USC | School of Social Work

Social Work
SOWK 651

Clinical Psychopharmacology for Social Workers

Three Units

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I. COURSE PREREQUISITES

SOWK 503 or SOWK 506

II. CATALOGUE DESCRIPTION

This course addresses the neurobiological bases of major psychoactive drugs used in treatment of psychological and behavioral disorders in both a behavioral and primary care medical setting**.** Theoretical and practical approaches to treatment of depression, anxiety, insomnia, attention deficit, psychosis, and trauma-related stress disorders are examined with the goal of advancing students' knowledge of best practices that complement current evidence-based interventions.

III. COURSE DESCRIPTION

Social work students will be prepared to facilitate clients' needs in an interdisciplinary system that supplies a range of interventions within a

biopsychosocial framework. Key tenets of this framework involve neurobiology, psychiatric disorders, mental wellness, and psychosocial advocacy. Students learn to identify these concerns along with the risk and benefits associated with psychotropic medications. Students will learn about laboratory testing and disease markers in the context of evidence-based medical models and evidence-based psychosocial intervention models. Students will increase their awareness and understanding of other disciplines while navigating services for clients in an inpatient or outpatient medical setting.

Special consideration is given to the integration of psychotropic drugs, evidence-based therapies, the identification of drug–drug interactions, and empirical evidence regarding the effectiveness of psychotropic drug therapies. This is achieved through the lens of social work with emphasis on the effectiveness of an inter-professional approach in patient care and case management.

Attention will be paid to issues of diversity (gender, race, sexual orientation, and culture) including specific issues relevant in working with culturally diverse client groups. Addressing stigma and barriers to service will help students establish alliances with their clients effectively. Finally, students will learn to use the range of practice models in a phase-oriented approach that values the therapeutic relationship, cultural responsiveness, and theoretical grounding.

IV. COURSE OBJECTIVES

Clinical Psychopharmacology for Social Workers course (SOWK 651):

Objective #	Objectives
1	Understand the role of psychopharmacology in the diagnosis and treatment of mental health behaviors
2	Promote understanding of psychopharmacology in an interdisciplinary practice while providing psychosocial support and advocacy
3	Facilitate identification of risk and benefits associated with the use of psychotropic medications
4	Explain complex biological, psychopharmacology, and cultural factors (age, gender, and race) germane to assessment, treatment, and case management of clients receiving psychotropic interventions

Objective #	Objectives
5	Promote professional social work identity through self-reflection and the practice of social work in working with clients who are receiving psychotropic therapy; reevaluation of traditions and biases that influence practice while using an interdisciplinary lens

V. COURSE FORMAT/INSTRUCTIONAL METHOD

Modes of instruction will consist of a combination of didactic lecture, in-class discussion, student clinical case presentations, and experiential exercise, analysis of video recordings, and online teaching and learning environments.

VI. STUDENT LEARNING OUTCOMES

Student learning for this course relates to one or more of the following 10 social work core competencies:

Social Work Core Competencies		SOWK 651	Course Objective
1	Professional Identity	*	5
2	Ethical Practice		
3	Critical Thinking	*	1–4
4	Diversity in Practice	*	5
5	Human Rights and Justice		
6	Research-Based Practice	*	1–4
7	Human Behavior		
8	Policy Practice		
9	Practice Contexts	*	4, 5
10	Engage, Assess, Intervene, Evaluate	*	1–5

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment:

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes (What Advanced Practitioners in Social Work Do)	Method of Assessment
Research-Based Practice—Engage in research-informed practice and practice-informed research. Social workers use practice experience to inform research; employ evidence-based interventions; evaluate their own practice; and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers: ▪ Use practice experience to inform scientific inquiry ▪ Use research evidence to inform practice	1. Locate, evaluate, and analyze current research related to clinical social work in outpatient and inpatient settings 2. Evaluate research in neurobiology and psychopharmacology 3. Analyze models of assessment, prevention, intervention, and evaluation within the context of neurobiology 4. Apply different literature and evidence-informed and evidence-based practices in the provision of services in an interdisciplinary setting	Class Participation, Assignment 1 (in-class exam), and Assignment 2 (presentation of research)

