deviates from the title. | |
| 15. Communication of research findings in discussion, ability to draw reasoned conclusions (based on current research findings and literature) and evidence of critical thinking | Excellent communication of results in the discussion which develops excellently throughout the section. Uses evidence to support arguments and conclusions and critical thinking is excellently used. | Very good communication of results in the discussion and evidence to support arguments is well used. Critical thinking is well used. | Results are moderately well communicated in discussion. Some evidence is used to support arguments. Makes some attempt for critical thinking. | Although there is some evidence of communication of results, the discussion is not inclusive and does not develop thoroughly. Limited attempt for critical thinking. | Little evidence of appropriate communication of results in discussion. Assertions without critical concern for evidence. | Unclear communication of results, inappropriate discussion and absence of critical thinking. | |
| 16. Understanding the Study's limitations and practical implication of results | Excellent understanding of limitations and links between theory, practice, research and their interplay. | Very good understanding of limitations and appropriate links between theory, practice, research and their interplay. | Good understanding of limitations and some appropriate links between theory, practice, research and their interplay. | Presents little concern for the study's limitations and justification of links between theory, practice, research and their interplay. | Limited attempt to understand limitations and makes only limited or inadequately appropriate links between theory, practice, research and their interplay. May present own views of the material without any | No evidence of the study's limitations and inadequate links between theory, practice, research and their interplay. | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | attempt to properly justify it. | | |

## General Comments

| | | | |
|---|---|---|---|
| | | | |
| **Examiner** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

### Exercise 13.2

Identify a good practice example involving the meaningful participation of children and/or young people and share it with your fellow students in a manner that highlights all significant aspects. Explain why you chose the specific example and how it fits the description. (Length max. 1 page) Share your chosen example with your fellow students on the course platform and comment on at least two of the rest of the shared examples.

Exercise 13.2 will be marked 10%. (5% for your example, 5% for your commentary on others' posts.)

**Recommended number of work hours for the student 25**

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not.

**TITLE:**

**FINAL EXAM**

**(14th week)**

**Recommended number of work hours for the student**

Approximately 50 hours.

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

### Title: Introduction to Child Protection: Working with Risk & Resilience

### (1st Week)

**Exercise 1.1**

Students are asked to write a short report (Max. 2 pages long) that contains a critical reflection on their understanding of child protection and the reality for children in their country of origin. They are also invited to comment on the importance culture can play in such matters (e.g. views of childhood, encouraged practices, etc.). This course work will be uploaded on the platform to inform fellow students and promote peer learning. Learners will need to search for statistics and other scientific data on child protection and provide a picture of the existing situation.

**Exercise 1.2**

This exercise also supports peer learning, practices giving and receiving feedback and encourages class participation. After reading their fellow students' posts, they are encouraged to upload minimum two comments. Feedback should ideally highlight positive aspects but also identify any weakness. It could also address the need for more information to be made available.

**EXERCISES 1.1 AND 1.2 WILL BE MARKED 10% (5% EACH).**

### Title: Children's Rights and the Legal framework

### (2nd Week)

**Exercise 2.1**

Invites students to discuss children's rights and their importance for protection with a focus on their respective country of origin. Once again, any cultural or other obstacles to promoting and upholding rights are to be identified and shared.

**Exercise 2.2**

Students are expected to critically reflect on their own and other professionals' practice with children and/or adolescents in regards to applying a rights' perspective. If not in direct practice, learners can choose a relevant policy document or existing programme to critically reflect on. This way students are encouraged to practice adopting a rights' perspective.

## Title: Interdisciplinary and interagency working to protect children

## (3rd Week)

### Exercise 3.1

Students are required to demonstrate an understanding of the challenges of collaboration for different professionals and suggest ways of overcoming these. This is an opportunity to review and summarise the main points of the key readings of the week. These points could be noted down as bullet points.

### Exercise 3.2

Students are required to demonstrate an understanding of the challenges of collaboration between various agencies and suggest ways of overcoming these. This is an opportunity to review and summarise the main points of the key readings of the week. These points could be noted down as bullet points.

## Title: Adverse Childhood Experiences: Theory and Research

## (4th Week)

### Exercise 4.1

Students need to explain the ACEs theory to someone else in their environment. Invite feedback and check understanding. This is an opportunity to check their understanding of the new concepts introduced during the week by attempting to explain these to someone else.

### Exercise 4.2

This exercise requires students to answer about the impact of ACEs on health and wellbeing through the lifespan. A diagram is provided to guide the process. Relevant research indicates that early exposure to adverse experiences can have consequences through the lifespan. Additionally, the accumulation of such experiences can have even greater deleterious effects.

## Title: Overcoming Adverse Childhood Experiences: Evidence-based practice

## (5th Week)

### Exercise 5.1

Students are invited to Interview or review the biography of a person who has overcome ACEs. The main purpose of the exercise is to have a chance to relate the theory to a real life case example and in the process highlight both stressors and resources.

**Exercise 5.2**

Having studied this week's material, students are encouraged to assess practical applications of the theory and through the process review their own practice. If not in direct practice, they can think of the role of any professional working with children and/or adolescents (e.g. a teacher, a coach, a nurse, a psychologist, a social worker, etc.) so as to make useful recommendations in order to better equip children and/or young people to overcome adverse childhood experiences. The recommendations could be listed as bullet points.

**Title: Risk and Resilience: Theory and Research**

**(6th Week)**

**Exercise 6.1**

Students are asked to explain the concepts of risk and resilience to someone in their own environment. Request feedback and critically evaluate their understanding and performance. This is an opportunity to check comprehension.

**Exercise 6.2**

This exercise invites students to identify research evidence and describe essential links between resilience and children and adolescents' mental health. It is a chance to consciously associate the theory of resilience with mental health issues.

**Title: Risk and Resilience: Evidence-based practice**

**(7th Week)**

**Exercise 7.1**

**Assessed coursework therefore indicative answers are not provided.**

Deadline for submission of the first main essay for this course.

"The problem is the problem; the person is not the problem" is a central point to understand from a strengths perspective. Discuss utilising the course material.

Total: 15%

Length 2.000 words

Bibliography: APA style.

Students are required to critically reflect on the deficit cycle and the strength-based perspective and in the process utilise the relevant literature.

## Title: Emotional intelligence: Theory and Research

## (8th Week)

### Exercise 8.1

Aristotle's challenge is an opportunity for reflection on the aforementioned quote in order to explain its meaning and significance by making the connections to the theory of emotional intelligence. How does knowing the theory help us make sense of Aristotle's quote?

### Exercise 8.2

Students are invited to search the university's e-journal databases in order to identify and summarise three relevant research papers that demonstrate the significance of emotional intelligence for children and/or young people. (Maximum 3 paragraphs, 350 words/per paper). This exercise allows them to explore the literature beyond what is already provided thus enriching their experience and learning from each other by uploading and reading the relevant posts. It will enhance class participation.

## Title: Emotional intelligence: Evidence-base practice

## (9th Week)

### Exercise 9.1

Students are required to search the university's e-journal database in order to identify and summarise three relevant research papers that demonstrate the results of specific interventions aimed at nurturing the emotional intelligence of children and/or young people. (Maximum 3 paragraphs, 350 words/per paper). The aim is to offer exposure to the literature beyond what is offered within the study guide and practice searching and summarising.

### Exercise 9.2

This exercise is connected to the previous one as it requests that summaries are uploaded on the course platform to encourage peer learning by reading and commenting on each other's posts. The aim is to enhance class participation and practice skills related to giving and receiving feedback.

