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
Summer 2018

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:	Room 4, Knox College, St. George
Contact Hours:	36 contact hours, 8:30-1:00, 8 Fridays in May & June, summer semester

Instructor Information

Instructors:	Dr. Kathy Edmison, RP, D. Min and CPE Supervisors
	Certified Spiritual Care Practitioner and Supervisor-Educator (CPE),
	Canadian Association of Spiritual Care
Telephone:	Office: tba
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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. In this program, students are equipped to assess various forms of distress and to develop plans for providing therapy that are based 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. This course has been designed for 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 first 1.5 hours of every class will be conducted in a lecture/large-group discussion format. Students are expected to have read all the weekly readings and power point presentations available on Blackboard prior to class. The second 2 hours of each class will be spent in small group learning seminars which 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.

CASC Competencies: This course will focus primarily on competency 1 with indirect learning in CASC competencies 2-10.

Competency 1: Spiritual Assessment and Care – these are distinct but inter-related activities. Spiritual Assessment is an extensive, in-depth, ongoing process of actively listening to and summarizing a client's story, spiritual strengths, needs, hopes and coping strategies as they emerge over time. Spiritual Care is the professional relationship with a client that provides a framework for ongoing assessment and inter-professional interventions that help meet the wellness needs and goals of the client(s). (ATS 2)

1.1 **Theoretical Foundations** – The professional relationship is established upon historical, theological/ philosophical, spiritual, psychological and socio-cultural frameworks that encompass knowledge of human development and transitions in life – (ATS 1-6)
1.2 **Relational Approach** – Provides a relational and patient/family/client-centred approach to assessment and care that sensitively encounters clients and engages them in their healing process – (ATS 1-6)
1.3 **Assessment** – Gains an understanding of a client's sources of spiritual strength, hope, needs, wellness goals, risks and methods/ways of coping through encountering the client – (ATS 1-13)
1.4 **Planning** – Co-develops with the client(s) a spiritual care plan that complements and is integrated with the inter-professional care plan, treatment and interventions – (ATS 1-9)
1.5 **Intervention** – Provides a variety of interventions and approaches to spiritual care and to needs assessment and co-developed care plans – (ATS 1-20)
1.6 **Evaluation of Effectiveness** – Reviews therapeutic process and progress with client periodically and makes appropriate adjustments – (ATS 1-6)

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); 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)
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.	✓	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 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.).
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.		
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 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. (CASC Competency 1)
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.		
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.	✓	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)
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 final assignments using research findings to inform clinical practice. Student learn how to evaluate 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)
b	Determine the applicability of research findings to particular clinical situations.	✓	
c	Analyze research findings critically.	✓	
d	Apply knowledge gathered to enhance practice.	✓	

Course Resources

Required Course Texts/Bibliography

Required resources will be posted on Blackboard. Recommended books will be available on reserve. All readings are available on Blackboard and listed in the Weekly Descriptions below. As well, there is a lengthy bibliography identifying core texts and readings.

Course Website(s)

- Blackboard https://weblogin.utoronto.ca/

This course uses Blackboard for its course website. To access it, go to the UofT portal login page at http://portal.utoronto.ca and login using your UTORid and password. Once you have logged in to the portal using your UTORid and password, look for the **My Courses** module, where you'll find the link to the website for all your Blackboard-based courses. (Your course registration with ROSI gives you access to the course website at Blackboard.) Note also the information at http://www.portalinfo.utoronto.ca/content/information-students. Students who have trouble accessing Blackboard should ask [xxx] for further help.

Evaluation

Requirements

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

- *Participation* (20%): 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; and

- *Two Case Studies* (total of 80 %): 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. Each case will be based on a clinical/ministry experience that enables the student 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. 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 pages due **June 4, 2018** (35%)

1)	**Background Information** - The first section of the paper will present the client's/patient's/family's background. Include factors such as age, gender, work, health status, family mental health history, family and social relationships, drug and alcohol history, religious history, life difficulties, goals, spiritual inclinations.	5%
2)	**Description of the Presenting Issues** - Describe the problem/symptoms/issues that the client presents with (if in hospital include reason for admission and reason for referral/visit). Describe any physical, emotional, psychological, spiritual, or sensory issues reported by the client. The individual's thoughts, feelings, and perceptions related to the symptoms/issues should also be noted.	5%
3)	**Your Assessment** – Using any of the tools presented in class, conduct a concise assessment that describes the primary issues with which the person is struggling. Employ diagnostic language such as that used in the DSM-V and other diagnostic assessment tools. Discuss how these issues impact the psychological, emotional, social, and/or spiritual dimensions of the subject's life. Include a short critical reflection regarding the effectiveness of the assessment tool that you chose.	10%
4)	**Intervention/Plan** – Based on your assessment, describe the primary focus of your planned and/or actual interventions. Include verbatim sections (dialogue that took place or might take place) to demonstrate your growing skills in assessment, planning, and building a therapeutic relationship.	5%
5)	**Self Evaluation** – What did you do well? What did you learn about your own strengths and limitations? What do you need to work on? Reflect on your thoughts, feelings, and perceptions as they relate to this case. What did you learn about providing spiritual care and psychotherapy? What do you want to learn more about?	10%
		35%

