

# Clinical Psychopharmacology Section

## 01 PSYC 232

Spring 2025 3 Unit(s) 01/23/2025 to 05/12/2025 Modified 12/01/2024

### Contact Information

Instructor:	Glenn M. Callaghan, Ph.D.
Office Location:	DMH 322 & Zoom (see link on Canvas)
Email:	<a href="mailto:Glenn.Callaghan@sjsu.edu">Glenn.Callaghan@sjsu.edu</a> and through Canvas
Office Hours:	W 11:00 - 12:00 pm in person W 3:00 - 4:00 pm in person (& email with request for Zoom appointment)

## Office Hours

I have office hours for this session in person or by Zoom. If you need to meet at a different time than this, **send me an email** with a few suggested times, and we will work something out based on both of our schedules and availability.

It may be that we meet over Zoom if we cannot meet at the scheduled in-person time. This will occur using the link provided on the Canvas course home page. Please note that you will be required to use Zoom through your SJSU account.

### Course Description and Requisites

Prepares counseling professionals to understand aspects of drug use, mechanisms of change and clinical outcomes.

Prerequisite: PSYC 126 or equivalent.

# \* Classroom Protocols

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## Campus Policy in Compliance with the American Disabilities Act

[Presidential Directive 97-03](#) requires that students with disabilities requesting accommodations register with the [Accessible Education Center](#) (AEC) to establish a record of their disability. AEC will contact the instructor with further details, if needed. If special arrangements are needed in cases of emergency or if the building must be evacuated, please make arrangements with the instructor.

## Classroom Protocol

This is a graduate seminar, so I expect you to be attentive in our meetings, participate in discussions, and limit other distractions. Please place cell phones in silent mode during meetings. If you must make or answer a call, please excuse yourself from class for such activity. Do NOT browse the web or be on your computer doing unrelated tasks during our meetings. Most importantly, please be respectful of your classmates' opinions, as this is a seminar course, and we are likely to discuss topics for which students will have differing opinions. Also, if you discuss client-related content in class, please be sure to protect that person's confidentiality. Students are asked not to share these discussions outside of class.

As stated, attendance is required. I expect you to come to every class. If you do not attend classes, you will definitely miss essential material that is part of your training and could result in not meeting licensing requirements or passing the course. If you have to miss a class, please let me know ahead of time. It is expected that you will NOT miss more than one grad class per semester unless there are extreme circumstances. If you have to miss more than one class, please make an appointment with me so that we can discuss your progress in the course (and program) and your reasons for not attending class.

Please note that the [Policy Regarding Missing Classes in the MS Clinical Program](#) described both on the MS Clinical website and the *MS Clinical Student Handbook* applies to this course (as with all others). Missing more than one meeting may prevent the student from passing the course. Please review the policy if you are at all unclear about the requirements of attending class.

## Class Etiquette

There are only a few real issues here, and they are easy. In general, the guiding principles are to **be respectful and attend to what is going on in class**. These issues are not typically a problem; that said, doing any of these will not be tolerated and will be grounds for dismissal from the class.

For our in-person meetings here are the guidelines:

1. Be polite and respectful to the other people in the class, particularly when engaged in discussion. While I encourage an open discussion of many ideas, please refrain from using language that is

- prejudicial or hurtful to others.
2. Do not carry on conversations with others during class. (If you have a question or point to make, just say it so we can all hear it!)
  3. Please turn off your cell phone for the time you are in class. If you need to receive an emergency call, let me know about it in advance. Never take a call and start talking during class.
  4. Do not text message during class.
  5. Attend to the class material. Do not work on any other course material during class, including other coursework or browsing the internet.
  6. Do not sleep during class.

## Academic integrity

Your commitment as a student to learning is evidenced by your enrollment at San Jose State University. The University Academic Integrity Policy S07-2 at <http://www.sjsu.edu/senate/docs/S07-2.pdf> requires you to be honest in all your academic course work. Faculty members are required to report all infractions to the office of Student Conduct and Ethical Development. The [Student Conduct and Ethical Development website](http://www.sjsu.edu/studentconduct/) is available at <http://www.sjsu.edu/studentconduct/>.