## Title: Best practices when working with parents and schools

## (10th Week)

### Exercise 10.1

This exercise invites students to explain to a new parent or parent-to-be in their environment the associations between parenting styles and children's emotional intelligence. Request feedback and reflect on understanding and performance. This is an opportunity to test themselves and recognise any shortcomings in order to address them in time.

**Exercise 10.2**

This is a chance to reflect on ways to enhance protective factors listed in the diagram provided when working in a school and/or with families thus, applying theory to practice.

## Title: Best practices in alternative care settings: Residential care

## (11th Week)

**Exercise 11.1**

This is an opportunity to understand the evidence that is there to support the EU initiative to end institutionalisation of children. Reflect and form an informed personal opinion based on existing research.

**Exercise 11.2**

Going back to Week 2 and Children's rights. This reflection exercise connects week 2 with week 11. Students draw appropriately links to children and/or adolescents in residential care. The aim is to further enhance the rights' perspective.

## Title: Best practices in alternative care settings: Foster care and Adoption

## (12th Week)

**Exercise 12.1**

Another search on the university's e-journal database in order to identify and summarise three relevant research papers that demonstrate the results of specific interventions aimed at improving outcomes of children and/or young people in care. (Maximum 3 paragraphs, 350 words/per paper) This is an additional opportunity to enrich the learning experience by making students co-producers of the course material and enhancing peer learning.

**Exercise 12.2**

This exercise is a follow up from the previous one as students are invited to upload their summaries on the course platform to provide a peer learning opportunity for their fellow students. Read a least two other posts and upload a short comment per post.

## Title: Children and Young People's Participation

## (13th Week)

### Exercise 13.1

**Assessed coursework therefore indicative answers are not provided.**

Deadline for submission of the second main essay for this course.

Positive Experiences + Positive Relationships + Positive Environments = Positive Youth Development. Discuss utilising the course material.

Total: 20%

Length 2.000 words

Bibliography: APA style.

Students are required to critically reflect on the positive youth development material and in the process utilise the relevant literature to link this to the rest of the theories introduced as part of this course.

### Exercise 13.2

Students are asked to identify a good practice example involving the meaningful participation of children and/or young people and share it with their fellow students in a manner that highlights all significant aspects. Explain why they chose the specific example and how it fits the description. Share the chosen example with fellow students on the course platform.

Exercise 13.2 will be marked 10%. (5% for your example and 5% for your comments on other posts.)

This is yet another opportunity to promote student interaction and peer learning.

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

# COURSE: MHC 654- Special Topics in Child and Adolescent Mental Health

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC654** | **Special Topics in Child and Adolescent Mental Health** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) ☒ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory ☐ | Elective ☒ | |
| **Number of Teleconferences** | Total: Up to 6 | Face to Face: - | Web based Teleconferences: Up to 6 |
| **Number of Assignments** | 13 self-assessment exercises from which<br>2 will be graded 10% (5 % each)<br>1 assignment (20%)<br>1 project (either a group project or independent work) (20%)<br>TOTAL 50 % | | |
| **Assessment** | Assignments | Final Examination | |
| | 50 % | 50 % | |
| **Number of ECTS Credits** | 10 | | |

| | |
|---|---|
| Study Guide drafted by: | Dr Eleonora Papaleontiou - Louca |
| Editing and Final Approval of Study Guide by: | Dr. Monica Shiakou |

**CONTENTS**

## 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

**Programme Presentation**

**1. Program's purpose and objectives:**

The MSc in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. The course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.

**Objectives:**

The general objectives of the Postgraduate Program in Child and Adolescent Mental Health are to:

1. Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
2. Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
3. Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
4. Prepare students for future Doctoral studies

The programme aims to:

1. Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
2. Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.
3. Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.
4. Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working
5. Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.
6. Provide skills, knowledge and awareness of child and adolescent psychological development.

## Presentation of the Course through the Study Guide

This Study Guide of the course titled "**Special Topics in Child and Adolescent Mental Health** (MHC600)" is the result of a systematic study and assessment of the relevant bibliography and is reviewed and complemented yearly based on the changes made to the educational material posted on the platform. The course of "Child Development in Practice" is offered in the 1st year of studies and is a major requirement.
The course aims to provide learners and faculty with the space necessary to explore thoroughly a particular topic of Child and Adolescent Mental Health. The topic may be one that is studied to a limited extent, or not covered at all in other courses of the program curriculum. It may derive from any field of Mental Health courses, such as Child Development in Practice, Developmental Psychopathology, Interventions in Child and Adolescent Mental Health, Family, Societal and Cultural influences in child and adolescent mental well being. Learners will be examined on this particular topic and will produce research work of a postgraduate level.

### Aims and objectives

- Acquire expertise in specialized topics in Child and Adolescent Mental Health or subfield.
- Carry out an in-depth investigation into one area of Child and Adolescent Mental Health.
- Produce research work of an advanced master's level on a topic in Child and Adolescent Mental Health.

### Recommended student work time

Approximately 5 hours (including the study of the Guide)

This course is an open-topic seminar designed to allow faculty with specializations to provide students with a focused, in-depth survey of particular themes or field in Child and Adolescent Mental Health. For this reason, the title, summary, introductory remarks, aims/ objectives, bibliography and other necessary information in the weeks below will depend on the selected topic in Child and Adolescent Mental Health

**TITLE:**

**(1st Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities (ungraded)**

**Exercise 1.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(2nd Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

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**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 2.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(3rd Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 3.1**

**Recommended number of work hours for the student:**

**TITLE:**

**. (4th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

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**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

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**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**
**Exercise 4.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(5th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

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**Learning Outcomes**

By the end of the week, students are expected to be able to

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**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 5.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(6th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

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**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 6.1**

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**Recommended number of work hours for the student:**

**TITLE:**

**(7th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 7.1**

**Recommended number of work hours for students:**

**TITLE:**

**(8th Week)**

**Summary**

**Introductory Remarks**

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**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

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**Self-Assessment Exercises/Activities**

**Exercise 8.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(9th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 9.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(10th Week)**

**Summary**

**Introductory Remarks**

**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 10.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(11th Week)**

**Summary**

**Introductory Remarks**

**Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 11.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(12th Week)**

**Summary**

**Introductory Remarks**

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**Aims/Objectives**

**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

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**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 12.1**

**Recommended number of work hours for the student:**

**TITLE:**

**(13th Week)**

**Summary**

**Introductory Remarks**

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**Aims/Objectives**

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**Learning Outcomes**

By the end of the week, students are expected to be able to

**Key Words**

**Annotated Bibliography**

**Basic Sources/Material**

**Supplementary Sources/Material**

**Self-Assessment Exercises/Activities**

**Exercise 13.1**.

**Recommended number of work hours for the student:**

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

During this final teleconference, students are informed about the format of the final exam (e.g. multiple-choice questions, short or long answers, case studies, etc.) and if the exam will be open-book or not.

**TITLE: FINAL EXAM**

**(14th week)**

**Recommended number of work hours for the student**

Approximately 30 hours.

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

**Title:**

**1st Week)**

**Exercise 1.1**

. **Title:**

**(2nd Week)**

**Exercise 1.1**

**Title:**

**(3rd Week)**

**Exercise 1.1**

**Title:**

**(4th Week)**

**Exercise 1.1**

**Title:**

**(5th Week)**

**Exercise 1.1**

**Title:**

**(6th Week)**

**Exercise 1.1**

.

