



"We are a community that commits itself to diversity and sustainability as dimensions of a just society" --*Lewis and Clark Mission Statement* 1

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

MCFT 523 Psychopharmacology and Medical Issues in Family Therapy SPRING 2017

Time & Day: Wednesdays 9:30 am – 12:30 pm (02/01/17 – 03/01/17)
Place: York Graduate Center 116
Instructor: Lana Kim, PhD, LMFT
Office Hours: Mondays 1:00-5:00 pm (please email to schedule an appointment)
E-Mail: lkim@lclark.edu
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: CPSY 522; CPSY 530 or equivalent

Credit: 1 semester hour

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. (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:

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.

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

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

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

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. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York, NY: Basic Books.

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.

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 participate in **all** class meetings. In the event of illness or other emergency, please email the instructor in advance of class. Missed classes will be made up by expanded written reflections on the required readings for the day.

- Come to class prepared (having read the assignments for the day).
- Engage in group discussions and role plays.
- Please decide to take an active part in creating a community of engaged scholarship. The voice and involvement of each person is important. Passive participation is not sufficient for you to fully benefit from this class. Give attention to the instructor and/or other students when they are speaking or making a presentation, ask questions, share your observations and comments, and display respectful curiosity about how your colleagues are making sense of the material we are exploring.
- 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 step out of the classroom to handle your personal business. 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.

Your participation in class activities will be evaluated according to the following rubric:

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 their 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	

2. **In-class quiz** (25 points)

A timed, open note, in-class quiz will be taken on major psychotropic classes, neurotransmitter functions, neuroanatomy, and commonly used medical abbreviations and terms.

3. **(Option A) Illness Narrative or (Option B) Summary and Reflection Paper Based on Published Pathography**– (50 points)

(Option A) Illness Narrative: In *The Wounded Storyteller*, Arthur Frank 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, you will be drawing upon your skills as a therapist to ask questions that can help elicit one's illness narrative. You will do this by conducting an interview with a person/family on their experience with chronic illness. Alternatively, you may conduct an interview with someone about his/her/their experience as a caregiver or support person to a person that has experienced/is experiencing a chronic or terminal illness. Another option is to answer the questions below to draft 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 (depending on the interviewee(s)'s specific circumstances, can be conducted over a series of shorter visits or phone calls) and include the following:

- 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. Questions about first encountering 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 were the person/family's beliefs about the etiology or cause of the illness? What led the person to seek medical assessment/consultation? Where did the person go? Were there barriers to seeking medical assessment/consultation? When did the person receive his or her diagnosis? How was it given? Who was present? 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/children/family/friends/employer/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. Personal/familial health beliefs: What are the person/family's health beliefs? What shaped these beliefs (listen for cultural discourses, gender discourses, religious discourses, the media, etc.)?
- d. 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?
- e. Were there things that enhanced, sustained, or supported their quality of life? Decreased their quality of life?
- f. 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.
- g. Curiosity questions about living with the illness that the person has found most intrusive and/or difficult to accept.
- h. 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)?
- i. How has living with the illness shaped one's identity?

- j. What role did spirituality/faith/religion/etc. play in a person/family's illness narrative?
- k. 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
- l. What impact did living with the illness have on their sense of place and time?
- m. Include curiosity questions about what the person has learned about him or herself since the illness presented itself
- n. Ask about things the person believes might help other people and families facing a similar situation
- o. 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 it like to share? Have they participated in any communities of sharing? Would this be something that they would/did 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 a lens of intersectionality. Pay attention to the ways in which federal and state healthcare policies, insurance policies, medical leave acts, and related macrosystemic issues impacted the person/family's illness narrative.**

Based on the interview, please do the following:

Write a paper to tell the interviewee(s)'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 has it informed your thinking about what 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? **(page length: max 8-10 pages)**

*In addition, write a letter 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. These notes of appreciation do not need to be included with the assignment.

Option B) Summary and Reflection Paper Based on a Published Pathography

“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 questions “a-o” 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.

Illness Narrative/Pathography Grading Rubric

Competencies	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.	10	
Demonstrates keen understanding of the ways in which the presence of an illness has on daily functioning, including familial, relational, social, occupational, etc. 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.	10	
Understands the implications for interdisciplinary practice and addresses how one might approach it to enhance client care.	5	
TOTAL	50	

EVALUATION & GRADING

Attendance & Participation	10 pts
In-class quiz	25 pts
Illness Narrative	50 pts
Total	85 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-

LATE ASSIGNMENTS & GRADING

Assignments should be submitted within the first 15 minutes of class on the day it is due. 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.

PARTICIPATION IN THE LEARNING COMMUNITY

Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, being prepared, following through on group projects, and otherwise engaging with colleagues as fellow professionals. Becoming a counselor/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 to diverse world views encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, debate, and apply the content of readings. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to learning community in another way. According to the Lewis & Clark Counseling Psychology attendance policy, missing 3 or more hours of a 1 credit course may result in a failing grade. For this course, any absence of more than one hour requires a makeup assignment. If you must be absent or late, please email the instructor at least several hours prior to class.

NON-DISCRIMINATION POLICY

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

SPECIAL ASSISTANCE

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor as soon as possible. It is the responsibility of the student to make his or her disability and needs known in a timely fashion and to provide appropriate documentation and evaluations to support the accommodations the student requests. Requests for accommodations should be routed through the Student Support Services office in Albany 206. Please review the L&C policy at: http://www.lclark.edu/offices/student_support_services/rights/disability_policy/

COURSE SCHEDULE

	Topics	Readings and Assignments
Week 1 (Feb. 1)	Historical and political context of the DSM and psychopharmacology Ethological pharmacology vs psychopharmacology R. Whitaker video	Griffith & Griffith (Ch. 1 & 10)
Week 2 (Feb. 8)	Psychopharmacology and MFT Brief overview of the brain Neurotransmitter functions Introduction to psychotropic drugs	Patterson et al. (Ch. 1, 2, 164-167 & 178-188 & 193-196)
Week 3 (Feb. 15)	Chronic illness, physical injuries, and its systemic effects Illness narratives	McDaniel et al. (Ch. 1, 6, 8, & 9) Couden, B.A., & Boss, P. (2002). Ambiguous loss from chronic physical illness: Clinical interventions with individuals, couples, and families. <i>Journal of Clinical Psychology</i> , 58(11), 1351-60. In-class quiz
Week 4 (Feb. 22)	Intersections between mind/body and language/physiology	Griffith & Griffith (Ch. 3 & 4) McDaniel et al. (Ch. 12, 14, & 24)
Week 5 (Mar. 1)	Collaborative care, interprofessional practice, and medical family therapy Videos: <i>CRT, For my Wife, Little Man</i>	Griffith & Griffith (Ch. 8 & 9) Patterson (Ch. 9 & 10) Illness Narrative/Pathography due March 15 by 11:59 pm (hardcopy should be submitted to the instructor/CPSY office and an electronic copy should be submitted to Moodle)