

Course Syllabus
Certificate in Spiritual Care and Psychotherapy courses
KNP3511 – Psycho-Spiritual Assessment and Therapy:
Integrating Theory and Practice
Knox College
Toronto School of Theology
Winter 2025

Note: courses posted to the Toronto School of Theology website have been approved by the appropriate departments; the word “draft” indicates University of Toronto policy that a professor may adjust the course content up to 20 percent after the course has been approved.

Course Identification

Course Number: KNP3511
Course Name: Psycho-Spiritual Assessment and Therapy: Integrating Theory and Practice
Course Location: Synchronous remote (using Zoom)
Contact Hours: 36 contact hours, 1800-2100 (6-9 PM), Thursday evenings January through April

Instructor Information

Instructors: Rabbi Dr. Geoffrey Haber, BA, BA, MA, DMin, DD (Hon.)
BCC (NAJC), CSCP (CASC), CSE (CASC), CE (ACPE), RP (CRPO)
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Office Hours: By appointment

Course Prerequisites or Requisites

This course can be taken in conjunction with a Clinical Pastoral Education (CPE) Practicum or on its own. It is recommended that students have taken a previous course in spiritual/pastoral care, and/or human growth and development, or psychology.

Course Description

This course examines diverse models for assessing the acute and chronic distress that stems from the psychological, emotional, social, and/or spiritual dimensions of life. This program equips students to assess various forms of distress and to develop plans for providing therapy founded on evidenced-based research and best practices. Students will explore theories in the field of assessment (spiritual assessment, psychological assessment, DSM-V, MMSE, and so forth) and they will engage in experiential learning opportunities (case studies, role-plays, and so forth) that develop their assessment and care planning skills. The design of this course focuses on professionals who practice in institutional contexts (hospital, hospice, schools, prison, and so forth) and in congregational or social ministry contexts. This course includes CRPO entry-to-practice and CASC competencies.

Course Methodology

The class will be conducted in a lecture/large-group discussion format. Students are expected to have read all the weekly readings prior to class. The second 2 hours of each class will be spent in small group learning seminars that will focus on experiential learning and integration of theory and practice including role playing, verbatim discussions, and case study discussions.

Course Learning Objectives

Basic Degree Level

Students successfully completing this course will be able to demonstrate the following learning outcomes.

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Students who successfully complete the course will:

1. Define psychopathology from a historical and contemporary lens.
2. Understand the role of psychological and spiritual care assessments with clients of all ages.
3. Identify a variety of psychological and spiritual care assessments tools.
4. Demonstrate familiarity with the major classification schema presented within the Diagnostic and Statistical Manual Disorders 5 (DSM-5).
5. Conduct risk assessments and develop treatment/clinical care plans and safety plans for clients of all ages with specific disorders.
6. Critically analyze peer-reviewed assessment-based research articles.
7. Recognize the importance of culture in assessment
8. Demonstrate familiarity with key psychotropic drugs and their effects on clients

CASC Competencies

This course will focus primarily on competency 4.2 Assessment.

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.

CPRO Entry-to-Practice Competencies

Numbers refer to *Entry-to-Practice Competency Profile for Registered Psychotherapists, 2014*¹

CRPO Competency			Demonstration
1. Foundations			
1.1 Integrate a theory of human psychological functioning.			
a	Integrate knowledge of human development across the lifespan.	✓	Students develop a framework based upon established spiritual care and psychotherapeutic theories and practice (Foundations 1), through lectures, readings, integrative group activities, and assignments (case studies, role plays, verbatim presentations, etc.). Integration demonstrated through participation in group discussions and in written assignments. (CASC Competency 1)
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.	✓	Integration of psychotherapeutic theories upon which their practice of spiritual care is based (1.2a);
f	Integrate a theory of change consistent with the therapist's theoretical orientation.	✓	

