



**COLLEGE OF SOCIAL WORK  
DSW PROGRAM**

**SW615 Psychopathology & Psychopharmacology  
Spring Semester 2018**

**Instructors:** Dr. Connie Rust

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**Office hours:** Contact via email

**Time:** Wednesday (6:00-8:00pm) Eastern

**Credit hours:** 3

**\*\*Instructors reserve the right to make adjustments to the syllabus before the first class\*\***

**Course Rationale:**

To be clinically effective and ethical agents of change, social workers must be able to effectively and comprehensively diagnose psychopathological conditions that support the foundation of an evidenced-based treatment plan. It is the ethical duty of the social worker to have an extensive understanding of the psychopharmacological interventions (e.g., clinical indications and uses, mechanisms of action, side effects, risk factors, drug interactions, etc.) indicated for the treatment of psychopathological disorders across the lifespan, in addition to critically analyzing the role of the social worker in the collaborative care of clients.

**Course Objectives:**

By the completion of this course:

1. Students will demonstrate advanced understanding of psychopathological conditions across the lifespan.
2. Students will demonstrate advanced understanding of psychopharmacological interventions across the lifespan.
3. Students will demonstrate, in case examples, advanced diagnostic skills and knowledge of the role of psychopharmacological interventions in treatment planning.

### **Student Learning Objectives:**

Students will be able to:

1. Critically analyze the complexity of accurate diagnosis of psychopathological conditions across the lifespan.
2. Analyze the clinical use, mechanisms of action, side effects, and risk factors (e.g., drug to drug interactions) of the major classes of psychotropic medications.
3. Organize and synthesize clinically relevant information from case studies to accurately diagnose using differential diagnostic procedures.
4. Identify and discuss proper psychopharmacological interventions for the treatment of psychopathological disorders across the lifespan.
5. Critically analyze the clinical and ethical issues related to psychopharmacology and social work practice.
6. Demonstrate through presentations the ability to present empirical information pertaining to the psychopathology and pharmacological treatment of a specific disorder within a specific population.

**Course Description:** Examines psychopharmacological interventions for psychopathological conditions across the lifespan.

**Learning Environment:** This class will consist of asynchronous and synchronous learning experiences in the online class environment. The student is a co-creator of the learning experience and environment. It is the purpose of this class to provide information and access to resources that will serve as a springboard for class collaboration. The course will include live and recorded lectures through Zoom and Canvas, Canvas discussion boards, and reading assignments.

**Text required for course**

Dziegielewski, S. & Jacinto, G.A. (2016). *Social Work Practice and Psychopharmacology: A Person-in Environment Approach*. 3<sup>rd</sup> Ed. New York, NY: Springer Publishing Company.

Frank, R.I. & Davidson, J. (2014). *The Transdiagnostic Road Map to Case Formulation and Treatment Planning: Practical Guidance for Clinical Decision Making*. Oakland, CA: New Harbinger Publications.

## **UNIVERSITY POLICIES**

### **Code of Conduct**

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook ([www.csw.utk.edu](http://www.csw.utk.edu)). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

### **The Honor Statement**

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

### **Plagiarism**

It is assumed that all of your work is original for every assignment, including online, and that you are aware of appropriate citation rules. If you are not *completely* familiar with citation rules, please review them at the UT Library web site: <http://writingcenter.utk.edu/for-students/citingsources/> This website has other links as well. Please be aware that copying material verbatim from the web is considered plagiarism unless it is appropriately cited as verbatim material. Canvas now provides the means for automatically scanning submitted assignments to determine if they include plagiarized material. Please assume that your material will be automatically scanned when it is submitted.

### **University Civility Statement**

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its

members adhere to the principles of civility and community adopted by the campus:  
<http://civility.utk.edu/>

### **Disability**

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

### **Dimensions of Diversity**

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture, mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

### **Information Literacy/Technological Resources**

This course will be conducted online using Zoom and Canvas. Students must have a working knowledge of all aspects of Zoom and Canvas, particularly accessing assignments and learning resources, viewing PowerPoint presentations, submission of assignments, and communication with the instructor and other students.

### **Course Requirements:**

This is an online class using Zoom and Canvas. Students are expected to actively engage and participate in all course activities with particular attention directed to discussion boards, relevant in-class discussions, and other class activities. All assignments for this case must be submitted on time in accordance with the due dates described below. Late submissions will likely result in a reduction in points. A student who wishes an extension of time for an assignment due to medical or personal emergency should consult the instructors in advance. However, an extension is not automatic.