Instances of academic dishonesty will not be tolerated. Cheating on exams or plagiarism (presenting the work of another as your own, or the use of another person's ideas without giving proper credit) will result in a failing grade and sanctions by the University. For this class, all assignments are to be completed by the individual student unless otherwise specified.

**Note, that for this course, you must use quotes and page number for more than three words of text AND provide the reference. Failing to do so is plagiarism.**

**If you plagiarize or otherwise violate the policy of academic integrity in this course, you will fail that assignment and may fail the entire course and be dismissed from the graduate program. All instances of violations of academic integrity will be reported.**

Quick reminder about **plagiarism: Using AI to generate written responses**. Your writing must always be your own, otherwise it is plagiarism. You can use AI to inspire you, to help you consider issues, but your writing must be your own. Canvas has a way to detect this, and there are numerous AI detection programs, and my experience will help here, too. You cannot turn in writing that is not your own. That constitutes cheating. Please do not violate your integrity or the integrity of your training. **You will fail the assignments, the course, and likely be dismissed from the graduate program.**

## Additional Policies

### Professional Communication

The best method of contacting me is via email. Please allow 1 business day for a response. I do not typically respond to email on weekends.

If you have specific questions about an upcoming assignment with respect to material covered, please tell me the question and then make an attempt to answer the question. I will let you know if you are on track and amend the answer, if need be. Please do not send more than 2 to 3 questions at a time.

As a San Jose State University student, you are encouraged to engage in professional communication with faculty, staff, and your fellow students. This is especially important in electronic mail notes that you might send.

When sending email, use your SJSU email account or create an email account that includes your name (e.g., Joe.Student@internet.com. If you do not create such an email, be certain to include your name in the correspondence. Please be sure to follow the following basic guidelines when communicating in a professional capacity:

1. In the Subject line, state what specific issue you are emailing about (e.g., exam 3, quiz 7).
2. In the greeting, please address your professor by their title (e.g., Dr. or Professor).
3. Be sure to identify yourself clearly by stating your full name and the specific course and section number you are in.
4. Be clear in your statement about what you are asking for or of what you are informing the reader.
5. Consider your request before you make it. If you believe you can make that request in a professional way and support your reasons for your request, please ask.
6. Use a polite and respectful tone.
7. Use complete sentences with upper and lower case letters, and do not use abbreviations for words that are often used in text messages.
8. Be sure to use correct grammar and spelling.
9. If you need a reply to the email you have sent, please request that clearly. I strongly encourage you to request a response back if you send something that needs to be graded in a timely matter to be certain it was received.
10. If you do not hear back within a reasonable amount of time from the person you sent the email to, politely request a response and resend the original message (you can use the forward function here).

## Needing Help with our Course Website

If you see any broken links, can't figure out where something is, or just need help, please email me. I can likely help!

## Consent for Recording of Class and Public Sharing of Instructor Material

Course material developed by the instructor is the intellectual property of the instructor and cannot be shared publicly without his/her approval. You may not publicly share or upload instructor generated material for this course such as exam questions, lecture notes, or homework solutions without

instructor consent. **You may NEVER give or sell the course notes or any other course material to an outside agency** (e.g., a study website) as this material is copyrighted and legally protected by both the professor and SJSU.

Education Code of California Law section 66450-52 prohibits any person from selling or otherwise publishing class notes or presentation for a commercial purpose. In addition, Title 5, section 41301 in the Student Code of Conduct for all California State Universities prohibits the publication of academic presentations for commercial purposes.

Members of SJSU work actively to detect compromised coursework made available on the web and will determine the specific source of that compromise. We will seek academic and legal consequences to all individuals who posts any course material to another website (including course notes and test materials).

Distributing course or test material is a violation of academic integrity as well as intellectual property rights. These consequences can include academic dismissal and financial liability in civil court.

With respect to recording lectures, [University Policy S12-7](#) requires students to obtain instructor's permission to record the course. Common courtesy and professional behavior dictate that you notify someone when you are recording him/her. You must obtain the instructor's permission to make audio or video recordings in this class. Such permission allows the recordings to be used for your private, study purposes only.

The recordings are the intellectual property of the instructor; you have not been given any rights to reproduce or distribute the material. In order to record a class a written request must be made to the instructor, who will respond in writing. In classes where active participation of students or guests may be on the recording, permission of those students or guests should be obtained as well.

