

Course Syllabus
EMP 3551YY – Psycho-Spiritual Care and Therapy Practicum
Supervised Pastoral Education (SPE Basic 1):
Integrative Theory and Practice
Emmanuel College
Toronto School of Theology
2019 Fall – 2020 Winter

Instructor Information

Instructor: Nazila Isgandarova, PhD, RP, RSW
Office Location: EM 005, Emmanuel College
Telephone:
E-mail: nazila.isgandarova@mail.utoronto.ca
Office Hours: by appointment

Instructor: Thomas O'Connor, ThD, RP
Office Location: EM 005, Emmanuel College
Telephone:
E-mail: toconnor11@gmail.com
Office Hours: by appointment

Course Identification

Course Number: EMP 3551YY
Course Format: *In-class*
Course Name: Psycho-Spiritual Care and Therapy Practicum (SPE Basic I)
Course Location: EM 205
Class Times: Saturday 9:00-17:00 plus 8 hrs/wk of clinical hours
Prerequisites: EMP 1741H and minimum 4 completed courses within the MPS degree at Emmanuel College
Requisite: Full attendance is mandatory.
This course is only for EM MPS Spiritual Care students.

Course Description

Psycho-Spiritual Care and Therapy Practicum – *also known as Supervised Pastoral Education* – provides students with opportunities to develop the arts and skills required for providing competent psycho-spiritual care and therapy. The course explores both theoretical and applied aspects CPE/PCE. It is located at the intersection of the theology of caring, grief and loss, and social sciences. The unit emphasizes multidimensional assessments and the different application of spiritual, therapeutic, supportive, educational, and strategies for individuals. Gender, professional identity and professional

ethics, and formal spiritual care and counselling in Canada are also examined. It highlights significant aspects of the theologies of psycho-spiritual care and therapy.

Course Methodology

The course utilizes an adult education approach in which students are expected to bring their experiences either from their own lives and/or from their clinical placements and their thoughts on the written material (the student should not reveal the real names of their clients. Student agrees to hold the strict confidences of data). There will be lots of discussions. We will do role plays in the course as well as observe others in role plays utilizing theory and skills from course material. The hope is that the course will facilitate transformation.

This methodology focuses on the needs of the learners and engages them in an experiential and reflective process of action → reflection → new action. The overarching goal of the training is to equip students both internally (through the development of self-awareness, professional identity, and the safe and effective use of self) and externally (through the development of therapeutic skills and clinical competencies) for the work of spiritual care and psychotherapy. In addition to the face-to-face clinical experience, the training includes didactic lectures, clinical seminars, case studies, small-group work, directed readings, role plays, clinical skills integration exercises, reflection reports, and regular self-assessments and assessments by the teaching supervisor-educator.

Class size is restricted to a minimum of 3, or a maximum of 6 and supervision is provided by a CASC-certified supervisor. The practicum sites include a variety of institutions in the GTA each providing a unique clinical setting. Each SPE course offers 200 hours of closely supervised clinical practice where the student provides care for individuals experiencing various levels of crisis, the individual's family members and friends, and other clinical staff. The remaining 200 hours include: peer and group supervision, case study presentations, individual supervision, and other structured learning activities (clinical seminars, didactics, role plays, clinical skill integration exercises, etc.). Written assignments help students integrate foundational theories (psychological, sociological, theological/religious, and spiritual) and grow in their competencies related to the facilitation of the therapeutic process, the safe and effective use of self, the building of collegial and inter-professional relationships, the development of professional responsibilities, and the assimilation of recent and relevant research.

Goals of Basic SPE

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

6. To use individual and group supervision for personal and professional growth and for developing the capacity to evaluate one's spiritual care practice.

Course Resources

Required Course Texts/Bibliography

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

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

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

Recommended:

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

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

Danny C.K. Lam. *Cognitive Behaviour Therapy [Electronic Resource]: A Practical Guide To Helping People Take Control*. New York: Routledge, 2008.

Harrison, Guy. *Psycho-Spiritual Care in Health Care Practice*. London: Jessica Kingsley Publishers, 2017.

