A National Survey of Graduate Education in Psychopharmacology: Advancing the Social Work Perspective on Psychiatric Medication

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Abstract

Social workers’ unique skills and professional perspective can contribute to improved practices in psychopharmacology, yet it is unclear how social work programs prepare students for this area of practice. This study examined instruction of psychopharmacology through a national web-based survey of MSW program directors and instructors of psychopharmacology content (n=171). Nearly two-thirds (63.7%) reported their program integrates psychopharmacology usually into one or two existing courses, while 20.5% indicated their program offers a standalone course. Lack of faculty expertise and having no room in the current curriculum structure were identified as the top barriers for programs not offering any psychopharmacology content. The profession’s critical, social justice, empowerment, client-centered, systems perspective appears to ground the teaching of psychopharmacology in social work programs.
Psychiatric medications currently rank among the highest-selling prescription drugs in the United States (IMS Health, 2012) and are now routinely prescribed for an expanding array of conditions across pediatric, adult, and elderly populations (Alexander et al., 2011; Mark, 2010). Social workers have typically provided supportive services that aid other professionals (i.e., psychiatrists) who have specialized training in prescribing medications for the treatment of mental or emotional distress. Social workers’ knowledge regarding this field of practice has often come post-graduation through self-teaching, in-service trainings, seminars, and conversations with prescribers (Bentley, Walsh, & Farmer, 2005; Moses & Kirk, 2006). While several prominent social work scholars have called for increased integration of psychopharmacology into social work curriculum in order to better prepare students to think critically about and more meaningfully contribute to this challenging area of practice (Cohen, 2002; Farmer, Walsh, & Bentley, 2006; Lacasse & Gomory, 2003), no recent data exist to show to what degree this is being accomplished. The purpose of the present research is to estimate the scope and extent of psychopharmacology offerings in graduate programs of social work and to articulate key components of a social work perspective on this topic.

Social workers are positioned to be leaders in transforming mental health treatment to a system of bio-psycho-socio-cultural care where medications are prescribed with attention to the broader social and environmental context of the client as well as with regard for client preferences. While mental health caseworkers have long been involved in medication management activities (Longhofer, Floersch, & Jenkins, 2003), it is currently unclear whether the up-and-coming cohorts of social workers in graduate schools are prepared to take a more active role and to move the current medicalized paradigm toward a model consistent with a person in environment approach. In a 2001 survey of mental health social workers, respondents reported...
that the most common activities performed in relation to psychiatric medications were discussing feelings about medications with clients and making medication referrals. Other activities, including monitoring medication compliance, preparing clients for an interview with a prescriber, and discussing medication problems with a prescriber, were seen by most respondents as quite appropriate for social workers but were less frequently and/or less confidently performed (Bentley, Walsh, & Farmer, 2005). Another survey of practicing social workers found that social workers often held seemingly contradictory views on medications, believing them to be both necessary and helpful as well as an insufficient and ineffective form of treatment, depending on context and situation-specific factors (Moses & Kirk, 2006). While a number of factors possibly influence social workers’ approach to drug treatment (e.g., treatment setting, years of experience), positive associations have been found between consultation with medically-trained physicians, social workers’ higher self-perceived knowledge of psychopharmacology, and more positive attitudes towards medications (Moses & Kirk, 2006; Moses & Kirk, 2008). Greater knowledge, however, likely refers to information derived from a specifically medical orientation to psychopharmacology. In the nearly 14 years since these surveys were completed, the literature on social work and psychopharmacology has demonstrated the expansive roles and opportunities for social workers in providing a unique set of professional theory and practice models related to the treatment of human distress with drugs. Social work scholars have called for greater critical thinking in mental health and psychopharmacology, citing the over-medicalization of problem behaviors, rampant conflicts of interest in the science behind psychiatric drugs, and inappropriate pharmaceutical industry marketing of drugs to doctors and consumers (Cohen, 2010; Hughes & Cohen, 2010; Lacasse & Gomory, 2003). In addition, with the roll out of the Affordable Care Act, social workers are increasingly participating in
interdisciplinary teams. Today’s social workers need to be trained to both understand medications and prescribing practices and to contribute a social work perspective in understanding and advocating for the client and how medications impact their daily life.

