

Pastoral Care in Abusive Family Systems

PCf 223-3

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This online syllabus should be used to gain a better understanding of the content and focus of a course. The syllabus given out in the class may differ from this online version and its content supersedes that of the online syllabus.

General Course Information

Description

This course contributes to the formation of a professional identity for the one who ministers as a marriage and family therapist, pastoral counselor, and parish pastor involved in pastoral care and counseling. The course addresses both the broad spectrum and specific types of violence and abuse as they relate to family systems.

A broad overview and summary will focus on the history and definitions of family violence and assessment and theories. Attention will also be given to more specific types of violence and abuse particularly in the areas of: child physical and sexual abuse and neglect; dating violence; intimate partner abuse; domestic abuse; and elder abuse. Trauma and PTSD as outcomes of abuse and abuse of professionals will also be explored along with effective theories and therapeutic interventions.

The role of the professional including self-identity, values, and self-understanding regarding beliefs and myths related to abuse and violence will be part of the expanding one's development as a Marriage and Family Therapist, Pastoral Counselor, or Parish Pastor.

Attention is given, particularly in the area of education, scope of practice, conduct, and identity to the core competencies established by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT), and to the Code of Ethics and pastoral counseling formation as established by the American Association of Pastoral Counselors (AAPC).

Course Goals and Objectives

- ✓ To understand and recognize abusive/violent family systems as both a social and a health problem in our society and their subsystems in the life of a congregation or community.
- ✓ To acquaint participants to a broad overview with research summaries of various abusive/violent systems and sub-systems in society.
- ✓ To gain insight as pastors, pastoral counselors (MFT systems formation) into working with victims and survivors.
- ✓ To gain insight as MFTs (pastoral formation) into working with victims and survivors.
- ✓ To understand more clearly one's personal views, bias, myths, and/or beliefs in working with victims, survivors, and perpetrators.
- ✓ Address these AAMFT Core Competencies as they apply:

Domain 1 Admission to treatment: The following to the degree each is relevant to understanding, assessing, qualifying, and treating abusive family systems.

- 1.1.1 Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
- 1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
- 1.1.3 Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
- 1.1.4 Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
- 1.2.1 Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
- 1.2.2 Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
- 1.2.3 Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
- 1.3.1 Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
- 1.3.2 Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
- 1.3.3 Facilitate therapeutic involvement of all necessary participants in treatment.
- 1.3.4 Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
- 1.3.5 Obtain consent to treatment from all responsible persons.
- 1.3.6 Establish and maintain appropriate and productive therapeutic alliances with the clients.

- 1.3.7 Solicit and use client feedback throughout the therapeutic process.
- 1.3.8 Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
- 1.3.9 Manage session interactions with individuals, couples, families, and groups.
- 1.4.1 Evaluate case for appropriateness for treatment within professional scope of practice and competence.
- 1.5.1 Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
- 1.5.2 Complete case documentation in a timely manner and in accordance with relevant laws and policies.
- 1.5.3 Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

Domain 2 Clinical Assessment and Diagnosis: The following to the degree each is relevant to understanding, assessing, qualifying, and treating abusive family systems.

- 2.1.1 Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
- 2.1.6 Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
- 2.2.3 Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
- 2.3.1 Diagnose and assess client behavioral and relational health problems systemically and contextually.
- 2.3.2 Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
- 2.3.5 Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
- 2.3.6 Assess family history and dynamics using a genogram or other assessment instruments.
- 2.3.7 Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
- 2.3.8 Identify clients' strengths, resilience, and resources.
- 2.3.9 Elucidate presenting problem from the perspective of each member of the therapeutic system.

- 2.4.3 Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
- 2.4.4 Assess the therapist-client agreement of therapeutic goals and diagnosis.
- 2.5.1 Utilize consultation and supervision effectively.

Domain 3 Treatment Planning and Case Management: The following to the degree each is relevant to understanding, assessing, qualifying, and treating abusive family systems.

- 3.1.1 Know which models, modalities, and/or techniques are most effective for presenting problems.
- 3.1.4 Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
- 3.3.1 Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
- 3.3.6 Manage risks, crises, and emergencies.
- 3.3.7 Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
- 3.3.8 Assist clients in obtaining needed care while navigating complex systems of care.
- 3.3.9 Develop termination and aftercare plans.
- 3.4.1 Evaluate progress of sessions toward treatment goals.
- 3.4.2 Recognize when treatment goals and plan require modification.
- 3.4.3 Evaluate level of risks, management of risks, crises, and emergencies.
- 3.4.4 Assess session process for compliance with policies and procedures of practice setting.
- 3.4.5 Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
- 3.5.1 Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
- 3.5.2 Participate in case-related forensic and legal processes.
- 3.5.3 Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
- 3.5.4 Utilize time management skills in therapy sessions and other professional meetings.

Domain 4 Therapeutic Interventions: The following to the degree each is relevant to understanding, assessing, qualifying, and treating abusive family systems with an understanding the major scope of this course is to provide a broad view over a wide spectrum of abusive systems and then focus on specific populations and types of abuse.

Theories, interventions, scope of practice, and review of literature will be components of this process.

- 4.1.1 Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
- 4.1.2 Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
- 4.2.1 Recognize how different techniques may impact the treatment process.
- 4.2.2 Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
- 4.3.1 Match treatment modalities and techniques to clients' needs, goals, and values.
- 4.3.2 Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
- 4.3.3 Reframe problems and recursive interaction patterns.
- 4.3.4 Generate relational questions and reflexive comments in the therapy room.
- 4.3.5 Engage each family member in the treatment process as appropriate.
- 4.3.6 Facilitate clients developing and integrating solutions to problems.
- 4.3.7 Defuse intense and chaotic situations to enhance the safety of all participants.
- 4.3.8 Empower clients and their relational systems to establish effective relationships with each other and larger systems.
- 4.3.9 Provide psychoeducation to families whose members have serious mental illness or other disorders.
- 4.3.10 Modify interventions that are not working to better fit treatment goals.
- 4.3.11 Move to constructive termination when treatment goals have been accomplished.
- 4.3.12 Integrate supervisor/team communications into treatment.
- 4.4.1 Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
- 4.4.2 Evaluate ability to deliver interventions effectively.
- 4.4.3 Evaluate treatment outcomes as treatment progresses.
- 4.4.4 Evaluate clients' reactions or responses to interventions.
- 4.4.5 Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
- 4.4.6 Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
- 4.5.1 Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).

- 4.5.2 Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
- 4.5.3 Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5 Legal Issues, Ethics, and Standards: The following as each relates specifically to general practice, scope of practice, legal and professional issues.

- 5.1.1 Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
- 5.1.2 Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
- 5.1.3 Know policies and procedures of the practice setting.
- 5.1.4 Understand the process of making an ethical decision.
- 5.2.1 Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
- 5.2.2 Recognize ethical dilemmas in practice setting.
- 5.2.3 Recognize when a legal consultation is necessary.
- 5.2.4 Recognize when clinical supervision or consultation is necessary.
- 5.3.1 Monitor issues related to ethics, laws, regulations, and professional standards.
- 5.3.2 Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
- 5.3.3 Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
- 5.3.4 Develop safety plan for clients who present with potential self-harm, suicide, abuse or violence.
- 5.3.5 Take appropriate action when ethical and legal dilemmas emerge.
- 5.3.6 Report information to appropriate authorities as required by law.
- 5.3.7 Practice within defined scope of practice and competence.
- 5.3.8 Obtain knowledge of advances and theory regarding effective clinical practice.
- 5.3.9 Obtain license(s) and specialty credentials.
- 5.3.10 Implement a personal program to maintain professional competence.
- 5.4.1 Evaluate activities related to ethics, legal issues, and practice standards.
- 5.4.2 Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
- 5.5.1 Maintain client records with timely and accurate notes.
- 5.5.2 Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.

- 5.5.3 Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.
- 5.5.4 Bill clients and third-party payers in accordance with professional ethics, relevant laws and policies, and seek reimbursement only for covered services.