¹ Please refer to the website for the College of Registered Psychotherapists of Ontario, www.crho.ca

g	Integrate knowledge of the impact of trauma on psychological functioning.	✓	Integration of knowledge of how human problems develop from a spiritual care perspective (1.2b), while also introducing the psychological and medical understandings that impact on assessment and practice of spiritual care. Integration of understandings of healing and recovery related to assessment and scope of practice (1.2 f) Integration of knowledge of the impact of trauma on psychological functioning. Through lectures, readings, integrative group activities, and assignments (case studies, role plays, verbatim presentations, etc.). Integration demonstrated through participation in group discussions and in written assignments. (CASC Competency 1)
1.3 Integrate knowledge of comparative psychotherapy relevant to practice.			
a	Integrate knowledge of key concepts common to all psychotherapy practice.	✓	Students integrate knowledge of the comparative theories relevant to their spiritual care practice (1.3) including the following: Integrate knowledge of key concepts common to spiritual care and psychotherapeutic practice (1.3a). Integration of knowledge of psychopathology (1.3c) and its relationship with spiritual care. Recognition of major diagnostic categories in current use that pertain to spiritual care (1.3d). Integration demonstrated through participation in group discussions and in written assignments, through lectures, readings, integrative group activities, and assignments (case studies, role plays, verbatim presentations, etc.). (CASC Competency 1)
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.	✓	
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.	✓	Integration of awareness of self in relation to professional role, particularly in the written assignments and small group work. (CASC Competency 2)
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.	✓	Integrate knowledge of human and cultural diversity (1.5) particularly in terms of mental health issues, spiritual distress, and other crises that befall human beings. Integration demonstrated through participation in group discussions and in written assignments. (CASC Competency 6)
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.	✓	Use of effective communication appropriate to spiritual care practice: Students will learn how to communicate effectively to promote healing through empathic listening and mirroring. Integration demonstrated through participation in group discussions and integrative activities and in written assignments. (CASC Competency 4)
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.	✓	Students give and receive counselling in role play practice sessions to understand the dynamics of building trust and safety for those who experience spiritual distress and crises. Integration demonstrated through participation in group discussions and integrative activities. (CASC Competency 1 & 8)
b	Maintain appropriate professional boundaries.	✓	
c	Recognize and address conflict in a constructive manner.		
d	Demonstrate personal and professional integrity.	✓	
3. Professional Responsibilities			
3.4 Evaluate and enhance professional practice.			

a	Undertake critical self-reflection.	✓	Evaluate and enhance spiritual care practice by obtaining feedback during the process of providing spiritual care, with attention given to working at the individual pace of each client. This is especially important for students who are taking this course in conjunction with SPE. Integration demonstrated through participation in group discussions, integrative activities, and in written assignments. (CASC Competency 1 & 3)
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.		
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.		
3.7 Maintain client records.			
a	Comply with the requirements of CRPO and relevant professional standards.		
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.		
b	Recognize ethical and legal implications when preparing third-party reports.		
4. Therapeutic Process			
4.1 Orient client to therapist's practice.			
a	Describe therapist's education, qualifications and role.		
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.	✓	Encourage respectful therapeutic

b	Establish rapport.	✓	dynamics with clients in dealing with areas of vulnerability and pain: building relationship, listening to the story, conducting spiritual assessment, creating a plan for providing care that builds on the assessment and includes appropriate interventions (CASC Competency 1). Learning to promote empowerment in clients who may have experienced extreme forms of victimization and powerlessness. Demonstrated through interactions in group integrative activities and in written assignments (case studies, etc.).
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.		
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.	✓	Conduct an appropriate risk assessment especially in terms of assessing suicidality and developing safety plans and reporting. Integration demonstrated through participation in group discussions, integrative activities, and in written assignments. (CASC Competency 1)
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.		Students learn to identify clients' cultural orientation and belief systems. Students learn about the importance
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.		<p>of understanding their own countertransference in the therapeutic relationship. Students learn the value of working collaboratively with clients toward their therapeutic goals. In the Introduction, a variety of modalities for conducting a comprehensive spiritual assessment are presented. Students practice assessment skills through the interactive group activities each week and through written assignments. Integration demonstrated through participation in group discussions, integrative activities, and in written assignments.</p> <p>(CASC Competency 1)</p>	
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.			
4.6 Refer client.				
a	Develop and maintain a referral network.			
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.			
5. Professional Literature & Applied Research				
5.1 Remain current with professional literature.				
a	Read current professional literature relevant to practice area.	✓	<p>Though readings and assignments remain current with the best professional practices. Students are exposed to a variety of scholarly research on ethical practice. Integration demonstrated through participation in group discussions, integrative activities, and in written assignments. (CASC Competency 10)</p>	
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.	✓	<p>Through final assignments using research findings to inform clinical practice. Student learn how to evaluate</p>	
b	Determine the applicability of research findings to particular clinical situations.	✓		