Please note that the videos shared here in Canvas most often belong to those who hold a copyright. **Do NOT download or distribute any of the videos from this course.**

## Program Information

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**Licensure Learning Outcomes (LLOs)** indicate how each course meets the educational requirements as detailed by the CA Board of Behavioral Sciences. [The MS Clinical LLOs are detailed on our program website. \(https://sjsu.edu/psych/graduate-programs/masters-clinical-psych/learning-objectives.php\)](https://sjsu.edu/psych/graduate-programs/masters-clinical-psych/learning-objectives.php)

**Program learning outcomes (PLOs)** are skills and knowledge that students will have achieved upon completion of the MS in Clinical Psychology degree. Each course in our curriculum contributes to one or more of these PLOs. The PLOs for the degree are:

1. Interventions and evidence-based applications

1.1 Students will be able to apply, compare, and contrast a variety of psychotherapy theories and implement at least one chosen theory or intervention with clinical case material

1.2 Students will be able to evaluate, select, and implement empirically supported clinical interventions for clinical case material and clients

## 2. Communication and Case presentation

2.1 Students will be able to integrate and communicate clinical case material

2.2 Students will be able to synthesize contextual and cultural variables into their understanding of and presentation of client materials

2.3 Students will effectively respond to queries about clinical material and engage in discussions about their clients with supervisors and peers

2.4 Students will be able to analyze cases other than those they are treating, applying theories, principles, and relevant empirical findings to those cases

## 3. Competent Assessment and Evaluation

3.1 Students will be able to evaluate, select, and implement different assessment devices and strategies for assessing client outcomes and processes of change over the course of treatment including nomothetic and idiographic approaches

## 4. Professional clinical practice

4.1 Students will demonstrate competency consistent with professional standards of practice in areas including, but not limited to, psychotherapy theory, service delivery, ethics, assessment, research methods, family/couples therapy, cultural diversity and humility, risk management and safety planning, psychopharmacology, and issues relevant to adult and child clinical populations.

## 5. Preparation and meeting professional licensing requirements

5.1 Students will demonstrate fulfillment of coursework and other pre-degree licensing requirements outlined by the Board of Behavioral Sciences

# Course Goals

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The first goal of this course is to develop a knowledge base of medications commonly prescribed for psychological disorders, their side effects, and the data supporting their use. The second goal is to help foster critical thinking about the application of these medical treatments in the context of complex psychosocial difficulties, to weigh the costs and benefits with respect to client advocacy, and to critically analyze the appropriateness of medication treatment for each client in their unique context.

This course combines clinical psychological issues with biology and psychophysiology. The course will emphasize both basic research and applied clinical science. Because this is a required course in the MS Clinical Program, there will be an emphasis placed on the clinical application of medications in the context of psychological services. However, the course does place an additional emphasis on the biological processes of neurotransmission. All of the material is taught at the graduate level and will be demanding.

## Course Learning Outcomes (CLOs)

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Upon successful completion of this course, students will be able to:

CLO1: understand the role of psychopharmacology in clinical psychotherapy service delivery and research

CLO2: possess a basic understanding of the systemic effects of drugs and issues of bioavailability, tolerance, and interactive effects

CLO3: be familiar with the processes and mechanisms of neurochemical transmission and how that impacts psychotropic drug use

CLO4: understand the mechanisms of action of common prescription medications and drugs of abuse

CLO5: be familiar with the common medications used for different psychological disorders

CLO6: develop a basic understanding of the integration and collaboration of mental health care into medical and other settings using psychopharmacological treatments including the use of evidence based practice interventions

CLO7: develop your critical thinking skills about the role of medications in the treatment of psychological disorders and human suffering to best advocate for the welfare of clients

These Course Learning Goals and Objective will be evidenced through the following assessment strategies:

1. practice applying course content to clinical vignettes and exam mini-vignettes
2. practice critically evaluating the literature through reading responses
3. evidencing pharmacodynamic and pharmacokinetic knowledge in vignettes and on exams
4. demonstrate familiarity of common medications on applied clinical vignettes and on exams
5. responding to fact based questions and applied questions on exams that cover both basic pharmacological processes and clinical applications
6. provide a critical response to an emerging treatment approach or controversy in clinical pharmacology using recent literature and showing an integration of material from the course

## Licensure Learning Outcomes

Licensing requirements for academic coursework toward the California MFT and/or LPCC will be met for this course in the following way:

LLO1: For the LPCC requirements, this course meets requirement [J] Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

LLO2: For the MFT requirements, this course includes instruction in diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature as specified in BPC Section 4980.36(d)(2)(A).

