

**San José State University**  
**College of Social Sciences**  
**Psychology 232 (01), Clinical Psychopharmacology**  
**Spring, 2024**

<b>Instructor:</b>	Glenn M. Callaghan, Ph.D.
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<b>Email:</b>	<a href="mailto:Glenn.Callaghan@sjsu.edu">Glenn.Callaghan@sjsu.edu</a> and through Canvas
<b>Office Hours:</b>	M 12:00 - 1:00 pm in person W 1:00 - 2:00 pm by Zoom
<b>Class Days/Time:</b>	M 9:00 - 11:45am
<b>Room:</b>	DMH 308
<b>Prerequisites:</b>	Psychology 126, psychobiology, or equivalent, & eligibility for graduate study in psychology

You are responsible for all of the material in this syllabus including due dates and times, location of assignments on Canvas, and the course and university's policy on academic integrity.

### **Course Format**

#### **In person course**

This course will meet weekly at the time listed in the schedule of classes. Lectures will occur in person. (There may be one or two occasions where the course must be done over Zoom.) All assignments will be posted and submitted through Canvas. With the exception of the course textbooks, all readings are available through the course website on Canvas.

**NOTE:** With the changing situation with the COVID pandemic, there is a high likelihood that we will move to a synchronous online version of this course. This will be to ensure the safety of all members of the class. If and when this occurs, the syllabus, course requirements, and expectations will all remain the same; only the platform will be different.

## Faculty Web Page and MYSJSU Messaging

Course materials such as syllabus, handouts, notes, assignment instructions, etc. can be found on my faculty web page on the [Canvas Learning Management System course login website](http://sjsu.instructure.com) at <http://sjsu.instructure.com>. You are responsible for regularly checking with the messaging system through [MySJSU](http://my.sjsu.edu) at <http://my.sjsu.edu> (or Canvas) to learn of any updates.

## Course Description

From the SJSU Catalog: Description: *Prepares counseling professionals to understand aspects of drug use, mechanisms of change and clinical outcomes.*  
Prerequisite: PSYC 126 or equivalent.

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.

Not everyone has a background in biology, and this will make some of the material harder to learn. I have chosen a text that appears to be relatively straightforward, but some of the material on mechanisms of action (e.g., on pharmacodynamics and pharmacokinetics) can be difficult for some students. You may want to study this material together in groups. I *strongly recommend* that you utilize the strengths of classmates who have a stronger background in psychobiology or consider picking up a basic text on the subject.

A note on my teaching philosophy: This is *our* class. I have information that I want you to have and that you need to have if you are going to gain employment or licensure in the mental health profession. However, how I deliver this information and how you learn it can be somewhat flexible. If at any time you are feeling lost, unhappy, or not satisfied with the course, please let me know. Nine out of ten times I can make adjustments in either style or pacing so that you are not only learning the information you need to know, but you are having a more enjoyable time doing it (well, *relatively* more enjoyable, anyway). Each semester I utilize feedback from students for the next class to make the course a better learning experience. Should you have feedback about this process, feel free to let me know.

## Course Goals and Student Learning Objectives

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.

### **Course Content Learning Outcomes (CLOs)**

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

### **Program Learning Outcomes**

#### **Upon completion of the MS in Clinical Psychology:**

PLO1.1 Students will demonstrate breadth of knowledge of a variety of

psychotherapy theories and in-depth knowledge of one chosen theory of intervention

PLO1.2 Students will demonstrate knowledge of empirically supported clinical interventions and evidence ability to select treatments for individual clients given this literature

PLO2.1 Students will demonstrate effective integration and communication of clinical case material

PLO2.2 Students will demonstrate the ability to synthesize contextual and cultural variables into presentations of client materials

PLO2.3 Students will effectively respond to queries about clinical material and engage in discussions about their clients with supervisors and peers

PLO2.4 Students will be able to think and discuss cases other than their own, applying theories, principles, and relevant empirical findings to those cases

PLO3.1 Students will demonstrate understanding of different assessment devices and strategies for assessing client outcome over the course of treatment including standardized nomothetic and idiographic approaches

PLO4.1 Students will demonstrate depth and breadth of understanding in areas including, but not limited to, psychotherapy theory, service delivery, ethics, assessment, research methods, family therapy, cultural diversity, psychopharmacology, and issues relevant to adult and child clinical populations. Students will be able to apply this knowledge to clinical cases

PLO5.1 Students will demonstrate fulfillment of coursework and other pre-degree licensing requirements outlined by the Board of Behavioral Sciences

This course meets PLOs 1.1,1.2, 2.2, 2.3, 4.1, and 5.1.