Only one previous study (Libassi, 1990) has attempted to systematically estimate the scope of psychopharmacology content in schools of social work, finding that fewer than half (44%) of programs reported offering “some” content, primarily within mental health concentrations and elective courses. While field placements were seen as common routes to gain psychopharmacology knowledge, respondents unanimously agreed that social work curricula should include this content. Few other published articles speak directly to social work curricula on psychopharmacology, although the social work literature in general has notably expanded the profession’s presence in this field (Cohen, 2010; Hughes & Cohen, 2010; Longhofer, Floersch, & Jenkins, 2003; Moses & Kirk, 2005; Walsh, 2003). In 2006, Farmer, Walsh, and Bentley outlined seven curriculum modules that could be integrated into various social work courses or used as a standalone psychopharmacology course. Based on their experience as consultants on this material to social work programs, the authors concluded there is “significant interest in this topic among social work faculty members” and simultaneously some hesitation from both faculty and students who feel inadequately prepared to engage with what they perceive as a specialty of medicine and biology (p. 216).

The unique contributions of social work to psychopharmacology might, however, be undervalued due to false perceptions that the use of drugs as medicines for problems in living is primarily a medical act, not a bio-psycho-socio-cultural one, and that social workers’ roles in this area should be limited to supporting what is decided between clients and their prescribers. The state of practice and research on social work and psychopharmacology has changed and
expanded in many ways since Libassi’s (1990) survey, which was conducted right after the introduction of Prozac to the mass market. Medications are now central in the lives of many clients served by social workers across populations and settings. This article presents findings from a national survey of Master of Social Work programs with the aims of 1) estimating the prevalence and extent of curricula offerings in psychopharmacology, 2) summarizing the content units deemed to be most important to social work courses on this topic, and 3) formulating a uniquely social work perspective on psychopharmacology that can guide the training and possible range of clinical contributions that social work students might expect to adopt as the next generation of professionals.

**Methods**

**Sample**

The sampling frame consisted of MSW program directors and instructors of mental health-related courses from 229 accredited MSW programs in the United States. Accredited MSW programs and program directors were identified from an online list maintained by the Council on Social Work Education. Each MSW program was then telephoned to confirm their program director’s name and contact information and to solicit names of instructors teaching psychopharmacology or other courses where psychiatric medications were included in the content, usually mental health-related courses such as psychopathology. In cases where no program representative could be reached via telephone, faculty profile pages available on programs’ websites were searched for instructors’ areas of interest and course listings. If an instructor’s area of interest or list of courses taught included mental health, psychopharmacology, or psychopathology, the email address for that instructor was added to the sampling frame. Snowball sampling was also used by including a survey question for
respondents to suggest additional names to contact. Taken together, these strategies resulted in a sampling frame of 444 MSW program directors and instructors from 229 graduate programs.

Of the 444 invited respondents, 200 (45%) returned the survey. This response rate is similar to response rates for web-based surveys reported in prior work (i.e. Kaplowitz, Hadlock & Levine, 2004; Poole & Loomis, 2009). Most (47.5%) respondents were instructors of psychopharmacology or mental health-related courses, followed by MSW program directors (34.5%) (see Table 1). A small minority (4%) were simultaneously instructors and program directors. Another 14% of respondents were excluded from the analysis because they indicated they were neither a program director nor an instructor of psychopharmacology material. The final sample thus consisted of 171 MSW program directors and instructors of psychopharmacology content.