c	Analyze research findings critically.	✓	the merit of different kinds of research to optimize clinical effectiveness. Integration demonstrated through participation in group discussions, integrative activities, and in written assignments. (CASC Competency 10)
d	Apply knowledge gathered to enhance practice.	✓	

Course Resources

Required Course Texts/Bibliography

- Comer, R. and Comer, J. 2019. Fundamentals of Abnormal Psychology. New York: Worth Publishers Macmillan Learning. **(N.B. only the 9th edition is keyed to the DSM-5).**
- American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Arlington, VA: Author. **(E-book available through U of T libraries).**
- Barnhill, John W., Ed. 2014. DSM-5 Clinical Cases. Washington, DC: American Psychiatric Publishing. **(E-book available through the U of T libraries).**
- Pargament, K. 2011. Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred. New York: The Guilford Press. **(E-book available through U of T libraries).**
- Roberts, S. 2012. Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook. Woodstock, VT: Skylight Paths Publishing. **(Readings available on Quercus).**

Please note: all course texts should be available at Caversham Booksellers on Harbord west of Spadina.

- Additional Course readings will be posted on Quercus Course Website

Course Website

- 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 Eser Kim, our class TA, eser.kim@mail.utoronto.ca, or our librarian, Joan Pries, joan.pries@utoronto.ca, for further help.
- College of Registered Psychotherapists: <https://crpo.ca>
- Canadian Association of Spiritual Care: <https://spiritualcare.ca>

Evaluation

Requirements

The final grade for the course will be based on evaluations in three areas. Students will be evaluated on:

- **Participation (10%):**
Students are required to demonstrate that they have read and internalized readings and they are expected to engage actively in experiential learning opportunities including role playing and case study discussions;
- **Assessments (20%):**
Students will assess clients based on four case studies of their choosing and use each of the four assessment formats (FICA, HOPE, SPIRIT and FAST), one per case study, to complete a spiritual care assessment and design a treatment plan for that case;
- **Charting (20%):**
Students will provide chart notes for clients based on four case studies of their choosing and use each of the four charting formats (DARE, SOAP, SBAR and APIE), one per case study, to complete a spiritual care charting note for that case;
- **Two Case Studies (50%):**
Students are required to demonstrate integration of the course materials and topics, especially as this relates to identifying the spiritual, emotional, psychological, and social issues that manifest within the specific case under study. Students will use clinical/ministry experience in each case to demonstrate understanding and integration of aspects of the course, especially employing the skills of psycho-spiritual assessment and planning a strategy for care/therapy. Each case study must report on a different situation using the Fitchett 7x7 Spiritual assessment model. If the student does not have a congregational or clinical setting to draw from, the instructor will provide an appropriate case for study.
- **Case Study 1:** 8-10 pages due **February 13, 2025** (25%)
- **Case Study 2:** 8-10 pages due **March 27, 2025** (25%)
See template for complete expectations. What follows is a summary and serves only as an example. (Do not use this schematic for your actual submission. Use the assigned template.)

