

Course Syllabus
EMP2581 HS Psycho-spiritual Assessment in Mental Health
College Name: Emmanuel College Toronto School of Theology
Winter 2020

Instructor Information

Instructor: Nazila Isgandarova, Ph. D, D. Min., RP, RSW
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Course Identification

Course Number: EMP 2581HS
Course Name: Psychopathology in Mental Health
Course Location: EM
Class Times: 17:30-20:30

Prerequisites: A base of knowledge or work experience that includes familiarity with the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) or mental health issues are the prerequisite for this course.

Course Description

As an introduction to the major mental disorders, this course provides an overview of the many possible disturbances of the mind through the lens of the psycho-spiritual assessments, the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), risk assessment, and prepare students for working with clients with mental health problems in private, institutional and community settings.

The course focuses on a biopsychosocial and spiritual understanding of mental health and well-being. Utilizing the holistic approach to mental health, this course will explore classifications and symptomatology of the more severe and chronic forms of psychiatric disorder, their etiology and nature, and their diagnosis in general class and case study small group discussions, and presentations. Different assessment manuals, such as the DSM-5, risk assessment, spiritual assessments tools will be used as a reference point.

The students will also be introduced to the critical influence of culture, class, race and ethnicity, religion, and social values of the individual, family, group, and social institutions in the psycho-spiritual assessment of mental health disorders. The course will critically review current classification systems and major theories regarding the nature of mental disorders, their diagnoses and etiologies, the treatment approaches available to help people in their recovery, and culturally relevant variables. As a result, the students will be able to critically utilize terminology and concepts in risk assessment, spiritual assessments along with the DSM-5 and identify best practices in psycho-spiritual therapy.

Course Resources

Required Course Texts/Bibliography

1. Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.
2. Cook, Chris, Powell, Andrew and Sims, Andrew (Ed). *Spirituality and Psychiatry*. London: RCPsych, 2009. [Electronic resource].
3. 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].
4. Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations (3rd ed.)*. Hoboken: Wiley, 2017. [Electronic resource].

Optional Readings:

1. Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers (4th edition)*. Boston: Cengage Learning, 2016.
2. Karls, J.M. & O'Keefe, M.E. *Person-in-Environment System Manual*, 2nd Edition. Washington, D.C.: NASW Press, 2008.
3. Koenig, H. G. *Faith and Mental Health*. Templeton, 2005.
4. LeCroy, C.W. and Holschuh, J. *First Person Accounts of Mental Illness and Recovery*. Hoboken, NJ: Wiley, 2012.
5. Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, Second Edition. Pacific Grove, CA: Brooks/Cole-Thompson Learning, 2015.
6. Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015.
7. Boisen, Anton. *Out of the Depths: An Autobiographical Study of Mental Disorder and Religious Experience*, 1st ed. New York: Harper, 1960.

Class Format

In order to help students integrate the knowledge and skills necessary for psycho-spiritual assessment and therapy, this practice course will be taught using the following formats:

Class discussions of relevant topics such as course readings, previous experience working with in health care, prison, school, etc., settings. Class discussion is intended to help you develop your skills in critical thinking and effective communication that honours diverse points of view. Assigned readings provide a foundation for class discussions.

Lectures designed to expand upon, highlight, and clarify important theoretical knowledge and

practice skills in regard to psycho-spiritual care.

Role-play exercises designed to help you transfer knowledge to practical skills. In order to do so, we will use clinical cases to apply spiritual and psychotherapeutic theory or theories.

Course Learning Objectives

MPS Outcomes

Outcome	Y/N	How? Artifact? Plan?
<p>A. Religious Faith and Heritage</p> <p>Demonstrate knowledge of religious heritage, and articulate clearly their own theological positions (as related to spiritual practices).</p> <p>Interpret religious texts and traditions using a variety of methods, sources and norms in a way that engages lived experience and practice</p> <p>Identify and respect the diversity of theological viewpoints and practices within their religious tradition and in other religious traditions.</p>		
<p>B. Culture and Context</p> <p>Demonstrate critical understanding for one’s area of specialization of the relationship between faith practices and cultural contexts.</p> <p>Employ diverse methods of analysis in relating to the cultural contexts of one’s specialization.</p> <p>Give evidence of critical self-awareness, with regard to their own – and others’ – faith perspectives and practices of care and service.</p>		
<p>C. Spiritual/Vocational Formation</p> <p>Display capacity for self-reflexive and spiritual practices within communities of faith and with various populations.</p> <p>Attend to the spiritual development and well-being of self and others.</p> <p>Demonstrate understanding of the variety of callings and spiritual practices within their own and other religious traditions, and an ability to</p>		

reflect critically on their own sense of vocation to leadership and service.		
<p>D. Leadership and area of specialization Demonstrate initiative, responsibility and accountability in personal relationships and group contexts</p> <p>Demonstrate knowledge of theories and practices relevant to leadership in their own area of specialization.</p> <p>Demonstrate skills for responsible and accountable specialized leadership in congregational and community contexts.</p>		

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

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 2; 4)
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
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.	✓	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 2; 4)
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 2; 4)
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 1; 4)
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 4)
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 3)
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 3)
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 3; 4)
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 4). 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 4)
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 3; 4)
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 2)
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, students 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 2)
B	Determine the applicability of research findings to particular clinical situations.	✓	
C	Analyze research findings critically.	✓	
D	Apply knowledge gathered to enhance practice.	✓	

Evaluation

Requirements

The requirements of this course are:

1. **Class-Participation:** Regular, on-time attendance and participation in various group activities, attentive and respectful listening, constructive and collegial contributions to discussions, role-plays and discussions. Students are expected to avoid distractions such as cell phones, instant/text messaging, email, web surfing, facebook, or other electronic media during class time (15% of final grade).
2. **Student Presentations:** Students will give one classroom presentation on **a recently published article and case study on one of the spiritual assessment, risk assessment or the DSM-5 assessment tools** depending on the topic of the week. The presentation should provide the relevant background of the research, the purpose of the research, methods used and also results of the study. Please note that the presentations should be in PowerPoint (or similar) format. Please send your PowerPoint presentation to me before the class. The presentation should be approximately 40-45 minutes in

length and 15 min. for questions and answers. The other students will be provided criteria for grading their peers. (25 % of final grade).

