# University Mission Statement

Alliant International University prepares students for professional careers of service and leadership and promotes the discovery and application of knowledge to improve the lives of people in diverse cultures and communities around the world. Alliant is committed to excellence in four areas:

1. **Education for Professional Practice**: Alliant’s educational programs are designed to give students the knowledge, skills and ethical values they need to serve and lead effectively in a variety of professional settings. Alliant graduates are expected to achieve mastery of a body of knowledge and be able to apply that knowledge in professional practice in order to achieve desired and beneficial outcomes.
2. **Scholarship**: Scholarship in the Alliant context includes the discovery of new knowledge; the discovery of new applications of knowledge to solve practical problems; the integration of knowledge in new ways; and innovation in teaching knowledge and professional competencies.
3. **Multicultural and International Competence**: Alliant is an inclusive institution committed to serving diverse populations around the world by preparing professionals to work effectively across cultural and national boundaries, by increasing the number of professionals working in underserved areas, and by understanding and responding to the needs of diverse communities.
4. **Community Engagement**: Alliant’s faculty, students, alumni and staff are dedicated to making a positive difference in the world through professional education and practice. We measure the success of our university in part by the impact we have, both directly and indirectly, on the welfare of individuals, families, organizations and communities.

# The California School of Education (CSOE)

Alliant International University offers a full spectrum of credential, certificate and degree programs designed to address the educational needs of all learners in the 21st century, from infancy and entry into P-12 education system through adult life. Each program integrates significant, evidence-based, data-driven educational concepts into coursework, focusing on what is successful in education for diverse populations. The California School of Education’s mission and vision statements reaffirm our values and commitment to collaboration, diversity, and service to candidates, shared leadership, and the continuous support of the education profession.

**Mission**: CSOE prepares competent, confident, and conscientious educational leaders who will promote and empower personal growth, academic success, and professional achievement for all in a global society.

**Vision**: To develop and promote transformative educational experiences that optimize human potential.

**Goals**: The California School of Education has a set of overarching goals that drive the direction of the School’s programs and internal and external operations:

1. To provide the education and training of well-rounded professionals who will serve local, national and global schools and organizations.
2. To engage and partner with communities to translate professional practice and research to meet education needs.
3. To promote an academic culture of support to develop and apply transformative approaches to solve complex societal challenges.
4. To develop analytic skills and sound judgment as applied to content and professional issues.
5. To make warranted and thoughtful decisions about curriculum issues, student-related concerns and leadership that relate to the conduct of the school and the profession.
6. To provide professional educational opportunities for those who aspire to leadership in education settings.
7. To prepare candidates to meet the needs of all learners.

**Unit Guiding Principles**

CSOE's guiding principles are anchored in the belief that our mission is realized when our candidates are equipped with the skills to operationalize LEAD. LEAD stands for Leadership (L) Engagement (E) Application (A) and Dedication (D). As leaders, candidates demonstrate social responsibility, ethical action, and a commitment to be agents of change to improve the lives of their communities (L). We highlight for our candidates the value of authentic and collaborative engagement in advancing our communities (E). We train our candidates to be reflective professionals who incorporate theory into best practices; and utilize the knowledge, skills, dispositions, habits of inquiry, and technology that their preparation has honed (A). Courses and assignments are intentionally designed to engage experiences that promote the understanding of theories, concepts, principles, methodologies and approaches that candidates can readily utilize for practice. As candidates in both initial and advanced stages engage in observations, field experiences, and clinical practice, they provide service to their learners/clients, while simultaneously making instructional decisions that are grounded in educational research and/or theory (D).

**L**= Leadership: Innovation with Accountability

**E**= Engagement: Active Learning

**A**=Application: Theory to Practice

**D**=Dedication: Inclusive Excellence

**Theoretical Framework**

CSOE is based on two main theoretical frameworks: Boyer’s applied scholarship of learning and constructivist theory.

CSOE utilizes Boyer's model of the scholarship of application:

Boyer (1990) asserted the need for all disciplines to move beyond traditional research to engage the full scope of academic work. He posits that in order to advance disciplines holistically and to obtain rewards for professional practice, research should encompass four critical areas:

Discovery - generating new and unique knowledge;

Teaching - Faculty and candidates creatively build bridges between their own understanding and their students' learning;

Application – Taking the new knowledge acquired and utilizing to solve society's problems; and

Integration – Using collaborative relationships to uncover new knowledge among disciplines (Boyer, 1990).

These four aspects of scholarship are of paramount importance to CSOE. Each of the four areas informs the guiding principles of LEAD for CSOE.

*Scholarship of Discovery* (L, E, A, D): We subscribe to the centrality of the need to advance inquiry that produces the disciplinary and professional knowledge that frames our candidate preparation and training (Boyer, 1990). We ensure that our candidates are prepared to foster an environment that supports inclusive excellence with the commitment and understanding necessary to be responsive to all learners (D). Candidates acquire the ability to collaborate successfully (E) with parents, families, school districts, community members, faculty and staff in order to gain and maintain this disposition.

*Scholarship of Teaching* (L, E, A, D): CSOE subscribes to Boyer's model that underscores the notion of the scholarship of teaching as inquiry that produces knowledge to facilitate the transfer of the science and art of teaching, counseling and leadership from expert to novice. Thus we are very intentional in stewarding our mentoring relationships between faculty, school district master teachers, school site supervisors and our advisory boards. We view these relationships as critical to the transfer of teaching knowledge.

*Scholarship of Professional Practice* (A): Professional practice in CSOE is comprised of all aspects of the delivery of education, counseling, and leadership. Competence in practice is determined in school setting practicums and internships. Professional Practice is also the mechanism through which CSOE provides the environment and skills by which knowledge in the profession is both advanced and applied. In this segment, we also include the mentoring of candidates and leadership roles in developing practice. In all of the above, we highlight the scholarship generated through practice. Our Faculty and candidate professional certifications, degrees, and credentials and other specialty credentials demonstrate CSOE's attainments in this sphere.

*Scholarship of Integration* (L, E, A): In this sphere, faculty and candidates engage in the review and analysis of education policy, integrative models across disciplines, literature review and use all these to develop transdisciplinary educational programs and projects. Further, CSOE faculty are active and present at national and international conferences, serve on the leadership of professional organizations and contribute to journal articles. These are examples of how CSOE demonstrates the scholarship of integration. The guiding principles and candidate competencies are framed with the understanding that effective learning environments are social and collaborative in nature (Vygotsky, 1978).

The second theoretical underpinning for CSOE is constructivism. We concur with the assertion that our candidates and their students are active makers of meaning, rather than passive absorbers of knowledge (Dewey, 1944; Vygotsky, 1962; Brosio, 2000).

We expect our candidates to engage social constructivism by utilizing existing knowledge, interests, attitudes, and goals to select and interpret available information. Our faculty recognize the insider knowledge our candidates’ bring to our courses and provide the environment for them to utilize their uniquely personal knowledge to create meaning as they integrate these knowledge bases with their diverse cultural, ethnic, social, and economic circumstances through analysis, reflection, and research.

