Family Therapy-Theory and Practice
PC 304
Meeting Times: *September 4, 2014 – December 4, 2014*
8:30am – 11:20am Thursdays

<u>*Note:*</u> *The following course may change at the professor's discretion*

"In every conceivable manner, the family is the link to our past, the bridge to our future"
Alex Haley

Instructor: Michelle Finley, Ph.D., LMFT
Email: michelleannfinley@gmail.com

<u>Course Description</u>
This course provides procedural, theoretical, and theological foundations for the practice of family therapy. In this course, students will explore the nature and development of family therapy, its impact on understanding human motivation and relationship systems, and explore its application in clinical practice. This will include a focus on family organization, family subsystems, and trans-generational processes as they apply to assessment, case conceptualization, treatment, and theological understandings of family therapy. Through exploring contemporary family therapy approaches, students will have the opportunity to experience a variety of intervention methods and begin the process of formulating a theologically and personally integrated model of family therapy. Concepts discussed in this course will be applied to a variety of contexts and relationships.

<u>Required Texts</u>

Gehart, D. R. (2014). *Mastering competencies in family therapy: A practical approach to theory and clinical case documentation* (2nd ed.). Belmont, CA: Brooks/Cole.

Sprenkle, D. H., Davis, S.D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York: The Guilford Press.

<u>Recommended Texts</u>

Dattilio, F. M., & Beck, A. T. (2010). *Cognitive-behavioral therapy with couples and families: A comprehensive guide for clinicians*. New York: Guilford Press.

Franklin, C., Trepper, T. S., McCollum, E. E., & Gingerich, W. J. (Eds.). (2012). *Solution-focused brief therapy: A handbook of evidence-based* practice. New York: Oxford University Press.

Minuchin, S. (1974). *Families and family therapy*. Boston: Harvard University Press.

Sweezy, M., & Ziskind, E. L. (Eds.). (2013). *Internal family systems therapy: New dimensions*. New York: Taylor & Francis.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton & Company.

Use of Inclusive Language
In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. For more information see: http://lpts.libguides.com/content.php?pid=469569&sid=4083885 Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God.

Academic Honesty
All work turned in to the instructors is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Two occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues related to academic honesty can find help from the staff in the Academic Support Center. For more information, see the Policy for Academic Honesty in the Student Handbook.

Special Accommodations
Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center (kmapes@lpts.edu) during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

Citation Policy
Citations in your papers should follow Seminary standards, which are based on these guides:

American Psychological Association. *Publication Manual of the American Psychological Association*. 6th ed. Washington, DC: American Psychological Association, 2010.

Turabian, Kate L., Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams. *A Manual for Writers of Research Papers, Theses, and Dissertations: Chicago Style for Students and Researchers*. 8th ed. Chicago: University of Chicago Press, 2013.

The Chicago Manual of Style. 16th ed. Chicago: University of Chicago Press, 2010.

Copies of these guides are available at the library and in the Academic Support Center.

Attendance Policy
According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

Make-Up Work Policy
No make up work for unexcused absences will be accepted. Simply emailing the instructors informing them that you will be absent (for any reason) will **not** count as an excused absence, and therefore will count as an unexcused absence. Unexcused absences will result in a score of "0" for any assignments due on the day of your absence. <u>Acceptable excused absences</u> include death of an immediate family member, an obligatory school function or illness with a doctor's note. In order for these absences to be **excused**, students must provide documentation of their absence. If you have an excused absence, you will be allowed to make-up assignments that you missed as a result of your absence. Arrangements for make-up assignments are to be coordinated with the instructors.

Email Policy
Emails will be responded to as quickly as possible. However, emails sent on the weekend may not be responded to until Monday. It is highly recommended that you provide sufficient time before an assignment is due for receiving a response to an email asking a question.

