

Lewis & Clark
Graduate School of
Education and Counseling



“We are a community that commits itself to diversity and sustainability as dimensions of a just society”
- *Mission Statement, Lewis & Clark College*

**MCFT 523-01/12 Psychopharmacology and Medical Issues in Family
Therapy**

SPRING 2020

Time & Day: Mondays 9 am – 12 pm/1 - 4 pm (1/6/20 – 2/10/20)
Location: York Graduate Center Rm 116
Instructor: Lana Kim, PhD, LMFT
Office Hours: Tues. 2 - 4 pm (please email to schedule an appointment)
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Phone: 503-768-6073

CATALOG DESCRIPTION

This course examines the biological and medical issues in the practice of MCFT and includes an introduction to pharmacology. Emphasis is on understanding medical issues in family context and collaborating with other health professionals, as well as an examination of the sociopolitical context in which psychotropic drug regimens are developed, researched, and prescribed.

Prerequisite: MCFT 502; CPSY 530 or equivalent

Credit: 1 semester unit (15 hours)

MCFT STUDENT LEARNING OUTCOMES

SLO 1.2 Students recognize the interconnections among biological, psychological, social systems in people’s lived experience.

SLO 3.1 Students are able to discern the implications of the sociopolitical context within which research is produced and applied.

SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.

COURSE OBJECTIVES

Specific objectives for this course address these Student Learning Outcomes by helping students demonstrate the following outcomes related to AAMFT core competencies.

At the end of this course, students are expected to:

1. Recognize issues that might suggest referral for specialized medical evaluation, assessment, or care. (CC 1.2.3)
2. Understand principles of psychopharmacology as they relate to treatment of psychiatric and behavioral disorders in marriage, couple, and family therapy (CC 2.1.1, 2.2.2)
3. Understand the effects that psychotropic and other medications have on clients and the treatment process. (CC 3.1.3)
4. Work collaboratively with family members and other health-care professionals in sharing care. (CC 3.3.7)
5. Assist clients in obtaining needed care while navigating sociopolitical systems of care. (CC 3.3.8)
6. Consider the implications of sociopolitical context and medical discourses in which psychotropic drugs are developed, studied, and utilized. (CC 6.1.3, 6.3.3)

REQUIRED TEXTS:

Griffith, J.L., & Griffith, J.E. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York, NY: Basic Books.

Patterson, J., Albala, A.A., McCahill, M.E., & Edwards, T.M. (2010). *The therapist's guide to psychopharmacology: Working with patients, families, and physicians to optimize care (Rev. ed.)*. New York, NY: The Guilford Press

RECOMMENDED TEXTS

Gnaulati, E. (2013). *Back to normal: Why ordinary childhood behavior is mistaken for ADHD, bipolar disorder, and autism spectrum disorder*. Boston, MA: Beacon Press.

Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. New York, NY: Simon & Schuster, Inc.

Whitaker, R. (2010). *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illnesses in America*. New York, NY: Crown Publishers.

***Additional Texts & Resources**

Bertolote, J. (2008). *The roots of the concept of mental health*. *World Psychiatry*, 7(2), 113-116.

Couden, B.A., & Boss, P. (2002). Ambiguous loss from chronic physical illness: Clinical interventions with individuals, couples, and families. *Journal of Clinical Psychology*, 58(11), 1351-60.

Kalanithi, P. (2016). *When breath becomes air*. New York, NY: Random House.

Kardaras, N. (2016). *Glow kids: How screen addiction is hijacking our kids and how to break the trance*. New York, NY: St. Martin's Press.

Mate, G. (2003). *When the body says no: Exploring the stress-disease connection*. Hoboken, NJ: John Wiley & Sons.

McDaniel, S.H., Hepworth, J., & Doherty, W.J. (2009). *The shared experience of illness: Stories of patients, families, and their therapists*. New York, NY: Basic Books.

McDaniel, S.H., Hepworth, J., & Doherty, W.J. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York, NY: Basic Books.

