

Course Syllabus
KNP3511 – Psycho-Spiritual Assessment and Therapy:
Integrating Theory and Practice
Knox College
Toronto School of Theology
Summer 2020

Instructor Information

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Course Identification

Course Number: KNP3511
Course Format: Online via Zoom and Quercus (due to COVID-19)
Course Name: Psycho-Spiritual Assessment and Therapy
Course Location: Online
Class Times: Five Days: May 11 – 15, 9:00am – 5:00pm
Prerequisites: This course can be taken in conjunction with a Supervised Pastoral Education (SPE) Practicum, or SPE equivalent, or simply on its own. Students will benefit from having taken a previous course in spiritual/pastoral care, human growth and development, or psychology, but it is not required.

Course Description

This course examines diverse models for the assessment of mental illness and wellness. In doing so it expands the biopsychosocial perspective of the field of psychology to include spirituality as a unique and important determinant in mental illness and wellness. Students will learn to assess various forms of mental distress and to develop plans for providing therapy based on evidenced-based research and best practices. We will explore various theories in the field of assessment, including theories of psychological assessment, spiritual assessment, DSM-5 criteria and their limitations, and various assessment tools. Students will engage in experiential learning opportunities (including case studies and role plays) that develop assessment and care planning skills. This course has been designed for professionals who practice in institutional contexts (including hospitals, hospices, schools, and prisons) and in congregational or social ministry contexts. The curriculum is aligned with CRPO entry-to-practice and CASC competencies.

Course Resources

Required Course Texts/Bibliography

- Comer, R. and Comer, J. 2019. *Fundamentals of Abnormal Psychology*. 9th edition. New York: Worth Publishers Macmillan Learning. (N.B. only the 9th edition is keyed to the DSM-5).

OR

- Comer, R. and Comer, J. 2018. *Abnormal Psychology*. 10th edition. New York: Worth Publishers Macmillan Learning. (N.B. Only the 10th edition is keyed to the DSM-5).
- Pargament, K. 2011. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: The Guilford Press. (E-book available through U of T libraries).
- Fitchett, G. 2002. *Assessing Spiritual Needs: A Guide for Caregivers*. Academic Renewal Press.
- Roberts, S. 2012. *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Woodstock, VT: SkyLight Paths Publishing. (Readings available on Quercus).
- Barnhill, John W., Ed. 2014. *DSM-5 Clinical Cases*. Washington, DC: American Psychiatric Publishing. (E-book available through the U of T libraries).
- 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Arlington, VA: American Psychiatric Association. (E-book available through U of T libraries).

Please note: all course texts will also be available through Caversham Booksellers on Harbord west of Spadina (when it reopens).

- Additional Course readings will be posted on Quercus

Course Website(s)

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

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

- College of Registered Psychotherapists: <https://crpo.ca>
- Canadian Association of Spiritual Care: <https://spiritualcare.ca>

Course Learning Objectives/Outcomes

Knox College

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

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 |

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

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| b | Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning. | ✓ | 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. |
| 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 ; 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. |
| 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 including the following: |
| b | Recognize the range of psychotherapy practised within the province of Ontario. | ✓ | |
| c | Integrate knowledge of psychopathology. | ✓ | |

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| d | Recognize the major diagnostic categories in current use. | ✓ | 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.). |
| 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. |
| 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. |
| 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. |
| 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. | | | |

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| 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. |
| 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. |
| 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 practicereview. | ✓ | |
| 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. | | |

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| 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). 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 |
| b | Develop safety plans with clients at risk. | ✓ | |
| c | Refer to specific professional services where appropriate. | | |
| d | Report to authorities as required by law. | | |

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| e | Follow up to monitor risk over time. | | demonstrated through participation in group discussions, integrative activities, and in written assignments. |
| 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. |
| 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, |
| 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. | ✓ | |

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| f | Remain current with developments in foundational areas. | ✓ | integrative activities, and in written assignments. |
| 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. |

Evaluation

Requirements

The final grade for the course will be based on evaluations in these areas:

Basic Degree Students:

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.
- **Article Summary** (10%): Students will choose two articles from the assigned readings and note their choices on a sign-up sheet provided in the first class. Then for each article students will provide a brief (five minute) presentation to the class, describing a) the thesis and b) the main points of the supporting argument in the article.
- **Two Case Studies** (total of 70%): 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 May 24, 2020 (30%)**

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| 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 | 5% |
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| | relationships, drug and alcohol history, religious history, life difficulties, goals, spiritual inclinations. | |
| 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? | 5% |
| | | 30% |

- **Case Study 2:** 12 pages due **May 31, 2020** (40%)

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| 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. | 5% |
| | | 40% |

Grading System - Basic Degree Students

1000, 2000 and 3000 level courses use the following numerical grading scale (see section 11.2 of the BD Handbook):

| | |
|-------------|-------------|
| 90-100 (A+) | Exceptional |
| 85-89 (A) | Outstanding |
| 80-84 (A-) | Excellent |
| 77-79 (B+) | Very Good |
| 73-76 (B) | Good |
| 70-72 (B-) | Acceptable |
| 0-69 (FZ) | 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.] The absolute deadline for the course is the examination day scheduled for the course or the last day of exam week for the semester in which the course is taught, whichever is sooner.

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

Late work (Graduate). The prima facie deadline for the completion of work in a course is the last day of the examination week for the trimester in which the course is taken. Students are expected to meet the course deadlines of the instructor offering the course and are advised to plan their research projects accordingly. Students who find themselves unable to meet deadlines for completing coursework can, under certain conditions, receive extensions for completing the work after the dates set by the college in which the course is offered.