Introduction: Set the scene. This would correspond to the Data Section of your charts. What did you see and feel upon entering the room. What is the background of the patient and your history of interaction with him/her? If you know the diagnosis then tell us what it is and what it means. What is the person's religious self-identification and affiliation if any?	2%
Verbatim: This is a record of the discussion as recounted by you. Do not use a recording device but recall from your visit what transpired. Use however many rows as needed to record the discussion.	2%
I Holistic Assessment: 1. The Medical Dimension: What are the significant medical problems? 2. The Psychological Dimension: Are there any significant psychological problems? 3. The Family Systems Dimension: The person's relationships with other family members that have contributed to or perpetuated present problems. 4. The Psychosocial Dimension: What is the history of the person's life and present living situation	8%

<p>5. The Ethnic, Racial or Cultural Dimension: What is the person’s racial, ethnic or cultural background? How does it contribute to the person’s way of addressing any current concerns?</p> <p>6. The Social Issues Dimension: Are the present problems of the person created by or compounded by larger social problems or dysfunctions?</p>	
<p>II. Spiritual Assessment:</p> <p>1. Belief and Meaning: What does the person believe which gives meaning and purpose to their life?</p> <p>2. Vocation and Obligations: Do the person’s beliefs and sense of meanings in life create a sense of duty, vocation, calling or moral obligation?</p> <p>3. Experience and Emotion: What direct contacts with the sacred or divine or with the demonic has the person had? What emotions or moods are predominately associated with these contacts?</p> <p>4. Courage and Growth: Must the meaning of new experiences, including any current problems, fit into existing beliefs and symbols? Can the person let go of existing beliefs and symbols in order to allow new ones to emerge?</p> <p>5. Ritual and Practice: What are the rituals and practices associated with the person’s beliefs and meaning in life?</p> <p>6. Community: Is the person part of one or more, formal or informal communities of shared belief, meaning in life, ritual or practice?</p> <p>7. Authority and Guidance: Where does the person find authority for their beliefs, their meaning in life, their vocation, their rituals and practices? When faced with doubt, confusion, tragedy or conflict, where do they look for guidance?</p>	8%
<p>III. Chaplain Intern’s Assessment and Self-assessment</p> <p>1. Student’s Feelings: How did the Chaplain Intern feel about the patient/resident and/or situation? What did the chaplain intern learn about his/her own strengths and limitations?</p> <p>2. Hidden Dynamics: Are there unspoken or hidden dynamics that affect this interview? What were the points of transference and/or countertransference?</p> <p>3. Student’s Learning: What did the Chaplain Intern learn about the Chaplain Intern’s faith, religious understandings, self-awareness and care giving? What does the chaplain intern need to work on?</p>	5%

Grading System

- A+ (90-100)
- A (85-89)
- A- (80-84)
- B+ (77-79)
- B (73-76)
- B- (70-72)
- Failure

Please see the appropriate handbook for more details about the grading scale and non-numerical grades (e.g. SDF, INC, etc.).

Late work (BD). I expect Basic Degree students to hand in assignments by the date given in the course outline. Students will lose 5% for each day of tardiness, unless I grant permission for extension in

advance of the due date. I will not apply this penalty to students with medical or compassionate difficulties. I kindly request students facing such difficulties to consult with their faculty adviser or basic degree director, who should make a recommendation on the matter to the instructor. The absolute deadline for the course is the scheduled examination day for the course. Students who, for exceptional reasons (e.g., a death in the family or a serious illness), are unable to complete work by this date may request an extension (SDF = “standing deferred”) beyond the term. Students must request an SDF from the registrar’s office in the student’s college of registration no later than the last day of classes 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 and has not been granted an SDF, a final mark will be submitted calculating a zero for work not submitted.

Course grades. Consistently 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. Course grades may be adjusted where they do not comply with University grading policy (<http://www.governingcouncil.utoronto.ca/policies/grading.htm>) or college grading policy.

Attendance and lateness: Consistent and timely attendance is required. If a student is unable to attend a class, the professor is to be informed by email. More than 2 absences will result in failure to pass the course. Habitual lateness will be regarded as absence. It is expected that students will utilize blackboard for all readings and directions in course. Attendance on Blackboard will be checked.