3. Group Project: Students will form a group to view a specified movie outlined on page 33 of this syllabus. They will provide bio-psycho-social-spiritual assessment/ analysis of the film and present a care plan based on evidence-based practice and also placing them into a historical and cultural framework. (20% of final grade).
4. One major integrative paper/ two biopsychosocial and spiritual conceptualization of the case study. The major paper (8-10 pages) should be formulated based on this format: Introduction of client; Biopsychosocial and spiritual assessment of problem area; Evidence-based review and discussion of intervention; follow-up Treatment Plan or Recommendation; and theological reflection on self and effective use of self (SEUS). The case study can include an illness narrative based on an account of mental illness as found in film/documentary, or heuristic case studies (will be discussed in class). The paper should also include a section of a cultural analysis of a chosen diagnostic category from the proposed DSM-5 (40% of final grade, weighted equally) (**due date: April 4, 2020**).

Please, make sure to respect confidentiality and privacy in all class discussions. In all instances, the presentation of all case materials is to adhere to the CRPO Professional Practice Standards for Registered Psychotherapists² and Canadian Association for Spiritual Care.³ This means that students will learn about what constitutes “confidential information” and about the necessity to protect clients’ confidentiality -- only non-identifying information is to be presented and discussed. If it is not possible to conceal identifying information then the case is not to be used. Divulging information from agency cases should comply with agency rules and students will be informed that the rules regarding confidentiality also apply to discussions outside of the classroom.

Rubric for Assessing Class Participation

	Exemplary (90%-100%)	Proficient (80%-90%)	Developing (70%-80%)	Unacceptable (>70%)
Frequency of participation in class	Student initiates contributions more than once in each class.	Student initiates contribution once in each class.	Student initiates contribution at least in half of the class.	Student does not initiate contribution & needs instructor to solicit input.
Quality of comments	Comments always insightful & constructive; uses appropriate terminology. Comments balanced between general impressions, opinions & specific, thoughtful criticisms or contributions.	Comments mostly insightful & constructive; mostly uses appropriate terminology. Occasionally comments are too general or not relevant to the discussion.	Comments are sometimes constructive, with occasional signs of insight. Student does not use appropriate terminology; comments not always relevant to the discussion.	Comments are uninformative, lacking in appropriate terminology.

² Please refer to the website for the College of Registered Psychotherapists of Ontario, at <http://www.crpo.ca/wp-content/uploads/2014/02/CRPO-Professional-Practice-Standards-Approved-unedited-Jan29-14.pdf>.

³ Please refer to the website for the Canadian Association for Spiritual Care, available at <https://www.spiritualcare.ca/manual.asp>.

<p>Listening Skills</p>	<p>Student listens attentively when others present materials, perspectives, as indicated by comments that build on others' remarks, i.e., student hears what others say & contributes to the dialogue.</p>	<p>Student is mostly attentive when others present ideas, materials, as indicated by comments that reflect & build on others' remarks. Occasionally needs encouragement or reminder from T.A</p>	<p>Student is often inattentive and needs reminder of focus of class. Occasionally makes disruptive comments while others are speaking.</p>	<p>Does not listen to others; regularly talks while others speak or does not pay attention while others speak; detracts from discussion; sleeps, etc.</p>
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Grading scale

Letter Grade	Numerical Equivalents	Grade Point	Grasp of Subject Matter	Other qualities expected of students
A RANGE: Excellent: Student shows original thinking, analytic and synthetic ability, critical evaluations, broad knowledge base.				
A+	90-100	4.0	Profound and Creative	Strong evidence of original thought, of analytic and synthetic ability; sound and penetrating critical evaluations which identify assumptions of those they study as well as their own; mastery of an extensive knowledge base
A	85-89	4.0	Outstanding	
A-	80-84	3.7	Excellent	Clear evidence of original thinking, of analytic and synthetic ability; sound critical evaluations; broad knowledge base
B RANGE: Good: Student shows critical capacity and analytic ability, understanding of relevant issues, familiarity with the literature.				
B+	77-79	3.3	Very Good	Good critical capacity and analytic ability; reasonable understanding of relevant issues; good familiarity with the literature
B	73-76	3.0	Good	

B-	70-72	2.7	Satisfactory at a post- baccalaureate level.	Adequate critical capacity and analytic ability; some understanding of relevant issues; some familiarity with the literature
FZ	0-69	0	Failure	Failure to meet the above criteria

Grading System - Graduate Degree Students

5000, 6000 and 7000 level courses use the following alpha grading scale;

A+	(90-100)	Profound & creative
A	(85-89)	Outstanding
A-	(80-84)	Excellent
B+	(77-79)	Very Good
B	(73-76)	Good
B-	(70-72)	Satisfactory at a post-baccalaureate level
FZ	(0-69)	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 www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/grading.pdf, policies found in the TST conjoint program handbooks, or college grading policy.