Practice Contexts—Respond to contexts that shape practice. Social workers are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Social workers recognize that the context of practice is dynamic and use knowledge and skill to respond proactively. Social workers: ■ Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services ■ Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services	5. Assess service systems' history, trends, and innovations in social work practice with populations in rural and urban communities 6. Apply knowledge of practice within a cultural context to the development of evaluations, prevention plans, and treatment strategies 7. Use information technologies and organizational analysis techniques for outreach, for service delivery to diverse populations	Assignment 2

Engage, Assess, Intervene, and Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities		
Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing research-informed interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.		
Engagement—social workers: - Substantively and effectively prepare for engagement with individuals, families, groups, organizations, and communities - Use empathy and other interpersonal skills - Involve the client in goal setting, focus of work, and desired outcomes	8. Engagement: - Recognize the unique issues and culture presented by clients in a medical model - Establish a culturally responsive therapeutic relationship that addresses the unique issues associated with integrated settings and use of appropriate referrals - Explain the nature, limits, rights, and responsibilities of the client who seeks services - Explain the stigma, risks, and benefits of seeking or not seeking services - Engage with medication prescribers, nursing staff, psychologists, and other professionals in treating complex client issues and diseases - Demonstrate a knowledge base related to risk and benefits associated with the use of psychotropic medications. - Demonstrate knowledge related to health and mental health illnesses, injuries, and outcomes for clients	Class Participation, Discussion With Classmates, Assignment 2 (presentation of research), and Assignment 3

Assessment—social workers:	9. Assessment:	
▪ Collect, organize, and interpret client data ▪ Assess client strengths and limitations ▪ Develop intervention goals and objectives ▪ Select appropriate intervention strategies	▪ Select and modify appropriate multisystem intervention strategies based on continuous clinical assessment of clients ▪ Use differential diagnoses that take into consideration the masking of medical conditions that present like mental illness ▪ Use empathy, cultural responsiveness, and other interpersonal skills in completing an assessment and assess coping strategies to reinforce and improve adaptation to life situations and transitions associated with having a mental illness	Class Participation, and Assignments 3 and 4

Intervention—social workers:	10. Intervention:	
▪ Initiate actions to achieve client and/or organizational goals and resolve problems ▪ Implement prevention interventions that enhance client capacities ▪ Negotiate, mediate, and advocate for clients ▪ Facilitate transitions and endings	▪ Use a range of appropriate clinical and preventive interventions for various injuries, diagnoses, and psychosocial concerns identified in the assessment, including crisis intervention and advocacy strategies as needed ▪ Engage clients in ongoing monitoring and evaluation of practice processes and outcomes ▪ Demonstrate the capacity to reflect on one's own responses (i.e., affect and worldviews) that influence the progress in and the completion of treatment	Class Participation, Assignment (presentation of research), and Assignment 3

Evaluation—social workers critically analyze, monitor, and evaluate interventions. Advanced practitioners in military social work understand the process of adaptation from evidence-based practice to implementation within a military context. They understand the research that informs all levels of practice as it relates to service members, veterans, their families, and their communities.	11. Evaluation: ▪ Use clinical and program evaluation of the process and/or outcomes to develop best-practice interventions and programs for a range of biopsychosocial–spiritual conditions ▪ Evaluate their own practice to determine the effectiveness of the applied intervention on clients	Class Participation, Assignment 4 (presentation of research), and Assignment 3

VII. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: **In-Class Exam**	Week 5	20%
Assignment 2: **In-Class Exam**	Week 8	20%
Assignment 3: **Grand Rounds**	Weeks 12–15	20%
Assignment 4: **Clinical Case Analysis**	Due last week of class	20%
Assignment 5: **Weekly Quiz Questions**	Due weekly	15%

Assignment	Due Date	% of Final Grade
Class Participation and Group Discussions	Ongoing	5%

Each of the major assignments is described below.

Assignment 1: Exam (20%)

This exam will include information from lectures, readings, and class discussions that address neurobiology, brain anatomy and physiology, neuron function, neurotransmitters, mental health disorders, and basic pharmacology concepts. This method of student evaluation is based on exams used for licensing. In addition, this material is taught based on the learning principle of scaffolding and an accurate instructional assessment of the student's learning.

Grading Criteria

Instructors will be testing recall, comprehension, and application of the materials. Exam will be graded using the grid below:

93–100	A
90–92	A–
87–89	B+
83–86	B
80–82	B–
77–79	C+
73–76	C
70–72	C–

Due: Week 5 (administered in class)

This assignment relates to student learning outcomes 1, 2, 3, and 9.

