**Course Syllabus**

**KNP3551YY - Supervised Pastoral Education Practicum**

**(SPE Basic One)**

**KNOX COLLEGE**

**Toronto School of Theology**

**2021 Fall – 2022 Winter**

### Instructor Information

Instructors: Sharon Konyen, RP, Certified Supervisor Educator of CASC

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### Course Identification

Course Numbers: KNP3551YY

* The syllabus for other levels of SPE - KNP3552YY (SPE Basic 2), KNP3553YY (SPE Advanced 1), KNP3554YY (SPE Advanced 2) - is enhanced according to the level based on this basic 1 syllabus.)

Course Identification Note: SPE may be either CPE or PCE, offered by a certified supervisor educator in their respective stream or both streams. This SPE is equivalent to Psycho-Spiritual Care and Therapy Practicum at TST.

Course Name: Supervised Pastoral Education Practicum (SPE Basic One – Knox College)

Location: Knox College

Contact hours: 72 contact hours for academic credit (see weekly descriptions on page 19-20 for detailed description of breakdown of contact hours)

2 days per week for 25 weeks called Extended Course

### Course Prerequisites or Requisites

To take SPE training through the Toronto School of Theology, students must be registered in a conjoint degree program. Students apply directly to the SPE site supervisor using the application form found at <http://cpe-toronto.org> (unless otherwise identified)

The cpe-toronto.org site will provide a list of the potential SPE programs (either CPE or PCE programs) and the program dates. Students will send their application to the email address identified with the SPE centre, interview and if accepted, will receive a letter of acceptance. The letter of acceptance will be sent to the registrar of the college in which the student is registered. The student is not able to register online for this course but will be registered directly by their registrar.

Course Prerequisites: KNP1512 Foundations in Counselling for Helping Professionals (or permission of instructor).

### Course Description

Each SPE Practicum provides students with the opportunity to acquire the knowledge and skill necessary for providing competent spiritually integrated psychotherapy. The course explores both theoretical and applied aspects of SPE. It is located at the intersection of the theology of caring, grief and loss, and social sciences. The course emphasizes multidimensional assessments and teaches interventions that are spiritual, therapeutic, supportive, and/or educational. Professional identity and professional ethics as well as the place of spiritual care and counselling in Canada are also examined. The course highlights significant aspects of the theologies of psycho-spiritual care and therapy.

Each practicum is supervised by a CASC Certified Supervisor-Educator, who is a Registered Psychotherapist and approved Clinical Supervisor (CRPO). The SPE practicum is an approved program of the Canadian Association of Spiritual Care and students will receive a certificate for a SPE Basic 1, Basic 2, Advanced 1, or Advanced 2, with CASC.

Written assignments are designed to help students integrate foundational theories (psycho-social, systemic, theological/religious, and spiritual) and grow in their competency in facilitating the therapeutic process, the safe and effective use of self, the building of collegial and inter-professional relationships, the development of professional responsibilities, and the assimilation of recent and relevant research.

### Course Methodology

The course utilizes an adult education approach in which students reflect upon their personal life experiences and their clinical placements in light of the didactic material. Students are taught to protect the names of their clients and to use pseudonyms. The group contracts for confidentiality of the material discussed.

SPE Practicum is based on an adult education learning model that seeks to develop the full potential of the student. This methodology focuses on the needs of learners and engages them in an experiential and reflective process of action 🡪 reflection 🡪 new action. The overarching goal of the training is to equip students both internally (through the development of self-awareness, professional identity, and the safe and effective use of self), and externally (through development of therapeutic skills and clinical competencies), for the work of psycho-spiritual therapy.

In addition to the face-to-face clinical experience, the training includes didactic lectures, clinical seminars, case conferences with role plays and simulation training, small-group work and discussion, directed readings, practice therapy, clinical skills integration exercises, reflection reports, and regular self-assessment and supervisory assessments.

The practicum sites are located in Toronto and other sites with whom Knox College has an affiliation agreement. The practicum provides an appropriate setting for Therapist Interns to have direct clinical experience in sustained, weekly psychotherapy sessions. Each SPE Practicum Unit (400 hours) provides 200 – 250 hours of supervised clinical psychotherapy practice where students provide care for individuals requiring supportive and interventive psychotherapy. The remaining 150-200 hours include: peer and group supervision, case study presentations, individual supervision, spiritual/theological reflection, and other structured learning activities (theoretical seminars, theory lectures, therapeutic skill integration exercises, practice therapy, etc.).

### Course Outcomes

Each successive SPE practicum builds on the other, encompassing a larger curriculum that can lead to certification as a Psycho-Spiritual Therapist (CASC) or Spiritual Care Practitioner (CASC) and/or the entry-to-practice level competency as a Registered Psychotherapist (CRPO). Each SPE course addresses the following CASC and CRPO competencies indicated below.Please see The College of Registered Psychotherapists of Ontario Entry-to-Practice Competencies, [www.crpo.ca](http://www.crpo.ca) for numbers referred to throughout this list and for the full listing of competencies.

***CASC Goals of Basic SPE***

1. To become aware and demonstrate awareness of one's personhood in the practice of spiritual care and of the ways one's spiritual care practice affects other persons, including sensitivity to ecumenical, multi-faith and multicultural issues.
2. To become aware and demonstrate awareness of how one's attitudes, values and assumptions affect one's spiritual care practice.
3. To become aware and demonstrate awareness of one's spiritual care presence in interdisciplinary relationships.
4. To develop the ability to utilize the experiential method of learning.
5. To develop the ability to utilize the peer group for support, dialogue and feedback in a way that integrates personal characteristics with spiritual care functioning.
6. To use individual and group supervision for personal and professional growth and for developing the capacity to evaluate one's spiritual care practice.

**Knox College MPS Outcomes**

Religious Faith and Heritage

• Demonstrate knowledge of religious heritage, and articulate clearly their own theological positions (as related to spiritual practices).

• Awareness of spiritual care interventions appropriate to own faith tradition.

Culture and Context

• Demonstrate critical understanding for one’s area of specialization of the relationship between faith practices and cultural contexts.

• Give evidence of critical self-awareness, with regard to their own – and others’ – faith perspectives and practices of care and service.

Spiritual/Vocational Formation

• Attend to the spiritual development and well-being of self and others.

• Display capacity for self-reflective and spiritual practices within communities of faith.

• Identify and respect the diversity of theological viewpoints and practices within their religious tradition.

Practices of Area of Specialization

• Demonstrate initiative, responsibility and accountability in personal relationships and group contexts.

• Demonstrate knowledge of theories and practices relevant to leadership in their own area of specialization.

***CPRO Entry-to-Practice Competencies***

Numbers refer to *Entry-to-Practice Competency Profile for Registered Psychotherapists*, 2014[[1]](#footnote-1)