## **EVALUATION PROCEDURES AND GRADES**

- A (95-100) Outstanding/Superior.** Exceptional Performance. Consistently exceeds expectations.
- B+ (90-94) Very good.** Student consistently meets and occasional exceeds normal expectations for the course.
- B (85-89) Good.** Student consistently meets normal expectations for the class.
- C+ (80-84) Average.** There is unevenness in grasping course content. Student is inconsistent in meeting normal expectations for the course.
- C (75-79) Poor.** There is a lack of understanding of the course content. Student does not meet course expectations.
- F (74 and below) Very Poor.** There is a lack of attendance or incomplete assignments. Course expectations are not met.

## COURSE ASSIGNMENTS

**\*\*\*All due dates/times reflect the Eastern time zone\*\*\***

**Critical Thinking Question & Answer (CTQA)** (6 x 10 points each): CTQA is intended to promote high levels of critical thinking and to encourage thoughtful dialogue with your peers. Students will be asked to create and post ONE original CTQA via Canvas discussions. Each question and answer should reflect content from the current (or previous) week's readings, lectures, videos, etc. Students will be evaluated on their ability to generate questions and answers demonstrating critical thinking based on the *revised Bloom's Taxonomy of Cognitive Dimensions*. In addition to posting one original CTQA, students will be expected to make two responses to original CTQA's made by their peers. Each student will complete a total of six CTQA assignments. The instructions and scoring rubric can be found on Canvas.

### **CTQA DUE DATES: ALL Sundays's**

**CTQA 1: 01/28 by midnight (Eastern)**

**CTQA 2: 02/11 by midnight (Eastern)**

**CTQA 3: 02/25 by midnight (Eastern)**

**CTQA 4: 03/18 by midnight (Eastern)**

**CTQA 5: 04/08 by midnight (Eastern)**

**Case Study** (4 x 25 points each): Each student will complete four case studies. Please see Canvas for a detailed description of the requirements and expectations (i.e., scoring rubric) for these assignments. *Although not a required text for this course, it is expected that each student have access to the DSM-5.*

### **Case Study DUE DATES: ALL Sunday's**

**Case Study 1: 02/04 by midnight (Eastern)**

**Case Study 2: 02/18 by midnight (Eastern)**

**Case Study 3: 03/04 by midnight (Eastern)**

**Case Study 4: 03/25 by midnight (Eastern)**

**Group Case Study Presentation** (100 points): This group assignment is designed to allow the student to synthesize the course material and independent research in order to develop a case study based on a psychopathological disorder and its pharmacologic treatment in critical consideration of Transdiagnostic Formulation. This presentation is considered the Capstone assignment for this course as it fully integrates the biopsychosocial complexities of psychopathology and its psychopharmacological treatment. Please see Canvas for a detailed description of the requirements, expectations (i.e., scoring rubric), and pre-selected group assignments.

Critical Thinking Question & Answer (x5)	50 points
Case Study (x4)	100 points
<u>Group Case Study Presentation</u>	<u>100 points</u>

TOTAL: 250 points

### COURSE OUTLINE

<b>Introduction to the course</b>  January 10  <i>Synchronous</i>	<b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapters: 1-3  <b><u>Canvas Readings:</u></b> Pierre, J.M. (2013). Overdiagnosis, underdiagnosis, synthesis: A dialectic for psychiatry and the DSM. In J. Paris, & J. Phillips (Eds.), <i>Making the DSM-5: Concepts and Controversies</i> . (pp. 105-124). New York, NY: Springer.  Szasz, T.S. (1960). The myth of mental illness. <i>The American Psychologist</i> , 13(2), 113-118.
<b>Module 1:</b>  <b>Introduction to Psychopathology &amp;</b>	<b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapters: 4 & 5  <b><u>Canvas Readings:</u></b>