The authority to grant an extension for the completion of work in a course beyond the original TST or college deadline (whichever is earlier) for that course rests with the student's college Graduate Director, not the instructor of the course. Nevertheless, the instructor's signature is required for course extension requests to be processed. Students will petition their college Graduate Director for extensions, using a standard form provided by TST on its website. See Section 7.11 of the Conjoint Graduate Degree Handbook.

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 to ACORN. Grades are not official until they are posted to ACORN. Course grades may be adjusted where they do not comply with University Assessment and Grading Practices Policy found at <https://governingcouncil.utoronto.ca/>

[secretariat/policies/grading-practices-policy-university-assessment-and-january-26-2012](#), policies found in the TST conjoint program handbooks, or college grading policy.

Policies

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

Plagiarism. Students submitting written material in courses are expected to provide full documentation for sources of both words and ideas in footnotes or endnotes. Direct quotations should be placed within quotation marks. (If small changes are made in the quotation, they should be indicated by appropriate punctuation such as brackets and ellipses, but the quotation still counts as a direct quotation.) Failure to document borrowed material constitutes plagiarism, which is a serious breach of academic, professional, and Christian ethics. An instructor who discovers evidence of student plagiarism is not permitted to deal with the situation individually but is required to report it to his or her head of college or delegate according to the TST *Basic Degree Handbook* and the Graduate program Handbooks linked from <http://www.tst.edu/academic/resources-forms/handbooks> and the University of Toronto *Code of Behaviour on Academic Matters* <https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019>. A student who plagiarizes in this course will be assumed to have read the document "Avoidance of plagiarism in theological writing" published by the Graham Library of Trinity and Wycliffe Colleges https://www.trinity.utoronto.ca/library_archives/theological_resources/theological_guides/avoiding_plagiarism.html

Other academic offences. TST students come under the jurisdiction of the University of Toronto *Code of Behaviour on Academic Matters* <https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019>.

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

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

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

conjoint programs. Students in non-conjoint programs should only use the email address they have provided to their college of registration.

Course Schedule

Day 1

Monday May 11, 2020 **Course Introduction**

The first two days will explore the intersection between psychological diagnosis and holistic assessment. We will draw on the framework of the DSM-5 and its classification of major mental disorders, while also noting its limitations.

- Overview of the purpose of assessment
- Introduction to psychological assessment tools and methods
- Illness vs wellness – the psychological category of ‘abnormality’ and its limitations
- The place of assessment in CRPO’s competencies and in the new revised CASC competencies
- Introduction to DSM-5 categories of mental illness

Readings:

Text: Comer and Comer, *Fundamentals of Abnormal Psychology*, Chapters 1, 2, and (especially) 3 **OR**
Comer and Comer, *Abnormal Psychology*, Chapters 1, 3, and (especially) 4

(N.B. These are the same chapters in different books.)

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 (also listed in syllabus)

CASC Competencies (also listed in syllabus)

Day 2

Tuesday, May 12, 2020 **DSM-5 Categories**

- Overview of DSM-5 categories of mental illness
- Assessment in various settings: hospitals, mental health centres, prisons, social service agencies, clinical practice, congregational ministry
- Illness vs wellness – positive psychology and strength-based assessment
- Adding spirituality to the biopsychosocial model

Readings:

Text: Comer and Comer, *Fundamentals of Abnormal Psychology*, Chapters 4, 5, 6, and 12, **OR**

Comer and Comer, *Abnormal Psychology*, Chapters 5, 6, 7, and 14
(N.B. Focus mainly on DSM diagnostic criteria.)

Quercus: Rashid, T. and Ostermann, R. 2009. "Strength-Based Assessment in Clinical Practice." *Journal of Clinical Psychology* 65(5): 488-498.

Text: Pargament, *Spiritually Integrated Psychotherapy*, Preface and Chapter 1.

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.

Day 3

Wednesday, May 13, 2020 **Spiritual Assessment**

The next two days will include an examination of the language of spiritual assessment that has become an important component of providing competent psycho-spiritual care. 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 4.2).

- Introduction to spiritual assessment
- Pargament on explicit and implicit assessment
- Pargament on internal images of God
- Differentiating between healthy and unhealthy spiritual/religious experience (mental illness vs mystical or transcendent experience)
- DVD on spiritual distress screening

Readings:

Text: Pargament, *Spiritually Integrated Psychotherapy*, Chapters 9, 10, and 11.

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

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

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

Day 4

Thursday, May 14, 2020 **Spiritual Assessment Tools**

- Spiritual Assessment Tools (FACT/FICA/HOPE) and Practice

- Fitchett's 7x7

Reading:

Fitchett, *Assessing Spiritual Needs: A Guide for Caregivers*. Academic Renewal Press.

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: 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: 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. (pdf provided)

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.

Day 5

Friday, May 15, 2020 **From Assessment to Therapeutic Strategy**

Creating a plan for the provision of spiritual care and psychotherapy is an integral part of the overall approach to providing care. In the spiritual care plan, specific goals are identified to address the psychological, emotional, social, and/or spiritual issues that arise in 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.

- From Assessment to Therapeutic Strategy (What next?) – creating a spiritual care and psychotherapy treatment plan
- Risk Assessments (Suicide risk assessment; spousal abuse; addiction)

Readings:

Text: Pargament, *Spiritually Integrated Psychotherapy*, Chapters 14 and 15 (Addressing Problems of Spiritual Destinations, and Addressing Problems of Spiritual Pathways)

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); and Chapter 6: Chaplains and Charting (pp. 81-91).