

STMC 572 Pastoral Diagnosis
Master of Arts in Pastoral Counseling (MAPC)
STMC 572 Assessment and Diagnosis;
Master of Arts in Relationship and Pastoral Therapy (MARPT)
School of Theology & Ministry, Seattle University
901 12th Ave, PO Box 222000
Seattle, WA 98122-1090
Spring 2013

Christie Eppler, Ph.D.
Associate Professor
Office: Hunthausen 221
Office Hours: By appointment
Phone: 206-296-6975
E-mail: epplerc@seattleu.edu

Required Texts:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author. *The 5th edition is expected in May. You may wish to buy the new edition.

Doherty, W. J. (1995). *Soul searching: Why psychotherapy must promote moral responsibility*. New York: Basic Books.

Lukas, S. (2012). *Where to start and what to ask*. New York: W. W. Norton. ****Please do not order the 1993 edition of this text. Your book should come with a CD.**

Wicks, R. J. (2007). *The resilient clinician*. Oxford: Oxford University Press.

Wiger, D. E. (2010). *The clinical documentation sourcebook: The complete paperwork resource for your mental health practice, 4th Edition*. Hoboken, NJ: Wiley & Sons.

Online Resources

Integrative Health Solutions
<http://www.integration.samhsa.gov/>

Mental Health Training Program
www.gautraining.org

Required Articles (must be logged into SU's database system to access links below. If clicking on the link doesn't work, try to cut and paste the link into your browser):

Hodge, D.R. (2005). Developing a spiritual assessment toolbox: A discussion of the strengths and limitations of five different assessment methods. *Health & Social Work, 30*, 314-323.
<http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=18915649&site=ehost-live>

Hodge, D.R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Health & Social Work, 46*, 203-214.

<http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=4891850&site=ehost-live>

Ibrahim, F. A., & Dykeman, C. (2011). Counseling Muslim Americans: Cultural and Spiritual Assessments. *Journal of Counseling & Development, 89*(4), 387-396.

<http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=66958474&site=ehost-live>

Lewis, L. M. (2008). Spiritual Assessment in African-Americans: A Review of Measures of Spirituality Used in Health Research. *Journal of Religion & Health, 47*(4), 458-475. doi:10.1007/s10943-007-9151-0

<http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34963470&site=ehost-live>

Recommended Reading

Cooper-White, P. (2004). *Shared wisdom*. Minneapolis, MN: Fortress Press.

Gilbert, B. W. (1998). *The pastoral care of depression: A guidebook*. Binghamton, NY: The Haworth Pastoral Press.

Griffith, J. L., & Griffith, M.E., (2002). *Encountering the sacred in psychotherapy*. New York: The Guildford Press.

Ramsay, N. J. (2003). *Pastoral Diagnosis: A resource form ministers of care and counseling*. Minneapolis: Augsburg Fortress Publishers.

Other optional and required readings may be assigned.

COURSE DESCRIPTION:

This course will cover the basics of family systems and pastoral counseling assessment, diagnosis, conceptualization, and treatment planning. Special attention will be paid to issues of risk and resiliency. Students will learn basic assessment interviewing skills, treatment plan writing, and case note documentation. They will deepen their understanding of writing a Comprehensive Pastoral-Clinical Assessment. The context will be a holistic, inclusive, multi-cultural, and theological understanding of the person.

COURSE OBJECTIVES:

- Pastoral Counselors and Relationship and Pastoral Therapists- in training will examine their personal thoughts, feelings, beliefs, and experiences associated with the professional process of mental health “diagnosis”, including the understanding of risk and resiliency issues. By the end of the quarter, the trainees will have developed the professional knowledge and skills needed to develop a contextual, systemic therapeutic plan.
- Through required readings, in-class experiences, pastoral interviews, and professional report writing, students/trainees will be exposed to, become familiar with, and use appropriately the specialized vocabulary and processes (e.g., paperwork) of mental health professionals.

- By the end of this quarter, students will possess the basic skills necessary for conducting a time-limited diagnostic interview with an individual adult or family system, organize the data obtained in the interview using the pastoral diagnostic skills learned in the course, and write a professional psycho-social-spiritual assessment report that includes a multiaxial diagnosis of their interviewee using standard DSM-IV-TR classifications and format.