Policies

Accessibility. Students with a disability or health consideration are entitled to accommodation. Students 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* (linked from <http://www.tst.edu/content/handbooks>) and the University of Toronto *Code of Behaviour on Academic Matters* <http://www.governingcouncil.utoronto.ca/AssetFactory.aspx?did=4871>. Students 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

Generative Artificial Intelligence Tools. The use of generative artificial intelligence tools or apps for assignments in this course, including tools like ChatGPT and other AI writing or coding assistants, is prohibited.

Use of Technology: Laptops and other computing devices may be used in the classroom for note taking purposes only. The use of the internet is not permitted while class is in session unless it is part of a specific class activity. Students wishing to text message, search for images, fact check etc. should do so

during the break or outside of class. Much of the learning that goes on in the classroom is founded upon mutual disclosure that takes place between the instructor and the student and between students. Parties outside of that learning community have not committed themselves to this relationship of trust. For this and other reasons, permission to record lectures in audio format is granted for use by registered students only. Video recording is not permitted without the written permission of the instructor. Recordings and notes of class lectures may not be electronically reproduced, posted or distributed without the written permission of the instructor.

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 are required to have set up a utoronto email address which is entered in the ROSI system. Information is available at 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.

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 should 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.

Course Schedule

Week 1

Jan 9, 2025 **Course Introduction**

- **Introduction** to the course syllabus, text, and readings
Readings:
 - Course Syllabus
- **Spiritually Integrated Psychotherapy**
 - Adding spirituality to the biopsychosocial model
 - Spiritual Coping: conservation and transformation
 - Spiritual/religious experience: healthy and unhealthy
 - Psychosis and mystical experience

Readings:

- Text: Pargament, Spiritually Integrated Psychotherapy
 - Preface
 - Chapter 1: A Rationale for a Spiritually Integrated Psychotherapy
 - Chapter 5: In Times of Stress: Spiritual Coping to Conserve the Sacred
 - Chapter 6: In Times of Stress: Spiritual Coping to Transform the Sacred
- Quercus: Bonelli, R.M. & Koenig, H.G. 2013. "Mental Disorders, Religion and Spirituality 1990 to 2010: A Systematic Evidence-Based Review." *Journal of Religion and Health* 52(2): 657-673.

- Quercus: Pierre, Joseph M. 2001. "Faith or Delusion? At the Crossroads of Religion and Psychosis." *Journal of Psychiatric Practice* 7: 163-172.

Week 2

Jan 16, 2025 Introduction to Spiritual Assessment

- Pargament on implicit and explicit spiritual assessment
- Pargament on internal images of God

Readings:

- Pargament, Spiritually Integrated Psychotherapy
 - Chapter 9: An Orientation to Spiritually Integrated Psychotherapy
 - Chapter 10: Initial and Implicit Spiritual Assessment
 - Chapter 11: Explicit Spiritual Assessment
 - Chapter 14: Addressing Problems of Spiritual Destination
 - Chapter 15 Addressing Problems of Spiritual Pathways
- Quercus: Townsend, Loren L. 2013. "Best Practices: Rethinking Pastoral Diagnosis." *Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors* 5: 66-101.

Week 3

Jan 23, 2025 Spiritual Screening and Assessment Tools

- The 7x7 Model for Spiritual Assessment
- HOPE Model for Spiritual Assessment
- SPIRIT Model for Spiritual Assessment
- FICA Spiritual Assessment Model
- FACT Spiritual Assessment Model

Readings:

- Quercus: Fitchett, G. 2012. "The 7x7 Model for Spiritual Assessment: A Brief Introduction and Bibliography." Chicago: Rush University Medical Center.
- Quercus: Anandarajah, G. and Hight, E. 2001. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." *American Family Physician* 63(1): 81-89.
- Quercus: Eisen, Jane L., et al. "The Brown Assessment of Beliefs Scale: Reliability and Validity." *American Journal of Psychiatry* 155 (1998): 102-108.
- Quercus: Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. 2014. "The Religious and Spiritual Struggles Scale: Development and Initial Validation." *Psychology of Religion and Spirituality* 6(3): 208-222.
- Quercus: Borneman, T., Ferrell B., and Puchalski, C. 2010. "Evaluation of the FICA Tool for Spiritual Assessment." *Journal of Pain and Symptom Management* 40(2): 163-173.
- Quercus: LaRocca-Pitts, M. 2012. "FACT, A Chaplain's Tool for Assessing Spiritual Needs in an Acute Care Setting." *Chaplaincy Today* 28(1): 25-32.