**Title:**

**(7th Week)**

**Exercise 1.1** .

**Title:**

**(8th Week)**

**Exercise 1.1.**

**TITLE:**

**(9th Week)**

**Exercise 1.1**.

**Title:**

**(10th Week)**

**Exercise 1.1.**

**TITLE:**

**(11th Week)**

**Exercise 1.1.**

**TITLE:**

**(12th Week)**

**Exercise 1.1.**

**TITLE:**

**(13th Week)**

**Exercise 1.1.**

European University Cyprus

# School of Humanities, Social and Education Sciences

## Department of Social and Behavioural Sciences

## M.Sc. Child and Adolescent Mental Health

## RUBRIC FOR ASSIGNMENT EVALUATION:

| **MHC654** | **Feedback sheet for Assignment** | | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Registration number** | | | | | | | |
| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
| 1. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 2. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |
| 3. Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 4. Sufficient number of scientific sources, use of relevant References and Quotations and their proper application throughout the paper (i.e., citations and reference list) | Excellent number of sources. All references are directly relevant to the topic and are excellently used. | Sufficient number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number of sources. Some of the references are relevant to the topic and are reasonably used. | More sources could have been used. Much of the references may not be directly relevant to the topic and could have been used more properly. | Limited number of sources used. References are not directly relevant to the topic and not properly used. | Insufficient number of sources. References answer a totally different question to the topic and are inappropriately used. | |
| 5. Originality of the topic | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 6. Cohesive integration of relevant Literature review (e.g., creative use of | All the material is directly relevant to the title. | Almost all the material is directly | Some of the material is moderately | Important aspects of the material may | The material is not directly relevant to the | The review does not follows the | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| materials, logical and coherent arguments, main points supported by examples, etc.) | Evidence of extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | relevant to the title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | clear and relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | not be directly relevant to the title. The review is not inclusive and does not develops thoroughly. | title. Little evidence of relevant knowledge. | given instructions or the material deviates from the title. | |
| 7. Understanding of methodological issues (i.e., enough information provided concerning participants, detailed procedure, clear design, efficient presentation of instruments and Ethical issues reported) | Excellent understanding and presentation of all methodological issues. | Very good understanding and presentation of most methodological issues. | Good understanding and presentation of methodological issues but few omissions observed. | Moderately sufficient understanding and presentation of methodological issues. Several omissions observed. | Only limited understanding of methodological issues with important number omissions observed. | Insufficient understanding and presentation of methodological issues. | |
| 8. Accurate implementation of analysis and interpretation of results findings in discussion, ability to draw reasoned conclusions (based on current research findings and literature) and evidence of critical thinking. | Accurate interpretation of results. Excellent communication of results in the discussion which develops excellently throughout the section. Uses evidence to support arguments and conclusions and critical thinking is excellently used | Very good interpretation and communication of results in the discussion and evidence to support arguments is well used. Critical thinking is well used. | Mostly accurate analysis and/or interpretation of results. Results are moderately well communicated in discussion. Some evidence is used to support arguments. Makes some attempt for critical thinking | Some mistakes in interpretation of results. Although there is some evidence of communication of results, the discussion is not inclusive and does not develop thoroughly. Limited attempt for critical thinking. | Major mistakes in analysis and/or interpretation of results. Little evidence of appropriate communication of results in discussion. Assertions without critical concern for evidence. | Insufficient analysis and interpretation of results. Unclear communication of results, inappropriate discussion and absence of critical thinking. | |
| 9. Understanding the Study's limitations and practical implication of results | Excellent understanding of limitations and links between theory, practice, research and their interplay. | Very good understanding of limitations and appropriate links between theory, practice, research and their interplay. | Good understanding of limitations and some appropriate links between theory, practice, research and their interplay. | Presents little concern for the study's limitations and justification of links between theory, practice, research and their interplay. | Limited attempt to understand limitations and makes only limited or inadequately appropriate links between theory, practice, research and their interplay. May present own views of the material without any attempt to properly justify it. | No evidence of the study's limitations and inadequate links between theory, practice, research and their interplay. | |

| | | | | | | | |
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| 10. Proposal of new, related studies based on literature and research findings so far. | Excellent proposal of new, related studies based on literature and research findings so far. | Very good suggestions for new, related studies based on literature and research findings so far. | Good suggestions for new, related studies based on literature and research findings so far. | Sufficient suggestions for new, related studies based on literature and research findings so far. | Not very relevant suggestions for new, related studies based on literature and research findings so far. | Failure / lack of any suggestions for further investigations for the topic under study. | |

## General Comments

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| | | | |
| **Examiner** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| **Date** | | | |

THE CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION

European University Cyprus

**FORM: 200.1.3**

# STUDY GUIDE

## COURSE: MHC660- Master Thesis II: Analysis and Presentation

## Course Information

| | | | |
|---|---|---|---|
| **Institution** | **European University Cyprus** | | |
| **Programme of Study** | **Child and Adolescent Mental Health (Master)** | | |
| **Course** | **MHC660** | **Master Thesis II: Analysis and Presentation** | |
| **Level** | Undergraduate ☐ | Postgraduate (Master) √ | |
| **Language of Instruction** | English | | |
| **Course Type** | Compulsory √ | Elective ☐ | |
| **Number of Teleconferences** | Total: Up to 6 | Face to Face: - | Web based Teleconferences: Up to 6 |
| **Number of Assignments** | **2** | | |
| **Assessment** | Written Report | Oral Presentation | |
| | 80 % | 20 % | |
| **Number of ECTS Credits** | **20** | | |

| | |
|---|---|
| Study Guide drafted by: | Dr Panagiotis Parpottas |
| Editing and Final Approval of Study Guide by: | Dr Monica Shiakou |

**CONTENTS**

## 1ST TELECONFERENCE/GROUP CONSULTATION MEETING: INTRODUCTION

**Program's purpose and objectives:**

The MSc in Child and Adolescent Mental Health is a flexible programme aimed at all professionals working or wishing to work with children, adolescents and their families. It aims to prepare a specialist research-focused workforce that will help revolutionise mental health care to better meet society's changing demographic health needs through new innovative and creative working practices. The course offers a strong focus on the role of early intervention as a preventative measure, along with protecting and promoting lifelong mental health and wellbeing through the critical exploration of evidence-based literature and research.

**Objectives:**

The general objectives of the Postgraduate Program in Child and Adolescent Mental Health are to:

1. Offer postgraduate studies in Child and Adolescent Mental Health in a program of high academic standards
2. Equip students with appropriate skills for analytical and critical thinking in the field of Child and Adolescent Mental Health
3. Develop the understanding of knowledge and application of research methods and statistics in the field of Child and Adolescent Mental Health
4. Prepare students for future Doctoral studies

**The programme aims to:**

1. Provide knowledge in health and social care and in the more specific field of child and adolescent mental health.
2. Develop the students' ability to exercise initiative and personal responsibility, decision making in complex and unpredictable situations.
3. Actively engage students in addressing the priorities for promoting and protecting child and adolescent mental health and wellbeing.
4. Provide in-depth knowledge of the changing nature of local and national policy, the scope for innovation and the practice of integrated working
5. Develop the skills and creativity to become an evidence-based, research-focused leader and change agent in child and adolescent mental health practice.
6. Provide skills, knowledge and awareness of child and adolescent psychological development.