LLO3: The course also meets partial requirements specified in BPC Section 4980.36(d)(2) for the following:  
(iii) The effects of psychoactive drug use.

## Course Materials

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### *Required Texts*

Preston, J.D., O'Neal, J.H., Talaga, M.C., & Moore, B.A. (2021) *Handbook of Clinical Psychopharmacology for Therapists, 9<sup>th</sup>* Oakland, CA: New Harbinger Publications, Inc. ISBN: 978-1684035151

(Referred to as **POTB** in the Week-by-Week Course Outline)

Schatzberg, A.F. & DeBattista, C. (2019) *Schatzberg's Manual of Clinical Psychopharmacology, 9<sup>th</sup>* Washington, DC: American Psychiatric Publishing, Inc. ISBN: 978-1615372300.

(Referred to as **SD** in the Week-by-Week Course Outline)

The required texts are available at the campus bookstore. You can often order any of the books on-line at a reduced price. Used books are always fine, but the books do need to be the current editions that we are using in the course. Because of the rapid changes in the field of psychopharmacology, older editions will not be acceptable.

### *Journal Articles*

All copies of journal articles are available on Canvas. These are essential readings and you will be responsible for specific articles during the semester.

There is a great deal to read in this class, and much of it is very dense material. Some of the weeks will have a very reasonable amount of readings, some will have much more. You need to read all of what is assigned. For weeks with a considerably large amount of reading, you may want to begin reading in advance of that week. As your semester progresses, you will have more assignments due and more to read for all of your classes. Keep that in mind as you look at the readings in advance.

# Handbook of Clinical Psychopharmacology for Therapists

**Author:** Preston, J.D., O'Neal, J.H., Talaga, M.C., & Moore, B.A.

**Publisher:** New Harbinger Publications, Inc.

**Edition:** 9th

**ISBN:** 978-1684035151

## Schatzberg's Manual of Clinical Psychopharmacology

**Author:** Schatzberg, A.F. & DeBattista, C.

**Publisher:** American Psychiatric Publishing, Inc.

**Edition:** 9th

**ISBN:** 978-1615372300

## Course Requirements and Assignments

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### *Exams*

Exams will be multiple-choice questions. There are 50 questions, each worth 2 points for a total of 100 points. The final is required and is not cumulative. (You may not take the exam early to leave for your summer break.) These exams will test your knowledge of both the clinical and biological issues relevant to each module.

The final exam will count the same and be the same format as each of the other exams. It is not cumulative. The schedule for the final exam is listed in the course schedule below.

### *Vignette Responses*

There will be two vignettes given over the course of the semester. Each vignette will illustrate clinical issues central to the drugs we are discussing and reading about. They will be brief paragraphs to take home and read. You will be required to compose a three-page double spaced response (with 1-inch margins and 12 point font) based on the questions for each vignette

All vignette responses must be type written, up to 3.5 **double-spaced** pages, using a 12-point font. You can use all material available to you for this assignment; however, the writing must be your own. Grammar and spelling count toward the grade.

This will be submitted online to Canvas. You **must** use PDF or MS Word document formats.

Canvas has a plagiarism detection and originality analysis system that we will use to our advantage called TurnItIn. You will receive feedback about the amount of copying or ineffective referencing you may have done in your paper before you turn in your final version. You can still correct any mistakes or plagiarism

based on this feedback BEFORE you turn in your final paper by the deadline. Once the deadline has arrived, the last version uploaded will be your final paper. If you plagiarize your paper, it will be detected here. Plagiarism will result in a failure in the course and dismissal from the university.

I will assume that you have completed the plagiarism (tutorial available here: <http://tutorials.sjlibrary.org/tutorial/plagiarism/index.htm>) by the time you have taken this class. If not, please do so as it will help you avoid making costly mistakes.