Week 4

Jan 30, 2025 Charting as a Spiritual Assessment Tool

- DARE Notes
- SOAP Notes
- SBAR Notes
- APIE Notes

Readings:

- Quercus: Roberts, S., ed. 2012. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. SkyLight Paths.

- Chapter 6: Chaplains and Charting (pp. 81-91).
- Quercus: ACT Academy. (2020). SBAR Communication Tool. *NHS Improvement*. London, UK: National Health Service.
- Chia, Wong, ST and Hooi, R. (2015). What has BAR, SOAP and A PIE got to do with nursing documentation ... we DARE ask? *KK Women and Singapore: Children's Hospital*. Retrieved from: https://www.singaporehealthcaremanagement.sg/Documents/Poster%20Winners%202015/Communications/COO19%20-%20Chia%20Yen%20Yen_KKH%20-%20What%20has%20BAR,%20SOAP%20and%20A%20PIE%20got%20anything%20to%20do%20with%20nursing%20documentation%20%E2%80%A6%20we%20DARE%20ask.pdf
- Essays, UK. (2018). The APIE Approach To Care Planning Nursing Essay. Retrieved from: <https://nursinganswers.net/essays/the-apie-approach-to-care-planning-nursing-essay.php?vref=1>
- Institute for Healthcare Improvement. (2005). SBAR Tool: Situation-Background-Assessment-Recommendation. Cambridge, MA: IHI. Retrieved from: <http://www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx>
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- Rivier University (2016). SBAR Nursing: A How-To Guide. Nashua NH: Rivier University. Retrieved from: <https://www.rivier.edu/academics/blog-posts/sbar-nursing-a-how-to-guide/>
- SimplePractice (2019). 4 common mistakes to avoid when writing SOAP notes. Retrieved from: <https://www.simplepractice.com/blog/4-common-mistakes-to-avoid-when-writing-soap-notes/>
- Vivek, P; Valerie, L; Sassan, G. (2020). SOAP Notes. Riverside, CA: NIH. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK482263/>

Week 5

Feb 06, 2025 **Overview of Psychological Abnormality**

- Overview of psychological abnormality from current and historical perspectives

Readings:

- Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 1: Abnormal Psychology: Past and Present

Week 6

Feb 13, 2025 **Models of Abnormality**

- Illness vs wellness – the psychological category of ‘abnormality’ and its limitations
- Positive psychology and prevention programs
- Models of Abnormality

Readings:

- Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 2: Models of Abnormality
 - Chapter 3: Clinical Assessment, Diagnosis and Treatment
- Quercus: Casados, A. (2017). Reducing the Stigma of Mental Illness: Current Approaches and Future Directions. *Clinical Psychology: Science and Practice*, 24(3), 306-323.
- CRPO Competencies (listed in syllabus)

CASC Competencies (listed in syllabus)

Week 7

Feb 20, 2025 **Reading Week NO CLASS**

Week 8

Feb 27, 2025 **Psychological Assessment and the DSM-V**

- Major Classifications of Mental Health Disorders (Guest lecturer: Dr. Nazila Isgandarova)
- The place of assessment in CRPO competencies and CASC competencies

Readings

- Text: Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 6: Depressive and Bipolar Disorders
 - Chapter 12: Schizophrenia and related disorders
 - Chapter 13: Personality Disorders
- Quercus: Rashid, T. and Ostermann, R. 2009. "Strength-Based Assessment in Clinical Practice." *Journal of Clinical Psychology* 65(5): 488-498.
- Quercus: Wakefield, J. C. "DSM-5: An Overview of Major Changes and Controversies." *Clinical Social Work Journal* 41 (2) (2013): 139.
- 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].