Data Collection

The survey instrument was developed by the authors and consisted of between eight and 13 closed item questions (based on skip-logic) and two open-ended questions. The closed item questions asked respondents whether their program offers psychopharmacology content and, if so, how (i.e., a standalone course or integrated into other courses), by whom (i.e., according to professional training and occupation), and what proportion of MSW students are exposed to it. Respondents answering affirmatively to offering psychopharmacology content were also asked one of the open-ended questions (“In your opinion, what is different about teaching psychopharmacology in a graduate school of social work than teaching it in other programs, such as in psychology or medical school?”). Respondents who reported no psychopharmacology content in their program were asked to rate their interest level in offering it and identify barriers to including the content. Finally, all respondents were asked to rate the importance of
psychopharmacology as a curricular area for social work graduate students, the importance of specific content units, and an open-ended question (“In your opinion, what defines a social work perspective on psychiatric medications?”).

Qualtrics software (2009) was used to construct and distribute the survey via email. Individuals in the sampling frame received an initial email invitation in May 2013, followed by two reminder emails between September and November 2013. Additional names obtained through snowball sampling were sent an email invitation on a rolling basis. The survey required respondents to indicate their role (as MSW program director or an instructor) and included an optional question for respondents to identify their University affiliation, but no other identifying information was solicited. The Colorado State University Institutional Review Board approved this study.

**Data Analysis**

Quantitative survey responses were imported into IBM SPSS Statistics Software Version 22 (IBM Corp, 2013) and results are presented using descriptive statistics. Responses to the two open-ended questions were analyzed with an inductive coding process by two independent coders using QDA Miner Software Version 4.1.13 (Provalis Research, 2013). Open coding began by the first coder reading each response and attaching a phrase to text segments that captured and condensed the manifest content. The first coder compiled a list of prevalent themes through this process of open coding. The second coder then applied these themes back to the text, in some cases refining themes’ scope by combining or splitting them. Results are presented in terms of frequency and description of each theme (for themes with n>10).
Findings

Prevalence and Extent of Psychopharmacology Curricula

Table 1 summarizes sample characteristics and prevalence of psychopharmacology courses. Most (63.7%) respondents indicated that their program integrates psychopharmacology content into other existing coursework. Another 20.5% of respondents reported that their program offers a standalone psychopharmacology course, and 15.8% reported a complete absence of psychopharmacology-related coursework anywhere in their program.

From 99 respondents who reported their program integrates psychopharmacology content into existing coursework, most indicated that the integration occurs in one (40.4%) or two (31.3%) courses, with fewer respondents indicating it occurs in three (15.2%) or four or more courses (13.1%). According to respondents, most MSW students (mean=70.5%, sd=31%), on average, will take a course that includes psychopharmacology content, though this proportion ranged widely from 10% to 100% of students.

Among respondents who were instructors of psychopharmacology content (n=86), 58% were tenure-track social work professors and 23% full-time social work lecturers or clinical professors. A minority of respondents teaching psychopharmacology were contingent faculty of social work (11.6%) or other disciplines (7%), though 69 respondents indicated that one or more contingent faculty of social work also teach this coursework. For courses integrating psychopharmacology material, an average 18% (sd=12.5%) of the semester is dedicated to this content, which over a 16-week semester equates to just under 3 classes. Respondents were also asked to list course titles where psychopharmacology material was integrated, and all responses
Table 1
Sample Characteristics and Prevalence of Psychopharmacology Courses