Kalsched, Donald. *Trauma and the Soul: A Psycho-Spiritual Approach to Human Development and Its Interruption*. London: Routledge, 2013.

Richards, P. Scott and Bergin, Allen E. *Casebook for a Spiritual Strategy in Counseling and Psychotherapy*. Washington, DC: American Psychological Association, 2004.

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

Website Links

CASC/ACSS www.spiritualcare.ca

CRPO www.crpo.ca

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.]

- Personal Website <http://individual.utoronto.ca/name>

Course Learning Objectives/Outcomes

College MPS Outcomes

<p>Disciplinary Knowledge The knowledge of sacred texts, religious history, religious-based ethics, tenets and thought of one or more religious tradition(s) in correlation with theories of social sciences which are relevant to professional practice.</p>
<p>Spiritual and Professional Formation Evidence of sustained reflection on spiritual and professional identity formation in intercultural and interfaith contexts, in relation to specialized practice.</p>
<p>Praxis and Leadership Development of skills, gifts and arts of professional practice, grounded in appropriate theories, for leadership and participation in institutional, community and other settings.</p>

Each SPE clinical practicum becomes a building block in a larger curriculum that can lead to certification as a specialist in spiritual care and psychotherapy (CASC) and/or the entry-to-practice level for a Registered Psychotherapist (CRPO). Each SPE clinical practicum addresses the following CASC and CRPO competencies:

CRPO Entry-to-Practice Competencies

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

1. Foundations			Demonstration
1.1 Integrate a theory of human psychological functioning.			
a	Integrate knowledge of human development across the lifespan.	✓	Through all aspects of the course.
b	Integrate knowledge of contextual and systemic factors that facilitate or impair human functioning.	✓	
c	Integrate knowledge of the psychological significance of spiritual, moral, social, emotional, cognitive, behavioural, sexual, gender, and biological development.	✓	

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

1.2 Work within a framework based upon established psychotherapeutic theory.			
a	Integrate the theory or theories upon which the therapist's practice is based.	✓	Through clinical practice, case studies, role plays, verbatim reports, discussion, written assignments, lectures.
b	Integrate knowledge of how human problems develop, from the viewpoint of the therapist's theoretical orientation.	✓	
c	Identify circumstances where therapy is contraindicated.	✓	
d	Recognize the benefits, limitations, and contraindications of differing psychotherapeutic approaches.	✓	
e	Establish a therapeutic relationship informed by the theoretical framework.	✓	
f	Integrate a theory of change consistent with the therapist's theoretical orientation.	✓	
g	Integrate knowledge of the impact of trauma on psychological functioning.	✓	
1.3 Integrate knowledge of comparative psychotherapy relevant to practice.			
a	Integrate knowledge of key concepts common to all psychotherapy practice.	✓	Through readings, discussion, role plays, case studies, verbatim reports, self-assessment, written assignments, lectures.
b	Recognize the range of psychotherapy practised within the province of Ontario.		
c	Integrate knowledge of psychopathology.	✓	
d	Recognize the major diagnostic categories in current use.	✓	
e	Recognize the major classes of psychoactive drugs and their effects.	✓	
1.4 Integrate awareness of self in relation to professional role.			
a	Integrate knowledge of the impact of the therapist's self on the therapeutic process.	✓	Through clinical practice, self-assessment assignments, written assignments, discussion, readings, case studies, lectures.
b	Recognize how the therapist's values and attitudes, both in and out of awareness, may impact diverse clients.	✓	
c	Recognize the cognitive, emotional and behavioural patterns of the therapist that may influence therapeutic relationship.	✓	
d	Recognize instances where the therapist's life experiences may enhance or compromise therapeutic effectiveness.	✓	
1.5 Integrate knowledge of human and cultural diversity.			
a	Integrate knowledge of human diversity.	✓	Throughout all aspects of course content and process.
b	Recognize how oppression, power and social injustice may affect the client and also the therapeutic process.	✓	
c	Adapt the therapist's approach when working with culturally diverse clients.	✓	
d	Recognize barriers that may affect access to therapeutic services.	✓	