Policies

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

Plagiarism. Students submitting written material in courses are expected to provide full documentation for sources of both words and ideas in footnotes or endnotes. Direct quotations should be placed within quotation marks. (If small changes are made in the quotation, they should be indicated by appropriate punctuation such as brackets and ellipses, but the quotation still counts as a direct quotation.) Failure to document borrowed material constitutes plagiarism, which is a serious breach of academic, professional, and Christian ethics. An instructor who discovers evidence of student plagiarism is not permitted to deal with the situation individually but is required to report it to his or her head of college or delegate according to the TST *Basic Degree Handbook* and the Graduate program Handbooks (linked from <http://www.tst.edu/academic/resources-forms/handbooks> and the University of Toronto *Code of Behaviour on Academic Matters*

<http://www.governingcouncil.utoronto.ca/AssetFactory.aspx?did=4871>. A student who plagiarizes in this course will be assumed to have read the document "Avoidance of plagiarism in theological writing" published by the Graham Library of Trinity and Wycliffe Colleges

http://www.trinity.utoronto.ca/Library_Archives/Theological_Resources/Tools/Guides/plag.htm.

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

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

Obligation to check email. At times, the course instructor may decide to send out important course information by email. To that end, all students in conjoint programs are required to have a valid utoronto email address. Students must have set up their utoronto email address which is entered in the ACORN system. Information is available at www.utorid.utoronto.ca. 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.

MODULE 1: HISTORY AND SOCIAL CONTEXT OF PSYCHOSPIRITUAL HEALTH

WEEK 1: JANUARY 9, 2020

INTRODUCTION TO THE COURSE: ADDRESSING BASIC FOUNDATIONAL CONCEPTS

Readings:

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.

Chapter 1: Introduction.

DSM-5: Topics—Introduction, Use of the Manual, Cautionary Statement, Other Mental Disorders, and Changes from DSM-IV to DSM-5, 5-25, 707-708, & 809-816.

DSM-5: Topics-- Assessment Measures, Other Conditions that May be the Focus of Clinical Attention, and Cultural Formulation Interview, 715-727 & 733-759.

Craighead, W. Edward, Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken : Wiley, 2017. Chapter 1: Diagnosis.

Optional Readings:

Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 1-32) Boston: Cengage Learning. 2016.

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015.

Chapter 6, pages 290-299.

<http://www.youtube.com/watch?v=C9pru53UcbA> <https://www.youtube.com/watch?v=Pr5adt78zB0>

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CASC Competencies for Spiritual Care and Counselling Specialist, <http://209.162.178.174/manual.asp>

WEEK 2: JANUARY 16, 2020

DSM-5: A CASE STUDY OF MOOD DISORDERS

Readings:

DSM-5: Topics—Depressive Disorders, 155-188.

Craighead, W. Edward, Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 7: Depressive Disorders.

Andreasen, N.J.C. "The Role of Religion in Depression." *J Relig Health* (1972) 11: 153.

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Optional Readings:

Levin, Jeff. "Is Depressed Affect a Function of One's Relationship with God?: Findings from a Study of Primary Care Patients." *The International Journal of Psychiatry in Medicine* 32 (4) (2002): 379-393. doi: 10.2190/3183-WPYV-3KYY-K3V7

Johnson, K.A. "Prayer: A Helpful Aid in Recovery from Depression." *J Relig Health* (2018): 1-11.
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Pomeroy, E. *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, 2015. Chapter 5, Cases 5.1 and 5.2

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015. Chapter 8, pages 347-386, and Chapter 31, pages 1226-1235.

Furman, R., & Bender, K. "The Social Problem of Depression: A Multi- Theoretical Analysis." *Journal of Sociology and Social Welfare* 30 (3) (2003), 123-137.

WEEK 3: JANUARY 23, 2020

DSM-5: A CASE STUDY OF BIPOLAR AND RELATED DISORDERS

Readings:

DSM-5: Topics—Bipolar and Related Disorders, 123-154.

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 8: Bipolar Disorder.

Optional Readings:

Hope Bell, Lamerial Jacobson, Melissa Zeligman, Jesse Fox, and Gulnora Hundley. "The Role of Religious Coping and Resilience in Individuals with Dissociative Identity Disorder." *Counseling and Values* 60 (2) (2015): 151-163.

Pomeroy, E. *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, 2015. Chapter 4, Cases 4.1 and 4.2.

Haeri, S. et al. "Disparities in Diagnosis of Bipolar Disorder In Individuals Of African And European Descent: A Review." *Journal of Psychiatric Practice* 17 (2011): 394-403.

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015. Chapter 31, pages 1236-1244.
<http://www.mhhe.com/socscience/psychology/faces>

WEEK 4: JANUARY 30, 2020

DSM-5: A CASE STUDY OF A CASE STUDY OF ANXIETY DISORDERS

Readings:

DSM-5: Topics—Anxiety Disorders, 189-223.

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical*

Foundations (3rd ed.). Hoboken: Wiley, 2017. Chapter 4: Generalized Anxiety Disorder.