<table>
<thead>
<tr>
<th>Sample characteristic or variable</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role within Social Work department, (n=200)</td>
<td></td>
</tr>
<tr>
<td>Instructor of psychopharmacology or related content</td>
<td>95 (47.5)</td>
</tr>
<tr>
<td>MSW program director</td>
<td>69 (34.5)</td>
</tr>
<tr>
<td>Neither&lt;sup&gt;a&lt;/sup&gt;</td>
<td>28 (14)</td>
</tr>
<tr>
<td>Both, program director and instructor of psychopharmacology or related content</td>
<td>8 (4.0)</td>
</tr>
<tr>
<td>Background of instructors teaching psychopharmacology or related content, (n=86)</td>
<td></td>
</tr>
<tr>
<td>Social work researcher (tenure track professor)</td>
<td>50 (58.1)</td>
</tr>
<tr>
<td>Social Work lecturer or clinical professor (full-time)</td>
<td>20 (23.3)</td>
</tr>
<tr>
<td>Social work contingent faculty</td>
<td>10 (11.6)</td>
</tr>
<tr>
<td>Faculty from other disciplines (e.g., Psychology)</td>
<td>6 (7.1)</td>
</tr>
<tr>
<td>Psychopharmacology content structure in curriculum, (n=171)</td>
<td></td>
</tr>
<tr>
<td>Integrated into existing courses</td>
<td>109 (63.7)</td>
</tr>
<tr>
<td>Standalone course</td>
<td>35 (20.5)</td>
</tr>
<tr>
<td>No psychopharmacology content is offered in the program</td>
<td>27 (15.8)</td>
</tr>
<tr>
<td>Number of courses into which psychopharmacology content is integrated, (n=99)</td>
<td></td>
</tr>
<tr>
<td>1 course</td>
<td>40 (40.4)</td>
</tr>
<tr>
<td>2 courses</td>
<td>31 (31.3)</td>
</tr>
<tr>
<td>3 courses</td>
<td>15 (15.2)</td>
</tr>
<tr>
<td>4 courses</td>
<td>8 (8.1)</td>
</tr>
<tr>
<td>5 or more courses</td>
<td>5 (5.1)</td>
</tr>
</tbody>
</table>

<sup>a</sup>These respondents were excluded from further analysis

fell into one of four categories: practice with individuals or families, health or mental health practice, social work assessment or DSM diagnosis, and chemical dependency and addictions.

Of respondents indicating that their program includes no psychopharmacology content either standalone or integrated into other coursework, 68% expressed being somewhat or extremely interested in offering psychopharmacology to their MSW students, but identified top barriers preventing their program from offering this material to be a lack of faculty expertise and having no room in the current curriculum structure.
Importance of Psychopharmacology Curricula and Content Units

Respondents (86%) overwhelmingly agreed that psychopharmacology is a very or extremely important topic to include in the curriculum for MSW students in a micro or clinical concentration. When asked to rate (on a 5-point scale) the importance of 11 specific content units for teaching psychopharmacology, the four highest-rated units included: supporting clients’ decision-making about psychotropic medications (mean=4.6, sd=0.7); understanding clients’/consumers’ feelings about or experiences with medications (mean=4.5, sd=0.8); gaining knowledge on medications’ beneficial and adverse effects (mean=4.5, sd=0.7); and understanding psychosocial alternatives to medication (mean=4.5, sd=0.8). While none of the 11 content units were rated, on average, to be unimportant for MSW students, three items were deemed of slightly less importance: the process and methods of testing drugs in clinical studies (mean=3.2, sd=1.1); regulation and oversight of medications by the Food and Drug Administration (mean=3.4, sd=1.1); and proper medication dosages (mean=3.5, sd=1.1).

A Social Work Perspective on Psychiatric Medications

A total of 117 (68.4%) respondents answered the first open-ended question about how psychopharmacology is taught differently in social work than in other schools. Table 2 lists the eight themes that emerged with their description and frequency of appearing across responses. Respondents most frequently grounded the teaching of psychopharmacology in social work values (26.5%), noting that social workers do not require in-depth training in the physical sciences since they are not prescribers (25.6%). Respondents described how “the [psychopharmacology] content in a school of social work has to include the social environment” (respondent 165), students should leave “knowing how the medications impact peoples’ lives from a psychosocial perspective (not just the physiological aspects of the medications and how
they work)” (respondent 168), and students “should learn all of this [medications’ benefits and risks, long-term effects, industry marketing influences] in the context of social work values and ethics” (respondent 133). According to many respondents, “this represents a different knowledge set than is needed by the prescribers themselves” (respondent 84), and thus psychopharmacology “needs to be taught within the scope of practice as a social worker. That said - we would obviously teach it differently than those in medical school who are prescribing. Our students should know the mechanics of psychopharmacology but maybe not the chemistry and theory behind it” (respondent 183).