We model a humanistic learning environment that encourages critical inquiry to connect learners with one another (Rodgers, 2002; Greene, 2000; Palmer, 1998; Sergiovanni, 1999). Faculty members create caring environments where candidates are encouraged and supported to reach beyond themselves and to engage various points of view, diversity of ideas and practices.

# CTC Pupil Personnel Services Generic Program Standards

* **Standard 1 Program Design, Rationale and Coordination:** Coordinated effectively in accordance with a cohesive design that has a cogent rationale. Foundation and theoretical courses precede and are designed to be taken prior to more specialized and advanced courses.
* **Standard 2 Growth and Development:** Acquire an understanding of typical and atypical growth and development, including relevant theories, research, and other information related to pupils’ strengths and weaknesses that affect learning in school, community and family environments. The program provides candidates with an understanding of the effects of (a) health and developmental factors, (b) language, (c) cultural variables, (d) diversity, (e) socioeconomic status, and (f) factors of resiliency on pupil development.
* **Standard 3 Socio-Cultural Competence:** Display an understanding of ways in which ethnic, cultural, socioeconomic, and environmental factors influence pupil learning and achievement. Candidates will learn skills to work effectively with pupils and their families from diverse backgrounds. The program provides candidates with an understanding and appreciation for diversity. An understanding of the importance of developing cultural competence is provided to candidates in order to effectively serve diverse and changing communities. The program provides candidates with an understanding of the ways in which educational policies, programs and practices can be developed, adapted, and modified to be culturally congruent with the needs of pupils and their families.
* **Standard 4 Assessment:** Knowledge of current theories and methods of using assessment data to support data-based decision making for the purpose of understanding, evaluating and promoting positive pupil performance, program outcomes, and school climate. Candidates develop an understanding of the influence of multiple factors on pupil achievement. The program requires candidates to analyze assessment information in a manner that produces valid inferences when evaluating the needs of individual pupils and assessing the effectiveness of educational programs.
* **Standard 5 Comprehensive Prevention and Early Intervention for Achievement:** Display an understanding of the factors that contribute to successful learning. In order to help pupils attain high learning goals, the program provides candidates with the knowledge to identify problems in their earliest stages and to implement prevention and early intervention strategies for addressing these problems. The program requires candidates to demonstrate knowledge of classroom, school, family, and community factors that support pupil learning and to develop skills to assist pupils who experience learning difficulties.
* **Standard 6 Professional Ethics and Legal Mandates:** Display an understanding of professional codes of ethics and current legal mandates, as well as an awareness of the range of legal issues, such as, statutory, regulatory, and case law affecting the delivery of pupil services. The program requires candidates to demonstrate the ability to access information about legal and ethical matters.
* **Standard 7 Family-School Collaboration:** Display an understanding of the ways in which pupil development, well being, and learning are enhanced by family-school collaboration. The program requires candidates to work with parents to foster respectful and productive family-school collaboration.
* **Standard 8 Self-esteem and Personal and Social Responsibility:** Assess their own self-esteem and to demonstrate an understanding of principles associated with the building of (a) self-esteem, (b) personal and social responsibility, and (c) their relationship to the life-long learning process.
* **Standard 9 School Safety and Violence Prevention:** Understand ways in which school environments can enhance the safety and well-being of all pupils. The program provides candidates with the knowledge and models of systematic school safety planning that include comprehensive school climate and crisis response plans addressing elements of prevention, intervention, and treatment. The program provides candidates with opportunities and experiences to demonstrate knowledge and skills to assist in the development and implementation of a comprehensive program to reduce the incidence of school site violence. The program provides candidates with knowledge and skills that address the needs of witnesses, victims and perpetrators of violence as they relate to improved behavior and enhanced teaching and learning.
* **Standard 10 Consultation:** Demonstrate knowledge and application of theories, models, and processes of consultation. The program provides candidates with opportunities and experiences to display the ability to use communication, interpersonal, and problem-solving skills in consultation with teachers, administrators, other school personnel, family members, community groups, and agencies. Candidates demonstrate skills in using a decision-making process when consulting and collaborating with others to (a) identify problem areas, (b) collect and analyze information to understand problems, (c) make decisions about service delivery, and (d) evaluate the implementation and outcome of the service delivery plan.
* **Standard 11 Learning Theory and Educational Psychology:** Display an understanding of learning theories and factors influencing learning and teaching such as cognition, memory, attention skills, perceptual-sensory processes, emotional state, motivation, organizational skills, gender, cultural differences, and linguistic differences. Candidates know how to evaluate the congruence between instructional strategies and pupil learning assets and deficits.
* **Standard 12 Professional Leadership Development:** Display an understanding of the development, improvement and evaluation of programs that support effective pupil learning. The program also provides candidates with an understanding of the importance of leadership by the pupil personnel services provider in operating as a systems change agent.
* **Standard 13 Collaboration and Coordination of Pupil Support Systems:** Collaborate effectively with community-based organizations, agencies, and other professionals. Candidates demonstrate knowledge of programs and services within a comprehensive model of support at the school site level designed to promote high expectations and increase pupil learning and achievement.
* **Standard 14 Human Relations:** Demonstrate self-awareness, sensitivity to others, and skillfulness in relating to individuals and groups. The program provides candidates with opportunities and experiences to understand the importance of socio-psychological concepts of group formation, reference groups, inter-group and intra-group relations and conflict. The program provides candidates with opportunities and experiences to demonstrate an ability to facilitate group process and mediate conflict.
* **Standard 15 Technological Literacy:** Demonstrate skills in current technology for communication and collecting, organizing, distributing and analyzing data and resources in order to facilitate effective and appropriate outcomes in program management and individual student achievement.
* **Standard 16 Supervision and Mentoring:** Demonstrate knowledge of models of supervision used to mentor pre-professionals in practica and field experience placements. Candidates recognize the important role that field-site supervisors play in pre-professional training of future pupil personnel service providers.

# CTC Pupil Personnel Services School Counseling Credential Specialization Standards

**I. Core Knowledge Base and Foundations**

* **Standard 17 Foundations of the School Counseling Profession:** Knowledge and understanding of the core areas including history, philosophy and trends in school counseling; state and national standards; models of comprehensive and developmental school counseling and guidance programs; and the theoretical bases for counseling practices in schools.
* **Standard 18 Professionalism, Ethics & Legal Mandates:** Understanding of ways to develop a professional identity congruent with the knowledge of all aspects of professional functions, professional development, and organizational representation. The program provides candidates with knowledge of current legal mandates impacting school counselors and pupils. The program provides candidates with knowledge of the ethical standards and practices of the school counseling profession and how to apply these ethical standards to specific counseling situations.