Online source:

- What is schizophrenia? - Anees Bahji - Bing video
<https://www.bing.com/videos/search?q=schizophrenia&&view=detail&mid=ED79FC546D226810F07CED79FC546D226810F07C&&FORM=SVRTCV>

Week 9

Mar 06, 2025 **Assessment and Treatment of Anxiety, Stress and Trauma**

- Anxiety, Phobias, Antianxiety drugs, PTSD, PTG
- Trauma
- Gantt and Tabone's instinctual trauma response assessment
- Body map assessment and social skills training
- CISM (Critical Incident Stress Management) Debrief

Readings:

- Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 4: Anxiety, Obsessive-Compulsive, and Related Disorders
 - Chapter 5: Disorders of Trauma and Stress
- Quercus: Liebowitz, M. R. (1987). Social phobia. *Modern Problems of Pharmacopsychiatry*, 22, 141-73.
- Quercus: Eisen, J. L., Phillips, L. B., Beer, D. A., Atala, K. D., & Rasmussen, S. A. (1998). The Brown Assessment of Beliefs Scale: Reliability and Validity. *American Journal of Psychiatry* 155(1), 102-108.

Online sources:

- Could virtual reality help treat anxiety? - BBC News - YouTube
<https://www.youtube.com/watch?v=r7tY07QY66A>
- ITR - Instinctual Trauma Response® - Help For Trauma <https://helpfortrauma.com/itr-instinctual-trauma-response/>

Week 10

Mar 13, 2025 **Assessments and Treatments for Somatic and Eating Disorders**

- Somatic and sleep disorders
- Relaxation training
- Eating disorders

- Body drawing assessment, nutrition record, and eating disorder inventory

Readings:

- Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 8: Disorders Featuring Somatic Symptoms
 - Chapter 9: Eating Disorders

Online source:

- Progressive Muscle Relaxation - Bing video
<https://www.bing.com/videos/search?q=Progressive+Muscle+Relaxation&&view=detail&mid=A8B01DC497C944C419A2A8B01DC497C944C419A2&&FORM=SVRTC>

Week 11

Mar 20, 2025 **Assessments and Treatments of Addictive and Sexual Disorders** (Guest lecturer: TBD)

- Assessment techniques for clients with addictions
- Treatment approaches to addictions from Twelve Step approaches to Harm Reduction
- Understanding patterns of use and misuse
- Depressants and stimulants
- Sexual dysfunctions and gender variations
- Motivational interviewing (OARS and RULE)

Readings:

- Comer and Comer, Fundamentals of Abnormal Psychology
 - Chapter 10: Substance Use and Addictive Disorders
 - Chapter 11: Sexual Disorders and gender Variations
- Steven D. Passik, PhD Kenneth L. Kirsh, PhD David Casper, BA. "Addiction-Related Assessment Tools and Pain Management: Instruments for Screening, Treatment Planning, and Monitoring Compliance." *Pain Medicine*, Volume 9, Issue suppl_2, 1 July 2008, Pages S145–S166.
<https://doi.org/10.1111/j.1526-4637.2008.00486.x>
- Harvey A. Skinner. "The Drug Abuse Screening Test." *Addictive Behaviors*, Volume 7, Issue 4, 1982, Pages 363-371. (pdf available.)
- AA 20 Questions: http://aahalton.org/pdf/20_questions.pdf (pdf available)
- NA 20 Questions: https://www.na.org/admin/include/spaw2/uploads/pdf/litfiles/us_english/IP/EN3107.pdf (pdf available)

Online source:

- William Miller - Motivational Interviewing
<https://www.bing.com/videos/search?q=motivational+interviewing+in+therapy&ru=%2fvideos%2fsearch%3fq%3dmotivational%2binterviewing%2bin%2btherapy%26FORM%3dHDRSC4&view=detail&mid=8E401B9D864F7AD363B38E401B9D864F7AD363B3&&FORM=VDRVRV>

Week 12

Mar 27, 2025 **Suicide and Domestic Abuse** (Guest lecturer: TBD)

- Suicide prevention
- Warning signs of suicide and how to help
- Meaning and definition of domestic abuse
- Signs of domestic abuse
- Domestic violence evaluation screening and assessment tools

Readings:

- TBD

Week 13

Apr 03, 2025 From Assessment to Therapeutic Strategy

- Creating a plan for spiritual care and psychotherapy
- Using the plan to communicate with other team members the specific actions that will be taken by the spiritual care practitioner.