MAPC/MARPT students will:

- Demonstrate intention to approach pastoral diagnosis with openness to the presence of diversity
- Demonstrate ability to assist and facilitate growth toward mental and/or spiritual, emotional, interpersonal, behavioral health and wholeness and/or maturity. Students will understand and reflect with clients' spiritual/faith assumptions and practices and will balance knowledge of pastoral diagnosis within client/system's spiritual dimensions.
- Demonstrate ability to produce written documentation and oral presentation for purpose of clinical practice. Students will orally present their work to others for guidance and professional development. Students will adhere to APA written guidelines where assigned.
- Students will consult the professional literature regarding best-practice of pastoral diagnosis.
- Students will reflect on self-as-a-therapist, committing to ongoing growth, implementing self-awareness, and use of self in clinical practice.
- Demonstrate in clinical practice the capacity to draw on spiritual/theological and psychological/behavioral insights and principles. Specifically, students will review research related to the etiology, differential diagnosis, and treatment of mental disorder in keeping with a clinical scientist model.
- Make good use of lecture, supervision, and consultation regarding pastoral diagnosis.

Date	Topic	Reading	Due	Devote
1 4/3	Introduction to Class Informed Consent Strengths & Resiliency			Christie
2 4/10	1 st Session: Rapport and Assessment/Observation Skills Initial Interview Skills	Lukas, 1-3		Liz
3 4/17	Bio-Psych-Soc-Spiritual Assessment	Lukas, 6 Hodge (2001; 2005); Ibrahim; Lewis		Kerry
4 4/24	Spirituality, Risk & Resiliency Conceptualization	Wicks *pre read PPT slides on Conceptualization		Desiree
5 5/1	Assessment Tools (cont) Comprehensive Assessment	Lukas, 4, 5, 7 www.gautraining.org http://www.integration.samhhs.gov/		Glenda
6 5/8	Comprehensive Assessment & Pastoral Diagnosis	Doherty	Bring your mock case study (for role-play) to class	Cynde
7 5/15	Case Notes & Treatment Planning	Wiger (Review All; Focus on Chap 6 & 7)		Danelle
8 5/22	Harm & Planning *Risk & Resiliency Presentations • Divorce/Transitions (Cynde & AnnieGrace) • Search Meaning (Benji & Nina)	Lukas, 8, 9, 11	Case Note and Treatment Plan Due	
9 5/29	Systemic & Pastoral Diagnosis *Risk & Resiliency Presentations • Enmeshed Fam (Desiree & Glenda & Marshan) • Comm (Francesco, Debbie, & Danelle)	Lukas 12 & 13 Ramsay (optional) & Gilbert (optional)		
10 6/5	*Risk & Resiliency Presentations • Baby/Attach (Mary & Kerry) • Teens (Liz) Course Wrap-Up	Lukas, 14	CPA Due. Include your CPAs and your one-two page self-reflection. • Participation self-assessment due in class	Cynde

*RUBRIC due at time of Presentation

COURSE REQUIREMENTS

1.	Class interaction	10 points
2.	Risk & Resiliency Project	30 points
3.	Assessment, Case Note and Treatment Plan	30 points
4.	<u>Comprehensive Pastoral Assessment</u>	<u>30 points</u>

Total 100 points

Notice: A 5% deduction per day is assessed to late work. No work will be accepted after the last due date on the agenda. An incomplete grade will be assigned only in the case of a health emergency.

100-95% A; 94-90% A-; 89-87 B+; 86-84 B; 83-80 B-; 79-77 C+; 76-74 C; 74-70 C

COURSE ASSIGNMENTS:

1. Attendance & Class Interaction

In addition to the scale below, 6 points of the total 100 points will be reduced for each unexcused absence. Three (3) points will be deducted for each time you arrive late or leave early.

Attendance and class interaction count for a substantial portion of the grade; I value your presence and your participation in the class activities! Students are expected to be on time for class and not to leave early. Each person is expected to contribute to the class individually, and in large and small groupings. Contributions should show that the student has carefully prepared for the class by reading and thinking about relevant materials. You may be asked to present on your thoughts about reading or the group process. Please be prepared to share your intellect and spiritual self in class. Work shared in class does not have to be “perfect”; rather you are graded on your willingness to share your thoughts and ideas. You will also be graded on your effort to offer others in the class constructive feedback regarding what they share.

For class sessions where there is assigned reading, students are expected to bring one question or discussion comment to class (preferably written on an index card) for contemplation in-group discussion. Comments/questions should be based on the readings or issues relevant to the issues being discussed.

Please email me chart below with a self-rating on the day of the last class. Final responsibility for the engagement grade is determined by the instructor.

- 10:** I attended all classes, and was *fully* prepared (completed 95-100% of the readings) for each class meeting, and *regularly* participated in class activities, discussions, and small group work.
- 9:** I attended all classes, and was *mostly* prepared (did 90%+ of the readings) for each class meeting, and *regularly* participated in class activities, discussions, and small group work.
- 7:** I attended all classes, and was *minimally* prepared (did about 75%+ of the readings) for each class meeting, and *minimally* participated in class activities, discussions, and small group work.
- 5:** I attended all classes, and was *minimally* prepared (did 50%+ the readings) for each class meeting, and *minimally* participated in class activities, discussions, and small group work.
- 1:** I basically checked out.