Pashak, T.J., Justice, M.D., Burns, B.R., Lahar, K.I., Handal, P.J., and Creech, C.. "Separation of Church and Trait: Trait Death Anxiety is Universal, Distressing, and Unbuffered by Worldview in Emerging Adults." *Journal of Religion and Health* (2018): 1-18. doi: 10.1007/s10943-018-0623-1

Optional Readings:

Rajagopal, D., Mackenzie, E., Bailey, C. et al. "The Effectiveness of a Spiritually-Based Intervention to Alleviate Subsyndromal Anxiety and Minor Depression Among Older Adults." *Journal of Religion and Health* (2002) 41: 153. <https://doi.org/10.1023>

Christopher J. Howard. "Psychospiritual Resiliency: Enhancing Mental Health and Ecclesiastical Collaboration in Caring for Those Experiencing Dissociative Phenomena." *Journal of Religion and Health* 56 (1) (2017): 258-268.

Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 214-243) Boston: Cengage Learning, 2016.

Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 161-190) Boston: Cengage Learning, 2016.

Psychological First Aid Field Operations Guide. http://www.nctsn.org/nctsn_assets/pdfs/pfa/CRP-PFA_Guide.pdf

Asnaani, A., Gutner, C.A., Hinton, D. E., & Hofmann, S. G. "Panic Disorder, Panic Attacks, And Panic Attack Symptoms Across Race-Ethnic Groups: Results of The Collaborative Psychiatric Epidemiology Studies." *CNS Neuroscience and Therapeutics*, 13 (2009): 249-254.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, Chapter 6, Cases 6.1 and 6.4.

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015. Chapter 9, pages 387-417 and Chapter 31, pages 1253-1263.

Kramer, U., Despland, J.N., Michel, L., Drapeau, M., & de Roten, Y. "Change in Defense Mechanisms and Coping Over The Course Of Short-Term Dynamic Psychotherapy For Adjustment Disorder." *Journal of Clinical Psychology* 66(12) (2010): 1232-1241.

Currier, Joseph M., Jason M. Holland, and Kent D. Drescher. "Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans." *Journal of traumatic stress* 28 (1) (2015): 57-64.

MODULE 2: SPIRITUAL HEALTH AND PSYCHO-SPIRITUAL ASSESSMENT

WEEK 5: FEBRUARY 6, 2020

PSYCHO-SPIRITUAL ASSESSMENTS: HISTORY AND CONTEXT

A CASE STUDY OF DEATH AND DYING

Readings:

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.

Chapter 2. Spirituality: The Sacred Domain.

Sims, Andrew and Cook Christopher, C.H. "Spirituality in Psychiatry." In *Spirituality and Psychiatry*, ed. by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 1-15. London: RCPsych, 2009. [Electronic resource].

Fenwick, Peter. "Neuroscience of the Spirit." In *Spirituality and Psychiatry*, ed. by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 1-15. London: RCPsych, 2009. [Electronic resource].

Bonelli, R.M. & Koenig, H.G. "Mental Disorders, Religion and Spirituality 1990 to 2010: A Systematic Evidence-Based Review." *J Relig Health* 52 (2) (2013): 657-673. <https://doi.org/10.1007/s10943-013-9691->

Egger, Sarah, Richmond, P., and Gilbert, P. "Spiritual Care in the NHS." In *Spirituality and Psychiatry*, ed. by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 190-211. London: RCPsych, 2009. [Electronic resource].

Optional Readings:

Bryson, Ken. 2015. "Guidelines for Conducting a Spiritual Assessment." *Palliative and Supportive Care* 13 (1): 91-98. doi:10.1017/S147895151300045X. http://resolver.scholarsportal.info/resolve/14789515/v13i0001/91_gfCasa.

Kavan, Michael G. and Barone, Eugene J. "Grief and Major Depression—Controversy Over Changes in DSM-5 Diagnostic Criteria." *American Family Physician* (2014). <https://www.aafp.org/afp/2014/1115/p690.html>

Zisook, S., Pies, R., and Iglewicz, A. "Grief, Depression, and the DSM-5." *J Psychiatr Pract.* 19(5) (2013):386–396.

Zisook, S., and Shear, K. "Grief and Bereavement: What Psychiatrists Need to Know." *World Psychiatry.* (2009): 67-74. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2691160/>.

Payman, Vahid. "The Importance of Taking a Religious and Spiritual History." *Australasian Psychiatry*24(5) (2016): 434-436.

Gangi, L. "A Lifetime of Recovery: Spirituality Groups on an Acute Inpatient Psychiatry Unit." *Journal of Pastoral Care and Counselling* 1 (2014 (2): 3.

WEEK 6: FEBRAURY 13, 2020

PSYCHO-SPIRITUAL ASSESSMENT: A CASE STUDY OF PERSONALITY DISORDERS

Readings:

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007. Chapter 10. Initial and Implicit Spiritual Assessment.

DSM-5: Topics--Personality Disorders, 645-684.

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Chapter 15: Psychopathy as Psychopathology

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Chapter 14: Borderline Personality Disorder.

Sansone, R.A., Kelley, A.R. & Forbis, J.S. "The Relationship Between Forgiveness and Borderline Personality Symptomatology." *J Relig Health* 52 (3)(2013): 974-980. <https://doi.org/10.1007/s10943-013-9704-3>

Puchalski, Christina. "Spiritual Assessment in Clinical Practice." *Psychiatric Annals* 36 (3) (2006): 150-155.

Fitchett, G. *Assessing Spiritual Needs* (2002 revised), chapter 2, pp 26 – 38.

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.

Fitchett, G. The 7 x 7 Model for Spiritual Assessment: A Brief Introduction and Bibliography.