<p><b>Psychopharmacology</b></p> <p>January 17</p> <p><i>Asynchronous</i></p>	<p>Canino, G. &amp; Alegria, M. (2008). Psychiatric diagnosis – is it universal or relative to culture. <i>Journal of Child Psychology and Psychiatry</i>, 49(3), 237-250.</p> <p>Bradley, S.S. (2003). The psychology of the psychopharmacology triangle. <i>Social Work in Mental Health</i>, 1(4), 29-50.</p> <p>Rubio-Valera, M., Chen, T.F. &amp; O'Reilly, C. L. (2014). New roles for pharmacists in community mental health care: a narrative review. <i>Int. J. Environ. Res. Public Health</i>, 11, 10967-10990.</p>
<p><b>Module 1 continued</b></p> <p>January 24</p> <p><i>Synchronous</i></p>	<p><b><u>Frank &amp; Davidson Text:</u></b> Chapters: 1-5</p> <p><b><u>Canvas Readings:</u></b> Craske, M.G. (2012). Transdiagnostic treatment for anxiety and depression. <i>Depression and Anxiety</i>, 29, 749-753.</p> <p>Sauer-Zavala et al. (2017). Current definitions of “Transdiagnostic” in treatment development: A search for consensus. <i>Behavior Therapy</i>, 48, 128-138.</p>
<p><b>Module 2:</b></p> <p><b>Child/Adolescent Psychopathology &amp; Psychopharmacology</b></p> <p>January 31</p> <p><i>Asynchronous</i></p>	<p><b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapter 7 (pages 137-154)</p> <p><b><u>Canvas Readings:</u></b> Bazzano, Alicia T.F. et al. (2009). Off-label prescribing to children in the United States outpatient setting. <i>Academic Pediatrics</i>, 9(2), 81-88.</p> <p>Gleason et al. (2007). Psychopharmacological treatments for very young children: Contexts and guidelines. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 46(12), 1532-1572.</p> <p>Shiff et al. (2011). Principles of conservative prescribing. <i>Archives of Internal Medicine</i>, 171(16), 1433-1440.</p>

<p><b>Module 2 continued.</b></p> <p>February 7</p> <p><i>Synchronous</i></p>	<p><b><u>Frank &amp; Davidson Text:</u></b> Chapters: 6-10</p> <p><b><u>Canvas Readings:</u></b></p> <p>Creswell, C., Murray, L., &amp; Cooper, P. (2014). Interpretation and expectation in childhood anxiety disorders: Age effects and social specificity. <i>Journal of Abnormal Child Psychology</i>, 42, 453-465.</p> <p>Di Pietro, N.C., Whiteley, L., Mizgalewicz, A., &amp; Illes, J. (2013). Treatments for neurodevelopmental disorders: Evidence, advocacy, and the internet. <i>Journal of Autism and Developmental Disorders</i>, 43, 122-133.</p> <p>Gueter, S., Koban, L., &amp; Wager, T.D. (2017). The cognitive neuroscience of placebo effects: Concepts, predictions, and physiology. <i>Annual Review of Neuroscience</i>, 40, 167-188.</p>
<p><b>Module 3:</b></p> <p><b>Depressive/Mood related Disorders &amp; Psychopharmacology</b></p> <p>February 14</p> <p><i>Asynchronous</i></p>	<p><b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapters: 8-9</p> <p><b><u>Canvas Readings:</u></b></p> <p>Cutcliffe, J.R. &amp; Lakeman, R. (2010). Challenging normative orthodoxies in depression: Huxley's utopia or Dante's inferno. <i>Archives of Psychiatric Nursing</i>, 24(2), 114-124.</p> <p>Wakefield, J. (2015). The loss of grief: Science and pseudoscience in the debate over DSM-5's elimination of the bereavement exclusion. In S. Demazeux, &amp; P. Stingy (Eds.), <i>The DSM-5 in Perspective</i>. (pp. 157-178). New York, NY: Springer.</p>
<p><b>Module 3 continued</b></p> <p>February 21</p> <p><i>Synchronous</i></p>	<p><b><u>Canvas Readings:</u></b></p> <p>Olfson, M. &amp; Marcus, S.C. (2009). National patterns in antidepressant medication treatment. <i>Archives of General Psychiatry</i>, 66(8), 848-856.</p>