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Foundations** | | | **Demonstration** |
| **1.1 Integrate a theory of human psychological functioning.** | | |  |
| a | Integrate knowledge of human development across the lifespan. | ✔ | Through all aspects of the course. |
| b | Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning. | ✔ |
| c | Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development. | ✔ |
| **1.2 Work within a framework based upon established psychotherapeutic theory.** | | |  |
| a | Integrate the theory or theories upon which the therapist's practice is based. | ✔ | Through clinical practice, case studies, role plays, verbatim reports, discussion, written assignments, lectures. |
| b | Integrate knowledge of how human problems develop, from the viewpoint of the therapist’s theoretical orientation. | ✔ |
| c | Identify circumstances where therapy is contraindicated. | ✔ |
| d | Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches. | ✔ |
| e | Establish a therapeutic relationship informed by the theoretical framework. | ✔ |
| f | Integrate a theory of change consistent with the therapist's theoretical orientation. | ✔ |
| g | Integrate knowledge of the impact of trauma on psychological functioning. | ✔ |
| **1.3 Integrate knowledge of comparative psychotherapy relevant to practice.** | | |  |
| a | Integrate knowledge of key concepts common to all psychotherapy practice. | ✔ | Through readings, discussion, role plays, case studies, verbatim reports, self-assessment, written assignments, lectures. |
| b | Recognize the range of psychotherapy practised within the province of Ontario. |  |
| c | Integrate knowledge of psychopathology. | ✔ |
| d | Recognize the major diagnostic categories in current use. | ✔ |
| e | Recognize the major classes of psychoactive drugs and their effects. | ✔ |
| **1.4 Integrate awareness of self in relation to professional role.** | | |  |
| a | Integrate knowledge of the impact of the therapist's self on the therapeutic process. | ✔ | Through clinical practice, self-assessment assignments, written assignments, discussion, readings, case studies, lectures. |
| b | Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients. | ✔ |
| c | Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship. | ✔ |
| d | Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness. | ✔ |
| **1.5 Integrate knowledge of human and cultural diversity.** | | |  |
| a | Integrate knowledge of human diversity. | ✔ | Throughout all aspects of course content and process. |
| b | Recognize how oppression, power and social injustice may affect the client and also the therapeutic process. | ✔ |
| c | Adapt the therapist's approach when working with culturally diverse clients. | ✔ |
| d | Recognize barriers that may affect access to therapeutic services. | ✔ |
| e | Identify culturally-relevant resources. | ✔ |
| **2. Collegial & Inter-professional Relationships** | | |  |
| **2.1 Use effective professional communication.** | | |  |
| a | Use clear and concise written communication. | ✔ | Through clinical practice, written work, presentations, small group work, role plays, lectures. |
| b | Use clear and concise oral communication. | ✔ |
| c | Use clear and concise electronic communication. | ✔ |
| d | Communicate in a manner appropriate to the recipient. | ✔ |
| e | Use effective listening skills. | ✔ |
| f | Differentiate fact from opinion. | ✔ |
| g | Recognize and respond appropriately to non-verbal communication. | ✔ |
| **2.2 Maintain effective relationships.** | | |  |
| a | Show respect to others. | ✔ | Through clinical practice, small group work, discussion of practice, group supervision, individual supervision. |
| b | Maintain appropriate professional boundaries. | ✔ |
| c | Recognize and address conflict in a constructive manner. | ✔ |
| d | Demonstrate personal and professional integrity. | ✔ |
| **2.3 Contribute to a collaborative and productive atmosphere.** | | |  |
| a | Create and sustain working relationships with other professionals encountered in practice. | ✔ | Through clinical practice, small group work, discussion of practice, group supervision, individual supervision, inter-professional opportunities for learning and engagement. |
| b | Create and sustain working relationships with colleagues of diverse socio- cultural identities. | ✔ |
| c | Initiate inter-professional collaborative practice. | ✔ |
| **3. Professional Responsibilities** | | |  |
| **3.1 Comply with legal and professional obligations.** | | |  |
| a | Comply with applicable federal and provincial legislation. | ✔ | Students are required to comply with the codes of ethics of the CASC and of the institution where their practicum is being offered. They must also comply with policies and regulations regarding confidentiality. |
| b | Comply with CRPO legislation and professional standards. |  |
| c | Address organizational policies and practices that are inconsistent with legislation and professional standards. | ✔ |
| d | Comply with relevant municipal and local bylaws related to private practice. |  |
| **3.2 Apply an ethical decision-making process.** | | |  |
| a | Recognize ethical issues encountered in practice. | ✔ | Through clinical practice, readings, case studies, self-assessment assignments, verbatim reports, lectures. |
| b | Resolve ethical dilemmas in a manner consistent with legislation and professional standards. | ✔ |
| c | Accept responsibility for course of action taken. | ✔ |
| **3.3 Maintain self-care and level of health necessary for responsible therapy.** | | |  |
| a | Maintain personal physical, psychological, cognitive and emotional fitness to practice. | ✔ | Through discussion, self-assessment assignments, role play, case studies, lectures, group supervision, individual supervision. |
| b | Build and use a personal and professional support network. | ✔ |
| c | Maintain personal hygiene and appropriate professional presentation. | ✔ |
| **3.4 Evaluate and enhance professional practice.** | | |  |
| a | Undertake critical self-reflection. | ✔ | Through clinical practice, discussion, self-assessment assignments, case studies/verbatim, lectures, group and individual supervision. |
| b | Solicit client feedback throughout the therapeutic process. | ✔ |
| c | Plan and implement methods to assess effectiveness of interventions. | ✔ |
| d | Obtain feedback from peers and supervisors to assist in practice review. | ✔ |
| e | Identify strengths as a therapist, and areas for development. | ✔ |
| f | Set goals for improvement. | ✔ |
| g | Modify practice to enhance effectiveness. | ✔ |
| h | Participate in relevant professional development activities. | ✔ |
| i | Maintain awareness of resources and sources of support relevant to practice. | ✔ |
| **3.5 Obtain clinical supervision or consultation.** | | |  |
| a | Initiate clinical supervision or consultation when appropriate or required. | ✔ | Through group and individual supervision. |
| b | Articulate parameters of supervision or consultation. | ✔ |
| c | Protect client privacy and confidentiality, making disclosure only where permitted or required. | ✔ |
| d | Initiate a legal consultation when necessary. |  |
| **3.6 Provide education and training consistent with the therapist's practice.** | | |  |
| a | Recognize when to provide education and training to clients and others. |  |  |
| b | Recognize therapist's limits of professional expertise as a trainer / educator. |  |
| c | Plan and implement effective instructional activities. |  |
| **3.7 Maintain client records.** | | |  |
| a | Comply with the requirements of CRPO and relevant professional standards. | ✔ | Through clinical practice, group and individual supervision. |
| **3.8 Assist client with needs for advocacy and support.** | | |  |
| a | Identify when advocacy or third-party support may be of value to the client, and advise client accordingly. | ✔ | Through clinical practice, role play, case study/verbatim, research, self-assessment assignments, lectures, readings. |
| b | Support client to overcome barriers. | ✔ |
| **3.9 Provide reports to third parties.** | | |  |
| a | Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient. |  | I think it’s important to cover this, as it’s covered no where else. |
| b | Recognize ethical and legal implications when preparing third-party reports. |  |
| **3.10 Establish business practices relevant to professional role.** | | |  |
| a | Comply with the requirements of CRPO and relevant professional standards. |  |  |
| b | Explain limitations of service availability. |  |
| **4. Therapeutic Process** | | |  |
| **4.1 Orient client to therapist's practice.** | | |  |
| a | Describe therapist's education, qualifications and role. | ✔ | Through clinical practice, group and individual supervision, role plays, case studies. |
| b | Differentiate the role of the therapist in relation to other health professionals. | ✔ |
| c | Explain the responsibilities of the client and the therapist in a therapeutic relationship. | ✔ |
| d | Explain the advantages and disadvantages of participating in psychotherapy. | ✔ |
| e | Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law. | ✔ |
| f | Explain relevant rules and policies. | ✔ |
| g | Respond to client questions. | ✔ |
| h | Explain and obtain informed consent in accordance with legal requirements. | ✔ |
| **4.2 Establish and maintain core conditions for therapy.** | | |  |
| a | Employ empathy, respect, and authenticity. | ✔ | Through clinical practice, role play, verbatim, discussion, readings, lectures, case studies, group and individual supervision. |
| b | Establish rapport. | ✔ |
| c | Demonstrate awareness of the impact of the client's context on the therapeutic process. | ✔ |
| d | Demonstrate sensitivity to the setting in which therapy takes place. | ✔ |
| e | Assume non-judgmental stance. | ✔ |
| f | Explain theoretical concepts in terms the client can understand. | ✔ |
| g | Foster client autonomy. | ✔ |
| h | Maintain appropriate therapeutic boundaries. | ✔ |
| i | Define clear boundaries of response to client's requests or demands. | ✔ |
| j | Take all reasonable measures to safeguard physical and emotional safety of client during clinical work. | ✔ |
| k | Employ effective skills in observation of self, the client and the therapeutic process. | ✔ |
| l | Demonstrate dependability. | ✔ |
| **4.3 Ensure safe and effective use of self in the therapeutic relationship.** | | |  |
| a | Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process. | ✔ | Through lecture, self-assessment assignments, role play, case study/verbatim, discussion, readings, group and individual supervision. |
| b | Recognize the impact of power dynamics within the therapeutic relationship. | ✔ |
| c | Protect client from imposition of the therapist's personal issues. | ✔ |
| d | Employ effective and congruent verbal and non-verbal communication. | ✔ |
| e | Use self-disclosure appropriately. | ✔ |
| **4.4 Conduct an appropriate risk assessment.** | | |  |
| a | Assess for specific risks as indicated. | ✔ | Through clinical practice, group and individual supervision, lectures. |
| b | Develop safety plans with clients at risk. | ✔ |
| c | Refer to specific professional services where appropriate. | ✔ |
| d | Report to authorities as required by law. | ✔ |
| e | Follow up to monitor risk over time. | ✔ |
| **4.5 Structure and facilitate the therapeutic process.** | | |  |
| a | Communicate in a manner appropriate to client’s developmental level and socio- cultural identity. | ✔ | Through lectures, role play, readings/discussion, case study, verbatim, clinical practice, group and individual supervision. |
| b | Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources. | ✔ |
| c | Respond non-reactively to anger, hostility and criticism from the client. | ✔ |
| d | Respond professionally to expressions of inappropriate attachment from the client. | ✔ |
| e | Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management. | ✔ |
| f | Recognize a variety of assessment approaches. | ✔ |
| g | Formulate an assessment. | ✔ |
| h | Develop individualized goals and objectives with the client. | ✔ |
| i | Formulate a direction for treatment or therapy. | ✔ |
| j | Practise therapy that is within therapist's level of skill, knowledge and judgement. | ✔ |
| k | Focus and guide sessions. | ✔ |
| l | Engage client according to their demonstrated level of commitment to therapy. | ✔ |
| m | Facilitate client exploration of issues and patterns of behaviour. | ✔ |
| n | Support client to explore a range of emotions. | ✔ |
| o | Employ a variety of helping strategies. | ✔ |
| p | Ensure timeliness of interventions. | ✔ |
| q | Recognize the significance of both action and inaction. | ✔ |
| r | Identify contextual influences. | ✔ |
| s | Review therapeutic process and progress with client periodically, and make appropriate adjustments. | ✔ |
| t | Recognize when to discontinue or conclude therapy. | ✔ |
| **4.6 Refer client.** | | |  |
| a | Develop and maintain a referral network. | ✔ | Through clinical practice, group and individual supervision, readings, lectures, discussion, case study/verbatim, role plays. |
| b | Identify situations in which referral or specialized treatment may benefit the client, or be required. | ✔ |
| c | Refer client, where indicated, in a reasonable time. | ✔ |
| **4.7 Conduct an effective closure process.** | | |  |
| a | Prepare client in a timely manner for the ending of a course of therapy. | ✔ | Through clinical practice, group and individual supervision, lectures, readings, case studies/verbatim, role plays. |
| b | Outline follow-up options, support systems and resources. | ✔ |
| **5. Professional Literature & Applied Research** | | |  |
| **5.1 Remain current with professional literature.** | | |  |
| a | Read current professional literature relevant to practice area. | ✔ | Through clinical seminars, case studies/verbatim, guided readings, lectures, written assignments, group and individual supervision. |
| b | Access information from a variety of current sources. | ✔ |
| c | Analyze information critically. | ✔ |
| d | Determine the applicability of information to particular clinical situations. | ✔ |
| e | Apply knowledge gathered to enhance practice. | ✔ |
| f | Remain current with developments in foundational areas. | ✔ |
| **5.2 Use research findings to inform clinical practice.** | | |  |
| a | Integrate knowledge of research methods and practices. | ✔ | Through case studies/verbatim, readings, lectures, group and individual supervision. |
| b | Determine the applicability of research findings to particular clinical situations. | ✔ |
| c | Analyze research findings critically. | ✔ |
| d | Apply knowledge gathered to enhance practice. | ✔ |