e	Identify culturally-relevant resources.	✓	
2. Collegial & Inter-professional Relationships			
2.1 Use effective professional communication.			
a	Use clear and concise written communication.	✓	Through clinical practice, written work, presentations, small group work, role plays, lectures.
b	Use clear and concise oral communication.	✓	
c	Use clear and concise electronic communication.	✓	
d	Communicate in a manner appropriate to the recipient.	✓	
e	Use effective listening skills.	✓	
f	Differentiate fact from opinion.	✓	
g	Recognize and respond appropriately to non-verbal communication.	✓	
2.2 Maintain effective relationships.			
a	Show respect to others.	✓	Through clinical practice, small group work, discussion of practice, group supervision, individual supervision.
b	Maintain appropriate professional boundaries.	✓	
c	Recognize and address conflict in a constructive manner.	✓	
d	Demonstrate personal and professional integrity.	✓	
2.3 Contribute to a collaborative and productive atmosphere.			
a	Create and sustain working relationships with other professionals encountered in practice.	✓	Through clinical practice, small group work, discussion of practice, group supervision, individual supervision, inter-professional opportunities for learning and engagement.
b	Create and sustain working relationships with colleagues of diverse socio- cultural identities.	✓	
c	Initiate inter-professional collaborative practice.	✓	
3. Professional Responsibilities			
3.1 Comply with legal and professional obligations.			
a	Comply with applicable federal and provincial legislation.	✓	Students are required to comply with the codes of ethics of the CASC and of the institution where their practicum is being offered. They must also comply with policies and regulations regarding confidentiality.
b	Comply with CRPO legislation and professional standards.		
c	Address organizational policies and practices that are inconsistent with legislation and professional standards.	✓	
d	Comply with relevant municipal and local bylaws related to private practice.		
3.2 Apply an ethical decision-making process.			
a	Recognize ethical issues encountered in practice.	✓	Through clinical practice, readings, case studies, self-assessment assignments, verbatim reports, lectures.
b	Resolve ethical dilemmas in a manner consistent with legislation and professional standards.	✓	
c	Accept responsibility for course of action taken.	✓	
3.3 Maintain self-care and level of health necessary for responsible therapy.			
a	Maintain personal physical, psychological, cognitive and emotional fitness to practice.	✓	Through discussion, self-assessment

b	Build and use a personal and professional support network.	✓	assignments, role play, case studies, lectures, group supervision, individual supervision.
c	Maintain personal hygiene and appropriate professional presentation.	✓	
3.4 Evaluate and enhance professional practice.			
a	Undertake critical self-reflection.	✓	Through clinical practice, discussion, self-assessment assignments, case studies/verbatim, lectures, group and individual supervision.
b	Solicit client feedback throughout the therapeutic process.	✓	
c	Plan and implement methods to assess effectiveness of interventions.	✓	
d	Obtain feedback from peers and supervisors to assist in practice review.	✓	
e	Identify strengths as a therapist, and areas for development.	✓	
f	Set goals for improvement.	✓	
g	Modify practice to enhance effectiveness.	✓	
h	Participate in relevant professional development activities.	✓	
i	Maintain awareness of resources and sources of support relevant to practice.	✓	
3.5 Obtain clinical supervision or consultation.			
a	Initiate clinical supervision or consultation when appropriate or required.	✓	Through group and individual supervision.
b	Articulate parameters of supervision or consultation.	✓	
c	Protect client privacy and confidentiality, making disclosure only where permitted or required.	✓	
d	Initiate a legal consultation when necessary.		
3.6 Provide education and training consistent with the therapist's practice.			
a	Recognize when to provide education and training to clients and others.		
b	Recognize therapist's limits of professional expertise as a trainer /educator.		
c	Plan and implement effective instructional activities.		
3.7 Maintain client records.			
a	Comply with the requirements of CRPO and relevant professional standards.	✓	Through clinical practice, group and individual supervision.
3.8 Assist client with needs for advocacy and support.			
a	Identify when advocacy or third-party support may be of value to the client, and advise client accordingly.	✓	Through clinical practice, role play, case study/verbatim, research, self-assessment assignments, lectures, readings.
b	Support client to overcome barriers.	✓	
3.9 Provide reports to third parties.			
a	Prepare clear, concise, accurate and timely reports for third parties, appropriate to the needs of the recipient.		I think it's important to cover this, as it's covered no where else.
b	Recognize ethical and legal implications when preparing third-party reports.		
3.10 Establish business practices relevant to professional role.			