**II. Professional Skills and Training**

**A. Domains of School Counseling and Guidance**

* **Standard 19 Academic Development:** Understanding of the concepts, principles, strategies, programs and practices for enabling pupils to experience academic success and achieve at high levels. Candidates are able to implement strategies and activities in the school setting for maximizing learning, producing high-quality work and preparing pupils for a full range of options and opportunities after high school, including the completion of a college and university education.
* **Standard 20 Career Development:** Knowledge of the components of career development programs and provides them with opportunities to develop, implement and evaluate such programs in schools.
* **Standard 21 Personal and Social Development:** Apply knowledge and understanding to the theories, concepts, processes, skills and practices required for successful personal and social development. Candidates are able to plan, organize and implement programs that enable pupils to acquire knowledge, attitudes and interpersonal skills that help them understand and respect themselves and others, make decisions, set goals and take necessary action to achieve goals, and to understand and develop safety and survival skills.

**B. Themes of School Counselor Preparation**

* **Standard 22 Leadership:** Know the qualities, principles, and styles of effective leadership. Candidates also possess the knowledge, skills and attitudes of effective leadership by acting as agents of change in planning, organizing, implementing, managing and evaluating the outcomes of school counseling and guidance programs that increase student learning and achievement.
* **Standard 23 Advocacy:** Demonstrate skills and attitudes essential for advocating for the learning and academic success of all pupils. Candidates are able to identify institutional, systemic, interpersonal and intrapersonal barriers to learning, and are able to plan and implement strategies to eliminate those barriers and effectively support positive learning and achievement outcomes for all pupils.
* **Standard 24 Learning, Achievement and Instruction:** Know appropriate classroom management strategies and techniques for assisting teachers with classroom organization. Candidates understand curriculum design, lesson plan development, and instructional strategies for teaching counseling and guidance related material.

**C. Functions of School Counselors**

* **Standard 25 Individual Counseling:** Demonstrate knowledge of the theories of counseling, the stages of the counseling relationship, and the elements of effective counseling, particularly as they pertain to the three domains of school counseling. Candidates also know and demonstrate skills in helping pupils cope with personal and interpersonal problems as well as skills in crisis intervention in response to personal, school, and community crises. Candidates are able to design and implement programs of wellness promotion, prevention, treatment and intervention services. In addition, candidates understand and possess skill for evaluating counseling outcomes, including the impact of individual and small group counseling on student learning and achievement. Candidates know community-based mental health referral resources and effective referral practices.
* **Standard 26 Group Counseling and Facilitation:** Understand group dynamics and possess skill in group work, including counseling, psycho-educational, task, and peer helping groups; and facilitation of teams to enable pupils to overcome barriers and impediments to learning.
* **Standard 27 Collaboration, Coordination and Team Building:** Apply skills of effective collaboration among school staff, parents, individuals, groups, and agencies in the community to meet developmental needs along a continuum of preschool through adult pupils. In collaborative efforts, candidates demonstrate competence in coordinating the services of community members, agency personnel and parents within a comprehensive school counseling and guidance program as it relates to the educational mission of the school. Candidates know and possess skills in building effective working teams of school staff, parents and community members for eliminating personal, social, and institutional barriers to learning and increasing student academic achievement and learning success.
* **Standard 28 Organizational and System Development:** Understand the organization, structure, and cultural context of schools as educational systems and are able to plan, develop, implement and evaluate systemic and comprehensive counseling and guidance programs that are part of an overall school plan. Such programs include student outcomes that reflect the impact of counseling and guidance programs on student learning and academic achievement.
* **Standard 29 Prevention Education and Training:** Know and have skill in the planning, organizing and implementing educational programs designed to promote pupil learning and high academic achievement. Candidates also have knowledge in preventing problems that pose barriers to learning and achievement. Candidates develop knowledge and skills in working with school staffs, parents, and family members to enable them to eliminate barriers to learning and achievement.
* **Standard 30 Research, Program Evaluation and Technology:** Knowledgeable about basic principles of research design, action research, and program evaluation. This includes traditional experimental design as well as qualitative and single-subject designs. Candidates are able to differentiate high quality from inadequate research, and understand measurement and statistics in sufficient depth to evaluate published research and conduct evaluations of counseling and guidance and other educational programs in terms of student outcomes. Candidates understand and utilize computer technology and attendant technological applications for conducting program evaluation.

**III. Field Experience and Competency Evaluation**

* **Standard 31 Field Experience:** Demonstrate knowledge and skills in applying the themes and functions of school counseling in school settings designed and organized to support the training and preparation of school counselors. Candidates demonstrate in field experience the knowledge of and skills in working with pre-K through adult pupils in the areas identified in the standards for school counseling.
* **Standard 32 Determination of Candidate Competence:** Determine that candidates have satisfied each professional standard. This determination is based on thorough documentation and written verification by at least one district supervisor and one institutional supervisor. Candidates have also documented that they have earned an appropriate graduate degree from an accredited institution of higher learning.

# CTC Pupil Personnel Services School Psychology Credential Specialization Standards

**I. Core Knowledge Base and Foundation**

* **Standard 17 Psychological Foundations:** Foundation in the knowledge base for the discipline of psychology in order to facilitate the individual development of all pupils. This knowledge base includes biological foundations of behavior, human learning, social and cultural bases of behavior, child and adolescent development, and the diversity of individual differences in development and learning.
* **Standard 18 Educational Foundations:** Foundation in the knowledge base of education concerning the organization and operation of schools, school and community-based resources, as well as alternative service delivery systems. The program requires candidates to be prepared to help design and operate programs to promote school-family interactions. The program requires candidates to be knowledgeable about: (a) family influences on pupil cognitive, motivational, and social characteristics that affect classroom performance; (b) family involvement in education; (c) ways to promote partnerships between parents and educators to improve outcomes for pupils; (d) cultural issues that impact home-school collaboration; and (e) methods to facilitate safe and caring school communities.
* **Standard 19 Legal, Ethical and Professional Foundations:** Knowledge base specific to the professional specialty of school psychology. This knowledge base includes (a) the history and foundations of school psychology, (b) legal and ethical issues, (c) professional issues and standards, (d) alternative models for the delivery of school psychological services, (e) emergent technologies, and (f) the roles and functions of the school psychologist. The program requires candidates to understand the diverse values that influence the lives of people, and to be prepared to practice in schools in ways that meet all appropriate ethical, professional, and legal standards both to enhance the quality of services and to protect the rights of all parties.