### CASC Competencies

### The CASC competencies are learned, demonstrated, and monitored through all aspects of the program:

**1. PROFESSIONAL IDENTITY**

A Certified Member is rooted in one’s spiritual / religious / cultural tradition that connects with self, other and the sacred for a holistic and spiritually-oriented approach to care and therapy. From this foundation, a CASC/ACSS Certified Professional reflectively integrates the wisdom of spiritual / religious / cultural traditions with psychotherapeutic modalities as a way of being with and for others during times of crisis, challenge and change.

1.1. Embodies a holistic and spiritually-oriented approach to care and therapy.

1.2. Engages in regular personal and communal spiritual practices to nurture awareness of and connection with the spiritual and the sacred in all relationships.

1.3. Engages in regular reflective practice that informs professional functioning.

1.4. Demonstrates safe and effective use of self in personal and professional practice.

1.5. Attends to the dynamics of one’s own social location1, beliefs, power, vulnerability and boundaries as these impact relationships with individuals and groups.

1.6. Engages in personal growth and professional continuing education, such as on-going supervision.

**2. KNOWLEDGE**

A Certified Member integrates psychological and spiritual / religious / cultural frameworks and engages in evidence-informed professional practice supported by current research.

2.1. SPIRITUAL / RELIGIOUS / CULTURAL

2.1.1. Identifies one's own beliefs and spiritual / religious / cultural traditions and their influence on personhood and practice.

2.1.2. Acquires knowledge of world religions, spiritualities and cultural traditions through experiential and conceptual learning.

2.1.3. Develops cultural humility and competency through learning about the diversity of social location, cultural safety and human rights.

2.1.4. Develops cultural humility and competency through learning about Indigenous peoples’ experience of colonization in Canada, and the findings and recommendations of the Truth and Reconciliation Commission.

2.2. PSYCHOLOGICAL THEORIES

2.2.1. Demonstrates an understanding of a broad spectrum of psychological and personality theories and is proficient in at least one psychotherapeutic modality.

2.2.2. Articulates theoretical and philosophical frameworks out of which one practices, recognizing the benefits, limitations and contraindications of differing frameworks.

2.2.3. Understands and engages group dynamics and organizational systems.

2.2.4. Engages in experiential learning using adult education principles and an action-reflection model.

2.2.5. Integrates knowledge of human and spiritual development and utilizes theories of change to facilitate wellness.

2.2.6. Utilizes a trauma-informed approach with individuals and groups attentive to the potential for decline or growth in human functioning.

2.2.7. Demonstrates familiarity with the major psychological diagnostic categories in current use.

2.2.8. Demonstrates familiarity with major classes of psychoactive drugs, the drugs used in one's area of practice, and their effects on health.

2.2.9. Integrates knowledge of psychological theories with spiritual / religious / cultural frameworks.

2.3. RESEARCH

2.3.1. Engages evidence-informed practice as integral to professional functioning.

2.3.2. Demonstrates knowledge of research methods, including theoretical, quantitative and qualitative methodologies, Quality Assurance and Program Evaluation.

2.3.3. Demonstrates ability to conduct a literature search, critically assess the value and quality of both seminal and current research, integrate findings and share through written and oral communication.

2.3.4. Implements relevant research findings into practice context and engages in ongoing evaluation of new practices.

2.3.5. Participates in research led by other primary investigators and, when possible, conducts research as the primary investigator in projects applicable to one’s practice context.

**3. PROFESSIONAL ETHICAL CONDUCT**

A Certified Member practices and advocates for excellent and equitable care congruent with the CASC/ACSS Scope of Practice and Code of Ethics and Professional Conduct. A Certified Member demonstrates accountability to clients, the public, spiritual / religious / cultural communities, employers and relevant regulatory and professional organizations in all professional relationships.

3.1. Works within one’s scope of practice knowing when it is appropriate to make a referral or initiate a consultation.

3.2. Articulates and maintains clear and appropriate therapeutic and professional boundaries.

3.3. Demonstrates awareness of and sensitivity to the diversity of an individual’s social location and life experiences.

3.4. Demonstrates and promotes inclusive behaviour and advocates for diverse spiritual / religious / cultural needs and practices.

3.5. Articulates and demonstrates the importance and limits of confidentiality.

3.6. Keeps records in a manner appropriate to the professional setting.

3.7. Engages ethical issues encountered in one’s practice, teaching and research.

3.8. Demonstrates awareness of occupational hazards and takes preventative measures.

3.9. Demonstrates clear and concise professional communication, including written, oral, electronic, third party reporting and consultation.

**4. PROFESSIONAL SKILLS**

A Certified Member utilizes a comprehensive skill set for the purpose of engaging in therapeutic relationships with individuals, groups, communities and organizations. CASC/ACSS Certified Professionals are attentive to the spiritual and the sacred in each encounter.

4.1. THERAPEUTIC RELATIONSHIP

Develops a spiritually-integrated therapeutic relationship of trust to engage clients and communities in their healing processes.

4.1.1. Practices safe and effective use of self.

4.1.2. Demonstrates a non-anxious presence and neutral stance in the provision of care.

4.1.3. Engages clients and clients’ narratives on their own terms.

4.1.4. Works collaboratively with clients, care team and relevant stakeholders.

4.1.5. Listens actively and responds effectively using both verbal and non-verbal communication.

4.1.6. Communicates role and function, confidentiality and consent in a manner appropriate to the recipient.

4.1.7. Explains theoretical and spiritual concepts in everyday language.

4.1.8. Recognizes conflict, whether overt or covert, verbal or non-verbal and uses a conflict resolution approach appropriate to the situation.

4.2. ASSESSMENT

Collaboratively gathers and evaluates information as it pertains to clients’ presenting issues and is relevant to their life-giving and life-limiting beliefs, thoughts, emotions, behaviours and social needs.

4.2.1. Demonstrates an awareness of how social location operates consciously and unconsciously at personal, interpersonal and systemic levels.

4.2.2. Implicitly assesses by means of listening to the life narrative of the client.

4.2.3. Explicitly assesses by utilizing spiritual assessment tools that are appropriate to context.

4.2.4. Explores with clients what is life-limiting and life-giving in their beliefs and values, ways of coping and resources.

4.2.5. Assesses spiritual distress, spiritual pain, suffering, grief and loss.

4.2.6. Explores sources of strength, hope, resilience and opportunities for transformation.

4.2.7. Identifies intra- and interpersonal dynamics related to family history.

4.2.8. Identifies intra- and interpersonal dynamics related to present and past trauma.

4.2.9. Conducts risk assessments appropriate to one’s therapeutic context.

4.2.10. Identifies how clients’ spiritual, religious, philosophical and cultural beliefs and values may inform treatment choices.

4.2.11. Assesses ritual/ceremonial needs and spiritual/religious care appropriate to one’s context.

4.2.12. Assesses limits of one’s professional ability and identifies circumstances when consultation or referral may be beneficial or required

4.3. INTERVENTION

Provides a variety of interventions according to a co-created therapeutic plan that supports clients’ overall goals and includes their community of care.

4.3.1. Collaboratively develops appropriate interventions consistent with clients’ social location.

4.3.2. Facilitates expression of clients' stories and emotions to address spiritual distress and enhance spiritual resources.

4.3.3. Utilizes reflection from religious/theological/spiritual/cultural perspectives for the purpose of meaning-making with clients.

