

Counseling Program – Level 2 Exam
Content and Course Objectives for CMHC:
COUN 530, COUN 611, COUN 560/564, COUN 580/581, PSY 503, & PSY 507

COUN 530: CLINICAL MENTAL HEALTH COUNSELING

COURSE OBJECTIVES include, but are not limited to, the following.

Students will identify, describe, explain, and/or demonstrate:

1. an understanding of the history, philosophy, and trends in clinical mental health counseling; (A1)
2. ethical and legal considerations specifically related to the practice of clinical mental health counseling; (A2)
3. the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams; (A3)
4. knowledge of the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling; (A4)
5. an understanding of a variety of models and theories of related to clinical mental health counseling, including the methods, models, and principles of clinical supervision; (A5)
6. an awareness of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems); (A7)
7. and understanding of the management of mental health services and programs, including areas such as administration, finance, and accountability; (A8)
8. principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society; (C1)
9. knowledge of the etiology, the diagnostic process and nomenclature, treatment referral, and prevention of mental and emotional disorders; (C2)
10. models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help); (C3)
11. an understanding of the range of mental health service delivery, such as inpatient, outpatient, partial treatment and after care, and the clinical mental health counseling services network; (C5)
12. knowledge of the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning; (C7)
13. a recognition of the importance of family, social networks, and community systems in the treatment of mental and emotional disorders; (C8)
14. an understanding of the professional issues relevant to the practice of clinical mental health counseling; (C9)
15. an understanding of how living in a multicultural society affects clients who are seeking clinical mental health counseling services; (E1)
16. an understanding of the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client; (E2)
17. an understanding of current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders; (E3)
18. an understanding of effective strategies to support client advocacy and influence public policy and government relations on local state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling; (E4)
19. an understanding of the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare; (E5)
20. a knowledge of public policies on the local, state, and national levels that affect the quality and

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accessibility of mental health services; (E6)

21. critical evaluation of research relevant to the practice of clinical mental health counseling; (I1)
22. a knowledge of program evaluation for clinical mental health programs; (I2)
23. a knowledge of evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling; (I3)
24. an understanding of the relevance and potential biases of commonly used diagnostic tools with multicultural populations; (K4)
25. an understanding of the appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event (K5)

CONTENT AREAS include, but are not limited to, the following:

- I. Foundations & professional issues
 - A. History of the mental health movement
 - B. Future directions for community counselors
 - C. Role of research in community counseling
 - D. Professional identity
 1. Training
 2. Professional associations
 3. Accreditation
 4. Licensure
 5. Employment settings
 - E. Right to practice
 - F. Advocacy
 - G. Self in the role of the counselor
 - H. Ethical and legal issues
- II. Counselor roles and functions
 - A. Diagnosis
 1. Treatment strategies
 2. Psychopharmacology
 - B. Intake, assessment, and primary prevention
 - C. Treatment planning
 1. Individual counseling
 2. Family and group counseling
 - D. Record keeping
 - E. Consultation
 1. Stages and models
 2. Application to cases
 3. Developing a personal model
 - F. Supervision
 - G. Case management
 - H. Coordination with other professionals
 - I. Referrals
- III. Program and administrative issues
 - A. Reimbursement
 - B. Funding
 - C. Politics
 - D. Managed care

COUN 611: INTRODUCTION TO MARRIAGE & FAMILY COUNSELING/THERAPY

COURSE OBJECTIVES:

1. To introduce counselor trainees to the theories, therapeutic processes, and techniques involved in marriage, family, and relationship counseling.
2. To assist counselor trainees in developing their own approach to marriage, family, and relationship counseling relevant to school and agency settings.
3. To promote self-assessment and self-exploration by counselor trainees concerning their family of origin experiences in order to promote optimum functionality as a professional counselor.
4. To familiarize students with the marriage, family, and relationship counseling literature.
5. To introduce students to current issues and trends in the marriage, family, and relationship counseling field.
6. To familiarize students with specific issues pertinent to marriage, family and relationship counseling (e.g., gender, sexual orientation, ethnicity, and culture).

COUN 560: CRISIS INTERVENTION: THEORY AND PRACTICE

COURSE OBJECTIVES include, but are not limited to, the following.