CASC Competencies for Spiritual Care and Counselling Specialist, <http://209.162.178.174/manual.asp>

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

Optional Readings:

Cadge W, Bandini J. "The Evolution of Spiritual Assessment Tools in Healthcare." *Society* [serial online]. 52(5) (2015):430-437. Available from: EBSCO Management Collection, Ipswich, MA. Accessed July 26, 2018.

Culliford, Larry and Eagger, Sarah. "Assessing Spiritual Needs." In *Spirituality and Psychiatry* ed. by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 16-38. London: RCPsych, 2009. [Electronic resource].

Exline, Julie J., et al. "The Religious and Spiritual Struggles Scale: Development and Initial Validation." *Psychology of Religion and Spirituality* 6.3 (2014): 208-22.

McGee, Michael D., and Jennifer Torosian. "Integrating Spiritual Assessment into a Psychiatric Inpatient Unit." *Psychiatry (Edgmont)* 3.12 (2006): 60–64.

Hodge, David R. "Developing a Spiritual Assessment Toolbox: A Discussion of the Strengths and Limitations of Five Different Assessment Methods." *Health and Social Work* 30 (4) (2015): 314-323.

FEBRUARY 17-21, 2020 – READING WEEK

WEEK 7: FEBRUARY 28, 2020

PSYCHO-SPIRITUAL ASSESSMENT: A CASE STUDY OF OBSESSIVE-COMPULSIVE DISORDERS

Readings:

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.

Chapter 11. Explicit Spiritual Assessment.

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.

Fitchett, G. The 7 x 7 Model for Spiritual Assessment: A Brief Introduction and Bibliography.

DSM-5: Topic—Obsessive-Compulsive and Related Disorders, 235-264.

Craighead, W. Edward, Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Obsessive-Compulsive and Related Disorders.

Crowley, N., and Jenkinson, Gillie. "Pathological Spirituality." In *Spirituality and Psychiatry*, ed. by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 254-272. London: RCPsych, 2009. [Electronic resource].

Micali, N., K. Hilton, E. Natatani, I. Heyman, C. Turner, and D. Mataix-Cols. 2011. "Is Childhood OCD a Risk Factor for Eating Disorders Later in Life? A Longitudinal Study." *Psychological Medicine* 41 (12): 2507-2513. doi:10.1017/S003329171100078X.

Optional Readings:

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015. Chapter 10, pages 418-436, and Chapter 31, pages 1263-1267.

D'Alessandro, T. M. "Factors Influencing the Onset Of Childhood Obsessive Compulsive Disorder." *Pediatric Nursing* 35 (2009): 43-46.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*. Chapter 7, Cases 7.2 & 7.3

WEEK 8: MARCH 5, 2020

PSYCHO-SPIRITUAL ASSESSMENT: A CASE STUDY OF SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

Readings:

DSM-5: Topic—Schizophrenia Spectrum and Other Psychotic Disorders, 87-122.

Craighead, W. Edward, Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 10: Schizophrenia and the Psychosis Spectrum.

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.

Chapter 7. Problems of Spiritual Destinations.

Chapter 14. Addressing Problems of Spiritual Destinations

Dehoff, Susan. "Distinguishing Mystical Religious Experience and Psychotic Experience: A Qualitative Study Interviewing Presbyterian Church (U.S.A.) Professionals." *Pastoral Psychology* 64 (1) (2014.) DOI: 10.1007/s11089-013-0584-y

Meissner, W. W. "The Pathology of Beliefs and the Beliefs of Pathology," in *Religion and the Clinical Practice of Psychology*, ed. Edward P. Shafranske (Washington, DC: American Psychological Association, 1996), 241-267.

Optional Readings:

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, Chapter 3, Cases 3.1 and 3.2.

Nolan, Jennifer A. "Religious Coping and Quality of Life Among Individuals Living with Schizophrenia." *Psychiatric services* 63 (10) (2012): 1051-1054.

Coldwell, J., Meddings, S., & Camic, P. M. "How People with Psychosis Positively Contribute to Their Family: A Grounded Theory Analysis." *Journal of Family Therapy* 33 (2011): 353-371.

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan And Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition, 2015. Chapter 7, pages 300-346 and Chapter 31, 1268-1273.

Serafini, G. et al. "Stigmatization of Schizophrenia as Perceived by Nurses, Medical Doctors, Medical Students, And

Patients." *Journal of Psychiatric and Mental Health Nursing* 18 (2011): 576-585.

Usall, J., Haro, J. M., Ochoa, S., Marquez, M. & Araya, S. "Influence of Gender on Social Outcome In Schizophrenia." *ACTA Psychiatrica Scandinavica* 106 (2002): 337-342.
<http://www.youtube.com/watch?v=T14neSm599g>

Salzer, Mark S. and Brusilovskiy, Eugene. "Advancing recovery science: reliability and validity properties of the Recovery Assessment Scale." *Psychiatric Services* 65 (4)(2014): 442-453.

MODULE 3: RISK ASSESSMENT IN PSYCHO-SPIRITUAL THERAPY

WEEK 9: MARCH 12, 2020

RISK ASSESSMENT: A CASE STUDY OF TRAUMA AND STRESS RELATED DISORDERS

Readings:

Flintoff, Adam, Ewen Speed, and Susan McPherson. "Risk Assessment Practice within Primary Mental Health Care: A Logics Perspective." *Health* 23, no. 6 (November 2019): 656–74. doi:[10.1177/1363459318769471](https://doi.org/10.1177/1363459318769471).

Sood, A.B. and Hudziak, J. *Prevention of Mental Health Disorders: Principles and Implementation* (2016), 10.1016/S1056-4993(16)30004-9.