	<p>France, C.M., Lsyaker, P.H., &amp; Robinson, R.P. (2007). The “chemical imbalance” explanation for depression: Origins, lay endorsement, and clinical implications. <i>Professional Psychology: Research and Practice</i>, 38(4), 411-420.</p> <p>Viktorin, A. et al. (2014). The risk of switch to mania in patients with bipolar disorder during treatment with an antidepressant alone and in combination with a mood stabilizer. <i>American Journal of Psychiatry</i>, 171(10), 1067-1073.</p>
<p><b>Module 4:</b></p> <p><b>Anxiety and related Disorders &amp; Psychopharmacology</b></p> <p>February 28</p> <p><i>Asynchronous</i></p>	<p><b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapter: 10</p> <p><b><u>Canvas Readings:</u></b></p> <p>Berger, A. et al. (2012). Change in healthcare utilization and costs following initiation of benzodiazepine therapy for long-term treatment of generalized anxiety disorder: a retrospective cohort study. <i>BMC Psychiatry</i>, 12(177).</p> <p>Lang, P.J. &amp; McTeague, L.M. (2009). The anxiety disorder spectrum: Fear imagery, physiological reactivity, and differential diagnosis. <i>Anxiety, Stress &amp; Coping</i>, 22(1), 5-25.</p>
<p><b>Module 4 continued</b></p> <p>March 7</p> <p><i>Synchronous</i></p>	<p><b><u>Canvas Readings:</u></b></p> <p>Gutner, C.A., Galovski, T., Bovin, M.J., &amp; Schnurr, P.P. (2016). Emergence of transdiagnostic treatments for PTSD and posttraumatic distress. <i>Current Psychiatry Report</i>, 18(95), 1-7.</p> <p>Moutaud, B. (2015). DSM-5 and the reconceptualization of obsessive-compulsive disorder: An anthropological perspective from the neuroscience laboratory. In S. Demazeux, &amp; P. Stingy (Eds.), <i>The DSM-5 in Perspective</i>. (pp. 225-238). New York, NY: Springer.</p> <p>Ravindran, L. &amp; Stein, M.B. (2009). Pharmacotherapy of PTSD: premises, principles, and priorities. <i>Brain</i></p>

	<i>Research, 1293, 24-39.</i>
<b>SPRING BREAK</b> March 12-16	<b>WEEK OFF!!!!</b>
<b>Module 5:</b> <b>Mid to Late Adulthood Psychopathology &amp; Psychopharmacology</b> March 21 <i>Asynchronous</i>	<b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapter: 7 (155-166)  <b><u>Canvas Readings:</u></b> Erskine, J.A., Kvavilashvili, L., Conway, M.A., & Myers, L. (2007). The effects of age on psychopathology, well-being and repressive coping. <i>Aging &amp; Mental Health, 11</i> (4), 394-404.  Peat, C.M., Peyerl, N.L., & Muehlenkamp, J.J. (2008). Body image and eating disorders in older adults: A review. <i>Journal of General Psychology, 135</i> (4), 343-358.
<b>Module 5 continued</b> March 28 <i>Synchronous</i>	<b><u>Canvas Readings:</u></b> Rosowsky, E. & Molinari, V. (2014). Personality disorders in later life. <i>Journal of the American Society on Aging, 38</i> (3), 37-44.  Gilbody, S., Bower, P., Fletcher, J., Richards, D., & Sutton, A. J. (2006). Collaborative care for depression: a cumulative meta-analysis and review of longer term outcomes. <i>Archives of Internal Medicine, 166</i> (21), 2314-2321.
<b>Module 6:</b> <b>Special topics in Psychopathology &amp; Psychopharmacology</b> April 4	<b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapters: 6 & 11  <b><u>Canvas Readings:</u></b> Pierre, J.M. (2010). Hallucinations in nonpsychotic disorders: toward a differential diagnosis of "hearing voices." <i>Harvard Review of Psychiatry, 18</i> (1), 22-35.

<p><i>Asynchronous</i></p>	<p>Rhodes, J. &amp; Jakes, S. (2010). Perspective on the onset of delusions. <i>Clinical Psychology and Psychotherapy</i>, 17, 136-146.</p>
<p><b>Module 6 continued</b> April 11 <i>Asynchronous</i></p>	<p><b><u>Dziegielewski &amp; Jacinto Text:</u></b> Chapter: 12</p> <p><b><u>Canvas Readings:</u></b></p> <p>Flynn, P. M., &amp; Brown, B. S. (2008). Co-Occurring Disorders in Substance Abuse Treatment: Issues and Prospects. <i>Journal of Substance Abuse Treatment</i>, 34(1), 36–47.</p> <p>O’Conner, S. &amp; Vandenberg (2010). Differentiating psychosis and faith: the role of social norms and religious fundamentalism. <i>Mental Health, Religion &amp; Culture</i>, 13(2), 171-186.</p>
<p><b>Presentations</b> April 18 <i>Synchronous</i></p>	<p><b>Group Case Study Presentations</b></p>
<p><b>Presentations</b> April 25 <i>Synchronous</i></p>	<p><b>Group Case Study Presentations</b></p>