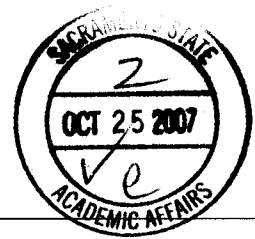




SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College):</b> Education	<b>Academic Organization (Department):</b> Counselor Education	<b>Date:</b> 9-27-07
<b>Type of Course Proposal:</b> New ___ Change <u>X</u> Deletion ___	<b>Department Chair:</b> Rose Borunda	<b>Submitted by:</b> Marielle Brandt
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u></b>	<b>For Catalog Copy: Yes <u>X</u> No</b> <b>CCE: Yes ___ No <u>X</u></b>	<b>Semester Effective:</b> Fall <u>X</u> Spring ___, 2008

<b>This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):</b>	<b>EDC 254</b>
<b>This Catalog Number (course number) is being replaced:</b>	<b>296E</b>

**Change from:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b> EDC 296E	<b>Title:</b> A Systems Approach to Psychotropic Medicine	<b>Units: 2</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b> EDC 254	<b>Title:</b> Counseling and Psychotropic Medicine	<b>Units:</b>
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**JUSTIFICATION:**

This proposal seeks to change the psychopharmacology course from "experimental" status to "permanent" status.

**NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)**

Provides an introduction to the development of prescribed psychoactive medication, and explores the psychodynamics and systems dynamics of psychotropic treatment, systems' attitudes towards pharmacotherapy, medication treatment for common clinical syndromes, psychotropic drug interactions, psychological effects of prescribed medication and differentiating psychotropic side effects from psychiatric symptoms. Collaboration among professionals from different disciplines and the specific role of counselors in pharmacologic treatment will also be addressed. Meets the BBS licensure requirements for Marriage and Family Therapists.

**Note:**

**Prerequisites:**  
EDC 231, EDC 234.

**Co-requisite:**

**CAN (California Articulation Number):**

<b>Graded: Letter ___ Credit/No Credit <u>X</u></b>	<b>Instructor Approval Required? Yes ___ No <u>X</u></b>
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<b>Course Classification (e.g., lecture, lab, seminar, discussion):</b> C-02: Lecture and Discussion	<b>Title for SIS+/CMS (not more than 30 characters)</b> Counseling and Psychotropic Medicine
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<b>Cross Listed?</b> Yes ___ No <u>X</u>	<b>If yes, do they meet together and fulfill the same requirement, and what is the other course.</b>
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**How Many Times Can This Course be Taken for Credit? 1**

**Can the course be taken for Credit more than once during the same term? Yes \_\_\_ No X**

**FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:**

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc." See the example at <http://www.csus.edu/acaf/example.htm>

N/A

**\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

N/A

For whom is this course being developed?

Majors in the Dept X Majors of other Depts \_\_\_ Minors in the Dept \_\_\_ General Education \_\_\_ Other \_\_\_

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes

If yes, identify program(s): M.S. Counseling: MFCC Specialization

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes \_\_\_ N X

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any).

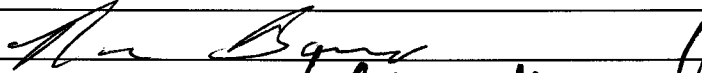

M.S. in Counseling: MFCC specialization program will be affected positively.

**Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.**

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

**Date**

Department Chair: 	10/18/07
College Dean or Associate Dean: 	10/22/07
CPSP (for school personnel courses ONLY)	
Associate Vice President / Dean for Academic Programs	

**Distribution:** Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.