Students will demonstrate knowledge of:

- 1. Various theories and models of crisis intervention**
- 2. Basic crisis intervention skills (e.g., assessing, listening, acting)**
- 3. Dynamics associated with various crisis events (e.g., suicide, sexual assault, bereavement)**
- 4. Perceptions, experiences and needs of culturally diverse clients in crisis, and culturally sensitive intervention strategies**
- 5. Professional resources appropriate to crisis intervention (e.g., professional journals, organizations, networks, online resources)**
- 6. Stresses and concerns associated with crisis intervention workers, including self-assessment of their own readiness for crisis intervention work**

COUN 564: FAMILY CRISIS AND RESOURCES

COURSE OBJECTIVES (Student Learning Outcomes):

1. Students will identify, explain, and/or describe generally accepted characteristics of effective helpers as they relate to family crisis intervention.
2. Students will be able to demonstrate understanding of the systemic influences on the way in which stressful events are perceived, defined, and responded to by individuals within systems.
3. Students will distinguish between the outcome and process goals of counseling and consultation via explanation, description, or the identification of descriptive statements.
4. Students will identify, generate responses, and/or demonstrate appropriate behaviors which are consistent with the Ethical Standards and Standards of Practice of the American Counseling Association, including differentiating between ethical and legal issues in relation to situations and concerns of family crises.
5. Students will identify, explain, understand, and/or describe characteristics related to the importance of the meanings ascribed to family crises and the processes of meaning ascription.
6. Students will identify, describe characteristics of functional and dysfunctional family system coping strategies.

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7. Students will identify, describe, and/or apply appropriate counseling skills to clients and family systems who are reluctant or resistant.
8. Students will identify, describe, and/or apply appropriate intervention skills to clients and/or families who are suicidal, homicidal, or abusive.
9. Students will identify and describe the differences in developmental and situational crises and the ways in which each type of crisis affects and is responded to by families.
10. Students will identify, explain, apply, and/or evaluate hypothetical examples of basic interviewing, assessment, and intervention skills related to the treatment of families in crises. This includes being able to demonstrate a beginning theory or model of family healing.
11. Students will identify, explain, or demonstrate behaviors congruent with currently accepted models of family-focused interventions and be able to discuss applications of these therapeutic programs to a variety of crises.

CONTENT AREAS include, but are not limited to, the following:

- I. Introduction to family crises and resources
 - A. Effective helper characteristics
 - B. Definitions
 - C. Crisis intervention goals
- II. Legal and ethical issues
 - A. Counseling relationship
 - B. Consulting
 - C. Private practice
- III. Intervention techniques and facilitative conditions
 - A. Environment
 - B. Use of client background information
 - C. Initial interview/intake
 - D. Structuring
 - E. Response dimensions
 1. Unconditional positive regard (respect)
 2. Genuineness (warmth)
 3. Empathy
 4. Specificity (concreteness)
 - F. Action dimensions
 1. Confrontation
 2. Appropriate self-disclosure
 3. Immediacy
 - G. Communication leads
- IV. Intervention theories and approaches
 - A. Crisis theory models...
- V. Special populations and concerns
 - A. Diversity issues
 - B. Reluctant and/or resistant clients
 - C. Double ABCX model of Crisis Intervention

D. Developmental crises

COUNSELING 580: Cou Substan Abuser: Drugs

Course Objectives include, but are not limited to, the following:

Students will develop:

1. a working knowledge of the role and function of a substance abuse counselor;
2. an understanding of basic models for counseling substance abusers and their families;
3. an awareness of the multiple factors effecting treatment outcome and efficacy;
5. a working knowledge of substance abuse/addictive behavior within the context of special populations, e.g. adolescents, women, various cultural groups, HIV positive individuals, etc.;
6. a working knowledge and understanding of substance abuse program planning, prevention, management and evaluation of inpatient and outpatient programs;
7. a working knowledge of assessments used in the substance abuse field; and a working knowledge of the code of ethics;

Content Areas include, but are not limited to the following:

Students will be able to:

1. identify characteristics of substance use, abuse, and addiction;
2. diagnosis and develop an effective treatment plans from case studies;
3. identify appropriate treatment modalities;
4. identify resources in their area for substance abuse treatment as well as local support groups; and
5. develop a six week group treatment plan.