Course Objectives:
This course is designed to enable students to…

1. ***Explore the systemic perspective as it relates to all types of relationships***
   - Students will gain basic knowledge of the systemic perspective as it relates to human interaction.
   - Students will effectively apply systemic frameworks to various types of family, romantic, and professional relationships.
   - Students will demonstrate the ability to use systemic categories to conceptualize family organization, family subsystems, and trans-generational processes in a therapeutic context.
   - Students will understand the interaction of class, race, gender, and cultural experience on theory development and intervention procedures.
2. ***Understand the history of Marriage and Family Therapy***
   - Student will discuss a cross-section of historical and contemporary methods of family therapy.
   - Students will develop an understanding of the profession of Marriage and Family Therapy, its licensing requirements, professional organizations, and associated training programs.
3. ***Be familiar with the major models of Family Therapy***
   - Students will demonstrate an understanding of the nature and development of family therapy theory.
   - Students will gain knowledge of the basic frameworks used in the clinical practice of Marriage and Family Therapy.
   - Students will demonstrate an understanding of narrative and brief-solution focused therapy in class discussions and case demonstrations.
   - Students will be able to appropriately apply clinical practices to a variety of family topics.
4. ***Understand Family Therapy in the context of clinical practice***
   - Students will learn the context of family therapy as it applies to other therapeutic disciplines.
   - Students will distinguish between the practice of family therapy and other counseling techniques and approaches.
   - Students will demonstrate an understanding of the basic counseling processes from intake to termination of therapy.
   - Students will articulate a broad understanding of family assessment, including interview, genogram, and formal evaluation tools.

- Students will demonstrate a beginning ability to write an intake assessment and plan a course of treatment for a family.
- Students will articulate a theory of change based on family therapy theory and research.
- Students will develop an understanding of the purpose and limitations of psychotherapeutic theory as it applies to producing change in human systems.

5. ***Explore how faith, spirituality, and theology can be integrated into clinical practice of family therapy***
    - Students will articulate a statement of how faith, spirituality, and theology can be integrated into a personal philosophy and clinical practice of family therapy, and describe/discuss your personal philosophy in at least one clinical case.

Course Requirements:

I. Assigned Readings, Class Participation, Attendance (10%)

Task:

Students will complete required reading and participate in class discussion each class period.

Evaluation:

Students will demonstrate completion of reading assignments by participating in class discussions. Students will document completion of reading assignments each week.

II. Research-Informed Clinical Case Study and Presentation (35%)

Tasks:

The paper will consist of an identification of a problem depicted in the movie, a narrative summary of what occurred and the family members involved, followed by your conceptualization of the system based on the model chosen. From there, you are to identify three ways the system could change that are consistent with the model's belief about relationships. **Due dates for movie choice and model choice are listed in the course schedule.**

1. Choose a movie of interest from the list in Appendix A. The movies involve a family topic or other systemic relationship. Your job is to analyze the family situation based on the models you have chosen and formulate these relationships in the form of their presenting problem and case conceptualization (i.e., assessment, treatment plan, theory of change based on the models you have selected).
2. Select ONE Modern Family Therapy Model and ONE Postmodern Family Therapy Model from which to analyze your clinical case. **Note: The models chosen must be ones that we have covered in the course.**
3. Find a minimum of 10 peer-reviewed research articles and 2 or more books on the family models you have selected (break down: 5 articles and 1-2 books on the modern family therapy model and 5 articles and 1-2 books on the postmodern family therapy model).
4. Find a minimum of 5 peer-reviewed research articles on the presenting problem identified by your family.
5. Follow the directions outlined in the Case Study Integration Guide.

<u>Research-Informed Clinical Case Study Integration Guide</u>

I. Introduction to the Client and Family Therapy Models
   a. Describe the unit of treatment (e.g., couple, family)
   b. Include contextual information (gender, class, ethnicity/race, religion, vocation, spirituality, historical and cultural concerns)
   c. Provide a brief description of modern and postmodern thought as it relates to family therapy
   d. Provide a brief overview of your models (problem conceptualization, theory of change, key concepts and terms)

II. Presenting Problem
   a. Describe the reason(s) the characters might seek therapy (client perspective)
   b. Describe any information from the referring agent (e.g., teacher, doctor, psychiatrist, etc.) and his/her description of the problem (if applicable)
   c. Describe the presenting problem from the perspective of the models of family therapy you selected
   d. Summarize relevant history related to the problem and the family that contribute to the conceptualization of the problem
   e. Describe attempted solutions and the outcomes of these attempts
   f. Any other problem-related information that may be relevant to the situation

III. Background Information
   a. Recent: life changes, precipitating events, first symptoms, other stressors, etc.
   b. Related Historical Background: education/grade in school, family history, related issues, past abuse, trauma, previous therapy, medical/mental health history, etc.