Respondents also frequently explained that social workers should be equipped to provide accurate, unbiased information about drugs in order to empower clients to make informed treatment decisions (22.2%) and be prepared to monitor clients’ use of medications and their effects (21.4%). Respondents described how social workers “have an important role in supporting individuals in making informed, empowered choices (e.g., getting adequate information and weighing pros and cons of meds as a support tool within the context of a person's life and culture)” (respondent 184) and that, in the classroom, this meant “Teaching the role of social worker as advocate. Helping clients advocate for themselves. Ensuring consumers have accurate knowledge about drugs” (respondent 1). In terms of medication monitoring, students “should acquire familiarity with the different classes and types of meds clients may be taking, how they work, what they do, what symptoms they treat (and don't treat), and the side effect profiles of meds so they might recognize when a client has side effect symptoms and know when to refer for help” (respondent 179). One respondent provided an example of an in-class activity illustrating the scope of medication monitoring beyond merely ensuring medication compliance, “For example, the later half of the course emphasizes clinical scenarios where
physician prescribed drugs are affecting client behavior. Taking on the role of a licensed social
worker, students are asked to assess the impact of drug on the client's overall behavior from both
a RX perspective and a strengths perspective. Additionally, they are asked to describe in the
weekly scenarios how the drug will impact their services and client compliance” (respondent
195).

Other less frequently mentioned themes included preparing students in
psychopharmacology to understand and share treatment strategies that are alternative and
complementary to drug treatment (17.9%), evaluating the impact of macro-level political,
economic, and professional interests on drug use (12.8%), operating effectively in multi-
disciplinary clinical settings (10.3%) and, in contrast to one of the frequently expressed themes,
gain more in-depth understanding of drugs’ actions on the brain and body (8.5%). Respondents
were clear that “meds are just one part of the overall treatment picture” (respondent 127) and
“should be taught as one of many tools that are available to practitioners, that it should be used
parallel with therapy and not as the sole intervention” (respondent 149). Related to this,
respondents emphasized the importance of a critical perspective in teaching
psychopharmacology, for example by stating, “the social worker's education should include a
discussion of the ethical and political context of the use of psychotropics (i.e., Is the medication
being used to further oppress the client?)” (respondent 199) or “Psychopharmacology must be
taught from a critical, deconstructed perspective, looking at trends, the industries that benefit, the
complicated factors involved in using psychopharm depending on age, developmental status, and
culture” (respondent 203). In clinical practice, social workers typically participate as part of
multi-disciplinary teams, which respondents noted requires social work students to learn how to
“communicate with other disciplines while maintaining a professional identity as a social
worker” (respondent 11). Finally, a minority of respondents explained that if psychopharmacology is “not offered with much about the brain, that [medications’ effects] will be harder for students to grasp” (respondent 10). Since “they [social workers] play an important role in translating this information [about how medications act on the brain and body] to their clients” (respondent 84), then at least some biological content should be included in a social work psychopharmacology course.