COUNSELING 581: Assessment And Treatment of Chemical Dependency

COURSE OBJECTIVES include, but are not limited to, the following.

Students will demonstrate understanding of:

1. Clinical practice with substance abusers and their families
2. Identify the types of drugs and other substances typically used
3. Specify the symptoms and the major physical/psychosocial consequences of selected types of substance use and abuse
4. Describe procedures used to screen for the presence of alcohol or drugs
5. Describe major public and private substance abuse prevention, education and treatment programs and services
6. Discuss the relative effectiveness of selected treatment and rehabilitation services and programs for improving the social functioning and reducing the stress experienced by substance abusers and their families from a systems perspective
7. Utilize knowledge about diversity to effectively work with and on the behalf of substance abusers

TOPICAL OUTLINE:

- Introduction to Substance Abuse Counseling
- Drugs and Their Effects
- Basic Theories on Alcoholism/Addiction

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- Assessment of Alcoholism/Addiction
- Treatment Approaches
- Dealing with Anger Issues
- Group Work
- Working with Families
- Relapse Prevention
- Program Evaluation

PSYCHOLOGY 503:ADVANCED ABNORMAL PSYCHOLOGY AND DEVELOPMENTAL PSYCHOPATHOLOGY

General Objectives (Learning Outcomes) of the Course:

As a student taking this course, and probably aiming for a career in the "helping professions," you should be able to do the following at its successful conclusion:

1. Understand and use the nosology articulated in DSM-5, recognizing and articulating both the advantages and the limits of such a system.
2. Describe and compare the principal theoretical perspectives involved in the contemporary understanding of psychopathology, coming to some at least provisional view of your own.
3. Identify, define, and describe the basic forms of psychopathology as they are currently understood, addressing etiology, biology, phenomenology, behavior, cognition, affect, relevant defenses, intrapsychic organization, and diagnostic criteria, as each is pertinent to a given condition. Do this for each of the major diagnostic groups in the DSM-5, even those that escape the purview of a lecture moment.
4. Describe a fundamental psychological approach to the assessment of psychopathological conditions, with biosocial qualifications as needed.
5. Describe the basic models currently involved in treatment of persons manifesting the several forms of psychopathology discussed in the course.

CACREP Objectives (Learning Outcomes) of the Course (for our friends in Counseling):

Upon completion of this course, students should be able to demonstrate, explain, discuss, and/or identify:

1. the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders; (CMHC C2)
2. the disease concept and etiology of addiction and co-occurring disorders; (CMHC C4)
3. the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling and treatment plans; (CMHC G1)
4. various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments; (CMHC G2)
5. the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); (CMHC K1)
6. established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care; (CMHC K2)
7. the impact of co-occurring substance use disorders on medical and psychological disorders; (CMHC K3)

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Topical Outline:

- I. The concept of abnormal behavior
 - A. Historical perspective
 1. Prehistory
 - a. Trephining, demons, and ghosts
 - b. In illum tempus: Overview of a model, with a caution
 2. Classical period - medicine and science
 3. Dark and middle ages
 4. Renaissance
 5. The modern era
 - B. Current approaches to abnormal behavior
 1. The popular view
 2. Nosology and DSM-5
 - a. Need and nature of nosologies
 - b. The retirement of the multiaxial system
 3. Theoretical perspectives: An overview
- II. Etiology and a general model of psychopathology
 - A. Intrapsychic determinants: Deep structure
 - B. Behavioral elements: Surface structure
 - C. Systemic elements: Families and other contexts
 - D. Predisposing factors: "diathesis"
 1. Genetic predisposition
 2. Psychic predisposition
 - E. Trigger events and stressors
 - F. Circularity of the model and "complementary series"
 - G. Steve's picture of the mind: A synthesis
 1. Biobehavioral elements: Surface structure
 - a. *Das Es*
 - b. Conditioning: affect and action
 2. Representation and the generalized reality orientation
 - a. Consciousness
 - i. Perceptual: Sensation and imagery
 - ii. Representative action (is it anything other than imagery?)
 - iii. Linguistic action
 - b. The ego and the self
 - i. *Das Ich*: Freud's model of the ego; agency
 - ii. Representation and the "I"
 - iii. The self
 - A. Jung's model of the self
 - B. The self and false self in object relations theory
 - iv. Some conventions for talking about such matters
 3. Intrapsychic determinants: Deep structure and the "unconscious mind"
 - a. What does it mean to say a thing is unconscious?
 - b. Freud's early ideas
 - c. A funny source for ideas on the topic: Dollard and Miller
 - d. Modern psychodynamic approaches
 - e. A note on the memory controversy
 4. Biology and the war for reality: A reprise and a clarion call
- III. Assessment