Assignment 2: (20%)

This exam will include information from lectures, readings, and class discussions that address neurobiology, brain anatomy and physiology, neuron function, neurotransmitters, mental health disorders, and basic pharmacology concepts. This method of student evaluation is based on exams used for licensing. In addition, this material is taught based on the learning principle of scaffolding and an accurate instructional assessment of the student's learning.

Grading Criteria

Instructors will be testing recall, comprehension, and application of the materials. Exams will be graded using the grid below:

93–100	A
90–92	A–
87–89	B+
83–86	B
80–82	B–
77–79	C+
73–76	C
70–72	C–

Due: Week 8 (administered in class)

This assignment relates to student learning outcomes 1, 2, 3, and 9.

Assignment 3: Clinical Case and Medication Grand Rounds (20%)

This assignment is designed on a clinical platform where case presentations are common for interdisciplinary or inter-professional treatment team interventions. Students will work individually to present in a Grand Rounds Case format and presentation:

- Students will select a child or an adult journal article: the journal article must be a peer-reviewed and evidenced-based article on a medication used for the treatment of a specific adult or child mental disorder/symptoms.

- In addition, students will present a clinical case from a field experience (if you do not have one, the instructor will provide you a case) that has symptoms that are treatable with the medication discussed in the article and integrate neurobiology/biological/medical issues/lab results and pharmacology interventions into the case with considerations on race, gender, and socioeconomic contextual issues.
- Students will provide a copy of the article and case for the instructor. Students will also provide a copy of the case for each student in the class.
- Make sure that all identifiable information has been removed from the case before presentation is delivered. Discussion on topic will be discussed in class.
- All topics selected must be approved by the instructor, prior to presenting.
- Once topic is approved, students will select a date to present and document it on a sign-up sheet that the instructor will provide.
- Presentations will start on Week 8 and continue through Week 14.

Presentations are not to exceed 20 minutes.

Grading Criteria

1. Demonstrate working knowledge of neurobiology and psychopharmacology theories used to describe the selected case and medication used in the treatment of a specific mental illness. Mechanism of action must also be included and discussed during presentation. (30%)

2. Thoughtful discussion of your clinical assessment and diagnosis to include possible diagnosis and limitations of medication (i.e., race, confounding disease states: for example, hepatic insufficiency). (15%)

3. Thoughtful discussion of your recommendations and case management within an interdisciplinary treatment team. Include the application of lab findings and cultural inhibitions toward treatment and management as applicable. (25%)

4. Willingness to be self-reflective (e.g., countertransference) and the role of social workers in managing clients within the context of a medical model and interdisciplinary team. (15%)

5. Discussion of race, gender, sexual orientation, spirituality, etc. considerations as appropriate when selecting biopsychosocial interventions and providing supportive maintenance to selected patient/client populations. (15%)

Due: Weeks 8–15

This assignment relates to student learning outcomes 2, 3, 4, 5, and 9.

Assignment 4: Clinical Case Analysis (20%)

Students will be given a clinical case to critically analyze and submit a comprehensive analysis. Integrate the diagnosis, labs, secondary referrals, and medications as they relate to management of the selected case.

In the conclusion section, discuss your role as a social worker in bridging the difference that will serve as a liaison for clients/patients. Use a dimensional clinical professional lens when designing and writing this paper. The assignment should be double-spaced with 12-point font, Times New Roman, and two to three pages in length (no title or reference page needed). It should be written as a clinical report and treatment summary with referral recommendations. Students will have one week to complete this assignment.

Grading Criteria

1. Demonstrate working knowledge of neurobiology and psychopharmacology theories used to describe the selected case and medication used in the treatment of the mental illness in the case. (35%)

2. Thoughtful discussion of your clinical assessment and diagnosis to include possible diagnosis and limitations. Required or recommended laboratory testing and referrals. Evaluate the strengths and weaknesses of the patient/client in terms of psychosocial factors. (25%)

3. Explain the importance of an interdisciplinary approach to clinical case management. Discuss how an interdisciplinary approach fits into a bigger context (or not) of clinical practice of social work. (25%)

4. Willingness to be self-reflective (e.g., countertransference) and ability to articulate the role of social workers in managing clients within the context of

a medical model. Discussion of race, gender, sexual orientation, spirituality, etc. considerations as appropriate when selecting biopsychosocial interventions and providing support to these populations. (15%)

Due: Week 15

This assignment relates to student learning outcomes 4, 5, 6, 8, and 10.