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.

Chapter 5: "In Times of Stress: Spiritual Coping to Hold on to the Sacred."

Chapter 6: "In Times of Stress: Spiritual Coping to Transform the Sacred."

DSM-5: Topic—Trauma-and Stress Related Disorders, 265-290.

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 6: Posttraumatic Stress Disorder.

Brown, G.K., Beck, A.T., Steer, R.A., Grisham, J.R. "Risk Factors for Suicide in Psychiatric Outpatients: A 20-Year Prospective Study." *J Consult Clin Psychol.* 68(3) (2000):371–377.

Shalev, Arie Y. and Barbano, Anna C. "PTSD: Risk Assessment and Early Management." *Psychiatric Annals* 49 (7)(2019): 299-306.

Lene Symes, John Maddoux, Judith McFarlane, and Jacquelyn Pennings. "A Risk Assessment Tool to Predict Sustained PTSD Symptoms Among Women Reporting Abuse." *Journal of Women's Health* 25 (4) (2016).
<http://doi.org/myaccess.library.utoronto.ca/10.1089/jwh.2015.5287>

Optional Readings:

Bonner, L.M., Lanto, A.B., Bolkan, C. et al. "Help-Seeking from Clergy and Spiritual Counselors Among Veterans with Depression and PTSD in Primary Care." *Journal of Religion and Health* 52 (3) (2013): 52: 707.
<https://doi.org/10.1007/s10943-012-9671-0>

Galatzer-Levy, Isaac R.; Ankri, Yael; Freedman, Sara; et al. Early PTSD Symptom Trajectories: Persistence, Recovery, and Response to Treatment: Results from the Jerusalem Trauma Outreach and Prevention Study (J -TOPS). *PLOS ONE* 8 (8) (2013). DOI: 10.1371/journal.pone.0070084

Unterrainer, H.F., Lewis, A.J. & Fink, A. "Religious/Spiritual Well-Being, Personality and Mental Health: A Review of Results and Conceptual Issues." *Journal of Religion and Health* 53 (2)(2014): 382-392. <https://doi.org/10.1007/s10943-012-9642-5>.

WEEK 10: MARCH 19, 2020

RISK ASSESSMENT: A CASE STUDY OF A PSYCHOSOMATIC CONDITIONS - CONDITIONS RELATED TO THE BODY

Readings:

DSM-5: Topics—Introduction, Use of the Manual, Cautionary Statement, Other Mental Disorders, and Changes from DSM-IV to DSM-5, 5-25, 707-708, & 809-816.

Wang, Xiaofen, Cheng, Sixiang, and Xu, Huilan. "Systematic Review and Meta-Analysis of The Relationship Between Sleep Disorders And Suicidal Behaviour In Patients With Depression." *Bmc Psychiatry* 19 (1) (2019).

DOI: 10.1186/s12888-019-2302-5

Littlewood, Donna L. Gooding, Patricia, Kyle, Simon D.; et al. "Understanding The Role Of Sleep In Suicide Risk: Qualitative Interview Study." *BMJ* 6 (8) (2016).

http://apps.webofknowledge.com.myaccess.library.utoronto.ca/CitedFullRecord.do?product=WOS&colName=WOS&SID=6DQJdXIL76EQSz8lvM&search_mode=CitedFullRecord&isickref=WOS:000382336700092

Laxhmi Chellappa, Sarah and Fontenele Araujo, John. "Sleep Disorders and Suicidal Ideation In Patients With Depressive Disorder." *Psychiatry Research* 153 (2) (2007): 131-136.

Optional Readings:

Bronn, Gerhard, and Doris McIlwain. "Assessing Spiritual Crises: Peeling Off another Layer of a Seemingly Endless Onion." *Journal of Humanistic Psychology* 55 (3) (2015): 346-82.

Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 1-32) Boston: Cengage Learning, 2016.

Larson, D.B., Koenig, H.G., Kaplan, B.H. et al. "The Impact of Religion on Men's Blood Pressure." *J Relig Health* 28 (4) (1989): 265-278. <https://doi.org/10.1007/BF00986065>

Sadock, B. J., Sadock, V. A., & Ruiz, P. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins, 2015. Chapter 6, pages 290-299.

WEEK 11: MARCH 26, 2020

RISK ASSESSMENT: A CASE STUDY OF SUBSTANCE USE

Readings:

DSM-5: Topics—Substance-Related and Addictive Disorders, 481-589.

Craighead, W. Edward. Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 11: Alcohol Use Disorder.

Mezzich, Ada C., Ralph E. Tarter, Ulrike Feske, Ulrike Feske, Levent Kirisci, Rebecca L. McNamee, Bang-Shiuh Day, Ada C. Mezzich, Ralph E. Tarter, Ulrike Feske, Levent Kirisci, Rebecca L. McNamee, and Bang-Shiuh Day. "Assessment of Risk for Substance use Disorder Consequent to Consumption of Illegal Drugs: Psychometric Validation of the Neurobehavior Disinhibition Trait." *Psychology of Addictive Behaviors* 21, no. 4 (2007): 508-15

Foster, Caitlin, Konnert, Candace and Gorenko, Julie A. "Exploring Life-Course Patterns of Substance Abuse: A Qualitative Study." *Aging & Mental Health* 11 (2019). DOI: 10.1080/13607863.2019.1693966

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.
Chapter 3. Discovering the Sacred.