**II. Professional Skills and Training**

* **Standard 20 Collaborative Consultation:** Positive interpersonal skills with which to facilitate communication for the purposes of consultation and collaboration with teachers, teams of school personnel, community professionals, agencies, and families. Candidates are prepared to listen, adapt, deal with ambiguity, and be patient in difficult situations. Candidates are able to clearly present and exchange information in a variety of contexts with diverse audiences such as families, teachers, school boards, policy makers, business leaders, and fellow school pupil service providers.
* **Standard 21 Wellness Promotion, Crisis Intervention and Counseling:** Design, implement and evaluate wellness, prevention, intervention, and other mental health programs at the individual, group and system levels. They are knowledgeable about academic, behavioral, and serious personal difficulties. As primary mental health service providers, candidates are able to recognize the behaviors and contexts that are precursors to the development of internalizing disorders, externalizing disorders, and dropping out of school. Candidates can design programs and implement prevention, intervention, and treatment services across the hierarchy of pupils’ development needs. Candidates can work with school personnel, pupils, parents, and the general community in the aftermath of personal, school and community crises.
* **Standard 22 Individual Evaluation and Assessment:** Versed in a variety of assessment methods, including formal and informal test administration, behavioral assessment, interview, ecological or environmental assessment, as well as assessment methodologies to define a student’s problems and needs, to assess current status, and to measure the effects of the problems-solving process. Candidates also understand contextual influences on outcomes, such as: (a) personal attributes of the pupil; (b) types of aptitude; and (c) community, cultural, gender, and language influences, and (d) classroom climate and instructional practices. Candidates understand how to use assessment information in a problem solving process and are able to convey findings in an articulate way to a diverse audience. Candidates are able to use data-based decision making to improve outcomes for instruction, development of cognitive and academic skills, and the development of life competencies. Candidates also demonstrate an understanding of the process and procedures identified in federal and state laws related to special education services, such as the Individuals with Disabilities Education Act (IDEA).
* **Standard 23 Program Planning and Evaluation:** Understand the school as a system. Candidates work with individuals and groups to facilitate organizational structures and policies that create and maintain safe school environments that promote learning and enhance positive educational outcomes for pupils. Candidates utilize data-based decision making skills to (a) assist in the development of challenging but achievable goals for all pupils; (b) provide information about ways in which pupils can achieve these goals; and (c) monitor pupil progress toward these goals. Candidates are skillful in evaluating local school programs and in interpreting findings to other educators and to the public.
* **Standard 24 Research, Measurement, and Technology:** Know basic principles of research design. This includes traditional experimental designs as well as qualitative and single-subject designs. Candidates are able to differentiate high quality from inadequate research, and understand measurement and statistics in sufficient depth to evaluate published research and conduct investigations relevant to their work. Candidates understand and utilize computer technology and attendant technological applications.

**III. Field Experience and Practica**

* **Standard 25 Practica:** Engage in field-based activities in all areas of professional training. Specifically, candidates are provided with practica experiences in the areas of (a) collaboration and consultation, (b) wellness promotion, (c) counseling and crisis intervention, (d) individual assessment, (e) educational planning and evaluation, (f) program planning and evaluation, (g) and research and measurement. Candidates demonstrate the ability to select and apply core knowledge regarding psychological foundations, educational foundations, and legal, ethical, and professional foundations in their work in schools. Practica consists of a series of supervised experiences that occur prior to the field experience, are conducted in laboratory or field-based settings or both. They provide for the application of knowledge and mastery of distinct skills. There must be a systematic means of evaluating the practica experiences that seeks to ensure the acquisition of desired skills by pupils.
* **Standard 26 Culminating Field Experience:** Demonstrate the full range of skills acquired during formal training, and to acquire additional knowledge and skills most appropriately gained through supervised professional experience. Under the supervision of a credentialed school psychologist, candidates provide direct and indirect services to pupils, parents, and school staff in all areas of training.
* **Standard 27 Determination of Candidate Competence:** Determine that candidates have satisfied each professional standard. This determination is based on thorough documentation and written verification by at least one district supervisor and one institutional supervisor. Candidates have also documented that they have earned an appropriate graduate degree from an accredited institution of higher learning.

# Course Description

This course will focus on the review of the current concepts on mental disorders and the development of psychopathology in children and adolescents. The primary focus will be on learning about the clinical features, syndromes, diagnostic criteria, and prognosis of commonly diagnosed disturbed behavior and emotions in the birth through 22 student population. The second half of the course will review current concepts and research on psychotropic medication treatment options for childhood and adolescent mental disorders. Emphasis will be placed on the major psychotropic medication classes that can be used as adjunct treatment support for children from birth through 22 with various psychopathology. With these clinical clarities in mind, school psychologists and school counselors can begin the process of collaborating with medical professionals to integrate psychopharmacological intervention as part of a holistic and comprehensive treatment approach in school settings.

# Professional Standards Alignment

|  |  |  |
| --- | --- | --- |
| **California School of Education (CSOE)** | **California Commission on Teacher Credentialing****Pupil Personnel Services Program Standards** | **Supporting Assessment** |
| **Course Learning Outcomes (CLO)** | **Conceptual Framework** | **Generic** | **School Counseling Credential Specialization****(as applicable)** | **School Psychology Credential Specialization****(as applicable)** | **Assessment Title**  |
| **CLO1**: Analyze real-world scenarios of major mental disorders related to human development across the lifespan. | Application | Standard 2  | Standard 21  | Standard 20  | Assignment: Research Paper |
| **CLO2**: Evaluate biological and contextual factors influencing mental illnesses across educational settings.  | Discovery | Standard 4 | Standard 21 | Standard 17 | Assignment: Research Paper |
| **CLO3**: Analyze the use of psychopharmacological intervention as strategies for promoting student learning and mental wellbeing.  | Teaching | Standard 5 | Standard 21 | Standard 21 | Assignment: Research Paper |
| **CLO4**: Determine roles of school psychologists and school counselors as they relate to the treatment of mental illnesses from a collaborative perspective.  | Integration | Standard 7 | Standard 27 | Standard 20 | Assignment: Research Paper |
| **CLO5**: Determine diversity issues, legal issues, and special needs related to psychopathology and psychopharmacology.  | Discovery | Standard 3 | Standard 18 | Standard 19 | Assignment: Research Paper |

# Student Expectations

**Respectful Speech and Actions**: As an institution of higher education, Alliant International University has the obligation to combat racism, sexism, and other forms of bias and to provide an equal educational opportunity. Professional codes of ethics and the academic code shall be the guiding principles in dealing with speech or actions that, when considered objectively, are abusive and insulting.

**Professional Behavior**: This program is a graduate-level professional program, and each member of the program, both students and faculty, are expected to engage in professional behavior and conduct. Students should always display empathy, self-control, friendliness, generosity, cooperation, helpfulness, and respect in all of their interactions with other students, staff, and faculty. Students will strive to exemplify professional behavior in all aspects of their participation in this program, to be on time in all engagements, to thoughtfully and diligently complete activities and assignments, and to treat all other program members with respect and dignity.

# Expected In-class (Online) and Preparation Time per Week

|  |  |  |
| --- | --- | --- |
| **Weeks** | **In-Class (Online) Time**(Discussions, interactions, delivering presentations, viewing lectures, exams) | **Preparation Time**(reading, major assignments, homework) |
| Week 1 | 4 hours | 9 hours |
| Week 2 | 7 hours | 12 hours |
| Week 3 | 7 hours | 12 hours |
| Week 4 | 4 hours | 9 hours |
| Week 5 | 4 hours | 11 hours |
| Week 6 | 7 hours | 14 hours |
| Week 7 | 4 hours | 11 hours |
| Week 8 | 4 hours | 11 hours |

**Note**. Expected weekly time is calculated at the number of hours per unit, times the number of units, divided by the number of weeks in the course for the following:

* Online time: (15 x 3 of units) / 8 of weeks
* Preparation time: (30 x 3 of units) / 8 of weeks

# Required Course Materials

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, D.C: American Psychiatric Association.