4.3.4. Provides or facilitates prayers, rituals, rites, ceremonies and services appropriate to context.

4.3.5. Offers support and guidance for spiritual growth.

4.3.6. Supports relational connections and experiences of community.

4.3.7. Evaluates with clients the effectiveness of the therapeutic relationship and interventions.

4.3.8. Utilizes clinical supervision and consultation to monitor effectiveness of interventions.

4.3.9. Refers to additional professional or community-based services when appropriate, including

the inter-professional care team, elders and religious leaders.

4.4. DOCUMENTATION

Documents referrals, informed consent, clinical assessments and interventions relevant to one’s clinical context.

4.4.1. Notes reason for initial referral or presenting issue, assessment and follow-up plans.

4.4.2. Differentiates facts from opinion in the clinical record.

4.4.3. Demonstrates the necessity and limits of confidentiality regarding client information.

4.4.4. Uses an informed consent process relevant to one’s practice context.

4.4.5. Employs electronic communication as relevant to practice and maintains appropriate security in its use.

4.4.6. Keeps records and statistics in a timely manner for an appropriately designated length of time.

4.4.7. Maintains professional documentation on clients in a secure location.

4.5. LEADERSHIP

Envisions creative possibilities that inspire oneself and others to supportive and advocacy action with individuals and communities and within organizations.

4.5.1. Demonstrates a non-anxious presence and neutral stance in the provision of mediation and consultation.

4.5.2. Acts as a change agent in one’s clinical setting to promote a culture of care, respect, justice and reconciliation.

4.5.3. Promotes, facilitates and supports ethical decision-making in one’s workplace.

4.5.4. Thinks and acts creatively in times of crisis or conflict while attending to the emotions and differing viewpoints in the situation.

4.5.5. Demonstrates planning and management skills in the development of spiritual and therapeutic practice in private or organizational settings.

4.5.6. Establishes and maintains inter-professional relationships.

4.5.7. Educates and advocates for the value of spirituality to health and wellbeing at the individual, communal and systemic levels. This includes advocating for the uniqueness of CASC/ACSS Certified Professionals.

4.5.8. Builds capacity for spiritual health and wellbeing among other professionals and community partners.

4.5.9. Participates and contributes in one’s spiritual / religious / cultural communities and professional organizations.

***Course Resources***

**Primary Course Texts**

Doehring, Carrie. The Practice of Pastoral Care, Revised and Expanded. Westminster John Knox, 2015.

Fitchett, George & Steve Nolan, eds. Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy. London: Jessica Kingsley Pub., 2015.

McCarroll, Pamela. The End of Hope - The Beginning. Minneapolis, MN: Fortress Press, 2014.

Messer, Stanley, B., Gurman, Alan, S., and Sauer, Anna. Essential Psychotherapies: Theory and Practice. New York: Guilford Press, 2011.

O’Connor, Thomas St. James, Lund, Kristine, Berendsen, Patricia, eds. Psychotherapy: Cure of the Soul. Waterloo: Waterloo Lutheran Seminary, 2014.

Pargament, Kenneth. Spiritually Integrated Psychotherapy. New York, NY: Guilford, 2009.

Rogers, Carl. The Carl Rogers Reader. New York: Library of Congress, 1989.

Rothschild, Babette. 8 Keys to Safe Trauma Recovery. New York, New York: W.W. Norton, 2010.

VanKatwyk, P. Spiritual Care and Therapy: Integrative Perspective. Waterloo: Wilfrid Laurier University Press, 2003.

***Evaluation***

**Written Assignments**

**Students will complete each aspect of evaluation and fully participate in the SPE program. The final grade for the course will be based on evaluations in these areas:**

(1) **Participation (10%)** – Students will arrive on time, participate in the regular activity of the class, including the reading of the required texts. Please see the Attendance and Lateness section below. All absences must be negotiated with the supervisor. Although indicated as 10% of the course grade, regular absences could result in the dismissal of a student from the SPE program following clear warning and opportunity to remedy attendance.

(2) **Learning Goals/Learning Plan (5%)** - At the beginning of the practicum, in collaboration with peers and the certified supervisor-educator, students identify a maximum of 3 specific learning goals related to the CASC competencies. Each goal should be clearly articulated, including strategies for how the goal will be achieved and indicators for demonstrating that the goal has been accomplished. Students will also develop a wider scope learning plan that includes additional areas of research and reading pertinent to their clinical assignment and learning goals.

Due by the second week of the SPE.

Evaluation of progress towards learning goals and the CASC Competencies occurs at frequent intervals throughout the training program, especially during individual supervision sessions and at the midpoint.

(3) **Final Summary and Assessment (25%)** - At the end of each unit, both the student and Supervisor-Educator complete a SPE Summary and Assessment (evaluation) using the appropriate form (Form 2.1 for students and Form 2.2 for Supervisor-Educators). Each SPE Summary and Assessment must be dated and signed by both the student and the Supervisor-Educator in order to be valid.

For those who wish, the SPE Summary and Assessment form may be used at the mid-point of a unit to assess progress and gain familiarity with use of the form. Only the end unit SPE Summary and Assessment requires signatures for validation purposes.

Due by the last week of class.

Please note – The Final Summary and Assessment are reviewed and signed by both the student and the supervisor. These two documents become part of the student record for those in MPS SCP Certificate program and may be read by designated faculty members. The Final Summary and Assessments are also read by CASC members who are part of the student’s application to further SPE, to Advanced Standing, or to Certification within CASC.

(4) **Reflection Reports (20%)** – Each student completes 10 2-page reports (500 words) that demonstrate on-going integration of relevant spiritual/religious and psycho-social theories, development of clinical, communication, and interpersonal skills, and the emerging sense of one’s unique professional identity. These reports are given to the supervisor prior to the individual supervision sessions.

Follow the assignment schedule.

(5) **Case Study Reports (20%)-** Each student presents two case studies (one per term) including a family genogram where possible. Each report should address the CASC competencies, paying attention to the development of therapeutic/clinical skills, functioning as a member of an inter-professional team, self-awareness, and the capacity to use relevant research pertinent to the area of clinical practice. Case studies are presented during group supervision to gain feedback from peers and the certified supervisor-educator. The report needs to follow the template for Case Study Report found in Quercus.

Due dates – a schedule will be provided with due dates at the beginning of the course.

**(6) A Peer Spiritual History/Assessment (10%)**

Students may complete a comprehensive spiritual history and assessment (4 pages or 1000 words) on a peer that articulates the individual’s spiritual issues, coping mechanisms, and strategies for hope. This case study is presented during group supervision to gain feedback from peers and the certified supervisor-educator. Refer to the template found in Quercus.

Due date will be self-scheduled at the beginning of the course.

**(7) Two Book Reports, Research Article Critiques, or Movie Reviews (2 reports x 5% = 10%)**

Each student completes one per term, presented in group. If book review chosen first term then movie or article review needed for 2nd term (or any combination, just no duplication). Follow template in Quercus. Your choice of an article , book or movie must relate to your learning goals or clinical practice in some way.

Each student completes 1 4-page critical review (1000 words) of a book, a research article, or a movie that has had a significant impact on their emerging sense of professional identity. The purpose of this report is NOT to write an academic review, but rather to engage in dialogue with the work, especially from the perspective of what it teaches you about providing spiritual care/psychotherapy in a clinical setting. This report is presented during group supervision to gain feedback from peers and the certified supervisor-educator. The book review should respond to the following questions:

1. Provide a concise summary of the premise of the work (1 page).
2. What spiritual issues does the work address? What are the theoretical assumptions/philosophical foundations? What are the strengths and limitations of this theoretical foundation?
3. What does the work contribute to your understanding of spiritual care and psychotherapy?
4. How will the work influence your clinical practice?
5. What theoretical issues and topics for further discussion (future research questions) does the work raise?

Due date will be posted in Quercus.

**Assignment Style Guide:**

For this course, students will use APA style as needed.

**Completion of Course work:**

All course work must be completed by the time you write your final assessment. Extensions are provided for students with documented medical or compassionate difficulties or exceptional reasons (e.g., a death in the family or a serious illness); students facing such difficulties are kindly requested to consult with their faculty adviser or basic degree director, who should make a recommendation on the matter to the instructor and request an SDF. The absolute deadline for obtaining an SDF for the course is the examination day scheduled for the course or the last day of examination week, whichever is sooner.   An SDF must be requested from the registrar’s office in the student’s college of registration no later than the last day of exam week in which the course is taken. The SDF, when approved, will have a mutually agreed upon deadline that does not extend beyond the conclusion of the following term. If a student has not completed work but has not been granted an SDF, a final mark will be submitted calculating a zero for work not submitted

Instructors are not obliged to accept late work, except where there are legitimate, documented reasons beyond a student’s control. In such cases, a late penalty is normally not appropriate. Degree students are expected to hand in assignments by the date given in the course outline.

**Attendance and lateness:** If a student is unable to attend a class, permission must be granted by the instructor. Consistent attendance and timely submission of course assignments are required to pass this course. Habitual lateness will be regarded as an absence. No more than three permitted absences are allowed, unless by prior agreement of instructor.