Cook, Christopher C.H. "Substance Misuse." In *Spirituality and Psychiatry*, ed. By Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 139-168. London: RCPsych, 2009. [Electronic resource].

Brizer, D. A. "Religiosity and Drug Abuse among Psychiatric Inpatients." *The American Journal of Drug and Alcohol Abuse* 19 (3) (2009): 337-345. DOI: [10.3109/00952999309001623](https://doi.org/10.3109/00952999309001623)

Optional Readings:

Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 373-442) Boston: Cengage Learning.

Cook, C. C. H. Addiction and spirituality. *Addiction*, 99 (2004): 539–551.
<http://www.pbs.org/wgbh/pages/frontline/meth>

Power, Leah, and Cliff McKinney. "The Effects of Religiosity on Psychopathology in Emerging Adults: Intrinsic Versus Extrinsic Religiosity." *Journal of Religion and Health* 53 (5) (2014): 1529-38.

Bryce Hagedorn, W. and Moorhead, Holly J. Hartwig. "The God-Shaped Hole: Addictive Disorders and the Search for Perfection." *Counseling and Values* 55 (1) (2010): 63-78. Gray, Susan W. *Psychopathology: A Competency-Based Assessment Model for Social Workers* (4th edition). (pp. 443-474) Boston: Cengage Learning.

Dutta, R., Greene, T., Addington, J., McKenzie, K., et al. "Biological, Life-Course, And Cross-Cultural Studies All Point Toward the Value of Dimensional And Developmental Ratings In The Classification Of Psychosis." *Schizophrenia Bulletin* 33 (4) (2007): 868-877.

Grof, Stanislav and Grof, Christian, *Spiritual Emergence: When Personal Transformation Becomes a Crisis*. Los Angeles: Tartcher, 1989.

WEEK 12: APRIL 2, 2020

RISK ASSESSMENT: A CASE STUDY OF CHALLENGES IN CHILDHOOD, ADOLESCENCE, AND AGEING, AND COGNITIVE DISORDERS AND MINORITIES

Readings:

Kwaunpanomporn, Thummathai, Hunsu, Sethabouppha, Chawapornpan, Chanprasit and Duangrudee, Lasuka. "Depression Risk Assessment Tool for Adolescents." *Archives of Psychiatric Nursing* 32 (3) (2018): 343–347.

Craighead, W. Edward, Miklowitz, David J., and Craighead Linda W. *Psychopathology: History, Diagnosis, and Empirical Foundations* (3rd ed.). Hoboken: Wiley, 2017. Chapter 12: Eating Disorders.

Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York: Guilford Press, 2007.
Chapter 3. Discovering the Sacred.

Shooter, M. "Child and Adolescent Psychiatry." In *Spirituality and Psychiatry*, ed by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 81-100. London: RCPsych, 2009. [Electronic resource].

Lawrence, M. Robert and Head, Julia H. "Ageing." In *Spirituality and Psychiatry*, ed by Cook, Chris, Powell, Andrew and Sims, Andrew, pp. 272-294. London: RCPsych, 2009. [Electronic resource].

Vitorino, L.M., Lucchetti, G., Santos, A.E.O. et al. "Spiritual Religious Coping is Associated with Quality of Life in Institutionalized Older Adults." *J Relig Health* 55 (2)(2016): 549-559. <https://doi.org/10.1007/s10943-015-0148-9>

Milne, A. "Dementia Screening and Early Diagnosis: The Case for And Against." *Health, Risk & Society* 12 (1) (2010). 65-76.

Hansen, H. B., Donaldson, Z., Link, B.G., Bearman, P. S., Hopper, K., Bates, L. M. et al. "Independent Review of Social and Population Variation in Mental Health Could Improve Diagnosis in DSM Revision." *Health Affairs*, 32 (2013): 984-993.

Kirk, S. A. "Introduction: Critical Perspectives." In S. A. Kirk (Ed.), *Mental Disorders in the Social Environment: Critical Perspective* (pp. 1-19). New York: Columbia. 2005.

Dobbins, J. E., & Skillings, J. H. "Racism as a Clinical Syndrome." *The American Journal of Orthopsychiatry*, 70 (1) (2002): 14-27.

Nagai, Chikako. "Clinicians' Self-Assessment of Cultural and Spiritual Competency: Working with Asians and Asian Americans." *Community Mental Health Journal* 44 (4) (2008): 303-9.

Hodge, David R. and Limb, Gordon E. "A Native American Perspective on Spiritual Assessment: The Strengths and Limitations of a Complementary Set of Assessment Tools." *Health and Social Work* 35 (2) (2010): 121-131.

Hecker, Tobias, et al. "Pathological Spirit Possession as a Cultural Interpretation of Trauma-Related Symptoms." *Psychological Trauma: Theory, Research, Practice, and Policy* 8.4 (2016): 468-76.