Assignment 5 : Weekly Assignments (15%)

Students will have weekly questions and/or case discussions that must be completed prior to online class sessions. This assignment is 15% of grade: Students will earn 1% each week for assignment completion.

Class Participation

This is 5% of the class grade. This grade will be based on the student's ability to demonstrate professional courtesy, support to peers, and active participation during discussions and presentations of fellow classmates. Students are also expected to **ask appropriate questions, participate in assigned group discussions and participate in class discussions**. **Cell phone usage (texting) and recreational computer use are not permitted during class time.**

Grades

Grades in the School of Social Work are determined based on the following standards that have been established by the faculty of the school:

Grades of A or A– are reserved for student work that not only demonstrates strong mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in his or her approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

A grade of B+ will be given to work that is judged to be very good and demonstrates a more-than-competent understanding of the material being tested in the assignment.

A grade of B will be given to student work that meets the basic requirements of the assignment and demonstrates work that meets course expectations at an adequate level.

A grade of B– will indicate that a student's performance was less than adequate on an assignment and reflects only moderate grasp of content and/or expectations.

A grade of C will reflect a minimal grasp of the assignments, poor organization of ideas, and/or several areas requiring improvement.

Grades between C– and F will denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85–4.00	A	93–100	A
3.60–3.84	A–	90–92	A–
3.25–3.59	B+	87–89	B+
2.90–3.24	B	83–86	B
2.60–2.89	B–	80–82	B–
2.25–2.59	C+	77–79	C+
1.90–2.24	C	73–76	C
		70–72	C–

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Required Textbooks

1. Harvey, R. A. (2015). *Lippincott's illustrated reviews: Pharmacology* (6th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). *Handbook of clinical psychopharmacology for therapists* (7th ed.). Oakland, CA: New Harbinger.

3. Maunder, R. (2011). *Understanding laboratory tests: A quick reference*. San Diego, CA: Elsevier.

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Unit	Topics	Assignments
1	• Introduction to Pharmacology	
2	• Structure and Functions of the Nervous System	
3	• Psychopharmacology	
4	• Adrenergics and Cholinergics	**Assignment 1**
5	• Diagnostic and Laboratory Tests/Medication Monitoring	
6	• Medication Management	
7	• Psychotropic Medications and Depression	**Assignment 2**
8	• Case Analysis	
9	• Psychotropic Medications and Psychosis	
10	• Psychotropic Medications and Anxiety	
11	• Psychotropic Medications and Insomnia/Alertness/Attention and Concentration	**Assignment 3**
12	• Psychopharmacology Trauma and Case Management	
13	• Case Study 2	
14	• Misuse of Prescriptions, Illegal Drugs, and Medications in Children and Elders	
15	• Misuse of Prescriptions, Illegal Drugs, and Medications in Children and Elders (Cont.)	**Assignment 4 Due**

Course Schedule—Detailed Description

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Unit 1:   Introduction to Pharmacology

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Topics

- Role of social work in a medical model
- Pharmacodynamics and pharmacokinetics
- Pharmacology and psychopharmacology working model
- Introduction to the brain and body
- How and where do we treat?
  - Treatment settings:
    - Inpatient setting
    - Treatment considerations
    - Referrals and follow-ups
    - Support services

This unit relates to course objectives 1 and 2.

Required Reading

1. Montgomery, A. (2013). Affect regulation and the autonomic nervous system. In *Neurobiology essentials for clinicians (*pp. 3–28). New York, NY: Norton.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Understanding psychopharmacology: The basics. In *Handbook of clinical psychopharmacology for therapists* (pp. 3–27). Oakland, CA: New Harbinger.

3. Harvey, R. A. (2015). Cholinergic agonists. In *Lippincott's illustrated reviews: Pharmacology* (pp. 51–61). Baltimore, MD: Lippincott Williams & Wilkins.