#### Grading System

Basic level students receive a Pass/Fail grade for this course. Advanced students receive a grade..

***Course grades****.* Consistent with the policy of the University of Toronto, course grades submitted by an instructor are reviewed by a committee of the instructor’s college before being posted to ACORN. Grades are not official until they are posted to ACORN. Course grades may be adjusted where they do not comply with University Assessment and Grading Practices Policy found at [www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/grading.pdf](http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/grading.pdf), policies found in the TST conjoint program handbooks, or college grading policy.

**Websites**

* Quercus: <https://q.utoronto.ca/>

This course uses Quercus for its course website. To access it, go to the UofT Quercus login page at <https://q.utoronto.ca/> and login using your UTORid and password. Once you have logged in to Quercus using your UTORid and password, look for the **My Courses** module, where you’ll find the link to the website for all your Quercus-based courses. (Your course registration with ACORN gives you access to the course website in Quercus.) Information for students about using Quercus can be found at: <https://community.canvaslms.com/docs/DOC-10701> . Students who have trouble accessing Quercus should ask [insert college contact] for further help.]

* Canadian Association for Spiritual Care: http://www.spiritualcare.ca
* College of Registered Psychotherapists of Ontario: www.crpo.c

### Policies

***Accessibility****.* Students with a disability or health consideration, whether temporary or permanent, are entitled to accommodation. Students in conjoint degree programs must register at the University of Toronto’s Accessibility Services offices; information is available at <http://www.accessibility.utoronto.ca/>. The sooner a student seeks accommodation, the quicker we can assist.

***Plagiarism***. Students submitting written material in courses are expected to provide full documentation for sources of both words and ideas in footnotes or endnotes. Direct quotations should be placed within quotation marks. (If small changes are made in the quotation, they should be indicated by appropriate punctuation such as brackets and ellipses, but the quotation still counts as a direct quotation.) Failure to document borrowed material constitutes plagiarism, which is a serious breach of academic, professional, and Christian ethics. An instructor who discovers evidence of student plagiarism is not permitted to deal with the situation individually but is required to report it to his or her head of college or delegate according to the TST *Basic Degree Handbook* and the Graduate program Handbooks (linked from <http://www.tst.edu/academic/resources-forms/handbooks> and the University of Toronto *Code of Behaviour on Academic Matters* <http://www.governingcouncil.utoronto.ca/AssetFactory.aspx?did=4871>. A student who plagiarizes in this course will be assumed to have read the document “Avoidance of plagiarism in theological writing” published by the Graham Library of Trinity and Wycliffe Colleges <http://www.trinity.utoronto.ca/Library_Archives/Theological_Resources/Tools/Guides/plag.htm>.

***Other academic offences****.* TST students come under the jurisdiction of the University of Toronto Code of *Behaviour on Academic Matters* <http://www.governingcouncil.utoronto.ca/policies/behaveac.htm>.

***Back-up copies****.*  Please make back-up copies of essays before handing them in.

***Obligation to check email****.* At times, the course instructor may decide to send out important course information by email. To that end, all students in conjoint programs are required to have a valid utoronto email address. Students must have set up their utoronto email address which is entered in the ACORN system. Information is available at [www.utorid.utoronto.ca](http://www.utorid.utoronto.ca). The course instructor will not be able to help you with this.416**-**978-HELP and the Help Desk at the Information Commons can answer questions you may have about your UTORid and password. *Students should check utoronto email regularly* for messages about the course. **Forwarding** your utoronto.ca email to a Hotmail, Gmail, Yahoo or other type of email account is not advisable. In some cases, messages from utoronto.ca addresses sent to Hotmail, Gmail or Yahoo accounts are filtered as junk mail, which means that emails from your course instructor may end up in your spam or junk mail folder. Students in non-conjoint programs should contact the Registrar of their college of registration.

***Email communication with the course instructor***. The instructor aims to respond to email communications from students in a timely manner. *All email communications from students in conjoint programs must be sent from a utoronto email address.* Email communications from other email addresses are not secure, and also the instructor cannot readily identify them as being legitimate emails from students. The instructor is not obliged to respond to email from non-utoronto addresses for students in conjoint programs. Students in non-conjoint programs should only use the email address they have provided to their college of registration.

***Weekly Descriptions***

|  |  |
| --- | --- |
| Class work | Extended/Intensive |
| **Clinical Seminars or Structured Learning Activities**  See the list below for a range of didactic topics addressed  Structured learning activities might include clinical skills integration exercises, practice counselling with peers, role plays, simulations and students presentations and mid-term and final student evaluations. The students will use the following form 2.1 Student Basic or Advanced SPE Summary and Assessment, to evaluate their competencies listed in this form. | 1.25 hr/6 hr  Note: 12 hrs of orientation to clinical site plus  16 hrs of ind/group evaluation |
| **Clinical Supervision**  Case Study/Verbatim  Training in clinical skills for the practice of spiritual care and psychotherapy  Safe and effective use of direct self observation of clinical practice  Indirect observation of clinical practice through auditing chart notes, soliciting feedback from other members of the care team | 1.5 hr/ 3 hr |
| **Group Supervision Sessions**  Interpersonal relations (team building, conflict resolution, peer supervision)  Safe and effective use of self. Students will interact through IPR (Interpersonal Relationship) groups, during which the Teaching Supervisor and Provisional Supervisor will monitor their growth as Spiritual Care Providers. | 1hr/ 3 hr |
| **Individual/ Dyadic Supervision (individually arranged)**  Students will have one hour per week of individual or dyadic supervision. | 1 hour/ 1 hour |
| **Group Spiritual/Meditation Sessions**  **Directed self-study, readings, individual spiritual direction or therapy** | .5 hr/ 1 hr  2.75 hr/6hr |
| **Clinical Placement**  Students may do up to 125 hours of psycho-spiritual therapy clinical work - 5 hours a week of face to face, direct client contact hours in extended units and 10 hours a week of DCC hours in intensive courses. The additional placement hours cover other clinical duties: team meetings, chart review, chart/ documentation, liaison with team members/other professionals, referrals, and so forth (3 hours per week for extended and 6 hours a week for intensive) | 8 hrs/ 16 hr |

**Structured learning activities - CLINICAL SEMINARS AND DIDACTIC SESSIONS**

These are tailored to meet the specific needs of each practicum group/clinical location. The following areas represent a broad spectrum of content that is addressed in basic SPE/CPE education. Each training center and certified supervisor-educator develop specific objectives and training based on the CASC/CRPO Competencies and the needs/skills of the students. The supervisor-educator will check the box for seminars/didactics offered in any particular practicum.

□ **ORIENTATION/POLICIES AND PROCEDURES**

**OBJECTIVES:** Prepare students to undertake their clinical work by introducing the requirements of the course and basic concepts of spirituality and religion in health care settings, and site responsibilities, etc.

**SUGGESTED READING(S):** Thomas O’Connor, Kristine Lund a & Patricia Berendsen, “Introduction,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 17-28.

Kristine Lund, “*Good Fences Make Good Neighbours: The Impact of Professional Ethics Education on Clinical Practice,”* in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 169-178.

= Colleen Lashmar, “*Supervision and the Care of the Soul*,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), 169-178. Waterloo: Waterloo Lutheran Seminary, 2014.

Carrie Doehring, “Introducing an Intercultural Approach,” xiii-xxviii.

Relevant institutional/administrative policies and procedures and relevant provincial legislation and regulations regarding confidentiality and privacy of information.

**CASC:** 1, 7, 8, 9

**CRPO:** 2, 3

□ **DOCUMENTATION**

**OBJECTIVES:** Explore the need for record keeping which meets standards, laws and regulations pertaining to psychotherapy. Focus on clear and accurate communications, documenting with clarity to reduce misinterpretation and errors, provide improved documentation for risk management. Attend familiarization training for electronic record keeping/charting and workplace measurement tools as relevant.

**SUGGESTED READING(S):** Professional Practice Standards for Registered Psychotherapists January 15, 2014, Section 5, pages 57-70. Found on the CRPO website: [www.crpo.ca](http://www.crpo.ca)

Roberts, Chapter 6: Chaplains and Charting.

**CASC:** 5

**CRPO:** 3

□ **THEOLOGICAL/SPIRITUAL/PHILOSOPHICAL REFLECTION**

**OBJECTIVES:** Tapping into the inner resources of the client is one of the important realities in psychotherapy, and that is what makes spiritual care and psychotherapy different from other approaches of psychotherapy. We learn to use theological words, images, concepts, and other stories and religious resources of prayer, scripture, sacraments with precision and care. When religious resources are used appropriately, they can be powerful instruments for nurturing spiritual and psychological wholeness. We learn guidelines for using religious resources in spiritual care and psychotherapy.

**SUGGESTED READING(S):** Carrie Doehring, “Intercultural Care: Trust and Theological Accountability,” 1-25.

Jamie Foley, “Truth, Beauty, Freedom, Love: A Case Study in Spiritual Care,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), 169-178. Waterloo: Waterloo Lutheran Seminary, 2014.