- **Case Study 2**: 12 pages due **July 9, 2018** (45%)

1)	**Background Information** – see Case Study 1.	5%
2)	**Description of the Presenting Issues** – see Case Study 1.	5%
3)	**Your Assessment** – same as above. In this second case study, also include a comparative analysis of the assessment tools that were presented in the course. Which ones were most effective as you conducted your assessment for this case study?	15%
4)	**Intervention/Plan** – What was your plan for care ahead of time? How did you carry out your plan for care? What did you do? This section will focus on the planned and/or actual interventions you used to care for the /client/patient/family. Include verbatim sections (dialogue that took place or might take place).	10%
5)	**Self Evaluation** – see Case Study 1.	10%
		45%

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). Basic Degree students are expected to hand in assignments by the date given in the course outline. [The instructor should stipulate the penalty for late work.] This penalty is not applied to students with medical or compassionate difficulties; 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. The absolute deadline for the course is the examination day scheduled 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. An SDF must be requested 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 but 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

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.

Weekly Descriptions

Week 1

May 4   Using Theory as a Lens for Assessment: (CASC Competency 1.1 and 1.3)
            Frankl's Logotherapy and Rogers' person/client-centred therapy

Frankl's Logotherapy
An overview of Viktor Frankl's Logotherapy, outlining the main principles and how they inform the task of conducting assessment.

Required reading:

Barnes, Robert. *Logotherapy and the Human Spirit* (pdf provided)

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

Recommended reading:

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

Marshal, M. and Marshall, E. *Logotherapy Revisited* (Ottawa Institute of Logotherapy, 2012).

Rogers' Person-Centered Therapy

An overview of Person-Centered Therapy as pioneered by Carl Rogers, outlining the main principles and how they link to Spiritual Care Assessment.

Required Reading:

Rogers, Carl. Ed. Edited by Howard Kirschenbaum and Valerie Land Henderson, *The Carl Rogers Reader*.
        Houghton Mifflin Company, 1989. Pages 108-125. (pdf provided)

Week 2

May 11   Psychological Assessment and the DSM-V: (CASC Competency 1.1 and 1.3)
            Major Classifications of Mental Health Disorders

An exploration of the intersection between psychological diagnosis and holistic assessment, drawing on the framework of the DSM-V and its classifications of major mental disorders.

Required Reading:

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].

Week 3

May 18   Exploring Assessment and Spiritual Screening Tools (CASC Competency 1.1 and 1.3)
                  Kenneth Pargament: Religious and Spiritual Struggles Scale
                  Medical Models: HOPE (Anandarajah and Hight); FICA (Puchalski)

Over time, many different models and tools have been developed for understanding and assessing the psychological, emotional, social, and/or spiritual issues of those we encounter in our practice. Spiritual assessment has become a "genre" that includes spiritual screening, spiritual history taking, and comprehensive spiritual assessment. This week, we will survey 3 different models that have their origins primarily in the world of medicine.

Required Readings:

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. (pdf provided)

Anandarajah, Gowri, M.D., and Ellen Hight, M.D., M.P.H, Brown University School of Medicine, Providence, Rhode Island. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." http://www.aafp.org/afp/2001/0101/p81.html (pdf provided)

Borneman, Tami & Betty Ferrell, & Christina M. Puchalski. Evaluation of the FICA Tool for Spiritual Assessment http://prc.coh.org/pdf/EvalFICA.pdf (pdf provided)

Week 4

May 25   Exploring Spiritual Assessment Tools: (CASC Competency 1.1 and 1.3)
                  Pruyser (Diagnostic Categories) and Fitchett (7X7 Model)

In the mid-1970s, Paul Pruyser, a clinical psychologist, identified the importance of understanding spiritual issues within a theological framework. His book was one of the earliest resources in spiritual assessment available to ministers and chaplains. George Fitchett's work in spiritual assessment was first published in 1993, but it has been updated regularly since then. Fitchett is a professional chaplain, researcher, and CPE educator. His 7X7 model for assessment takes a holistic approach.