My self-rating:

2. Risk & Resiliency Project

You or you and another student (depending on number of students in the course) will work together to create a “training” presentation related to issues of risk/resiliency. As you move onto clinical work it is an important task to understand and intervene in risk issues. This presentation is meant to prepare you for this role. To that end, you are commissioned with the task of researching and presenting about a “risk” issue AND a method of intervening (from the research “what works”). Be sure to include assets/resiliency traits as well.

As a team, you will:

1. Consider the topic. What are your experiences? What do you know?
2. Develop a multimedia (e.g., PowerPoint, video, role play, etc.) introductory overview of your risk issue (depending on number of students and how the groups form, presentation length should be about *thirty minutes*).
3. Your presentation must include:
 - i. A definition of the risk (cite current sources and give APA reference list at end).
 - ii. A summary (talking points) of related risk and resiliency literature and any relevant interviews (from peer reviewed journals and other professional sources).
 - iii. A method to assess risk (a survey, a questionnaire you develop, etc.).
 - iv. A clear description of the intervention or what you would like to try to help the risk issue. The best presentations are streamlined—do not try to present everything that could help—just pick one really the most relevant. Integrate family and individual theory. For example, if a client is depressed what one cognitive-behavioral intervention could you use (e.g., identifying cognitive distortion).
 - v. A description of why you believe it will work to intervene (research, contextual).
 - vi. The goals of this presentation are to **inform** us regarding the nature of the risk *and* **convince** pastoral therapists to accept your intervention plan. All group members must work together and you must use technology in your presentation.

On the presentation day, your team will turn in packet to Christie. In your packet, be sure to include following:

- a. A complete set of the presentation materials you use (e.g. handouts, PowerPoint presentation, etc.).
- b. One copy of rubric
- c. (Optional) You may want to interview an expert who works with your population. Include rough draft field notes from the interview.

Presentation Rubric (one copy to Christie with packet)

Group Topic: _____

Group Members: _____

	Exceeds		Meets		Needs Improvement
	5	4	3	2	1
Risk Issue Defined					
Related Literature (Risk & Resiliency) incorporated					
Clear Description of intervention					
Rationale for using intervention					
All group members included in presentation					
Members of audience appropriately engaged					
Handouts Given					
Professionalism of Presentation (confidence, language, etc)					
Creative/Engaging Presentation					
APA format for references					

Grade _____

Comments:

3. Treatment Planning and Case Notes

Students will practice using assessment tools, writing case notes (SOAP format) and a treatment plan. See Wiger for paperwork examples. Templates and further direction will be given in class.

4. Comprehensive Pastoral Assessment

You will be given three case studies: an individual client, a group, and a couple. You will use the forms below to write up a case report for each case study. APA not needed for this assignment. Additionally, you will attach to the three case studies a two page reflection on how you integrated materials from this course (assessments, skills, etc) into your work.

Clinical Case Report -- Individual Clients

Client's pseudonym and brief description:

How many sessions:

Why does the client report seeking therapy?

What is the therapist's clinical orientation?

What are the client's strengths (personal and contextual)?

Briefly describe relevant history (bio-psycho-social, mental health status)?

Does the client have a diagnosis? If so, please list 5-axis. What assessments were used, if any?

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)?
Please divide these into two paragraphs (religious and spiritual).

What has/have been the theme(s) of the sessions?

In one sentence, how do you describe the problem?

What is your hypothesis regarding the problem?

Write a brief treatment plan (be sure to use your theory, link to above—example use strengths):

Goal (broad):

Objective 1 (concrete and specific):

Objective 2:

Plan (use theory)

Clinical Case Report Form – Family/Couple Form

Clients' pseudonyms and brief description:

How many sessions:

Why do the clients report seeking therapy?

What is the therapist's clinical orientation?

What are the couple/family's strengths (personal and contextual)?

Briefly describe relevant history (bio-psycho-social dynamics of the system)?

What are patterns in the relationship (you may wish to draw a map for this: cycle, genogram, etc.)?

What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)?
Please divide these into two paragraphs (religious and spiritual).

What has/have been the theme(s) of the sessions?

In one sentence, how do you describe the problem?

What is your hypothesis regarding the problem?

Write a brief treatment plan (be sure to use your theory):

Goal (broad): Clients will _____

Objective 1 (concrete and specific): Clients will _____

Objective 2: Clients will _____

Plan (use theory): Therapist will _____

Clinical Case Form– Group Form

How many clients are in the group? Give pseudonym and list a descriptor for each:

How many sessions:

What type of group (psychoeducational, psychotherapeutic, etc.)?