You need to allow an hour sometimes for TurnItIn to generate a report for you. That means turning in the paper one hour before it is due to get feedback. If you want to make changes based on the feedback (which is what this process is really intended to be about), then you need to plan a day ahead.

Please contact me with questions BEFORE the paper is due.

Quick reminder about **plagiarism: Using AI to generate written responses**. Your writing must always be your own, otherwise it is plagiarism. You can use AI to inspire you, to help you consider issues, but your writing must be your own. Canvas has a way to detect this, and there are numerous AI detection programs, and my experience will help here, too. You cannot turn in writing that is not your own. That constitutes cheating. Please do not violate your integrity or the integrity of your training. **You will fail the assignments, the course, and likely be dismissed from the graduate program.**

## *Reading Responses*

You are responsible for providing a brief response for specified uploaded articles or chapters on Canvas (**not from either textbook**). Some weeks and some readings do not require a response and are noted as such.

I am looking for you to briefly summarize the major position(s) of the article and pose your critical responses to each article. You must include critical thought to each article that shows you have integrated the material and understand it. Articles noted with an asterisk (\*) do not require a reading response.

Responses are due at the beginning of each mini-module. There are two purposes to the article responses (1) to encourage you to read thoughtfully, and (2) to provide evidence to me that you have both read and understood each assignment. Again, you are not required to provide responses for the chapters from the text books.

For each response you should:

- *Very* briefly outline the major conceptual issues for that article (no more than  $\frac{1}{4}$  of the page).
- Pose at least one critical question and answer of the authors that shows you have engaged the article thoughtfully. Provide a brief discussion of *why* this is an important question to ask or what your answer is (academically) to that question (no more than  $\frac{3}{4}$  of the page). This must be longer than your summary.

I would like you to follow this format for each response:

- Your name in the upper right corner, PSYC 232, and the date.
- For each response use this format with mini-headers in bold:
  - **Title of Reading**
  - **Summary**
  - **Critical Response**
- You will upload your document (as PDF or MS Word documents only) to Canvas.
- Each response should take about  $\frac{3}{4}$  to a full single spaced printed page.
- The summary should be no more than one-third of your total reading response for that article. I am much more interested in your critical thinking than your summarizing skills.

## *Investigation paper – Client Centered Advocacy*

For your investigation paper, you are to construct a 3-4 page double spaced paper investigating a topic of your own choosing. The paper may be written in the first person, but the tone must be professional and academic. It does not need to follow any APA format, but the referencing should be in APA style. Your investigation paper should evidence your reading, comprehension, and integration of the material in the context of what has been taught in the course.

The idea here is for you to find some topic relevant to psychopharmacological interventions that most interests you or would be relevant to an area of treatment that you may pursue that would be consistent with your work in client centered advocacy. The goal is to make it interesting and informative to you.

Remember, this is an academic paper, so the references MUST be scholarly - no internet references, only articles or recent books (NOT your textbooks for this class, not lectures from this class).

The general structure of the paper will be:

- Introducing the clinical problem and pharmacological approach to it as well as its relevance. Try to embed this type of treatment in the context of the client population and state why that matters (i.e., issues of ethnopharmacology).
- Discussing the pharmacokinetic and pharmacodynamic issues relevant to that drug for that problem and that population
- Describing the mechanism of action/purported mechanism as discussed in the literature (i.e., how is the drug supposed to work to alleviate that type of distress) **AND** discussing whether you agree with that mechanism
- Discussing the cost-benefit analysis as you understand it for using that drug for that problem (cost can include response cost, financial cost, physical cost/side effects, etc.). Briefly describe is the drug is described as curative of the problem or more palliative in its approach.
- Discussing how you would advocate, educate, and intervene as a psychotherapist with a client with the problem described given the information you presented. This should be in concert with some behavioral or psychological intervention

Based on the above, please use the following terms in **bold** in your paper for each section:

*Introduction*

*Pharmacokinetic/pharmacodynamic issues*

*Mechanism of action*

*Cost-benefit analysis*

*Advocating, educating, and intervening*

Each section is worth 10 points, and there is an additional 10 points for writing (grammar) and referencing for a **total of 60 points**.