### **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.

### Definition of a Credit Hour

Success in this course is based on the expectation that students will spend, for each unit of credit, a minimum of 45 hours over the length of the course (normally 3 hours per unit per week with 1 of the hours used for lecture) for instruction or preparation/studying or course related activities. Other course structures will have equivalent workload expectations as described in the syllabus.

The credit hour is defined as the amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester.

The expectation of work for a 3-credit course is 150-minuts of direct faculty instruction and six hours of out-of-class student work each week.

Please note that graduate study often exceeds these expectations. You **must** find a way to balance your academic workload and life's demands. The program will assume that you make your graduate study a top priority.

### Office Hours

I have office hours for this term on as listed on the top of this syllabus. 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.

Please note that you if you use Zoom, you will be required you to use it through your SJSU account.

If you know you want to attend one of the Zoom meetings, please try to email me in advance to let me know. If no one attends in the first 30 minutes, I will likely end the office hours for that session, unless, of course, someone lets me know they plan to attend that day.

### Required Texts/Readings

#### **Required Texts**

1. Preston, J.D., O'Neal, J.H., Talaga, M.C., & Moore, B.A. (2021) *Handbook of Clinical Psychopharmacology for Therapists, 9<sup>th</sup> Edition*. Oakland, CA: New Harbinger Publications, Inc. ISBN: 978-1684035151  
(Referred to as **POTB** in the Week-by-Week Course Outline)

2. Schatzberg, A.F. & DeBattista, C. (2019) *Schatzberg's Manual of Clinical Psychopharmacology, 9<sup>th</sup> Edition*. 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.

**A Note on Readings**

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.

**Assignments and Grading Policy**

**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:

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

## **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 ¾ 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.

## **Canvas and E-Campus**

This course is entirely on Canvas. You are responsible for regularly checking the website. Announcements will be made there.

## **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.

## **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.

### **Professional Communication**

The best method of contacting me is via email. Please allow 1 to 2 business days for a response. I do not typically respond to email on weekends. Please use the email address listed on this syllabus. I do not respond to emails sent to Canvas as frequently.

Email is NOT a place to get extensive help with papers. If you have questions about a paper or larger assignment, you must attend online office hours to discuss them; I will not simply read drafts of papers over email. 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 to make it better, if need be. Please do not send more than two questions at a time. If you have more than two questions, office hours are the place to get those answered.

As a graduate student, you are required 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, I would encourage you to 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., paper 2, absence on 4-11).
2. In the greeting, please address your professor professionally and with courtesy.

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. If you have overslept, are tired, hangover, or whatever, please do not make requests based on those reasons.
6. Use a polite and respectful tone.
7. Use complete sentences.
8. Do not use abbreviations for words that are often used in text messages.
9. Use upper and lower case letters.
10. Be sure to use correct grammar and spelling in your message.
11. 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.
12. 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!

### **Needing Help in this Challenging Time**

This is an unprecedented time in all of our lives. The pandemic and post-pandemic affect all aspects of living from our personal experience and distress, to our families, our work, our education, and many other situations.

If you need help, feel lost, are getting behind, or have essential parts of your life needing attention in this difficult time, please reach out to me. I want to make sure that this class is not the most challenging part of your life right now.

We will brainstorm and figure out what is possible to help you succeed at the level you are aiming for in this course. Please reach out as things become challenging so we can create a plan for success that fits your unique situation. Always remember, that sooner we can get in on a challenging situation, the more likely we can remedy it. If you wait too long, sometimes our options are much more limited to help alleviate your stress and allow you to succeed.

### **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 can 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.

## **University Policies**

Per [University Policy S16-9](#) (<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 [Syllabus Information web page](#) (<http://www.sjsu.edu/gup/syllabusinfo>), which is hosted by the Office of Undergraduate Education. Make sure to visit this page to review and be aware of these university policies and resources.

## **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](#) 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.**

### **Campus Policy in Compliance with the American Disabilities Act**

If you need course adaptations or accommodations because of a disability, or if you need to make special arrangements in case the building must be evacuated, please make an appointment with me as soon as possible, or see me during office hours. [Presidential Directive 97-03](#) requires that students with disabilities requesting accommodations must register with the [Accessible Education Center](#) (AEC) to establish a record of their disability.