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COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFTRB task statements	Evaluated by
1. Recognize issues that might suggest referral for specialized medical evaluation, assessment, or care.	SLO 1.2 SLO 4.2	CC 1.2.3 TS 02.11	Class participation (group discussion)
2. Understand principles of psychopharmacology as they relate to treatment of psychiatric and behavioral disorders in marriage, couple, and family therapy	SLO 1.2 SLO 4.2	CC 2.1.1 CC 2.2.2	Class participation (group discussion) In-class quiz
3. Understand the effects that psychotropic and other medications have on clients and the treatment process.	SLO 1.2 SLO 4.2	CC 3.1.3	Class participation (group discussion) In-class quiz
4. Work collaboratively with family members and other health-care professionals in sharing care.	SLO 4.2	CC 3.3.7 TS 01.06 TS 02.01	Class participation (group discussion) Illness narrative/book review/pathography
5. Assist clients in obtaining needed care while navigating sociopolitical systems of care.	SLO 3.1 SLO 4.2	CC 3.3.8	Class participation (group discussion) Illness narrative/book review/pathography
6. Consider the implications of sociopolitical context and medical discourses in which psychotropic drugs are developed, studied, and utilized.	SLO 3.1	CC 6.1.3 CC 6.3.3	Class participation (group discussion) In-class quiz

CLASS ASSIGNMENTS

1. Attendance & Participation (10 points)

This course emphasizes shared engagement with the assigned readings, class discussions, and in-class activities. Toward this end, you are expected to:

- Attend and actively participate in all scheduled class meetings. This includes being on time, coming to class having completed the readings for the day, giving attention to the instructor and/or other students when they are speaking or making a presentation, and engaging in group discussions.
- Becoming a therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal and sometimes emotional process. Treating colleagues with respect, listening deeply to their experiences, and being open and curious about different worldviews encourages a collaborative milieu of care in which we can all challenge ourselves and one another to critically examine and develop new skills and perspectives.
- Please put your cell phones on silent or vibrate mode to reduce the distraction to your classmates and instructor. Also, do not view text messages during class. If you are anticipating the need to view an urgent text message or take a call, please talk to me before class about how to monitor your communication device. On-going use of cell phones during class will negatively reflect in your final grade. Also, in order to facilitate a climate of learning and to reduce the distractions for yourself and others, please refrain from engagement in social media or other personal business.
- In the event that you must miss a class, please email the instructor to discuss the potential of any make-up assignments.

Your participation in class activities will be evaluated according to the rubric below.

CLASS PARTICIPATION COMPETENCIES	Possible points	Points demonstrated
Prompt and dependable presence in the class.	2	
Prepares for class by immersing self in course readings and reflecting on its application to practice.	3	
Engages in course activities with a spirit of openness and curiosity.	3	
Helps to create an atmosphere of safety and mutual respect among all class members.	2	
TOTAL	10	

**You will be asked to complete a self-evaluation of your participation on the last day of the course. This will be included in determining your participation points.*

2. In-class quiz on content from required readings and lectures (25 points)

On the last day of class, you will complete an in-class quiz based on the content we cover in lecture and readings. We will discuss this more at our first class meeting.

3. Option A: Book Review & Discussion Paper (40 points). The recommended texts for this course each offer different perspectives on mental health disorders and the use of psychotropic medications. Each perspective offers important yet varying ideas regarding the potential benefits or harms of medications and their long-term effects. For this assignment option, you will *read one of the recommended texts (OR select a book of your own choosing with instructor approval)* and present a summary of the author's main ideas and arguments for and/or against psychotropic medication use.

- To illustrate the key points, cite specific passages and examples from the text that provide the strongest arguments or stimulate critical thinking.
- Discuss questions that the text raises for you or explain how the text shapes your perspective on the issue.
- Discuss how you make sense of this information in your role as a family therapist who is able to work collaboratively with other health-care professionals.
- Demonstrate that you hold an awareness of the sociopolitical aspects of mental health systems at large and the pharmaceutical industry more specifically.
- Page length 4-6 pgs.