Examples of topics might include: The use of antipsychotics to manage aggression in children with autism spectrum disorders; the use of medications for eating disorders; newer treatments for ADD using non-amphetamine based medications; psychotropic use in elderly populations; the use of schedule 1 drugs for psychological problems (focus on one drug for one problem like marijuana for anxiety or MDMA for PTSD).

Think of this as the kind of thing you would do when you have a client, and know you need to do some background research on the drug they are taking to help you educate, advocate, and intervene.

Feel free to run your ideas by me. Remember to make it interesting to *you!*

## *Reaction papers*

You are required to write two reaction papers after watching *The Medicated Child* (2008), a Frontline special from PBS and *Take Your Pills: Xanax* (2022) on Netflix.

For both papers, the instructions are on Canvas. Your reaction papers should be 2-3 double spaced pages and should evidence your critical thinking about this program with respect to what you have learned in the course to date and how this informs your own drug policies with your clients. You are encouraged to see this with a critical eye and be thoughtful about your commentary.

You may wish to pose a critical question and attempt to answer that or show how the theme of the program might occur in clinical practice as well as how these issues will impact your choices as a clinician.

This is written in first person, and it does not have to be APA formatted as a paper. Your referencing should use APA formatting.

There are articles in the syllabus (no response required) that might be a place to start.

Grammar and spelling count toward the grade. I would like you to show evidence based writing, so reference key assertions.

# ✓ Grading Information

ALL assignments are due at the beginning of class as listed in the schedule. Late assignments are not accepted unless explicit permission has been given to allow for this.

Your grade will be determined by your performance in these categories of coursework:

Assessment Items and Value			
	How Many?	Points	% of Final Grade
Exams	3	100 (300)	54%
Vignettes	2	50 (100)	19%
Reading Responses	2	15 (30)	5%
Investigation Paper	1	60	11%
Reaction Papers	2	30 (60)	11%
<b>TOTAL for COURSE</b>		<b>550</b>	

The grading scheme for this course is determined as follows:

<i>Grade</i>	<i>Percentage</i>
A plus	99 to 100%
A	92.5 to 98.9%
A minus	90 to 92.4%
B plus	87.5 to 89 %

B	82.5 to 87.4%
B minus	80 to 82.4%
C plus	77.5 to 79%
C	72.5 to 77.4%
C minus	70 to 72.4%

## Attendance

This is a graduate course, so attendance is required. You are expected to be on time to our meetings and when returning from the break. If you need to miss a class, please let me know by phone or email. Missing one class is not typically a problem. You should not miss more than one class during the semester. You cannot reschedule exams except for medical reasons.

## University Policies

Per [University Policy S16-9 \(PDF\) \(http://www.sjsu.edu/senate/docs/S16-9.pdf\)](http://www.sjsu.edu/senate/docs/S16-9.pdf), relevant university policy concerning all courses, such as student responsibilities, academic integrity, accommodations, dropping and adding, consent for recording of class, etc. and available student services (e.g. learning assistance, counseling, and other resources) are listed on the [Syllabus Information \(https://www.sjsu.edu/curriculum/courses/syllabus-info.php\)](https://www.sjsu.edu/curriculum/courses/syllabus-info.php) web page. Make sure to visit this page to review and be aware of these university policies and resources.

## Course Schedule

DATE	TOPIC	INFORMATION
1-27, 2-3	Introduction to psychopharmacology	READ THE SYLLABUS!
· POTB: Chapters 1, 2, & 5; Appendix G		

- SD: Chapter 1
- Read SD: Disclosure of Competing Interests (xxiii)

\* *reading responses not required*

\*\*Antonuccio, D. O., Danton, W. G., & McClanahan, T. M. (2003). Psychology in the prescription era: Building a firewall between marketing and science. *American Psychologist, 58*, 1028–1043.

\*Baker, C. B., et al. (2003). Quantitative analysis of sponsorship bias in economic studies of antidepressants. *British Journal of Psychiatry, 183*, 498-506.

\*Turner, E. H. et al. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine, 358*, 252-60.