a	Comply with the requirements of CRPO and relevant professional standards.		
b	Explain limitations of service availability.		
4. Therapeutic Process			
4.1 Orient client to therapist's practice.			
a	Describe therapist's education, qualifications and role.	✓	Through clinical practice, group and individual supervision, role plays, case studies.
b	Differentiate the role of the therapist in relation to other health professionals.	✓	
c	Explain the responsibilities of the client and the therapist in a therapeutic relationship.	✓	
d	Explain the advantages and disadvantages of participating in psychotherapy.	✓	
e	Explain client rights to privacy and confidentiality, and the limitations imposed upon it by law.	✓	
f	Explain relevant rules and policies.	✓	
g	Respond to client questions.	✓	
h	Explain and obtain informed consent in accordance with legal requirements.	✓	
4.2 Establish and maintain core conditions for therapy.			
a	Employ empathy, respect, and authenticity.	✓	Through clinical practice, role play, verbatim, discussion, readings, lectures, case studies, group and individual supervision.
b	Establish rapport.	✓	
c	Demonstrate awareness of the impact of the client's context on the therapeutic process.	✓	
d	Demonstrate sensitivity to the setting in which therapy takes place.	✓	
e	Assume non-judgmental stance.	✓	
f	Explain theoretical concepts in terms the client can understand.	✓	
g	Foster client autonomy.	✓	
h	Maintain appropriate therapeutic boundaries.	✓	
i	Define clear boundaries of response to client's requests or demands.	✓	
j	Take all reasonable measures to safeguard physical and emotional safety of client during clinical work.	✓	
k	Employ effective skills in observation of self, the client and the therapeutic process.	✓	
l	Demonstrate dependability.	✓	
4.3 Ensure safe and effective use of self in the therapeutic relationship.			
a	Demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process.	✓	Through lecture, self-assessment assignments, role play, case study/verbatim, discussion, readings, group and individual supervision.
b	Recognize the impact of power dynamics within the therapeutic relationship.	✓	
c	Protect client from imposition of the therapist's personal issues.	✓	
d	Employ effective and congruent verbal and non-verbal	✓	

	communication.		
e	Use self-disclosure appropriately.	✓	
4.4 Conduct an appropriate risk assessment.			
a	Assess for specific risks as indicated.	✓	Through clinical practice, group and individual supervision, lectures.
b	Develop safety plans with clients at risk.	✓	
c	Refer to specific professional services where appropriate.	✓	
d	Report to authorities as required by law.	✓	
e	Follow up to monitor risk over time.	✓	
4.5 Structure and facilitate the therapeutic process.			
a	Communicate in a manner appropriate to client's developmental level and socio- cultural identity.	✓	Through lectures, role play, readings/discussion, case study, verbatim, clinical practice, group and individual supervision.
b	Identify and respond appropriately to client's strengths, vulnerabilities, resilience and resources.	✓	
c	Respond non-reactively to anger, hostility and criticism from the client.	✓	
d	Respond professionally to expressions of inappropriate attachment from the client.	✓	
e	Anticipate and respond appropriately to the expression of intense emotions and help the client to understanding and management.	✓	
f	Recognize a variety of assessment approaches.	✓	
g	Formulate an assessment.	✓	
h	Develop individualized goals and objectives with the client.	✓	
i	Formulate a direction for treatment or therapy.	✓	
j	Practise therapy that is within therapist's level of skill, knowledge and judgement.	✓	
k	Focus and guide sessions.	✓	
l	Engage client according to their demonstrated level of commitment to therapy.	✓	
m	Facilitate client exploration of issues and patterns of behaviour.	✓	
n	Support client to explore a range of emotions.	✓	
o	Employ a variety of helping strategies.	✓	
p	Ensure timeliness of interventions.	✓	
q	Recognize the significance of both action and inaction.	✓	
r	Identify contextual influences.	✓	
s	Review therapeutic process and progress with client periodically, and make appropriate adjustments.	✓	
t	Recognize when to discontinue or conclude therapy.	✓	
4.6 Refer client.			
a	Develop and maintain a referral network.	✓	Through clinical practice, group and individual supervision, readings, lectures, discussion, case study/verbatim, role plays.
b	Identify situations in which referral or specialized treatment may benefit the client, or be required.	✓	
c	Refer client, where indicated, in a reasonable time.	✓	
4.7 Conduct an effective closure process.			
a	Prepare client in a timely manner for the ending of a	✓	Through clinical practice, group