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- A. Interviewing and the mental status exam
- B. Testing
 - 1. Cognitive measures
 - 2. Neuropsychological measures
 - 3. Personality measures
 - a. "Paper-and-pencil" format
 - b. Projective format
 - c. Exner's Rorschach (the "comprehensive system")
- C. Special measures
 - 1. Physiological assessment
 - 2. Behavioral assessment
 - 3. Cognitive assessment
 - 4. The special place of executive functioning
 - 5. Assessment the DSM-5 way
- IV. Principal mental disorders
 - A. The classical neuroses (a term now out of favor; Shapiro)
 - 1. Anxiety disorders
 - a. Panic disorder
 - b. Agoraphobia
 - c. Separation anxiety disorder
 - d. Selective mutism
 - e. Panic disorder
 - f. Specific phobias
 - g. Social anxiety disorder (social phobias)
 - h. Generalized anxiety disorder
 - i. Other anxiety disorders
 - j. Treatment of anxiety disorders
 - k. Substance, medication, and medical condition as sources of
 - 1. Other specified
 - m. Unspecified
 - 2. Obsessive-compulsive and related disorders
 - a. Obsessive-compulsive disorder
 - b. Body dysmorphic disorder
 - c. Trichotillomania
 - d. Excoriation disorder
 - e. Hoarding disorder
 - f. Substance, medication, and medical condition as sources of obsessive-compulsive and related behavior
 - g. Other specified obsessive-compulsive disorder
 - h. Unspecified obsessive-compulsive disorder
 - 3. Somatic symptom and related disorders
 - a. Somatic symptom disorder
 - b. Illness anxiety disorder
 - c. Conversion disorder
 - d. Psychological factors affecting other medical conditions (note the message in the word "other")
 - e. Factitious disorder (on self or other)
 - f. Other specified somatic symptom and related disorder
 - g. Unspecified somatic symptom and related disorder
 - 4. Dissociative disorders
 - a. Dissociative amnesia

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- b. Depersonalization/derealization disorder
- c. Dissociative identity disorder
- d. Other specified dissociative disorder
- e. Unspecified dissociative disorder
- B. Trauma- and stressor-related disorders
 - 1. Stress
 - a. A model of stress and its effects
 - b. The role of stress in physical illness
 - c. The role of stress in cognitive development and dysfunction
 - 2. Reactive attachment disorder
 - 3. Disinhibited social engagement disorder (“I don’t know; let me check my engagement book.”)
 - 4. Posttraumatic stress disorder
 - 5. Acute stress disorder
 - 6. Adjustment disorders
 - 7. Other specified trauma- and stressor-related disorders
 - 8. Unspecified trauma- and stressor-related disorders
- C. Depressive disorders
 - 1. The many faces of depression
 - 2. Disruptive mood dysregulation disorder
 - 3. Major depressive disorder
 - 4. Persistent depressive disorder (dysthymia)
 - 5. Substance, medication, and medical condition as sources of depressive behavior
 - 6. Other specified depressive disorder
 - 7. Unspecified depressive disorder
- D. Bipolar and related disorders
 - 1. Bipolar I disorder
 - 2. Bipolar II disorder
 - 3. Cyclothymic disorder
 - 4. Substance, medication, and medical condition as sources of bipolar behavior
 - 5. Other specified bipolar disorder
 - 6. Unspecified bipolar disorder
- E. Personality disorders (still a platform)
 - 1. Sources of personality disorders
 - 2. Personality disorders as diatheses
 - 3. Alternative diagnostic criteria in the DSM-5
 - 4. Cluster A personality disorders
 - a. Paranoid personality disorder
 - b. Schizoid personality disorder
 - c. Schizotypal personality disorder
 - 5. Cluster B personality disorders
 - a. Antisocial personality disorder
 - b. Borderline personality disorder
 - c. Narcissistic personality disorder
 - d. Histrionic personality disorder
 - 6. Cluster C personality disorders
 - a. Avoidant personality disorder
 - b. Dependent
 - c. Obsessive-compulsive
 - 7. Other personality disorders