What is the topic of the group?

What is the therapist's clinical orientation?

In what stage is the group (forming, norming, working)? Give a brief summary of previous stages (e.g., group rules, any storming behaviors)?

What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)?

What have been the themes of the sessions?

What are your goals?

What interventions will you use to meet the above goal? Will you plan to use any assessments?

Clinical Case Report -- Individual Client EXAMPLE

Client's pseudonym and brief description:

Jane is a mid-thirties female. Her social-location includes being biracial (Chinese-American and European-American) and coming from a lower-middle class economic status. Client has a male partner of 2 years.

How many sessions: 6

Why does the client report seeking therapy:

Client stated she feels used by friends. She reports that her boyfriend always gets his way in their relationship.

What is the therapist's clinical orientation?

Narrative

What are the client's strengths (personal and contextual)?

Client is warm and friendly. She states that she is smart and likes to read. Client indicated that she loves nature, finding peace in hikes.

Briefly describe relevant history (bio-psycho-social, mental health status)?

Client reports being in good health. Client stated she has a history of anxiety, but has never been formally assessed. Client stated that she is not on any psychotropic medication. Her intake form indicates that she takes a multivitamin and she is on oral contraceptive. Client was oriented x3. Client reports being close to her father and her sister. Her mother is hard-working; client states they have not been close. Client stated that she has not dated much, and that all of her boyfriends have been takers.

Does the client have a diagnosis? If so, please list 5-axis. What assessments were used, if any?

Axis I: Adjustment disorder with Anxiety

Axis II: None

Axis III: None

Axis IV: Relationship problems

Axis V: 85

What religious and/or spiritual themes arise in session (meaning making, yearning, view of divine, etc.)? Please divide these into two paragraphs (religious and spiritual).

Client reported that she goes to church occasionally. She described the church as funky and modern. She says that it is a good place to hang out with her friends.

Client indicated that she has questions about who she is: what makes her unique, if she is worthy to have good relationships. Client stated that she prays sometimes; she wants God to take away the worry.

What has/have been the theme(s) of the sessions (for longer term clients address early, middle and/or late stages of treatment)? Please use a brief paragraph for each theme:

Early: Client and counselor worked to build rapport. Client spoke about her family, her education, and her boyfriends. A theme that emerged was that she is unsure who she is. Client reported that she has a hard time setting boundaries and asking what for what she needs. She stated that she wants her boyfriend to do nice things for her without her asking.

Early/Middle: The theme of discovering self continues. Additionally, Jane identified passivity as a barrier in her relationships.

In one sentence, how do you describe the problem?

Jane's anxiety contributes to her passive behaviors.

What is your hypothesis regarding the problem?

Jane's self-identified problem of feeling used may be fostered by 1) not having a strong sense of self: who she is, what she wants and 2) getting stuck in her passive behavior. When mapping the problem, Jane feels stuck in her romantic relationship, in a job that she feels "passed over", and in her mother-child relationship. Jane's context is also relevant to the problem: Her ideas about being a woman and what her family expects from her as a daughter contribute to Jane's feeling stuck.

What interventions have you tried? What worked? What did not?

Jane and I have 1) worked on social deconstruction: what is the meaning of woman/passivity, and 2) have externalized the problem: what does it look like when it is both in/outside of Jane.

What questions do you have for the team?

1. What do you hear when you hear passivity?
2. What techniques may help Jane self-soothe when she feels anxious?
3. I feel as if I have an agenda for Jane—I want her to be assertive in the way I see "a strong woman". Let's talk about what empowerment means for Jane.

Write a brief treatment plan (be sure to use your theory, link to above—example use strengths):

Goal (broad): Client will replace anxious feeling of passivity with self-assertive behavior appropriate to her own sense of self/agency

Objective 1 (concrete and specific): Client will be able to identify when she self-silences.

Objective 2: Client will ask for something she wants (in place of assuming it will happen)

Plan (use theory): Therapist will help Jane deconstruct the role of passivity in Jane's life. Therapist and Jane will brainstorm unique outcomes for when Jane feels passive (e.g. self-soothing behaviors such as taking a nature hike or imagining a peaceful place, asking for what she needs, writing "her book", other?)

ACADEMIC HONESTY

The School of Theology and Ministry strictly adheres to the Academic Policy concerning Academic Honesty as published in the Seattle University Student Handbook.

DISABILITY SUPPORT SERVICES:

If you have, or think you may have, a disability (including an “invisible disability” such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, 206-296-5740.

RESPECT FOR DIVERSITY:

In order to thrive and excel, a culture must honor the rights, safety, dignity, and well being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.

WRITING CENTER