ISBN: 978-9386217967

Preston, J. D., O’neal J. H., & Talaga, M. C. (2017). *Handbook of clinical psychopharmacology for therapists* (8th ed.). Oakland, CA: New Harbinger Publications, Inc.

ISBN: 978-1626259256

# University Administrative Policies & Student Resources

Administrative policies and students resources for the university can be accessed in the most current catalog posted on the university website <http://catalog.alliant.edu/index.php>.

Note: Academically related activities are used to calculate a student's official last date of attendance with the institution.  In order to be in attendance for the week, you must submit a graded assignment.  An "assignment" is defined as anything that is worth points in the course and can include Discussion and Engagement posts.

**Technology Requirements and Support**

Answers to the most common issues are found in the Canvas Guides which are accessible by clicking “Help” link located on the canvas course Web Page.

For any other Canvas or technical issues please contact the Alliant Help Desk by email at: Helpdesk@alliant.edu or by phone at: 1-844-313-4357.

Additionally, students have access to Starfish, an early alert & connect system used to communicate concerns and facilitate access to extensive academic support systems. Starfish can be accessed by clicking on the Starfish icon located on the left-hand side of the canvas course Web Page.

**Course Overview**

[Week 1: Psychopathology & Psychopharmacology Competencies and Ethical Standards 16](#_Toc489365673)

[Week 2: Neuro-Developmental Disorders and Mood Disorders 18](#_Toc489365674)

[Week 3: Anxiety Disorders and Trauma-and-Stress-Related Disorders 20](#_Toc489365675)

[Week 4: Disruptive, Impulse-Control, & Conduct Disorders 22](#_Toc489365676)

[Week 5: Psychotropic Medication in Schools 24](#_Toc489365677)

[Week 6: Anti-Depressant & Anti-Anxiety Medication 26](#_Toc489365678)

[Week 7: Stimulant Medication and Mood-Stabilizers 28](#_Toc489365679)

[Week 8: Antipsychotic Medications 30](#_Toc489365680)

# Course Grading

Grading is in accordance with the academic policies of Alliant International University.

|  |  |
| --- | --- |
| **Percentage** | **Letter Grade** |
| 94-100 | A |
| 90-93 | A- |
| 87-89 | B+ |
| 84-86 | B |
| 80-83 | B- |
| 77-79 | C+ |
| 74-76 | C |
| 70-73 | C- |
| 67-69 | D+ |
| 64-66 | D |
| 61-63 | D- |
| < 61% | F |

Final grades will be determined as follows based on the points obtained in the following categories:

|  |  |
| --- | --- |
| **Assignment Categories** | **% of Grade** |
| Discussion | 64 |
| Research Paper | 36 |

# Course Assessments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Assessment** | **Due** | **Assignment Category** | **Point Value** |
| **Week 1** |  |  |  |
|  | Discussion: Ethics & Core Competencies |  | Discussion |  8 |
| **Week 2** |  |  |  |
|  | Discussion: Neurodevelopmental Disorders |  | Discussion |  4 |
|  | Discussion: Mood Disorders |  | Discussion |  4 |
| **Week 3** |  |  |  |
|  | Discussion: Anxiety Disorders |  | Discussion |  4 |
|  | Discussion: PTSD |  | Discussion |  4 |
| **Week 4** |  |  |  |
|  | Discussion: ADHD |  | Discussion |  8 |
| **Week 5** |  |  |  |
|  | Discussion: Monitoring Medication |  | Discussion |  8 |
| **Week 6** |  |  |  |
|  | Discussion: Anti-Depressants |  | Discussion |  4 |
|  | Discussion: Anti-Anxiety |  | Discussion |  4 |
| **Week 7** |  |  |  |
|  | Discussion: ADHD Medication |  | Discussion |  8 |
| **Week 8** |  |  |  |
|  | Discussion: Daily Practice |  | Discussion |  8 |
|  | Assignment: Psychopathology & Psychotropic Medication Research Paper |  | Research Paper |  36 |
| **Total Points** |  |  | **100** |

Week 1: Psychopathology & Psychopharmacology Competencies and Ethical Standards

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain the ethical standards of assessment and evaluation of mental conditions.
 | CLO1, CLO2, CLO5  |
| * 1. Determine how the standards of care and scope of practice from the American Psychological Association standards apply to school psychological services.
 | CLO2, CLO3, CLO5 |
| * 1. Analyze general factors influencing psychopathology and its treatment consequences.
 | CLO2, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings**  | 1.1, 1.2, 1.3 |
| ***American Psychological Association*** * [Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations](http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx)
* [Ethical Principles of Psychologists and Code of Conduct](http://www.apa.org/ethics/code/index.aspx)
* [Practice Guidelines for LGB Clients](http://www.apa.org/pi/lgbt/resources/guidelines.aspx)
* [Guidelines for Assessment of and Intervention With Persons With Disabilities](http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx)
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Ethics & Core Competencies** | 1.1, 1.2, 1.3 |
| **Select** three of the standards of care and scope of practice from the American Psychological Association standards. **Respond** to the following prompts in the Ethics & Core Competencies discussion forum by Wednesday: * Provide a brief description of the ethics and core competency you selected.
* Explain why this competency is identified as a core competency in your field of work
* Explain one way to effectively measure or evaluate the competency. Be specific and provide at least one example.

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate.  |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 2: Neuro-Developmental Disorders and Mood Disorders

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain major clinical features in neurodevelopmental disorders and mood disorders.
 | CLO1, CLO2 |
| * 1. Determine methods for school psychologists and school counselors to support students with conditions from these two broad psychopathological categories, neurodevelopmental disorders and mood disorders, in educational settings.
 | CLO2, CLO3, CLO4 |
| * 1. Explain school learning implications for students with psychological disabilities.
 | CLO2 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** | 2.1, 2.2, 2.3 |
| ***Diagnostic and Statistical Manual of Mental Disorders*** * Neuro-developmental Disorders
* Mood Disorders
 |
| ***Alliant Library*** * Kazdin, A. E. (2008). [Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2008-03389-001&site=ehost-live&scope=site). *American Psychologist*, 63(3), 146-159.
* Pine, D. S. (2006). [A primer on brain imaging in developmental psychopathology: What is it good for?](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=22867940&site=ehost-live&scope=site). *Journal Of Child Psychology & Psychiatry*, 47(10), 983-986.
* Sroufe, L. A. (2009). [The concept of development in developmental psychopathology](http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1750-8606.2009.00103.x/epdf). *Child Development Perspectives*, 3(3), 178-183.
* Vallance, A. K. (2009). [Review of developmental psychopathology and wellness: Genetic and environmental influences](http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1475-3588.2009.00530_2.x/epdf). *Child and Adolescent Mental Health*, 14(2), 110.
* De Pauw, S., & Mervielde, I. (2010). [Temperament, Personality and Developmental Psychopathology: A Review Based on the Conceptual Dimensions Underlying Childhood Traits](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=48449769&site=ehost-live&scope=site). *Child Psychiatry & Human Development*, 41(3), 313-329.
* Stringaris, A., Rowe, R., & Maughan, B. (2012). [Mood dysregulation across developmental psychopathology - general concepts and disorder specific expressions](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=82468595&site=ehost-live&scope=site). *Journal Of Child Psychology & Psychiatry*, 53(11), 1095-1097.
* Drabick, D. G., & Kendall, P. C. (2010). [Developmental psychopathology and the diagnosis of mental health problems among youth](http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1468-2850.2010.01219.x/epdf). *Clinical Psychology: Science and Practice*, 17(4), 272-280.
* Narayan, A. J., Allen, T. A., Cullen, K. R., & Klimes-Dougan, B. (2013). [Disturbances in reality testing as markers of risk in offspring of parents with bipolar disorder: a systematic review from a developmental psychopathology perspective](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=91808585&site=ehost-live&scope=site). *Bipolar Disorders*, 15(7), 723-740.
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Neurodevelopmental Disorders** | 2.1, 2.2 |
| **Respond** to the following prompts in the Neurodevelopmental Disorders discussion forum by Wednesday: * Select a Neurodevelopmental Disorder and explain the etiology and developmental trajectory for it.
* Provide examples and cite specific research articles to support your response.