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- a. Personality change due to “another” medical condition
- b. Other specified personality disorder
- c. Unspecified personality disorder
- F. Neurodevelopmental disorders
 - 1. Intellectual disabilities
 - 2. Attention-deficit/hyperactivity disorder (ADHD)
 - 3. Autism spectrum disorders
 - 4. Specific learning disorders
 - 5. Communication disorders
 - 6. Motor disorders
 - 7. Other neurodevelopmental disorders
- G. Disruptive, impulse-control, and conduct disorders
 - 1. Oppositional defiant disorder
 - 2. Intermittent explosive disorder
 - 3. Conduct disorder
 - 4. Antisocial personality disorder
 - 5. Pyromania
 - 6. Kleptomania
 - 7. Other specified disruptive, impulse-control, and conduct disorders
 - 8. Unspecified disruptive, impulse-control, and conduct disorders
- H. Schizophrenia spectrum and other psychotic disorders
 - 1. Schizotypal (personality) disorder
 - 2. Delusional disorder
 - 3. Brief psychotic disorder
 - 4. Schizophreniform disorder
 - 5. Schizophrenia
 - 6. Schizoaffective disorder
 - 7. Substance/medication induced psychotic disorder
 - 8. Psychotic disorder due to another medical condition
 - 9. Catatonia associated with another medical disorder
 - 10. Catatonic disorder due to another medical condition
 - 11. Other specified schizophrenia spectrum and other psychotic disorders
 - 12. Unspecified schizophrenia spectrum and other psychotic disorders
- I. Feeding and eating disorders
 - 1. Pica
 - 2. Rumination disorder
 - 3. Avoidant/restrictive food intake disorder
 - 4. Anorexia nervosa
 - 5. Bulimia nervosa
 - 6. Binge-eating disorder
 - 7. Other specified feeding and eating disorders
 - 8. Unspecified feeding and eating disorders
- J. Sexual dysfunctions
 - 1. Delayed ejaculation
 - 2. Erectile disorder
 - 3. Female orgasmic disorder
 - 4. Female sexual interest/arousal disorder
 - 5. Genito-pelvic pain/penetration disorder
 - 6. Male hypoactive sexual desire disorder

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7. Premature (early) ejaculation
8. Other specified sexual dysfunction
9. Unspecified sexual dysfunction
- K. Gender dysphoria
 1. Gender dysphoria in children
 2. Gender dysphoria in adults and adolescents
 3. Other specified gender dysphoria
 4. Unspecified gender dysphoria
- L. Paraphilic disorders
 1. Voyeuristic disorder
 2. Exhibitionist disorder
 3. Frotteuristic disorder
 4. Sexual masochism disorder
 5. Sexual sadism disorder
 6. Pedophilic disorder
 7. Fetishistic disorder
 8. Transvestic disorder
 9. Other specified paraphilic disorder
 10. Unspecified paraphilic disorder
- M. Elimination disorders
 1. Enuresis
 2. Encopresis
 3. Other specified elimination disorder
 4. Unspecified elimination disorder
- N. Neurocognitive disorders
 1. Delirium
 2. Major and mild neurocognitive disorders
 3. The role of the psychologist and specialist in school psychology in diagnosing and planning for intervention with neurocognitive disorders
- O. Substance-related and addictive disorders
 1. The physiological and psychological nature of abuse and addiction
 2. Use disorders
 3. Intoxication
 4. Withdrawal
- P. Sleep-wake disorders
 1. Insomnia disorder
 2. Hypersomnolence disorder
 3. Narcolepsy
 4. Breathing-related sleep disorders
 - a. Obstructive sleep apnea hypopnea
 - b. Central sleep apnea
 - c. Sleep-related hypoventilation
 - d. Circadian rhythm sleep-wake disorders
5. Parasomnias
 - a. Non-rapid eye movement sleep arousal disorders
 - i. Sleepwalking type
 - ii. Sleep terror type
 - iii. Nightmare disorder
 - b. Rapid eye movement sleep behavior disorder