2-10, 2-17 [2-24 - No class]	Pharmacokinetics & Pharmacodynamics	READ Moncrieff article
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- POTB: Chapters 3, 4, 21, & 23; Appendix A & C
- SD: Chapter 2 – provides a bit of context about pharmacology
  - **Moncrieff – Models of drug action [READ THIS]**

\* *reading response not required*

\*\*Chapters 1, 2, 3, and 4 from Ruiz, P. (Ed.) (2000). *Ethnicity and psychopharmacology*. Washington, DC: American Psychiatric Press.

\*Chaudhry, I. B., Neelam, K., Duddu, V., & Husain, N. (2008). Ethnicity and psychopharmacology. *Journal of psychopharmacology, 22*(6), 673-680.

3-3	Treatment of psychotic disorders	
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- POTB: Chapters 11 & 20; Appendix D
- SD: Chapter 4; pp.569-576; 609-612; 615 (schizophrenia/psychosis)

\* *reading response not required*

\*Harrow, M., Jobe, T. H., & Faull, R. N. (2014). Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study. *Psychological Medicine, 44*(14), 3007-3016.

\*Higashi, K., Medic, G., Littlewood, K. J., Diez, T., Granström, O., & De Hert, M. (2013). Medication adherence in schizophrenia: factors influencing adherence and consequences of nonadherence, a systematic literature review. *Therapeutic Advances in Psychopharmacology, 3*(4), 200-218.

\*Tandon, R. & Jibson, M. D. (2003). Efficacy of newer generation antipsychotics in the treatment of schizophrenia. *Psychoneuroendocrinology 28*, 9–26.

\*Zygmunt, A. et al. (2002) Interventions to improve medication adherence in schizophrenia. *American Journal of Psychiatry, 159*(10), 1653-1664.

3-10	Exam 1	
	<b>MODULE 2</b>	
3-17	Treatment of bipolar disorder	Reaction Paper due: 3-17

- POTB: Chapters 8 & 18
- SD: Chapter 5; pp. 561-568 (bipolar)

*\* reading response not required*

\*\*Bartoli, F., Dell’Osso, Crocamo, C., Fiorillo, A., Ketter, T.A., Suppes, T., Clerci, M. & Carra, G. (2017). Benefits and harms of low and high second-generation antipsychotic doses for bipolar disorder: A meta-analysis. *Journal of Psychiatric Research, 88*, 38-46.

\*Vázquez, G. H., Holtzman, J. N., Tondo, L., & Baldessarini, R. J. (2015). Efficacy and tolerability of treatments for bipolar depression. *Journal of Affective Disorders, 183*, 258-262.

\*Brondolo E. & Mas, F. (2001) Cognitive behavioral strategies for improving medication adherence in patients with bipolar disorder. *Cognitive and Behavioral Practice, 8*(2), 137-147.

3-24, 4-7	Treatment of depression	Reading Response 1 [MDD] due: 3-24
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[No class  
3-31 -  
spring  
break]

Vignette 1 due: 4-7

- POTB: Chapters 7, 17
- SD: Chapter 3; pp. 539-560 (depression)

**READING RESPONSES FOR:**

Jakobsen, J. C., Katakam, K. K., Schou, A., Hellmuth, S. G., Stallknecht, S. E., Leth-Møller, K., ... & Krogh, J. (2017). Selective serotonin reuptake inhibitors versus placebo in patients with major depressive disorder. A systematic review with meta-analysis and trial sequential analysis. *BMC psychiatry, 17*(1), 58.

**For a summary see article:** \*Hickey, P. (2017, March 9). SSRIs: Minimal Effectiveness and High Risk.

Kirsch, I., & Sapirstein, G. (1998). Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medication. *Prevention & Treatment, Vol 1*(2).

*\* reading response not required*

\*\*Hollon SD, DeRubeis RJ, Shelton RC, et al. Prevention of Relapse Following Cognitive Therapy vs Medications in Moderate to Severe Depression. (2005). *Arch Gen Psychiatry, 62*(4):417-422.

\*Hasler, G. (2010). Pathophysiology of Depression: Do We Have Any Solid Evidence of Interest to Clinicians? *World Psychiatry, 9*(3), 155–161.

4-14

Treatments using psychostimulants

Reading Response 2  
[ADD] due: 4-14

- POTB: Chapter 16, 25
- SD: Chapter 8

**READING RESPONSES REQUIRED:**

Swanson, J., et al. (2008). Multimodal treatment study of children with ADHD (MTA): Part II. *Journal of Attention Disorders, 12*, 15-43.