IV. Systemic Assessment
   Identifying the interactional and relational patterns in the client's family and social network (Here you may add additional systemic assessment indicators depending on the models you have selected. For example, if you are using narrative family therapy, you will also identify narratives and social discourses as part of your systemic assessment.)
   a. Identify client and relational strengths
   b. Identify family structure and interaction patterns
   c. Identify intergenerational patterns
   d. Construct a genogram

V. Clinical Assessment
   a. Mental Status Exam (mood, affect, sleep, eating, anxiety symptoms, trauma symptoms, psychotic symptoms, motor activity/speech, thought processes, socio-legal issues, other symptoms)
   b. DSM-IV Diagnosis (Axis I-Axis V)
       i. Provide your theoretical and theological rationale for diagnosis and treatment.
       ii. Consider contextual factors for making diagnosis (e.g., age, gender, culture, language, religion, economic, immigration, sexual orientation, trauma, dual diagnosis/comorbidity, addiction, cognitive ability, other)

VI. Pastoral Assessment and Conceptualization
   a. Describe your working pastoral assessment and guiding rationale for the presenting problem
   b. Include relevant systemic information regarding the family emotional process, etc.
   c. Provide your clinical summary

VII. Summary of Treatment and Theory of Change (based on steps I-VI.)
   a. Therapeutic Contract
        i. Informed Consent
        ii. Confidentiality
        iii. Limits to Confidentiality (Duty to Protect/Duty to Warn)
        iv. Creating Treatment Plan with Client(s)
   b. Treatment Plan based on both models
        i. Define who is being treated, if medications are being used, and what contextual factors are considered in creating the treatment plan
        ii. Therapeutic Tasks – initial, working, and closing phase tasks of therapy; should be informed by theories you have selected
        iii. Client Goals – what you imagine they might be given their presenting problem and level of functioning
        iv. Interventions – describe for each goal, 2-3 interventions per family therapy model for achieving each goal
   c. Theory of Change based on Family Model
        i. Identify ways the family system could change that are consistent with the model's beliefs about relationships and presenting problems.
        ii. Your treatment plan should incorporate and reflect the theories of change as espoused by your models.
   d. Evaluation of Treatment Strategy
VIII. Theological Reflection
   a. Cultural Factors
   b. Cultural and personal sources of interpretation
   c. Theoretical ethical considerations
   d. Theoretical/theological ethical commitments that guide your selection of treatment
   e. Write a pastoral/theological evaluation of the case that demonstrates reflective thinking of the client, the problem, and the process of helping.
IX. Countertransference
   a. Tension/countertransference that may bear upon the consideration of the clinical case
   b. Countertransference(s) that assists you in your understanding of the development of the self of the therapist
X. Empirical Evidence for the Models
   a. What empirical evidence exists that support the theoretical perspective of your models including theories of change?
   b. What evidence exists that refutes or contradicts the theoretical perspective of theories of change of your models?

You will need to locate **professional journal articles** related to the use of the model you have chosen. You will also need to include journals related to the identified problem. For example: If you were to chose a case involving a stepfamily and you wanted to use intergenerational family therapy you could then find articles on both the topic of stepfamilies as well as on intergenerational family therapy as it relates to the topic of stepfamilies. This should be done utilizing online databases from the library, such as PsycINFO. Many of the articles will be available instantly online, but don't be afraid to take advantage of interlibrary loan if you locate a good article that is not online. These articles must be cited in your presentation as well as in a reference page at the end of your paper. You must use **APA Style** to cite your sources. If you are unfamiliar with APA Style check out the following website: http://owl.english.purdue.edu/owl/resource/560/01/.

You will need to construct your paper and presentation applying a family therapy model to the identified topic or presenting problem from one of your cases. You must incorporate the professional sources into your paper and presentation. Remember to **CITE** anything that is not your own work. Keep in mind that you are presenting a **SCHOLARLY** application/analysis of the model.

***<u>**Specific Guidelines for the Research-Informed Clinical Case Study and Presentation:**</u>
- The **presentation should be 10 minutes in length**.
- The **paper should be between 5 and 8 pages** not including your reference page.
- Make sure to describe the family and the presenting problem using the case study guidelines.
- Provide a description of the model you have chosen. You will need to describe the model using the language and key concepts that were presented in the course and based on your reading.
- Offer your analysis of the case based on the model you chose. Using the model's theory of change and views on families, you are also to provide a rationale for why certain members were included or others left out.
- Finally, you will need to present theological/pastoral reflections in addition to countertransference issues that may be relevant to case conceptualization.
- Email presentation and handouts (if any) to the instructors BEFORE you present.

- **Papers not ready on the due date will be given <u>"zero" points</u>.**

Evaluation: See Research-Informed Clinical Case Study Grading Rubric and SIE Family Therapy Rubric on CAMS.

III. Family Therapy Models – Role Plays (20%)

Tasks: Students will demonstrate two specific therapeutic techniques or interventions for each family therapy model discussed in this course. The instructor will supply brief case studies during class and have students practice interventions based on the cases.

Evaluation: See Family Therapy Models—Role Plays Grading Rubric

Structural Family Therapy – Joining, enactments and modifying interactions, boundary making, challenging the family's worldview, intensity and crisis induction, unbalancing, expanding family truths and realities, making compliments and shaping competence, working with boundaries and alliances, detriangulation, opening closed systems

Strategic Family Therapy – Hypothesizing (for conceptualization, as an intervention, about alliances, about myths and premises, to analyze communication), positive connotation, the double bind and counterparadox, invariant prescriptions, dangers of improvement, restraining/going slow, directives (straightforward and indirect directives), pretend techniques, ordeals

Experiential Family Therapy – Therapist's Use of Self, facilitating emotional expression, softening family rules, communication enhancement (coaching, role play, enactment), sculpting or spatial metaphor, touch

Intergenerational (Bowenian) Family Therapy – Process questions, encouraging differentiation of self, genograms, detriangulation, relational experiments, going home again

Cognitive-behavioral Family Therapy – Classical conditioning, operant conditioning and reinforcement techniques, forms of reinforcement and punishment, behavior exchange and quid pro quo, communication and problem-solving training, psychoeducation, challenging irrational beliefs, thought records, mindfulness training

Solution-focused Family Therapy – Formula first session task, scaling questions, asking presuppositional questions and assuming a future solution, utilization, coping questions, compliments and encouragement

Narrative Family Therapy – Externalizing the problem, relative influence questioning (mapping influence of the problem and persons), externalizing conversations, externalizing questions, problem deconstruction, mapping in landscapes of action and identity or consciousness, intentional versus internal state questions, scaffolding conversations, permission questions, situating comments, reflecting team, letters and certificates

IV. Group Family Reflection Paper and Presentation (15%)
This paper examines your ability to engage in conscious, reflective thought with colleagues about systems theory as it applies to spiritual, cultural, religious, and theological issues and the definition of family. This paper will assist you in developing a personally and theologically integrated stance related to family therapy and clinical practice.

Tasks:
- Student will form a group with 3-5 other colleagues.
- In your paper, you are to include **3-5** concepts discussed in your text and provide an application of these concepts to the system you choose.
- Describe systems theory and its application to what it means to be family as well as the intersection with spiritual, cultural, political, religious, and theological issues.
- The paper should include a discussion regarding how applying systems theory in this way changes your view of these core human issues as they relate to clinical practice.
    - What is family?
    - What are your sources of authority for conceptualizing the family?
    - How is family to be understood in light of scripture, church history, and contemporary theology?
    - What issues are at stake?
    - How does a theological understanding intersect with contemporary American life? With your practice as clinicians?
- The paper should follow **APA format** including a title page, subheadings and reference list (if needed).
- The paper should be 4-5 pages in length

Evaluation: See Group Family Reflection Paper Grading Rubric

V. Final Examination (20%) – Due no later than Thursday, December 11, 2014
Students will demonstrate their mastery of the primary body of knowledge presented during the semester and how this knowledge applies to clinical contexts. Students will also gain experience preparing for professional body of knowledge and competency evaluations. This examination will prepare students for the national licensing examination for marriage and family therapists.

Tasks:

- Students will prepare for the final by using a practice CD distributed during class and other materials necessary to prepare for a comprehensive final examination.
- Students will take the final exam during the week of finals on computer in the library computer lab. This will be a closed book final.

Evaluation: Examination score

Summary of Class Points
10%	Assigned Readings, Class Participation, Attendance
15%	Group Family Reflection Paper and Presentation
35%	Research-Informed Clinical Case Study and Presentation
20%	Therapy Models Role Plays
20%	Final Examination
100%	Total

Grading Scale

A = 90%-100%	(90 to 100 points)
B = 80%-89%	(80 to 89 points)
C = 70%-79%	(70 to 79 points)
D = 60%-69%	(60 to 69 points)
F = 59% or lower	(59 points and below)

Course Schedule

DATE	COURSE CONTENT	ASSIGNMENTS (DUE DATES)
September 4th	**Introduction to the Course** *Introductions* *Syllabus* *Course Expectations* *Course Objectives* **Introduction to Systems Theory and Therapy with Families (Part I)** *A New Systemic Perspective About Mental Health* *Elements of the Process of Change*	*Gehart (2014) – Ch. 3* *Nichols (2013) – Introduction, Chs. 1 & 3* *Sprenkle, Davis & Lebow (2009) – Ch. 1*
September 11th	**Introduction to Systems Theory and Therapy with Families (Part II)** *Common Factors: A Meta-model of change* *Therapist Characteristics* *Client Characteristics* *Therapeutic Relationship* *Extratherapeutic Factors* **Family Therapy: The Modern Models (Part I)** *Intergenerational Family Theory and Therapy* *Symbolic-Experiential Family Theory and Therapy* *Cognitive-Behavioral Family Theory and Therapy*	*Watzlawick, Weakland, & Fisch (1974)* *Sprenkle, Davis, & Lebow – Chs. 2-5* *Gehart (2014) – Chs. 6 – 8* *Nichols (2013) – Chs. 4, 7, & 9*
September 18th	**Family Therapy: The Modern Models (Part I, Cont'd.)** *Intergenerational Family Theory and Therapy* *Symbolic-Experiential Family Theory and Therapy* *Cognitive-Behavioral Family Theory and Therapy* **Family Therapy: The Modern Models (Part II)** *Structural Family Theory and Therapy* *Strategic Family Theory and Therapy (including Milan Systemic Approach and Mental Research Institute Approach)* *Internal Family Systems Theory and Therapy*	*Gehart (2014) – Chs. 6 – 8* *Nichols (2013) – Chs. 4, 7, & 9* *Gehart (2014) – Chs. 4 & 5*
September 25th	**Family Therapy: The Modern Models (Part II, Cont'd.)** *Structural Family Theory and Therapy* *Strategic Family Theory and Therapy (including Milan Systemic Approach and Mental Research Institute Approach)* *Internal Family Systems Theory and Therapy* **Family Therapy: A Post Modern Approach (Part I)** *Postmodern, Social Constructionism* *Solution-Focused Theory and Therapy* *Narrative Family Theory and Therapy*	*Gehart (2014) – Chs. 4 & 5* *Gehart (2014) – Chs. 9 & 10*
October 2nd	**Family Therapy: A Post Modern Approach (Part I, Cont'd.)** *Postmodern, Social Constructionism* *Solution-Focused Theory and Therapy* *Narrative Family Theory and Therapy*	*Gehart (2014) – Chs. 9 & 10*

	Family Therapy: A Post Modern Approach (Part II) *Feminist Family Therapy: An Activist Approach* *Social Justice Approach*	*Constantine, Hage,* *Kindaichi, & Bryant (2007)* *Hays, Dean, & Chang (2007)* *Knudson-Martin (2000)*
October 9th	**Introduction to Assessment and Treatment Planning (Part I)** *Individual vs. Family Assessments and Treatment* *Identifying Growth Areas and Strengths* *Addressing Change* **Introduction to Assessment and Treatment Planning (Part II)** *Goal Setting* *Measuring Outcomes* *Medical Model vs. Biopsychosocial Model*	**Selection of Movie and Therapy Models DUE** *Gehart (2014) – Chs. 13 & 14* *Nichols (2013) – Ch. 2* *Gehart (2014) – Chs. 15 - 17* *Nichols (2013) – Ch. 14*
October 16th	**Research & Study – NO CLASS**	
October 23rd	**Family Therapy: Bringing it Altogether** *Q & A about modern and postmodern thought* *Q & A about the different models* *Common Factors meets model allegiance* **Couple and Marital Therapy** *Couples/Marital Theory and Therapy* *How Effective is Couple and Family Therapy?*	*Gottman & Silver (1999)* *Gehart (2014) – Ch. 11* *SDL Ch. 9*
October 30th	**Role Plays** **Family Therapy and Pastoral Counseling** *What is a family?* *Theological/pastoral reflections* *Systemic reflections*	**Role Plays DUE**
November 6th	**Family Therapy and Evidence-based Practice (Part I)** *What is Evidence-based Practice (EBP)?* *What makes therapy "evidence-based?"* **Family Therapy and Evidence-based Practice (Part II)** *Family therapy models that are evidence-based* *(e.g., EFT, MST, FFT, CBFT, BSFT)* *Evidence-based versus practice-based family therapy*	*Shadish & Baldwin (2003)* *Gehart (2014) Ch. 2, 11, & 12*
November 13th	**Group Family Reflection Presentations**	**Group Family Reflection Presentations**
November 20th	**The Family Therapy Profession (Part I)** *Professional Issues and Ethics* *Diversity: Where do you stand?* **The Family Therapy Profession (Part II)** *Real World Practice:* *Outpatient Mental Health Agencies* *Inpatient/Residential Mental Health Agencies* *Private Practice*	*Gehart (2014) Ch. 2* *Negash & Hecker (2010)* *AAMFT – A Career in Marriage and Family Therapy*

	Managed Health Care Organizations **The Family Therapy Profession (Part III)** *Pastoral Care – Churches* *Consultant Work* *Academia* *Research*	
November 27th	**Thanksgiving – NO CLASS**	
December 4th	**Research-Informed Clinical Case Study Presentations**	**Research-Informed Clinical Case Study Presentations**
December 11th	**Final Exam in Library**	**Final Examination Due**

Appendix A: Movie List

The Family Stone

Ordinary People

The Boys are Back

Rachel Getting Married

Stepmom

Kramer Vs. Kramer

As Good as it Gets

Because I Said So

Terms of Endearment

Steel Magnolias

The Kite Runner

Postcards From the Edge

The Other Sister

Precious

Little Miss Sunshine

Not Easily Broken

A Place Beyond the Pines

Melancholia

Antwone Fisher

Boyhood

Note: if you would like to choose a movie not on this list, the instructor must give permission no later than September 27, 2013. If you are choosing a movie from this list, you must provide the instructor with your choice on the date located in the course schedule.

Appendix B: Group Family Reflection Paper Grading Rubric

Dimensions	Excellent/A-range	Competent/B-range	Developing/C-range	Unacceptable
1. **Addresses each of the three required elements**. (5 points) Points granted for this dimension:___	Provides clear, concise statements related to each of the three areas of reflection; includes relatively complete discussion of sub-points	Provides clear statements related to three areas of reflection; sub-points are mentioned, but not well supported or "filled out."	Addresses three required areas, but does not attend to sub-points well.	Three points not adequately addressed with no attention to sub-points.
2. **Evidence of coherent, critical pastoral-theological thinking about human problems.** (3 points) Points granted for this dimension:___	Takes a clear, coherent theological position for the paper and relates this directly to pastoral (counseling) contexts. Strong use (and citation) of resources from personal faith tradition, theological sources & biblical or other sacred texts; demonstrates appropriate exegetical and interpretive treatment of biblical or other sacred texts used for pastoral theological purposes. Attends to one's own social location & recognizes, delineates and compares personal position from other (possibly competing) positions. Paper demonstrates a coherent stream of thought making a theological point (or points) about the primary topic.	Takes a clear, coherent theological position for the paper and relates this to pastoral (counseling) contexts. Utilizes some resources (with citations) from personal faith tradition or other theological sources to support positions and arguments. Biblical or other sacred texts are used with minimal or problematic exegetical or interpretive treatment. Does not attend well to one's own social location or makes weak distinctions between personal positions/beliefs and other (possibly competing) positions. Stream of thought is coherent, but points may not be clear.	Theological positions taken in the paper are not clear and/or do not relate directly to pastoral (counseling) contexts. Fails to use or cite resources from faith traditions, theological, biblical or other sacred texts to support positions. Does not identify personal social location or distinguish personal positions from other (possibly competing) positions.	Theological positions are not clear and/or do not relate directly to pastoral (counseling) contexts. Sources are not used.
3. **Paper makes pastoral theological sense. The student's approach is usable and manageable**	Paper demonstrates how material generated from theological reflection makes a difference in pastoral counseling	Paper makes some connection for how material generated from theological reflection can make a difference in	Paper demonstrates very loose connections for how material generated from theological reflection can make a	Paper lacks connection for how material generated from theological reflection makes clinical sense (or

in a pastoral counseling context. (2 points) Points granted for this dimension:___	contexts; shows how pastoral counselors can use the reflection to improve practice; the propositions make "clinical sense."	pastoral counseling context or improve practice. Propositions make some clinical sense.	clinical difference.	generates little theological reflection).
4. Clarity of student writing (3 points) Points granted for this dimension:___	Student uses clear paragraphs with topic sentences and supporting arguments. Student's review and analysis follows a logical flow with statements and critique supported by effective quotations, propositions, and statements. Clear structure to the paper, including introduction, body of text that makes clear points, and effective summary	Student uses clear paragraphs with topic sentences and supporting arguments. Analysis shows logical flow, but may not be supported adequately by quotes, propositions, or statements. Introduction and conclusion may be unfocused or unclear.	Student has difficulty with clear paragraphs, or topic sentences may lack clarity. Supporting arguments are incomplete, lack coherence, or lack relevance. Analysis lacks logical flow and is not supported well with quotes, propositions, or statements. Introduction and/or conclusion are missing or not well formed.	Student shows difficulty with constructing clear paragraphs representing clear ideas. Analysis is missing or unsupported; introduction and conclusion lack coherence or are missing.
5. Structure of student writing including: APA style, sentence construction, professional vocabulary, effective editing and proofreading. (2 points) Points granted for this dimension:___ Total: ____/15	Students carefully follow APA style guidelines, use effective sentence construction and professional vocabulary. Shows evidence of careful editing and proofreading.	Students follow APA style, but demonstrate style errors. Sentences lack clarity or demonstrate grammatical problems (run-on, incomplete, misuse of subject/object, etc.). Professional vocabulary is present, but may be imprecise or occasionally misused. Editing and proofreading could be improved, but is functional.	Students show moderate problems with APA style, sentence construction and use of language (incomplete or run-on sentences). Professional vocabulary is misused or only partially present. Serious problems in editing and proofreading (run-on sentences, incomplete sentences, poorly constructed paragraphs, misspelled words, etc.)	Student demonstrates a substantial problem with writing mechanics and style. Inappropriate or no use of professional vocabulary. Little evidence of editing or proof-reading.