### **SJSU Writing Center**

The SJSU Writing Center offers a variety of free resources to help students become better writers. The center offers writing resources, workshops, and one-on-one and small-group tutoring sessions. Services support writing for students in all disciplines and at all levels. The SJSU Writing Center has two in-person locations, Clark Hall, Suite 126 and MLK Library, 2<sup>nd</sup> floor. Workshops and tutoring is also available through online platforms.

To make an appointment or to refer to the numerous online resources offered through the Writing Center, visit the [Writing Center website](#) at <http://www.sjsu.edu/writingcenter>.

### **SJSU Counseling Services**

The SJSU Counseling Services is located at the Student Wellness Center, room 300B. Professional psychologists, social workers, and counselors are available to provide consultation on issues of student mental health, campus climate or psychological and academic issues on an individual, couple, or group basis. To

schedule an appointment or learn more information, visit [Counseling Services website](http://www.sjsu.edu/counseling) at <http://www.sjsu.edu/counseling>.

### **SJSU Cares**

Students experiencing challenges meeting their basic needs including, but not limited to, access to food, shelter, and a safe space are encouraged to contact [SJSU Cares](#). Students who feel that their class performance may be affected by these challenges are encouraged to notify their professors, if comfortable doing so. Faculty members may be able to provide flexibility within the course for students working with a case manager.

### **SJSU Counseling Services**

The SJSU Counseling Services is located at the Student Wellness Center, room 300B. Professional psychologists, social workers, and counselors are available to provide consultation on issues of student mental health, campus climate or psychological and academic issues on an individual, couple, or group basis. To schedule an appointment or learn more information, visit [Counseling Services website](http://www.sjsu.edu/counseling) at <http://www.sjsu.edu/counseling>.



## Psychology 232, Clinical Psychopharmacology Spring 2024

DATE	TOPIC	INFORMATION
1-29	<b>Introduction to psychopharmacology</b>	<b>READ THE SYLLABUS!</b>
<ul style="list-style-type: none"> <li>• POTB: Chapters 1, 2, &amp; 5; Appendix G</li> <li>• SD: Chapter 1</li> <li>• Read SD: Disclosure of Competing Interests (xxiii)</li> </ul> <p><i>* reading responses not required</i></p> <p>**Antonuccio, D. O., Danton, W. G., &amp; McClanahan, T. M. (2003). Psychology in the prescription era: Building a firewall between marketing and science. <i>American Psychologist</i>, 58, 1028–1043.</p> <p>*Baker, C. B., et al. (2003). Quantitative analysis of sponsorship bias in economic studies of antidepressants. <i>British Journal of Psychiatry</i>, 183, 498-506.</p> <p>*Turner, E. H. et al. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. <i>New England Journal of Medicine</i>, 358, 252-60.</p> <p>Website: Explanation of and list of DEA controlled substances schedules:  <a href="https://www.deadiversion.usdoj.gov/schedules/index.html">https://www.deadiversion.usdoj.gov/schedules/index.html</a></p>		
2-5, 2-12	<b>Pharmacokinetics &amp; Pharmacodynamics</b>	
<ul style="list-style-type: none"> <li>• POTB: Chapters 3, 4, 21, &amp; 23; Appendix A &amp; C</li> <li>• SD: Chapter 2 – provides a bit of context about pharmacology</li> </ul> <p><i>* reading response not required</i></p> <p>**Chapters 1, 2, 3, and 4 from Ruiz, P. (Ed.) (2000). <i>Ethnicity and psychopharmacology</i>. Washington, DC: American Psychiatric Press.</p> <p>*Chaudhry, I. B., Neelam, K., Duddu, V., &amp; Husain, N. (2008). Ethnicity and psychopharmacology. <i>Journal of psychopharmacology</i>, 22(6), 673-680.</p>		
2-19	<b>Treatment of psychotic disorders</b>	
<ul style="list-style-type: none"> <li>• POTB: Chapters 11 &amp; 20; Appendix D</li> <li>• SD: Chapter 4; pp.569-576; 609-612; 615 (schizophrenia/psychosis)</li> </ul> <p><i>* reading response not required</i></p> <p>**Harrow, M., Jobe, T. H., &amp; Faull, R. N. (2014). Does treatment of schizophrenia with antipsychotic medications eliminate or reduce psychosis? A 20-year multi-follow-up study. <i>Psychological Medicine</i>, 44(14), 3007-3016.</p> <p>*Higashi, K., Medic, G., Littlewood, K. J., Diez, T., Granström, O., &amp; De Hert, M. (2013). Medication adherence in schizophrenia: factors influencing adherence and consequences of nonadherence, a systematic literature review. <i>Therapeutic Advances in Psychopharmacology</i>, 3(4), 200-218.</p> <p>*Tandon, R. &amp; Jibson, M. D. (2003). Efficacy of newer generation antipsychotics in the treatment of schizophrenia. <i>Psychoneuroendocrinology</i> 28, 9–26.</p> <p>*Zygmunt, A. et al. (2002) Interventions to improve medication adherence in schizophrenia. <i>American Journal of Psychiatry</i>, 159(10), 1653-1664.</p>		
<b>2-26</b>	<b>Exam 1</b>	