Dodson, W.W. (2005). Pharmacotherapy of adult ADHD. *Journal of Clinical Psychology / In Session*, 61, 589–606

*\* reading response not required*

\*Breggin, P. R. (1999). Psychostimulants in the treatment of children diagnosed with ADHD: Risks and mechanism of action. *International Journal of Risk & Safety in Medicine*, 12, 3-35.

4-21	Exam 2	
	<b>MODULE 3</b>	
4-258	Drug treatment of anxiety and sleep disorders	Reaction Paper 2 DUE: 4-28

- POTB: Chapters 9, 10, 12, 15, 19
- SD: Chapters 6 & 7

*\* reading response not required*

\*Morin, A. K. (2006). Strategies for treating chronic insomnia. *The American Journal of Managed Care*, 12, 230-235.

\*Griffin, C.E., Kaye, A.M., Bueno, F.R., & Kaye, A.D. (2013). Benzodiazepine Pharmacology and Central Nervous System-Mediated Effects, *The Ochsner Journal*, 13, 214-223.

\*Reid, A. M., McNamara, J. P., Murphy, T. K., Guzick, A. G., Storch, E. A., Geffken, G. R., & Bussing, R. (2015). Side-effects of SSRIs disrupt multimodal treatment for pediatric OCD in a randomized-controlled trial. *Journal of psychiatric research*, 71, 140-147.

\*Mitte, K. (2005). A meta-analysis of the efficacy of psycho- and pharmacotherapy in panic disorder with and without agoraphobia. *Journal of Affective Disorders* 88, 27 - 45.

5-5		
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	Alcohol and Substance Use Disorders; Opiate use	VIGNETTE 2 due: 5-5
	<ul style="list-style-type: none"> <li>· POTB: Chapter 14, 22; Appendix B</li> <li>· SD: Chapters 11 &amp; 12</li> </ul> <p><i>* reading response not required</i></p> <p>*Dunlap, B., &amp; Cifu, A. S. (2016). Clinical management of opioid use disorder. <i>JAMA</i>, 316(3), 338-339.</p> <p>*Miller, W. R. (2002). Mesa Grande: A methodological analysis of clinical trials of treatments for alcohol use disorders. <i>Addiction</i>, 97, 65–277.</p> <p>*Trescot, A. M., Datta, S., Lee, M., &amp; Hansen, H. (2008). Opioid pharmacology. <i>Pain physician</i>, 11(2 Suppl), S133-53.</p>	
5-12	Psychedelic Assisted Therapy; Closing the course	Investigation Paper Due: 5-12
	<p><i>* reading response not required</i></p> <p>*Cavarra, M., Falzone, A., Ramaekers, J. G., Kuypers, K. P., &amp; Mento, C. (2022). Psychedelic-Assisted *Psychotherapy—A Systematic Review of Associated Psychological Interventions. <i>Frontiers in Psychology</i>, 13, 1-21.</p> <p>*Barber, G. S., &amp; Aaronson, S. T. (2022). The Emerging Field of Psychedelic Psychotherapy. <i>Current Psychiatry Reports</i>, 24(10), 583-590.</p> <p>*Schenberg, E. E. (2018). Psychedelic-assisted psychotherapy: a paradigm shift in psychiatric research and development. <i>Frontiers in pharmacology</i>, 9, 733.</p> <p>*Mitchell, J. M., Ot'alara G, M., van der Kolk, B., Shannon, S., Bogenschutz, M., Gelfand, Y., ... &amp; MAPP2 Study Collaborator Group. (2023). MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. <i>Nature Medicine</i>, 29(10), 2473-2480.</p> <p>*Johnson, M. W., &amp; Griffiths, R. R. (2017). Potential therapeutic effects of psilocybin. <i>Neurotherapeutics</i>, 14, 734-740.</p> <p>*Jelen, L. A., &amp; Stone, J. M. (2021). Ketamine for depression. <i>International Review of Psychiatry</i>, 33(3), 207-228.</p>	
5-19	Exam 3 (Scheduled at 8:30am)	