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**Unit 2:   Structure and Functions of the Nervous
              System**

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Topics

- Agonist and antagonist neuron firing
- Labeling and defining presynaptic and postsynaptic neurons

- Cell membrane and action potential
- Inhibitory and excitatory neurons

This unit relates to course objectives 1, 2, and 3.

Required Reading
1. Harvey, R. A. (2015). The autonomic nervous system. In *Lippincott's illustrated reviews: Pharmacology* (pp. 39–61). Baltimore, MD: Lippincott Williams & Wilkins.

2. Carlson, N. R. (2014). Structure and functions of cells of the nervous system. In *Foundations of Behavioral Neuroscience* (pp. 39–46). Boston, MA: Pearson.

3. Carlson, N. R. (2014). Psychopharmacology. In *Foundations of behavioral neuroscience* (pp. 77–99). Boston, MA: Pearson.

Unit 3:   Psychopharmacology

Topics
- Command and control: sympathetic and parasympathetic system and neurons
- CNS: postganglionic and preganglionic system
- Stress and the environment on the nervous system

This unit relates to course objectives 1 and 4.

Required Reading

1. Harvey, R. A. (2015). Adrenergic antagonists. In *Lippincott's illustrated reviews: Pharmacology* (pp. 77–92). Baltimore, MD: Lippincott Williams & Wilkins.

2. Carlson, N. R. (2014). Structure of the nervous system. In *Foundations of behavioral neuroscience* (pp. 49–70). Boston, MA: Pearson.

3. Harvey, R. A. (2015). Cholinergic agonists. In *Lippincott's illustrated reviews: Pharmacology* (pp. 65–76). Baltimore, MD: Lippincott Williams & Wilkins.

4. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Neurobiology. In *Handbook of clinical psychopharmacology for therapists* (pp. 29–44). Oakland, CA: New Harbinger.

Unit 4: Adrenergics and Cholinergics

Topics
- Disorders impacting sympathetic arousal and dysregulation
  - Prescription of beta blockers
  - Prescription of alpha blockers
- Diagnosing co-occurring conditions
- Determining treatment choices: psychotherapy vs. psychotropic therapy

This unit relates to course objectives 1, 3, and 4.

Required Reading

1. Harvey, R. A. (2015). Pharmacokinetics. In *Lippincott's illustrated reviews: Pharmacology* (pp. 1–24) . Baltimore, MD: Lippincott Williams & Wilkins.

2. Harvey, R. A. (2015). Drug-receptor interactions and pharmacodynamics. In *Lippincott's illustrated reviews: Pharmacology* (pp. 25–36). Baltimore, MD: Lippincott Williams & Wilkins.

3. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013).Cholinergic agonists. In *Handbook of clinical psychopharmacology for therapists* (pp. 46–60). Oakland, CA: New Harbinger

Unit 5: Diagnostic and Laboratory Tests/Medication Monitoring

Topics
- Introduction to laboratory testing
- Blood and urine testing results (biological systems analysis)
- Anemia and psychological disorders
- Electrolytes, liver function, and kidney function
- Normal lab values and using existing measures to guide monitoring

This unit relates to course objectives 1, 2, 3, and 4.

Required Reading

1. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Medication non-adherence. In *Handbook of clinical psychopharmacology for therapists* (pp. 57–75). Oakland, CA: New Harbinger.

2. Maunder, R. (2011). Understanding laboratory tests: A quick reference. San Diego CA: Elsevier. (pp. 1–92)

3. Bently, K., & Walsh, J. (2001). Advocacy in medication advocacy. In *The social worker and psychotropic medication* (pp. 220–223). Canada: Wadsworth.

Unit 6:   Medication Management

Topics
- Helping the client with medication issues
- Serving as a liaison and advocate with health care providers
- Evidence-based practices and other interventions
- Advocating in medication management
- Decision making and problem solving

This unit relates to course objectives 3 and 4.

Required Reading

1. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Preliminary diagnostic consideration. In *Handbook of clinical psychopharmacology for therapists* (pp. 63–74). Oakland, CA: New Harbinger.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Integrated models. In *Handbook of clinical psychopharmacology for therapists* (pp. 15–28). Oakland, CA: New Harbinger.