**Presentation of the Course through the Study Guide**

- **Short description**

To provide the support and guidance for the candidate to implement the research design and complete a high quality research project in the field of Child and Adolescent Mental Health.

- **Objectives**

Upon successful completion of this course students should be able to:

- Complete the design of their Master Thesis
- Complete the data collection
- Analyze the data
- Interpret the statistical findings
- Complete the discussion section of their Master Thesis
- Orally present the Thesis to the Thesis Evaluation Committee

After a student successfully passes the Thesis I Course, they will be able to register for Thesis II in the following semester. For Thesis II, up to 12 hours of seminars will be delivered by the Thesis II Course Instructor. From this point and until the final submission to the Thesis Evaluation Committee (TEC), the supervisor is fully responsible for the student's progress.

This course is the second part of the master thesis project and the candidate is required to complete all the final steps required in order to execute a high quality research project in the field of Child and Adolescent Mental Health. The student should be able to utilize all the knowledge acquired from previous course work and with their supervisor's guidance to complete their Thesis. The Thesis must follow the Publication Manual of the American Psychological Association, Sixth Edition.

**Students' Assessment in the course**

- Students can attend 12 hours of seminars (four teleconferences). Participation is imperative.
- The Thesis written work is evaluated by the Thesis Evaluation Committee and counts for *80 marks* of the course Thesis II and also feedback is provided.
- The Oral Presentation is evaluated by the Thesis Evaluation Committee and counts for *20 marks* of the course Thesis II and also feedback is provided.

**Note 1**: Students must submit their Thesis **as a word document on the Platform** three weeks before the end of Semester and the Thesis II Course Instructor will announce to each student the exact date of their oral examination.

**Note 2**: The Thesis Evaluation Committee is consisted by a two-member committee:

- (i) The student's supervisor,
- (ii) A Psychology faculty member or a Scientific Collaborator or an external examiner

**Note 3**: Decisions of the Thesis Evaluation Committee:

After the oral presentation, the committee will decide if the Thesis is being accepted or rejected (Appendix 6). The committee's decision is considered as final and may be one of the following:

- **Accepted** with no corrections.
- **Accepted** with minor corrections under the scrutiny of the supervisor in a specific time frame.

- **Accepted** with a number of corrections under the scrutiny of the supervisor in a specific time frame.
- **Rejected**. Major corrections may be proposed and Thesis will be resubmitted and reassessed by the same or a different committee.

**Supervisor's role**

After the student is officially informed of their supervisor approval, they can schedule meetings until completing their Thesis. The student can provide two official written drafts of their Thesis to their supervisor for feedback in each semester, before officially submitting their Thesis for Final evaluation and grading.

The final Thesis includes the following sections:

1. **Introduction:** This section, initially begins with the research question explaining why it is interesting and later with a literature review of theory, findings of previous research and other articles on the topic. Finally, the aims, the research questions or hypotheses and the rationale of the thesis must be analysed.
2. **Methodology:** Presentation of the methodology and of the process that has been followed in order to accomplish the research in such way that is possible to evaluate the reliability and validity of results.
3. **Results/Findings:** Presentation of the data analysis, results and basic findings.
4. **Discussion & Conclusion:** The discussion, consists of the assessment and interpretation of the results in the light of the project's aim, research questions or hypotheses and the theoretical background. In addition, the study's limitations are considered and finally conclusions are outlined.
5. **References:** Follow the APA guidelines in documenting sources and producing a reference list.
6. **Appendices:** The Thesis may include appendices to explain or describe tables, questionnaires, etc.

**The Thesis must be typed in double space and its length is 15-20,000 words**

**Recommended student work time**

Approximately 5 hours (including the study of the Guide)

**TITLE:**

**First Seminar: Review of Bioethics decision and Thesis first part (2nd teleconference/lecture)**

**(1st Week)**

## Summary/Introductory Remarks

Students can participate in this second teleconference/lecture which includes a review of their Bioethics decision. The session will also include a review of the first part of their thesis which was submitted in the previous semester.

## Aims/Objectives

The aim of this lecture is to review the bioethics decision and the first part of their thesis so that they will be able to continue with the second part of their thesis.

## Learning Outcomes

After the first week the students will be able to:

- Understand how to continue from the first part of their thesis to the second and final part
- Resolve all bioethical issues so as to be able to continue with the collection of their data
- Be in continuous cooperation with their supervisors
- Recognize the steps in writing and completing their thesis which are:

**A΄. Preliminary information**

- Cover page (Appendix 1)
- Title page (Appendix 2 **only when submitting the soft copy**. When the thesis has been evaluated by the committee and the student will submit the cd to the School secretary, the title page should look like Appendix 1)
- Acceptance statement (Appendix 3 **only when the thesis has been evaluated by the committee and the student will submit the cd to the School secretary**)
- Assessment and evaluation of thesis (Appendix 4 **only when the thesis has been evaluated by the committee and the student will submit the cd to the School secretary**)
- Statement of copyright and originality (Appendix 5)
- Contents
- List of Tables (if necessary)
- List of graphs (if necessary)
- Acknowledgments (optional)

**B΄. Main body** (15.000-20.000 words)

- Abstract: 150-200 words
- Literature review
- Methods section
- Results section
- Discussion
- Conclusions

**C΄.** -References
-Appendices (if they exist)

**Key Words**

| | | |
|---|---|---|
| Review | Second part of the thesis | Supervision |

**Annotated Bibliography**

**Basic Sources/Material**

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 (Reflective non-assessed exercise):** Provide a critique of your thesis first part and consider what changes you may need to discuss with your supervisor. There is no word-limit and this exercise must be completed by the 10$^{th}$ week.

**Recommended number of work hours for the student**

10-20 hours

**TITLE:**

**Independent study and Supervision**

**(2nd Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(3rd Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(4th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(5th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(6th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(7th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(8th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Independent study and Supervision**

**(9th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis and receive supervision by their supervisor.

## Aims/Objectives

The aim of this week is to enable students to work on the final part of their thesis and complete all the necessary sections such as the results, discussion, limitations, implications and future research, conclusions and also make amendments to the literature review and methodology before officially submit their work on the platform.

## Learning Outcomes

After this week, students should be able to:

- Comprehend the structure of the second part of their thesis
- Work on the thesis sections: results, discussion, limitations, implications and future research, conclusions
- Make the necessary amendments to the literature review and methodology
- Receive supervision

## Key Words

| | | |
|---|---|---|
| Second part of the thesis | Amendments | Supervision |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

**Supplementary Sources/Material**

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 1.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Second Seminar: Preparation for Submitting your Thesis (3rd teleconference)**

**(10th Week)**

## Summary/Introductory Remarks

During this week, students can participate in the third teleconference as information on submitting their thesis will be presented.

## Aims/Objectives

The aim of this week is to motivate students complete their thesis and officially submit their work on the platform.

## Learning Outcomes

After the 10th week, students should be able to:

- Understand what is needed for the final submission of their thesis
- Complete writing the their thesis and receive supervision before submitting it
- Submit their final Thesis **as a word document on the Platform** on Sunday of the 11th week before midnight.

## Key Words

| | |
|---|---|
| Completing the thesis | Submission of final Thesis |

## Annotated Bibliography

## Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on understanding how to write and complete the first part of the thesis.

**Supplementary Sources/Material**

- Notes provided by the instructor
- Scientific articles and books relevant to their research topic.

The aim of these materials focuses on understanding how to write and complete the first part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 10.1 (Non-assessed Activity)**: Create a check list of the requirements for submitting your final thesis and schedule a meeting with your supervisor to discuss it. The meeting must take place during the beginning of the 11$^{th}$ week.

**Recommended number of work hours for the student**

20 hours

**TITLE:**

**Independent study, Supervision and Thesis Submission**

**(11th Week)**

## Summary/Introductory Remarks

During this week, students must work independently to complete their thesis, receive final supervision by their supervisor and submit their thesis.

## Aims/Objectives

The aim of this week is to enable students to complete their thesis and submit their work on the platform by Sunday of the 11th week before midnight.

## Learning Outcomes

After this week, students should be able to:

- Make the necessary final amendments to the thesis
- Receive final supervision
- Submit their thesis

## Key Words

| | | |
|---|---|---|
| Final amendments | Supervision | Final Thesis Submission |

## Annotated Bibliography

### Basic Sources/Material

1. Howitt, D., & Cramer, D. (2011). Introduction to Research Methods in Psychology. Third Edition. London: Pearson.

2. American Psychological Association. (2009). Publication Manual of the American Psychological Association, Sixth Edition. Washington, DC: APA.

The aim of these materials focuses on writing the final part of the thesis. Several chapters from the book are used accordingly and will be announced to students during the lecture.

### Supplementary Sources/Material

- Specific books and articles will be recommended by the student's supervisor. The student must follow the Thesis Guide.

The aim of these materials focuses on writing the final part of the thesis.

**Self-Assessment Exercises/Activities**

**Exercise 10.1 continues this week**.

**Recommended number of work hours for the student**

10 hours

**TITLE:**

**Third Seminar: Preparation in Presenting your Thesis for Oral Examination (4th teleconference)**

**(12th Week)**

## Summary/Introductory Remarks

During this week, students will be prepared on the basic skills of oral presentation to enable them defend their thesis to the TEC.

## Aims/Objectives

The aim of this week is to provide to students the basic skills of oral presentation in order to help them comprehend and prepare for the oral thesis examination.

## Learning Outcomes

After the 12th week, students should be able to:

- Meet the assessment criteria for a thesis oral examination
- Comprehend the basic skills for oral presentations
- Prepare a power-point of their thesis presentation
- Gain confidence in presenting their thesis in the TEC

## Key Words

| | | | |
|---|---|---|---|
| Oral Examination | Skills for oral presentation | Power-point presentation | TEC |

## Annotated Bibliography

## Basic Sources/Material

- Notes provided by the instructor

The aim of these materials focuses on preparing students to create a power-point presentation and gain the skills to orally present it to the TEC.

## Self-Assessment Exercises/Activities

**Exercise 12.1 (Reflective non-assessed exercise)**: Create a list which must reflect your pros and cons concerning your oral presentation skills. Reflect further upon the difficulties which may hinder your presentation and think of ways to overcome them. The word-limit for this exercise is 500 words.

**Exercise 12.2 (Assessed exercise)**: Create a power-point presentation of your thesis based on the instructions you received in this week's teleconference.

**Recommended number of work hours for the student**

20 hours.

## Independent study and Supervision

**(13th Week)**

### Summary/Introductory Remarks

During this week, students must work independently to create their oral presentation and receive final supervision before they are orally examined their thesis.

### Aims/Objectives

The aim of this week is to enable students to complete their oral presentation and be prepared for the oral examination with the TEC.

### Learning Outcomes

After this week, students should be able to:

- Complete their oral presentation
- Receive final supervision
- Prepared for the oral examination with the TEC

### Key Words

| | | |
|---|---|---|
| Oral presentation | Final Supervision | Oral examination |

### Annotated Bibliography

- Notes provided by the instructor

The aim of these materials focuses on preparing students to create a power-point presentation and gain the skills to orally present it to the TEC.

### Self-Assessment Exercises/Activities

Exercises 12.1 and 12.2 continue this week.

### Recommended number of work hours for the student

20 hours

## FINAL TELECONFERENCE/GROUP CONSULTATION MEETING

**(13th Week)**

During this final teleconference, students are presented with the final information about their examination and will have the opportunity to ask any questions they may need concerning this.

**TITLE:**

**Thesis Oral Examination**

**(14th Week)**

**The Thesis Evaluation Committee is consisted by a two-member committee:**

- (i) The student's supervisor,
- (ii) A Psychology faculty member or a Scientific Collaborator or an external examiner

**Decisions of the Thesis Evaluation Committee:**

After the oral presentation, the committee will decide if the Thesis is being accepted or rejected (Appendix 6). The committee's decision is considered as final and may be one of the following:

- **Accepted** with no corrections.
- **Accepted** with minor corrections under the scrutiny of the supervisor in a specific time frame.
- **Accepted** with a number of corrections under the scrutiny of the supervisor in a specific time frame.
- **Rejected**. Major corrections may be proposed and Thesis will be resubmitted and reassessed by the same or a different committee.

**Recommended number of work hours for the student**

20 hours.

## INDICATIVE ANSWERS FOR SELF-ASSESSMENT EXERCISES

### TITLE:

### First Seminar: Review of Bioethics decision and Thesis first part (2nd teleconference/lecture)

**(1st Week)**

**Exercise 1.1**: In this self-evaluation exercise, students must critically reflect upon their work for the first part of their thesis and no indicative answers can provided. All answers may be correct should students base their answers on their supervisor's feedback.

### TITLE:

### Second Seminar: Preparation for Submitting your Thesis (3rd teleconference)

**(10th Week)**

**Exercise 10.1**: In this self-evaluation exercise, students must create a check list of the requirements for submitting their final thesis and schedule a meeting with their supervisor to discuss them and no indicative answers can provided. All answers may be correct should students base their answers on thesis guide and specifically on what is needed before submitting their work as final.

### TITLE:

### Third Seminar: Preparation in Presenting your Thesis for Oral Examination (4th teleconference)

**(12th Week)**

**Exercise 12.1**: In this self-evaluation exercise, students must create a list which must reflect their pros and cons concerning their oral presentation skills and no indicative answers can provided. All answers may be correct should students reflect further upon the difficulties which may hinder their presentation and think of ways to overcome them.

**Exercise 12.2**: In this exercise, students must create a power-point presentation of their thesis based on the instructions they received in the teleconference. This presentation must be structured in clear sections such as literature review, aims-hypotheses, methodology, results, discussion, implications for practice, limitations and conclusions. Students must not create too many point slides, but a satisfactory number which will be able to be presented in 10-15 minutes as in a research conference.

**APPENDIX 1**(Please erase this)

(Cover Page) (Please erase this)


(TITLE
OF YOUR THESIS)

By

… (after you put your name and surname please erase the content and the brackets)

**Master Thesis**
**M.Sc. Child and Adolescent Mental Health**

**NICOSIA**

Month, Year

**APPENDIX 2**
(First page) (Please erase this)


(TITLE
OF YOUR THESIS)

By

**…** (after you put your name and surname please erase the content and the brackets)

**Master Thesis**
**for partial fulfilment of the requirements for the degree of**
**M.Sc. Child and Adolescent Mental Health**

**NICOSIA**

Month, Year

**APPENDIX 3**(Please erase this and leave one blank line between the logo and the title)

**EUROPEAN UNIVERSITY OF CYPRUS**
**SCHOOL OF HUMANITIES, SOCIAL AND EDUCATION SCIENCES**

## ACCEPTANCE STATEMENT

The Thesis entitled «.....», submitted by

..... for the degree of

M.Sc. Child and Adolescent Mental Health,

is accepted on ....., after satisfying the members of the Thesis Committee:

1. …….

2. …….

The Chair of the Department of Social and Behavioural Sciences

_____

**APPENDIX 4**(Please erase this and leave one blank line between the logo and the title)

# EUROPEAN UNIVERSITY OF CYPRUS
# SCHOOL OF HUMANITIES, SOCIAL AND EDUCATION SCIENCES

## ASSESSMENT AND EVALUATION OF THESIS

Student's name: ……

Registration number: ……..

Thesis title

.....

.....

.....

**GRADE:**
Written Work ……

Presentation ……

Percentage Grade:……%  Γράμμα:…….

Observations and suggestions:

.....

.....

.....

.....

.....

.....

.....

.....

**The Committee:**

First Examiner: .....

Second Examiner: .....

Date: ……..

**APPENDIX 5**(Please erase this and leave one blank line between the logo and the title)

**STATEMENT OF COPYRIGHT AND ORIGINALITY**

I ..... (student's name), understanding the consequences of academic dishonesty, I responsibly certify that the Thesis entitled «.....» (write your thesis title), is my own work. All sources used in my Thesis, including the ideas, theoretical concepts, research findings and others' work, have been properly cited in text and in reference list.

(Student's signature)

_____

(student's name)

**Evaluation Rubric for Thesis Written work**

# School of Humanities, Social and Education Sciences

## Department of Social and Behavioural Sciences

## M.Sc. Child and Adolescent Mental Health

| **MHC660 Thesis II** | **Feedback sheet for Final Submission of M.Sc. Thesis *Written Work*** |
|---|---|
| **Student Name** | |
| **Registration number** | |
| **Supervisor's Name** | |

| ***Assessment Criteria*** | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 | **Given Mark** |
|---|---|---|---|---|---|---|---|
| 1. Use of APA 6th edition guidelines and format | Excellent use of APA style in-text and References. | Minor mistakes in text citations or Reference list. | Major mistakes in text citations or Reference list. | Major mistakes in both text citations and Reference list. | Slight attempt in following the APA style guidelines. | Insufficient use of APA style guidelines. | |
| 2. Structure which flows logically throughout the paper | The essay is excellently organised and follows a clear structure. There is a smooth transition between paragraphs. Most points have a logical flow and are clearly and succinctly expressed. | The essay is well structured and organised. There is a smooth transition between paragraphs but not in all paragraphs. Most points are clearly expressed. . | The essay's organisation and structure are moderately clear. There is a moderately smooth transition between paragraphs but not in all paragraphs. Some points are not clearly expressed. | There is some organisation of the material, but the essay lacks a clear structure. The transition of paragraphs is not smooth as expected and many points are unclear. | There is a limited structure and a problematic organisation of material. The transition of paragraphs is abrupt. There are several confusing points which are also unclearly expressed. | Hardly ever possible to discern the essay's structure and organisation . | |
| 3. Grammar, Punctuation, Spelling and word limit | No GPS mistakes or very limited may be present. | Minor GPS mistakes are observed. | Some GPS mistakes are clearly observed. | Important GPS mistakes are clearly present. | Slight attempt in GPS. | Insufficient attempt in GPS. | |
| 4. Sufficient number of scientific sources, use of relevant References and their proper application throughout the paper (i.e., citations and reference list) | Excellent number of sources. All references are directly relevant to the topic and are excellently used. | Sufficient number of sources. Almost all references are directly relevant to the topic and sufficiently used. | Good number of sources. Some of the references are relevant to the topic and are reasonably used. | More sources could have been used. Much of the references may not be directly relevant to the topic and could have been used more properly. | Limited number of sources used. References are not directly relevant to the topic and not properly used. | Insufficient number of sources. References answer a totally different question to the topic and are inappropriately used. | |
| 5. Originality of the topic | Excellent | Very good | Good | Above average | Average | Insufficient | |
| 6. Cohesive integration of relevant Literature review (e.g., creative use of | All the material is directly relevant to the title. Evidence of | Almost all the material is directly relevant to the | Some of the material is moderately clear and | Important aspects of the material may not be directly | The material is not directly relevant to the title. Little | The review does not follows the given | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| materials, logical and coherent arguments, main points supported by examples, etc.) | extensive independent reading which is presented in an excellent manner. The review develops excellently throughout the paper using evidence to support arguments. | title. Evidence of good independent reading which is presented in a very clear manner. The review develops very well throughout the paper using evidence to support arguments. | relevant to the title. The review develops moderately well throughout the paper using only some evidence to support arguments. | relevant to the title. The review is not inclusive and does not develops thoroughly. | evidence of relevant knowledge. | instructions or the material deviates from the title. | |
| 7. Understanding of methodological issues (i.e., enough information provided concerning participants, detailed procedure, clear design, efficient presentation of instruments and Ethical issues reported) | Excellent understanding and presentation of all methodological issues. | Very good understanding and presentation of most methodological issues. | Good understanding and presentation of methodological issues but few omissions observed. | Moderately sufficient understanding and presentation of methodological issues. Several omissions observed. | Only limited understanding of methodological issues with important number omissions observed. | Insufficient understanding and presentation of methodological issues. | |
| 8. Accurate implementation of Statistical analysis and interpretation of results according to APA 6th Edition | Accurate statistical analysis and excellent interpretation of results. | Accurate statistical analysis and very good interpretation of results. | Mostly accurate statistical analysis and/or interpretation of results. | Some mistakes in statistical analysis and/or interpretation of results. | Major mistakes in statistical analysis and/or interpretation of results. | Insufficient statistical analysis and interpretation of results. | |
| 9. Communication of research findings in discussion, ability to draw reasoned conclusions (based on current research findings and literature) and evidence of critical thinking | Excellent communication of results in the discussion which develops excellently throughout the section. Uses evidence to support arguments and conclusions and critical thinking is excellently used. | Very good communication of results in the discussion and evidence to support arguments is well used. Critical thinking is well used. | Results are moderately well communicated in discussion. Some evidence is used to support arguments. Makes some attempt for critical thinking. | Although there is some evidence of communication of results, the discussion is not inclusive and does not develop thoroughly. Limited attempt for critical thinking. | Little evidence of appropriate communication of results in discussion. Assertions without critical concern for evidence. | Unclear communication of results, inappropriate discussion and absence of critical thinking. | |
| 10. Understanding the Study's limitations and practical implication of results | Excellent understanding of limitations and links between theory, practice, research and their interplay. | Very good understanding of limitations and appropriate links between theory, practice, research and their interplay. | Good understanding of limitations and some appropriate links between theory, practice, research and their interplay. | Presents little concern for the study's limitations and justification of links between theory, practice, research and their interplay. | Limited attempt to understand limitations and makes only limited or inadequately appropriate links between theory, practice, research and their interplay. May present own views of the material without any attempt to properly justify it. | No evidence of the study's limitations and inadequate links between theory, practice, research and their interplay. | |

## General Comments

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|---|---|---|---|
| | | | |
| **The Thesis Committee** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| 2. | | | |
| **Date** | | | |