For the second open-ended question about the distinguishing features of a social work perspective on psychiatric medications, 75 (43.9%) respondents offered their impressions, which are outlined in Table 3 as seven themes. Most often, respondents (44%) cited the profession’s systems perspective as the key defining component, including how multiple systems impact and are impacted by psychiatric drug use and how medications’ effects are experienced on multiple levels beyond individual biological changes. One respondent explained, “The social work perspective is defined by our systems, multidimensional approach. Psychiatric medications, like other medications, are to be assessed within the context of the client system, political and economic system, development, etc.” (respondent 172). Respondents agreed a defining characteristic of social work is that “we do bio-psycho-social evaluation and treatment, not bio-bio-bio treatment” (respondent 80), which further means “The social work perspective focuses on multi-determinants of behavioral issues and symptomology in its assessment and development of multi-systematic interventions” (respondent 103).
Table 2
*Qualitative Themes Regarding how Psychopharmacology should be Taught in Graduate Social Work Programs (n=117)*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Frequency n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work values</td>
<td>Professional values form the foundation for practice with medicated clients, including focus on the person-in-environment, biopsychosocial assessment, and multiple systems impacting and impacted by treatment.</td>
<td>31 (26.5)</td>
</tr>
<tr>
<td>Social workers are not prescribers</td>
<td>Social workers should understand basic information about medications’ effects and actions on the body, but do not need backgrounds in biology or other physical sciences because social workers do not prescribe drugs.</td>
<td>30 (25.6)</td>
</tr>
<tr>
<td>Clients should be educated and empowered</td>
<td>Social workers should provide information to clients and empower them to make their own informed decisions and advocate on their own behalf.</td>
<td>26 (22.2)</td>
</tr>
<tr>
<td>Medications need to be monitored and managed</td>
<td>Social workers should learn how to identify, monitor, and report adverse side effects and help clients manage their medication use.</td>
<td>25 (21.4)</td>
</tr>
<tr>
<td>Clients should know about drug alternatives and options</td>
<td>Social workers should be able to share psychosocial alternatives and complementary approaches to drug treatment as part of a holistic plan for addressing clients’ problems.</td>
<td>21 (17.9)</td>
</tr>
<tr>
<td>Macro-level influences impact practice</td>
<td>Social workers should be able to evaluate controversies regarding drug treatment and critically assess macro influences, such as the pharmaceutical industry, on drug use and prescribing.</td>
<td>15 (12.8)</td>
</tr>
<tr>
<td>Multi-disciplinary practice settings are reality</td>
<td>Social workers should be able to communicate with other disciplines using a range of vocabulary and simultaneously maintain their own professional identity.</td>
<td>12 (10.3)</td>
</tr>
<tr>
<td>Medications change brain and biology</td>
<td>Social workers should learn about the brain and biology in greater depth because drugs act on the body in important ways.</td>
<td>10 (8.5)</td>
</tr>
</tbody>
</table>

Other highly distinguishing features according to this sample of respondents include the profession’s respect of clients’ subjective experiences and value of self-determination (34.7%), emphasis on treatment planning that incorporates needs of the whole biopsychosocial person and
for which drug treatment might serve as just one component (26.7%), and recognition of underlying social justice issues as integral to assessing and addressing social problems (20%).

Many respondents understood medications as a subjective experience so that “A social work perspective on psychiatric medications includes a focus on the client's understanding of the medication(s), and the meaning that taking medications has for the client” (respondent 189). Further, “Drugs should be viewed in terms of their impact on the client's life as a whole. For example, even if the symptoms of depression decrease upon taking drug, it does not necessarily follow that the overall impact on the client's life is better. Perspective and client choice are primary” (respondent 203). Essentially this means that social workers, as distinguished from other professional groups, hold “the belief that medications alone are not sufficient for our clients” (respondent 109) and “The social work perspective does not immediately turn to medication as a ‘cure’ or for symptom relief. I believe we look at alternatives to offer at the micro level” (respondent 158). In this respect, “it is essential that we carry a fully integrated biopsychosocial understanding of clients” (respondent 202). In describing the profession’s commitment to a systems perspective and biopsychosocial treatment, some respondents further integrated a social justice perspective, for example, by acknowledging “the large social context re: how medications can be useful but also overprescribed for a wide variety of social problems and the larger policy aspects of a medically driven mental health system if medications are put into the proper context as only one part of a holistic treatment plan” (respondent 18). Other respondents emphasized the importance of maintaining a critical perspective generally by “Submitting any and all claims in psychopharmacology to independent scrutiny from any of the currently dominant paradigms in social work today (e.g., person-in-environment, bio-psychosocial, evidence-based)” (respondent 117).
Finally, respondents highlighted social workers’ roles as advocates on behalf of vulnerable and marginalized persons (14.7%; e.g., “advocacy for the client's voice, right to choose/refuse, medication access, etc.” (respondent 182)), monitors for medication safety based on the extensive time social workers often spend with clients (14.7%; e.g. “Social Workers are usually in the ideal position in the treatment system to monitor the client reactions to particular psychopharmacological combinations and therefore must be able to report to the treatment team their observations and recommendations for improvement in the dosage and combinations” (respondent 104)), and partners with clients in decision-making (13.3%; e.g., “collaboration with clients…Collaboration with the families of clients” (respondent 106) and “collaborative work with other disciplines” (respondent 177)).