3. Maunder, R. (2011). Understanding laboratory tests: A quick reference. San Diego, CA: Elsevier. (pp. 138–175, 186–223)

Unit 7:   Psychotropic Medications and Depression

Topics

- Depression criteria and monoamine theory
- Applying the biopsychosocial assessment
  - Differential assessment and treatment options
  - Addressing ongoing assessment of safety, risks, self-care, suicidal ideation, and danger to self and others
  - Using standardized assessment tools: depression and anxiety symptom checklists
  - Assessing for psychosocial and psychopharmacology factors

This unit relates to course objectives 1, 2, 3, and 4.

Required Reading

1. Harvey, R. A. (2015). Antidepressants. In *Lippincott's illustrated reviews: Pharmacology* (pp. 135–146). Baltimore, MD: Lippincott Williams & Wilkins.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Depressive disorders. In *Handbook of clinical psychopharmacology for therapists* (pp. 74–91). Oakland, CA: New Harbinger.

3. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Antidepressants. In *Handbook of clinical psychopharmacology for therapists* (pp. 173–190). Oakland, CA: New Harbinger.

4. Austrian, S. G. (2005). Mood disorders. In *Mental disorders, medications, and clinical social work* (pp. 33–38). New York, NY: Columbia University Press.

Unit 8:   Case Analysis

Topics
- Psychosis and neurobiology theory
- Pharmacology and psychosis
- Treatment options

This unit relates to course objectives 1, 2, 3, and 4.

Required Reading

1. Harvey, R. A. (2015). Antipsychotic drugs. In *Lippincott's illustrated reviews: Pharmacology* (pp. 147–156). Baltimore, MD: Lippincott Williams & Wilkins.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Psychotic disorder. In *Handbook of clinical psychopharmacology for therapists* (pp. 127–134). Oakland, CA: New Harbinger.

Unit 9:   Psychotropic Medications and Psychosis

Topics
- Anxiety criteria and monoamine theory
- Insomnia and psychotropic medications
- Applying the biopsychosocial assessment
  - Differential assessment and treatment options
  - Assessing for psychosocial and psychopharmacology factors

This unit relates to course objectives 1, 2, 3, and 5.

Required Reading

1. Harvey, R. A. (2015). Anxiolytic and hypnotic. In *Lippincott's illustrated reviews: Pharmacology* (pp. 121–134). Baltimore, MD: Lippincott Williams & Wilkins.

2. Kessler, R. C., Petukhova, M., & Sampson, N. (2012). Twelve month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184.

3. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Antianxiety medications. In *Handbook of clinical psychopharmacology for therapists* (pp. 213–220). Oakland, CA: New Harbinger.

Unit 10:   Psychotropic Medications and Anxiety

Topics
- Coping with insomnia/alertness and concentration deficits
- Psychopharmacology and sleep medications
- Caffeine assessment
- Sleep hygiene assessment

This unit relates to course objectives 1, 3, and 4.

Required Reading

1. Cortese, S., Holtmann, M., & Banaschewski, T. (2013). Practioner review: Current best practice in the management of adverse events during treatment with ADHD medications. *Journal of Child Psychology and Psychiatry*, *54*(3), 227–246.

2. Harvey, R. A. (2015). CNS stimulants. In *Lippincott's illustrated reviews: Pharmacology* (pp.215–221). Baltimore, MD: Lippincott Williams & Wilkins.

3. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Anxiety disorders. In *Handbook of clinical psychopharmacology for therapists* (pp. 105–120). Oakland, CA: New Harbinger.

Unit 11: Psychotropic Medications and Insomnia/Alertness/Attention and Concentration

Topics
- Overview of trauma and assault
- Brain function and trauma
- Treatment considerations
- The theory and application of psychopharmacology for trauma
- Psychosocial and spiritual interventions

This unit relates to course objectives 1, 3, 4, and 5.

Required Reading

1. Harvey, R. A. (2015). Adrenergic antagonists. In *Lippincott's illustrated reviews: Pharmacology* (pp. 95–101). Baltimore, MD: Lippincott Williams & Wilkins.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Posttraumatic stress disorder. In *Handbook of clinical psychopharmacology for therapists* (pp. 137–144). Oakland, CA: New Harbinger.

3. Raskind, M. A., Peterson, K., & William, T. (2013). A trial of prazosin for combat trauma PTSD with nightmares in active duty soldiers returned from Iraq and Afghanistan. *American Journal of Psychiatry, 170*(9), 1003–1010.