**Evaluation Rubric for Thesis Oral Presentation**


# School of Humanities, Social and Education Sciences

## Department of Social and Behavioural Sciences

## M.Sc. Child and Adolescent Mental Health

| **MHC660 Thesis II** | | **Feedback sheet for Final *Oral Presentation-Defense* of M.Sc. Thesis** | | | | | |
|---|---|---|---|---|---|---|---|
| **Student Name** | | | | | | | |
| **Registration number** | | | | | | | |
| **Supervisor's Name** | | | | | | | |
| ***Assessment Criteria*** | | Excellent 90%+ | Very good 89-80% | Good 79-70% | Above average 69-60% | Average 59-50% | Fail 49% - 0 |
| **Presentation's Layout** | | | | | | | |
| 1. | Organisation of Presentation – Structure and cohesion | | | | | | |
| 2. | Use of resources-aids (i.e., handouts, PowerPoint, clarity in slides) | | | | | | |
| **Presentation's Quality** | | | | | | | |
| 3. | Quality of oral expression, presentation and appropriate eye contact | | | | | | |
| 4. | Knowledge of material | | | | | | |
| 5. | Quality and clarity of response to examiners' questions | | | | | | |
| **Presentation's Content** | | | | | | | |
| 6. | Clear rationale and aims of study | | | | | | |
| 7. | Detailed explanations of literature review | | | | | | |
| 8. | Detailed explanations of Methodology | | | | | | |
| 9. | Detailed explanations of Results | | | | | | |
| 10. | Detailed explanations of Discussion, including arguments, | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| limitations and implications for practice and further research | | | | | | |

## General Comments

| | | | |
|---|---|---|---|
| | | | |
| **The Thesis Committee** | | | **FINAL GRADE** |
| **Name** | **Rank** | **Signature** | |
| 1. | | | |
| 2. | | | |
| **Date** | | | |

**Appendix 4**

## COURSE OUTLINE TEMPLATE

| | |
|---|---|
| **SCHOOL:** | **HUMANITIES, SOCIAL & EDUCATION SCIENCES** |
| **DEPARTMENT:** | |

## COURSE OUTLINE

| | |
|---|---|
| **Course Information** | |
| **Course Title:** | |
| **Course Coordinator:** | |
| **Mode of Delivery:** Distance Learning | |
| **Course Code & Section:** | **Semester:** |
| **Prerequisite(s):**<br>**Co-requisites:** | **ECTS:** |
| **Level:** Bachelor (1st Cycle)<br>Master (2nd Cycle) | |
| **Type of Course:** Compulsory or Elective | |
| **Instructor Information** | |
| **Name:** | |
| **Office Room No.:** | **Office Telephone Number:** |
| **E-Mail:** | **Office Hours:** |
| **Website Link:** | |
| **School Information** | |
| **School Office Telephone Number:**<br>**22713258 / 22713081** | **School Office Email:**<br>**M.ConstantinouK@euc.ac.cy**<br>**I.Demou@euc.ac.cy** |
| **Website/Links** | |
| **University Website:** www.euc.ac.cy | **Blackboard Link:**<br>https://virtualcampus.euc.ac.cy/webapps/login/ |
| **EUC App:** https://mobile.euc.ac.cy/ | |

## COURSE DESCRIPTION:

Copy and paste the 'Course Description' from the latest approved version of the course syllabus.

## LEARNING OUTCOMES:

Copy and paste the 'Learning Outcomes' from the latest approved version of the course syllabus.

Upon successful completion of this course, students are expected to be able to:
1.

## SUGGESTED TEXTBOOK(S):

## RECOMMENDED/ADDITIONAL READINGS:

| WEEKLY BREAKDOWN: | |
|---|---|
| **WEEK** | **TOPIC** |
| **1** | |
| **2** | |
| **3** | |
| **4** | |
| **5** | |
| **6** | |
| **7** | |
| **8** | |
| **9** | |
| **10** | |
| **11** | |
| **12** | |
| **13** | |
| **14** | |
| **15 & 16** | **FINAL EXAMS**<br>**(Please indicate if the final examination will be with open or closed books)** |

## METHODOLOGY:

The Virtual Campus and the Blackboard platform is the environment which provides access to learning resources and content and makes a certain kind of interaction possible through them. The student occupies a predominant position in this model. The entire process revolves around designing areas and resources to enhance his/her learning. A series of interactive learning activities will be used to guide students through learning the material and achieving the learning outcomes.

## ASSESSMENT:

50% of the final grade corresponds to the learning activities and the assignments that take place during the semester, while the remaining 50% corresponds to the final exam. ***To complete the course successfully the student needs to acquire at least 60/70 (for Undergraduate/Postgraduate courses, respectively) out of 100 in total.***

| ACTIVITIES – GRADE DISTRIBUTION: | |
|---|---|
| **DESCRIPTION:** | **PERCENTAGE** |
| GRADED ACTIVITIES: | |
| 1. | % |
| 2. | % |
| 3. | % |
| NON-GRADED ACTIVITIES: | |
| 1. | |
| | |
| **TOTAL** | 100% |

**ADDITIONAL NOTES:**

1. The basic textbook(s) and/or the recommended/additional readings listed in this course outline are the responsibility of the student to purchase, as per instructed by the course Instructor. Kindly check with the course Instructor, prior to buying any books or other reading material.
2. The final examination for this course will be taking place between **25-26 July 2020.** The final date and time will be provided at a later stage.
3. In the case that a student will be unable to attend the final examination for a serious and justified reason (see regulations for grade "I" below), needs to inform the Instructor of the course and the DEU Administrator before the date of the exam.
4. For a student who fails (one time) a course, see the 'Resit of the Final Examination' policy of European University Cyprus (EUC) at the EUC website here https://www.euc.ac.cy/en/current-students/academic-policies--regulations
5. Students with learning difficulties and disabilities are strongly encouraged to contact before the end of the third week of each academic semester the committee Ε.Φ.Ε.Ε.Α. at [e] y.christofi@euc.ac.cy and [t]+357 22559509], in order to ensure that the appropriate academic accommodations and support will be provided to them throughout the semester, as well as during the final examination.

| GRADING SYSTEM: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| UNDERGRADUATE | | | | | GRADUATE | | | |
| **Letter Grade** | **Grade Meaning** | **Grade Points** | **Percentage Grade** | | **Letter Grade** | **Grade Meaning** | **Grade Points** | **Percentage Grade** |
| A | Excellent | 4.0 | 90 and above | | A | Excellent | 4.0 | 90 and above |
| B+ | Very Good | 3.5 | 85-89 | | B+ | Very Good | 3.5 | 85-89 |
| B | Good | 3.0 | 80-84 | | B | Good | 3.0 | 80-84 |
| C+ | Above Average | 2.5 | 75-79 | | C+ | Above Average | 2.5 | 75-79 |
| C | Average | 2.0 | 70-74 | | C | Average | 2.0 | 70-74 |
| D+ | Below Average | 1.5 | 65-69 | | | | | |
| D | Poor | 1.0 | 60-64 | | | | | |
| F | Failure | 0 | | | F | Failure | 0 | |
| I | Incomplete | 0 | | | I | Incomplete | 0 | |
| W | Withdrawal | 0 | | | W | Withdrawal | 0 | |
| P | Pass | 0 | | | P | Pass | 0 | |
| AU | Audit | 0 | | | AU | Audit | 0 | |

(a) The grade "I" is awarded to a student who has maintained satisfactory performance in a course but was unable to complete a major portion of course work (e.g. assignment/paper or final exam) and the reasons given are acceptable to the instructor. It is the responsibility of the student to bring pertinent information to the instructor to justify the reasons for the missing work and to reach an agreement on the means by which the remaining course requirements will be satisfied. A student is responsible, after consulting with the instructor, for fulfilling the remaining course requirements within the first four weeks of the following semester for which an "I was awarded. In very special cases, the instructor may extend the existing incomplete grade to the next semester. Failure of the student to complete work within this specific time-limit will result in an "F" which will be recorded as the final grade.
(b) The grade "W" indicates withdrawal from the course before the specified time as explained in the withdrawal policy.
(c) Grades of "P" will not be computed into a student's cumulative grade point average but will count towards graduation credits.
(d) Grades of "F" will be computed into the student's cumulative grade point average.
(e) Students enrolling for an Audit must designate their intent to enrol on an Audit basis at the time of registration. Students registering for a course on an Audit basis receive no credit.
(f) Grades for courses taken at another university do not enter into the computation of the cumulative grade point average.