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate.  |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

|  |  |
| --- | --- |
| **Discussion: Mood Disorders** | 2.1, 2.2, 2.3 |
| **Respond** to the following prompts in the Mood Disorders discussion forum by Friday: * Select a major Mood disorder and provide a description of it.
* Explain assessment and intervention planning considerations for a student with your selected mental disorder.

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 3: Anxiety Disorders and Trauma-and-Stress-Related Disorders

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain the development of anxiety and stress reactions.
 | CLO1 |
| * 1. Determine an effective treatment plan for a student with post-traumatic stress disorder (PTSD).
 | CLO1, CLO2, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** | 3.1, 3.2 |
| ***Diagnostic and Statistical Manual of Mental Disorders*** * Anxiety Disorders
* Stress-related and Post Traumatic Stress Disorders
 |
| ***Alliant Library*** * Gazelle, H., & Rubin, K. H. (2010). [Social anxiety in childhood: Bridging developmental and clinical perspectives](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=48490582&site=ehost-live&scope=site). *New Directions For Child & Adolescent Development*, 2010(127), 1-16.
* Pynoos, R. S., Steinberg, A. M., & Piacentini, J. C. (1999). [A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders](http://0-www.sciencedirect.com.library.alliant.edu/science/article/pii/S0006322399002620). *Biological Psychiatry*, 46(11), 1542–1554.
* Pine, D. S., Costello, J., & Masten, A. (2005). [Trauma, proximity, and developmental psychopathology: the effects of war and terrorism on children](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=mnh&AN=16012537&site=ehost-live&scope=site). *Neuropsychopharmacology:* *Official Publication Of The American College Of Neuropsychopharmacology*, 30(10), 1781-1792.
* Margolin, G., & Vickerman, K. A. (2007). [Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2007-18831-013&site=ehost-live&scope=site). *Professional Psychology: Research And Practice*, 38(6), 613-619.
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Anxiety Disorders** | 3.1 |
| **Respond** to the following prompts in the Anxiety Disorders discussion forum by Wednesday: * Describe eight important developmental issues needed to establish an accurate diagnosis for anxiety disorders.
* Support your response with references.

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate.  |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

|  |  |
| --- | --- |
| **Discussion: PTSD** | 3.2 |
| **Respond** to the following prompts in the PTSD discussion forum by Friday: * What is PTSD?
* How might you help a student who just experienced significant trauma?

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 4: Disruptive, Impulse-Control, & Conduct Disorders

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain disruptive behavioral disorders.
 | CLO1 |
| * 1. Analyze the impact of attention, memory, thinking, and impulsive control on student learning and educational intervention.
 | CLO1, CLO2, CLO5 |
| * 1. Strategize how collaboration with other school personnel can assist children with emotional and behavioral problems.
 | CLO2, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** | 4.1, 4.2, 4.3 |
| ***Diagnostic and Statistical Manual of Mental Disorders*** Impulsive and Conduct Problems  |
| ***Alliant Library*** Kawabata, Y., Tseng, W., & Gau, S. S. (2012). [Symptoms of attention-Deficit/Hyperactivity disorder and social and school adjustment: The moderating roles of age and parenting](https://0-search-proquest-com.library.alliant.edu/docview/918339398/fulltextPDF/B9E6096DC2C747DFPQ/2?accountid=25255). *Journal of Abnormal Child Psychology*, 40(2), 177-88.  |

# Assignments

|  |  |
| --- | --- |
| **Discussion: ADHD** | 4.1, 4.2, 4.3 |
| **Respond** to the following prompts in the ADHD discussion forum by Wednesday: * What is the developmental trajectory of ADHD?
* What ten different evidence-based instructional intervention strategies would you suggest to teachers?

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 5: Psychotropic Medication in Schools

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain school psychologists’ and counselors’ role for monitoring medication in school settings.
 | CLO3, CLO4 |
| * 1. Explain key legal and ethical issues in medication administration.
 | CLO3, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** | 5.1, 5.2 |
| ***Alliant Library*** * Ball, C. R., Kratochwill, T. R., Johnston, H. F., & Fruehling, J. J. (2009). [Limited prescription privileges for psychologists: Review and implications for the practice of psychology in the schools](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813399&site=ehost-live&scope=site). *Psychology In The Schools*, 46(9), 836-845.
* DuPaul, G. J., & Carlson, J. S. (2005). [Child Psychopharmacology: How School Psychologists Can Contribute to Effective Outcomes](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2005-06396-007&site=ehost-live&scope=site). *School Psychology Quarterly*, 20(2), 206-221.
* Kubiszyn, T., Mire, S., Dutt, S., Papathopoulos, K., & Burridge, A. B. (2012). [Significant differences in pediatric psychotropic side effects: Implications for school performance](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2012-12563-002&site=ehost-live&scope=site). *School Psychology Quarterly*, 27(1), 4-28.
* Mazur-Mosiewicz, A., Pierson, E. E., & McIntosh, D. E. (2009). [Legal issues in school health services and school psychology: Guidelines for the administration of medication](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813402&site=ehost-live&scope=site). *Psychology In The Schools*, 46(9), 813-819.
* Roberts, H. J., Floress, M. T., & Ellis, C. R. (2009). [Training school psychologists in psychopharmacology consultation](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813400&site=ehost-live&scope=site). *Psychology In The Schools*, 46(9), 827-835.
 |

|  |  |
| --- | --- |
| **Preparation: Psychopathology & Psychotropic Medication Research Paper** | N/A |
| **Begin** working on the Psychopathology & Psychotropic Medication Research Paper due in Week 8.**Review** instructions for this assignment in Week 8. |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Monitoring Medication** | 5.1, 5.2 |
| **Respond** to the following prompts in the Monitoring Medication discussion forum by Wednesday: * What pivotal roles can school psychologists play in monitoring psychotropic medication?
* What potential ethical and legal conflicts are there in school psychopharmacological consultation? Cite specific research to support your response.