Unit 12: Psychopharmacology Trauma and Case Management

Topics
- Overview of drug–drug interaction—cytochrome p450
- Birth defects associated with psychotropic medications
- Genetics and psychopharmacology
- Misuse of prescription drugs and illegal drug use
- Black-box warnings and FDA
- Culture and diversity

This unit relates to course objectives 1, 3, 4, and 5.

Required Reading

1. Lee, M., & Silverman, S. M. (2011). A comprehensive review of opioid-induced hyperalgesia. *Pain Physician, 14*(2), 145–161.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Medication discontinuation. In *Handbook of clinical psychopharmacology for therapists* (pp. 239–241). Oakland, CA: New Harbinger.

3. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Psychotropic drug Interaction. In *Handbook of clinical psychopharmacology for therapists* (pp. 289–304). Oakland, CA: New Harbinger.

4. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Differentiating psychotropic side effects from psychiatric symptoms. In *Handbook of clinical psychopharmacology for therapists* (pp. 305–308). Oakland, CA: New Harbinger.

Unit 13: Case Study 2

Topics
- Family of origin
- Gender and race impacting medication metabolism
- The role of the primary care manager in social work
- Services provided by care management in social work
    - Ongoing assessment of risk and safety
    - Care coordination and collaboration among multiple providers
    - Advocacy and brokering with stakeholders

This unit relates to course objectives 1, 2, 3, 4, and 5.

Required Reading

1. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Red flags when to re-evalaute. In *Handbook of clinical psychopharmacology for therapists* (pp. 243–277). Oakland, CA: New Harbinger.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Pharmacology in special populations. In *Handbook of clinical psychopharmacology for therapists* (pp. 281–288). Oakland, CA: New Harbinger.

Unit 14:   Misuse of Prescriptions, Illegal Drugs, and Medications in Children and Elders

Topics
- Future directions in psychopharmacology implications for social workers
- Prescribers in a primary care setting and social work advocacy
- Interdisciplinary treatment team meetings
    - Providers/clients/patients
    - Nursing
    - Social workers
    - Psychologists/psychiatrists
    - Case managers
    - Occupational therapists

This unit relates to course objectives 2, 3, 4, and 5.

Required Reading

1. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Trade versus generic drug name. In *Handbook of clinical psychopharmacology for therapists* (pp. 313–316). Oakland, CA: New Harbinger.

2. Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2013). Patient information sheets on psychiatric medications. In *Handbook of clinical psychopharmacology for therapists* (pp. 321–322). Oakland, CA: New Harbinger.

3. Skultety, K. M., & Zeiss, A. (2010). The treatment of depression in older adults in the primary care setting: An evidence-based review. *Health Psychology*, *25*(6), 665–681.

Unit 15: Misuse of Prescriptions, Illegal Drugs, and Medications in Children and Elders (Cont.)

Topics

- Social work and the integration of services and follow-up
- Discussion of Assignments
- Course review

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by e-mail of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work that will be missed, or to reschedule an examination, due to holy days observance.

Please refer to *Scampus* and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus,* the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: http://www.usc.edu/dept/publications/SCAMPUS/gov/. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review,

should there be any suspicion of academic dishonesty. The review process can be found at http://www.usc.edu/student-affairs/SJACS/.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible*. DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII. EMERGENCY RESPONSE INFORMATION

Note: The following emergency response information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press 2, for recorded announcements, events, emergency communications or critical incident information.

> To leave a message, call (213) 740-8311.
>
> For additional university information, please call (213) 740-9233.
>
> Or visit university website: http://emergency.usc.edu.

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at https://trojansalert.usc.edu.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12th and Olive)	**Orange County**	Faculty Parking Lot
MRF	Lot B	**San Diego**	Building Parking Lot
SWC	Lot B	**Skirball**	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not reenter the building until given the "all clear" by emergency personnel.

XIII.   STATEMENT ABOUT INCOMPLETES

The grade of incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. **Students must NOT assume that the instructor will agree to the grade of IN.** Removal of the grade of IN must be instituted by the student and agreed to by the instructor and reported on the official "Incomplete Completion Form."

XIV.   POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV.   POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI.   CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on

individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the sequence, Dr. Kimberly Finney at kfinney@usc.edu. If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance.