STMC 572 Pastoral Diagnosis
Master of Arts in Pastoral Counseling (MAPC)
School of Theology & Ministry, Seattle University
901 12th Ave, PO Box 222000
Seattle, WA 98122-1090
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Required Texts:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

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

Wicks, R. J. (2010). *Bounce: Living the resilient life*. 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 Resource

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 f 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

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

The organizing theme of Seattle University's graduate programs in Pastoral Counseling can be summarized by the following mission statement: "Preparing students for high quality work in multiple settings by providing solid theological, psychological, and clinical education/training." To this end, this course is designed to meet the core content, coursework equivalency requirement in the area of "counseling groups" in the mental health counselor education and licensing guidelines for Washington State. (WAC 246-809-221, last updated 7/8/09)

COURSE DESCRIPTION:

This course will cover the basics of pastoral counseling and mental health 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 in training (PCT) 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 PCT will have developed the professional knowledge and skills needed to develop a personalized style of Pastoral Diagnosis that is (a) congruent with her/his personality, (b) complementary to his/her religious faith and spirituality, and (c) demonstrates the appropriate and ethical use of the DSM-IV-TR diagnostic categories and procedures.
- Through required readings, in-class experiences, pastoral interviews, and professional report writing, Pastoral Counselors in training 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, Pastoral Counselors in training will posses the basic skills necessary for conducting a time-limited diagnostic interview with an individual adult, 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 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.

Course Outline

Date	Topic	Reading	Due
1 3.28	Introduction to Class Informed Consent 1st Session: Rapport and Assessment/Observation Skills		
2 4.4	Initial Interview Skills		
3 4.11	Bio-Psych-Soc-Spiritual Assessment	Hodge (2001; 2005); Ibrahim; Lewis	
4 4.18	Risk & Resiliency	Wicks	
5 4.25	Comprehensive Assessment	www.gautraining.org	
6 5.2	Comprehensive Assessment & Pastoral Diagnosis	Doherty	**Bring your mock case study (for role-play) to class**
7 5.9	Case Notes & Treatment Planning	Wiger (For Review)	
8 5.16	Risk & Resiliency Presentations* Case Studies		**Case Note and Treatment Plan Due**
9 5.23	Pastoral Diagnosis *Risk & Resiliency Presentations	Ramsay (optional) & Gilbert (optional)	
10 5.30	*Risk & Resiliency Presentations Course Wrap-Up		**CPA Due. Include your CPA, your client's feedback, and your client's one page self-description.** • **Participation self-assessment due in class**

*RUBRIC due at time of Presentation

COURSE REQUIREMENTS

1.	Class interaction	10 points
2.	Risk & Resiliency Project	30 points
3.	Case Note and Treatment Plan	30 points
4.	Comprehensive Pastoral Assessment	30 points
	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 practicum and your work as a pastoral counselor, 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 you 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 to forty-five minutes***).
3. Your presentation must include:
    i. A definition of the risk issues involved (site 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 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 the most relevant.
    iv. A description of why you believe it will work to intervene
    v. The goals of this presentation are to **inform** us regarding the nature of the risk *and* **convince** pastoral counselors 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**
Risk Issue Addressed			
Related Literature (Risk & Resiliency) incorporated			
Clear Description of intervention			
Rational for using intervention			
All group members included in presentation			
Members of audience appropriately engaged			
Handouts Given			
Professionalism of Presentation (appearance, language, etc)			
Creative/Engaging Presentation			
APA format for references			

Grade _____

Comments:

3. Treatment Planning and Case Notes

Students will practice 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

During the quarter, you will partner with another student to intake-interview that student who will be playing the role of a mock client. Your partner will have the task of creating a character that she/he will role-play (if you need help creating the role, see suggested reading below). You will write up a Comprehensive Pastoral Assessment (CPA) based on this role play.

In turn, you will be playing a mock client for another student. In this mock client role, your job is to pretend to be someone with a diagnosable presenting problem. You will need to write up a brief (no more than one page) description of your character. Include information that is related to the comprehensive pastoral assessment (below). For example: How old? What symptoms? What type of family? You will attach this one page write-up to your counselor's CPA when you review (see below). Please do not share your one page description with your "counselor" before the review.

As the counselor, you will use the information from the intake/role play to write a comprehensive pastoral assessment (CPA). Students shall write a 3 to 4 page, typewritten paper describing the relevant elements of the client's history and presenting problem, leading to the five-axis diagnosis (see template following). Papers will be graded based upon the student's ability to provide an adequate conceptual basis for the diagnosis across all axes as described by the DSM-IV-TR. You will have the information gleaned from your interview, and you may create any mock intake paperwork (questionnaire, survey, etc.).

After you write the paper, you will share it with your role-play partner. The partner will review your CPA and will provide feedback (one paragraph written report of what you did well, what you may have missed, etc.). You will turn in your CPA, your partner's feedback, and their one page description of "client". The instructor will have responsibility for final grade. Grading will be based upon awareness of any necessary cultural mores and behaviors, as well as relevant gender considerations in the process of diagnosis, as appropriate for the vignette. It is not expected that students will need to provide a reference list for these papers.

Papers which exceed the page limit will receive a grade reduction.

The following rubric will be used to grade the assignment:

Clinical Case Write Up Rubric—Please attach to your paper

	A-range	B-range	C-range
Client ID			
Date			
Demographics (gender, DOB, soc-economic, race/ethnicity)			
Presenting Problem/Reason for Referral			
Mental Status			
History: • Family • Social/Cultural • Religious/Spiritual • Psychological • Medical			
Dynamic Formulation of the Problem			
DSM-IV-TR (5 Axis)			
Recommendations			
Professionalism of Written Presentation			

Comments:

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.
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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.