- ✓ To know the Principles of the AAPC Code of Ethics that follow to the degree each is relevant to understanding, assessing, qualifying, and treating abusive family systems.

PRINCIPLE I PROLOGUE

- C. To remain abreast of new developments in the field through both educational activities and clinical experience. We agree at all levels of membership to continue post-graduate education and professional growth including supervision, consultation, and active participation in the meetings and affairs of the Association.
- E. To manage our personal lives in a healthful fashion and to seek appropriate assistance for our own personal problems or conflicts.
- F. To diagnose or provide treatment only for those problems or issues that are within the reasonable boundaries of our competence.
- G. To establish and maintain appropriate professional relationship boundaries.

PRINCIPLE II PROFESSIONAL PRACTICES

- A. We use our knowledge and professional associations for the benefit of the people we serve and not to secure unfair personal advantage.
- D. We are prepared to render service to individuals and communities in crisis without regard to financial remuneration when necessary.

PRINCIPLE III CLIENT RELATIONSHIPS (as they relate specifically to general practice, scope of practice, legal and professional issues.)

- A. We do not abandon or neglect clients. If we are unable, or unwilling for appropriate reasons, to provide professional help or continue a professional relationships, every reasonable effort is made to arrange for continuation of treatment with another professional.
- C. We show sensitive regard for the moral, social, and religious standards of clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral counseling process.
- D. Counseling relationships are continued only so long as it is reasonably clear that the clients are benefiting from the relationship.

- E. We recognize the trust placed in and unique power of the therapeutic relationship. While acknowledging the complexity of some pastoral relationships, we avoid exploiting the trust and dependency of clients. We avoid those dual relationships with clients (e.g., business or close personal relationships) which could impair our professional judgment, compromise the integrity of the treatment, and/or use the relationship for our own gain.
- F. We do not engage in harassment, abusive words or actions, or exploitative coercion of clients or former clients.
- G. All forms of sexual behavior or harassment with clients are unethical, even when a client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not limited to, all forms of overt and covert seductive speech, gestures, and behavior as well as physical contact of a sexual nature; harassment is defined as but not limited to, repeated comments, gestures, or physical contacts of a sexual nature.
- H. We recognize that the therapist/client relationship involves a power imbalance, the residual effects of which are operative following the termination of the therapy relationship. Therefore, all sexual behavior or harassment as defined in Principle III, G. with former clients is unethical.

PRINCIPLE IV CONFIDENTIALITY (recognizing confidentiality within legal parameters is a key essential in working with abusive family systems.)

- A. All records kept on a client are stored or disposed of in a manner that assures security and confidentiality.
- B. All communications from clients are treated with professional confidence.
- C. Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients when engaged in supervision or consultation. It is our responsibility to convey the importance of confidentiality to the supervisor/consultant; this is particularly important when the supervision is shared by other professionals, as in a supervisory group.
- D. We do not disclose client confidences to anyone, except: a mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person (as client) written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.
- E. We obtain informed written consent of clients before audio and/or video tape recording or permitting third party observation of their sessions.

- F. We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, or the physically or mentally incompetent.
- G. When current or former clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.
- H. We as members of AAPC agree that as an express condition of our membership in the Association, Association ethics communications, files, investigative reports, and related records are strictly confidential and waive their right to use same in a court of law to advance any claim against another member. Any member seeking such records for such purpose shall be subject to disciplinary action for attempting to violate the confidentiality requirements of the organization. This policy is intended to promote pastoral and confessional communications without legal consequences and to protect potential privacy and confidentiality interests of third parties.

Use of Inclusive Language

Learning is fundamentally concerned with communication, self-expression, and personal and social transformation. Learning respects individuals, their feelings, their value and worth, and their particular potential for contribution to common knowledge and community virtue. Learning is fundamentally and intentionally inclusive.

Since all learning is inherently ethical and political, and theological discourse has been traditionally patriarchal and gender exclusive, the Seminary has established a policy, in the interest of constructing an inclusive and egalitarian community, that the language (symbols, metaphors) used in our class discussions and written work shall be gender inclusive and respectful of all persons and groups as valued human creatures of God.