	course of therapy.		and individual supervision, lectures, readings, case studies/verbatim, role plays.
b	Outline follow-up options, support systems and resources.	✓	
5. Professional Literature & Applied Research			
5.1 Remain current with professional literature.			
a	Read current professional literature relevant to practice area.	✓	Through clinical seminars, case studies/verbatim, guided readings, lectures, written assignments, group and individual supervision.
b	Access information from a variety of current sources.	✓	
c	Analyze information critically.	✓	
d	Determine the applicability of information to particular clinical situations.	✓	
e	Apply knowledge gathered to enhance practice.	✓	
f	Remain current with developments in foundational areas.	✓	
5.2 Use research findings to inform clinical practice.			
a	Integrate knowledge of research methods and practices.	✓	Through case studies/verbatim, readings, lectures, group and individual supervision.
b	Determine the applicability of research findings to particular clinical situations.	✓	
c	Analyze research findings critically.	✓	
d	Apply knowledge gathered to enhance practice.	✓	

CASC Competencies

These CASC competencies are learned, demonstrated, and/or monitored through all aspects of the CPE program:

1. Spiritual Assessment and Care

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

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

2. Self-awareness

Assesses the impact of one's own spirituality, beliefs, values, assumptions and power dynamics in relationships with clients.

3. Spiritual and Personal Development

Continues to develop and maintain personal and professional growth, awareness and self-understanding and makes oneself appropriately accountable.

4. Multi-Dimensional Communication

Employs communication strategies that include active and attentive listening, awareness of the non-verbal, appropriateness, and relevant content.

5. Documentation and Charting

Documents clinical assessments, interventions and referrals in a way that is understood by members of the inter-professional team. Keeps records and statistics in a timely manner; demonstrates clarity, skill and appropriate confidentiality in all paper/electronic correspondence.

6. Brokering Diversity

Understands, values, promotes diversity and inclusion, and advocates for equitable care. Provides care that takes into account culture, bias, and the specific needs of clients.

7. Ethical Behaviour

Ethical behaviour is congruent with the values of the CASC/ACSS Code of Ethics reflecting justice, compassion and healing for all.

8. Collaboration and Partnerships

Is accountable to the public, faith communities, employers and professionals in all professional relationships.

9. Leadership

Exhibits leadership that provides advocacy and support as an integral team member.

10. Research

Sees research as integral to professional functioning and in keeping with one's area of expertise.

Evaluation

Requirements

The final grade for the course will be PASS or FAIL, and will be based on evaluations in these areas:

(1) Participation (10%) – In addition to participating in the regular activity of the class, including the reading of the required texts, students are expected to give one classroom presentation on a recently published article and case study 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.

(2) Learning Goals/Evaluation (10%) - At the beginning of the practicum, in collaboration with peers and the certified supervisor-educator, students identify at least 3 specific learning goals related to the CASC competencies. Each goal should be clearly articulated, including strategies for how the goal will be achieved and indicators for demonstrating that the goal has been accomplished.

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

At the end of the program, each student completes the CASC Student Summary and Assessment form (2.1 at <http://www.spiritualcare.ca/page.asp?ID=269>). Each certified supervisor-educator completes the CASC Supervisor SPE Summary and Assessment (2.2 at <http://www.spiritualcare.ca/page.asp?ID=269>).