**CASC:** 1, 2, 3

**CRPO:** 1

□ **CODES OF ETHICAL BEHAVIOUR**

**OBJECTIVES:** Explore ethical issues that arise in professional spiritual care and psychotherapy. Examine not only the general relationship between ethics and professional spiritual care but how the CASC Code of Ethics and the Ontario regulations regarding Professional Misconduct are applied within the student’s own placement and in the professional context.

**SUGGESTED READING(S):** CASC Code of Ethics, found on the CASC website; [www.spiritualcare.ca](http://www.spiritualcare.ca)

Go to the Manual, Chapter 5.

CRPO Standards and Regulations found on the CRPO website;

[www.crpo.ca/home/professional-practice/standards-regulations/](http://www.crpo.ca/home/professional-practice/standards-regulations/)

Psychotherapy Act, 2007, ONTARIO REGULATION 317/12, PROFESSIONAL MISCONDUCT Available at <https://www.ontario.ca/laws/regulation/120317>

Carrie Doehring, “Basic Ingredients of Caregiving Relationships,” 37-52.

**CASC:** 6, 7, 8, 9

**CRPO:** 3

□ **ESTABLISHING CAREGIVING RELATIONSHIPS IN THE CLINICAL SETTING**

**OBJECTIVES:** The relationship established between the spiritual care professional and the client is fundamental to creating an environment and relationship which enables the client to be open about their life, and in a secure and confidential manner make progress towards healing and wholeness. It is one of the most important elements in spiritual care and psychotherapy and will greatly influence all of the other dimensions of the therapeutic interactions.

**SUGGESTED READING(S):** Carrie Doehring, “Establishing a Caregiving Relationship, “ 73-84.

Heather Vanderstelt, “The Presence and Absence of Psychotherapy in Hospital Situated Spiritual Care,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds) (Waterloo: Waterloo Lutheran Seminary, 2014), 211-228

**CASC:** 1

**CRPO:** 4

□ **COMMUNICATION SKILLS**

**OBJECTIVES:** Development in compassionate and non-judgmental listening skills, creating an empathic connection; essentials of the therapeutic relationship. How to begin a first spiritual care/psychotherapy session – hospitality, creating safety, documenting, negotiating a plan of therapy.

**SUGGESTED READING(S):** Carrie Doehring, “ Embodied Listening,” 53-72.

**CASC; 1, 4, 5, 6, 7**

**CRPO; 1, 2, 3, 4**

□ **SAFE AND EFFECTIVE USE OF SELF: UNDERSTANDING ONE’S STRENGTHS AND LIMITATIONS**

**OBJECTIVES:** Identify how one’s own beliefs, values, and experience influence the capacity to provide care. Understand the dynamics of power within the therapeutic relationship. Learn to use self-disclosure appropriately. Specific modalities for understanding the self might include: Myers Briggs Type Indicator, Enneagram, Genogram, and/or Emotional Intelligence. SEUS is also a major focus of case study presentations and group supervision sessions.

**SUGGESTED READING(S):**

Carrie Doehring, “Helping People Change for the Better: Comparing Spiritual and Secular Helping Relationships,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds)(Waterloo: Waterloo Lutheran Seminary, 2014), 287-298.

Carrie Doehring, “Theological Themes and Reflexivity,” 85-116.

**CASC:** 1, 2, 3, 7

**CRPO:** 1, 4

**PSYCHO-SPIRITUAL ASSESSMENT (Any of the following):**

□ **PSYCHOLOGICAL ASSESSMENT AND THE DSM-5: Major Classifications of Mental Health Disorders**

**OBJECTIVES: E**xplore the intersection between psychological diagnosis and holistic assessment, drawing on the framework of the DSM-V and its classifications of major mental disorders.

**SUGGESTED READING(S):** Stanley B. Messer and Alan S. Gurman, “Contemporary Issues in Psychotherapy: Theory, Practice, and Research, ”in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 3-29.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, DSM-5. Washington, DC: American Psychiatric Association, 2013. [The diagnostic criteria for each of the disorders can be retrieved via the Diagnostic Criteria Mobile APP]. [Electronic resource].

**CASC:** 1

**CRPO:** 4

* **PSYCHO-SPIRITUAL ASSESSMENT**

**OBJECTIVES:** Explore foundations for psycho-spiritual assessment, and the role assessment plays in providing professional spiritual care and psychotherapy.

**SUGGESTED READING(S):**

Fitchett, George. 2002. *Assessing spiritual needs: a guide for caregivers*. Lima (Ohio): Academic Renewal Press. Chapter 2, pp 26 – 38.

Carrie Doehring, “Systemic Assessment,” 155-172.

Carrie Doehring, “Planning care: Liberative Spiritual Integration,” 173-186.

**CASC:** 1  **CRPO:** 4

**PSYCHOTHERAPEUTIC MODALITIES AND APPLICATIONS**

* **PSYCHODYNAMIC INTERVENTIONS**

**OBJECTIVES:** Psychodynamic interventions are one of the oldest forms of interventions in psychotherapy practice. This session will **e**xplore the foundations of psychoanalytic theories and the contemporary application in psychotherapy practice.

**SUGGESTED READING(S):** David L. Wolitzky, “Contemporary Freudian Psychoanalytic Psychotherapy,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 33-71.

Rebecca Coleman Curtis and Irwin Hirsch, “Relational Psychoanalytic Psychotherapy,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 72-105.

Kelvin F. Mutter, “The Practice of Mindfulness in Spiritual Care,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds) ( Waterloo: Waterloo Lutheran Seminary, 2014), 131-138.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **LOGOTHERAPY (Frankl)**

**OBJECTIVES:** Explore the foundations of Frankl’s Logotherapy and applications of his concepts in providing spiritual care and psychotherapy. His concept is based on the premise that the primary motivational force of an individual is to find a meaning in life. The following list of tenets represent basic principles of logotherapy: life has meaning under all circumstances, even the most miserable ones; our main motivation for living is our will to find meaning in life; and we have freedom to find meaning in what we do, and what we experience, or at least in the stance we take when faced with a situation of unchangeable suffering.

**SUGGESTED READING(S):** Barnes, Robert. *Logotherapy and the Human Spirit* (pdf provided)

Jilek, Wolfgang G. *Viktor Frankl’s “Height Psychology”: Logotherapy – Search for Meaning* (pdf provided)

Frankl, Victor E. *Man’s Search for Meaning.* Beacon Press, 2014.

.

Patricia Berendsen, “Supporting the Integration of the Body into Psychotherapy and Trauma Treatment,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds) (Waterloo: Waterloo Lutheran Seminary, 2014), 121-130.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **PERSON-CENTRED THERAPY (Rogers)**

**OBJECTIVES:** Explore the foundations of Carl Rogers’ client-centred therapy, looking specifically at how his 3 core conditions (unconditional positive regard, congruence, empathy) can play a role in establishing effective, caring relationships as a spiritual care professional and psychotherapist. Explore applications of his theory/approach in providing spiritual care and psychotherapy.

**SUGGESTED READING(S):**

Arthur C. Bohart and Jeanne C. Watson, “Person-Centred Psychotherapy and Related Experiential Approaches,” n *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 223-260.

Kay Weber, “Soul to Soul: Satir’s Iceberg as a Method for Spirituality Integrated Psychotherapy,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 263-274.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **Brief Psychotherapies and Narrative Therapy**

**OBJECTIVES:** The underlying assumptions and characteristics of Solution-Focused Brief therapy and narrative therapy are examined. The focus of experiential learning is the key narrative conversations used in this facilitative, collaborative, task-oriented technique. Explore how this theory can be applied in the provision of competent spiritual care and psychotherapy.

**SUGGESTED READING(S):** Michael F. Hoyt, “Brief Psychotherapies,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 387-424.

Erica DeSchiffart and Martin Rovers, “Forgive and Forget: The Need to Feel Valued in the Process of Forgiveness,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds)(Waterloo: Waterloo Lutheran Seminary, 2014), 195-210.

Guilfoyle, Michael*. “Listening in Narrative Therapy:Double Listening and Empathic Positioning.” South African Journal of Psychology*  *45*(1) (2015): 36–49.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **FAMILY SYSTEMS (Bowen Family Systems**)

**OBJECTIVES:** To understand systems theory – the whole is more than the sum of its parts – change in one part affects the system as a whole; closed and open systems; to explore the family as an interactive organic system; rigid, disengaged, enmeshed and chaotic family systems; multigenerational family system; to examine the 8 Concepts of Bowen family systems theory.Examine how family systems theory can be applied in the diverse contexts of practice for spiritual care and psychotherapy.

**SUGGESTED READING(S):** Nadine J. Kaslow, Jeshmin Bhaju, and Marianne P. Celano, “Family Therapies,”i n *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 297-344.

Alan S. Gurman, “Couple Therapies,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 245-185.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **Integrative Approaches to Psychotherapy and Other Approaches to Therapy**

**OBJECTIVES:** We will explore the convergences and commonalities among the different models of psychotherapy by taking into consideration levels of change, stages of change, and processes of change.We will also discuss other approaches to therapy and explore the role of music and art therapy.