Racism also permeates our society and is detrimental to any learning environment. We need to use language, symbols, and metaphors that honor our commitment to racial inclusiveness.

Academic Honesty

Be careful to fully document any information included in your papers that is not original. Also be aware when you summarize information, even when you give the complete documentation information, your summaries should be in your own words and not retain too much of the original author's style. Presenting the ideas or writing of someone else as if they were your own is considered plagiarism. Seminary and MFT Program policies on academic honesty will be followed.

Evaluation of Written Assignments

Graduate level writing is expected in this course. LPTS has adopted the Chicago/Turabian style for all written work.

ASC (Academic Support Center) is available Monday & Wednesday, 9:00 a.m.-3:30 p.m., Tuesday & Thursday, 9:00 a.m.-5:30 p.m., and Friday, 9:00 a.m.-2:00 p.m. Please call or stop by to make an appointment, or visit their website at http://lpts.edu/Academic_Resources/ASC/Online_Writing_Lab.asp.

Attendance

In line with Seminary policy, prompt attendance at class sessions is expected out of respect for your fellow classmates as well as the instructor. Late arrival for a class affects the learning environment. Learning is a complex activity that requires conceptual and experiential participation by those who wish to learn. While circumstances may require an adult learner to miss class occasionally, absences from more than 10% of the classroom experience will affect student learning and, consequently, the student's grade. Extreme circumstances, such as major health problems, family concerns, etc., must be discussed with the professor **prior** to multiple missed classes. Students unable to attend at least 75% of classes are advised to drop the class prior to the Registrar's WP deadline or receive a failing grade.

REMEMBER – One January class period is equal to an entire week of classes during the regular semester.

When absent, it is the student's responsibility to contact the instructor for directions, handouts, reading assignments, etc.

Required and Recommended Materials

Required Texts.

Barnett, O., Miller-Perrin, C.L., & Perrin, R. D. (2005). *Family violence across the lifespan: An introduction* (2 ed.). Thousand Oaks, CA: Sage Publications, Inc.

Leehan, James. (1989) *Pastoral care for survivors of family abuse*. Louisville, KY: Westminster/John Knox Press.

Code of Ethics for American Association for Marriage and Family Therapy (AAMFT)

Code of Ethics for American Association of Pastoral Counselors (AAPC)

Recommended Texts. (on library reserve)

Adams, C. J. & Fortune, M. M. (Eds.). (1995). *Violence against women and children: A Christian theological sourcebook*. New York: The Continuum Publishing Company.

Campbell, J. C. (Ed.). (1995). *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers*. Thousand Oaks, CA: Sage Publications.

Cooper, J. & Vetere, A. (2005). *Domestic violence and family safety: A systemic approach to working with violence in families*. London: Whurr Publishers.

Dutton, M. A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York: Springer Publishing Company.

Gelles, R. J. (1997). *Intimate violence in families* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Hamel, J. & Nicholls, T.L. (Eds.). (2007). *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment*. New York: Springer Publishing Company.

Hansen, M. & Harway, M. (Eds.). (1993). *Battering and family therapy: A feminist perspective*. Newbury Park, CA: Sage Publications.

Kendall-Tackett, K. A. (Ed.). (2004). *Health consequences of abuse in the family: A clinical guide for evidence-based practice*. Washington, DC: American Psychological Association.

Poling, J. N. (1996). *Deliver us from evil: Resisting racial and gender oppression*. Minneapolis, MN: Fortress Press.

Ruether, R. R. (1993). *Sexism and God-talk: Toward a feminist theology*. Boston, MA: Beacon Press.

Tower, C. C. (1993). *Understanding child abuse and neglect* (2nd ed.). Needham Heights, MA: Allyn and Bacon

Journals and Periodicals.

You will be required to read a number of journal articles throughout the semester. Please refer to the bibliography for up-to-dated articles on abusive family systems.