<http://www.youtube.com/watch?v=C9pru53UcbA> <https://www.youtube.com/watch?v=Pr5adt78zB0>
<https://www.youtube.com/watch?v=wzkNlyqnlQg>

Optional Readings:

Finlay, M.R. "Righteousness in the Land of Forgetfulness." *J Relig Health* 54 (1)(2015): 279-286.
<https://doi.org/10.1007/s10943-013-9813-z>

Miller, L. & Barton, Y.A. "Developmental Depression in Adolescents: A Potential Sub-type Based on Neural Correlates and Comorbidity." *J Relig Health* 54 (3) (2015): 817. <https://doi.org/10.1007/s10943-015-0047-0>

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List of Movies

A Beautiful Mind
American Beauty
American Splendor
As Good as it Gets
Bartleby
Black Swan
Catch Me if You Can
Crazy Heart
Fearless
Fight Club
Garden State
Girl Interrupted
Grey Gardens
Good Will Hunting
Leaving Las Vegas
Matchstick Men
Monster
Monster's Ball
One Hour Photo
Rachel Getting Married
Ray
Silver Linings Playbook
The Cooler
The Grand Budapest Hotel
The Hours
The Hurt Locker
The Last King of Scotland
The King's Speech
The Royal Tannebaums
The Soloist
Wolf of Wall Street

CRPO Competency Checklist

1. Foundations		
1.1 Integrate a theory of human psychological functioning.		
a	Integrate knowledge of human development across the lifespan.	✓
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.	✓
b	Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.	✓
c	Identify circumstances where therapy is contraindicated.	✓
d	Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.	✓
e	Establish a therapeutic relationship informed by the theoretical framework.	✓
f	Integrate a theory of change consistent with the therapist's theoretical orientation.	✓
g	Integrate knowledge of the impact of trauma on psychological functioning.	✓
1.3 Integrate knowledge of comparative psychotherapy relevant to practice.		
a	Integrate knowledge of key concepts common to all psychotherapy practice.	✓
b	Recognize the range of psychotherapy practised within the province of Ontario.	✓
c	Integrate knowledge of psychopathology.	✓
d	Recognize the major diagnostic categories in current use.	✓
e	Recognize the major classes of psychoactive drugs and their effects.	✓
1.4 Integrate awareness of self in relation to professional role.		
a	Integrate knowledge of the impact of the therapist's self on the therapeutic process.	✓
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.	✓
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.	✓
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.	✓
b	Maintain appropriate professional boundaries.	
c	Recognize and address conflict in a constructive manner.	
d	Demonstrate personal and professional integrity.	
2.3 Contribute to a collaborative and productive atmosphere.		
a	Create and sustain working relationships with other professionals encountered in practice.	✓
b	Create and sustain working relationships with colleagues of diverse socio- cultural identities.	
c	Initiate inter-professional collaborative practice.	
3. Professional Responsibilities		
3.1 Comply with legal and professional obligations.		
a	Comply with applicable federal and provincial legislation.	
b	Comply with CRPO legislation and professional standards.	
c	Address organizational policies and practices that are inconsistent with legislation and professional standards.	
d	Comply with relevant municipal and local bylaws related to private practice.	
3.2 Apply an ethical decision making process.		
a	Recognize ethical issues encountered in practice.	
b	Resolve ethical dilemmas in a manner consistent with legislation and professional standards.	
c	Accept responsibility for course of action taken.	
3.3 Maintain self-care and level of health necessary for responsible therapy.		
a	Maintain personal physical, psychological, cognitive and emotional fitness to practice.	
b	Build and use a personal and professional support network.	
c	Maintain personal hygiene and appropriate professional presentation.	
3.4 Evaluate and enhance professional practice.		
a	Undertake critical self-reflection.	✓
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.	
3.6 Provide education and training consistent with the therapist's practice.		
a	Recognize when to provide education and training to clients and others.	

b	Recognize therapist's limits of professional expertise as a trainer /educator.	
c	Plan and implement effective instructional activities.	
3.7 Maintain client records.		
a	Comply with the requirements of CRPO and relevant professional standards.	
3.8 Assist client with needs for advocacy and support.		
a	Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.	✓
b	Support client to overcome barriers.	✓
3.9 Provide reports to third parties.		
a	Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.	
b	Recognize ethical and legal implications when preparing third-party reports.	✓
3.10 Establish business practices relevant to professional role.		
a	Comply with the requirements of CRPO and relevant professional standards.	
b	Explain limitations of service availability.	
4. Therapeutic Process		
4.1 Orient client to therapist's practice.		
a	Describe therapist's education, qualifications and role.	
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.	✓
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.	✓
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.	
b	Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.	
c	Respond non-reactively to anger, hostility and criticism from the client.	
d	Respond professionally to expressions of inappropriate attachment from the client.	
e	Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.	
f	Recognize a variety of assessment approaches.	
g	Formulate an assessment.	
h	Develop individualized goals and objectives with the client.	
i	Formulate a direction for treatment or therapy.	
j	Practise therapy that is within therapist's level of skill, knowledge and judgement.	
k	Focus and guide sessions.	
l	Engage client according to their demonstrated level of commitment to therapy.	
m	Facilitate client exploration of issues and patterns of behaviour.	
n	Support client to explore a range of emotions.	
o	Employ a variety of helping strategies.	
p	Ensure timeliness of interventions.	
q	Recognize the significance of both action and inaction.	
r	Identify contextual influences.	
s	Review therapeutic process and progress with client periodically, and make appropriate adjustments.	
t	Recognize when to discontinue or conclude therapy.	
4.6 Refer client.		
a	Develop and maintain a referral network.	
b	Identify situations in which referral or specialized treatment may benefit the client, or be required.	
c	Refer client, where indicated, in a reasonable time.	
4.7 Conduct an effective closure process.		
a	Prepare client in a timely manner for the ending of a course of therapy.	
b	Outline follow-up options, support systems and resources.	
5. Professional Literature & Applied Research		
5.1 Remain current with professional literature.		
a	Read current professional literature relevant to practice area.	✓
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.	✓
b	Determine the applicability of research findings to particular clinical situations.	✓
c	Analyze research findings critically.	✓
d	Apply knowledge gathered to enhance practice.	✓