Required Reading:

Brief Spiritual Assessment Tool based on Pruyser (pdf provided)

Fitchett, G. "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, 2012. (pdf provided)

Fitchett, G. The 7 x 7 Model for Spiritual Assessment: A Brief Introduction and Bibliography
https://www.rushu.rush.edu/servlet/Satellite?blobcol=urlfile&blobheader=application%2Fpdf&blobkey=id&blobnocache=true&blobtable=document&blobwhere=1144357138306&ssbinary=true (pdf provided)

Pruyser, Paul. *The Minister as Diagnostician*, chapter 5, pp 60-80. (pdf provided)

Recommended Reading:

Fitchett, George*. Assessing Spiritual Needs. (*Academic Renewal Press, 2002)

---------------------. *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy* (Jessica Kingsley, 2015)

Pruyser, Paul. *Minister as Diagnostician*. (Westminster John Knox, 1987)

Week 5
June 1   Exploring Spiritual Assessment Tools: (CASC Competency 1.1 and 1.3)
                  Three Awareness Tool/SAIL (Meezonbroek)

We will be looking at the Three Awareness Assessment theory developed by Thomas Kilts and based on the research of Jager DeMeezonbroek. The theory is rooted in the concept of "spiritual health," as a clinical concern for all people regardless of faith, religion, or no religion etc., and was developed after many years of work in a clinical trauma setting. We will look at other assessment models, the ABCs theory of spiritual care, and various intervention styles.

Required Readings:

Hodge, David R. "Spiritual assessment: A review of major qualitative methods and a new framework
          Social Work." ProQuest Nursing & Allied Health Source Jul 2001; 46, 203-214.
          http://www.med.uottawa.ca/courses/totalpain/pdf/doc-45.pdf (pdf provided)

Meezenbroek, Eltica de Jager & Bert Garssen, Machteld van den Berg, Gerwi Tuytel, Dirk van
          Dierendonck, Adriaan Visser & Wilmar B. Schaufeli. "Measuring Spirituality as a Universal
          Human Experience: Development of the Spiritual Attitude and Involvement List (SAIL)." *Journal
          of Psychosocial Oncology* 30:2 (2012): 141-167. (pdf provided)

Recommended Readings:

Hodge, D. R. & Holtrop, C. R. "Spiritual assessment: A review of complementary assessment models." In
          B. Hugen & T. L. Scales (Eds.), *Social work and Christianity: Readings on the integration of
          Christian faith and social work practice* (2nd ed., pp. 167-192). Botsford, CT: NACSW Press, 2002.
          (pdf provided)

Week 6

June 8   Psychopathology: (CASC Competency 1.1 and 1.3)
                  Differentiating between Healthy Spiritual/Religious Experience and Pathology
                  Mini Mental State Examination (MMSE)

This lecture will focus on developing basic skills for assessing congregants, clients or patients – such as conducting a mental status exam and understanding how to draw on the diagnostic categories of the DSM-V. This lecture will also address the issue of differentiating between mental illness and mystical or transcendent experiences.

Required Readings:

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

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

The Mini Mental State Examination (MMSE) (pdf provided)

Townsend, Loren L. "Best Practices: Rethinking Pastoral Diagnosis." *Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors* 5 (2013): 66-101.
(pdf provided)

Week 7
June 15 CASC Spiritual Assessment Competencies (CASC Competency 1.1 and 1.3)
Spiritual Care as a Profession

We begin by exploring the development of the field of spiritual care as a profession. This includes an examination of the language of spiritual assessment that has become an important component of providing competent psycho-spiritual care. In this session, we will review the variety of tools available (spiritual screens, spiritual histories, spiritual assessments) and compare these with the spiritual assessment criteria provided by CASC (Competency 1.3).

Required Reading:

Boisen, Anton T. "The Distinctive Task of the Minister." *Pastoral Psychology* 3.3 (1952): 10 – 15. (pdf provided)

LaRocca-Pitts, Mark. "FACT, A Chaplain's Tool for Assessing Spiritual Needs in an Acute Care Setting." *Chaplaincy Today* 28.1 (2012): 25-32. (pdf provided)

http://www.professionalchaplains.org/files/publications/chaplaincy_today_online/volume_28_number_1/28_1laroccapitts.pdf

Canadian Association for Spiritual Care (CASC) Competencies 1.3 (pdf provided)

Week 8
June 22 From Assessment to Therapeutic Strategies – (CASC Competency 1.3, 1.4, and 5)
Whext (What next!)

Creating a plan for the provision 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

psychological, emotional, social, and/or spiritual issues that arose through assessment. The plan communicates with other team members the specific actions that will be taken by the spiritual care practitioner. Charting is also an important element of providing professional spiritual care and psychotherapy. In this session, you will be shown how to take the information gathered through assessment and shape it into a plan for care and a chart note.

Required Reading:

Doehring, Carrie. *The Practice of Pastoral Care, Revised and Expanded*. Westminster John Knox, 2014. Chapter 8: Plans of Care (133-142).