Grading

Your grade will be assessed based on the following:

Attendance and class discussion 30%
Prompt attendance and involvement in class discussion is expected. Because of the limited class hours in the January term over a short period of time, absence will affect your overall grade

Written work 45%
Written work is expected to be turned in by noon on the date it is due. Papers turned in after the scheduled time will affect your grade. The quality of your writing (grammar, etc.) will also affect your grade. Your ability to show critical thinking, psychological and theological reflection, and writing of graduate school level will be a significant factor in your overall grade.

Class activities and interaction 15%

Knowledge of AAMFT and AAPC Code of Ethics 10%
Demonstration of an overall working knowledge of AAMFT and AAPC Codes of Ethics as standards relevant to professional identity and abusive family systems.

Grading Scale:	A 93-100	C+ 77-79
	A- 90-92	C 73-76
	B+ 87-89	C- 70-72
	B 83-86	D 60-69
	B- 80-82	F Below 60

Course Requirements & Class Schedule

Written Work

While no exam will be given, your written work is a very specific part in integrating what you read, class discussions and activities, and a working knowledge of AAMFT and AAPC ethical standards applicable to professional identity and behavior as such identity and behavior relate to abusive family systems.

Writing assignments may/will be given in class as part of group process to challenge and formulate thoughts about behavior, beliefs, and actions regarding abusive systems and the individual.

January 12 **Abusive Systems and Critical Thinking** paper due (5 pages typed, double-spaced, not counting bibliography/footnotes)

Select one of the articles posted on Blackboard and at least one other resource (book, article in bibliography, or other resource). Leehan and/or Barnett, et. al. texts can be used to support your main theme. Paper needs to demonstrate: an integration of selected readings, your critical thinking, and an understanding of systems.

January 15 **Therapy with Abusive Systems** paper due (8 pages typed, double-spaced, not counting bibliography/footnotes,)

Select a specific abusive system (child abuse, elder abuse, sexual abuse, physical abuse, spousal/partner abuse, etc.) and demonstrate a beginning/working knowledge of the particular system abuse and theories, and possible interventions. You might want to create (or borrow) a vignette or segment of a verbatim describing an abusive episode(s) and from this describe the theory/treatment of choice and what you would do if those involved were your client(s).

January 20 Paper due (3 pages typed, double-spaced, not counting bibliography/footnotes) on an article of your choice. Include a brief article summary, how the article influences your thinking regarding abusive systems, and your theological reflection.

January 21 Paper due (3 pages typed, double-spaced, not counting bibliography/footnotes) on clergy sexual abuse or Marriage and Family Therapist abuse following the same format as described for January 20.

Daily Schedule

We may, on occasion, have a guest join us for our class discussion. While required articles available on Blackboard are not assigned to specific dates in this syllabus, an announcement will be made when they are expected to be read and utilized in class discussion.

- January 5 Readings: *Family Violence*, Chapters 1 & 2; *Pastoral Care*, Chapter 1
- January 6 Readings: *Family Violence*, Chapter 3; *Pastoral Care*, Chapter 2
- January 7 Readings: *Family Violence*, Chapters 4 & 5
- January 8 Readings: *Family Violence*, Chapters 6 & 7
- January 9 Guest Presentation: "Little Things That Matter," Leslie Townsend
Presentations by Class
- January 12 First paper due – ***Abusive Systems and Critical Thinking***
Readings: *Family Violence*, Chapter 8; *Pastoral Care*, Chapter 3
- January 13 Readings: *Family Violence*, Chapters 9 & 10
- January 14 Readings: *Family Violence*, Chapters 11 & 12
- January 15 Second paper due - ***Therapy with Abusive Systems***
Guest Presentation: Donna Russow, Director of Children and Family Services
Readings: *Family Violence*, Chapter 13; *Pastoral Care*, Chapters 4 & 5
- January 16 Readings: *Pastoral Care*, Chapters 6, 7 & 8
Guest Presentation: "Children Sexually Abused and Perpetrators," Ed Koffenberger, Executive Director, Noah's Ark Children's Village
- January 19 MARTIN LUTHER KING DAY – NO CLASS
- January 20 Third paper due – article selection of your choice (see guidance above)