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

(4) Four Role Plays and Four Case Study Reports (20% = 5% each)- Each student presents four role plays/case studies. The student also completes 4 Case Study reports (8 pages or 2000 words) based on encounters from the clinical practice assignment. Each report should address the CASC competencies, paying attention to the development of therapeutic/clinical skills, functioning as a member of an inter-professional team, self-awareness, and the capacity to use relevant research pertinent to the area of clinical practice. Case studies are presented during group supervision to gain feedback from peers and the certified supervisor-educator. The report should include the following major areas and demonstrate that the student develops a psycho-spiritual approach to specific client populations:

1. Clinical Skills

CASC Competencies 1, 4, 5, 6, 7: CRPO Competencies 2, 3, 4

Background Information: The first section of the paper will present the client's/patient's/family's background. Include factors such as age, gender, work, health status, family mental health history, family and social relationships, drug and alcohol history, religious history, life difficulties, goals, cultural consideration, spiritual inclinations;

Description of the Presenting Issues: Describe the problem/symptoms/issues that the client presents with (if in the hospital include the reason for admission and reason for referral/visit). Describe any physical, emotional, spiritual, sensory etc. issues reported by the client. Thoughts, feelings, and perceptions related to the symptoms/issues should also be noted. Describe any ethical issues that need to be considered;

Your Assessment - What is going on here? What are the primary spiritual issues with which the person is contending? How does their experience relate to the theories/literature on the issue (grief, suicidality

crisis, dementia, mood disorder, trauma, PTSD, etc.)? What is your spiritual assessment of their primary issues? What spiritual assessment tool(s) do you use?

Intervention – What is 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 actual interventions used to care for the patient/family/care seeker. Include a verbatim report of your interactions;

Evaluation: What did you do well? What do you need to work on? What did you learn? What do you want to learn more about?

Documentation: What did you share in the clinical chart? What information did you share with other members of the team?

2. Functioning as a Member of the Team

CASC Competencies 6, 7, 8, 9: CRPO Competency 2

How did you work together with other members of the inter-professional team in this encounter? What did you learn about your unique role and contribution as a spiritual care and psychotherapy intern?

3. Self Awareness and Spiritual Growth

CASC Competencies 2 and 3: CRPO Competency 1 and 3

What have you learned about yourself because of this encounter? How do your own values, theological/religious/philosophical beliefs and assumptions influence the care you provide? How has this encounter influenced your own values, theological/religious/philosophical beliefs and assumptions? What issues arose during this encounter that should be discussed in group and individual supervision?

4. Using Relevant Research

CASC Competency 10: CRPO Competency 5

Please cite at least one book or article you have consulted regarding this case. What evidence does this article provide for your specific clinical practice? How will your clinical practice be influenced by this article?

(5) Comprehensive Spiritual History/Assessment (25%) - Each student completes a comprehensive spiritual history and assessment (8 pages or 2000 words) on a peer that articulates the individual's spiritual issues, coping mechanisms, and strategies for hope. This case study is presented during group supervision to gain feedback from peers and the certified supervisor-educator.

(6) Book Report, Research Article Critique, or Movie Review (15%)- Each student completes 1 4-page critical review (1000 words) of a book, a research article, or a movie that has had a significant impact on their emerging sense of professional identity. The purpose of this report is NOT to write an academic review, but rather to engage in dialogue with the work, especially from the perspective of what it teaches you about providing spiritual care/psychotherapy in a clinical setting. This report is presented during group supervision to gain feedback from peers and the certified supervisor-educator. The book review should respond to the following questions:

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

5. What theoretical issues and topics for further discussion (future research questions) does the work raise?

In-class Breakdown	
<p>Clinical Seminars or Structured Learning Activities (Saturday) See the list below for a range of didactic topics addressed Structured learning activities might include clinical skills integration exercises, practice counselling with peers, role plays, simulations and students presentations. The final class in December and April will include mid-term and final student evaluations. The students will use the following form 2.1 Student Basic or Advanced SPE Summary and Assessment, to evaluate their competencies listed in this form.</p>	3 hours*
<p>Clinical Supervision (Saturday) Case Study/Verbatim Training in clinical skills for the practice of spiritual care and psychotherapy Safe and effective use of direct self observation of clinical practice Indirect observation of clinical practice through auditing chart notes, soliciting feedback from other members of the care team</p>	1.5 hours
<p>Group Supervision Sessions (Saturday) Interpersonal relations (team building, conflict resolution, peer supervision) Safe and effective use of self. Students will interact through IPR (Interpersonal Relationship) groups, during which the Teaching Supervisor and Provisional Supervisor will monitor their growth as Spiritual Care Providers.</p>	1.5 hours
<p>Individual/ Dyadic Supervision (every other week) (individually arranged) Students will have one hour per week of individual or dyadic supervision.</p>	.5 hour
<p>Spiritual/Meditation Sessions (Saturday)</p>	.5 hours