DATE	TOPIC	INFORMATION
<b>3-4</b>	<b>Treatment of bipolar disorder</b>	<b>Reaction Paper Due: 3-4</b>
<ul style="list-style-type: none"> <li>POTB: Chapters 8 &amp; 18</li> <li>SD: Chapter 5; pp. 561-568 (bipolar)</li> </ul> <p><i>* reading response not required</i></p> <p>**Bartoli, F., Dell’Osso, Crocamo, C., Fiorillo, A., Ketter, T.A., Suppes, T., Clerci, M. &amp; Carra, G. (2017). Benefits and harms of low and high second-generation antipsychotic doses for bipolar disorder: A meta-analysis. <i>Journal of Psychiatric Research</i>, 88, 38-46.</p> <p>*Vázquez, G. H., Holtzman, J. N., Tondo, L., &amp; Baldessarini, R. J. (2015). Efficacy and tolerability of treatments for bipolar depression. <i>Journal of Affective Disorders</i>, 183, 258-262.</p> <p>*Brondolo E. &amp; Mas, F. (2001) Cognitive behavioral strategies for improving medication adherence in patients with bipolar disorder. <i>Cognitive and Behavioral Practice</i>, 8(2), 137-147.</p>		
<b>3-11, 3-25</b> *No class 3-18	<b>Treatment of depression</b>	<b>Reading Response 1 [MDD] Due: 3-11</b> <b>[Reading Response 2 [ADD] Due: 3-25]</b>
<ul style="list-style-type: none"> <li>POTB: Chapters 7, 17</li> <li>SD: Chapter 3; pp. 539-560 (depression)</li> </ul> <p><b>READING RESPONSES FOR:</b></p> <p>Jakobsen, J. C., Katakam, K. K., Schou, A., Hellmuth, S. G., Stallknecht, S. E., Leth-Møller, K., ... &amp; 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. <i>BMC psychiatry</i>, 17(1), 58.</p> <p><b>For a summary see article:</b> *Hickey, P. (2017, March 9). SSRIs: Minimal Effectiveness and High Risk. Kirsch, I., &amp; Sapirstein, G. (1998). Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medication. <i>Prevention &amp; Treatment</i>, Vol 1(2).</p> <p><i>* reading response not required</i></p> <p>**Hollon SD, DeRubeis RJ, Shelton RC, et al. Prevention of Relapse Following Cognitive Therapy vs Medications in Moderate to Severe Depression. (2005). <i>Arch Gen Psychiatry</i>, 62(4):417-422.</p> <p>*Hasler, G. (2010). Pathophysiology of Depression: Do We Have Any Solid Evidence of Interest to Clinicians? <i>World Psychiatry</i>, 9(3), 155–161.</p>		
<b>3-25, 4-8</b> [no class 4-1: Spring Break]	<b>Treatments using psychostimulants</b>	<b>Reading Response 2 [ADD] Due: 3-25</b> <b>VIGNETTE 1 DUE: 4-8</b>
<ul style="list-style-type: none"> <li>POTB: Chapter 16, 25</li> <li>SD: Chapter 8</li> </ul> <p><b>READING RESPONSES REQUIRED:</b></p> <p>Swanson, J., et al. (2008). Multimodal treatment study of children with ADHD (MTA): Part II. <i>Journal of Attention Disorders</i>, 12, 15-43.</p> <p>Dodson, W.W. (2005). Pharmacotherapy of adult ADHD. <i>Journal of Clinical Psychology / In Session</i>, 61, 589–606</p> <p><i>* reading response not required</i></p> <p>*Breggin, P. R. (1999). Psychostimulants in the treatment of children diagnosed with ADHD: Risks and mechanism of action. <i>International Journal of Risk &amp; Safety in Medicine</i>, 12, 3-35.</p>		
<b>4-15</b>	<b>Exam 2</b>	