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- c. Restless legs syndrome
- d. Other specified insomnia disorder
- e. Unspecified insomnia disorder
- f. Other specified hypersomnolence disorder
- g. Unspecified hypersomnolence disorder
- h. Other specified sleep-wake disorder
- i. Unspecified sleep-wake disorder
- Q. Other stuff that might be a focus of treatment
- R. Relationships
- S. Abuse and neglect
- T. Circumstances and history
- U. Nonadherence to medical treatment
 - 1. Nonadherence to medical treatment
 - 2. Overweight or obesity
 - 3. Malingering
 - 4. Wandering associated with a mental disorder
 - 5. Borderline intellectual functioning

Psychology 507: Pharmaco-Therapy

General Objectives of the Course:

Students taking this course should be able to do the following at the end of this course:

1. Use and articulate an “intuitive” model of the biochemistry entailed in neural transmission and psychopharmacological action.
2. Describe the biological substrate of the neuron along the following dimensions:
 - a. DNA-RNA actions, and transcription factors – general model
 - b. Describe the way in which proteins are synthesized in the neuron, especially those of direct importance in neural transmission (both intracellularly and synaptically)
3. Describe and distinguish G protein-linked receptors and those based on ion channels
 - a. Structure and function in normal neural activity
 - b. Vicissitudes of these receptors under the influence of psychoactive drugs
 - c. First, second, third, fourth, fifth messengers,... and possibly further
4. Distinguish the different types of receptors for each neurotransmitter/cotransmitter system that are relevant to our current understanding of useful psychopharmacological action
5. Describe the character and function of neurotransmitter reuptake mechanisms, both at the neural membrane and at the vesicular level
6. Describe the mechanisms of neutralization transmitter, and their relevance to psychopharmacologically effective drug action
7. Describe the way in which the genome affects and is affected by neural *and* psychopharmacological activity
8. Describe the fundamental neurochemical circuits that are entailed in psychopharmacology
9. Describe the way in which psychological symptoms can be thought of as expressions of neurochemical circuits
10. Describe the fundamental characteristics and (presumed) neural substrate of
 - a. Schizophrenia and other psychotic processes
 - b. Mood disorders
 - c. Anxiety
 - d. Pain

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- e. Sleep and wakefulness, and their irregularities
- f. Attention and executive function
- g. The cognitive decline of dementia, relating to separate etiologies as possible
- h. Addiction and substance abuse
11. Identify by name (generic and trade) and their principal actions, behavioral changes associated with them (regarding symptom change, side effects, important interactions with other drugs or foods, etc.), the U.S. drugs currently available for the treatment of
 - a. Schizophrenia and other psychotic processes
 - b. Mood disorders
 - c. Anxiety
 - d. Pain
 - e. Disturbances of sleep and arousal
 - f. Attention-deficit/hyperactivity disorder (ADHD) and related attentional problems
 - g. The cognitive decline of dementia
 - h. Addiction and substance abuse (CMHC G3)
12. Describe important considerations in the prescription of psychoactive medication for children, pregnant women, and the elderly
13. Describe the general processes by which drugs in the United States are developed, tested, and marketed (including the use of patents and trade names)
14. Identify optimal prescribing algorithms that physicians should follow for best practice for all the disorder groups in number 11 above
15. Describe strategies for evaluating the medication regimens of your client, and communicating what you know to... whomever

Topical Outline:

This is an idealized plan. Reality and the necessity of slowing down on some material makes it simply a fond hope. We will do what we can though. Readings in the Stahl text should be obvious, but I will tell you what to read in class if you ask me. I will also post Powerpoint™ presentations on eCollege.

- I. The nervous system – a brief review
- II. Neurotransmission
- III. Inventing, testing, and marketing drugs
- IV. G protein-linked receptors
- V. Ion channels, messenger systems, enzymes, fast & slow actions
- VI. Genetic and neurochemical circuits
- VII. Schizophrenia and psychotic process
- VIII. Mood disorders
- IX. Anxiety disorders and pain
- X. Attentional disorders
- XI. Sleep disorders
- XII. Dementia and related cognitive disorders
- XIII. Drug abuse and addiction; impulsive and compulsive behavior
- XIV. Evaluating your clients' pharmacological needs, and their physicians' choices; communicating with a prescribing physician appropriately