Weekly Clinical Breakdown	
<p>Clinical work in the assigned area (individually arranged not on Saturday) Basic students should do up to 125 hours of psycho-spiritual therapy clinical work (direct client contact hours (5 hours per week). Other clinical duties: team meetings, chart review, chart/ documentation, liaison with team members/other professionals, referrals, and so forth (3 hours per week)</p>	8 hours

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.

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.

Confidentiality. All conversations within the classroom and with conversation partners are confidential.

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.

Course Schedule

Week 1

September 14, 2019

ORIENTATION/POLICIES AND PROCEDURES AND DOCUMENTATION AND CODES OF ETHICAL BEHAVIOUR

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

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

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

READING(S): CASC Code of Ethics, found on the CASC website; www.spiritualcare.ca Go to the Manual, Chapter 5.
 CRPO Standards and Regulations found on the CRPO website; www.crpo.ca/home/professional-practice/standards-regulations/
 Psychotherapy Act, 2007, ONTARIO REGULATION 317/12, PROFESSIONAL MISCONDUCT Available at <https://www.ontario.ca/laws/regulation/120317>
 Carrie Doehring, "Basic Ingredients of Caregiving Relationships," 37-52.
 Thomas O'Connor, Kristine Lund a & Patricia Berendsen, "Introduction," in *Psychotherapy: Cure of the Soul*, O' Connor et al. (eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 17-28.
 Kristine Lund, "Good Fences Make Good Neighbours: The Impact of Professional Ethics Education on Clinical Practice," in *Psychotherapy: Cure of the Soul*, O' Connor et al. (eds), (Waterloo: Waterloo Lutheran Seminary, 2014), 169-178.
 Colleen Lashmar, "Supervision and the Care of the Soul," in *Psychotherapy: Cure of the Soul*, O' Connor et al. (eds), 169-178. Waterloo: Waterloo Lutheran Seminary, 2014.
 Carrie Doehring, "Introducing an Intercultural Approach," xiii-xxviii.
 Relevant institutional/administrative policies and procedures and relevant provincial legislation and regulations regarding confidentiality and privacy of information.
 Professional Practice Standards for Registered Psychotherapists January 15, 2014, Section 5, pages 57-70. Found on the CRPO website: www.crpo.ca
 Roberts, Chapter 6: Chaplains and Charting.
CASC: 1, 5, 7, 8, 9
CRPO: 2, 3

Week 2

September 21, 2019

THEOLOGICAL/SPIRITUAL/PHILOSOPHICAL REFLECTION

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

READING(S): Carrie Doehring, "Intercultural Care: Trust and Theological Accountability," 1-25.

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

CASC: 1, 2, 3

CRPO: 1

Week 3

September 28, 2019

ESTABLISHING CAREGIVING RELATIONSHIPS IN THE CLINICAL SETTING

The relationship established between the spiritual care professional and the

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

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

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

CASC: 1

CRPO: 4

Week 4

October 5, 2019

COMMUNICATION SKILLS AND SAFE AND EFFECTIVE USE OF SELF:

UNDERSTANDING ONE'S STRENGTHS AND LIMITATIONS

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

READING(S): Carrie Doehring, "Embodied Listening," 53-72.

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

Carrie Doehring, "Theological Themes and Reflexivity," 85-116.

CASC; 1, 4, 5, 6, 7

CRPO; 1, 2, 3, 4

Week 5

October 12, 2019

PSYCHOLOGICAL ASSESSMENT AND THE DSM-5

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

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

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

CASC: 1

CRPO: 4

Week 6

October 19, 2019

PSYCHODYNAMIC INTERVENTIONS

Psychodynamic interventions are one of the oldest forms of interventions in psychotherapy practice. This session will explore the foundations of psychoanalytic theories and the contemporary application in psychotherapy practice.