Your assignment will be evaluated according to the following criteria:

	Possible points	Points demonstrated
Clearly summarizes the information from the text on the use of psychotropic drugs by citing and discussing specific passages and examples.	10	
Identifies specific questions raised by the intersection of the two perspectives and discusses how the information shapes one's own perspective.	10	
Engages in respectful and thoughtful discussion that grapples with the author's key points and arguments.	5	
Draws conclusions about how you make sense of the competing perspectives as a family therapist and your ability to work collaboratively with other healthcare professionals.	10	

Demonstrates an awareness of the sociopolitical aspects of mental health systems and the pharmaceutical industry.	5	
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- 3. Option B: Illness Narrative (40 points).** In Arthur Frank's (1995) "The Wounded Storyteller", he explains that storytelling is an active process that counters the conventional notion of illness as a passive process. Storytelling is also a meaning-making endeavor with the potential to help recover the voices that "illness and medical treatment often take away."

For this assignment option, you will engage in helping to construct an illness narrative by conducting an interview with a person on their experience with medical illness. Alternatively, you may either conduct an interview with someone about his or her experience as a caregiver or support person to a person living with a medical illness, or you may answer the questions below to construct your own illness narrative.

For the interview, you will need to take detailed notes, which you will submit as part of your assignment. The interview should last at least one hour. However, depending on the interviewee(s)'s specific circumstances, the interview can be conducted over a series of shorter visits or phone calls (use appropriate judgment to determine what would work best).

Use the following areas of inquiry to inform your interview questions.

- a. General questions about the nature of the illness and/or treatment (but this should not be the focus of the interview or resulting paper). What treatments were recommended? What fit/did not fit for the person/family? What types of treatments were pursued? Which were rejected? Who made these decisions? Who was involved in the decision making? Who was not involved? How was the decision made? What if any, were barriers to treatment?
- b. Early experiences with the illness: When did they first get the sense or learn that there was a problem? What was going on in the person/family's life during that time? What led the person to seek medical assessment/consultation? Where did the person go? Who accompanied the person? Were there barriers to seeking medical assessment/consultation? When did the person receive his or her diagnosis? How was it given? Who was present when the person received it? What was the person's initial response? What was most difficult about receiving the diagnosis? What were some of their initial fears? What did they do next? How did they tell their partner(s)/children/family/friends/work/etc? How was it to share the news? Who was it most difficult to share the news with? Was there anyone that they didn't share the information with? How did different people respond?
- c. Include curiosity questions about shifts in everyday life functioning after the illness appeared (i.e., roles, occupation/employment, financial situation, hobbies, day-to-day activities, etc.). For who? For whom? In other words, what has it been like living with the illness?
- d. Were there things that enhanced, sustained, or supported their quality of life? Decreased their quality of life?
- e. Include curiosity questions to understand the social and/or relational consequences

of living with the illness. Roles, process, connection, conflict, engagement/disengagement, distance, cut-off, etc.

- f. Curiosity questions about living with the illness that the person has found most intrusive and/or difficult to accept.
- g. Questions about what they have found most meaningful. How has the person/family made sense of the role of the illness in their life (if any)?
- h. How has living with the illness shaped one's identity?
- i. Role of spirituality/faith/religion/beliefs on coping with the illness and making sense of things
- j. Curiosity questions about ways in which living with the illness has created any shifts in the person's outlook on life or the way they approach life
- k. What impact did living with the illness have on their sense of place and time?
- l. Include curiosity questions about what the person has learned about him or herself since the illness presented itself
- m. Ask about things the person believes might help other people and families facing a similar situation
- n. If it feels relevant and/or appropriate, inquire about the experience of sharing their story with you. Have they shared their story with others before? What is like to share in this way? Have they participated in any community of sharing? Would this be something that they did/do/would find valuable?