Readings: *Pastoral Care*, Chapter 9
PTSD
Video

January 21 Fourth paper due – ***Clergy Sexual Abuse*** or ***MFT Sexual Abuse***

January 22 Guest Presentation: “Elder Abuse,” Rev. Rebecca Church, Chaplain, and Deanna Young, VP Nursing

Class wrap-up

Bibliography

Books

- Garland, D., & Garland, D. (2007). *Flawed families of the Bible: How Gods grace works through imperfect relationships*. Grand Rapids: Brazos Press.
- Klein, F. (1993). *The Bisexual Option* (2nd ed.). (*Haworth Gay and Lesbian Studies*). New York: The Haworth Press.
- Lundy, S., & Leventhal, B. (1999). *Same-sex domestic violence: Strategies for Change* (SAGE Series on Violence against Women). Thousand Oaks: Sage Publications, Inc.

Articles

- Avis, J. M. (1992). Where are all the family therapists? Abuse and violence within families and family therapy's response. *Journal of Marital and Family Therapy*, 18(3), 225-232.
- Beach, S. R. H., & Tesser, A. (1993). Decision making power and marital satisfaction: A self-evaluation maintenance perspective. *Journal of Social and Clinical Psychology*, 12(4), 471-494.
- Bograd, M., & Mederos, F. (1999). Battering and couples therapy: Universal screening and selection of treatment modality. *Journal of Marital and Family Therapy*, 25(3), 291-312.
- Bograd, M. (1992). Values in conflict: Challenges to family therapists' thinking. *Journal of Marital and Family Therapy*, 18(3), 245-256.
- Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Geriatrics Journal of the American Society of Aging*, 39-45.
- Davidson, R. J. (2004). What does the prefrontal cortex "do" in affect: Perspectives in frontal EEG asymmetry research. *Biological Psychology*, 67, 219-233.
- Doniger, S. (1977). Theological pluralism and pastoral care. *Pastoral Psychology*, 26(1), 76-82.
- Durkin, T., & Almeida, R. V. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy*, 25(3), 313-324.
- Garland, D. (2006). When wolves wear shepherd's clothing: Helping women survive clergy sexual abuse. *Journal of Religion & Abuse*, 8(2), 37-70.

- Greene, K., & Bogo, M. (2002). The different faces of intimate violence: Implications for assessment and treatment. *Journal of Marital and Family Therapy*, 28(4), 455-466.
- Jonker, L. (2007). On becoming a family: Multiculturality and interculturality in South Africa. *The Expository Times*, 118(10), 480-487.
- Jory, B. (2004). Intimate justice scale: An instrument to screen for psychological abuse and physical violence in clinical practice. *Journal of Marital and Family Therapy*, 30(1), 29-44.
- Jory, B., & Anderson, D. (1999). Intimate justice II: Fostering mutuality, reciprocity, and accommodation in therapy for psychological abuse. *Journal of Marital and Family Therapy*, 25(3), 349-364.
- Jory, B., Anderson, D., & Greer, C. (1997). Intimate justice: Confronting issues of accountability, respect, and freedom in treatment for abuse and violence. *Journal of Marital and Family Therapy*, 23(4), 399-419.
- Kaufman, G. (1992). The mysterious disappearance of battered women in family therapists' offices: Male privilege colluding with male violence. *Journal of Marital and Family Therapy*, 18(3), 233-243.
- Moon, A. (2000). Perceptions of elder abuse among various cultural groups: Similarities and differences. *Geriatrics Journal of the American Society of Aging*, 75-80.
- Nienhuis, N. (2005). Theological reflections on violence and abuse. *The Journal of Pastoral Care & Counseling*, 59(1-2), 109-123.
- Oglesby, W. (2006). Pastoral care and counseling in biblical perspective. *Interpretation*, 27(3), 307-326.
- Ramsay, N. (1999). Confronting family violence and its spiritual damage. *Family Ministry*, 13(3), 46-59.
- Tran, J. (2007, November 27). Sold into slavery: The scourge of human trafficking. *Christian Century*, 22-26.