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 6: Anti-Depressant & Anti-Anxiety Medication

Learning Objectives

|  |  |
| --- | --- |
| * 1. Explain the benefits of anti-depressant medications.
 | CLO3, CLO4 |
| * 1. Summarize the dangers of anti-depressant and anti-anxiety medications.
 | CLO3, CLO4, CLO5 |
| * 1. Explain integrative treatment with special populations.
 | CLO3, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** | 6.1, 6.2, 6.3 |
| ***Handbook of Clinical Psychopharmacology for Therapists*** * Ch. 17: Bipolar Medications
* Ch. 18: Antianxiety Medications
 |
| ***Alliant Library*** * Patkar, A., & Pae, C. (2013). [Atypical Antipsychotic Augmentation Strategies in the Context of Guideline-based Care for the Treatment of Major Depressive Disorder](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=88368053&site=ehost-live&scope=site). *CNS Drugs*, 2729-37.
* Pierson, E. E. (2009). [Antidepressants and suicidal ideation in adolescence: A paradoxical effect](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813391&site=ehost-live&scope=site). *Psychology In The Schools*, 46(9), 910-914.
* [Large-scale study suggests fluvoxamine effective for anxiety symptoms](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=10883678&site=ehost-live&scope=site). (2001). *Brown University Child & Adolescent Psychopharmacology Update*, 3(6), 1.
* Witek, M. W., Rojas, V., Alonso, C., Minami, H., & Silva, R. R. (2005). [Review of Benzodiazepine use in Children and Adolescents](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=17312199&site=ehost-live&scope=site). *Psychiatric Quarterly*, 76(3), 283-296.
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Anti-Depressants** | 6.1, 6.2 |
| **Respond** to the following prompts in the Anti-Depressants discussion forum by Wednesday: * Describe one major benefit of antidepressant in treating mood disorders.
* What are the dangers associated with the use of anti-depressants with children and adolescents?

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

|  |  |
| --- | --- |
| **Discussion: Anti-Anxiety** | 6.3 |
| **Respond** to the following prompts in the Anti-Anxiety discussion forum by Friday: How has anti-anxiety medication been used with children? Support your response with three-to four-references not from your readings.**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 7: Stimulant Medication and Mood-Stabilizers

Learning Objectives

|  |  |
| --- | --- |
| * 1. Determine the impact of stimulant medication and mood-stabilizers on children’s development.
 | CLO3, CLO4 |
| * 1. Explain the side effects of stimulant medication and mood-stabilizers.
 | CLO3, CLO4, CLO5 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** |  |
| ***Handbook of Clinical Psychopharmacology for Therapists*** **Review** Ch. 17: Bipolar Medications |
| ***Alliant Library*** * [Atomoxetine appears effective in children with ADHD](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=17792509&site=ehost-live&scope=site). (2005). *Brown University Child & Adolescent Psychopharmacology Update*, 7(8), 5-6.
* [Stimulants safe for children with ADHD, but experts ponder long-term effects](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=16974078&site=ehost-live&scope=site). (2005). *Brown University Child & Adolescent Psychopharmacology Update*, 7(5), 1-4.
* Smarty, S., & Findling, R. L. (2007). [Psychopharmacology of pediatric bipolar disorder: a review](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=24109282&site=ehost-live&scope=site). *Psychopharmacology*, 191(1), 39-54.
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: ADHD Medication** | 7.1, 7.2 |
| **Respond** to the following prompts in the ADHD Medication discussion forum by Wednesday: * What are the side effects of ADHD medication?
* How would you work with a teacher who insists that a student with ADHD-like symptoms needs medication?

**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

Week 8: Antipsychotic Medications

Learning Objectives

|  |  |
| --- | --- |
| * 1. Determine key areas that school psychologists and counselors may monitor medication treatment.
 | CLO3, CLO4 |
| * 1. Explain special issues related to medication compliance.
 | CLO3, CLO4, CLO5 |
| * 1. Determine how to effectively assist a student with psychotic symptoms.
 | CLO3, CLO4 |

# Activities and Resources

|  |  |
| --- | --- |
| **Readings** |  |
| ***Handbook of Clinical Psychopharmacology for Therapists*** Ch. 19: Antipsychotic Medications |
| ***Alliant Library*** * Findling, R. L., Horwitz, S. M., & Birmaher, B. (2011). [Antipsychotics prescribed most often in children with psychotic or BPI disorders](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=84525389&site=ehost-live&scope=site). *Brown University Child & Adolescent Psychopharmacology Update*, 13(12), 1-3.
* Maayan, L. A., & Vakhrusheva, J. (2010). [Risperidone associated weight, leptin, and anthropometric changes in children and adolescents with psychotic disorders in early treatment](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=48434026&site=ehost-live&scope=site). *Human Psychopharmacology: Clinical & Experimental*, 25(2), 133-138.
* Yasui, M., & Dishion, T. J. (2007). [The Ethnic Context of Child and Adolescent Problem Behavior: Implications for Child and Family Interventions](http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=25524374&site=ehost-live&scope=site). *Clinical Child & Family Psychology Review*, 10(2), 137-179.
 |

# Assignments

|  |  |
| --- | --- |
| **Discussion: Daily Practice** | N/A |
| **Respond** to the following prompt in the Daily Practice discussion forum by Wednesday: How you would apply the knowledge from this course to your daily practice as a school psychologist or school counselor?**Reply** to a classmate’s post, applying the [RISE Model for Meaningful Feedback](http://www.risemodel.com/), by Sunday. If possible, respond to a post that has not yet received feedback from a classmate. |
| Check into this discussion periodically to help guide students and to provide your own thoughts or insights. Mimic for them how you would like them to engage with each other beyond stating, ‘Good post! or I agree!’ |

|  |  |
| --- | --- |
| **Assignment: Psychopathology & Psychotropic Medication Research Paper** | 8.1, 8.2, 8.3 |
| This paper is an opportunity for you to synthesize and integrate what you learn about psychopathology and psychotropic medication from this class. **Select** a mental disorder from DSM-V and research its etiology, symptoms, and pharmacological treatment. **Write** a 10-to 12-page research paper about the psychopathology and psychopharmacology of your selected mental disorder that includes the following: * Section 1 – Research the prevalence and etiologies of the mental illness
* Section 2 – Explain the symptoms and diagnostic criteria for the condition
* Section 3 – Explore at least three evidence-based non-medication treatment methods for the condition
* Section 4 - Illustrate psychotropic medication options for the condition:

 * + Include a minimum of four research studies
	+ Explain combined treatment using therapy and medication
* Section 5 – Explain treatment management and the ethical and legal implications for school psychologists