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

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

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

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

CRPO: 1, 3, 4, 5

Week 7

October 26, 2019

LOGOTHERAPY (Frankl)

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

READING(S): Barnes, Robert. *Logotherapy and the Human Spirit* (pdf provided) Jilek, Wolfgang G. *Viktor Frankl's "Height Psychology": Logotherapy – Search for Meaning* (pdf provided).

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

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

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

CRPO: 1, 3, 4, 5

Week 8

November 2, 2019

PERSON-CENTRED THERAPY (Rogers)

Explore the foundations of Carl Rogers' client-centred therapy, looking specifically at how his 3 core conditions (unconditional positive regard, congruence, empathy) can play a role in establishing effective, caring

relationships as a spiritual care professional and psychotherapist. Explore applications of his theory/approach in providing spiritual care and psychotherapy.

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

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

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

CRPO: 1, 3, 4, 5

Week 9

November 9, 2019

BRIEF PSYCHOTHERAPIES AND NARRATIVE THERAPY

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

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

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

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

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

CRPO: 1, 3, 4, 5

Week 10

November 16, 2019

FAMILY SYSTEMS (Bowen Family Systems)

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

READING(S): Nadine J. Kaslow, Jeshmin Bhaju, and Marianne P. Celano, "Family Therapies," in *Essential Psychotherapies*, Stanley B. Messer, Alan S. Gurman and Anna Sauer (New York: Guilford Publications, 2011),

297-344.

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

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

CRPO: 1, 3, 4, 5

Week 11

November 23, 2019

BEHAVIOURAL AND COGNITIVE APPROACHES

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

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

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

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

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

CRPO: 1, 3, 4, 5

Week 12

December 7, 2019

MIDTERM EVALUATIONS

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- McKim, Donald. *God Never Forgets Faith, Hope and Alzheimer's Disease*. Louisville, KY: Westminster John Knox Press, 1998.
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- Weaver, Andrew and Harold Koenig. *Counseling Troubled Older Adults*. Nashville, TN: Abingdon Press, 2005.

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Ethics and Boundaries

- Fortune, Marie M. *Is Nothing Sacred? When Sex Invades the Pastoral Relationship*. San Francisco, CA: Harper & Row, 1989.
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- Rutter, Peter. *Sex in the Forbidden Zone*. New York, NY: Ballantine Books, 1989.

Family Systems Theory/Therapy

- Nichols, Michael P. and Richard C. Schwartz. *Family Therapy Concepts and Methods*. Don Mills, ON: Pearson, Inc. 2012.
- Boers, Arthur Paul. *Never Call Them Jerks: Healthy Responses to Difficult Behaviour*. Bethesda, MD: Alban Institute, 1999.
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- Gilbert, Roberts. *The Eight Concepts of Bowen Theory*. Leading Systems Press, 2006.
- Richardson, Dr. Ronald. *Becoming a Healthier Pastor: Family Systems Theory and the Pastor's Own Family*. Minneapolis, MN: Fortress, 2005.
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- McGoldrick, Monica. *Genograms: Assessment and Intervention*. 3rd ed. New York: Norton & Co., 2008.
- McGoldrick, Monica. *You Can Go Home Again*. Borthon, 1995.
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Group Dynamics

- Benson, Jarlath. *Working More Creatively with Groups*. 3rd ed. New York, NY: Routledge, 2001.
- Bonebright, Denise. "40 Years of Storming: A Historical Review of Tuckman's Model of Small Group Development." *Human Resource Development International*. February 2010, Volume 13 p.111-120.

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Bueckert, Leah Dawn and Daniel S. Schipani. *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*. Kitchener, ON: Pandora Press, 2006.

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Useful websites

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

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

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

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

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

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

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

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

Haworth Press: <http://www.HaworthPress.com>

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

Journal of Health Care Chaplaincy and Health Care Chaplaincy Network: www.healthcarechaplaincy.org

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

Journal of Pastoral Theology <https://www.tandfonline.com/loi/ypt20>

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

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

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

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

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

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

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