## UNIVERSITY EMAILS:

The University has taken the decision that all students, attending any University program of study, make use of the EUC email addresses when corresponding with EUC academic and administration staff, as well as all scientific collaborators and special scientists. It should be noted that the EUC staff will not be replying to any non-official EUC University email addresses.

## UNIVERSITY EMAIL SUPPORT:

Kindly contact support@euc.ac.cy in case you do not know your University email address or face any difficulty in using it.

## LIBRARY:

**OpenAthens** (http://openathens.euc.ac.cy/) is an Identity and Access Management System used to authenticate eligible students, faculty and staff to the electronic resources delivered by the library of the European University Cyprus. More importantly, OpenAthens provides the user with single sign-on access to both internal and external web-based resources. Student credentials are the same EUC email and password that is used to access the EUC student portal and library account.

Additionally, students and instructors can find the relevant **textbooks** used for their courses, in the **e-textbook list**, that is uploaded in the **EUC STUDENTS PORTAL**. The list includes the course number, the title and author of the suggested textbook, as well as the publisher's **link**. Students can click on the publisher's link and buy, if they wish, their textbook, either in print version or electronic, if available.

## INTERNAL REGULATIONS ON ACADEMIC ETHICS AND STUDENTS' DISCIPLINE

1. PREAMBLE

E.U.C. European University - Cyprus is a community of scholars in which the ideals of freedom of inquiry, freedom of thought, freedom of expression, and freedom of the individual are sustained. However, the exercise and preservation of these freedoms and rights require a respect for the rights of all in the community to enjoy them to the same extent. It is clear that in a community of learning, willful disruption of the educational process, destruction of property, and interference with the orderly process of the University or with the rights of other members of the University cannot be tolerated. Students enrolling in the University assume an obligation to conduct themselves in a manner compatible with the University's function as an educational institution. To fulfill its functions of imparting and gaining knowledge, the University retains the power to maintain order within the University and to exclude those who are disruptive of the educational process.

2. POLICY AND PROVISIONS ON ACADEMIC ETHICS

The University has a responsibility to uphold and promote quality scholarship and to ensure that its students understand what academic integrity is. This section outlines the

University's policy on dishonest academic performance by its students. Such offences carry penalties. Students should read carefully the Internal Regulations on Academic Ethics and Students' Discipline, and are encouraged to ask Faculty for help and guidance on honest academic practice, particularly in using source material from the Internet. In this way, they can avoid any unintentional dishonesty.

2.1. ORIGINALITY

For the purposes of this Policy on Academic Ethics 'original' work is work that is genuinely produced specifically for the particular assessment task by the student whose name is attached to it. Any use of the ideas or scholarship of others is acknowledged. 'Work' includes not only written material but also oral, audio, visual or other material submitted for assessment.

2.2. ACADEMIC DISHONESTY

Academic dishonesty is determined by the extent and the level of intent. In assessing the extent or scale of the dishonesty the instructor will evaluate how much of the work is the student's own after all unacknowledged source material has been removed. In no case can work that is plagiarized be taken into account in determining a grade. Intent to deceive is the single most significant aspect of academic dishonesty. Repeated instances of deception will incur heavy penalties for the student and the violation will be officially and permanently recorded in the student's record.

2.3. PLAGIARISM

Plagiarism is representing the work of somebody else as one's own. It includes the following:

i. submission of another student's work as one's own;
ii. paraphrasing or summarizing without acknowledgement of source material;
iii. direct quoting or word copying of all or part of a work, ideas, or scholarship of another without identification or acknowledgement or reference;
iv. submitting as one's own work purchased, borrowed or stolen research, papers, or projects.

2.4. CHEATING

Cheating is giving or receiving unauthorized help for unfair advantage before, during, or after examinations, tests, presentations or other assessments, such as:

i. collaboration beforehand if it is specifically forbidden by the instructor
ii. verbal collaboration during the examination, unless specifically allowed by the instructor;
iii. the use of notes, books, or other written aids during the examination, unless specifically allowed by the instructor;
iv. the use of electronic devices and mobile telephony to store, transmit or photograph information to or from an external source;
v. the use of codes or signals to communicate with other students in the examination room;

vi. looking upon another student's papers and / or allowing another student to look upon one's own papers during the examination period;
vii. passing on any examination information to students who have not yet taken the examination;
viii. falsifying exam identification by arranging with another student to take an examination in their place or in one's own place;
ix. pretending to take the exam but not submitting the paper, and later claiming that the instructor lost it.

2.5. COLLUSION

Collusion is false representation by groups of students who knowingly assist each other in order to achieve an unfair assessment advantage. It involves:
i. representation of the work of several persons as the work of a single student with both parties knowingly involved in the arrangement;
ii. representing the work of one student as the work of a group of students with both parties knowingly involved in the arrangement;
iii. willing distribution of multiple copies of one's assignments, papers, projects to other students for submission after re-labeling the paper as their own original work.

2.6. FABRICATION

Fabrication is the false representation of research data or 'performance' material as original, authentic work for submission for assessment. Examples are:
i. invention of data;
ii. willfully omitting some data to falsely obtain desired results

2.7. PENALTIES AND PROCEDURES

A faculty member, after evaluating the extent of the dishonesty and the level of intent and proving academic dishonesty, may use one or a combination of the following penalties and procedures:
i. requiring rewriting of a paper containing some plagiarized material;
ii. lowering of a paper or project grade;
iii. giving a failing grade on a paper;
iv. lowering a course grade;
v. giving a failing grade in a course;
vi. referring the case to the Senate for further action that may include academic suspension or expulsion.

Instructors are expected to report in writing to the Registrar's Office (through their Chairperson of Department) all the penalties they impose, with a brief description of the incident, with copies sent to the Dean of the relevant School and the Rector. Should an instructor announce a failing grade in the course because of academic dishonesty, the student under penalty shall not be permitted to withdraw from the course.

## APPEALS PROCEDURE:

In the case where a student believes that the grade received in the Final Exam is different from what was expected, he/she must exhaust all possibilities of resolving the problem with the pertinent instructor first. If this does not lead to a resolution, the student may appeal against the Final Exam grade by filing a petition with the Office of the Registrar (Petition Fee €34).

The Registrar will forward a copy of the petition to the pertinent Chairperson of Department, who will first ascertain that no error was made by the instructor, and if so will assign an anonymous re-evaluation of the final examination/project to another instructor. In the case of major discrepancy between the instructor's evaluation and the re-evaluation that will require change of grade, the average of the two evaluations will be assigned as the final grade to the final examination/project. Changes of grades resulting from an appeal require the endorsement of the Dean of School.

For a petition to be reviewed, a student must appeal within four (4) weeks from the date the results are announced.