Readings:

- Quercus: Fitchett, G. 2012. "Next Steps for Spiritual Assessment in Health Care." In M. Cobb, C. Puchalski, & B. Rumbold (Eds.), *Oxford Textbook of Spirituality in Healthcare* (pp. 299-305). Oxford: Oxford University Press.
- Quercus: Boisen, Anton T. 1952. "The Distinctive Task of the Minister." *Pastoral Psychology* 3(3): 10-15.
- Quercus: Roberts, S., ed. 2012. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. SkyLight Paths.
 - Chapter 5: Creating and Implementing a Spiritual Care Plan (pp. 61-80)

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Aten, Jamie D. & Mark M. Leach, eds. *Spirituality and the Therapeutic Process*. Washington, DC: American Psychological Association, 2009.

Barnes, Robert, *Logotherapy and the Human Spirit*

Borneman, Tami, Betty Ferrell, & Christina M. Puchalski. "Evaluation of the FICA Tool for Spiritual Assessment." *Journal of Pain and Symptom Management* 40.2 (2010):163-173.
<http://prc.coh.org/pdf/EvalFICA.pdf>

Cain, David J., ed. *Humanistic Psychotherapies: Handbook of Research and Practice*. Washington, DC: American Psychological Association, 2001.

Connors, Mary E., "Attachment Theory: A "Secure Base" for Psychotherapy Integration." *Journal of Psychotherapy Integration* 21.3 (2011): 348–362.

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Eisen, Jane L. M.D., et al. "The Brown Assessment of Beliefs Scale: Reliability and Validity." *American Journal of Psychiatry* 155 (1998): 102–108.

Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. "The religious and spiritual struggles scale: Development and initial validation." *Psychology of Religion and Spirituality* 6.3(2014): 208-222.

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- Fraley, R. Chris, *A Brief Overview of Adult Attachment Theory and Research*. University of Illinois, 2010.
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- Hodge, D. R. & C. R. Holtrop. "Spiritual assessment: A review of complementary assessment models." In B. Huguenot & T. L. Scales (Eds.), *Social work and Christianity: Readings on the integration of Christian faith and social work practice* (2nd ed.) Botsford, CT: NACSW Press, 2002.
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- Koenig, Harold G., MD. "An 83-Year-Old Woman with Chronic Illness and Strong Religious Beliefs." *JAMA*. 288.4 (2002):487-493.
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- , King, Dana & Carson, Verna. *Handbook of Religion and Health*, 2nd edition. Oxford, UK: Oxford Press, 2012.
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- LaRocca-Pitts, Mark. "FACT, A Chaplain's Tool for Assessing Spiritual Needs in an Acute Care Setting." *Chaplaincy Today* 28.1 (2012): 25-32.
- http://www.professionalchaplains.org/files/publications/chaplaincy_today_online/volume_28_number_1/28_1laroccapitts.pdf
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- Roberts, Stephen B., ed. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Woodstock, VT: SkyLight Paths, 2013.
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- . Edited by Howard Kirschenbaum and Valerie Land Henderson, *The Carl Rogers Reader*. Boston, MA: Houghton Mifflin, 1989.
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- Wakefield, J. C. "DSM-5: An Overview of Major Changes and Controversies." *Clinical Social Work Journal* 41 (2) (2013): 139.

Web Resources:

<http://www.minddisorders.com/Ob-Ps/Person-centered-therapy.html#b>

CASC Manual <http://www.spiritualcare.ca/manual.asp>