**Discussion**

Our findings from 171 faculty of graduate schools of social work across the nation indicate that psychopharmacology is being taught widely, with 85% reporting they offer this content either in a standalone course or integrated into other coursework. This suggests that as the role of medication in treatment has increased over the past few decades, social work graduate programs have also increasingly incorporated information about medications into the curriculum. Programs are clearly offering substantially more content on this topic today compared to Libassi’s 1990 survey where 44% of programs reported offering “some” of this material. Currently, this information is most often integrated into existing coursework and less frequently offered as a standalone course. Integration mostly occurs across one or two courses, typically a mental health, individual or family practice, diagnosis or assessment, or addictions course. At most, an average of three classes in any given course is dedicated to this content. Few respondents indicated that their program offers psychopharmacology as a standalone course,
which might reasonably be attributed to the frequently identified barriers of lack of faculty expertise and no room in an already full curriculum. Further research is needed to determine whether the integrated approach is adequately preparing social workers to take an active role in psychiatric medication treatment. In addition, it is unclear precisely how social work instructors are incorporating psychopharmacology content and which elements they are emphasizing.

Among psychopharmacology content instructors, there appears to be some common elements in the approach to teaching psychopharmacology content through a uniquely social work perspective. According to respondents, the social work perspective on psychiatric medications expands the domain of medications’ uses, functions, and effects beyond the biological person to the multiple layers of psycho-socio-cultural components and systems that impact and are impacted by psychoactive drugs used as medicines. The grounding of students’ thinking processes and problem-solving skills (in a critical, social justice, empowerment, client-centered, systems perspective) appears to be the common link between the major themes expressed in the present survey. While there are specific content units important to class discussions around psychopharmacology (e.g., learning about medications’ beneficial and adverse effects) and concrete tasks social workers are likely to be involved with (e.g., providing clients accurate unbiased information about drugs; medication monitoring), respondents more often cited the profession’s core values and principles as the basis for teaching psychopharmacology.

The social work perspective on psychiatric medications, then, appears to be appropriately rooted in the profession’s defining values and principles. This represents a unique contribution to current dialogues on the use, function, and value of these drugs for the millions of children and adults to whom they are prescribed for sometimes indefinite periods of time and with uncertain
long-term effects (e.g., Ho, et al., 2011). As the current diagnostic system defining mental illness is being questioned and will likely be supplanted by entirely different conceptual frameworks for understanding mental distress (Adam, 2013; Insel, 2013), social work researchers and practitioners can shape the future of mental health treatment in significant ways by firmly grounding their research and practice in the profession’s critical, social justice, empowerment, client-centered, systems perspective. In terms of preparing graduate students for this field of work, then, achieving meaningful progress and leadership potential might stem from strong roots in a unique perspective that students feel confident to assert. A biomedical paradigm of care has dominated mental health practice for several decades parallel to the rise in promotion and use of psychiatric medications (Gomory, Wong, Cohen, & Lacasse, 2011), but this appears to be shifting as evidence of the efficacy of psychological and psychosocial interventions continues to build (Comer, 2012; Hofman, 2013) and the limitations, inadequacies, and controversies involving drug treatment gain greater attention (Friedman, 2013; Whitaker, 2010).