**SUGGESTED READING(S):** George Stricker and Jerry Gold, “Integrative Approaches to Psychotherapy,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 426-459.

Heidi Ahonen, “Music as a Cure of Soul – Using Group-Analytic Supervision Approach,” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 139-152.

Nancy Riedel Bowers and Winnies Yeung, “How Does Play Therapy Around the World and Research Fit Together?” in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds) (Waterloo: Waterloo Lutheran Seminary, 2014), 163-168.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **ATTACHMENT THEORY (Bowlby)**

**OBJECTIVES:** Understanding the theory of attachment in relation to: the concepts of safety and connection; the psychobiological connection between infants-children and their primary caregivers; and its impact on the bio-psycho-social development – healthy attachment leads to healthy physical and psychological growth of the person. To examine the eight (nine) stages of identity development; to explore the challenges at each developmental stage from infancy to extreme old age; to become aware that the satisfactory completion of each life stage impacts subsequent life stages. Exploration of the applications of attachment theory in the practice of spiritual care and psychotherapy.

**SUGGESTED READING(S):** .

Zeanah, Charles H., Lisa J. Berlin, and Neil W. Boris. . "Practitioner Review: Clinical Applications of Attachment Theory and Research for Infants and Young Children." *Journal of Child Psychology and Psychiatry* 52 (8) (2011): 819-833. doi:10.1111/j.1469-7610.2011.02399.x. <http://resolver.scholarsportal.info/resolve/00219630/v52i0008/819_prcaoarfiayc>.

Flores, Philip J. "Attachment Theory and Group Psychotherapy." *International Journal of Group Psychotherapy* 67 (2017): S50-S59. doi:10.1080/00207284.2016.1218766. <http://resolver.scholarsportal.info/resolve/00207284/v67isup1/s50_atagp>.

Martin Rovers and Casandra Petrella, “Healing Attachment Wounds through Inter-Partner Touch in Couple Counselling,”in *Psychotherapy: Cure of the Soul*, O’ Connor et al.(eds) (Waterloo: Waterloo Lutheran Seminary, 2014), 153-162.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **ACCEPTANCE AND COMMITMENT THERAPY** **(Hayes, Wilson, and Strosahl)**

**OBJECTIVES:** ACT, typically pronounced as the word "act," is a form of clinical behaviour analysis (CBA) used in psychotherapy. It is an empirically-based psychological intervention that uses acceptance and mindfulness strategies mixed in different ways. The objective is not the elimination of difficult feelings; rather, it is to be present with what life brings us and to "move toward valued behaviour.” Its therapeutic effect is a positive spiral where feeling better leads to a better understanding of the truth.

**SUGGESTED READING(S):** Hayes, S.C., & Lillis, J. *Acceptance and Commitment Therapy*. New York: American Psychological Association, 2012.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **EXISTENTIAL THERAPY** **(Frankl and May)**

**OBJECTIVES:** Existential psychotherapy is a powerful approach to therapy which takes seriously the human condition. It is an optimistic approach in that it embraces human potential while remaining a realistic approach through its recognition of human limitation. Falling in the tradition of the depth psychotherapies, existential therapy has much in common with psychodynamic, humanistic, experiential, and relational approaches to psychotherapy.

**SUGGESTED READING(S):** Kirk J. Scheider, “Existential-Humanistic Psychotherapies,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 261-295.

Frankl, Victor. *Man’s Search for Meaning*. Toronto, ON: Washington Square Press, 1946.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **TRANSPERSONAL PSYCHOLOGY** **(**James, Jung, Assagioli, and Maslow**)**

**OBJECTIVES:** Transpersonal psychology integrates the spiritual and transcendent aspects of the human experience with the framework of modern psychology. Issues considered in transpersonal psychology include spiritual self-development, self beyond the ego, peak experiences, mystical experiences, systemic trance, spiritual crises, spiritual evolution, religious conversion, altered states of consciousness, spiritual practices, and other sublime and/or unusually expanded experiences of living. The discipline attempts to describe and integrate spiritual experience within the modern psychological theory and to formulate a new theory to encompass such experience.

**SUGGESTED READING(S):** Ferrer, Jorge. “Transpersonal Psychology, Science, and the Supernatural.” *The Journal of Transpersonal Psychology*, 46 (2) (2014)1-35.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **Behavioural and Cognitive Approaches**

**OBJECTIVES:** CBT is one of the most implemented psychotherapy interventions in health care and private practice settings to improve mental health and treat a wide range of mental disorders, such as depression, anxiety, posttraumatic stress disorder, substance use, etc.

**SUGGESTED READING(S):** Martin M. Antony and Lizabeth Roemer, “behaviour Therapy: Traditional Approaches,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 107-142.

Kimberly A. Dienes, Susan Torres-Harding, Mark A. Rienecke, Arthut Freeman, and Ann Sauer, “Cognitive Therapy,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 143-183.

William C. Follette and Glenn N. Callaghan, “Behavior Therapy: Functional-Contextual Approaches,” in *Essential Psychotherapies,* Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011), 184-221.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

* **Feminist and Multicultural Theories**

**OBJECTIVES:** This class will explore thecontributions of multicultural, social justice, feminist, and ethical theories to the field of psychotherapy and reflect on the clinical application of empowerment in psychotherapy.

**SUGGESTED READING(S):** Kaschak, Ellyn. “The History and Geography of Feminist Therapy.” *Psychology of Women Quarterly* 29, no. 2 (June 2005): 223–24. doi:[10.1111/j.1471-6402.2005.184\_5.x](https://doi-org.myaccess.library.utoronto.ca/10.1111/j.1471-6402.2005.184_5.x).

Goodman, Lisa A., Belle Liang, Janet E. Helms, Rachel E. Latta, Elizabeth Sparks, and Sarah R. Weintraub. “Training Counseling Psychologists as Social Justice Agents: Feminist and Multicultural Principles in Action.” *The Counseling Psychologist* 32, no. 6 (November 2004): 793–836. doi:[10.1177/0011000004268802](https://doi-org.myaccess.library.utoronto.ca/10.1177/0011000004268802).

Bartoli, Eleonora, Aarti Pyati, Eleonora Bartoli, And Aarti Pyati. "Addressing Clients’ Racism And Racial Prejudice In Individual Psychotherapy: Therapeutic Considerations." *Psychotherapy: Theory, Research, Practice, Training* 46 (2) (2009): 145-157. doi:10.1037/a0016023. <http://resolver.scholarsportal.info/resolve/00333204/v46i0002/145_acrarpiiptc>.

**CASC:** 1, 2, 3, 4, 6, 7, 8, 10

**CRPO:** 1, 3, 4, 5

**GUIDING THE DIRECTION OF THERAPY**

**OBJECTIVES:** Creating a plan for the provision of spiritual care and psychotherapy is an integral part of the overall approach to providing care. In the spiritual care plan, specific goals are identified to address the spiritual issues that arose through assessment. The plan communicates with other team members the specific actions that will be taken by the spiritual care intern.

**SUGGESTED READING(S):**

Pargament, Kenneth. *Spiritually Integrated Psychotherapy*. New York, NY: Guilford, 2009: Chapter 14: Addressing the Problems of Spiritual Destinations; and Chapter 15: Addressing Problems of Spiritual Pathways.

**CASC:** 1, 8

**CRPO:** 1, 2, 4

**SITE-SPECIFIC EDUCATION (Any of the following depending on clinical context):**

Ageing and Dementia

Biomedical Ethics and Decision-Making

Complex Continuing Care

Critical Care

Death, Dying, Grief, and Palliative Care

Inter-professional Education

Mental Health

Pediatrics

Suffering and Healing

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**Ageing and Dementia**

Koenig, Harold, *Aging and God. Spiritual Pathways to Mental Health in Midlife and Later Years.* NY, NY:

The Haworth Press, 2007.

Koenig, Joanne and Robert Butler. *Learning to Speak Alzheimer's: A Ground-breaking Approach for*

*Everyone Dealing with the Disease.* Chicago, IL:  Houghton Mifflin Harcourt, 2008.

McKim, Donald. *God Never Forgets Faith, Hope and Alzheimer’s Disease.* Louisville, KT: Westminster

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Weaver, Andrew and Harold Koenig. *Counseling Troubled Older Adults.* Nashville, TN: Abingdon Press,

2005.

**Communication Skills**

Augsberger, David. *Caring Enough to Forgive – Not Forgive*. Kitchener, ON: Herald Press, 1981.

Augsberger, David. *Caring Enough to Hear and Be Heard*. Kitchener, ON: Herald Press, 1982.

Tanner, Deborah. *You Just Don’t Understand: Women and Men in Conversation*. New York, NY: William

Morrow and Company Inc., 1990.

**Ethics and Boundaries**

Fortune, Marie M. *Is Nothing Sacred? When Sex Invades the Pastoral Relationship.* San Francisco, CA: Harper & Row, 1989.

Hahn, Celia Allison. *Growing in Authority, Relinquishing Control*. Bethesda, MA: Alban Institute, 1994.

Rutter, Peter. *Sex in the Forbidden Zone*. New York, NY: Ballantine Books, 1989.