**Submit** your research paper as a Word document by Friday.  |

# Bibliography

1. Atomoxetine appears effective in children with ADHD. (2005). *Brown University Child & Adolescent Psychopharmacology Update*, 7(8), 5-6. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=17792509&site=ehost-live&scope=site>.
2. Ball, C. R., Kratochwill, T. R., Johnston, H. F., & Fruehling, J. J. (2009). Limited prescription privileges for psychologists: Review and implications for the practice of psychology in the schools. *Psychology In The Schools*, 46(9), 836-845. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813399&site=ehost-live&scope=site>.
3. De Pauw, S., & Mervielde, I. (2010). Temperament, Personality and Developmental Psychopathology: A Review Based on the Conceptual Dimensions Underlying Childhood Traits. *Child Psychiatry & Human Development*, 41(3), 313-329. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=48449769&site=ehost-live&scope=site>.
4. Drabick, D. G., & Kendall, P. C. (2010). Developmental psychopathology and the diagnosis of mental health problems among youth. *Clinical Psychology: Science and Practice*, 17(4), 272-280. Retrieved from <http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1468-2850.2010.01219.x/epdf>.
5. DuPaul, G. J., & Carlson, J. S. (2005). Child Psychopharmacology: How School Psychologists Can Contribute to Effective Outcomes. *School Psychology Quarterly*, 20(2), 206-221. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2005-06396-007&site=ehost-live&scope=site>.
6. Findling, R. L., Horwitz, S. M., & Birmaher, B. (2011). Antipsychotics prescribed most often in children with psychotic or BPI disorders. *Brown University Child & Adolescent Psychopharmacology Update*, 13(12), 1-3. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=84525389&site=ehost-live&scope=site>.
7. Gazelle, H., & Rubin, K. H. (2010). Social anxiety in childhood: Bridging developmental and clinical perspectives. *New Directions For Child & Adolescent Development*, 2010(127), 1-16. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=48490582&site=ehost-live&scope=site>.
8. Kawabata, Y., Tseng, W., & Gau, S. S. (2012). Symptoms of attention-Deficit/Hyperactivity disorder and social and school adjustment: The moderating roles of age and parenting. *Journal of Abnormal Child Psychology*, 40(2), 177-88. Retrieved from <https://0-search-proquest-com.library.alliant.edu/docview/918339398/fulltextPDF/B9E6096DC2C747DFPQ/2?accountid=25255>.
9. Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63(3), 146-159. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2008-03389-001&site=ehost-live&scope=site>.
10. Kubiszyn, T., Mire, S., Dutt, S., Papathopoulos, K., & Burridge, A. B. (2012). Significant differences in pediatric psychotropic side effects: Implications for school performance. *School Psychology Quarterly*, 27(1), 4-28. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2012-12563-002&site=ehost-live&scope=site>.
11. Large-scale study suggests fluvoxamine effective for anxiety symptoms. (2001). *Brown University Child & Adolescent Psychopharmacology Update*, 3(6), 1. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=10883678&site=ehost-live&scope=site>.
12. Maayan, L. A., & Vakhrusheva, J. (2010). Risperidone associated weight, leptin, and anthropometric changes in children and adolescents with psychotic disorders in early treatment. *Human Psychopharmacology: Clinical & Experimental*, 25(2), 133-138. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=48434026&site=ehost-live&scope=site>.
13. Margolin, G., & Vickerman, K. A. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research And Practice*, 38(6), 613-619. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=pdh&AN=2007-18831-013&site=ehost-live&scope=site>.
14. Mazur-Mosiewicz, A., Pierson, E. E., & McIntosh, D. E. (2009). Legal issues in school health services and school psychology: Guidelines for the administration of medication. *Psychology In The Schools*, 46(9), 813-819. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813402&site=ehost-live&scope=site>.
15. Narayan, A. J., Allen, T. A., Cullen, K. R., & Klimes-Dougan, B. (2013). Disturbances in reality testing as markers of risk in offspring of parents with bipolar disorder: a systematic review from a developmental psychopathology perspective. *Bipolar Disorders*, 15(7), 723-740. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=91808585&site=ehost-live&scope=site>.
16. Patkar, A., & Pae, C. (2013). Atypical Antipsychotic Augmentation Strategies in the Context of Guideline-based Care for the Treatment of Major Depressive Disorder. *CNS Drugs*, 2729-37. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=88368053&site=ehost-live&scope=site>.
17. Pierson, E. E. (2009). Antidepressants and suicidal ideation in adolescence: A paradoxical effect. *Psychology In The Schools*, 46(9), 910-914. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813391&site=ehost-live&scope=site>.
18. Pine, D. S. (2006). A primer on brain imaging in developmental psychopathology: What is it good for?. *Journal Of Child Psychology & Psychiatry*, 47(10), 983-986. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=22867940&site=ehost-live&scope=site>.
19. Pine, D. S., Costello, J., & Masten, A. (2005). Trauma, proximity, and developmental psychopathology: the effects of war and terrorism on children. *Neuropsychopharmacology:* *Official Publication Of The American College Of Neuropsychopharmacology*, 30(10), 1781-1792. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=mnh&AN=16012537&site=ehost-live&scope=site>.
20. Pynoos, R. S., Steinberg, A. M., & Piacentini, J. C. (1999). A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders. *Biological Psychiatry*, 46(11), 1542–1554. Retrieved from <http://0-www.sciencedirect.com.library.alliant.edu/science/article/pii/S0006322399002620>.
21. Roberts, H. J., Floress, M. T., & Ellis, C. R. (2009). Training school psychologists in psychopharmacology consultation. *Psychology In The Schools*, 46(9), 827-835. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=44813400&site=ehost-live&scope=site>.
22. Smarty, S., & Findling, R. L. (2007). Psychopharmacology of pediatric bipolar disorder: a review. *Psychopharmacology*, 191(1), 39-54. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=24109282&site=ehost-live&scope=site>.
23. Sroufe, L. A. (2009). The concept of development in developmental psychopathology. *Child Development Perspectives*, 3(3), 178-183. Retrieved from <http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1750-8606.2009.00103.x/epdf>.
24. Stimulants safe for children with ADHD, but experts ponder long-term effects. (2005). *Brown University Child & Adolescent Psychopharmacology Update*, 7(5), 1-4. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=16974078&site=ehost-live&scope=site>.
25. Stringaris, A., Rowe, R., & Maughan, B. (2012). Mood dysregulation across developmental psychopathology - general concepts and disorder specific expressions. *Journal Of Child Psychology & Psychiatry*, 53(11), 1095-1097. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=82468595&site=ehost-live&scope=site>.
26. Vallance, A. K. (2009). Review of developmental psychopathology and wellness: Genetic and environmental influences. *Child and Adolescent Mental Health*, 14(2), 110. Retrieved from <http://0-onlinelibrary.wiley.com.library.alliant.edu/doi/10.1111/j.1475-3588.2009.00530_2.x/epdf>.
27. Witek, M. W., Rojas, V., Alonso, C., Minami, H., & Silva, R. R. (2005). Review of Benzodiazepine use in Children and Adolescents. *Psychiatric Quarterly*, 76(3), 283-296. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=aph&AN=17312199&site=ehost-live&scope=site>.
28. Yasui, M., & Dishion, T. J. (2007). The Ethnic Context of Child and Adolescent Problem Behavior: Implications for Child and Family Interventions. *Clinical Child & Family Psychology Review*, 10(2), 137-179. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=ehh&AN=25524374&site=ehost-live&scope=site>.