Comprehensive Pastoral-Clinical Assessment

Evaluation Date/Date of Current Report: mm/dd/yyyy

Admit Date:

[Date that you started working with this cl. If cl was transferred to your case load, record here the date that cl started receiving counseling services from your agency/institution and the date that you started working with the cl.]

Client: Jane E. Doe or client's case number

[Change the name of your client to protect their anonymity. In the remainder of the report refer to her/him by their anonymous name such as Jane Doe. You can shorten their name in subsequent paragraphs using one of more of the following conventions: Ms. Doe, Jane D., Jane, J., client, or cl. When you discuss the case in class, do not use his/her legal name.]

Identifying Information:

[Age (DOB), gender, race, ethnic/national background if significant to identity, education, military service and % disabled if applicable, marital status, work status, etc.]

Presenting Problem / Reason for Referral:

[This is how the cl "sees" and understands their problems, symptoms, and complaints. What do they say is going on and who or what is the cause? List the major symptoms and other problems here and, if possible, rank them in decreasing order of clinical significance.]

Mental Status at Time of Evaluation:

[Description of cl's appearance, behavior, speech, etc. Include narrative summary of Mental Status Exam results. You can include here any relevant, balanced first impressions and/or clinically significant countertransferences that you experienced sitting with your cl during the evaluation process. Do not speculate at this point, just the facts!]

History:

[You can combine any or all of the following sub-sections as long as all relevant histories are included in the report. Choose only the data that are necessary and sufficient for the pastoral-clinical purposes of a comprehensive evaluation of this nature—you are not being asked to write their complete biography here!]

- **Family**—description of relevant dynamics of extended family system and cl's role and experience of being a member of his/her family, family myths/values, family traumas, etc. History of mental disorders or addictions in cl's family? Suicide, homicide, or incarceration? Family violence, neglect, abuse of any kind?
- **Social/Cultural**—description of relevant dynamics of cl's racial and ethnic background, description of relevant dynamics of cl's cultural and socio-economic environment. You can include cl's spiritual/religious history here or in the following section.
- **Psychological**—description of relevant dynamics of cl's personal development and significant relationships from childhood to present, traumas, clinically significant losses, suicide attempts, prominent defense mechanisms, cognitive distortions, etc. Include summary of cl's psychosexual development and history if relevant to the presenting problem or referral. Summarize cl's strengths and resources.
- **Medical/Psychiatric**—description of relevant medical and/or psychiatric problems, hospitalizations, disabilities, and previous/current inpatient or outpatient mental health treatment. List of clinically relevant medications currently prescribed and their dosages. Assess past and current history of alcohol, drug, and/or prescription medication abuse or dependence. If substance abuse/dependence is one of the presenting problems for treatment, record in objective measures the extent of his/her abuse or dependence (i.e., number of standard drinks and/or the amount of money spent/week on alcohol or drugs at cl's highest level of use). As regards the clinical assessment of alcohol use, one "standard drink" is defined as 12 oz of beer, 5 oz of wine, or 1½ oz of 80 proof liquor straight-up or mixed with other non-alcoholic liquids. If cl is currently in

active recovery, summarize cl's recovery history (i.e., last drink/use, amount of time spent in out or in-patient treatment, current participation in 12 step fellowships—# of meeting/month, and whether or not cl continues active involvement with a 12 step sponsor).

Spiritual / Religious Assessment:

In summary form, include all relevant information needed for an understanding of the spiritual, religious, and pastoral dynamics of your cl. Note any spiritual/religious connections with cl's current psychosocial problems. Note cl's spiritual/religious resources, strengths, and supports. Use language that secular mental health professionals would understand.

Dynamic Formulation of the Problem: [Using psychodynamic, cognitive-behavioral, and/or family systems theories summarizes your clinical impressions, assessment, and analysis of cl's clinical-pastoral problems. How do you "understand" what is happening psychologically, socially, and spiritually with/to you cl? What are the clinically significant cognitive, emotional/affective, and/or behavioral elements of your cl's personality and relational style? In non-technical language, name cl's current and/or characterological distress, impairment, or increased risks of suffering. What lens do you use to put it all together into one integrated picture—psychological theory, scriptural story, metaphoric image, etc.? Any clinical speculations must be connected with the facts of the case.

DSM-IV-TR Diagnoses (provisional):

Axis I	xxx.xx	Mental Disorder Classification IA
	xxx.xx	Mental Disorder Classification IB
Axis II	xxx.xx	Mental Disorder Classification IIA
Axis III	(see Medical/Psychiatric History above)	
Axis IV	(descriptive phrases OK, whole sentences not necessary here)	
Axis V	GAF (current) = xx	

Recommendations and Treatment Plan:

What clinical and/or pastoral interventions, experiences, or treatments would you recommend for this cl? Provide here a sketch of the treatment goals associated with each problem and the specific interventions, exercises, homework, spiritual practices, and/or readings that you will employ to empower your cl to improve their psychosocial functioning and/or reduce their distress/impairment in order to meet their treatment goals.

In your professional opinion, based on the facts of the case and your clinical training, what are the probable immediate and future course, extent, and outcome prognoses of cl's particular disorders and problems? If known, include a brief listing of the good and the bad prognostic indicators/facts of the case.