With the aim of advancing psychopharmacology curriculum in social work, Farmer, Walsh, and Bentley (2006) offered seven modules that could be easily integrated into a range of practice, policy, research, and field classes, including 1) social workers’ roles in psychopharmacology, 2) principles of drug action, 3) classes and types of medications, 4) psychopharmacology with special populations, 5) ethical and legal issues in psychopharmacology, 6) medication management techniques, and 7) interdisciplinary collaboration. The findings of the present research suggest that integration of psychopharmacology content is occurring in programs across the nation, and respondents identified topics included in the above seven modules, such as understanding medications’ effects, medication monitoring, and inter-disciplinary collaboration, as central components to
teaching psychopharmacology in social work. However, survey respondents seem to further encourage a more values-based approach to integrating psychopharmacology through the application of the social work perspective to the thoughtful analysis of both micro and macro medication-related issues. Graduate programs of social work might, therefore, expand the means through which students become leaders in psychopharmacology and mental health by incorporating critical perspectives on a range of social issues into how graduate students are professionalized. While practical barriers prevent many programs from offering specific or standalone psychopharmacology content, scenarios involving critical thinking around psychopharmacology can be used as case examples to teach students to think about a problem from multiple system levels, the client’s perspective, and a social justice lens, without accepting as a starting point the status quo such as a medical paradigm of care.

The present research has several limitations. Data were gathered based on written responses to a survey and represents participants’ views of their curriculum rather than a direct assessment of that curriculum. The validity of the findings might be compromised if participants’ reports of their program’s curriculum are inaccurate or otherwise misrepresented. Also, how the stated perspectives of instructors in this survey translate to specific instructional units, readings, and assignments related to psychopharmacology is unknown, but warrants further research to better determine how learning goals are achieved in practice. Other methods, such as interviews, observation, or document review would provide the opportunity for more in-depth data collection to elaborate on the present findings. While the present survey returned a good response rate from graduate programs nationally, it is still a convenience sample and it is unknown how non-responding programs might differ from responders. The present survey did include representation from nearly three-quarters of the top 100 rated graduate programs, which
seems to strengthen the representativeness and transferability of our quantitative and qualitative findings, respectively. The credibility of the qualitative findings is supported by the use of two independent coders and the focus on only manifest content in respondents’ comments, though it is possible that different coders might have produced a different set of final themes. We believe this possibility is slight, however, because of the straight-forwardness of the commentary coded and our efforts to use, as closely as possible, the actual language of respondents as themes were developed. Finally, every attempt was made to include instructors teaching psychopharmacology or related content by telephoning programs and hand searching their websites, however contingent faculty were underrepresented in this survey, which might bias findings to the extent that programs rely on social work practitioners and non-social work professionals (i.e., psychiatrists, nurses, pharmacists) to cover psychopharmacology content.

The future of social work in psychopharmacology will be shaped by how current cohorts of graduate students are being prepared to engage with a difficult set of issues around the mental and emotional distress of individuals and the systems that purport to have expertise over its treatment. Social workers are trained to intervene at multiple system levels and it’s this unique skill set that can advance both the profession and the efficacy and safety of psychotropic drug treatment by creating change in micro (e.g., listening to the individual subjective drug experience), mezzo (e.g., offering psychosocial alternatives to families and communities), and macro (e.g., supporting political and economic reforms that displace the pharmaceutical industry as a primary influence in shaping care practices) systems’ dynamics and practice standards that have been dominated by a narrowly-defined biomedical model of human distress. Psychopharmacology curriculum in graduate social work programs should push students towards leadership roles where they can envision paradigms of care that align with the social work
perspective, formulate practice principles congruent with social work values, and actively critique unjust and oppressive social structures. This vision for graduate education goes beyond previous suggestions for integrating psychopharmacology content into coursework through its emphasis on the critical importance of a strong social work perspective to advancing practice, policy, and research on psychopharmacology. Social workers hold transformative potential for more broadly evaluating the field of psychopharmacology and defining new ways to contribute to ongoing dialogues with competence and confidence based on a firm grounding in values-based analysis and critical thinking. Council on Social Work Education Practice Competencies for social work students include engaging with individuals, and their families and communities (Competency 6) to solve problems and represent social work values and principles during the process (Competency 1). The proposed practice competencies clearly align with the knowledge, skills and values social work graduate students need in order to think critically about the role of psychiatric medications in clients’ lives and to take independent action towards upholding social work values and principles in practice situations involving medicated clients.