**Family Systems Theory/Therapy**

Nichols, Michael P. and Richard C. Schwartz. *Family Therapy Concepts and Methods*. Don Mills, ON: Pearson, Inc. 2012.

Boers, Arthur Paul. *Never Call Them Jerks: Healthy Responses to Difficult Behaviour*. Bethesda, MD:

Alban Institute,1999.

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Gilbert, Roberts. *The Eight Concepts of Bowen Theory*. Leading Systems Press, 2006.

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*Family.* Minneapolis, MN: Fortress, 2005.

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Ltd.: 1987.

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Titelman, Peter. *Clinical Applications of Bowen’s Family Systems Theory*. Routledge: New York, 2013.

Walsh, Froma. Ed. *Spiritual Resources in Family.* 2nd ed.New York, NY: Guilford Press, 2009.

**Group Dynamics**

Benson, Jarlath. *Working More Creatively with Groups.* 3rd ed. New York, NY: Routledge, 2001.

Bonebright, Denise. “40 Years of Storming: A Historical Review of Tuckman's Model of Small Group

Development**.”** *Human Resource Development International*. February 2010, Volume13 p.111-120.

Edward, Lloyd. *How We Belong, Fight, and Pray: The MBTI as a Key to Congregational Dynamics*. Bethesda, MD: The Alban Institute, 1993.

Peck, Scott M., MD. *The Different Drummer: Community Making and Peace*. New York, NY: Simon & Shuster, Inc. 1987.

**Hospital Chaplaincy**

Bueckert, Leah Dawn and Daniel S. Schipani. *Spiritual Caregiving in the Hospital: Windows to Chaplaincy*

*Ministry.* Kitchener, ON: Pandora Press, 2006.

Cheston, Sharon E. and Robert J. Wicks, eds. *Essentials for Chaplains.* New York, NY: Paulist Press, 1993.

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London: Jessica Kingsley Pub., 2015.

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Holst, Lawrence E. Ed. *Hospital Ministry: The Role of the Chaplain Today*. New York, NY: Crossroads,

1987.

Kirkwood, Neville A. *Pastoral Care in Hospitals*. Pennsylvania, PA: Morehouse, 2005.

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*Handbook.* SkyLight Paths, 2001

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*Outcome Oriented Chaplaincy*. New York, NY: Haworth Press, 2001.

Vandecreek, Larry, Ed. *Professional Chaplaincy and Clinical Pastoral Education Should Become More*

*Scientific Yes and No*. New York, NY: Haworth Press, 2002.

**Life Stages, Death, Dying, Grief, and Transitions**

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Callahan, Maggie, Kelley, Patricia. *Final Gifts: Understanding the Special Awareness, Needs and*

*Communications of the Dying.* Simon & Schuster reprint, 2012.

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*Woman’s Life.* Grand Rapids, MI: Eerdman’s Publishing, 2000.

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McCarroll, Pamela. *The End of Hope - The Beginning*. Minneapolis, MN: Fortress Press, 2014.

McLeod, Sr. Thelma-Anne SSJD. *In Age Reborn, By Grace Sustained: One Woman’s Journey through*

*Aging and Chronic Illness.* Toronto, ON: ABC Publishing, 2007.

Kubler-Ross, Elisabeth. *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and*

*their Families.* Scribner Reprint, 2014.

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Rupp, Joyce. *Praying Our Goodbyes*. Notre Dame, IN: Ave Maria, 1988.

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Waters, Chris Ann. *Seasons of Goodbye: Working Your Way Through Loss*. Notre Dame, IN: Sorin Books,

2000.

Westberg, Granger. *Good Grief*. Minneapolis, MN: Fortress Press, 1997.

Wilber, Ken. *Integral Meditation: Mindfulness as a Way to Grow Up, Wake Up, and Show Up in Your Life*. Boulder, CO: Shambhala, 2016.

Wolfelt, Alan. *Understanding Your Grief*. Companion Press, 2004.

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Yoder, Greg. *Companioning the Dying: A Soulful Guide for Caregivers.* Fort Collins, CO: Companion Press, 2005.

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Akhtar, Salman. *Psychoanalytic Listening: Methods, Limits, and Innovations*. London, England: Karnac, 2013.

Augsberger, David. *Pastoral Counseling Across Cultures*. Philadelphia: The Westminster Press, 1986.

Clinebell, Howard. *Basic Types of Pastoral Care and Counseling*, updated and revised, 3rd ed. Nashville, TN: Abingdon Press, 2011.

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MN: Fortress, 2004.

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*Guide: Transforming the Honeymoon in Spiritual Care and Therapy*. Waterloo, ON: CAPPESWONT,

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Westminster John Knox Press, 2005.

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New York: Columbia University, 1986.

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**Theological Reflection**

McCarroll, Pamela. *The End of Hope - The Beginning*. Minneapolis, MN: Fortress Press, 2014.

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**Theory in Therapeutic Alliance**

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**Useful websites**

Association of Professional Chaplains (ACP) <http://www.professionalchaplains.org/>

Beliefnet: <http://www.beliefnet.com/>

Bible Workbench <http://www.bibleworkbench.com/>

CASC/ACSS <http://www.spiritualcare.ca> (formerly CAPPE)

“Recommended Reading” “Publications” and “Links” for lots of suggestions.

Chaplaincy Today (magazine of APC) <http://www.professionalchaplains.org/ChaplaincyToday>

Dulwich Centre: https://dulwichcentre.com.au

Explorefaith: <http://www.explorefaith.com/>

Haworth Press: [http://www.HaworthPress.com](http://www.haworthpress.com)

George Washington Institute for Spirituality and Health: <http://smhs.gwu.edu/gwish/>

Journal of Health Care Chaplaincy and Health Care Chaplaincy Network: [www.healthcarechaplaincy.org](http://www.healthcarechaplaincy.org)

Journal of Pastoral Care and Counselling <http://www.jpcp.org/jpcc.htm>

Journal of Pastoral Theology <https://www.tandfonline.com/loi/ypat20>

Journal of Religion and Film: <http://www.unomaha.edu/jrf/>

Judaism 101: <http://www.jewfaq.org/index.htm>

My Jewish Learning: <http://www.myjewishlearning.com/>

Ontario Multifaith Council: <http://www.omc.ca/>

Spirituality and Health: <http://www.spiritualityhealth.com/spirit/>

The Bowen Centre for the Study of the Family - <https://www.thebowencenter.org/theory/>

Upaya Zen Centre: <http://www.upaya.org/index.php>

**CASE CONFERENCE PRESENTATIONS (Alternative model)**

**Student’s Name:**

**Date:**

**Presenter’s Questions (**Therapeutic, Ethical, Other**)** What remains unanswered about the client? How can your colleagues and supervisors be assistance to you in this presentation?

**Client Profile**; Physical appearance, description of the client in the session, appearance, body language, affect, voice etc.

**Client’s Brief History and Genogram;** relevant information from the clients’ present situation (attach Genogram).

**Presenting problems;** Core Issues and Themes including any Diagnostic Information (coming from physicians) as well as relevant mental health history.

**Theoretical Assessment:** Self Psychology, Family Systems, Psychopathology (if indicated), Attachment Theory or Other modalities. Assess and consider current physical, mental, emotional, and spiritual well-being of the client. Client’s relationship to the transcendent, including relevant God images, metaphors and symbols of significance.

**Therapeutic Goals – Short, Mid-Range and Long Term goals.** What do you expect to be the on-going concerns and interventions in your therapeutic work?

**Course or Narrative Description of the Therapy –** Describe the Process/ Developments/ Interventions already taken.

**Therapeutic Relationship:** What is the quality of the connection you have with them? What are the gender, sexuality, class, economic, racial, religious, spiritual and cultural factors informing the therapeutic relationship? Describe the bond and rapport with the client.

**Transference** – How do you suppose the client sees and experiences you as a person? Consider self-psychological categories. What may be some of the prevailing feelings, memories, patterns, fears, blocks, defences, and hopes of the client and that may be projected toward you?

**Countertransference –** How do you see and experience the client? What thoughts and feelings may be activated/triggered within you as you work with them? What reactions have you had to this client? How might the client’s personhood concerns/ issues/ situation be mirrored in your past and present? What are your frank biases towards the client and their perceptual world?

**Spiritual/Theological;** Consider biblical/theological/spiritual self-assessment/reflections, metaphors, stories, images that enhance your understanding of the therapeutic issues. What does your experience reveal about your own theological/ spiritual beliefs and biases? Consider your own personal starting and activation points that inform your work with the client. This section may also be considered your religious and spiritual countertransference to the client, or just the way you self-identify.

**Learnings & Growing Edges**

What is the learning for me from this case? What is my growing edge?

*Your case presentation should be 20 – 25 minutes. Single-spaced document with section headings and page numbering. De-identify client. Please time your presentation and make copies of your 5-7 page case conference to distribute to each person in the group. You may either distribute a printed genogram or post a large genogram on the board.*

1. Please refer to the website for the College of Registered Psychotherapists of Ontario, [www.crpo.ca](http://www.crpo.ca) [↑](#footnote-ref-1)