Pargament, Kenneth. *Spiritually Integrated Psychotherapy*. New York, NY: Guilford, 2009. Chapter14: Addressing Problems of Spiritual Destinations (276-292); and Chapter 15: Addressing Problems of Spiritual Pathways (293-315).

Roberts, Stephen B., ed. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook.* SkyLight Paths, 2013. Chapter 5: Creating and Implementing a Spiritual Care Plan (61-80); and Chapter 6: Chaplains and Charting (81-91).

Bibliography

Anandarajah, Gowri, M.D., and Ellen Hight, M.D., M.P.H, Brown University School of Medicine, Providence, Rhode Island. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." *American Family Physician* 63.1 (2001):81-89. http://www.aafp.org/afp/2001/0101/p81.html

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.

Doehring, Carrie. *The Practice of Pastoral Care, Revised and Expanded*. Westminster John Knox, 2014.

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.

Fitchett, George*. Assessing Spiritual Needs.* Academic Renewal Press, 2002.

--------------------. "Next steps for spiritual assessment in health care." In M. Cobb, C. Puchalski, & B. Rumbold (Eds.), *Oxford textbook of spirituality in healthcare*. Oxford: Oxford University Press, 2012.

--------------------. *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy.* Jessica Kingsley, 2015.

Fraley, R. Chris, *A Brief Overview of Adult Attachment Theory and Research*. University of Illinois, 2010.

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

Hodge, D. R. & C. R. Holtrop. "Spiritual assessment: A review of complementary assessment models." In B. Hugen & 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.

Hodge, David R. "Spiritual assessment: A review of major qualitative methods and a new framework Social Work." ProQuest Nursing & Allied Health Source 46 (2001): 203-214.

Jilek, Wolfgang G., *Viktor Frankl's "Height Psychology": Logotherapy – Search for Meaning.*

King, D. E., "Spirituality and medicine," in eds. M. B. Mengel, W. L. Holleman and S. A. Fields, *Fundamentals of Clinical Practice: A Text Book on the Patient, Doctor and* Society. New York, NY: Plenum, 2002: 651-69.

Koenig, Harold G., MD. "An 83-Year-Old Woman with Chronic Illness and Strong Religious Beliefs." *JAMA.* 288.4 (2002):487-493.

-------------------. *Spirituality and Health Research: Methods, Measurements, Statistics and Resources.* Templeton Press, 2011.

-------------------, King, Dana & Carson, Verna. *Handbook of Religion and Health*, 2nd edition. Oxford, UK: Oxford Press, 2012.

-------------------. *Spirituality in Patient Care: Why, How, When and What?* 3rd edition revised and expanded. Templeton, 2013.

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

Marshal, M. and Marshall, E. *Logotherapy Revisited.* Ottawa Institute of Logotherapy, 2012.

Maugans, T. A. "The SPIRITual History," *Archives of family medicine* 5.1(1996): 11 – 16.

Meezenbroek, Eltica de Jager & Bert Garssen, Machteld van den Berg, Gerwi Tuytel, Dirk van Dierendonck, Adriaan Visser & Wilmar B. Schaufeli (2012). "Measuring Spirituality as a Universal Human Experience: Development of the Spiritual Attitude and Involvement List (SAIL)." *Journal of Psychosocial Oncology* 30:2 (2012): 141-167.

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Assessing the Sacred.* Guilford Press, 2011.

Pruyser, Paul. *Minister as Diagnostician*. Westminster John Knox, 1987.

Puchalski, Christina & Ferrell, Betty, eds. *Making Healthcare Whole: Integrating Spirituality into Patient Care.* Templeton Press, 2010.

------------------------. *A Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying.* Oxford, UK: Oxford Press, 2006.

Roberts, Stephen B., ed. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook.* Woodstock, VT: SkyLight Paths, 2013.

Rogers, Carl. *Client-Centered Therapy.* Boston, MA: Houghton Mifflin, 1951.

------------------------. *On Becoming a Person.* Boston, MA: Houghton Mifflin, 1961.

------------------------. *A Way of Being.* Boston, MA: Houghton Mifflin, 1980

------------------------. Edited by Howard Kirschenbaum and Valerie Land Henderson, *The Carl Rogers Reader*. Boston, MA: Houghton Mifflin, 1989.

Savage, John. *Listening and Caring Skills*. Abington, 1996.

Townsend, Loren L. "Best Practices: Rethinking Pastoral Diagnosis." *Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors* 5 (2013): 66-101.

Vandecreek, Larry, D.Min. "Using INSPIRIT to Conduct Spiritual Assessments." *The Journal of Pastoral Care* 49.4 (1995): 83-89.

Web Resources:

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

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