DATE	TOPIC	INFORMATION
4-22	Drug treatment of anxiety and sleep disorders	Reaction Paper 2 DUE: 4-22
<ul style="list-style-type: none"> <li>• POTB: Chapters 9, 10, 12, 15, 19</li> <li>• SD: Chapters 6 &amp; 7</li> </ul> <p><i>* reading response not required</i></p> <p>*Morin, A. K. (2006). Strategies for treating chronic insomnia. <i>The American Journal of Managed Care</i>, 12, 230-235.</p> <p>*Griffin, C.E., Kaye, A.M., Bueno, F.R., &amp; Kaye, A.D. (2013). Benzodiazepine Pharmacology and Central Nervous System-Mediated Effects, <i>The Ochsner Journal</i>, 13, 214-223.</p> <p>*Reid, A. M., McNamara, J. P., Murphy, T. K., Guzick, A. G., Storch, E. A., Geffken, G. R., &amp; Bussing, R. (2015). Side-effects of SSRIs disrupt multimodal treatment for pediatric OCD in a randomized-controlled trial. <i>Journal of psychiatric research</i>, 71, 140-147.</p> <p>*Mitte, K. (2005). A meta-analysis of the efficacy of psycho- and pharmacotherapy in panic disorder with and without agoraphobia. <i>Journal of Affective Disorders</i> 88, 27 - 45.</p>		
4-29	Alcohol and Substance Use Disorders; Opiate use	VIGNETTE 2 DUE: 4-29
<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>		
5-6, 5-13	Psychedelic Assisted Therapy; Closing the course	Investigation Paper Due: 5-13
<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'alora 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>		
5-16	Exam 3 (Scheduled at 7:15am)	

## Helpful articles

\* reading response not required

### Helpful readings for Vignette 1 (no response due)

- \*Haddad, P. M. (2001). Antidepressant discontinuation syndromes: Clinical relevance, prevention and management. *Drug Safety*, 24, 183-197.
- \*Tint, A., Haddad, Pm. M., & Anderson, I. M., (2008). The effect of rate of antidepressant tapering on the incidence of discontinuation symptoms: a randomised study. *Journal of Psychopharmacology*, 22(3), 330–332.
- \*Hollon S. D., 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.
- \*Hollon, S. D., DeRubeis, R. J., Fawcett, J., Amsterdam, J. D., Shelton, R. C., Zajecka, J., ... & Gallop, R. (2014). Effect of cognitive therapy with antidepressant medications vs antidepressants alone on the rate of recovery in major depressive disorder: a randomized clinical trial. *JAMA psychiatry*, 71(10), 1157-1164.

### Helpful readings for Vignette 2 (no response due)

- \*Koski, A., Vuori, E., & Ojanperä, I. (2005). Newer antidepressants: Evaluation of fatal toxicity index and interaction with alcohol based on Finnish postmortem data. *International journal of legal medicine*, 119(6), 344-348.
- \*Tanaka, E. (1999). Clinically significant pharmacokinetic drug interactions with benzodiazepines. *Journal of clinical pharmacy and therapeutics*, 24(5), 347-355.
- \*Cusack, K., et al. "Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis." *Clinical psychology review* 43 (2016): 128-141.
- \*Jonas DE, Cusack K, Forneris CA, Wilkins TM, Sonis J, Middleton JC, Feltner C, Meredith D, Cavanaugh J, Brownley KA, Olmsted KR, Greenblatt A, Weil A, Gaynes BN. Psychological and Pharmacological Treatments for Adults with *Posttraumatic Stress Disorder (PTSD)*. *Comparative Effectiveness Review No. 92*. (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center under Contract No. 290-2007-10056-I.) AHRQ Publication No. 13-EHC011-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2013. [www.effectivehealthcare.ahrq.gov/reports/final.cfm](http://www.effectivehealthcare.ahrq.gov/reports/final.cfm).