***Focus on asking questions in a way that will help you to “get inside” the person/family’s experience and understand their experience(s) through an intersectional lens.**

Based on the interview, please do the following:

Write a paper that helps to convey the person/family’s illness story. In addition, discuss how having this opportunity to ask and hear about the person’s/family’s experiences has impacted you as a therapist in training. How does it inform your thinking of the aspects you would need to be mindful of/attend to/include/etc if you were working with a similar person/family in your practice? What would be your approach to interdisciplinary practice? **(4-6 pgs max) You do not need to add references. However, if you are borrowing ideas, cite and reference them.**

*I also encourage you to close the loop by writing a letter/note of appreciation to the interviewee to share what you learned and how you were impacted by hearing their story. Share how their story has influenced your thinking about what things are critical to consider when working with individuals/families/couples facing similar chronic/terminal illnesses. ***You do NOT need to submit this letter/note to me as a part of your assignment.***

3. **Option C: Summary and Reflection Paper Based on Published Pathography (40 pts)**
 “A pathography is a narrative that gives voice and face to the illness experience. It puts the

person behind the disease in the forefront and as such is a great learning opportunity for all caregivers and fellow sufferers.” (<http://pathography.blogspot.com>)
 For this assignment, you will write a summary of a pathography that you have read and then reflect on items “a-n” above, to write the rest of the paper. Even though you won’t actually be interviewing a person per se, your objective is to understand the relationship a person develops with their illness and the intrapsychic and interpersonal/relational implications of living with an illness. Recommended text for this assignment option “When Breath Becomes Air” by Paul & Lucy Kalanithi (text listed in the additional texts section).

Grading Rubric: Assignment options B & C will be evaluated according to the following criteria:

	Possible points	Points demonstrated
Draws clear linkages between the sociopolitical context and access to healthcare, challenges in service delivery, and health outcomes.	5	
Makes connections to ways in which one’s social location intersects with one’s illness experience. Particular attention paid to individual/familial/societal health beliefs.	10	
Engages in respectful and thoughtful dialogue that grapples with the ways in which one’s illness experience is integrated into individual and family identity processes.	5	
Demonstrates keen understanding of the ways in which the presence of an illness has on daily functioning, including familial structure and hierarchy, and relational, social, and occupational responsibilities and roles.	10	
Identifies individual and relational issues for MCFTs to consider and discusses ways in which insights gained through the assignment can be integrated in clinical practice. Recognizes the implications for interdisciplinary practice and discusses how one might approach this to enhance client care.	10	

EVALUATION & GRADING

Attendance & Participation
 In-class quiz

10 pts
 25 pts

Book Review/Illness Narrative/Published Pathography	40 pts
Total	75 pts

93-100 = A	90-92.9 = A-	88-89.9 = B+	83-87.9 = B
80-82.9 = B-	78-79.9 = C+	73-77.9 = C	70-72.9 = C-

According to Graduate School policy, grades lower than B- may not apply to graduation. Students earning a C+ or lower will need to repeat the course.

LATE ASSIGNMENTS & GRADING

Written assignments should be submitted via Moodle by 11:59 pm on the day it is due, unless otherwise specified by the instructor. Any assignment turned in beyond this deadline will be reduced in score by 10% for each day it is late. Please be sure to speak with the instructor if you have any questions or concerns.

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness maybe seen as an absence that requires make-up work.

DISABILITY SERVICES STATEMENT

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

DISCLOSURE OF PERSONAL INFORMATION

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

COURSE SCHEDULE

	Topics	Readings and Assignments
1/6/2020	<p>Health beliefs</p> <p>Psychopharmacology and MFT role</p> <p>Collaborative care</p> <p>Historical and sociopolitical context of the psychopharmacologic drug industry, the FDA, and the mental health field.</p> <p>Children, teens, and psychotropic use</p>	Patterson Chs. 9-11 & Appendix A
1/13/2020	<p>Brief overview of the brain's neurotransmitter functions</p> <p>Introduction to psychotropic drugs</p> <p>Antidepressants 1st, 2nd, 3rd generation</p>	Patterson Ch. 1, 2, 3, 164-167, 178-188, & 193-196
1/27/2020	Anxiolytics, benzodiazepines, & mood stabilizers	Patterson Ch. 3-4
2/3/2020	Antipsychotic medications	Patterson Ch. 5
2/10/2020	Intersections between mind/body & language/physiology	Griffith & Griffith Chs. 2-5 In-class quiz
2/24/2020	Class is over! But...	Written assignment is due!